



MEDICAL BOARD OF CALIFORNIA Executive Office



Wellness Committee Meeting
Sheraton Suites
701 A Street
San Diego, CA 92101
November 6, 2008

MINUTES

Agenda Item 1. Call to Order

Dr. Duruisseau called the meeting to order at 2:05 pm. Roll was taken and a quorum was present; Dr. Giang arrived shortly after roll call. Notice had been sent to all interested parties.

Members present:

John Chin, M.D.
Shelton Duruisseau, Ph.D.
Daniel Giang, M.D.
Laurie Gregg, M.D.
Peter Moskowitz, M.D.

Members not present:

William Norcross, M.D.

Staff Present:

Barb Johnston, Executive Director
Kim Kirchmeyer, Deputy Director
Linda K. Whitney, Chief of Legislation
Kevin A Schunke, Committee Manager
Candis Cohen, Public Information Officer
Janie Cordray, Research Manager
Abbie French, Telemedicine/Special Projects Manager
Randy Freitas, Business Services Staff
Armando Melendez, Business Services Staff
Kelly Nelson, Legislative Analyst
Debbie Pellegrini, Chief of Licensing
Regina Rao, Business Services Staff
Paulette Romero, Associate Analyst
Cheryl Thompson, Executive Assistant
Renee Threadgill, Chief of Enforcement

Members of the Public:

Elizabeth Becker, LCSW, ISS
Mark Brum, Bly Plamm Fund
Meredith D'Angelo, CPIL
Tara L. Kittle, Blue Diamond Foundation
Patrick McKenna, CPIL
Taryn Smith, Senate Office of Research
Brian Warren, DCA

Agenda Item 2. Approval of the Minutes from the January 16, 2008 and July 24, 2008 Meetings

The minutes of the January 16, 2008 meeting and the July 24, 2008 meeting were considered. Motion/second Moskowitz/Chin to approve as written. However, Tara Leigh Kittle indicated that her comments to the committee at the July 24, 2008 meeting were not reflected.

The motion and the second were amended to approve only the January 16, 2008 minutes and defer approval of the July 24, 2008 minutes until edited. This latter document shall be reconsidered at the next committee meeting. Motion carried.

Agenda Item 3. Update on Meeting with Liability Carriers

A. Educational/CME component

Dr. Duruisseau summarized past Wellness Committee meetings, at which members have discussed ways malpractice carriers could work with the committee on various approaches to attain an obvious mutual goal--improved physician wellness, which could lead to improved patient care. This idea was championed by Dr. Gregg.

Dr. Gregg reported on a subsequent meeting, held on September 10, 2008 at the NORCAL offices in San Francisco, which she attended with Dr. Fantozzi and staff. During the meeting, it was discussed and agreed upon that the ability of a physician to provide quality care to the patient is affected by the physician's physical and emotional wellness. The stressors in the practice of medicine can negatively impact a physician's ability to provide quality patient care, which may lead to disciplinary actions by the Medical Board and could lead to medical liability suits. The Board and NORCAL have a common interest in addressing the stressors physicians face because physician "unwellness" can be linked to less-desirable outcomes and patient dissatisfaction.

Dr. Gregg understood the thinking of the committee to favor focused and early attempts to prevent poor physician coping behaviors (rather than a focus on monitoring any one coping behavior--such as substance abuse--after it has become a problem). This preemptive approach serves the consumers and the licensees better than a focus on small areas. One option would be to encourage that some of a licensee's mandatory annual CME should be related to wellness activities. Outreach efforts could be launched from the Board's website and working in partnership with hospital peer review bodies, wellbeing committees, etc., to encourage and incentivize physicians. There was concern that mandated wellness programs could be negatively received.

Dr. Gregg concluded she thought there is a mutual desire by the Board, liability carriers, and health care providers to work together towards physician wellness, as this should lead to a decrease in enforcement actions and lawsuits, and improved patient satisfaction.

Dr. Moskowitz complimented Dr. Gregg for her work. He suggested reduced license fees might also be a good incentive. Further, he encouraged outreach to medical school students and residents, pointing out that some reports indicate up to 40 percent of medical students suffer from some indicators of major depression.

Dr. Chin also complimented Dr. Gregg on her efforts and supported her focus on licensees, suggesting that small first steps would be warranted before reaching out to other populations.

B. Survey component – Dr. Fantozzi

Dr. Fantozzi addressed the committee and shared his recent experiences with making presentations to professional associations. He suggested that, in an attempt to gain a better understanding of what resources are currently available, the Committee might want to undertake a preliminary survey of what wellness opportunities are offered at the 450+ hospitals in California. Cooperation with the California Hospital Association could be valuable.

