

[intro music]

Intro: The Medical Board of California is committed to consumer protection through the licensing and regulation of doctors and certain allied health care professionals

CV: My name is Carlos Villatoro and this is Medical Board chat the official podcast of the Medical Board of California and I'd like to welcome you to the first ever podcast produced by the Medical Board.

Today with me is our executive director Kimberly Kirchmeyer, who will be talking to us about a very exciting project that the Medical Board is undertaking.

Welcome, Kimberly.

KK: Thank You, Carlos.

CV: The project that we're talking about today is the Medical Board Death Certificate Project. Kim, what can you tell us about that?

KK: Well in 2013, Senator Price who was then the chair of the Senate Business and Professions Committee introduced Senate Bill 62. And so, part of that bill would have required coroners to report deaths when the cause of death is the result of prescription drug use. So as that progressed through the process in the legislature that bill ended up getting vetoed because there was an unfunded mandate on that bill. But the Medical Board still had this issue of opioid deaths and so it was really faced with 'Okay, what can we do?' And the Board staff actually met with staff at the Senate Business and Professions committee to try to see 'OK, now that this bill was vetoed what else can the Board do?' And so they had recommended 'These death certificates are actually public information, why couldn't you just reach out to the California Department of Public Health to get the death certificates rather than require a law that would make coroners report that information?' So, the Board actually reached out, contacted the California Department of Public Health, and asked them at that if they could assist in identifying death certificates that were really related to prescription drug use and opioid deaths. And so they worked with the, our staff worked with the California Department of Public Health, they provided us the information to really narrow down the search of death certificates. And then, in 2015, the Medical Board actually received death certificates from 2012 and 2013 all related to opioid deaths, or pharmaceutical drugs were involved in the death of the patient, and, so, of the individual. So that information we received then in 2015

CV: So this is really a proactive approach that the board is taking?

KK: Absolutely

CV: Excellent! So you mentioned it a little bit before about reaching out to the California Department of Public Health for the death certificates tell me a little bit about what kind of collaboration is involved here what other state agencies are involved?

KK: So really it just is the California Department of Public Health that is involved in this with us and really where there involved with us is that they provided the data to us. The other thing that we did is we didn't know how to identify the deaths that were just related

to opioid overdose or opioid use and so we really worked with individuals within the California Department of Public Health that knew all of the coding that went with those death certificates so we could limit the information that we receive.

CV: I can imagine that's an important part of the process.

KK: Absolutely!

CV: Excellent! So once the board received the information what did it do?

KK: So once we got all of that information then we actually used the Controlled Substance Utilization Review and Evaluation System or better known as CURES.

CV: CURES Right!

KK: Yeah. To obtain prescribing information for each of the patients. Once we got that prescribing information we actually sent that out to a medical expert so there were several medical experts who were involved in the project upfront. So, we had them review that prescribing information for that patient to see if there were any red flags where they thought one of the individuals who were providing opioids to these individuals if there was any inappropriate prescribing by that individual. And then, they wrote back to the Medical Board and identified those individuals they provided that information to us. Once we, they identified that individual then we began our normal enforcement process. So through the process the Board actually first sought the medical records on that patient. So because the patient was actually deceased we had to reach out to the individuals next of kin or their representative to get authorization to get those medical records. If the individual didn't reply to us the law actually allows us, if the patient is deceased, that as long as we don't get the family objecting to getting those medical records, we can actually reach out to the physician and get those records and so that's what we've done. We've reached out to the physician we've got the medical records on that individual. And we also ask the physician to provide a summary of their care and treatment. Once they provide that information to that, to the Medical Board we gather all of that information and then we send it to a second expert to review that information.

CV: A second expert?

