MEDICAL BOARD OF CALIFORNIA
Executive Office

Access to Care Committee
Courtyard by Marriott – Cal Expo
1782 Tribute Road
Sacramento, CA 95815

MINUTES

July 28, 2011

NOTE: These minutes are prepared to correspond with the order in which agenda items were discussed at the meeting.

Agenda Item 1 Call to Order / Roll Call

Ms. Schipske called the meeting to order at 11:15 a.m. She stated Dr. Carreon, Dr. Duruisseau, and Ms. Yaroslavsky were attending the closed session Panel A deliberations and would be late arriving.

Roll was taken. A quorum was not present, so the meeting began as a subcommittee of the whole. Absent members arrived late from a Panel meeting and is reflected below in the minutes. Notice had been sent to all interested parties.

Members Present:

Hedy Chang
Gerrie Schipske, R.N.P., J.D.

Members Absent:

Jorge Carreon, M.D.
Shelton Duruisseau, Ph.D.
Barbara Yaroslavsky

Others Present:

Andrew Hegelein – Medical Board, Enforcement Investigator
Anita Scuri – Department of Consumer Affairs, Supervising Legal Counsel
Anthony Salgado – Medical Board, Licensing Manager
Armando Melendez – Medical Board, Business Services Office
Carlos Ramirez – Office of the Attorney General
Cheryl Thompson – Medical Board, Executive Assistant
Cindi Oseto – Medical Board, Licensing Manager
Curt Worden – Medical Board, Chief of Licensing
Dan Leacox- Greenberg Traurig
Dean Grafillo – California Medical Association
Elberta Portman – Physician Assistant Committee
Eric Berumen – Medical Board, Enforcement Manager
Janie Cordray – Medical Board, Executive Office
Jennifer Simoes – Medical Board, Chief of Legislation

Julie d'Angelo Fellmeth – Center for Public Interest Law
Karen Erlich, L.M. – Midwifery Advisory Council
Kelly Montalbano – Medical Board, Enforcement Analyst
Kevin A. Schunke – Medical Board, Committee Manager
Kimberly Kirchmeyer, Medical Board, Deputy Director
Kurt Heppler – Department of Consumer Affairs, Legal Counsel
Laura Sweet – Medical Board, Deputy Chief of Enforcement
Letitia Robinson – Medical Board, Licensing Manager
Linda Whitney – Medical Board, Executive Director
Margaret Montgomery - Kaiser Permanente
Mark Loomis – Medical Board, Enforcement Investigator
Natalie Lowe – Medical Board, Enforcement Analyst
Paulette Romero – Medical Board, Enforcement Manager
Ramona Carrasco – Medical Board, Enforcement Manager
Regina Rao – Medical Board, Business Services Office
Rehan Sheikh – Member of the Public
Renee Threadgill – Medical Board, Chief of Enforcement
Romero Reyes – Member of the Public
Ross Locke – Medical Board, Business Services Office
Stan Furmanski – Member of the Public
Tamiko Heim – Medical Board, Budget Analyst
Teresa Schaffer – Medical Board, Enforcement Analyst
Valerie Moore – Medical Board, Enforcement Manager
Yvonne Choong – California Medical Association

Agenda Item 4 Presentation and Discussion of Collaborative Practice Models in Medicine

Ms. Schipske introduced and welcomed Deborah Ortiz, Vice-President for Governmental Affairs for the California Primary Care Association (CPCA). Ms. Schipske offered a summary of the Committee's recent interest in the collaborative practice of medicine and asked Ms. Ortiz for CPCA's perspective of this newly emerging model, not only with the 2014 planned implementation of health care reform, but also to address the increasing need for improved health care in California. Ms. Schipske explained that while the Board is a regulatory agency, in the strictest sense, it still has an obligation to address and encourage issues concerning access to care.

