



MEDICAL BOARD OF CALIFORNIA



Education & Wellness Committee Meeting

Medical Board of California
Courtyard by Marriott
Golden A & B
1782 Tribute Road
Sacramento, CA 95815

July 19, 2012

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Education & Wellness Committee of the Medical Board of California was called to order by Chair Barbara Yaroslavsky at 10:48 a.m. A quorum was present, and due notice had been mailed to all interested parties.

Members of the Committee Present:

Barbara Yaroslavsky, Chair
Jorge Carreon, M.D.
Hedy Chang
Silvia Diego, M.D.
Shelton Duruisseau, PhD.
Sharon Levine, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.

Board Members and Guests Present:

Teresa Anderson, CAPA
Michael Bishop, M.D.
Robert Bonakdar, M.D., Scripps Clinic
Frank Cuny, California Citizens for Health Freedom
Ginny Cuny, California Citizens for Health Freedom
Julie D'Angelo Fellmeth, Center for Public Interest Law
Burton Goldberg, Patient Advocate
Laurie Gregg, M.D.
Maia Loffuaru, California Citizens for Health Freedom
Gary Nye, Wellness Committee Volunteer Member
Robert Rowen, M.D., California Citizens for Health Freedom

Staff Present:

Eric Beruman, Central Complaint Unit Manager
Susan Cady, Enforcement Manager
Ramona Carrasco, Central Complaint Unit Manager
Dianne Dobbs, Department of Consumer Affairs, Legal Counsel
Tim Einer, Administrative Assistant

Kurt Hepler, Staff Counsel
Teri Hunley, Business Services Manager
Kimberly Kirchmeyer, Deputy Director
Natalie Lowe, Licensing Manager
Armando Melendez, Business Services Analyst
Susan Morrish, Licensing Analyst
Roberto Moya, Investigator
Cindi Oseto, Licensing Manager
Regina Rao, Business Services Analyst
Letitia Robinson, Research Specialist
Paulette Romero, Central Complaint Unit Manager
Anthony Salgado, Licensing Manager
Kevin Schunke, Outreach Manager
Jennifer Simoes, Chief of Legislation
Laura Sweet, Deputy Chief of Enforcement
Christina Thomas, Licensing Analyst
Cheryl Thompson, Licensing Analyst
Renee Threadgill, Chief of Enforcement
Michelle Tuttle, Licensing Analyst
Anna Vanderveen, Investigator
See Vang, Business Services Analyst
Linda Whitney, Executive Director
Dan Wood, Public Information Officer
Curt Worden, Chief of Licensing
Laurie Yee, Licensing Technician

Ms. Yaroslavsky welcomed everyone to the new Education and Wellness Committee. Ms. Yaroslavsky stated previously this was two committees - the Wellness Committee and the Education Committee. At the February 2012 Board meeting, a motion was made to combine the Wellness Committee and the Education Committee, creating the Education and Wellness Committee.

Agenda Item 2 Public Comment on Items Not on the Agenda

Robert Bonakdar, M.D., introduced himself and stated he is a family physician with the Scripps Clinic in San Diego, and he is here as an observer. His work in the area of physician wellness comes from a mentorship with the late Lee Lipsenthal, M.D., whose work is highlighted in an article in the latest MBC Newsletter, as well as his time with the Scripps Physician Wellness Committee. They have five hospitals and 500+ physicians, and one of the things they are working on is a fall CME series, which will be Web cast across the five hospitals, as well as a Web module available to other California physicians and clinicians to help promote awareness of physician burnout and the continuum with wellness to burnout. Dr. Bonakdar stated he looks forward to supporting the work of the Education and Wellness Committee and learning more.

Burton Goldberg introduced himself and stated he is a patient advocate and is in Suzanne Somer's book, *Knockout*. Mr. Goldberg stated he is here to talk about cancer and the ability of physicians in California to practice alternative and integrative cancer treatment safely. He stated he has to send his patients quite often to Mexico or Nevada or Arizona. Mr. Goldberg commented that the difference between integrated cancer care and conventional cancer care is enormous. Mr. Goldberg stated they pay attention to diet, so he is here to advocate

that the Board allow holistic physicians to practice and perhaps put people on the Medical Board who understand alternative medicine. Mr. Goldberg provided a DVD.

Ginny Cuny introduced herself as Frank Cuny's sister. Ms. Cuny stated her husband died of brain cancer. Ms. Cuny remarked she spent numerous hours on the Internet and talking to people, spending a lot of money trying to find some alternatives. Ms. Cuny explained she is here to suggest we need some alternatives to help these people, because it is a horrible thing to watch your loved person die of cancer.

