
2015 Environmental Scan Osteopathic Medical Board of California

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October 2015



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Introduction

One of the first steps in developing a strategic plan is to conduct a scan and analysis of the environment in which an organization operates. This analysis allows us to take a look at the factors that can impact the organization's success. This is a summary of the results of the environmental scan recently conducted by SOLID for the Osteopathic Medical Board of California (OMBC) in September 2015.

The purpose of this environmental scan is to provide a better understanding of stakeholder, Board member and Board staff thoughts about the Board's performance within the following categories:

- ◆ Licensure
- ◆ Enforcement
- ◆ Outreach and Education
- ◆ Regulation and Legislation
- ◆ Board Administration

This document outlines areas where Board members, staff and stakeholders are in agreement and disagreement while providing additional insight to assist the Board in developing goals and objectives for the upcoming strategic plan.

Please review this information carefully in preparation for the upcoming strategic planning session. At this planning session we will discuss and evaluate this information as a group to help us identify new strategic objectives the Board will focus on during the 2016 – 2019 strategic plan period.

If you have any questions about this report, please contact Ted Evans with SOLID at (916) 574-8394 or Ted.Evans@dca.ca.gov.

Licensure

Only qualified individuals are licensed as osteopathic doctors.

Licensure refers to the initial application submission process for obtaining a license from the Board, as well as the renewal process. Licensing includes processing times, processing backlogs, responsiveness of Board staff to initial and renewal applicant inquiries. Inquiries may include information from the Board about the licensing process and licensing requirements and eligibility criteria for licensure.

Licensure Effectiveness			
Rating	External Stakeholders	Board Members	Board Staff
Very effective	30.9%	50.0%	12.5%
Effective	61.1%	50.0%	87.5%
Poor	3.1%	0%	0%
Very poor	4.9%	0%	0%
Total	100%	100%	100%

Licensure Strengths

- ◆ *The Board maintains a tracking system that provides efficient access to license and application details.*
- ◆ *The OMBC imposes high standards for licensing osteopathic doctors by carefully screening candidates and requiring stringent Continuing Medical Education (CME).*
- ◆ *The tenured licensing staff is very knowledgeable of the licensure and renewal processes.*
- ◆ *The Board has an effective consumer focused Executive Director that is involved in staying up-to-date with interstate license requirements.*

Licensure Weaknesses

- ◆ *The renewal process is inefficient and slow.*
- ◆ *Many licensees feel that the CME requirements should be in alignment with those of the Medical Board of California (MBC), both in content and renewal cycle timeframes.*
- ◆ *The OMBC does not have an online renewal or payment system.*
- ◆ *Staffing levels are inadequate to process the volume of received applications.*
- ◆ *Finger print clearances are not timely, and cause delays in licensure.*

Enforcement

Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of osteopathic medicine.

Enforcement includes complaint intake, internal investigations, licensee disciplinary actions, the hearing process, investigation cycle times and the enforcement knowledge of Board staff. Enforcement also includes the Board's relationships with the Attorney General's office and with the Office of Administrative Hearings, as well as proactive Board activities that mitigate the need for enforcement.

Enforcement Effectiveness			
<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>Board Staff</u>
Very effective	31.7%	62.5%	0%
Effective	65.1%	37.5%	100%
Poor	2.4%	0%	0%
Very poor	0.8%	0%	0%
Total	100%	100%	100%

Enforcement Strengths

- ◆ *The Executive Director is very knowledgeable and experienced in enforcement.*
- ◆ *The Board sustains effective tracking of complaints and offenders.*
- ◆ *The Board has a very good working relationship with the Office of the Attorney General (AG).*
- ◆ *The OMBC has a good working relationship with other Department of Consumer Affairs (DCA) programs.*
- ◆ *The OMBC has been effective with disciplinary action due to thorough and well documented cases.*

Enforcement Weaknesses

- ◆ *Acknowledgement of complaints occurs within 60-90 days, and is not in alignment with the Board's goals.*
- ◆ *The OMBC is in need enforcement analyst to address increased number of cases.*
- ◆ *Telemedicine and online consultations have not been thoroughly analyzed, reviewed and assigned enforcement standards by the Board.*
- ◆ *Probationers are not optimally monitored to better enforce compliance due to travel restrictions and limited budget.*

DCA Performance Measures Summary

The performance measures demonstrate DCA is making the most efficient and effective use of resources. Performance measures are linked directly to an agency's mission, vision, strategic objectives and strategic initiatives. The chart below shows the number of days between the stages of investigating a consumer complaint for the Board. The column labeled “target” is the goal the Board has established for itself. The remaining columns show the actual number of days to move a complaint from one step of the investigation process to the next.

In the first two quarters of the fiscal year, the Board saw a 45% decrease in complaint Volume with 104% decrease in *Intake and Investigation*. Formal discipline targets were not achieved in these two highlighted quarters.

