

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA 1300 National Drive, Suite 150, Sacramento, CA 95834 Phone (916) 928-8390 | Fax (916) 928-8392 | www.ombc.ca.gov



# MEMORANDUM

DATE	December 31, 2022
TO	Board Members
FROM	Erika Calderon Executive Director
SUBJECT	Agenda Item #7 – Executive Director's Report

This report provides the Board Members with information on the following topics:

- A. Administrative Services, including personnel, and technology update
- B. Licensing Program Summary, including licensing unit updates, and statistics
- C. Enforcement Program Summary, including enforcement unit updates, and statistics
- D. Probation Program Update-Provided by Corey Sparks, Lead Enforcement Analyst/Probation Monitor
- E. Update-The Osteopathic Physicians & Surgeons of California Association (OPSC)
- F. Update- The Federation of State Medical Boards (FSMB)
- G. Update on The Controlled Substances Utilization Review and Evaluation System (CURES)
- H. Department of Health Care Access and Information (HCAI) Survey Transaction

# A. Administrative Services

### Staffing:

The Board has 13.9 authorized positions with a 1.5 vacancy rate in its licensing program and a .5 vacancy rate in enforcement.

 Office Technician (Typing) – The Board is happy to announce the recruitment of Andrea Harmon. Ms. Harmon joined the Osteopathic Medical Board of California (OMBC) in October of this year and is currently acting as the Board's front desk receptionist. Prior to joining OMBC, Andrea worked for several health insurance companies processing and managing premium payments. Since the Department of Consumer Affairs (DCA) Central Cashiering Unit is currently processing all the Board's cashiering functions, Ms. Harman has been allowed to assist the Board with other mission critical areas that include, but are not limited to, the processing of fictitious name permits, name change requests, and license verification letters. Once the Board's vacant SSA licensing position is filled, the Board plans to bring its cashiering functions back to the Board.

- Vacant Staff Services Analyst (Licensing) The Board conducted interviews in the beginning of November for this position, however, the position was reposted in mid-November as the Board was unable to find an applicant that met all hiring criteria. The Board conducted interviews mid-December and has made a conditional offer. The Board hopes to fill this position very soon. This position, among other things, reviews and approves initial DO applications, and assists with BreEZe and website maintenance.
- Vacant Half-Time Staff Services Analyst (Licensing) The Board received this
  position through a Legislative Budget Change Proposal. This position will process
  all the workload associated with complying with Senate Bill 806, which includes
  but is not limited to, manually adding modifiers to the BreEZe system to identify
  and track licensees who must comply with the new licensing requirements. The
  Board plans to post this position in March or April of this year.
- Vacant Half-Time Medical Consultant (Enforcement) While conducting an evaluation of the Board's current staffing needs it has been decided to hold off on hiring a medical consultant at this time. The Board will be utilizing the funds allocated to this position to fund a limited term licensing manager position, which the Board has an immediate need for. Business and Professions Code, Section 2220.08, states that any complaint determined to involve quality of care, before referral to a field office for further investigation, shall be reviewed by a medical consultant with the pertinent education, training, and expertise to evaluate the specific standard of care issues raised by the complaint to determine if further field investigation is required. The Board currently contracts with 135 medical consultants/expert reviewers who represent a wide range of specialties and already assist the Board with daily reviews of cases involving quality of care.
- Staff Services Manager I Limited Term (Licensing) After receiving approval from our budgets and HR office the Board advertised this position the 3<sup>rd</sup> week of December and plans to conduct interviews the week of January 23<sup>rd</sup>.

#### Staffing Considerations and Needs

An analysis of workload and staffing levels was conducted and the Board is not adequately staffed both in number of staff and classification levels. The current management structure of one Staff Services Manager I who oversees the performance of three programs is insufficient to perform the varied functions and daily oversight. The Board has been experiencing a severe backlog in processing its applications for the past year. This backlog is partly caused by legislation and the creation of new license types which come with new licensing requirements. Additionally, there is no dedicated high-level staff to handle legislation and regulations, these duties historically have fallen on the Staff Services Manager I's responsibility and the Director's. There is also a need to add support staff for both programs.

