

A Chat with Board President Denise Pines

The Medical Board of California is committed to consumer protection through the licensing and regulation of doctors and certain allied healthcare professionals.

CARLOS VILLATORO (CV): My name is Carlos Villatoro and this is Medical Board Chat, the official podcast of the Medical Board of California. And with me today, I have a special guest. This is a guest that I've been trying to get on Medical Board Chat for a while now.

DENISE PINES (DP): That's true

CV: And it just so happens that Ms. Denise Pines, president of the Medical Board of California, is in town. Welcome, Denise.

DP: Thank you Carlos for having me, I'm so excited.

CV: Excellent, excellent, well you know Denise we are now starting 2020 off, but 2019 was an extremely important year for consumer protection.

DP: Yes.

CV: In our mission of consumer protection with the Medical Board can you tell me how you, from the standpoint of the Board president, what do you feel are some of the Board's highlights for 2019?

DP: We had quite a few. I'm going to talk a little bit about what happened in licensing, a little bit about what happened in enforcement. So in licensing, applicants – regardless of whether they got, went to medical school domestically or internationally must complete 36 months of Board-approved postgraduate training and that's really important because we had a lot of inconsistencies with people having one to two to three years of postgraduate training. Now we don't have to say 'Well, someone have one two or three,' they're all going to have three years.

CV: So that puts everyone then on an even playing field.

DP: Everyone's on an even playing field.

CV: That's no matter where they graduated from?

DP: No matter where, it could be Harvard or the West Indies.

CV: Wow, so that is a big deal.

DP: Yes, that's a big deal, it's a big change and of course a bit of a disruption in the industry because there were a lot of people who were on one particular track and now of course that is definitely going to extend the time of their training. But it's important for the consumer and so

that's what we keep evaluating here. From our licensing, what could we do better? So those are the things, I would say the highlights, for licensing.

CV: Absolutely.

DP: In enforcement, one of the really big changes – so we have sort of an internal change and then sort of an external change. So the internal change was the end of vertical enforcement. And that vertical enforcement required that, to simultaneously, that the investigators from DCA Department of Consumer Affairs and the Attorney General and the Health Quality Investigative Unit all work together on cases. So that they all knew at the same time what was going on with the cases and that actually was really great but it was sometimes not effective on things that didn't require as many hands being in the pot and I think over time that, just sort of waned across all of those entities that I just mentioned. And so vertical enforcement went away however we still have it for really important cases like sexual misconduct, impairment, or cases where a physician is an imminent threat really to the public. So even though it has gone away, we know how to work collaboratively in this way and so we do on those particular cases.

CV: And how important is that relationship between Board, the Investigations Unit, and the Attorney General's office?

DP: Oh, it's extremely important. It's important really from a time frame. If we have a physician that we really need to fast track action, the collaboration is important to make that happen because the process requires multi levels of people all working at the same time and to, you know, if we need to get an ISO, if we need to stop a doctor immediately, we all have to be working together to make that happen.

CV: An ISO for those people that don't know it is an interim suspension order.

DP: Thank you

CV: These are orders that the board requests when there is evidence that allowing the physician to practice would place the public in imminent danger and we obtain these interim suspension orders, these ISO, on the cases that Denise described, when there's a physician out there who is violating the Medical Practice Act in a most egregious manner.

DP: Yes, yes. We don't do a lot of those but when we do them, and it does happen fast. So the other thing, I would say, a couple of the external. So the one external was a bill Senate Bill 1448 that went into effect on July 1, 2019, called the Patient's Right to Know.

CV: What's that about?

DP: So that is where patients have the right to know whether or not their physicians are on probation on certain offenses and you can use our really fantastic mobile app right? Our doctor alert app to check on your doctor actually 16 doctors, that means you can check, you can have your parents, your grandparents, your kids, yourself and all your doctor's you know being followed and alerted whenever there is a change that actually happens to a physician's record here on file with Medical Board. But this is really, this was really important. This is really important to the consumers. A lot of consumers for years, I've been on the board 7 1/2 years now I don't know how many times they asked for this to happen. They asked for them to be told whether or not their doctor was on probation. So now, they have the right to know.

CV: Right, because the doctors are required if they're placed on probation for certain offenses.

DP: Exactly. Then another really big thing that we did last year was we met with the public. We held the first ever interested parties meeting with the consumers and that was in January of 2019 and we just held our second one in January of 2020.

CV: So what's the goal of that meeting?

DP: So the goal of the meeting really, it's listening party but a listening party where we were going to take action on things that we listen, that we can take action on. So a lot of times we operate in what I call precedent, meaning this is how we've always done things, this is how they do it, this is how it works or here are the hurdles if you want to change something and we decided we were going to listen to the consumer to see if what we're doing, we could do better. And we did in fact walk away with four things we felt we could do better. A lot of things were attributed to our website and making our website much more user-friendly, easy to access information as well as being informative about how to do things like file a complaint with the Board. We have numerous brochures and podcasts that helps the consumers as well. The other thing that we did is created a Consumer Corner in our newsletter. So we revamped our newsletter, our newsletter is now very user-friendly, easier to read and actually more engaging and makes you actually want to read it. I know a lot of the physicians only go to the last pages to look to see if any of their colleagues.

CV: They want to see who's in trouble with the Board.