Glossary of Performance Measure Terms

Volume - Number of complaints and convictions received.

Intake - Average cycle time from complaint receipt to the date the complaint was assigned to an investigator.

Intake & Investigation - Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Formal Discipline - Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board/Board and prosecution by the Attorney General).

Performance Measure	Target	Q2 October - December 2014	Q1 July - September 2014
		Actual	Actual
Volume (number of complaints)	---	60	87
Intake (days)	30	19	15
Intake & investigation (days)	360	147	300
Formal discipline (days)	540	783	839

Outreach and Education

Consumers and licensees are able to make informed decisions regarding the safe practice of osteopathic medicine.

Laws and regulations include the federal laws governing the Osteopathic Medical profession as well as California's clarifying regulations.

Outreach and Education Effectiveness			
Rating	External Stakeholders	Board Members	Board Staff
Very effective	8.5%	12.5%	0%
Effective	45.8%	25.0%	28.6%
Poor	37.2%	62.5%	57.1%
Very poor	8.5%	0%	14.3%
Total	100%	100%	100%

Outreach and Education Strengths

- ◆ *The Web site is a good resource that provides extensive information on OMBC processes.*
- ◆ *The Executive Director and staff have taken part in in-class conference calls with students attending osteopathic medical schools to answer questions and provide details on licensure and enforcement.*
- ◆ *The Board has increased webcasting of Board meetings, and varied physical meeting location from northern to southern California.*
- ◆ *Annually, a Board meeting is held at an osteopathic college campus, allowing students to better understand the Boards and observe disciplinary case hearings.*
- ◆ *The Board collaborated with the MBC on joint decisions regarding universal licensing and pain management drug issues.*

Outreach and Education Weaknesses

- ◆ *Stakeholders are generally unaware of the Board's outreach efforts, and indicate they would like increased communication from the Board.*
- ◆ *The Board is not using newsletters, social media or email distribution to provide information to licensees and consumers.*
- ◆ *The Board has limited staff and budgeting resources to do outreach efforts.*
- ◆ *Information on the Board's existence is often not displayed in the D.O.'s offices either in the form of an informational consumer based poster, or a placard.*

Regulation and Legislation

Monitor and uphold the law and participate in the regulatory and legislative processes.

Outreach refers to the Board's ability to communicate with consumers, licensees and other stakeholders using various techniques such as: social media, print, television and radio media and public forums.

Regulation and Legislation Effectiveness			
Rating	External Stakeholders	Board Members	Board Staff
Very effective	25.4%	37.5%	0%
Effective	63.6%	62.5%	25.0%
Poor	7.6%	0%	62.5%
Very poor	3.4%	0%	12.5%
Total	100%	100%	100%

Regulation and Legislation Strengths

- ◆ Board staff members have taken initiative to be trained on assembling regulation packets, and were responsible for regulatory changes regarding substance abuse.
- ◆ The Board proactively has begun the process of updating the disciplinary guidelines and Uniform Standards.
- ◆ The Sunset review process was managed well by the staff.
- ◆ The Board has a good relationship with the Osteopathic Physicians and Surgeons of California (OPSC), who provide details of legislation that impacts the profession and the Board.
- ◆ The Board staff is resourceful in accessing the Californian Code of Regulations and Business & Professionals Code (B&P).

Regulation and Legislation Weaknesses

- ◆ The board does not have an in-house regulation/legislation analyst who can better track legislation that affects the Board.
- ◆ DCA assigns the OMBC a legislation/regulation analyst. The assigned individual changes often which creates limited continuity and understanding of Board's work and a lack of consistent reports.
- ◆ Stakeholders are not distributed information on legislative or regulatory changes.
- ◆ Legislation information provided to the Board is limited in details, and not consistent with information that the MBC receives.
- ◆ Cite and fine is limited in the OMBC regulations, and should be reviewed for possible modifications.

Board Administration

Build an excellent organization through proper Board governance, effective leadership, and responsible management.

Organizational effectiveness includes the administrative management of the Board, staffing levels, fiscal resources, organizational structure and customer service.

