



## MEDICAL BOARD OF CALIFORNIA Executive Office



### Education and Wellness Committee Meeting

Courtyard by Marriott  
1782 Tribute Road  
Sacramento, CA 95815  
916-929-7900 (directions only)

Wednesday, July 17, 2013  
1:00 p.m. – 5:00 p.m.

#### MINUTES

#### Agenda Item 1 Call to Order/Roll Call

The Education and Wellness Committee of the Medical Board of California (Board) was called to order by Chair Barbara Yaroslavsky at 1:09 p.m. A quorum was present, and due notice had been mailed to all interested parties.

#### Members of the Committee Present:

Barbara Yaroslavsky, Chair  
Silvia Diego, M.D.  
Sharon Levine, M.D.  
Janet Salomonson, M.D.  
Gerrie Schipske, R.N.P., J.D.

#### Staff Present:

Cassandra Hockenson, Public Affairs Manager  
Charlotte Clark, Staff Information Systems Analyst  
Curt Worden, Chief of Licensing  
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs  
Frank Miller, Associate Governmental Program Analyst  
Jennifer Simoes, Chief of Legislation  
Kerrie Webb, Staff Counsel  
Kevin Schunke, Outreach Manager  
Kimberly Kirchmeyer, Interim Executive Director  
Lisa Toof, Administrative Assistant  
Rashya Henderson, Supervising Investigator  
Regina Rao, Business Services Analyst  
Renee Threadgill, Chief of Enforcement  
Sean Heaney, Associate Information Systems Analyst  
See Vang, Business Services Analyst

#### Members of the Audience:

Henry Landsman, M.D.  
Julia Logan, California Department of Health Care Services

Julie D'Angelo Fellmeth, Center for Public Interest Law  
Julie Hopkins, Institute for Medical Quality/California Medical Association  
Robert Cross, Attorney  
Scott Clark, California Medical Association  
Stan DiOrio, Legislative Director for Senator Wright  
Yvonne Choong, California Medical Association

**Working group participants:**

Don Forrester, M.D., Family Medicine Physician  
Donald Lyman, M.D., President, Academy of Preventive Medicine  
Jessica Nunez de Ybarra, M.D., Public Health Medical Officer  
John McDougall, M.D., Physician, Author  
Liana Lianov, M.D.  
Ronald Hattis, M.D., Board of California Academy of Preventive Medicine  
Wayne Dysinger, M.D., Chair of Preventative Medicine at Loma Linda University

**Agenda Item 2      Public Comment on Items Not on the Agenda**

Dr. Landsman requested the Medical Board of California's (Board) help with a medical staff removal incident in 2007. Ms. Yaroslavsky stated that the Committee could not discuss a specific case before the Board and suggested he speak with a member of the staff and pointed out Ms. Kirchmeyer and Ms. Threadgill in the audience.

**Agenda Item 3      Approval of Minutes from the April 5, 2013, Education and Wellness Committee Meeting**

Dr. Levine commented that there were two things in the minutes that either need follow up, and may be addressed the next day by Ms. Herold, or can be moved to the proper task force. She stated the two issues that could be moved were the development of a brochure for both physicians and consumers developed jointly by the Pharmacy Board and Medical Board and the Committee's request that the staff of the two boards come back with the top 10 or 20 issues to be coordinated in terms of articles through the *Newsletter*. It was discussed these items could be part of the Prescribing Task Force.

*Dr. Levine made a motion to approve the minutes from the April 5, 2013 meeting with corrections and additions; s/Ms. Yaroslavsky. Motion carried.*

**Agenda Item 4      Discussion and Action on the Requirements of SB 380 (Wright, Chapter 236, Statutes of 2011)**

Ms. Simoes presented SB 380, which was signed into law in 2011 and requires the Board to start a working group to discuss nutrition and lifestyle behavior for the prevention and treatment of chronic disease. She noted that the discussion must occur at a Quarterly Board Meeting within three years of the effective date of the bill. Ms. Simoes noted that there will be three segments to this discussion. Ms. Simoes asked the working group participants to introduce themselves: Dr. Lyman, Retired Deputy Director with the Department of Public Health; Dr. Dysinger, Chairman of Preventative Medicine at Loma Linda University and a board member of the

American College of Preventive Medicine; Dr. Nunez de Ybarra, Public Health Medical Officer; Dr. Forrester, family medicine physician; Dr. Hattis, Board of California Academy of Preventive Medicine and lead legislative advocate for SB 380; Dr. McDougall, physician/author; and Dr. Lianov, president of the American College of Lifestyle Medicine.