The Board is exploring what positions it can create immediately as limited term positions through its blanket authority using current funds and what positions it plans to request through Budget Change Proposals (BCPs) this spring and in the future. There is another immediate need that the Board currently has and that is a need to update its regulations, so the Board is exploring creating a short-term Legislative and Regulatory Specialist Retired Annuitant at the Associate Governmental Program Analyst (AGPA) level. The legislative and regulatory specialist will act as an independent consultant and provide development, research, consultation, and evaluation of the programs within OMBC to determine the need for proposed regulations, the impact of proposed or revised legislation and regulations, as well as the impact of newly approved legislation and regulations on Board programs.

### Technology/Outreach Update:

• Facebook and Twitter:

The Board is happy to announce the development of both its Facebook and Twitter accounts this quarter. The Board hopes that we can use these social media platforms to improve Board awareness, create interest for potential licensees, and allow the Board to be more engaged with our Osteopathic community.

### Refer to Attachment 7A(a)-Social Medical Account QR Codes

• Website Redesigned:

On December 1<sup>st</sup>, the Board met with the Department of Consumer Affairs website and redesign team to start the process of redesigning our webpage. The Board is hoping to modernize the page, make it more user friendly, innovative, and at the same time more efficient for all stakeholders. This will be a lengthy process as the Board has some cleanup of its current website before converting to the new template in addition there are many other Board's that are currently working with DCA's website redesign team to do the same. With that said the Board hopes to present its new website by mid-year or end of the year.

• Outreach Presentations:

An application and a laws and regulations presentation are underway, and we will be reaching out to the three Osteopathic Medical Schools here in California to set up a continuous schedule to provide these presentations to osteopathic students.

## B. Licensing Program:

## Program Updates:

As previously stated, the Board is experiencing severe backlogs with the processing of our applications. As referenced in the staffing considerations, the Board is exploring adding new licensing positions to eliminate and prevent the chronic backlog and the Board's historical approach of continuously redirecting key staff to assist with applications. Changes in licensing requirements and the fact that California is the top state for the steadily growing osteopathic physician profession is pushing workload to new levels that are overtaking staff levels.

One area that the Board is exploring right now is opening up our applications for the 9001 Physician and Surgeons to be submitted on BreEze just like our Postgraduate Training Applications. Currently we are only accepting this application hard copy and converting to BreEze will save the Board a lot of processing time.

There are some important licensing changes that went into effect recently or going into effect soon that I would like to bring to your attention.

- On January 1, 2023-The elimination of the prorated license fee and license cycle went into effect. This was a legislative change the Board requested from the Legislature to eliminate the birth month licensing cycle and prorated initial license fee. The result is to only charge one fee for all license applications.
- Early last year the renewal period expanded to 120 days. This change was made in BreEZe when SB 806 was implemented. The purpose of extending the renewal window is to provide licensees more time to complete renewals and eliminate last minute submissions.
- In October of 2022-Reminder Postcard for Renewals went into effect. This change eliminated the bulky 14-page renewal application from being printed and mailed for all renewals, saving postage expenses, BreEZe expense, and workload.
- Implementation of SB 657- Expedite of Abortion provider applications in BreEZe and in licensing applications effective January 1, 2023. The purpose of this bill was to make it easier for California to license physicians from other states who want to come to California to provide abortion services. Applicants who intend to provide abortion services will be eligible to have their applications expedited if they meet the statutory requirements that demonstrate that they are employed to provide abortion services.