Board Administration Effectiveness			
<u>Rating</u>	<u>External Stakeholders</u>	<u>Board Members</u>	<u>Board Staff</u>
Very effective	15.3%	75.0%	0%
Effective	62.2%	25.0%	100%
Poor	15.3%	0%	0%
Very poor	7.2%	0%	0%
Total	100%	100%	100%

Board Administration Strengths

- ◆ *Board Members maintain effective communication with the Board staff.*
- ◆ *The Board receives letters and emails regarding good customer service.*
- ◆ *The Executive Director is accessible to the staff as a leader and resource.*
- ◆ *Board staff is being proactive about improving processes, and have recently mapped the licensing process*
- ◆ *Teamwork and collaboration are core attributes of the staff.*

Board Administration Weaknesses

- ◆ *Responsiveness to those who contact the Board is inconsistent, and some feel the Board is unreachable.*
- ◆ *There is not enough staff to address the workload, the growing workload, or to meet established performance measures.*
- ◆ *Staff meetings are infrequent, and development opportunities are limited.*
- ◆ *BreEZe has not been fully implemented, creating a lack of relational data that causes the staff to work in multiple legacy databases and spreadsheets.*
- ◆ *The OMBC is physically out of office space for storage or added personnel.*

Appendix A

Acronyms of the OMBC

AACOM	American Association of Colleges of Osteopathic Medicine
AAP	American Academy of Pediatrics
ACGME	Accreditation Council for Graduate Medical Education
AG	Office of the Attorney General
AMA	American Medical Association
AOA	American Osteopathic Association
B&P	The Business and Professions Code
BCP	Budget Change Proposal
CCR	California Code of Regulations
CME/CE	Continuing Medical Education / Continuing Education
COCA	Council on Osteopathic College Accreditation
CPEI	Consumer Protection Enforcement Initiative
DCA	Department of Consumer Affairs
D.O.	Doctor of Osteopathic Medicine
DEC	Diversion Evaluation Committees
FNP	Fictitious Name Permits
FSMB	Federation of State Medical Boards
H & S	Health and Safety Code
M.D.	Doctor of Medicine
NBOME	National Board of Osteopathic Medical Examiners, Inc.
MOL	Maintenance of Licensure
NPDB	National Practitioner Data Bank
OCC	Osteopathic Continuing Certification
OPSE	Osteopathic Physicians & Surgeons of California

Appendix B

This appendix contains the qualitative data relating to the OMBC's strengths and weaknesses collected during the survey, focus group and interviews. Numbers in parentheses indicates the number of times a comment was provided.

The comments in this appendix are shown as provided by stakeholders. Comments that appear similar or that are on a specific topic have been organized into categories. The comments have not been edited for grammar or punctuation in order to preserve the accuracy, feeling and/or meaning the stakeholder intended when providing the comment.

Stakeholder Comments on Licensure Strengths

Customer Service

1. Prompt response to questions - professional in dealing with licensees - good communication.
2. Quick turn-around (2), Response is quick (2)
3. Easy to contact, fast licensing
4. Efficient, fiscally responsible
5. Good access to license verification
6. Fair price, and quick turn around
7. Knowledgeable and friendly licensing staff makes it very easy to ask questions and get things done.
8. Notification well in advance of renewal, phone questions answered.
9. Thorough

High Standards

1. Stringent CME criteria
2. Well thought out process of licensure for D.O.s
3. It's clear about what the licensing requirements are.
4. You screen out badly unqualified individuals.
5. The OMBC is highly effective in maintaining a rigorous set of standards for the profession and guarding patient safety.
6. The Board is very protective of the consumer against doctors.
7. Requiring documentation of Continuing Medical Education helps ensure Osteopathic Physicians maintain current standards and practices. When I obtained my license I had to show proficiency on manual osteopathic techniques. I thought that was a positive.
8. I have not encountered practitioners that are not qualified in my opinion.
9. The applicant goes through a complete screening process and verification.
10. Online resources and diverse members of the Board.

11. They examine all applicants carefully - as well as having them demonstrate a valid knowledge of Osteopathic Manipulative Therapy (OMT¹).
12. Appearance that board activities are firm.
13. Effectively licenses and relicenses D.O.s
14. Strict and consistent
15. Requirements of profession ensured
16. Support and enforce licensure
17. Diverse board with broad understanding of profession and state responsibility.

Resources

Short form to fill out is a plus!

Growing the Profession

1. Ensuring practical application of osteopathic principles.
2. The OMBC has maintained independence.
3. Keeping DO distinct

Staff Comments on Licensure Strengths

Delivery

1. We know that requests are filled and cards go out daily.
2. The application review and license approval process is consistent and thorough.

Tracking

1. We are able to get the status of a license quickly. With the tracking log it is easy to find applications.
2. Initial application tracking is efficient because of the Board's internal cashiering.

Knowledgeable Staff

1. Staff has developed a strong understanding of licensing requirements. They have a depth of knowledge and have found the rhythm in their work.
2. We do not have turnover in staff – our staff is nearly all long term employees.
3. The board has been fortunate enough to have employees within the licensing section that are for the most part well versed in the licensing process of osteopathic physicians.
4. (We) just compiled data of our processing time for licenses, and we have good stats. This is not even looking at factors out of the Board's control.
5. Renewals - We have great staff that really understands and asks questions of management.