Ms. Simoes introduced the first segment, a power point presentation: *Background and Science on Changes in Nutrition and Lifestyle Behavior in the Prevention of Chronic Disease* presented by Dr. McDougall.

#### **A. Background on Changes in Nutrition and Lifestyle Behavior in the Prevention of Chronic Disease**

Dr. McDougall delivered a detailed power point presentation (available for viewing on the Board's website) discussing SB 380 and the potential benefits of treating chronic disease, which is primarily caused by food, with diet and lifestyle behavior changes. He noted that physicians with diet therapy education and lifestyle behavior tools will be better able to treat their chronic disease patients; however, the courses are not taught in the California medical schools.

Dr. Nunez de Ybarra highlighted some of the work at the California Department of Public Health (CDPH) in regards to chronic disease prevention, noting that CDPH has a wellness plan in development and an online book. She also stated that the objectives of the plans are intended to reduce the number of Californians living with chronic disease, prevent new cases of chronic disease, and eliminate chronic disease disparities. Dr. Nunez de Ybarra stated that a survey will be available for providers to give their input into this plan, which will be finalized by January 2014. Dr. Nunez de Ybarra also noted the importance of this opportunity for providers to engage the community in understanding the other resources available beyond an office visit.

Dr. Lianov noted that the physician focus groups want help with these ideas and that the American Medical Association (healthy lifestyles division), the American College of Lifestyle Medicine, and the American College of Preventive Medicine are working together to develop programs, training, and tools to help physicians with change recommendations for their patients and their practices.

Dr. Dysinger explained how the epidemic of chronic disease brings increased costs. He also expressed patients' dissatisfaction with the current healthcare system and how patients want the root causes of their diseases treated. His final comments were regarding the increase in the science that documents lifestyle behavior as the major cause of chronic diseases and that a change in lifestyle behavior is the best treatment for chronic diseases.

Dr. Lyman stated that two-thirds of all illnesses, deaths, and disabilities are due to three things: heart disease, cancer, and stroke. All three factors share the same risk factors: tobacco, nutrition, and lack of exercise, which are lifestyle behaviors. He continued by stating the Cancer Society and the Heart Association physicians know that the illness and death rate could be reduced if the major risk factors are handled.

Dr. Hattis researched the nutritional factors for the prevention and treatment of common chronic diseases and nutrition and lifestyle go hand in hand. He stated that prevention and treatment would be more effective with a referral system and tools in place.

Dr. Forrester supplemented Dr. McDougall's presentation by emphasizing three points: 1) physicians need to be aware of the best studies supporting the reversal and cure of chronic conditions and complications; 2) errors

associated with the treatment of chronic conditions are avoided with the prevention and cure of those conditions; and 3) all physicians can benefit professionally and personally by keeping current with the best nutritional science.

Ms. Simoes closed the first segment of the working group.

Dr. Levine commended Dr. Lyman on his work in tobacco control and noted this is a message regarding what it will take to change the way people eat and think about food.

Ms. Schipske said a key ingredient to this issue is an aggressive patient education program, and the key components will be outreach, partnership, and education all done in ways that anyone can understand.

Ms. Yaroslavsky remarked that there needs to be a depository of information that corporate America, medical schools, insurance companies, universities, and public policy institutes, can use and be involved.

Public comment was heard on this item.

Mr. Cross, prior Deputy Attorney General, shared his personal story about how he cured himself of chronic health problems using nutritional therapy and stating how difficult it was for him to get nutritional therapy information.

Mr. DiOrio, legislative director for Senator Wright, thanked all the Members of the Education and Wellness Committee for the work they have done. He also thanked Dr. McDougall for his presentation. Mr. DiOrio stated he hoped the Board would take leadership of this project and offered the support and services of the legislature and Senator Wright's office.

Ms. Simoes introduced the second segment of this working group, regarding integrating the prevention of chronic disease by nutrition and lifestyle behavior changes into continuing medical education, announcing that Julie Hopkins from the Institute for Medical Quality (IMQ) has a presentation on continuing medical education.