Frank Cuny introduced himself as the Director of California Citizens for Health Freedom. Mr. Cuny stated he gave a booklet given to each person – *Return to Healing*, written by Dr. Saputo. Mr. Cuny recommends reading it very carefully because those types of treatments are not generally accepted or covered by insurance. He asked the Board to seriously consider sponsoring a cancer freedom bill for next year. Mr. Cuny remarked there are over 2,000 California citizens who go to Mexico each year, and a number of citizens who go to Arizona, Nevada, and to Cancer Treatments of America. Mr. Cuny suggested having a Cancer Treatments of America in California. Mr. Cuny reported there are several programs in Mexico that are run by California licensed physicians who would like to practice in California, which would increase the number of physicians here. Mr. Cuny stated it would increase the economic status within California; people would not have to leave California to go for treatment. Mr. Cuny urged the Board to seriously consider that.

Robert Rowen, M.D., introduced himself and stated he is one of our licensees and an integrative physician. Dr. Rowen stated there is some tolerance for integrative medicine, but there is a law that makes the integrative treatment of cancer a crime. Dr. Rowen stated he thinks it is abhorrent that patients have to go to Mexico. Dr. Rowen discussed an article about the contribution of pseudo toxic chemotherapy to five-year survival in adult malignancies in the USA and Australia. Dr. Rowen stated California mandates that only chemotherapy, radiation, and surgery be used for cancer; otherwise, you are a criminal. Dr. Rowen urged the Board, on behalf of patients and California citizens, to sponsor legislation to repeal this law.

Maia Lohuaru introduced herself as the person who took care of the swami Dr. Rowen talked about. Ms. Lohuaru stated she looked for integrative therapy. Ms. Lohuaru stated he immediately started improving, was completely cured and has been for two years. She asked that the laws be changed in California so that people can benefit from integrative care.

Laurie Gregg, M.D., introduced herself and stated she is a former member of the Medical Board of California and brought the Wellness Committee into fruition. Dr. Gregg stated she is currently the chair of the American Congress of OB/GYNs in California, and they have an active wellness committee. Dr. Gregg stated she believes it is the mission of the Medical Board to keep wellness going and encouraged the Board to continue working on physician wellness. Dr. Greg stated studies show that a healthy and happy physician leads to more optimal care. Physicians who are unwell or burnt out have more medical errors. Dr. Gregg presented ways to work on physician wellness: through the Newsletter articles; to partner with the American Medical Association and the California Medical Association to create resources on the national and state level; build a list of resources and educational materials; and create a resource guide or toolkit to help physicians be more proactive with maintaining physician wellness or recognizing unwellness in their colleagues.

Agenda Item 3 Approval of Minutes from the November 4, 2010, Wellness Committee Meeting
Ms. Chang made a motion to approve the minutes from the November 4, 2010 meeting; s/Duruisseau; motion carried.

Agenda Item 4 **Approval of Minutes from the January 27, 2011, Education Committee Meeting**
Dr. Duruisseau made a motion to approve the minutes from the November 4, 2010 meeting; s/Chang; motion carried.

Agenda Item 5 **Presentation on Benefits of Physician Education on the Disability Insurance and Paid Family Leave Programs**

Ms. Yaroslavsky introduced Dr. Laurel Waters, from the Employment Development Department (EDD). Ms. Waters serves as the medical director of EDD. Her residency was in pediatrics, she went to the UC Davis Martinez Veterans Administration Medical Center Program and was trained in anatomic and clinical pathology, and nuclear medicine. Dr. Waters also founded her own business called Perinatal Path – Helping Patients Understand Poor Birth Outcomes. In May of this year, Dr. Waters became a medical director for EDD.

Dr. Waters stated she is the medical director for EDD, particularly the state disability insurance portion. Dr. Waters explained State Disability Insurance is composed of two main parts: disability insurance and paid family leave. California is one of six US states to have disability insurance and one of only two to have paid family leave. State disability provides coverage for 13 million California workers, and it is partial wage replacement of approximately 55% of an employee's income, up to a maximum of \$1,011 per week currently. A claim form must be filed by the 49th day of the disability. Determination is not dependent on how long employees have been with their current employer, and they can work part time. Disability insurance covers non work-related illness or injury. Employees must be under the care of a physician or practitioner who has to certify to the illness or disability. A doctor's certificate of the seriousness of the illness and the need for care is required and must be signed by the patient or their representative. Disability insurance is up to 52 weeks per claim, and paid family leave is up to six weeks.