Board Member Comments on Licensure Strengths

Board Involvement

¹ OMT is hands-on care. It involves using the hands to diagnose, treat, and prevent illness or injury.
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1. Our board has a very effective format for receiving licensing information from the Executive Director and staff. We have not seen a problem with anything on the licensing.
2. Efficient at working with legal and other DCA units.

Management and Staff

1. The people we have clearly must be happy because we have kept the same staff - they are very professional at getting us the information we need.
2. One of the things I feel is a strength is that there is a personal touch - there is a person who answers phones directly.
3. The Board has a strong Executive Director that is involved in staying up to date with interstate license requirements.
4. We are a well-managed effective organization.

Processing Licenses

1. The board had been concentrating on improving the time to process licenses and renewals.
2. We have really improved the time it takes to get licensing.
3. Scrutiny and process are good, making sure unsavory doctors don't receive a license. The process screens very well.
4. The Board is processing within the guidelines even with its limited staff.
5. The Board makes licensing and renewals easy clear-cut processes.

Stakeholder Comments on Licensure Weaknesses

New Licensing Timeframe

1. I believe that the process to obtain a license for a new graduate takes too long. I believe you are understaffed.
2. Too long to process new license applications (3).

Renewals

1. On line renewal is not available (4). It is often difficult to talk to a person for assistance when the office is contacted by phone.
2. Re-certification should be available online without an outrageous increase in the licensing fee.
3. The process is now taking longer than it has in the past.
4. Slow turn-around time. Late notifications of need for renewal leaving applicant with little time to renew.
5. Often wait until the very last minute to get the license out to me, much to the dismay of hospital credentialing and insurance companies.

Resources

1. The board is understaffed.
2. The Board is short staff and very unresponsive to the need of physicians.

Requirements

1. Requiring osteopathic CE units has no scientific use but raises money for the organization and makes getting useful credits more difficult and expensive.
2. CME that is recognized by the ACGME and/or AMA should be given the same consideration as Osteopathic CME. The current system forces some physicians to attend Osteopathic CME activities that are not relevant to their practice just to obtain enough AOA category 1-A credit for licensure. If the goal is really to ensure that physicians are getting continued education to maintain competence in their field, AMA certified programs should be given the same weight as AOA 1-A programs.

Integrity of the Profession

Could be better with censuring of unprofessional behavior

Cost and Details of Licensure

1. License is too expensive.
2. Licensure should be for 5 years unless complaint lodged or suit ensues.
3. Cheap paper? Would like a plastic card instead.

Continuing Education

1. Synching CME requirements (4). I would recommend having CME due at time of licensure (2) as this avoids a lot of confusion regarding status of CME.
2. CME from MD courses is not approved as Category 1
3. CME verification seems overwhelmed.
4. I believe that the CME requirements in the State of California are outdated.
5. CME is confusing (2).
6. Takes too long, not effective communication as to what is needed for renewal, not clear on CME requirements and when they have to be submitted, not enough staff - very difficult to talk to someone.
7. Not understanding when CME goes from what date to the following renewal.
8. Difficult to deal with- not user friendly.
9. Hard to tell when new CME is due when the AOA cycle ends in the middle of someone's registration.

Technology

1. Application is not electronic. Time consuming
2. Paper applications in this modern day and age, no online renewals.
3. Things could be done better by implementing more online/electronic means of completing tasks.
4. Online registrations should happen. This antiquated turning in of the CME is not efficient.
5. Not computerized when physicians submit proof for licensure. Scanned or emailed copies are not accepted by the Board
6. Process is slowed by the states computer system.
7. Lack of online access

8. The website where we are listed as current licensees could be made to look more professional and official (BreEZe design).
9. Lack of automation/web-based applications
10. It would be nice to renew on line and be able to print the license on the spot.

Customer Service

1. Communication lacking at times, more communication is needed.
2. Hard to reach/contact. Difficult to get info on CME and renewal
3. The staff at the board offices are hard to get ahold of and not very helpful.
4. One guy who processes applications and answers questions. No response after 20 phone calls to him.
5. I could never reach anyone despite calling several times. And I mean several times. It became funny to even try to contact you.
6. Disorganized and uncooperative - do not answer phone and do not return voicemails.
7. I called several times during the application process but rarely was able to get in contact with a live person. Responses to me were delayed. Customer service could be stronger.
8. The process is long and byzantine, but the person who oversees the paperwork is a helpful and good hearted person.
9. The licensing application and renewal process that the Osteopathic Medical Board has oversight for is one of the most frustrating, irksome, inefficient, untimely, and ineffective processes I have come across to date. The delay in processing applications is excessive, requiring months to complete.
10. The application process itself is outdated - using US mail and checks. I can't tell you how many times the Board has "not received" my paperwork. Each and every renewal.
11. The workers assigned to process the applications are surly, negative, defensive, and accusatory. A truly negative experience to deal with. Poor customer service, especially in terms of polite conversation with customers, is the rule.

