



MEDICAL BOARD OF CALIFORNIA
Executive Office



MEETING SUMMARY

**WELLNESS PROGRAMS - BEST PRACTICES MODEL
WORKING GROUP MEETING**

November 4, 2010

Long Beach Memorial Medical Center
Miller Children's Hospital
2801 Atlantic Avenue
Long Beach, CA 90806

Moderator: Dr. Laurie Gregg
Member, Medical Board of California's Wellness Committee

Board, Committee, and Staff Members in Attendance:

Daniel Giang, M.D., Wellness Committee Member
Gary Nye, M.D., Wellness Committee Member
Jorge Carreon, M.D., Wellness Committee Member
John Chin, M.D., Wellness Committee Member
Kevin A. Schunke, Wellness Committee Manager
Kurt Heppler, Legal Counsel, Department of Consumer Affairs
Laurie Gregg, M. D., Wellness Committee Member
Shelton Duruisseau, Ph.D., Medical Board Member and Wellness Committee Chair
Silvia Diego, M.D., Wellness Committee Member

Members of the Public in Attendance:

Andy Gallardo, Kaiser Los Angeles
Jim Hay, M.D., California Medical Association
Katie Scholl, Center for Public Interest Law

Agenda Item 1. Welcome and Introductions – Dr. Gregg

The meeting was called to order at 11:15 a.m. Dr. Gregg and the other members commended Mr. Gallardo on the presentation he made to the Wellness Committee and the success of his program.

Agenda Items 2 and 3. Re-cap and Background Information of the Wellness Committee, and Summary and Discussion of August 17, 2010 Meeting of the Wellness Programs – Best Practices Working Group Meeting – Dr. Gregg

Although this working group was meeting immediately following the Wellness Committee meeting, Dr. Gregg said she wanted to reiterate some of the introductory remarks she offered there. She restated the mission of the Wellness Committee, which 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. At the January, 2010, Wellness Committee meeting, the members voted to develop an outline for whatever “next steps” should be taken pursuant to this project, including, among other things, the development of a “Best Practices Model.”

With this direction having been given, a Best-Practices Working Group meeting was held in Sacramento on August 17, 2010. There were 18 guests in attendance. The group reviewed the wellness survey which had been distributed the previous winter and discussed the feedback submitted. It seemed that most responders agreed there was a link between physician wellness and the care provided to patients. Those who offered preventative opportunities as opposed to rehabilitative approaches had created a variety of wellness opportunities physicians and other staff.

The survey responders indicated an encouragement for the Board (or others) to provide more wellness programs and activities, including opportunities for CME. Unfortunately, it also was obvious from the feedback that with dwindling resources, on-going wellness programs were limited in availability and scope. The result of the wellness survey indicated 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 and further, it would allow those not currently operating such programs to see the foundation upon which such a program could be created.

Meeting participants all offered insight to their own programs, the challenges and the successes, and a natural desire to be able to provide even greater wellness opportunities to staff. The attendees of the working group were unanimous in suggesting the efforts of the group should be continued, with the ultimate goal being the development of a best practices model (manuals, “tool kits”, on-line CME modules, etc.) for hospitals. Further, the working group members pointed out the need these programs, when created, to be available to clinics and other health care providers to utilize.

Agenda Items 4 and 5. Roundtable Discussion – What Information have Working Group Members Brought to Share and Discussion of Next Steps: Who will accept what follow-up tasks, providing and sharing of existing documents, further research, due dates, recommendations to Wellness Committee, etc.

Dr. Nye suggested that the simple and concrete tasks of creating a “tool kit” or on-line courses would be the best, easiest, and most reasonable way to start, even if these first steps would be daunting for a small group like this. In the long run, he suggested that a program such as Mr. Gallardo’s program at Kaiser could be seen as the ultimate goal to be offered around the state; however, he did recognize that such for such a program to be replicated would take a significant commitment by larger hospitals and physician groups and, per capita, a tremendous commitment for smaller groups. Most importantly, any strides towards which the Working Group is headed will require cultural changes, which will be best realized if these concepts are taught and encouraged starting at the being of the professional development, at the medical schools.

Dr. Duruisseau addressed the low turn-out of participants at this meeting. Other than those who attended the previous Wellness Committee meeting, we were not able to be engaging enough to inspire others to attend. The changing locations of the meetings might allow some people to attend one meeting near to them but not a subsequent meeting. The length of time between meetings might not be enough to keep people engaged. And, as is obvious among the people who are attending today’s meeting and probably more obviously among those who did not attend, it seems that everyone is assuming more and more responsibilities in their main jobs and something like this meeting is seen as a luxury, not on a list of mission-critical items, and thus falls to the side.

Dr. Gregg echoed these sentiments, and despite being a staunch support of physician wellness, she recognizes that many physicians will say (and the data supports) they are too busy in both their professional and personal lives to participate in wellness activities; they don’t want to be told what to do even if, in the greater concept, they understand the benefits; they need to take care of patients first. Further, Dr. Gregg also challenged the meeting participants to advocate that despite the

logistical and philosophical challenges Dr. Duruisseau and she discussed, physician wellness should fall within the mandate of the Medical Board.

Dr. Chin strongly agreed with Dr. Gregg that the people in attendance today are passionate about this subject, but he also suggested that the group members should ask themselves if their time, staff's energy, and the potential resources need to create a wellness protocol are best dedicated to these goals if, once a finished product is rolled out, few are willing or able to avail themselves of whatever products are created. An individual's time and dedication to this one meeting, or even a series of meetings, are not as critical and worrisome as the group's long-term ability to incentivize an audience to use the programs or model which may be created by the group.

Agenda Item 6. Closing

The meeting came to a close at 12:50 pm.