



MEDICAL BOARD OF CALIFORNIA
Executive Office



Executive Committee

**Medical Board of California
Embassy Suites LAX South
1440 Imperial Highway
El Segundo, CA 90245**

October 1, 2009

MINUTES

Open Session:

Agenda Item 1 Call to Order/Roll Call

The Executive Committee of the Medical Board of California was called to order by the Chair, Barbara Yaroslavsky at 10:03 a.m. Notice had been sent to interested parties.

Members Present:

Barbara Yaroslavsky
Hedy Chang
Gary Gitnick, M.D.
Janet Salomonson, M.D.
Frank Zerunyan, J.D.

Staff Present:

Barb Johnston, Executive Director
Kimberly Kirchmeyer, Deputy Director
Candis Cohen, Public Information Officer
Kurt Heppler, Department of Consumer Affairs Staff Counsel
Teri Hunley, Business Services Office
Armando Melendez, Business Services Office
Deborah Pellegrini, Chief of Licensing
Kevin Schunke, Regulation Coordinator
Anita Scuri, Department of Consumer Affairs Senior Staff Counsel
Cheryl Thompson, Executive Assistant
Renee Threadgill, Chief of Enforcement
Linda Whitney, Chief of Legislation

Members of the Audience:

Bev Augustine, Department of Consumer Affairs
Yvonne Choong, California Medical Association
Betsy Couch, Center for Public Interest Law
Ann Dohn, Stanford School of Medicine
Julie D'Angelo Fellmeth, Center for Public Interest Law
Judy Garner, Ph.D., Keck School of Medicine, University of Southern California

Gloria Gomez, Children's Hospital of Los Angeles
Lura Hawkins, California Association of Physician Groups
Allan Hubbell, M.D., UC Irvine School of Medicine
Wendy Keegan, California Hospital Association
Michael Langberg, M.D., Cedars Sinai Medical Center
Leslie Towns Navarra, UC Davis School of Medicine
Andrew Ries, M.D., UC San Diego
Robert Splawn, M.D., Department of Health Services, County of Los Angeles

Agenda Item 2 Approval of Minutes from the March 25, 2009 Meeting

Mr. Zerunyan made a motion to approve the minutes from the June 13, 2009 Executive Committee meeting with amendments to the header date; s/Gitnick; motion carried.

Agenda Item 3 Update on 2009 Legislation

Linda Whitney, Chief of Legislation, provided an update on the legislation the Board is tracking.

AB 501 (Emmerson) Licensing: Limited, Use of M.D., Fee/Fund

AB 1070 (Hill) Enforcement Enhancements: reporting, public reprimand

Ms. Whitney reported both of these Board-sponsored bills were enrolled and have gone to the Governor, but have not yet been signed or vetoed. She encouraged the Members to email or call the Governor's Office to promote signature.

SB 819 (B&P Committee) Omnibus: provisions from 2008

SB 821 (B&P Committee) Omnibus: MBC provisions

Ms. Whitney stated she is hopeful the two omnibus bills, which contain many non-substantive and non-controversial changes to law pertaining to the Board, will be signed this year.

AB 1071 (Emmerson) Sunset Extension

This bill was amended in August to include the Board's sunset extension through January 1, 2013. Ms. Whitney reported a letter was written to the Governor's Office supporting the extension, but not the bill itself, since the Board had only voted on the sunset portion of the bill.

A full report on legislation and the implementation plan for bills that were signed will be presented at the October 2009 Board Meeting.

Agenda Item 4 Update and Discussion on Licensing Program

Ms. Yaroslavsky thanked the members of the audience for attending and encouraged their active participation in the discussion. Ms. Yaroslavsky read the following statement which she asked to be included in the record:

Now, I would like to move into the primary and most important item on the Agenda. But first, I am going to take the President's prerogative to make a statement.

You may be wondering why the Executive Committee is meeting now, only to address the Licensing back log -- it seems that it has come full circle with the work of the Board these last many months.

The economic downturn in the Country, the State, and our community, only leads us all to recognize that we have to be smarter, work smarter, and encourage cooperation where ever we can. Licensing is one of the two main tools that the MBC has to address its mandate of protecting the public and improving access to care. The other tool is enforcement.