Ms. Ortiz introduced herself and her long-standing commitment to a person's access to affordable care by outlining her many efforts and projects while in elected office, during which time she served six year as Chair of the Senate Health Committee. Since leaving the legislature, she has worked with various organizations and foundations in support of public health issues, work force issues, and the actual delivery of health care.

Mr. Ortiz joined the staff of CPCA several months ago. CPCA is the statewide leader representing California community clinics, health centers, and their patients. CPCA represents more than 800 not-for-profit clinics and health centers which provide comprehensive health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care. She said CPCA will be facing a lot of uncharted territory moving towards full implementation of health care reform in 2014.

CPCA is addressing access to care issues and various opportunities for collaboration, as well as identifying the risks. Its mission is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the

health status of their communities. She said they have a tremendously diverse membership: community and free clinics, federally funded and federally designated clinics, rural and urban clinics, large and small clinic corporations and clinics dedicated to special needs and special populations. CPCA is designated by the Federal Bureau of Primary Health Care as the state primary care association and receives federal program support to develop and enhance services for member clinics.

Ms. Ortiz said a recent Blue Shield Foundation study looked at the challenges faced by those organizations that continue to provide access to health care. The study sought to measure the expectations of low-income Californians. The findings showed patients are excited about being able to choose their health care systems. However, it was unexpected that while 70% of current patients at CPCA's clinics rate their care as good, very good, or excellent, about 44% of these patients want to change providers.

Further, the study documented a perception among the respondents that CPCA clinics provide a quality of care that is less that optimal. Thus, one of the uncertainties is whether these patients will remain at a not-for-profit clinic or go elsewhere.

In an attempt to be vigilant in addressing these perceptions, CPCA and the member clinics are working to better train clinic staff to be more aware of the needs of patients, develop stronger language skills, and a higher level of cultural understanding. Other statistics show about one-third of current patients indicate that cost and the ability to see the same health care providers also will play an important role in the patients' decisions. Consequently, CPCA is looking how the clinics can accommodate the new patients who might want to come to clinics and how to hold on to existing patients.

Unique challenges, but not unexpected, exist in rural areas. These underserved areas always had most the vulnerable delivery systems. Many of California's health plans do not cover some areas of the states, especially in the Central Valley. Ms. Ortiz shared a false perception that clinics are competing against rural hospitals, whereas the two should be viewed as working in tandem. Some clinics are considering the qualification methods and benefits/drawbacks of becoming Federally Qualified Health Centers, better known as FQHCs. She said CPCA is working with the California Hospital Association, the California Association of Rural Health Clinics, individual rural health care centers and hospitals, and other impacted parties to develop a collaborative process which is not seen as competitive. In partnership with hospitals, they are trying to discourage readmissions and, instead, direct non-critical patients to clinics. Naturally, one of the problems in these rural areas is the inability for many clinics to access electronic medical records and health information exchange systems.

Urban settings often face different less severe issues. Ms. Ortiz said that healthy collaboration between health plans, hospitals, and clinics usually exists.

The shared issues mainly center around funding cuts, at both state and federal levels. Now, added to the mix are the new and uncertain costs and funding of health care reform.

Ms. Chang asked if the federal government will have to provide funding to make health care reform work. Ms Ortiz responded certain grants will be available for FQHCs, but that is limited and in great demand across the country. Luckily, she indicated bipartisan support is strong for FQHCs, so there do not seem to be ideological problems but fiscal constraints.

Ms. Chang asked what operational changes CPCA has undertaken or will consider. Mr. Ortiz replied CPCA is undertaking a "branding" initiative with members, whereby CPCA is measuring perceptions of patients, prospective patients, and stakeholders; they will undertake significant employee training,

outreach, address the need to improve professional appearance and customer service. Some members will have to expand services and infrastructure, but also will require changes in areas that are less quantifiable.

Ms. Schipske said she was encouraged to hear CPCA is reaching out to interested parties beyond those to be expected. She expressed her belief that the entire health care community needs to band together and it sounds like CPCA is not only doing that but also leading the way.