Dr. Waters talked about elective coverage, which physicians can sign up for when they are self-employed, and it provides coverage for up to 39 weeks. Dr. Waters explained the claim forms are specific for disability and paid family leave. The disability form is downloadable – but the paid family leave is in an optical character recognition form, so that has to be mailed and the doctor's certificate is part of it. Doctors and some other practitioners, including nurse practitioners, can certify the disability. Dr. Waters cautioned physicians to pay attention to the coding and make sure a diagnosis and ICD-9 code are entered and not a symptom. There is also a process called the Independent Medical Examination (IME) and EDD is looking for more IME panelists to serve as consultants to determine if the claim is still appropriate. This is not a second opinion, but more of a quality control check.

Dr. Waters stated she wanted to speak briefly about elective coverage. Dr. Waters explained an individual has to be self-employed or a sole proprietor and the individual must make at least \$4,600 per year and be covered for six months prior to filing a claim, and the coverage is up to 39 weeks. There are no pre-existing diagnosis issues with elective coverage, and while the coverage is fairly low, it will provide a base line that is quite inexpensive compared to other disability plans.

Dr. Levine asked if the program is essentially funded by employees.

Dr. Waters answered that the program is funded by employees, who pay 1.2% of their salary, with some companies having their own plans. The private plan must be better than the state plan.

Dr. Diego asked if the nurse practitioner can put somebody on disability without a doctor's signature, but physician assistants require a doctor's signature.

Dr. Waters stated the nurse practitioner must have a relationship with the physician, but is unsure why a physician assistant cannot sign.

Ms. Yaroslavsky asked if a patient applies for an extension, but the specialist tells the patient to go back to their primary, can the primary continue the disability or should it continue with the specialist?

Dr. Waters replied that the patient can change if it is appropriate that the patient no longer needs specialized care. The primary doctor can take over the care.

Dr. Salomonson asked how to optimize with a new baby who has a birth anomaly, the birth, bonding, and caring for the child after surgery ?

Dr. Waters responded, after a vaginal birth there is six weeks of leave and after a cesarean section there is eight weeks of leave. There is then six weeks for bonding. She did not know if the mother could do six weeks for bonding and another six weeks for giving care.

Dr. Salomonson stated the diagnosis she is most familiar with – cleft lip and palate – the repair would be at nine months of age. Should the parents save up their bonding time or is that separate?

Dr. Waters said with paid family leave, you only get it once in a 12-month rolling time, so she is not sure if that would count as a new, separate event.

Agenda Item 6 Presentation on Pre-Existing Condition Insurance Plan and Educating Physicians and Consumers

Ms. Yaroslavsky introduced Mr. Ernesto Sanchez as the Deputy Director of California Managed Risk Medical Insurance Board (MRMIB), and stated he has been staff to MRMIB since 1998. He has served as an assistant director for healthcare reform, division operations manager, special projects section manager, and, in his current position, he administers five different programs that serve nearly one million subscribers with a combined budget of over 2.3 billion dollars.

Mr. Sanchez stated MRMIB was created in 1989 to promote access to affordable coverage, comprehensive high quality cost effective health care services that improve the health of Californians, targeting the uninsured. Mr. Sanchez stated they are a unique public board, in that they sit under the Health and Human Services Agency, but they are independent. The board members are appointed by the Governor and the Legislature and they have four ex officio nonvoting members. Mr. Sanchez stated they oversee five programs, the newest being the Pre-existing Condition Insurance Plan (PCIP), which is probably one of the first implementations of the Affordable Care Act. It is meant as a bridge for those individuals who have been denied insurance coverage in the market place because of a pre-existing condition. The plan is federally funded, and states have the option to either state administer it or buy into the federal fallback. Mr. Sanchez explained California wanted to administer their own program to maximize the federal dollars. The plan was given an initial allocation of 761 million dollars out of the 5 billion dollars nationally. There are no annual limits and caps.

MRMIB also administers California's State Children's Health Insurance Program (SCHIP), which is known as Healthy Families, and covers nearly 900,000 children and has served nearly 3 million children since its initiation in 1998. MRMIB also oversees the Access for Infants and Mothers Program that provides health coverage to women who are above the MediCal level, who pay approximately 1.5 % of their annual income. Through the SCHIP funding, they administer a program that shares some of their federal allocation with three county health initiative programs.