Staff Comments on Licensure Weaknesses

Application & Renewal Process

1. Application form needs revision; the form needs to be more robust.
2. Application instructions need revisions
3. Make BreEZe surveys match the survey on renewal applications.
4. Finger print clearances not received timely – it is currently limited due to access provided by DOJ.

Outreach

Outreach /education regarding CME is not occurring

Staffing

1. The Board's inability to hire additional staff to adequately handle the influx of applications that arrive in office greatly attributes to any of the backlogs that the Board may be experiencing within the licensing unit.

2. Right now we have a good rhythm going but because the office is so small, if one person goes out for even a short time; other people need to pick up the workload.

Board Member Comments on Licensure Weaknesses

Staffing

1. Could use additional staff.
2. We have staffing needs and there is too much work.
3. Make sure we have all the appropriate staffing at right time.

Technology

1. Because we are not fully automated there is a delay and there is perception that it takes too long to get a license or renewal.
2. Get the BreEZe system compatible with how we do things to make it work for us.
3. Doctors from other states have commented on the lack of online licensing and renewal processing.
4. I think if we could get automated we may have less of a delay. The ease of transmission would speed up the process.

Licensing Outreach

1. Actively seek to try outreach to pre-medical students to go the osteopathic way.
2. Could do better at making the consumer or licensing aware of osteopathic and path to licensure.
3. The Board does not communicate with doctors through a newsletter.
4. Could be more resources provided by the Board and more information on the Web site about keeping up.

Processing License & Renewal Applications

Need to develop a system to track verification of each step of the process to get a license or renewal.

Stakeholder Comments on Enforcement Strengths

Responsive

1. Have always responded to complaints (2).
2. Always done in a timely manner.
3. Helpful in advice when a situation arises
4. The board is on top of all licensed osteopathic physicians.

Investigation

1. The Board makes good use of assistance provided by concerned citizens to screen all aspects of physician's business including website
2. OMBC does do a good job of investigation.

Fair & Thorough

1. As far as I have observed the times when enforcement were necessary, the process seems fair.
2. Fair, discreet, non-inflammatory about investigations and decisions.
3. The board reviews all case data and applies the state statutes to all cases.
4. Compassionate to the DO who made a one-time bad choice.
5. The board seems to enforce appropriately.
6. They are very effective in policing impaired and ineffective physicians.

Staff Comments on Enforcement Strengths

Tracking

1. Complaints are tracked.
2. Tracking of offenders is going really well.
3. Stakeholders are able to reach a live person.

Staff Resources

1. The strengths are that the Executive Director is really good at enforcement. All of the staff has strengths in different areas.
2. Our lead enforcement analyst has a really good concept of the entire process. He sees things big picture and prioritizes well. This individual's primary focus is probation monitoring and discipline, and does not work in intake.

Operational Effectiveness

1. Management is able to communicate with staff.
2. The receptionist can direct people to the correct location

Consumer Protection

1. Strong disciplinary orders
2. The Board has been able to successfully revoke the licenses of those physicians that have been in major violation of the Medical Practice Act or posed a risk to the public with their practicing methods.
3. We are transparent to the public. We make sure the public knows Board activities.
4. Quick complaint process (generally within 10 business days an acknowledgement letter goes out).
5. A strength would be that we make sure we hold those doctors accountable to the terms of their license.
6. The final disposition of cases is very strong we get revocations and suspensions.

Board Member Comments on Enforcement Strengths

Unit Effectiveness

1. The Executive Director used to run the enforcement unit and has a strong understanding of even the most complex enforcement cases.

2. The Executive Director does a really good job in enforcement and follows up with those cases. They are enforcing the right cases and not wasting resources.
3. One thing that the Executive Director has done is ensure quick and effective enforcement.
4. The enforcement analyst has been good - the analyst created additional charts to keep track of timing and it has been very helpful information (in Board meetings).
5. The Executive Director and her team do a very good job.
6. The Board has been strong on enforcement, and has a commitment to consumer protection.
7. We have a very good working relation with the AG office. We have gotten people who are very proactive.
8. We are good at preparing the final agreements with the doctors as far as supervisions and what they need to do to get their license back.
9. The improvement of the timeliness has been good.
10. The enforcement has been very good with the added component that we must strongly balance the cost benefit analysis - based on tight budgets.
11. The OMBC has a good relationship with other boards.
12. I am pleased that we created a model set of rules to apply to different set of violations. We tightened up to make for uniform and consistent enforcement.

Communication within the Board

1. The Executive Director has been great to give the Board members better information as to why there are delays.
2. Turn around is great, the staff gets right back to me on every question.
3. The Board gets information all the time on enforcement case details.
4. I have supported all of the enforcement decisions the Board has made.
5. In the last couple of years we mandated timelines and aging report and those give us an understanding as to the cases that have been out a long time and why.
6. Really appreciate the interaction that we have with AG office. The briefs they put together are phenomenal.

