



MEDICAL BOARD OF CALIFORNIA
Executive Office



Wellness Committee
Embassy Suites - San Francisco Airport
150 Anza Blvd
Burlingame, CA 94010
January 28, 2010
MINUTES

Agenda Item 1. Call to Order

Dr. Duruisseau called the meeting to order at 2:30 pm. Roll was taken and a quorum was present. Notice had been sent to all interested parties.

Members present:

Shelton Duruisseau, Ph.D., Chair
Jorge Carreon, M.D.
John Chin, M.D.
Daniel Giang, M.D.
Laurie C. Gregg, M.D.

Members absent:

William Norcross, M.D.

Board Members, Staff and Guests Present:

Armando Melendrez, Business Services Office
Barb Johnston, Executive Director
Barbara Yaroslavsky, Board President
Betsy Couch, Center for Public Interest Law
Brett Michelin, California Medical Association
Brian Ansay, Enforcement Program
Candis Cohen, Board's Public Information Officer
Cheryl Thompson, Executive Assistant
Cindi Oseto, Licensing Special Programs Analyst
Deborah Pellegrini, Chief of Licensing
Gary Gitnick, M.D. Board Member
Gary Nye, M.D., Alameda/Contra Costa Medical Association
Greg Santiago, Dept. of Consumer Affairs
Hedy Chang, Board Member
Janet Salomonson, M.D., Board Member
Jim Conway, Pacific Assistance Group
Jim Hay, M.D., California Medical Association
Joy Thompson, Member of the Public
Julie D'Angelo Fellmuth, Center for Public Interest Law
Kathryn Taylor, Licensing Program Manager
Kurt Heppler, Staff Counsel, Dept. of Consumer Affairs
Linda Whitney, Chief of Legislation
Margaret Montgomery, Kaiser Permanente
Paulette Romero, Manager, Central Complaint Unit

Board Members, Staff and Guests Present (continued):

Regina Rao, Business Services Office
Rehan Sheikh, Member of the Public
Renee Threadgill, Chief of Enforcement
Ross Locke, Business Services Office
Sharon Levine, M.D., Board Member
Susan Thadani, Enforcement Program
Teri Hunley, Business Services Office
Yvonne Choong, California Medical Association

Agenda Item 2. Approval of the Minutes from the October 29, 2009 Meeting

M/S/C Drs. Gregg/Chin to approve the minutes as written.

Dr. Duruisseau announced, regrettably, Dr. Moskowitz recently resigned from the committee to pursue his interest in other related endeavors; however, the committee members and staff would be remiss in not recognizing his contributions.

Agenda Item 3. Discussion of Results from the Well-Being Committee/Wellness Program Survey and Possible Actions of the Committee – Dr. Gregg and Mr. Schunke

Mr. Schunke restated that the mission of the Wellness Committee is to further the Board's goal of consumer protection by encouraging and guiding licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their patients. One of the avenues by which the Committee strives to fulfill its mission is to help identify, assess, and share information on available resources, followed by a charge of making appropriate recommendations to the Board.

Mr. Schunke reminded the committee that at the direction of Dr. Duruisseau, it was decided the Committee would take steps to gain a better understanding of what wellness resources currently are available to California physicians. During the last year, two members of the Committee, Dr. Laurie Gregg and Dr. Peter Moskowitz, volunteered to create and design the survey. Although the initial audience of the survey was to be the hospital community, with the valuable input of other interested parties during the process, the audience of the survey was expanded.

The survey was published on-line during November, 2009 and remained open for responses through the middle of January, 2010. With the support of the California Hospital Association (approximately 400 members), the California Association of Physician Groups (approximately 140 members), and the California Medical Association (representing 38 county medical societies), approximately 600 letters of invitation were sent out. The response rate was about 15 percent.