The Board works through its structure of standing Committees: that includes wellness, public education, special faculty permits, telemedicine, cultural and linguistic competency. We have started new programs that we know will further the protection of patients, such as with Operation Safe Medicine.

But whatever we are able to do, we have had to grapple with less staff, less accessible monies to be able to do our job properly, as well as the job that is expected of us. The reality is that we are doing more with less, and in spite of the furloughs, we are learning to work smarter.

The problems we face cannot be swept under the rug. It is the on-going responsibility of this Board, to re-evaluate ourselves and to address whatever weakness we come across, in a proactive and constructive manner. Likewise, we want to improve upon our existing strengths.

The numbers of licensees and the back log cannot be the sole measure of productivity. We must acknowledge the increased numbers and complexity of the application pool. Given that California is a leader with this assessment, this may cause us to be slowed down temporarily until we get something better in place. Eventually this will benefit the State of California but in the interim it may contribute to a greater processing time until we get those efficiencies in place.

We are very grateful for the engagement of this Administration, through the Department as well as the Agency, with their collaboration and sensitivity to our needs to meet the ongoing crisis we face. We have their support and technical assistance; they are forwarding our requests for additional staff while we all keep our eyes on the shared goal of ensuring patient safety through our mandate of enforcement and licensing.

Our staff is totally engaged, participatory, and they have been coming together as a team to address the needs of reducing the licensing back log. At the same time they are putting into place new systems and procedures that will ensure that we won't be going through this again.

The Board appreciates that the constraints of the workplace, no longer is reason enough to not move forward. It is with this help, by this Administration, through their team, along with our staff, to once and for all offer the resources necessary to make this happen. The

legislature has come to the table as well, to ensure that the laws that govern the operations of our programs are in place, and will make real change in how we do business.

Members in the audience this morning may wonder why some of you received notification of this meeting, and I want to be very clear... you are our partners in what we seek to accomplish. You represent our professionals, the physicians. Either you employ them, or you professionally represent them as members of your organizations and associations, or you are representing those that are the consumers of the skills that our California licensees represent. And we need you to recognize and understand that you are a resourceful part of this team.

During this next year, as issues arise, we will look to you to let us know your constructive thoughts, ideas, and concerns. We need to hear your creative solutions that will ensure that the quality and the number of physicians and the services that they render are meeting the needs of your organizations as well as the citizens of this State's healthcare, our consumers. So we look to you all, to join us around the issues that the Board will identify, and remain our partners at the table.

In the past years, we've gone through tremendous steps to change and improve the operations of the Board. With the input of our enforcement monitor and the staff of both the MBC and the greater community, we accepted that Diversion was a program that wasn't ensuring public protection. We've evaluated our Enforcement Program and based upon this evaluation, we have initiated a pilot project to determine if shared responsibility in the arena of enforcement will better ensure public protection.

We are constantly looking at our shortfalls so that we can continuously improve and make our organization better and more efficient. That is why we are here today. This Board is fully aware of the serious implications that come with the current Licensing backlog. The purpose of this meeting is to examine our Licensing backlog, and to make sure that physicians are able to be licensed in a timely manner so that the needs of the people of California are met. We not only need to clear the existing backlog, but we need to look at access to care and ensure a future which includes an appropriate physician workforce in California through timely licensing.

What I have been talking about shouldn't be new to anyone in this room. This discussion has been ongoing at previous Board meetings, as well as reported in the press. Realizing that the back log in licensing is unacceptable, this Board, at its July meeting instructed staff to go back to the drawing board. They were asked to bring back plans that will ensure a significantly improved time frame for licensure.

Though this has been in the pipeline for the last 15 months, the urgency has not been lost with this leadership. But no one anticipated the cumulative effect of all the hurdles we would face. Staff has had to review past practices, and recommit best practices that result in a faster time line, and work more efficiently, because there are fewer resources.

Staff has had to make necessary work place changes to ensure a more timely process of license applications – we still ensure public safety but at the same time address the needs of access to care, as well as maintaining and encouraging jobs in California.

We want to assure you that this Board has heard you loud and clear. The work of the MBC is frustrating to you. The process of hiring physicians has been so slow that we have not met your expectations, and is having an adverse impact on your workplace, which ultimately translates into a lack of access to care.