## **B. Integrating Prevention of Chronic Disease by Nutrition and Lifestyle Behavior Changes into Continuing Medical Education**

Ms. Hopkins discussed continuing medical education (CME), its requirements and timelines, accreditation organizations, organizations that are accredited, and their drop in providers. Ms. Hopkins also commented on the complaints about the requirements and the IMQ's attempt to simplify the process.

Dr. Hattis stated that SB 380 is supposed to add nutrition and lifestyle information into existing CME on chronic diseases. Dr. Hattis also stated that the working committee agreed that the Board should start with heart disease and other arterial diseases, diabetes, and obesity. He said the Board should set requirements and general guidelines starting with chronic disease CME, involving heart disease, arterial disease, diabetes, and obesity.

Dr. Dysinger stated there are four things that need to be done: 1) physicians need to be educated; 2) physicians need tools in order to affect change; 3) patients need to be educated; and 4) patients need tools. The American Medical Association (AMA) recommended last year that all physicians learn how to do this type of lifestyle

medicine for prevention and for treatment.

Ms. Yaroslavsky asked if there is a group of public policy advocates in the State of California that are designing a program with the tools and the responsibilities that are needed and the educational components for everything to put in a statewide plan.

Dr. Nunez de Ybarra reminded the Board that a state conference regarding leading a national initiative to keep people well, A Wellness Plan, is scheduled in January 2014 based on three modifiable risk factors: nutrition, physical inactivity, and tobacco. The number one thing CDPH is asking everybody in the state to do is to look at the objectives in the four goal areas, building from the work of the "Let's Get Healthy California Task Force" priorities. The issues described today are in that plan as objectives, including short, intermediate, and long term objectives. The relevant items from the "Let's Get Healthy California Task Force" report have been taken and built into A Wellness Plan. CDPH would like everyone's input as soon as possible so that it can have a draft by early September. The information is on the CDPH website.

Dr. Lianov commented on the lifestyle medicine competencies that Dr. Dysinger mentioned, stating these competencies are really focused on the "how", and that physicians need to be trained. The American College of Lifestyle Medicine and the American College of Preventive Medicine are working with other groups and experts around the country and are trying to pull together practical information that would be part of the training so the physicians can make practical changes in the way they practice. This work is being done at the national level and will be available to California.

Public comment was heard on this item.

Scott Clark, California Medical Association (CMA), talked about working on public health at the CMA and how it should not be hard to educate the patients and the community. Mr. Clark stated it is a broad issue with a lot of factors and fortunately, the partnership model that has been put forth today is something the CMA embraces. The CMA has a great relationship with the CDPH, local health officers, and the Board, and is ready to continue the spread of new information. The California Medical Foundation has provided specific resources, which means there are lots of opportunities and ways to reach the physician audience, and the CMA is very motivated to continue to work together to accomplish this.

### **C. Discussion on Dissemination of Information and Educational Material to Physicians Regarding the Prevention and Treatment of Chronic Disease by the Changes in Nutrition and Lifestyle Behavior**

Ms. Simoes spoke about the Board's mandate in SB 380 to periodically disseminate information and educational material regarding the prevention and treatment of chronic disease, by the application of changes in nutrition and lifestyle behavior to each licensed physician and to each general acute care hospital in California. The Board will have to partner with the CDPH to get the general acute care hospital information disseminated. The third segment is really a discussion among the working group regarding what kind of information to provide. Ms. Simoes pointed out the Committee has already heard some examples of things the Board could provide like the "Let's Get Healthy California Report" or the lifestyle medicine competencies. Ms. Simoes asked the Chair for recommendations and for input from the working group members.

Dr. McDougall recommended a series of articles in the *Newsletter*, which comes out quarterly, regarding tools

for physicians and patients. The first article could be to inform the physicians about SB 380 and some of the facts about how important this is, followed by a couple of articles about the reversibility of chronic disease and prevention through diet, what types of diet are most effective, and guide the reader to web resources, such as the CDPH's and the Board's websites. Dr. McDougall spoke about the stages of change: pre-contemplation, contemplation, planning, implementation, and prevention of relapse.

Dr. Levine spoke about the communication channels the Board has in terms of websites, the *Newsletter*, and periodic email blasts.

There was a group discussion regarding dissemination of information, the content of said information, and participation. Using a task force to identify the content portion was suggested, noting that it should be thought of as a series and presented over a number of years.

Dr. Levine stated that from the practicing physicians' perspective, making the process easy is a critical step in implementation. She added small bits of information are easier to implement and is the best way to ensure utilization of the information.