He suggested this might be a preliminary step, making simple inquiries as to whether the hospitals offered such wellness programs, how often they meet, if the meetings are on-going and proactive or only as needed to address a problem, etc. Dr. Fantozzi also suggested that the Committee request copies of minutes, policy manuals, etc., which could be used to develop a sample policy manual to facilitate presentations to all healthcare providers which could be offered as a proactive educational tool. The survey should conclude by asking hospitals what the Committee and Board can do to assist and facilitate improved programs.

Dr. Chin agreed with Dr. Fantozzi's suggestion, since it would make sense to use whatever programs and information are already in place, instead of "reinventing the wheel."

Dr. Moskowitz pointed out that while the Committee's focus is physician wellness, the survey might also want to query what wellbeing programs were operational to obtain a better understanding of what is being offered.

Dr. Fantozzi said he agreed. He suggested discussions with the California Medical Association to see if they can work with their members regarding wellbeing. He stressed that medical schools are offering programs to students but licensees are left out of the loop too often.

Dr. Gregg stressed that while licensees who work for large health care providers may have access to programs, most students and many residents do also. However, the Committee's focus needs to be on the licensees who cannot access needed programs.

Agenda Item 4. Contacts with Other Liability Carriers

Mr. Schunke stated there were no other contacts made with liability carriers.

Agenda Item 5. Status of Assembly Bill 2443/Nakanishi: Physician Well-being

Ms. Whitney reported on Assembly Bill 2443, which was sponsored by the Board and carried by Assm. Nakanishi. This bill would have required the Board to establish a program to promote the well-being of medical students, post graduate trainees, and licensed physicians; in essence, it would have codified the activities of the Committee. The program was to address and prevent illness and burnout due to stress, overworking, and professional dissatisfaction by including an evaluation of wellness education. The bill required the program be developed within existing resources.

Unfortunately, the Governor vetoed the bill. Even though the bill stated all costs must come from within existing resources, the Governor wrote in his veto message that this bill, while well-intentioned, detracts from the mission and purpose of the Board. The Governor indicated the Board should be focused on successfully implementing its current licensing, regulatory and enforcement activities before attempting to offer new programs outside its highest priority - protecting the health and safety of consumers.

Ms. Whitney referred to Business and Professions Code section 2015.5. This section allows the Board to establish advisory committees consisting of licensees and members of the public to consider any subject matter assigned to the committee. That is what the Wellness Committee is, and in sponsoring AB 2443, the Board simply wanted to codify this important task in law. Regardless of the Governor's action on AB 2443, Section 2015.5 gives the committee the authority to continue its work.

Dr. Gregg and Dr. Chin stated they both thought the intent of AB 2443 was valid. Dr. Gregg and Dr. Moskowitz offered to research additional information on how physician wellness translates to improved patient care and to gather statistics to support the bill. Motion/second/ carried Gregg/Giang to recommend the Board sponsor similar legislation in 2009.

Tara Kittle, a member of the public, addressed the Committee. She expressed her great disappointment in the Governor that he vetoed the bill and stated her opinion that the Governor and his staff need to be better educated. She encouraged the Committee to reintroduce the bill next year.

Agenda Item 6. Committee Members' Reports on Activities

Dr. Gregg reported that in her research, she has been trying to identify other sources through which licensees can gain wellness education knowledge. She looked into the 24 national American Board of Medical Specialties member organizations, but could identify only two (OB/GYN and anesthesia) which had committees or work groups dedicated to the subject.

Dr. Giang reported that Institute of Medicine is holding discussion about a potential reduction in GME duty hours. When completed, it is believed a recommendation will be forthcoming in December, and it is likely that ACGME will approve such a recommendation. The proposal could be a maximum of 56 hours a week (down from the current 80 hours a week) and a maximum of 16 hours a day (down from the current maximum of 24 hours a day). Dr. Giang stated such a decrease in duty hours is both a generational and societal change which goes hand-in-hand with physician wellness; however, this will contribute to a decrease in physician availability and an increase in physician shortage. Dr. Moskowitz concurred.

Dr. Moskowitz outlined for the committee his presentation to the Board's Education Committee on April 24, 2008. The presentation focused on Physician Health and Wellness, and a summary of the presentation is included in the minutes for that Education Committee meeting.

Agenda Item 7. Discussion of Future Agenda Items

No additional items were presented beyond those previously discussed.

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

Ms. Kittle stated it is her opinion that the greatest barriers to physician wellness are institutional barriers which face the profession, such as extraordinarily high student loans, the high costs of malpractice insurance, and the stress of facing potential lawsuits or defending actual litigation.

Agenda Item 9. Adjournment

Dr. Duruisseau adjourned the meeting at 2:55 pm.