DP: Who's in trouble right? That's like the first thing that the doctors tell me that they go to, but they also find the articles to be very interesting and relevant to their practice. Another thing we did last year was the Volunteer Physician Registry, where physicians had an opportunity to say that they would volunteer their services if there was an emergency needed, like a natural disaster, like earthquakes, or a fire or something like that, that they would make themselves or their place of business available and so far we have.

CV: Yes, that's a big deal, I was just going to tell you that word is that there are 860 registered users for the Volunteer Physician Registry so that's a big deal.

DP: That's a big deal.

CV: It helps provide services to places that need it most in California.

DP: Yes, and the registry is on our website so you can have access to it from our website and the things that we're continuing to do, of course is fighting the opioid epidemic that is still a constant. We're still working, we're working with the CDC around patients who are on really high pain meds or high opiate medication and how we for lack of a better word wean them down from the effects of those types of opiates. So we're constantly you know working with that and we have started a couple years ago looking at death certificates where the coroner has said a person has died from opioid overdose and examining whether or not physicians are overprescribing. We're not going after physicians we're not attacking physicians. But we do want to make sure that physicians are aware of the new laws that have been put in place and the new regulations around opiate use. And we have information on our website as well – about opiate use and tapering and things like that.

CV: So those are excellent points Denise and I'm glad that you talked about those because it was a very good year for consumer protection in 2019, now let's talk a little bit about 2020, we're in a new year. So Denise, what do you hope that the Board accomplishes in 2020?

DP: Well, I think we started off really well. We had our second interested parties meeting with consumers and again like last year we listened, we listen each and every time and really do our best to look at first, what is it that we can do as a Board where we can make changes that doesn't require legislation and then looking at things that really are legislation driven and or things that actually have a cost component to it if it was put in place and where would, where would we get that money if in fact money was needed. So the way I look at this 2020 year is really we have entered into a new decade right?

CV: Right.

DP: And a decade that happens to be 2020, so we think of 20/20 vision what does that vision look like and we're going to have quite a few new things happened with the Board. The first is we're going to have new staff and we've had new staff come onboard and promotions so we have a lot that's happening here with the Board because we had quite a few people retire who were insignificant positions in at the end of 2019.

CV: Oh absolutely, and perhaps one of the biggest promotions that the Board had recently was the promotion of our executive director Kimberly Kirchmeyer, who is now the director of the Department of Consumer Affairs. While we are very happy that this promotion was given to Ms. Kirchmeyer, we are also very sad because that leaves the Board without an executive director.

DP: Yes and so, but the Board has done a search we have done a global search so we just didn't look for someone in the state of California, we looked across the country and outside of the country and I think that the Board, when were able to make the announcement of our new executive director, that everyone will be very happy. We have a very strong leader. Someone who's been in a variety of government-regulated environments including the medical environment and I think that they will bring sort of fresh eyes to the work that we've been doing and will help us rethink how we've been things. So one of the challenges I think that we have to face in this 2020 year is the length of time it's taking to actually process a case.

CV: Yes.

DP: We really have to address that because we have, on record, demonstrated timelines that have been effective. So we know it can happen and we have to all be committed to making it happen.

CV: Oh, it's huge.

DP: It makes no sense and I understand why the consumers are disappointed in us. But varying parties all have to own up to where they're falling short.

CV: And that includes us here at the Medical Board of California.

DP: Yes, yes. So today we had our all staff meeting and I tasked everyone with one way that they can, you know, look at improving what they do in their work. Sometimes just because it says to do it this way doesn't mean that that's really the best way today right? And rules and things change all the time and so we have to even look at our process and our workflows. Do

they make sense? Are we repeating steps two and three times? Could we be more efficient in what we're doing and I think that the staff today was really excited about thinking, rethinking how they're doing things and I think they felt like there's going to be someone listening.

CV: When you talked to the staff during our all-staff meeting this afternoon, you kind of reinforced the message to the staff that no matter what position they're in, no matter what job they're doing even if it's a small job, well that job is a critical component of the mission of the Medical Board and the mission of the Medical Board is consumer protection. So no matter the size of the job, they are part of that mission and are helping the board accomplish that mission.

DP: Yes, you could either be part of the problem or part of the solution. I believe everybody at the Medical Board is actually a part of the solution. And our goal is to license the best doctors in the state and then keep them with high integrity. Where the integrity begins to fall short is to remind them in a disciplinary type way of where they need to get back to. So that's really what we're trying to do here.

CV: Well Denise thank you very much for being a guest on Medical Board Chat.

DP: You're welcome!

CV: Is there anything that I didn't ask you that I didn't ask you feel would be important for the listeners of Medical Board Chat to know?

DP: No, I just think, always check in with the Medical Board's website. See what's going on, we always have some really interesting information. If you're not getting the newsletter you should subscribe to the newsletter, it's very easy to do that on our website.

CV: And to download the app.

DP: And to download, oh my gosh yes, please download the app. Download the app it's initially a proactive move which means you have to download the app and put your doctors in. Once you do that the alerts just happen automatically, there's not, you don't have to go back and keep checking.

CV: Well yeah it does the heavy lifting for you.

DP: Yes and we keep improving the app and right now it's for iPhones but soon we will have it for Androids.

CV: And that's going to do it for Medical Board Chat, this has been Carlos Villatoro and board president Denise Pines and with that we bid you a farewell. Thank you.

DP: Bye bye.