PCIP started in October 2010, is 100% federally funded, and provides coverage to individuals who have had or have a pre-existing condition. The federal Affordable Care Act requires an individual be uninsured for six months; you cannot have had credible coverage. California is the biggest in the nation, and California is almost doubling the second highest state in the nation. The requirements are that you must be a California resident; you must be either a US citizen, a US national, or lawfully present in the country; you must have a pre-existing condition; you cannot have had credible coverage, and you cannot be enrolled in MediCal or Medicare, COBRA, or Cal Cobra benefits. Mr. Sanchez explained there are a couple ways to document a pre-existing condition, either a letter (or the form on their Web site) from a provider to document the pre-existing condition or a denial letter from an insurance company that you have been denied individual coverage within the last year. Individuals 18 and over and parents, legal guardians, stepparents, and foster parents can apply for their children, as well as emancipated minors can apply for themselves.

Mr. Sanchez noted the main source of their referrals is insurance agents and brokers that help and assist families in applying for individual coverage. There is also a vast network of enrollment entities and certified application assistants who have helped us in the Healthy Families program. They are eligible for a \$100 finder's fee if they help someone apply and they are actually enrolled.

Mr. Sanchez reported that MRMIB has been consumer focused for years, looking to reduce the number of uninsured, strengthening the healthcare delivery system, and working toward guaranteed issue, so nobody can be denied insurance coverage for a health status. Mr. Sanchez stated they are very similar to what PERS does, in that they are not a regulator, but a purchaser of health care, and they try, through their pools and by providing subsidies for the cost of coverage, to help people by buying the best quality service by contracting with both MediCal plans and commercial plans. They have 36 health, dental, and vision plans for the PCIP program, similar to a large employer group.

Mr. Sanchez stated Healthy Families, their SCHIP program, is the largest in the nation, with nearly 900,000 kids. The budget passed to eliminate the Healthy Families Program sometime over the year 2013. If there is federal approval, all those children will be moved into the MediCal program, which will impact providers because the programs have different rates.

Mr. Sanchez stated the AIM program provides health coverage for women – between 200% and 300% of the poverty level. The women pay 1.5% of their annual income for the program, and approximately 7,200 mothers are currently served. This program will continue to exist even after health care reform. Mr. Sanchez stressed that he appreciated the opportunity to work with the Medical Board trying to get the uninsured insured.

Dr. Levine asked if during transition from PCIP to the world of guaranteed coverage, is there a hard stop on PCIP, December 31, 2013, or is there some overlap.

Mr. Sanchez explained the program will end on December 31, 2013, but they are in discussions with the exchange, because a lot of the programs are linked. One of the efforts has been to do pre-enrollment. Mr. Sanchez stated they are working on a process where they can do the pre-enrollment process.

A Board member commented that in terms of healthy families, the door is closed on that program.

Mr. Sanchez replied it is not totally closed. Mr. Sanchez said a law was passed saying it should transition no sooner than January and four or five groups are contingent on CMS approval. Mr. Sanchez stated they are in discussions with CMS because there was a lot of concern at the legislature that the MediCal program does not have enough providers to serve the current population. Mr. Sanchez added they also have to move the aged and disabled into the MediCal managed care.

Ms. Yaroslavsky asked if a patient walks into a doctor's office and is uninsured or has a pre-existing condition and has been without insurance for the required time, could the doctor's office sign the person up to be part of this program?

Mr. Sanchez responded if any staff person is a certified application assistant, they can help them apply.

Dr. Diego asked who are the care providers for PCIP.

Mr. Sanchez responded it is the same network doing the federal program. They purchased a network and on their Web site an individual can search for all the different providers who are part of the program.

Agenda Item 7 Update on Strategic Plan objectives and Program Update for the Public Affairs Office

Mr. Wood provided an update on the Strategic Plan of the Public Affairs Office (PAO). Objective 3.1: Improve and expand the professional educational outreach to students and new graduates about the laws and regulations that govern medical practice. Mr. Wood noted there are six activities to this objective:

Activity 1 includes a plan of action, which was set forth and will redesign and launch a new public Web site by the end of 2012. A Web Design Committee was formed strictly to deal with the look, feel, and functionality, while the Web Users Committee deals with the content. A timeline for the development of the site is included in the agenda.