 Military Spouse fee waiver and temporary license for Postgraduate Training and Physician and Surgeon licenses. AB 107 offers that military spouse licensed in another state that can document their military status and out of state licensure are eligible for the Board to issue a non-renewable temporary license for one year while they concurrently apply for their physician and surgeon license. In theory, this would allow them to practice medicine prior to being issued either a postgraduate training license or full and unrestricted license. This new temporary license goes into effective July 1, 2023.

Program Stats-Please refer to:

- Agenda Item 7B (1)-Application Services Stats
- Agenda Item 7B (2)-Application Services Q1&Q2 Program Stats
- Agenda Item 7B (3)-3 Three Year Licensing Maintenance Stats

## C. Enforcement Program

### Program Updates:

There are several projects in the horizon for the Board's enforcement program. At this time the Board is happy to announce that in terms of our consumer complaints, we recently updated our complaint form, which is now available on our webpage, making it easier to read, fill out, and gather upfront investigative documents that consumers may not be aware are essential for any investigation. Instructions were added to the front page to encourage our complainants to attach a copy of any supporting documents they may have in their possession that they normally do not provide, such as patient records, photographs, audio or video recordings, correspondence such as letters, emails, text messages, billing statements, proof of payments, police reports, court documents, or any internal employment administrative investigations. In addition, the Authorization for Release of Patient Health Information Forms have been attached to the complaint form and additional space was added to the allegation summary section to allow complainants to provide a more robust summary of the incidents in question. By doing all of this, enforcement staff hopes to save intake processing time, gather more essential evidence, and speed up the process of our complaints and in turn provide faster consumer protection.

There was another bottleneck that was identified regarding the Boards complaints. The Board has reached out to the Medical Board of California (MBC) with the idea that through their webpage MBC could educate consumers about the Osteopathic Medical Board of California and MBC not having jurisdiction over D.O.s and re-direct consumers looking to file a complaint against a D.O. to our Board's webpage or provide a copy of our complaint form on their page. Historically, MBC has been known to receive over 50% of OMBC complaints by mistake which creates extra work for both Boards, an impact to both Boards statistical measures, and the protection of our consumers. MBC is having to close OMBC complaints as non-jurisdictional on their end and refer them to OMBC, and subsequently OMBC is having to reach out to the complainants and request new releases as the complaints referred to us typically come with an MBC release and OMBC isn't able to use these to obtain records for our review. So, we hope that both Boards can come up with a solution together that would benefit both consumer stakeholder populations and our enforcement programs.

To help with case aging enforcement has implemented monthly case reviews that are conducted on the last week of every month to help move cases along internally. In addition, enforcement staff will be receiving individualized monthly analyst pending reports which will highlight high priority, short statute of limitation cases, and any aged cases over our 180-day performance measure. The Board has also started the process of getting enforcement staff access to LexisNexis, a public records database. This database will allow staff to look up information such as addresses and phone numbers. This becomes extremely helpful in those instances where our consumers fail to include contact information, or our licensees fail to maintain a current address of record. Enforcement staff will be less limited and conduct better desk investigations, decrease processing times, and provide a better product to the Division of Investigation (DOI) Health Quality Investigation Unit (HQIU) on field referrals.

In terms of communication with other stakeholders, monthly meetings with DOI have been established. These meetings will be conducted on the last Thursday of each month between myself, the supervising special investigator over DOI's enforcement support unit Ms. Mellissa Doss, and the Chief of DOI Ms. Kathleen Nicholls. The goal is to establish an open line of communication between the Board and the Investigative staff to discuss enforcement related matters that may impact both departments, case ageing, and for an opportunity to discuss urgent or high-profile cases to keep them moving along and worked efficiently and effectively.

We also continue to meet regularly with the Board's Attorney Generals' office liaison Ms. Karolyn Westfall and our legal counsel Mr. Michael Kanotz.

The last update involving enforcement is that discussion has started with the Attorney General's Office to develop a consultant/expert reviewer training. Ms. Westfall will be providing this training hopefully in February or March of this year.

