



Project Overview

Medical Board of California

February 1, 2013

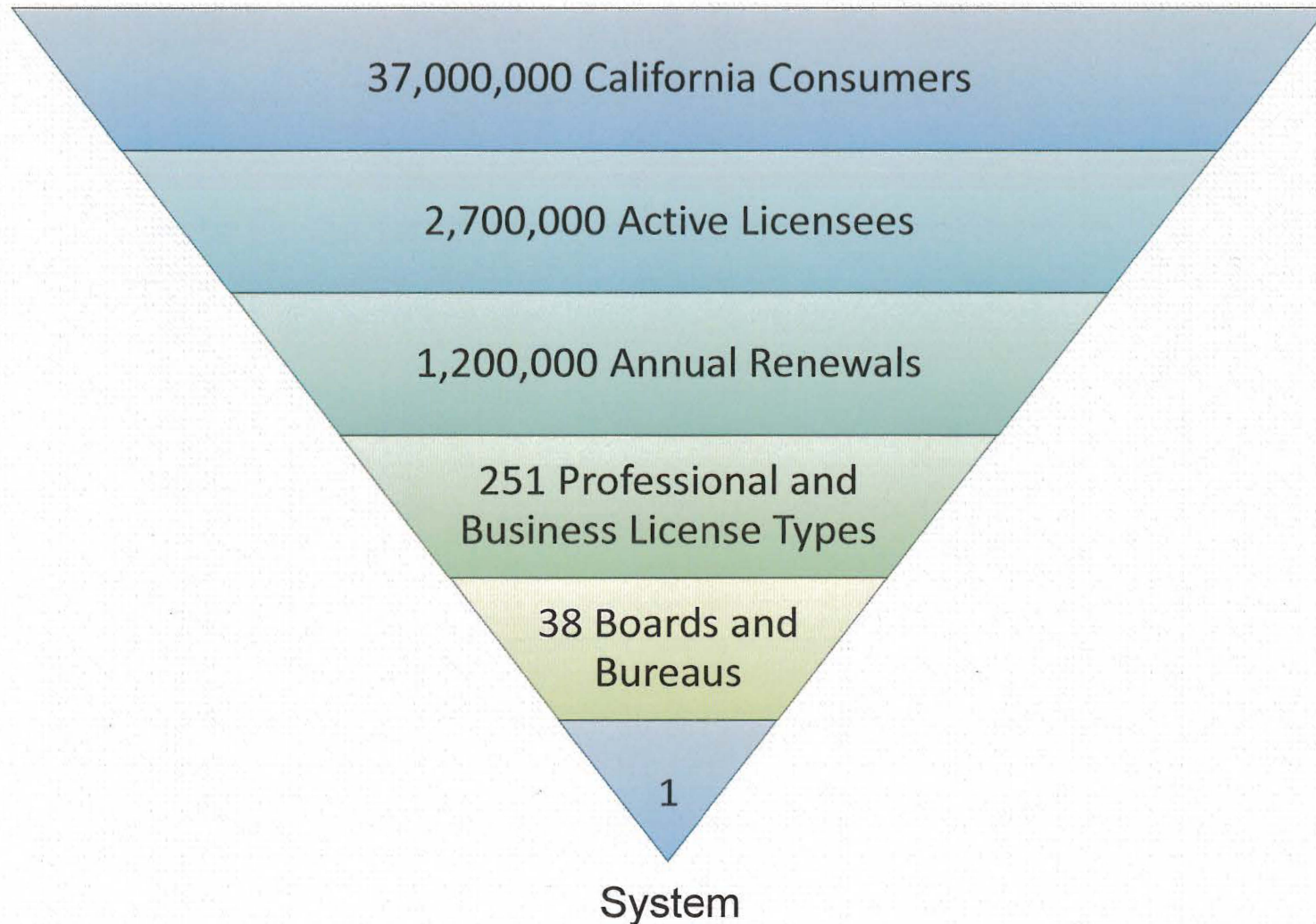




Background

- Approved in November 2009 to address legacy system deficiencies
- Integrated Licensing & Enforcement solution
- Completely replaces legacy licensing and enforcement systems (3 legacy & 90 workaround databases)
- Consolidates separate project efforts (CRIMS, iLicensing, etc.)