We want you to know, that we all take our appointment to this Board very seriously, and we are working diligently with staff so that this situation is remediated soon. We are taking those steps necessary to ensure that the Board and the staff is cohesively working together to ensure a more timely licensure process. Staff also understands the need to improve their work product.

I am sure staff will tell you that they feel a greater pressure to make the changes required to adapt what they have done in the past to what is needed in the future and that I have been driving them harder than they expected, but then that is our obligation as the MBC and my responsibility as President of this Board.

Thank you for your attention today.

Kevin Schunke provided an overview of his outreach activities to the major teaching hospitals around California. His goal is to build improved working relationships with the Offices of Graduate Medical Education (GME) as well as with future licensure applicants, helping the licensing process operate in a more-timely manner with fewer problems. He reported while there are only 8 medical schools in California, there are about 175 teaching hospitals around the state at which residents participate in postgraduate training programs.

Mr. Schunke has developed a GME outreach program which consists of two components. The first component involves presentations made at new resident orientations or during grand rounds which provide an outline of the licensing process and information on licensing deadlines. At some of the larger hospitals, there can be as many as 150-200 residents in the audience. The second component consists of licensing fairs at teaching hospitals where he works together with a notary, a finger printer, and a photographer, all hired by the hospital, to provide a "one stop shopping" opportunity for applicants to complete much of the application process. If there are no unusual circumstances, residents can complete the entire paperwork in less than 45 minutes. If there are any unusual circumstances (problems during training, substance abuse issues, a criminal history), Mr. Schunke informs the applicant what additional information must be submitted. He has worked with as many as 135+ residents in one day at the fairs. Mr. Schunke asked the Board Members for assistance in providing introductions or encouraging administrators at teaching hospitals to participate.

Beginning in the fall of 2009, Mr. Schunke is expanding his outreach to hospital recruiters and credentialing staff to better explain the licensing process for faculty members. He will discuss how the hospital's anticipated hiring dates might best dovetail with the Board's other obligations. He reported

his first dedicated meeting with recruiters was a week ago at Children's Hospital Los Angeles. Additionally, Mr. Schunke reported he has met with staff at CMA to discuss the development of an on-line web-based seminar on the licensing process that can be shown to their members and to member societies.

Mr. Schunke concluded his report by describing two meetings which have been scheduled with GME Directors for October 6, 2009 (Irvine) and October 8, 2009 (Oakland) to discuss the challenges the Board and the licensing staff faced this past year. Letters of invitation have been sent to all 175 GME Directors in California. The meetings will provide an opportunity for GME staff to share their expectations of the Board and provide input and suggestions on how we can work together more productively.

Dr. Gitnick suggested copying the Division GME Directors on any information that is sent to higher level GME Directors or developing a newsletter that is sent to directly to the GME Division Directors.

Ms. Yaroslavsky asked if the applications received from those who have attended Mr. Schunke's licensing fairs are received earlier and are more complete than are those received from other applicants. Mr. Schunke stated while we do not have data on this, his on-site reviews do catch errors and omissions on applications before they are submitted. However, some individuals still procrastinate in submitting their applications.

Dr. Gitnick stated the match process is out of the Board's control; national deadlines are set by others. While the Board recognizes there is a need to move the match process up to occur earlier in the calendar year, so far, national players have not recognized the need. The "scramble" which follows the match further complicates timing. He indicated California GME officials, working as a whole, should organize and pursue remedies to move up the match process.

Mr. Zerunyan asked if there were different tracks for the various categories of licensure applicants (e.g., new graduates, fellows, those already licensed in other states, etc.). Ms. Pellegrini responded that there are not, though this may be an option.

Ms. Pellegrini provided a detailed report on the history and status of the current licensing backlog, as well as staff's plans to eliminate it. Per the California Code of regulations section 1319.4, the Board has 60 working days from the date of receipt of an application to inform the applicant in writing whether it is complete and accepted for filing or that it is deficient and what specific information or documentation is required. The 60 working days is roughly equivalent to 90 calendar days and any application not reviewed within 90 calendar days is considered "backlog". Additionally, the Board has 100 calendar days from the date of filing of a complete application to inform the applicant in writing of the decision for licensure.