In the agenda materials was a copy of the actual survey that participants were asked to complete, followed by a summary, which outlines the responses to the survey. There were a total of 84 responses. Mr. Schunke noted that the question in Section 2 asks if the responder

currently offers a Wellness Committee/Program. If the answer was “no,” the person was directed to continue with Section 5 of the survey. Thus, the replies to Sections 3 and 4 have lower response rates.

Further, the last question (Question 5, C) was open-ended, and asked responders to provide any wellness-related thoughts or suggestions to the board. Mr. Schunke pointed out that many of the responders supported the concept of making physician wellness a requirement of a licensee’s mandatory continuing medical education; however, that may be because many responders are those responsible for administering wellness programs in the facilities and intuitively recognize the value-added benefits of encouraging physician wellness. Conversely, if the overall licensee population were to be questioned, those sentiments may not be shared.

Mr. Schunke also pointed out that there were numerous comments still critical of the Board for eliminating the Diversion Program.

Dr. Moskowitz, while no longer serving on the committee, wanted to attend this meeting because of his lengthy involvement in this project. He shared his appreciation for the collaborative support provided by Dr. Gregg and Mr. Schunke. He said he also was disappointed that such a short and simple survey generated only a 15% response rate; this low response rate makes it difficult to determine how representative the answers are for a state-wide project. Nevertheless, he was encouraged that so many responders supported making wellness a mandatory component of CME and that so many responders wanted the Medical Board to provide more information about wellness courses or workshops. Lastly, he pointed out the large number of responders who support making wellness resources available on line, since such web-based courses obviously saved time and money; nevertheless, he did not want to discourage the Board from making live presentations available around the state and from using real-time webinar presentations.

Dr. Gregg also thanked Dr. Moskowitz and Mr. Schunke for their work on this project. She said she was very surprised that of the 84 responders, that only 45% indicated they currently had a committee or program dedicated to wellness, and that 55% indicated they did not.

She highlighted numerous replies which she thought were noteworthy: (Question 4, C) the types of programs currently offered (lectures/workshops seem to be a popular and common source of training), (Question 4, D) the topics which are most frequently offered as wellness programs (managing stress, recognizing burnout/depression, and improving work/life balance), and (Question 5, A), the types of resources which would be most helpful to healthcare providers (all resources would be welcome, most especially those which are web-based).

Dr. Gregg, however, stated that she would not support making wellness a mandatory component of CME, but instead incentivize physicians who participate in wellness activities. Unfortunately, she said, most physicians who are in greatest need of wellness activities are not going to voluntarily avail themselves of those resources.

Lastly, Dr. Gregg asked staff to send a copy of the results to CAPG, CHA, and CMA since those organizations were helpful in soliciting responses, and possibly even on a broader scale, with organizations such as with FSMB.

Dr. Jim Conway spoke, representing Pacific Assistance Group, which specializes in working with a variety of healthcare professionals. The answers to Question 5, C indicate the need for early intervention and prevention, instead of an after-the-fact program, such as what the Diversion Program used to be. Medical schools, unfortunately, are not consistent with how they address these issues; some take a preventative approach, whereas others offer only reactionary programs, and this leads to a fragmented instead of cohesive way to address the issues of concern.

Dr. Carreon said that many physicians see themselves as being infallible, and any actions by which they admit to needing wellness activities is admitting to a weakness. In reality, he believes that physicians do not need wellness education, but instead, there should be a concerted effort to work with medical schools, when physicians first begin their career, to educate them with ways to recognize issues before they become a documentable problem; those lessons should be further underscored as medical students progress thru residency.

Dr. Gitnick also recommended that wellness not be made a mandatory part of CME, because that only leads to push-back. He said he would support incentivizing wellness by recognizing such activities at the license renewal stage, which would be more appropriate.

Dr. Chin said that he recognized the work and tremendous effort which had gone into this project, yet from his professional experience, he believes a 15% response rate is commendable. He agrees with Drs. Gregg and Gitnick, that participation in wellness activities should be incentivized, not mandated.

