



## MEDICAL BOARD OF CALIFORNIA Executive Office



### Wellness Committee

Medical Board of California  
Greg Gorges Conference Room  
1426 Howe Avenue, Building F  
Sacramento, CA 95825

September 26, 2007

#### **Agenda Item 1      Call to Order**

Dr. Duruisseau called the meeting to order at 2:00 pm. Roll was taken. A quorum was present and notice had been sent to all interested parties.

#### Members Present:

Shelton Duruisseau, PhD, Chair  
William Norcross, MD  
Laurie Gregg, MD

#### Members not Present:

John Chin, MD  
Ron Wender, MD

#### Staff Present:

Barb Johnston, Executive Office  
Kimberly Kirchmeyer, Deputy Executive Officer  
Linda Whitney, Chief of Legislation  
Kurt Heppler, DCA Counsel  
Kevin A. Schunke, Committee Manager

#### **Agenda Item 2      Introduction of Committee Members and Guests**

Committee members introduced themselves and shared their personal interest in serving on this committee. Two guests were present: Peter Moskowitz, MD from the Center for Professional & Personal Renewal and Daniel Giang, MD, from Loma Linda University.

#### **Agenda Item 3      Mission, Role, and Goals of the Committee**

A draft copy of the Mission Statement and the Roles and Responsibilities of the Committee was presented. Members offered comments.

Members discussed the inherent dangers of references to well being programs, since there is often a negative connotation; many such programs focus on behavioral issues or substance abuse issues. Instead, it was suggested that Committee members and staff focus on the need for a balance in a physician's personal and professional life.

Staff was asked to incorporate the suggestions and offer a final draft at the next meeting.

There was a discussion on the feasibility of requiring some CME coursework as it relates to personal renewal.

#### **Agenda Item 4      Discussion of Publications Work Group**

Dr. Gregg offered to take the lead in this work group. She suggested offering articles for publication in the Board's *Newsletter*, pointing out that a previous series of articles on discipline have been well received. She suggested that authors might be found within the membership of the Committee, but also from outside experts in the field.

It was suggested that the focus might be on the "domains of balance" in a person's life and how those would relate to a physician's personal and professional life, including the need for relationship balance.

Discussion followed on the measurable success of any work by the Committee and Board in this arena. Various types of pre- and post-evaluation were considered. It was suggested that after the Committee has developed its goals and begun implementation of its mission, that the Board could partner with one of numerous groups that already has expertise in this area, such as universities or one of the major health care providers. Anonymous on-line surveys would be an option, possibly at the time of license renewal.

Dr. Gregg said that she would speak with the Board's Public Information Officer about getting an article ready in time for the next publication of the *Newsletter*.

#### **Agenda item 5      Discussion of Outreach Work Group**

Dr. Norcross asked for a better understanding of what was meant by "outreach." It was suggested that the Committee's outreach at this point was to talk with those organizations, which could lead to a strategic partnership, to determine what resources are currently available. It would be possible to collaborate with such partners as each strives to get out a joint message about courses or programs, which encourage a life balance.

It was stressed that while there may be widespread aspirations for the Committee in the long-term, at this point the Committee should focus on conducting a global survey and creating a central resource listing many of the available resources. This, in and of itself, will be a tremendous undertaking.

Dr. Norcross suggested that some of the organizations to contact would be the large health care providers, the California Association of Medical Staff Services, the California Society of Healthcare Risk Managers, the California Hospital Association, and others.

There was discussion of including various malpractice carriers in our project, with the hope of them recognizing the benefits to patients and the insurers by having more-healthy physicians provide care. It was mentioned that malpractice carriers might offer incentives or premium reductions for such personal improvement activities.

### **Agenda Item 6            Discussion of Other Work Groups**

Dr. Norcross mentioned that he believes someone has considered a survey trying to establish a nexus between a physician's lack of well-being and disciplinary actions, but such a correlation would be difficult to establish; further, such an endeavor might be beyond the Committee's task.

### **Agenda item 7            Other Goals, Directions, and Membership of the Committee**

Several other goals of the committee were offered:

- reduced complaints
- improved health of licensees
- a more "compassionate" board, not just in a mission statement, but by weaving this effort throughout all our work.

Dr. Duruisseau offered a summary of what was accomplished during the Committee meeting and which members were focusing on which efforts.

Dr. Duruisseau also thanked Dr. Moskowitz and Dr Giang for attending the meeting.

### **Agenda Item 8            Future Agenda Items**

Dr. Duruisseau asked that the Committee members bring back for discussion what they have done or what information they have gathered following today's meeting. Also, it was suggested that a presentation be made at the next Committee meeting, so everyone has a better understanding of what is involved.

### **Agenda item 9            Next Meeting Date**

It was suggested that the Committee meet on a quarterly basis, with meeting dates set just before the Board meeting, so that a current report could be offered to the Board.

### **Agenda Item 10          Public Comment on Items Not on the Agenda**

A member of the public discussed her concerns over sleep deprivation by health care providers and the potential problems that might arise.

### **Agenda item 11          Adjournment**

The meeting was adjourned at 3:40 pm.