Ms. Pellegrini reported historical reports on application processing timelines are either non-existent or very limited. There are reports of a backlog in 2001 when a study was conducted and a report issued. The report made several recommendations, including the need to increase staff in order to process applications in a timely manner. Since that time, although the number of applications received annually has increased from 5,700 applications to almost 6,290, no additional staff has been

added. Backlogs have historically been handled by staff overtime, with few changes in licensing systems or processes to improve efficiencies.

Since joining the Board in June 2008, Ms. Pellegrini noted she has been working with Ms. Johnston and the Licensing team to come up with a plan to “revamp” the Licensing program to ensure that it is properly sized and has the policies, procedures and tools necessary to efficiently process the volume of applications. Many of the pieces of the plan are already in the implementation stages and are having a positive impact.

Ms. Pellegrini stated the Licensing Program’s objective is to reduce backlog by 50 percent by January 1, 2010, and completely eliminate the backlog in February 2010, thus meeting the regulatory time frames.

Ms. Pellegrini reported the present backlog started in the spring 2008 and has grown since then. Currently, 576 applications have not had their initial review within 90 calendar days of receipt by the Medical Board. The reasons for the backlog include growing workloads over the past five years, closer review of applications prior to licensure, shifting focus based on the cycles of workload (resident/fellow applications are cyclical), processes that needed improvement and insufficient staffing to meet the current and projected workload.

Ms. Pellegrini presented Phase 1 of the Licensing Program’s plan. A request to add 7.8 new licensing positions was submitted in June 2009. These positions are to adequately staff the program but are not sufficient by themselves to reduce the backlog. Three retired annuitants were trained to review international files and caseloads were reassigned to increase review capabilities. In addition, six college students who will work approximately 20 hours per week will begin training on October 5, 2009 to review initial US applications and to assist the six US license reviewers. Four full-time two-year limited term employees at the analyst level will also begin training on November 1, 2009. An extensive training and quality control plan has been developed to quickly train these new employees for application review. In addition, staff has been working overtime to deal with the backlog.

Ms. Pellegrini directed the Members to page 6 of her report to the key milestones for eliminating the backlog. She noted by April 1 and thereafter, the Licensing Program will be staffed to review all applications within 60 to 75 days and will be ready for the influx of resident and fellow applications for licensure by July 1, 2010 without having to take these applications out of date order.

Ms. Pellegrini stated the lack of an integrated database has limited the ability to manage the licensing program workload. The Ad Hoc ATS reporting tool is now available to develop and run necessary reports and will assist in tracking and managing the licensing process. In addition, greater emphasis is being placed on the Application Intake Process where incoming documents are initially reviewed for completeness and the applicant is notified of the receipt of the document and the need to resubmit any incomplete forms.

A Web Application Access System, developed in conjunction with the Information Service Branch, will soon be available to provide accurate, real time information about the flow of application

documents to both management and applicants. The System will indicate when a document is received, reviewed, and approved or needs to be resubmitted. Ms. Pellegrini reported a demonstration of the Web Applicant Access system will be presented at the October 30 Board meeting and projected the System would be deployed in November 2009.

A process consultant has been hired to review the licensing program; a report of their findings and recommendations will be given at the January 2009 Board meeting. Ms. Pellegrini noted improvements such as revising the licensing application for clarity, expanding the Policy and Procedure manual, and updating the Licensing Guidelines are already planned.

Ms. Pellegrini concluded her report by sharing the Licensing Program's commitment to cleaning up the backlog and revamping the organization and its capabilities during the next 6 months.

Mr. Zerunyan asked what a reasonable caseload per person was. Ms. Pellegrini responded for analysts processing US/Canadian applications the existing caseload varied from 350 – 500 cases per person, with 350-400 cases considered a reasonable caseload; for analysts processing international applications, the caseload was similar. In reviewing the data provided in the Licensing Report, Mr. Zerunyan stated the caseload appears to fall within the range of "reasonable" and, hence, should result in a higher number of licenses being issued. He suggested inefficiencies in the processes staff are following could be the cause for the lower number of licenses being issued. He noted in previous years the number of licenses issued has been higher.