Project Landscape





Enforcement Improvements

- Automated complaint intake process
- Prioritization of enforcement cases
- Efficient allocation of enforcement resources
- System alerts to ensure timely case follow-up
- Allows complainants to submit a complaint and track its status online
- Notifies appropriate Boards when enforcement actions involve individuals with multiple licenses



Licensing Improvements

- Allows online application – ensuring applications are complete
- Offers third party payment
- Ensures completion of the Board survey online at time of renewal
- Allows applicants to track application status online
- Provides “other” online services for licensees
- Alerts staff to ensure timely follow-up



Significant Activities

Completed

- Contract executed – September 22, 2011
- Configuration Interviews – Spring 2012
- Detailed System Design – June 2012
- Standardization Efforts – Summer 2012
- Vendor System Testing – November 2012
- User Acceptance Test preparation – November 2012



Significant Activities

In Progress

- On-going Configuration Refinement
- User Acceptance Testing
- Data Conversion Validation & on-going clean-up
- Internal User Training
- Cutover Preparation

Milestone Status

| | Key Action (Activity) | SPR | Baseline | Current |
|---|--|-----------------------|---------------------|---------------------|
| ✓ | Solution Vendor Start | September 2011 | October 2011 | October 2011 |
| ✓ | First Mock Data Conversion Run Milestone | NA | March 2012 | May 2012 |
| ✓ | Detailed Design Complete | March 2012 | May 2012 | June 2012 |
| | Release 1 User Acceptance Test Complete | July 2012 | August 2012 | February 2013 |
| | Converted Data Accepted for Production Use | NA | July 2012 | February 2013 |
| | Release 1 Go-Live | July 2012 | September 2012 | February 2013 |
| | Release 2 Go-Live | March 2013 | TBD | Fall 2013 |
| | Release 3 Go-Live | September 2013 | TBD | Winter 2014 |
| | Full System Acceptance | October 2013 | October 2013 | Spring 2014 |



External User Home Page

Logged in as Eichelkraut, Sean

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Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished.

Applications

■ Start a New Application or Take an Exam

<Choose Board> ▼

<Choose Application> ▼ [Select](#)

Additional Activities

■ Add Authorized Representative [Select](#)

■ File a Complaint [Select](#)

License Information

No License Information Available

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Introduction

Transaction Suitability Questions

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Physician Survey

Online L1A Personal Information

Online L1A Examination Information

L1A Examination Information

Online L1B Medical Education

Online L1B Postgraduate Training

PG Training Info

Online L1C Postgraduate Training

Online L1C Medical License Information

Online L1C ABMS Certification

Online L1D DEA Certification

PTAL Initial Application - Introduction

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Please be advised, this application requires detailed information to be provided. To help with the completion of the application, please review the following documents to gather the necessary information:

- PTAL Application Information
- PTAL Checklist
- PTAL Application

A Postgraduate Training Authorization Letter (PTAL) authorizes an applicant to seek and commence Accreditation Council for Graduate Medical Education (ACGME) accredited training in California.

As an applicant, **you are personally responsible for all information disclosed**, including any responses that may have been completed on your behalf by others. An application may be denied based upon falsification or misrepresentation of any item or response on the application or any attachment. Any alterations to any application and/or supporting application forms may result in the denial of your application. The Medical Board considers violations of an ethical nature to be a serious breach of professional conduct.

For minimum requirements, information, instructions, and forms, please see the PTAL application packet located at

http://www.mbc.ca.gov/applicant/application_international.pdf.

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Online L1D DEA Certification
Part 1

Online L1D DEA Certification
Part 2

Online L1D DEA Certification

PTAL Initial Application - Eligibility Questions

Error

■ This function is not suitable for your situation. Press "Cancel" and select a different function.

Answer the questions and press "Next".

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

Question

Answer

#1) Did you receive all of your medical school education and graduate from a medical school(s) recognized by the Medical Board of California?

☐ Yes
☒ No

#3) Have you completed all components of USMLE Steps 1 and 2 with results of 75 or better?

☐ Yes
☒ No

#2) Are you currently certified by ECFMG?

☐ Yes
☒ No

Question #1

To be eligible for a Postgraduate Training Authorization Letter (PTAL), applicants must have received all of their medical school education and graduate from a medical school recognized by the Medical Board of California. The medical school's name must match the name on the Board's list of recognized medical schools exactly. Please refer to the Board's website to verify your medical school is recognized:

http://www.mbc.ca.gov/applicant/schools_recognized.html

Question #2

To meet the examination requirement for a PTAL, you must have completed all components of United States Medical Licensing Examination (USMLE) Steps 1 and 2 per Section 1328 of Title 16 California Code of Regulations. Results of 75 or better are required to satisfy the examination requirement.