KK: A second one, yeah. So they're really looking at all of the information now including the medical records and whatever information the physician provides. Once they get that then they're going to opine on whether they believe there's a violation that warrants further investigation and then it goes out to our investigators that work with the Department of Consumer Affairs and they then we'll do a formal investigation and that's a more robust, where they're actually going out and they're interviewing the physician they get all of the medical records if there were any subsequent treating physician records that they needed, any other information that they need. Once they gather all of that information then it goes to an actual third expert, that's our expert reviewer who's going to actually then, if there's a violation, have to testify in court that there was a violation of the Medical Practice Act. If they come back and they say there's no violation then we close that case, but if they say 'Yes, we believe there's a violation,' then that will be referred on for formal disciplinary action with the Attorney General's Office.

CV: So is any part of this process public?

KK: So no. Not until we get to the point where an actual formal document called in accusation which is the charging document for that physician is actually filed. So, the whole complaint process where we've had all of those individuals reviewing it, and that investigation process, that's all confidential with the medical board.

CV: That's similar to how it works with most complaint/investigations.

KK: Absolutely it's exactly the same. The only person that's going to know about it because of this being a proactive complaint is the Medical Board and the physician. Obviously, the physician is going to know because we requested the medical records from him or her.

CV: I see and how many death certificates has the board reviewed so far and what has been the result?

KK: So for the two years of 2012 calendar year, 2012 and 2013 the board actually received 2,000, about approximately 2,700 death certificates for those two years. And of those once they went out to that upfront review they came back with about 450 patients who they actually believed that there was a physician prescriber who may be inappropriately prescribing. And so, then they opened cases from there. Of those cases right now, we have about a hundred cases that were closed because they didn't find a violation. About a hundred and forty five have actually been referred on for a formal investigation and then we had the rest of them are pending. We did have a few of them where the physician actually had either had their license revoked or surrendered already by the time we got this information, or where the physician may have also been deceased. So there were a few that fell out because of that process as well. It is interesting to point out that a lot of the cases, about 50 of the cases, we actually had pending investigations out in the field for over prescribing already on those physicians

CV: Oh, OK, o yeah so so that's good excellent. So I mean, I guess, what is the end goal of reviewing these death certificates?

KK: So the end goal is kind of our end goal always for the Medical Board right? It's consumer protection. We really want to identify physicians who are inappropriately prescribing and then go down our process to take action against that physician for the violation of the Medical Practice Act and also where consumer protection, where we also look is to, can that physician be rehabilitated as well?

So if we believe that the individual shouldn't stop practice and we should revoke the license those individuals what we're doing is putting them on probation and then giving them courses where they can actually get the skills that they need like a prescribing practices course or something like that so our end goal is always consumer protection

CV: I'll tell you in this day and age with the opioid epidemic sweeping the nation that's more important than ever. So what should a doctor do then if they're contacted by the Board regarding the death of a former patient?

KK: Well the most important thing a physician can do is provide the medical records to the Medical Board and then also give us that summary of their care and treatment that

they've provided to that patient. Because all of that information will go to a expert who reviews that case. In addition, the physician actually can review the Board's website so they're familiar with our enforcement process. I think a lot of this what we've seen through this project is that physicians aren't educated in the enforcement process and don't really know how that process works. And then we actually published two newsletter articles one in fall of 2014 and one in January or winter of 2015 that actually have articles on what to do if you're contacted by the Medical Board and what information to provide us.

CV: And what advice would you give to doctors, what advice what the Board give to doctors rather, who treat patients with chronic pain how do they avoid getting in trouble

KK: Well the Medical Board actually has had guidelines on prescribing to patients since 1994. We revised those guidelines actually in 2007 and then most recently we adopted, the Board actually adopted the guidelines for prescribing controlled substances for pain and that was in November of 2014. So our recommendation always is that the physicians go out and read those guidelines and become very familiar with those guidelines for the Medical Board.

CV: Kim thank you very much for being our first guest ever on Medical Board Chat.

KK: Thank You Carlos.

CV: And I am Carlos Villatoro signing off.

[Outro Music]