Bev Augustine, Deputy Director of Strategic Planning and Organizational Development (SOLID), spoke on behalf of Brian Stiger, Director, Department of Consumer Affairs. She reported the Department and the Administration empathize with the administrative challenges created by the furloughs and do not anticipate the furloughs will cease anytime in the near future given the current economic climate. The Department does not believe these challenges are insurmountable, however. Ms. Augustine thanked the Board and staff for the time and attention they are directing toward the backlog issue and for the focus on its core licensing function. She noted the Department is prepared to help in any way possible. She reported on some of the steps the Department has taken to help with enforcement department-wide; a progress report is posted on the Department's website. Additionally, Ms. Augustine suggested the SOLID office might be of assistance by employing the balanced scorecard system of measurement in the licensing function.

Robert Splawn, M.D., Interim Chief Medical Officer, Department of Health Services, County of Los Angeles, reported they employ approximately 1500 residents and fellows. He expressed his appreciation for the plan to eliminate the backlog since it impacts their training programs and the ability of the residents and fellows to start on time. He noted he was unaware of the outreach provided by the Board and stated he would take this information back to all of their directors and to any staff involved in recruitment in order to take advantage of this service.

Ann Dohn, Director of Graduate Medical Education, Stanford University, stated she is looking forward to working with the Board to improve the licensing process. She asked that the Board consider e-learning as a possibility; Stanford has staff with doctorates in educational technology that could develop

on-line courses on licensing for residents and faculty and also has extensive email and contact lists. She extended an offer of assistance as the Board moves forward.

Yvonne Choong, California Medical Association, thanked the Board and staff for the report on the licensing process, noting their appreciation for staff's responsiveness and transparency. Ms. Choong reiterated CMA's offer of assistance in obtaining needed resources for processing applications. She indicated CMA has discussed with Board staff the possibility of creating an on-line webinar on the licensing process for their members. Unlike the teaching hospitals and residency programs, Ms. Choong noted they represent the practices that employ doctors who are not organized in a way to take advantage of the licensing fair opportunities. She expressed the possibility of bringing Mr. Schunke in during their conferences as a way to get the word out on licensing to this "miscellaneous" group of doctors.

Ms. Choong suggested establishing separate tracks for different types of applications. As the Board considers redesigning its application, she recommended having an area for applicants to indicate if they have a pending job offer or start date, since this is as pressing a concern to physicians as the July 1 residency start date is to residents.

Michael Langberg, M.D., Chief Medical Officer, Cedars-Sinai Medical Center, also thanked the Board and staff for addressing the licensing backlog. He noted the impact of the backlog is felt most acutely in the recruiting of faculty from out of state and in their fellowship programs. He stated those in his position need to communicate to their internal constituencies that there is no immediate solution and they will need, for a time, to deal with delays in licensure. He asked if the Board has considered using technologies dealing with performance improvement to help reformat its "production model".

Ms. Johnston reported the Board is currently working with a consultancy group who is engaged with staff at all levels examining business process re-engineering, including the evaluation and recommendation of technology solutions. She noted staff is also working with the Department of Consumer Affairs, since any IT solutions must be done in conjunction with the greater department. She felt technology would likely be a large part of future solutions.

Julie D'Angelo Fellmeth, Center for Public Interest Law, asked whether the 7.8 new licensing program staff and the 4 new Call Center staff that were requested have been approved. Ms. Johnston indicated the proposal is at the Agency level; staff should know whether or not it has been approved soon. She noted Agency Secretary Fred Aguiar, Agency Undersecretary Scott Reid, and Department Director Brian Stiger have been working closely with the Board to move the request forward.

Ms. Fellmeth noted she is aware of the antiquated limitations of the IT system the Board must use and expressed her appreciation for staff manually capturing the data included in the report. She noted the report does not include data on the amount of time it actually takes to process those applicants that have not been processed within the 90 day period. She stated it was essential that this information be available to staff and the Board in order to have complete oversight over the licensing program.

Dr. Carreon, Board Member, stated he is an international medical graduate and reported the reputation of the California Medical Board throughout the country is very favorable due to the high

standards of the licensing program. He expressed his appreciation for the difficulty involved in licensing international graduates due to language barriers, grading systems that differ from country to country, and variation in the quality of the medical schools. He expressed his confidence that the licensing backlog would soon be solved.