Question #3

Certification by the Educational Council for Foreign Medical Graduates (ECFMG) is required. To obtain further information regarding ECFMG Certification, please refer to their website at www.ecfm.org.

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PTAL Initial Application - Activities in Medicine

Enter the data and press "Next" to continue.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

| Hours | None | 1-9 | 10-19 | 20-29 | 30-39 | 40+ |
|----------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| Patient Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| Telemedicine | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Administration | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Research | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teaching | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Practice Location (U.S. Only)

Patient Care Zip County

Telemedicine Zip County

Secondary Practice Location (CA Only)

Patient Care Zip County

Telemedicine Zip County

Are you retired? ☐ Yes ☒ No

Current Training Status ☐ Residency ☐ Fellow ☒ Not in Training

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Part 2

PTAL Initial Application - Areas of Practice

Select one primary (P) and all secondary (S) practice areas and press "Next" to continue.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

| P | S | P | S | P | S | P | S | | | | |
|----------------------------------|-------------------------------------|--|-----------------------|--------------------------|---|-----------------------|--------------------------|--------------------------------------|-----------------------|--------------------------|---|
| <input checked="" type="radio"/> | <input checked="" type="checkbox"/> | Aerospace Medicine | <input type="radio"/> | <input type="checkbox"/> | Gastroenterology | <input type="radio"/> | <input type="checkbox"/> | Nuclear Medicine | <input type="radio"/> | <input type="checkbox"/> | Public Health and General Preventive Medicine |
| <input type="radio"/> | <input type="checkbox"/> | Allergy and Immunology | <input type="radio"/> | <input type="checkbox"/> | General Practice | <input type="radio"/> | <input type="checkbox"/> | Obstetrics and Gynecology | <input type="radio"/> | <input type="checkbox"/> | Pulmonary |
| <input type="radio"/> | <input type="checkbox"/> | Anesthesiology | <input type="radio"/> | <input type="checkbox"/> | General Surgery | <input type="radio"/> | <input type="checkbox"/> | Occupational Medicine | <input type="radio"/> | <input type="checkbox"/> | Radiation Oncology |
| <input type="radio"/> | <input type="checkbox"/> | Cardiology | <input type="radio"/> | <input type="checkbox"/> | Geriatric Medicine | <input type="radio"/> | <input type="checkbox"/> | Oncology | <input type="radio"/> | <input type="checkbox"/> | Radiologic Physics |
| <input type="radio"/> | <input type="checkbox"/> | Colon and Rectal Surgery | <input type="radio"/> | <input type="checkbox"/> | Hematology | <input type="radio"/> | <input type="checkbox"/> | Ophthalmology | <input type="radio"/> | <input type="checkbox"/> | Radiology |
| <input type="radio"/> | <input type="checkbox"/> | Complementary and Alternative Medicine | <input type="radio"/> | <input type="checkbox"/> | Infectious Disease | <input type="radio"/> | <input type="checkbox"/> | Orthopedic Surgery | <input type="radio"/> | <input type="checkbox"/> | Rheumatology |
| <input type="radio"/> | <input type="checkbox"/> | Cosmetic Surgery | <input type="radio"/> | <input type="checkbox"/> | Internal Medicine | <input type="radio"/> | <input type="checkbox"/> | Otolaryngology | <input type="radio"/> | <input type="checkbox"/> | Sleep Medicine |
| <input type="radio"/> | <input type="checkbox"/> | Critical Care | <input type="radio"/> | <input type="checkbox"/> | Medical Genetics | <input type="radio"/> | <input type="checkbox"/> | Pain Medicine | <input type="radio"/> | <input type="checkbox"/> | Spine Surgery |
| <input type="radio"/> | <input type="checkbox"/> | Dermatology | <input type="radio"/> | <input type="checkbox"/> | Neonatal-Perinatal Medicine | <input type="radio"/> | <input type="checkbox"/> | Pathology | <input type="radio"/> | <input type="checkbox"/> | Sports Medicine |
| <input type="radio"/> | <input type="checkbox"/> | Emergency Medicine | <input type="radio"/> | <input type="checkbox"/> | Nephrology | <input type="radio"/> | <input type="checkbox"/> | Pediatrics | <input type="radio"/> | <input type="checkbox"/> | Surgical Oncology |
| <input type="radio"/> | <input type="checkbox"/> | Endocrinology | <input type="radio"/> | <input type="checkbox"/> | Neurodevelopmental Disabilities | <input type="radio"/> | <input type="checkbox"/> | Physical Medicine and Rehabilitation | <input type="radio"/> | <input type="checkbox"/> | Thoracic Surgery |
| <input type="radio"/> | <input type="checkbox"/> | Epilepsy | <input type="radio"/> | <input type="checkbox"/> | Neurological Surgery | <input type="radio"/> | <input type="checkbox"/> | Plastic Surgery | <input type="radio"/> | <input type="checkbox"/> | Urology |
| <input type="radio"/> | <input type="checkbox"/> | Facial, Plastic and Reconstructive Surgery | <input type="radio"/> | <input type="checkbox"/> | Neurology | <input type="radio"/> | <input type="checkbox"/> | Psychiatry | <input type="radio"/> | <input type="checkbox"/> | Vascular Surgery |
| <input type="radio"/> | <input type="checkbox"/> | Family Medicine | <input type="radio"/> | <input type="checkbox"/> | Neurology with Special Qualification in Child Neurology | <input type="radio"/> | <input type="checkbox"/> | Psychosomatic Medicine | <input type="radio"/> | <input type="checkbox"/> | Other <input type="checkbox"/> Not Listed |