Activity 2 is to utilize the Web site and the Newsletter to inform licensees of any changes in the laws, regulations, practice patterns, and issues of public health. The PAO is seeking cooperative opportunities with other agencies, boards, and associations to identify issues that impact health care through email blasts, alerts, and articles published in the Newsletter.

Activity 3 is to work with state, county, and federal agencies to inform licensees of the changes in the laws impacting their practices. An alert can be placed on the Board Web site and, in some cases, an email blast sent out informing them of the information.

Activity 4 is to educate physicians about complying with the law. The seventh edition of the *Guide to the Laws Governing the Practice of Medicine* is now being updated. Pending final review, which will take place in the first week of August, it will then be posted online and sent to print.

Activity 5 is the reestablishment of the Teams of 2 and a Speakers' Bureau. The PAO is in the process of implementing a Team of 2 on a local basis, which includes the Sacramento area, Northern California, and the San Francisco area. Mr. Wood stated he is asking groups who are seeking speakers from the Teams of 2 to give six months advance notice, in order to arrange a schedule with a Board Member and a staff member and prepare the necessary materials for the event. Mr. Wood stated the target for this is spring of 2013.

Activity 6 is to conduct outreach to various organizations, hospitals, groups, colleges, and universities around Sacramento. Such outreach is continuing, and arrangements are made as requests come into the office.

Objective 3.2: 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 a complaint. There are six activities for this objective:

Activity 1 is the review of the Board Web site for improvement and, by the end of 2012, the PAO will have the new Web site ready to launch. All Board publications will be available for download from the Web site, which will save considerable expense, although printed issues will still remain available.

Activity 2 is to identify consumer education groups and publications that will assist in the distribution of Board materials. The PAO has reached agreements for distribution of board materials with the Board of Pharmacy, EDD, the California Medical Association, the California Department of Public Health, MRMIB. Each of these groups will be adding a link to the Medical Board's Web site on their own Web site and reprinting articles from our Newsletter in their own publications.

Activity 3 is to schedule meetings with editorial boards once a year. Such meetings are scheduled to begin in November by using available resources such as phone conferencing and possibly video conferencing. Present travel restrictions have limited the face to face meetings.

Activity 4 is the updating of brochures to reflect the current practice environment. All board publications are being reviewed and updates made as necessary. Updated brochures are made available immediately upon approval for download on the board Web site.

Activity 5 is to work with other state agencies to provide Board materials to consumers. The activity will use DCA video production facilities for the purpose of public service announcements. This is designed to promote public participation in events of the Board and awareness of the Medical Board and its programs.

Activity 6 is the development of social media outreach. This is a very important issue as it has become a major source of communication for people worldwide. Social media sites, such as Twitter, Facebook, YouTube, and Linked In are going to be utilized to convey information to the public about board activities, important notices, alerts, public service announcements, and even the newsletter. Social media will play an important role in achieving the mission of protecting the public. The social media outreach campaign will begin in mid august of this year.

Objective 3.3: To identify more effective efforts to promote expert reviewer program and recruit qualified physicians. The Newsletter and the Web site are being utilized to achieve this objective. With the launch of the social media campaign and the Teams of 2 speaker's program, this effort will be expanded with a focus on

recruiting and educating physicians about the program and how to be involved.

Objective 3.4: To establish a more proactive approach to communicating with the media and the public as well as educating both about disciplinary cases and investigations, including those to be done in concert with other agencies. There are three activities for this objective:

Activity 1 is to build relationships with major media, so the information on all the disciplinary cases is provided to the appropriate outlets. The PAO uses every opportunity to educate media representatives on how to use the Board's Web site and how to research information on physicians. Press kits have been prepared and are available for distribution. The PAO has been using these at board meetings since January. The PAO will have a much more visible media center present on the new public Web site. The PAO will also continue to generate story ideas for journalists and producers and provide media outlets with video for use in news stories and broadcasts on the web.

Activity 2 is to work with DCA to establish a joint news release procedure. Once a news release is distributed, it is sent to the DCA, and DCA is notified of any on camera or recorded interviews. The PAO also provides a "Look Ahead" to DCA, informing them of any actions or anticipated events that would generate publicity to the positive or negative.

Activity 3 is the creation of press kits. This is completed. The PAO plans on the creation of an electronic press kit which can be distributed on line, by a CD Rom, or by email.

Objective 3.5: To expand the Newsletter to better inform physicians, students, and the public. There are seven activities for this objective:

Activity 1 is to evaluate how the current Newsletter is used by readers. The fall 2012 edition of the Newsletter will include an extensive survey that can be taken online and electronically tabulated, allowing the PAO to have the metrics to determine what sections of the newsletter are of most interest to readers and how best to expand to meet the expectations of the readers. Once this information is gathered and analyzed, changes will be proposed to better reflect the needs of readers of the newsletter.