Transparency

1. The Board is always willing to do follow-up and hear appeals.
2. The Board is doing a great job at providing consumer and licensee access to the meetings and webcasting cases that come before the board.

Stakeholder Comments on Enforcement Weaknesses

Timeliness of Process

1. The investigation is slowed by lack of budget to increase personnel.
2. I am aware of a few cases where the Board was slow to act.
3. The process of suspending or revoking a license takes an incredibly long time from the first complaint until action is taken.
4. Too slow to adopt to technology and innovations

Decisions on Enforcement Cases

1. Overzealous and punishment exceeds the "crime."
2. Not sure, but I feel that most of the time draconian measures are not necessary or appropriate.

Enforcement Outreach

The medical board sends out a newsletter with board actions on the back page, I don't recall ever getting such a notification of actions against (or for) osteopathic physicians.

Staff Comments on Enforcement Weaknesses

Probation

1. Probation monitors need to meet with probationers to better enforce compliance (travel and cost).
2. Statistics are not as good in Enforcement. Currently we are at 60—90 days average to acknowledge a complaint. We are working on correcting the acknowledgement issue.

Resources

1. More funds to prosecute cases
2. We have slow updates on newly passed laws
3. On-the-job (OJT), Individual Development Plans (IDPs) and attendance of weekly meetings with Medical Board would all be beneficial.
4. Enforcement needs to be consistent, currently there is no manual.
5. The Board's inability to hire additional staff to adequately handle the enforcement caseload greatly attributes to any of the backlogs that the board may be experiencing. For every case that is received, an acknowledgment needs to be sent out (along with the Board being in receipt of any subsequent documentation) to actually begin review of the complaint. I believe it has been difficult for the three employees in position to stay afloat because there are so many complaints received in office, cases are out to the investigator and/or pending trial with deadlines, and other enforcement issues require the employees to be diligent in their workloads.
6. We may need another analyst in Enforcement because there has been significant increase of cases; one of our enforcement analysts is also doing fictitious name permits.

Board Member Comments on Enforcement Weaknesses

Unregulated and Pending Activities

1. There is a need to research how to best address enforcing things like doctors engaged in prescribing cannabis.
2. Telemedicine and online consultation should be looked into further and see how we are going to regulate and enforce them. The Board must determine what the accountability should be.

Standards and Procedures

We are frequently waiting on other entities to complete investigations which causes delays.

Reports to Board

Would like to see more information (on Enforcement case details) at Board meetings

Stakeholder Comments on Outreach & Education Strengths

Information Resource

1. I know that when the residents are applying for licensure, you supply the necessary information.
2. The Board is effective for promoting outreach education to licensees.
3. They always keep me up-to-date, as well as the required 150 hours needed of CME every 3 years.

Staff Comments on Outreach & Education Strengths

Web Site

1. Information is available on Web site - there are many steps to our processes.
2. Literature, people have access to information online.

Events

1. We did a telephone conference with osteopathic students at one of the schools on information regarding licensing and enforcement. If we get requests, we will do these types of conferences.
2. The Board makes it possible for the public to attend the quarterly board meetings that are held throughout the state by holding them both in Northern and Southern California.

Phone

1. Phone calls - people can get through to us.
2. We have knowledgeable staff for phone calls.

Board Member Comments on Outreach & Education Strengths

Board Meetings

1. We are doing a good job on the webcast and letting people know where we are. We webcast more meetings.
2. Once a year, the Board holds meeting at one of the osteopathic schools allowing students a unique opportunity to see how we work.

Web Site and Publications

1. We have been doing a better job at providing information on the web site.
2. Announcements, resources, licensing, and budget on Web site
3. I think that the information that gets sent out that has the code of ethics is helpful to licensees.

Position and Collaboration

The Board is working with the Medical Board (MBC) on joint decisions, universal licensing, and pain management drugs (proper use and storage).

Stakeholder Comments on Outreach & Education Weaknesses

Budget

1. Lack of State budget limits the ability to expand this area.
2. Funding and opportunities are limited.

CME Requirements

1. CME requirements for licensure are misguided. Very little American Osteopathic Association (AOA) category 1A and 1B CME is specialty specific. AOA CME is also incredibly overpriced. The board should change the state CME requirements to more specialty-specific CME that can be AOA or AMA approved.
2. There is a lack of pediatric CME - I'd like to learn more in my specialty. AAP CME should be OMBC category 1. Also, I don't like being forced to join the AOA just to get them to record my CME for the OMBC.