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L1A Examination Information

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PTAL Initial Application - L1A Examination Information - Information

Press "Previous" to return to the previous section.

Enter appropriate details and press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Have you ever been found to have engaged in irregular behavior during an examination? ☐ Yes ☒ No

Have you ever been subject to an investigation by an examination entity? ☐ Yes ☒ No

Are you certified by the Educational Commission for Foreign Medical Graduates? ☐ Yes ☒ No

If you indicated you are certified by the Educational Commission for Foreign Medical Graduates above, provide the date your certificate was issued below.

Certificate Issue Date: (mm/dd/yyyy)

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February 1, 2013



On-line Complaints



[Logon](#)

File a Complaint - Complaint Details

Enter complaint information and press "Next" to continue.

Press "Cancel" to cancel this complaint and return to the main menu.

• Board:

• License Type:

Incident Date: (mm/dd/yyyy)

• Complaint Description:

Description of complaint goes here. |

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[Cancel](#)



Respondent Details

File a Complaint - Respondent Details

The respondent is the individual or organization who you are filing a complaint against.

If known, enter the respondent's license number and press "Lookup" to quickly retrieve their name and contact details. You may add or change any of these details.

If the respondent is not licensed or the license number is not known, enter the respondent's name and contact details.

Press "Previous" to return to previous screen.

Press "Next" to continue.

Press "Cancel" to cancel this complaint and return to the main menu.

| | | | |
|-----------------|---|---------------------------------------|--|
| License Type | Physician and Surgeon | | |
| License Number: | <input type="text" value="10351204008"/> | <input type="button" value="Lookup"/> | |
| First Name: | <input type="text" value="SCOTT"/> | | |
| Second Name: | <input type="text"/> | | |
| Last Name: | <input type="text" value="ADES"/> | | |
| Gender: | <input type="text"/> | | |
| Street Number: | <input type="text" value="1121"/> | City: | <input type="text" value="SACRAMENTO"/> |
| Street Name: | <input type="text" value="15th Street"/> | State: | <input type="text" value="California"/> |
| Address Line 1: | <input type="text"/> | Zip code: | <input type="text" value="95814"/> |
| Address Line 2: | <input type="text"/> | Country: | <input type="text" value="United States"/> |
| Phone Number: | <input type="text" value="201 410 4588"/> | County: | <input type="text" value="SACRAMENTO"/> |
| E-mail: | <input type="text"/> | | Phone Extension: |
| | | | <input type="text"/> |


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Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished.

What can we help you with today?