Activity 2 is to allow subscribers to choose to receive the newsletter by email or on social media. Presently, the Newsletter is sent by email to subscribers and blasted out to licensees. When the social media campaign launches, an option to receive the Newsletter on social media will be made as well.

Activity 3 is to establish a feedback mechanism for content of the Newsletter to determine who is reading it and what material is being read. In each edition of the Newsletter, we asked readers to provide feedback by emailing the Board. Such feedback is tracked and consideration made to all suggestions. When the new Board Web site goes live in late December, a direct link to the editor will be provided to make it easier to provide this feedback.

Activity 4 is to promote readership of the Newsletter. Each edition promotes articles that are coming up in the next edition. Also by creating reciprocal agreements with other boards, agencies, and associations, readership is expected to flourish as these groups provide links to the Board's Newsletter and the Board's Web site. In addition, these groups have guaranteed to publish articles from the PAO in their own newsletters and

publications, thus expanding Board readership once again.

Activity 5 is to reach out to other agencies and foundations to contribute articles to the Newsletter. This began in early spring of this year and that effort continues. The Board has published articles from the Federation of State Medical Boards, the California Department of Public Health, the Center for Disease Control, and many others. This has proved to be a very successful exchange of articles and ideas. The Board has also created video and audio links which are in the Newsletter for even more information.

Activity 6 is to incorporate more information on Board activities in the Newsletter. Each edition publicizes Board activities and covers ones that have already occurred since the last edition of the Newsletter. Those efforts will continue to grow with the advent of the social media program, which the Board will use to disseminate information about events as they occur.

Activity 7 is to encourage professional associations to include links to the Newsletter on their Web site. As each association is contacted, and the Board builds a relationship, a request for a link to the Newsletter is made. The effort to achieve this activity has been successful and many times the links are already in place.

Objective 3.9: To conduct outreach to ethnic and other language publications. There are four activities for this objective:

Activity 1 is to identify groups to be targeted. California is an extremely diverse state and there is media to represent nearly every non-English speaking language spoken in the state. This list of media opportunities is being compiled and expected to be completed in the winter of 2012.

Activity 2 is to identify those media outlets to non-English speaking groups and reach out to them. The Board is running this concurrent with Activity one. As these outlets are identified, the PAO will provide Board materials to them in the language that represents their audience. The full Board will be updated on this plan at the January Board Meeting.

Activity 3 is to identify those staff members that may be able to communicate with these groups through spoken language or cultural sensitivity. At the January 2013 Board Meeting, the PAO will present a plan to address these groups and expand the Board's communication efforts. The PAO will continue to update the Committee on the progress of this activity.

Activity 4 is to reach out to non-English speaking audiences in concert with outreach efforts to English language in general audience. This activity will also incorporate the Teams of 2 speakers program, giving the Board a greater opportunity to reach more people and explain exactly what and how the Medical Board serves the healthcare consumers.

Ms. Schipske remarked that she teaches healthcare administration and she had her students, as an assignment, go through the Board's Web site as consumers. Ms. Schipske reported they did not have high marks. Ms. Schipske said the students thought it was very physician oriented, difficult for the consumer to get the information they needed, and did not think it was an intuitive Web site. Ms. Schipske suggested use of focus groups. The Vietnamese community has expressed it is very difficult to find out in their own language how to file a complaint. Ms. Schipske asked if instead of segmenting on the Web site, that you have a tab for each particular major language. Ms. Schipske stated in regards to Web casting, the City of Long Beach has a system

called Legis Star. Legis Star is excellent because it not only posts an agenda online, it allows the public to leave comments about the agenda. It links to the actual broadcast of that meeting. It is very helpful because it allows the public to be involved in a way that they can not normally if they do not come to the meeting. It would be great if the Board could lead the way on the state level of making that available to the consumer. Ms. Schipske stated as someone who uses social media, not only with Facebook, a blog, and Twitter, she has real concerns about putting the Medical Board into the social media realm because it will become a discussion group on doctors. It is a way to communicate information, but someone would have to be monitoring it all the time. In a governmental realm, there are first amendment issues about censoring communication. The Board runs the risk if the social media is about people who start discussing doctors.