Unaware of Outreach & Education

1. Not aware of an outreach program (12),
2. None, I have seen no outreach (4)
3. What education do you offer?
4. I say poor only because I am unaware of any such programs...therefore it must not be all that effective.
5. I am not aware of any community or state wide outreach/education program.
6. Lack of info on the website
7. I have no idea what the Board does educationally our offerings in California are scant and over all have been very weak.

Communication

1. Need more communications, no communication from the board
2. I have not been contacted for anything after licensure.
3. I do not regularly hear from the Osteopathic Medical Board.

Newsletter & General Information

1. I don't want to be inundated with material, but an annual short brochure of current requirements of license maintenance, important points to remember.
2. Needs a good external publication to educate

Educating the Public and Students

1. Most people still don't know what a DO is (3), how we are the same or different from MDs and DCs.

2. I always feel more education could be done on an ongoing basis for all licensed D.O.'s in the state. The board seems a distant partner at times.
3. I think you have an unrealized opportunity to participate in the education of our osteopathic medical students at our two colleges of osteopathic medicine. It would be a great opportunity to educate them on professionalism and consequences of unprofessional and negligent actions by promoting and encouraging their attendance at your hearing boards.
4. I'm not aware of how the Board is trying to educate the public about D.O.s.

Staff Comments on Outreach & Education Weaknesses

Taking Action

1. Because of the Board's lack of resources and/or knowledge on how to better handle public outreach. The office receives constant calls from consumers fearing that they received medical treatment from someone who is not a licensed physician. Or consumers believe that the individual simply should not be practicing because there is not an "M.D." behind their name. If the board could provide more resources to the public regarding what osteopathic physicians are and what they do we could cut down on the calls received in office from worried consumers.
2. Needs oversight of outreach and education and someone who is assigned to this. The Board needs to take responsibility and be proactive. The Board may not have the money and resources.
3. The Board needs to increase this and keep info current as possible.
4. Should distribute newsletter, but would need the staffing resources to do this.

Schools

The Board should increase information provided to the schools.

Social Media & Web Site

1. Update site more often and redesign Web site.
2. The Board is not using social media or email distribution.

Board Member Comments on Outreach & Education Weaknesses

Web Site

1. I think one of the things the board needs to do is makes sure the Web site is up to date and modern.
2. The Web page should include more information such as board activities, explanations for instance of the Business and Professional Code and what a D.O. does.

Educating the Licensees and Consumers

1. We need to educate the public more of the OMBC. The consumer needs to understand the difference between and M.D. and a D.O. The average consumer does not know what a D.O. is.

2. The board should be more proactive at educating the doctors in the pipeline.
3. Board should be taking a bigger role in education and public awareness regarding the overprescribing of painkillers and opiates.
4. We could do more with the schools — have a little more interaction with the schools.
5. There is not enough information provided for licensees about how events that happen in their personal lives like a D.U.I. (Driving Under the Influence) can affect their professions.
6. A little bit more of education to active osteopathic medical doctors to remind them of the dos and don'ts of licensure – such as webinars to refresh and help them to gain new viewpoints.
7. It would be beneficial to release pamphlets to explain about licensing and timing (to obtain a license).
8. I don't see a lot of information even posted in D.O. offices to explain about the Board – pamphlets, etc.
9. A need exists to define patient boundaries with doctors.
10. In the past, the Board sent out a booklet on all of the laws governing an osteopathic doctor in California. It would be good if we could update this information and provide it to current licensees.
11. One of the things – we want the public to be aware that we are there for them – we have been working on requiring every office to have a poster that says to call the board if a problem exists.

Public Speaking

The board members should speak at conferences more often. We do it now, but we need to do it more.

Collaboration

1. Globally, take a step back ask where health physicians get in trouble and team up with Medical Board and insurance to prevent doctors getting in trouble.
2. If we're looking out for the public we need to share our global perspective of how doctors/consumer relationship is defined.

Limited Resources

We need more employees and funding to have resources for outreach.

Stakeholder Comments on Regulation & Legislation Strengths

Practice

Unrestricted practices in California is a positive...assuming the Board had something to do with it.

Effective Monitoring

1. As stated, the osteopathic physicians are overseen constantly. The Board does not hesitate to investigate anyone.
2. At least you were able to get rid of the naturopath situation quickly.

3. The Board remains current and aware of changes needed in this area.
4. The Board is approachable and does good research

Staff Comments on Regulation & Legislation Strengths

Staff Activities

1. We have started to have our Executive Assistant trained to put together regulation packets. We obtained regulation on SB 1441 “substance abusers.”
2. The board has begun the process of updating its Disciplinary Guidelines and Uniform Standards and will hopefully be able to complete a few more regulations so that the board’s legislative information will be more current and precise.

General

1. We uphold legislation with strong enforcement and other Board functions.
2. There is a book on hand to answer incoming calls on laws relating to the practice.
3. People who directly work with regulation and legislation are informed are on top of it.