Ms. Schipske asked if the Blue Shield study questions specifically related to physicians or to health care providers in general, which would include physician extenders. She said this was an important distinction, as physicians can't cover everything and patients have to accept that physician extenders will continue to play an increasing role. Ms. Ortiz said the study did measure and ask only about physicians.

Ms. Schipske said since she was appointed to the Board in 2007, she frequently has heard that other groups are attempting to expand their scope of practice but they are getting pushback from those who see such expansion as encroachment. She asked Ms. Ortiz how this could be addressed. Ms. Ortiz replied she has seen it from both sides, as a legislator and now working for the health care organizations; she recognized this is a critical issue but also territorial.

[At this point, Dr. Carreon, Dr. Duruisseau, and Ms. Yaroslavsky arrived at conclusion of Panel A's deliberations. A quorum now is present.]

Ms. Ortiz addressed the sensitive issues regarding rural health, health information exchange, health information technology, the significant pay differentials between clinics and hospitals in both urban and rural areas, and the corporate practice of medicine doctrine. But she stated even in urban areas, there are issues; unexpectedly, some are even cultural and linguistic competency issues.

Ms. Schipske suggested the collaboration model needs to go beyond the hand-in-hand workings between clinics and hospitals, but also needs to be extended internally, to the various levels of health care providers in the clinics. This may be even more critical in the bigger scope: the physicians working with, and the patients accepting, services provided by physician extenders. Ms. Ortiz offered CPCA's commitment to work with the Board in that regard, to encourage the expanded collaboration of staff at various levels, if it will lead to better access to care. She pointed out CPCA has undertaken an effort to help clinics explain to their population the need for access to health care at the clinic level instead of in the emergency room and that has been a challenge.

Ms. Yaroslavsky asked if there was any organized plan to educate and disseminate information to consumers. Ms. Ortiz replied one of the three primary objectives of CPCA's strategic plan is to embark upon an effort to determine how clinics are perceived by patients and potential future consumers. CPCA currently is in the early stages of this branding initiative. Focus groups have been, and will continue to be, brought together throughout California, and CPCA will listen to perceptions. Ms. Ortiz said CPCA is being very methodical and careful to measure and understand the outcomes; they are not close to being finished with their work and have not started to develop a plan, but initial findings show they have a significant task ahead. In summary, she said in undertaking this effort, they recognize some clinics are ahead of the ball, as they already have undertaken their smaller studies and have implemented their own improvement plans at the local level.

Dr. Duruisseau asked if CPCA has looked at patient-centric outcomes and home-based health care models. Ms. Ortiz indicated they have. In addition to the one avenue in CPCA's strategic plan about which she just spoke, another objective deals with patient centered health home models and could go further to a patient-centered medical home.

Ms. Schipske thanked Ms. Ortiz for attending the meeting and she extended positive sentiments and support for the efforts CPCA will be undertaking. She also offered an invitation for Ms. Ortiz to come back regularly and offer updates.

Ms. Schipske said that Mr. Lito (Doctors Medical Center of Modesto) was on the agenda but could not attend the meeting.

Agenda Item 2 Public Comment on Items not on the Agenda
No comments by members of the public.

Ms. Schipske said she wanted to invite Herb Schultz (Regional Director for the US Department of Health and Human Services) to an upcoming meeting. She also encouraged committee members to advise staff on other topics for possible discussion.

Agenda Item 3 Approval of Minutes of the May 5, 2011 Meeting
Motion/second/carried Ms. Yaroslavsky/Dr. Duruisseau to approve as written.

Agenda Item 5 Discussion of *Collaboration: A Health Care Imperative* by Toni J. Sullivan
Ms. Schipske encouraged the members to read the book distributed by staff to the committee members, as Ms. Sullivan has been invited to address the committee at the next meeting in San Diego.

Agenda Item 6 Adjournment
Motion/second/carried Ms. Yaroslavsky/Ms. Chang to adjourn the meeting at 12:05 pm.