Ms. Schipske suggested, instead of mandating a specific type of information, the available resources should be identified and placed in a central location, allowing the provider access to the information needed.

Dr. Hattis suggested the Board consider writing letters to the eleven medical schools, stating their concern that dietary therapy is not taught in any of the schools.

Dr. McDougall added that he believes the letters would have a huge impact on the schools, once they know the Board is concerned, because the schools know nothing about the primary cause of death and disability and are doing nothing about it in terms of diet therapy. Dr. McDougall suggested a detailed survey be sent to the medical schools, noting that SB 380 was passed, that the physicians need the education stated in the bill, and that the Board is concerned. The Board could also communicate to the acute care hospital medical staff offices about the philosophy of SB 380 and encourage the hospitals to implement it in the CME they provide. That would help fulfill that part of the law.

Ms. Yaroslavsky suggested asking the CDPH to collaborate with the acute care hospitals.

Ms. Schipske stated there are three issues: 1) the physicians need to be informed of the requirements; 2) the physicians should give the Board their input as to what will work for them; and 3) ask the physicians what type of patient information materials they need. Once the information from the physicians comes together a product can be put together that works, and then have it evaluated by the physicians.

Ms. Yaroslavsky also commented that this is mandated because it is considered a public health epidemic. She asked if an announcement could be written, stating there are provisions coming through the Affordable Healthcare Act that are going to require their practices to deliver these provisions?

Dr. Nunez de Ybarra commented that there are key pieces in the Affordable Healthcare Act that deal with chronic diseases that may make the work more desirable and/or more palatable.

Ms. Schipske asked if physicians can help the Committee by identifying resources, stating that physicians are already teaching their patients. The Committee should pull these physicians into the process and ask them to identify what they use to educate their patients.

Dr. McDougall stated one thing that has not been expressed is that the working group offered to be available as consultants on the CME issue and particularly the information dissemination issue for some period of time to help the Board get started. Expanding the group by inviting additional experts would be good. One little blurb or one lecture is not going to change the way physicians have practiced for years, just as asking the patient to stop smoking usually does not change a life time of reinforced pleasurable behavior. It cannot be done without the Board, which is the only body that communicates with all licensed physicians, only a minority of physicians belong to CMA.

Ms. Schipske made a motion that the Board appoint a task force of this Committee to work with staff in trying to address: 1) the best vehicle to use to reach the physician population, asking what their needs are; 2) identifying available resources for them; and 3) creating an evaluation tool.

Ms. Schipske restated the motion as: The Chair should appoint a task force that would invite interested parties to work with Board staff to determine the best way to reach physicians, licensees, and the medical schools. These groups would be asked what information and resources they would find most helpful and start to identify those resources that could then be made available. In addition, an evaluation tool needs to be developed to see how effective the information is and ask both the medical schools and the physicians to self-identify if they have had successes in the efforts they have done in this area.

*The motion as stated was seconded by Dr. Levine. Motion carried.*

## **Agenda Item 5      Discussion and Consideration of the Mission Statement and Goals for the Education and Wellness Committee**

### **A.      Proposed Mission Statement of the Education and Wellness Committee**

Ms. Hockenson presented the staff recommendation to review the proposed mission statement and make any changes necessary. Board staff also recommended the Committee review the goals and make any necessary changes. The mission statement approved by the Committee is:

“The mission of the Education and Wellness Committee is to actively pursue opportunities to educate the public on the functions and responsibilities of the Board; to protect the public by continuing to provide updated and current information regarding the Board’s laws, regulations, and relevant healthcare information to physicians and the public; and to promote strategies and opportunities for physicians to maintain a sound balance in their personal and professional lives so they can offer quality care to their patients.”

### **B.      Proposed Primary Goals**

Ms. Hockenson presented five proposed goals for the Board to review.

- 1) Promote and educate physicians on the prevention and treatment of chronic disease by the application of

- change in nutrition and lifestyle behavior.
- 2) Consider cross educational opportunities that promote strategies and opportunities for physicians to maintain a sound balance in their personal and professional lives.
  - 3) Educate consumers on the Board's mission and purpose and provide relevant information related to the Board's role in public protection regarding the licensing and enforcement of physicians.
  - 4) Identify the changes in health care, regarding the California Health Benefit Exchange and the impact it will have on medical practices and the healthcare consumer, and educate both physicians and public regarding these changes.
  - 5) On behalf of the Board, review and monitor the Public Affairs Office strategic plan to ensure goals and objectives are being met and report back to the Board.