Mr. Wood explained that one of the things already determined is that social media would be a one-way communication, strictly for disseminating information. It can be set up so there are no comments available. The Board would use it as just another avenue to disseminate the information and would not be looking to create an open discussion.

Ms. Yaroslavsky reiterated what Ms. Schipske said that social media might not be at a point where by August of this year it is ready. There might be some need for Board staff to review policies and procedures with the Committee as it goes forward with social media and its appropriate use and design.

Dr. Levine stated there are many sources available for reaching the provider community, such as specialty societies, American Congress of OB/GYN, American Academy of Pediatrics; not just the county medical societies and California Medical Association (CMA). They all have Web sites and they are often visited by the licensees who in many ways identify closely with their specialty society. Dr. Levine also cautioned against staff members and board members translating materials into other languages, and to be sure and use certified people who are skilled and trained in the translation of materials.

Mr. Wood stated the Board does contract with outside groups, but he would like to see double checking to make sure the document is readable. Often times, translations are subject to interpretation, so it is a check and balance system.

Ms. Yaroslavsky suggested that non-English media sources have translators on staff.

Dr. Levine reiterated that the Board needs to have professionals doing our translating work, not staff who have the ability to speak other languages.

Ms. Chang offered her services, relaying an incident where an election document was translated professionally, but it did not make sense. She stated there also needs to be someone who understands the process to review the document.

Dr. Carreon stated the Board needs to educate the providers about social media, and stated he does not think social media is the thing to do.

Dr. Diego stated she would like the Newsletter to attract physicians and be more educational.

Dr. Duruisseau stated Mr. Wood's report is very good and very comprehensive, and he likes the outreach approach to various groups. He also suggested the Board find ways to be more proactive in responding when

there is negative media that relates to the Board.

Ms. Yaroslavsky suggested the Web Design Committee and Web Users Committee have feedback as to how the Web is working for the people who are using it. Ms. Yaroslavsky also suggested a progress report of which consumer groups, media sources, and ethnic community organizations we are providing outreach to, so the Board knows what is being done. Ms. Yaroslavsky stated she would like to know how CMA, AMA, and the professional societies are regulating and implementing social media before the Board gets involved in social media. Ms. Yaroslavsky also said she would like to know how many responses the Board gets and what are the things people are concerned about. That would generate some further discussion of where the Board goes and if it is with social media. Ms. Yaroslavsky also commented that with travel restrictions, the Board should take the opportunity of outreach to where the Board meetings are held and reach out to local media.

Ms. Chang stated social media was discussed at the Federation and was not advised. Ms. Chang said the issue of outreach to the ethnic groups is very important, there has not been enough.

Dr. Carreon suggested putting together focus groups of five to ten doctors and five to ten consumers and ask them what they need from the Medical Board.

Mr. Cuny stated, as a representative of a citizen organization, he wanted to acknowledge and congratulate the Board for taking leadership and making the effort to get information to the public.

Agenda Item 8 Discussion and Consideration of the Mission and Goals for the new Education & Wellness Committee

Mr. Wood stated with the historic changes occurring in the form of patient rights and the Affordable Care Act, it is more important than ever for physicians to continue to be educated on these issues that affect their practice and their patients. As this Committee moves forward it will need a mission statement. Consider the following: "To further the board's mission of protecting healthcare consumers, the mission of the education and wellness committee is to seek out and promote educational opportunities for licensees and consumers that enhances the practice of medicine, the well being of healthcare consumers, and aids in the development of a sound balance of personal and professional lives so that physicians can be healthy of mind and body and offer quality healthcare."

Should the committee decide to adopt this mission statement or variation thereof, the Committee may also wish to adopt the following goals for the future:

- The Committee may wish to promote cross educational opportunities that promote the reduction of stress and contribute to a sound balance of personal and professional lives, once these programs are identified, articles describing the programs and their benefits can be published in the Board' Newsletter and on the Board's Web site and through email.
- The Committee may also wish to research how to educate consumers on the role they play in being proactive in their own healthcare and how best to communicate with physicians. This information can be printed in article form in the Newsletter, in addition, such information can be incorporated into public service campaign.
- The Committee may also wish to identify the changes in healthcare reform and the effect it has on medical practice and healthcare consumers and educate physicians on the best methods for implementing those changes.
- The Committee may also wish to identify areas of education that promote healthy environments and

lifestyles for physicians and patients. Examples of these programs are the Kaiser Permanente's Thrive, the Well Life Programs by Carteret Health, and the Healthy Lifestyle Programs available from the US Dept. of Agriculture.

