



Medical Board of California

# The Role of the Medical Board in Promoting Healthy Lifestyles for Physicians

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# A New Direction



- Before 2008
  - Focus on monitoring impaired MDs
- 2008 and beyond
  - Prevention models
  - Education beginning in medical school
  - Education throughout career
  - Wellbeing committees

# Evolving Trends

- Physician and patient relationship
  - Communication
  - Health information on the Internet
  - MD accountability
  - Informed consent
  - Second opinions
  - First malpractice case in the 1960s
  - Patients access to their medical records
  - Electronic Health Records to Personal Health Records in recent times
  - Consumers demand to know if MD is impaired
    - They thought they were protected!

# MBC Diversion Program ended 2008

Not a treatment program; it was a monitoring program

- Established in 1980 by CA legislature
- Participants kept confidential from the public
- Purpose: monitor physicians in treatment programs for substance-abuse
- Diverted impaired physicians away from discipline

# Program failed multiple audits 1982 – 2007

- Non-compliance of participants
- Inconsistent consequences for relapses
- Participants *gaming the system*
- False specimen available via the Internet
- Conflict of interest by monitors
- Consumers rejected confidential concept
- Consumers complained the impaired MD was protected not the “innocent patients”

# The Diversion Program: A Failed Concept

- Prioritized confidentiality of impaired MD over the public
- False theory that confidentiality would attract voluntary participation
- 10,000 – 14,000 CA doctors estimated to have substance-abuse problems; only 250 in Diversion Program at any given time
- Could not survive its confidential nature in this information era
- True needs go beyond the limits/realities of a regulatory body

# Shifting to Physician Health Throughout Career

- Proactive prevention models
- Partnering with medical schools
- Promoting CME on strategies to avoid
  - Harming patients
  - Substance abuse
  - Burn out
  - Loss of license
- Goal
  - Public protection is highest priority
  - Prevent impairments that destroy careers

## **Diversion** ends 7/08

- Case manager monitored compliance
- Required treatment facilities approved by Board
- May Require worksite monitor
- Biological fluid testing
- Confidential

## **Monitoring** began 8/08

- Board probation unit monitors compliance
- May use treatment facilities of their choice
- Biological fluid testing
- Disclosed

# A Call to Arms

- Partnerships -Board and others
- Medical schools' involvement
  - Educate regarding affect on licensure/career
  - Promote the critical need for a healthy and balanced lifestyle
  - Exercise, rest, peer support, and at times counseling
- After medical school
  - Wellness classes and programs – while activities abound, there is no standardized curriculum for wellness in the U.S.
  - Wellness committees in hospitals
  - Medical societies: get the wellness and prevention messages out
  - CME – classroom/online distance learning courses

# Board's current approaches

- MBC's Wellness and Education committees
  - Exploring model programs
  - Determining Board's role
- Kaiser programs highlighted in Board's newsletter: cultural model and environment
- CME via online programs
- MBC website

# Promoting Physician's Health Prioritizing Public Protection

- Supporting physicians throughout their careers
- Preventing substance abuse
- Encouraging early treatment when necessary
- Promoting improvements in Wellbeing committees
- Promoting education at all levels

# Questions