Mr. Zerunyan asked, based on the hiring of temporary staff which has already been approved, if the licensing backlog will be reduced by 36% by December 1, 2009 as projected in the report. Ms. Pellegrini stated this is correct. Mr. Zerunyan asked if the 95% reduction by February 1, 2010 and the ultimate elimination of the backlog in March 2010 relied on the approval of the requested 7.8 new staff to be hired in January 2010. Ms. Pellegrini stated the reduction and elimination did not rely on the new 7.8 requested staff, but, rather, on the 10 part-time limited term positions that have already been approved. Ms. Pellegrini indicated the temporary staff will continue in their positions until the full-time permanent staff is trained and in place.

Ms. Pellegrini reported, in addition to addressing the backlog by adding staff, the licensing process has been adjusted by shifting more staff to the front end of the review process in order to record and check documents for completeness and accuracy when they first arrive at the Board. When the Web Application Access System goes on-line, it is hoped the volume of phone calls to staff will be reduced, freeing up their time for reviewing applications. Currently, staff with large backlogs can receive as many as 60-70 calls per day. Staff is also looking at eliminating existing policies or requirements that produce little benefit. The consultant's comprehensive report is expected in November 2009; however, simple procedural fixes have already been identified and implemented.

Ms. Chang asked how the applications are prioritized. Ms. Pellegrini reported they are processed by the date received. After receiving the monthly report listing the backlog for each analyst, files are distributed to other analysts or a floater assigned to even out the backlog dates.

Dr. Salomonson noted that while access to care is important, making sure the doctors licensed to provide that care are qualified and competent also protects the people of California. She would like to see the statistics reflect the number of applications denied for cause. Focusing only on the number of people licensed does not give the Licensing Department credit for the screening function it performs. Ms. Pellegrini agreed, stating the information on application denials is only reported once a year in the Annual Report.

Dr. Spawn asked whether an analysis has been done on the most common mistakes made on applications so a fact sheet could be created and provided to applicants during orientation. Ms. Scuri stated that applicants, when in doubt, should disclose information rather than withhold it. Ms. Pellegrini noted that many of the errors are not made by the applicant, but by other individuals required to complete various forms.

Dr. Gitnick acknowledged the challenges staff is facing and stressed the importance of positive public relations during this time. He hoped the Board could overcome the perception that exists in some quarters of "non-user friendliness."

Dr. Gitnick stated the need to reorder priorities. In addition to licensing staff, he indicated employees from other areas, such as enforcement, and from all levels within the organization should become involved in addressing the licensing backlog. He described the far reaching and potentially serious consequences of delays in physician licensure for hospitals. Dr. Gitnick believes residents and fellows should receive priority processing so the academic systems and the county systems can function efficiently. He does not, however, sympathize with individuals who wait until the last minute to submit their application or with those who do not submit a complete application.

Dr. Gitnick stated the backlog should not continue into 2010, but should be resolved by the end of December 2009. He suggested staff take up Agency's offer of help. He also recommended convening a meeting of graduate medical education directors at all levels to discuss how they can work to bring acceptance dates into a more practical timeframe. Dr. Gitnick said the universities will need to accept residents and fellows at an earlier date since the licensing challenges are likely to continue.

Ms. Yaroslavsky stated there is a need to look at "false dates" or deadlines, in general, and to develop more appropriate deadlines.

Dr. Salomonson suggested that problem applications which require a disproportionate amount of time to process go into a "holding pattern" or assigned a lower priority until the licensing backlog is resolved.

Mr. Zerunyan agreed with Dr. Gitnick's recommendations and encouraged staff to make use of the technology assistance offered by the academic community and to use their expertise as a resource. He suggested staff view the current situation as an opportunity to make positive, lasting change.

Ms. Yaroslavsky indicated a re-prioritization of outcomes appears to be necessary and asked staff to report on the revised priorities at the October 30 Board meeting. She also asked for information on the amount of time it takes to process various categories of applications.

Ms. Yaroslavsky concluded by thanking those present for attending and staff for their work. She stressed the need to look forward and make positive changes as the Board works through the current challenge.

Agenda Item 6 Adjournment

Hearing no public comment on items not on the agenda, Ms. Yaroslavsky adjourned the meeting at 2:20 p.m.