A discussion amongst the Committee Members ensued regarding how the goals are written saying the goals were too specific and need to be broadened and rewritten. It was also stated that there were too many mandates. New language was requested to show the actual goals of the Committee - to ensure that there is relevant and meaningful education available to physicians on topics of importance to consumers and of interest to the State.

## **Agenda Item 6      Office of Public Affairs Program Update**

### **A.      Update on Strategic Plan Objectives**

Ms. Hockenson presented an update on each of the nine objectives in the strategic plan pertaining to the Public Affairs Office.

- 1) **Improve and expand professional educational outreach, including outreach to students and new graduates about the laws and regulations that govern medical practice.**  
Ms. Hockenson reported on three ways to improve or expand outreach; using social media, videos, and PSAs, and press releases on the website. Ms. Hockenson stated that the Governor's Office stance on social media was positive and that it would like all State agencies to participate in social media. Videos and PSAs will be created using DCA's equipment and services. Press releases will be posted on the front page of the Board's website, and labeled "NEW" for 30 days.
- 2) **Improve public education by expanding current outreach efforts and initiating more outreach programs to educate the public on the Board's programs, the rights of patients and how to file complaints.**  
Ms. Hockenson is working with other boards and State agencies such as Franchise Tax Board, the Pharmacy Board, and the California Attorney General's Office to create partnerships and expand outreach efforts.
- 3) **Identify more effective methods to promote the Expert Reviewer Program to recruit qualified physicians.**  
Ms. Hockenson placed an article in the Summer *Newsletter* and will place the same article in the CMA newsletter in hopes of recruiting expert reviewers and medical consultants.



**4) Establish a more proactive approach in communicating with the media to educate consumers and publicize disciplinary cases and criminal investigations, including those done in cooperation with other agencies.**

To communicate with the media in a more proactive and effective way, Ms. Hockenson is utilizing MEDIAHUB. MEDIAHUB is a database of media contacts that allows targeting of distribution lists. Ms. Hockenson is establishing contacts with media affiliates and reporters and is making a point of responding to every media inquiry. Ms. Hockenson also noted that two press releases were recently issued regarding disciplinary cases.

**5) Expand the newsletter to better inform physicians, medical students, and the public.**

Ms. Hockenson is encouraging the Public Affairs' staff to publish more journalistic type stories. Survey Monkey will continue to be used as a tool to track interest in the *Newsletter* articles.

**6) Expand the website capabilities to create a portal to provide an intuitive and searchable web experience. Develop more outline services and surveys to help improve the Board's program.**

Ms. Hockenson and the Information Systems Branch are meeting to discuss upgrades and changes. They have created a new website and will be providing a presentation under the next agenda item.

**7) Examine how the Board might provide training to the profession via the internet, including hosting webinars on subjects of importance to the public protection and public health.**

Ms. Hockenson is discussing partnering with other agencies and will have more information at the next meeting.

**8) Establish a method of holding public seminars taught by legal or enforcement personnel on disciplinary cases, the laws violated, and other issues of importance to the profession and public.**

Ms. Hockenson discussed the outreach events that took place between March and June.

**9) Conduct outreach to ethnic and other language publications and groups.**

Ms. Hockenson is studying options used to translate website materials and will have more information at the next meeting.

**B. Presentation and Discussion on the Proposed Website Changes**

There was a discussion and overview regarding the many changes to the Board's website. The CA.gov put out its new template and it is being used on the Board's website also. The new website will be launched approximately October 1<sup>st</sup>. Ms. Schipske suggested using some of her students to review the website. The Committee Members were shown the new website. The Committee Members recommended the following edits to the proposed website: 1) on the pictures of the schools put in the words "school of medicine"; 2) make the ability to translate the website more prominent; and 3) provide the definition for the acronym "LVS".

**Agenda Item 7      Future Agenda Items**

- SB 380 plan - The Committee directed staff to come up with a plan first and bring the plan back to the Committee at the next meeting.

- Update on the Affordable Care Act
- Identify goals for the Committee

**Agenda Item 8      Adjournment**

The meeting was adjourned at 5:00 p.m.

The complete webcast can be viewed at: <http://www.mbc.ca.gov/board/meetings/Index.html>