Program Stats: Please refer to:

- Agenda Item 7C(1) Enf Performance Measures-Q1 and Q2 Program Stats
- <u>Agenda Item 7C(2)-3 Three Year Enforcement Performance Measures</u>

### D. <u>Probation Program Update-</u>Corey Sparks-Lead Enforcement Analyst-Probation Monitor

# E. <u>Update on The Osteopathic Physicians & Surgeons of California Association</u> (OPSC)

I have been introduced to Holly Macriss the new Director of (OPSC) and attended OPSC's November 29, 2022, Board meeting. Holly and I plan to meet on a quarterly basis minimum to stay informed on Osteopathic community matters. In addition, Board staff and I are planning to attend OPSC 2023 Fun in the Sun Rekindling the Joy of Practicing Medicine Conference which will be hosted in Coronado from February 23 through February 26, 2023. OMBC is planning to set up a booth for outreach where we will provide guidance on licensure, the enforcement process, and take that opportunity to introduce our new social media accounts.

Additionally, as previously stated in the outreach section, in a collaborative effort the two offices have decided to team up and proactively ramp up outreach efforts within the profession. Both entities realize the importance of early involvement with potential licensees and will work together to bring more awareness to the respective offices through presentations held at osteopathic campuses. A presentation on the application process as well as a laws and regulations presentation are underway.

# F. Update on The Federation of State Medical Boards (FSMB)

FSMB provided training to OMBC staff on January 19<sup>th</sup> on the Federation Credentials Verification Services (FCVS). The Board is also hoping to attend the FSMB's 2023 Annual Educational Meeting which will be hosted in Minneapolis Minnesota from May 4 through May 6, 2023.

### G. <u>Update on The Controlled Substances Utilization Review and Evaluation System</u> (CURES)

#### 2023 CURES fee decrease

2020's AB 3330 authorized fee changes to the original \$6 annual CURES fee collected at the time of renewal.

- Effective April 1, 2021, the fee was increased to \$11 annually.
- Effective April 1, 2023, the fee will be decreased to \$9 annually.

DCA's Office of Information Services (OIS) is coordinating the upcoming fee decrease. This has already been scoped into the appropriate BreEZe release(s); and OIS representatives have communicated with the affected programs.

As was done with the 2021 fee increase, the implementation plan for the fee decrease is for all affected programs to begin collecting the new fee at the same time (in this case, April 1, 2023, for licensees renewing in July).

Program Stats: Please refer to:

- Agenda Item 7G(a) CURES Statistics 2022 Quarter 2
- Agenda Item 7G(b)-CURES Statistics 2022 Quarter 3
- Quarterly "Search" statistics (pages 2 through 4) are reported by month to accommodate data from two sources – the web application and the Information Exchange Web Service (IEWS). The web application is the original direct access path to CURES; IEWS allows access via the user's health care technology system (e.g., Kaiser).
- Statistics for "Web Application Login" (page 5) have not been available since CURES rolled out their system optimization April 11, 2022. Subsequently, the CURES Executive Stakeholder Committee (ESC) determined it was no longer necessary to produce this statistic on a regular basis since it only represents a portion of the login information. Due to current functional limitations of the technology, IEWS logins cannot be captured at this time. Going forward, DOJ will produce the Web Application Login statistics upon request.

## H. Department of Health Care Access and Information (HCAI) Survey Transaction

In July of last year, a new physician and surgeon survey known as the Health Care Access Information (HCAI) Survey was implemented in BreEZe. The survey revised some demographics, and it is now hosted on a secure third-party system. A month after it was implemented in BreEZe, the Board received complaints that most of the licensees on the license search showed the license was non-compliant with the survey requirement and licensees were unable to complete the new survey until their renewal period. To solve this problem, OMBC created a separate transaction in BreEZe that allows licensees to update the HCAI survey any time of the year. This new transaction is an 8085 transaction that licensees can do online within their BreEZe accounts.