 Authorized License

License Information

No License Information Available

Applications

■ Start a New Application or Take an Exam

Board of Barbering and Cosmetology - Initial Application [Select](#)

Board of Barbering and Cosmetology - Initial Application -
Apprentice [Select](#)

Board of Barbering and Cosmetology - Initial by
Reciprocity [Select](#)

Board of Barbering and Cosmetology - Pre-Application
and Exam Request [Select](#)

■ View Status of your Applications (1) [Select](#)

Additional Activities

■ Make Payment [Select](#)

■ Add Authorized Representative [Select](#)

■ Enforcement Voting [Select](#)



CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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Voting Summary Screen

Text 1

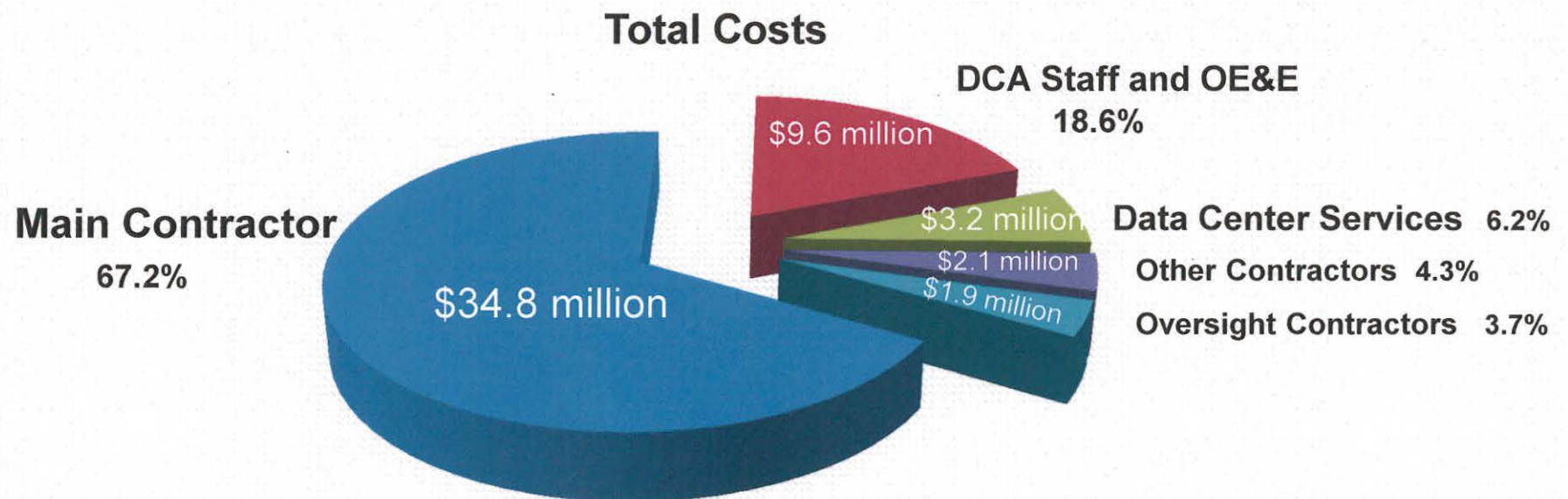
| Case # | Respondent | Vote Date | Vote Result | Vote Notes | Actions | |
|----------|-----------------|------------|-------------|-------------------|---------|--------|
| 20120001 | HAGMAN, NICKLAS | 02/02/2012 | Accepted | Note Contents | Edit | Attach |
| 20120003 | THOMAS, KERRY | 01/02/2012 | Rejected | Notes Notes Notes | Edit | Attach |
| | | | | | Edit | Attach |

Text 2

[Return](#)

Costs

| | |
|------------------------------|------------------------|
| Total One-Time Costs | \$ 51.6 million |
| Costs Planned to date | \$ 13.6 million |
| Actual Cost to date | \$ 10.7 million |



Avoiding Risk



Board Involvement

- License Configuration interviews to review processes
- Enforcement Configuration Interviews
- Workflow and Security Interviews
- Online System Configuration Interviews
- Conference Room Pilots
- Data Verification
- User Acceptance Testing



Organizational Change Management

- Change Coaches for each Board to discuss concerns/issues and provide assistance where needed
- Town Halls held with Board staff to discuss BreEze impacts
- Change presentations for managers/supervisors, if requested
- Prepare BreEze marketing materials – posters/brochures
- Work with the Board to develop outreach strategy to all users – licensees, applicants, schools, etc.



Implementation Release 1

Roll Out Date – Early Spring 2013

- **Medical Board of California**
- Board of Registered Nursing
- Board of Barbering & Cosmetology
- Board of Behavioral Sciences
- Board of Psychology
- Physician Assistant Board
- Osteopathic Medical Board of California
- Board of Podiatric Medicine
- Respiratory Care Board
- Naturopathic Medicine Committee



Questions?

Thank you.