Staff further recommends that the Committee review and possibly revise the proposed mission statement, review and possibly revise the goals of the committee, direct staff to develop ways to implement the goals of the committee, direct staff to analyze and report on the healthy lifestyle training sites that are available online, and direct staff to write articles on the best way to communicate with your physician, for the creation of a brochure and publication in the Newsletter, as well as being made available online at the Board's Web site.

Ms. Yaroslavsky stated she would like to hear from the members, after reviewing this mission statement, does this seem to fill the void of the unknown of what the combining of the two committees left.

Dr. Carreon said he thinks the Board is missing a word that is extremely important – prevention. He stated he thinks it should be education, prevention, and wellness. The emphasis should be on prevention.

Ms. Schipske stated the merge of education and wellness is confusing and needs to be clear. The focus of wellness has been on physicians; are we expanding the committee to include the wellness of consumers?

Ms. Yaroslavsky stated the issue of education and wellness do go hand in hand, as well as prevention; however, the consumer is the gray area.

Dr. Levine said it is beyond the Committee's scope to be getting involved in taking on the issue of the responsibility for educating consumers about their own health states and health improvement. There are many entities that have responsibility and accountability for that, and it is beyond the Board's scope. Dr. Levine believes the bridge was educating consumers about the function of the Board, the role and responsibility of the Board, and at the same time, ensuring the Board was doing what it could to ensure the health and wellness and preventative opportunities for prevention of stress-related illness within the provider community.

Ms. Schipske stated her concern is the different missions – the wellness component and educating consumers about the function of the Board

Ms. Yaroslavsky asked to hear from staff as to why both committees were combined and the rationale.

Ms. Whitney reminded the Board that, as part of the strategic plan, all of the committees were reviewed and some were consolidated. The Board chose to consolidate the education and wellness committee because both had to do with the concept of education - education of two different groups – not separate and distinct – but wellness, the education of physicians, the education of physicians and consumers. Ms. Whitney stated that if the Board would like to reconsider having two committees, there are no restrictions in doing that.

Mr. Heppler reminded everyone the discussion before the committee right now is what to do with this mission statement, and the issue of whether there should be a separation of the two committees would have to be noticed and undertaken at a later date. Mr. Heppler suggested that since there were two separate committees, the Board could look at the mission statement for each committee and present a proposed merger of the two to see how well they fit together.

Dr. Levine suggested one option would be to clarify what the intention of the wellness piece is and of the education piece. Dr. Levine commented she thinks Mr. Heppler's suggestion of looking at a mission statement that does not blend everything together but identifies what the Committee's mission is in relation to wellness and what the Committee's mission is in relationship to education might simplify the discussion.

Ms. Yaroslavsky directed staff to bring back mission statements of both entities as they were so the members of the committee can review them and send back their opinions and comments. From there the Committee would come forward with recommendations of a possible workable statement. Ms. Yaroslavsky stated the acceptance or approval of this mission statement and its goals is tabled.

Gary Nye introduced himself as a volunteer member of the wellness committee and stated he is glad the deliberations are being tabled because he thinks this is an important subject. The mission statements need very deep and extensive deliberations, and he would hope those who were on the wellness committee before would give feedback and input as well. Mr. Nye reiterated the statements Dr. Gregg made earlier and stated he thinks the wellness function of the Board needs to remain and hopefully can promulgate those things that the previous committee tried to engender. Mr. Nye stated he would certainly advocate for a task force looking at the mission statement for wellness and, from the comments he heard, education would certainly need to be a part of that.

Ms. Yaroslavsky said she thought the staff recommendations are excellent. She suggested directing staff to implement the revision first and then develop ways to implement the goals.

Agenda Item 9 Future Agenda Items

- Discuss the role and responsibilities of the Education and Wellness Committee and what it should look like. This should be done in advance by staff, then a discussion at the meeting.
- Include an update regarding what is happening about the wellness focus and any educational items needing to be brought forward. Possibly invite Herb Schultz for an update of the Affordable Care Act and how it is going to impact physicians.
- A report of outreach opportunities, publications, and organizations that have been contacted by the PAO, and responses from those organizations, along with the ethnic groups, as well as the local officials that the PAO has been working with.

Agenda Item 10

The meeting was adjourned at 1:10 p.m. The complete Web cast can be viewed at:

http://www.youtube.com/watch?v=gzvOIlVK6BI&list=PLEC131A4C20035C17&index=1&feature=plpp_vido