Dr. Gary Nye spoke. He has been active in mental health, professional competency, and wellbeing issues his entire career. He served on the California Board of Medical Examiners from 1971 to 1976. He believes that this subject has been the topic of many past research efforts and surveys; there should be a wealth of historical knowledge and responses. The Board should look into what has been previously considered and discovered by other groups. In summary, wellness and wellbeing should be multi-dimensional, starting at the medical student level and continuing through the physician's entire career. He believes that the wellness committees which are mandated at hospitals should include wellness, because a physician's personal health should be addressed as a preventative goal, not reactionary after a problem has been identified.

Following this discussion, M/S/C Drs. Chin/Giang for Dr. Gregg to develop an outline for whatever "next steps" should be taken pursuant to this project, including development of a "Best Practices Model," the possibility of incentivizing rather than requiring wellness CME, and directed staff to investigate the feasibility of having the web site act as a clearinghouse for wellness programs and events, as well as the feasibility of posting web-based seminars.

Agenda Item 4. Discussion of Potential Development of Guidelines/Manual for Hospital Wellness Committees – Dr. Gregg

Dr. Gregg suggested that based on the results of the wellness survey, which just was discussed, many hospitals and medical groups could benefit if a statewide manual was developed, which might highlight the best practices used by facilities currently offering wellness programs. This might be achieved via an extension of the collaborative project between

U.C. Davis and the Board which has been discussed at previous meeting and is the next agenda item today. Dr. Gregg also reminded the committee that at previous meetings, representatives of CMA indicated that they would be interested using information currently available to them; they would be interested in participating in such a program.

Dr. Giang suggested that while such a manual would be very valuable to hospitals, the audience should actually be much broader, beyond just hospitals. Dr. Gregg agreed.

M/S/C Dr. Gregg and Giang that staff should work to bring together an interested parties meeting to discuss this new endeavor.

Agenda Item 5. Update on Collaboration between Medical Board and University of California-Davis' Well-Being Committee – Dr. Duruisseau and Mr. Schunke

To provide some organizational history of the project, Mr. Schunke said that UCD is represented at their meetings by staff from a wide range of programs: their GME office, a psychologist in charge of resident wellness, a resident, staff from their human resources office, a psychologist who is the chair of the academic and staff assistance program.

Working with Mr. Schunke on this project is Lynda Swenson, who is a manager in the Enforcement Program but currently on loan to the Licensing Section. Ms. Swenson had proposed an idea that the participants thought would be a good starting point for the UCD web site: some type of self-reporting measurement tool that physicians could use as a pre-test to identifying wellness needs, challenges etc. This will be further discussed at a future meeting to determine if developing such a tool would be feasible and valuable.

The group has identified four modules they would like to produce: 1) mental health; 2) substance abuse; 3) burnout, and 4) creating a work/life balance. Mr. Schunke indicated that the group members seemed to agree that this is a very good basis from which to start and a great stepping stone upon which to build further in the future.

However, there is an additional module which they would like to develop in collaboration with the Medical Board. This would be a module about problem issues as they impact licensing applicants. However, during the meetings, Mr. Schunke stressed the need to move forward with caution, since creating any type of guidelines, without having adopted regulations via the traditional rulemaking process, could lead to the claim that we had underground regulations.

As a final item, Mr. Schunke said the UCD team also is very interested in hearing the results of the Wellness Survey, which he will share with them following this meeting. He also said that he had shared the names of Dr. Norcross at UCSD and Dr. Giang at Loma Linda, as very valuable resources.

Agenda Item 6. Committee Members' Report on Activities

Other than those points already mentioned, no further items were brought forward for discussion.

Agenda Item 7. Future Agenda Items

Pursuant to a query by Dr. Giang, Mr. Schunke reported he would coordinate additional articles for the Board's *Newsletter* by working with Dr. Gregg and Candis Cohen, the Board's Public Information Officer.

Agenda Item 8. Public Comment on Items not on the Agenda

There were no public comments.

Agenda Item 9. Adjourn M/S/C Drs. Chin and Gregg to adjourn.