Consumer information

1. Web site information is clearly understandable and explained
2. The availability of the California Code of Regulations & Business & Profession code (B&P).

Board Member Comments on Regulation & Legislation Strengths

Legislation that Affects the OMBC

1. I think the Executive Director is doing a good job of letting us know about bills that are coming up that affect the Board.
2. When the legislation goes to pass a law, often times Board members are left out, we should not be.
3. The Osteopathic Physicians & Surgeons of California (OPSC) is very involved politically in the state; they provide the Board a lot of information regarding legislation that impacts the profession. It is good example how having those relationships with professional organizations can be beneficial.
4. The CME is not aligned with the OMBC renewal cycle; should be reviewed.

Board Staff

1. The Executive Director and her staff have been very good about facilitating meeting with legislators and regulators.
2. Our staff was outstanding at managing the Sunset process.
3. Staff has kept us up to date on state issues - they educate the Board. We always know what is going on.
4. I feel that the staff has really improved at providing details at Board meetings because the Board members made it a big issue that we felt that we were very satellite. OPSC is very lean on their information they provide.

Stakeholder Comments on Regulation & Legislation Weaknesses

Legal and Legislative Staff

1. Availability of assigned legal staff / ever-changing personnel of legal staff.
2. The Board does not have adequate staffing.

Licensing / Renewal Frequency

Unwilling to change OMBC 2 year cycle to a 3 year cycle so as to be in sync with the AOA CME 3 year cycle

Stakeholder Awareness

1. There is no communication from the board to the practitioners. I have no idea what the regulatory and legislative processes are, what the regulations are, how to improve my practice or how to improve my adherence to regulations. I get no updates regarding pending legislation or if changes are made. If I was in charge, that is one of the first things I would do - improve communication (well I guess I mean to say, start communication) with the practitioners.
2. Do not see from the Board any legislative work. It might be behind the scenes and not publically known.
3. I don't know or hear of their actions regarding legislation.
4. Does not seem to have a strong working relationship with enough legislative offices.
5. I am not sure, but more information disseminated about current conditions for all licensed physicians, as well as any imminent problems affected licensure for DOs would be helpful. Perhaps an online update on a quarterly basis would help.

Staff Comments on Regulation & Legislation Weaknesses

Regulation Review and Changes

1. The Board should review regulation such as cite and fine – there is a lot that we cannot cite and fine for.
2. Need change to increase fees.

Technology

The DCA Office of Information Services (OIS) does not get the changes into BreZE quickly – there is always a delay to get new leg into system.

Staff Training Needs

OJT on www.leginfo.ca.gov use for tracking/training in house - until we can get a leg analyst, staff needs to sign up for the auto alerts from that website.

Tracking Legislation

1. The Board does not have an in-house regulation/legislation analyst (2). The Board needs to hire this role in order to better track legislation that affects the Board.
2. Tracking legislation is impossible without an analyst on staff to do so.

3. The Board's inability to hire additional staff the task of legislative tracking will eventually be placed on the plate of the executive/administrative analyst in addition to other duties as required so that the board has the most current information possible in the event regulations need to be completed.
4. We do have a DCA assigned analyst who acts as a legislation/regulation analyst, but they (DCA) keeps changing the analyst – there is no continuity. Last year the Board had three different analysts assigned. They do not give us the reports we need.
5. OMBC does not get good specifics on Medical Board related affect legislation. The Medical Board gets information we don't. We need to monitor these more often.
6. We need to know what bills affect our Board and improve communication with the DCA liaison. Find out what the DCA pro rata service really provides and collaborate and make sure OMBC is doing all it can.

Board Member Comments on Regulation & Legislation Weaknesses

Board meetings

1. I would like to have more time to discuss legislation and regulation that affects the Board; there is little time during the board meetings.
2. When we are presented with legislation the presentation information is not detailed.
3. I would like to see a lot more information about legislation coming down line to determine our feelings on it and if we are supporting or not.

Board Position & Potential Focus

1. The Board should have perhaps a committee or group focused on legislation and regulation.
2. There is room for fine tuning – telemedicine for instance.
3. Interstate licensing – have not heard much about this.
4. There are increased duties due to items like medical marijuana – this will be a complicated matter that we will need to have more thought on.

Stakeholder Comments on Board Administration Strengths

Customer Service

1. The Board is mainly concerned about the needs of consumers.
2. My scant interactions with the Board have been very positive.
3. When I do get to talk to someone, they are helpful.
4. The one and only time I needed Board input and advise I was impressed in how helpful and concerned the people there were regarding my issue.
5. I thought the people who processed my application did it quickly and professionally.
6. There has been some improvement recently in the board's responsiveness to licensees.
7. Staff always responds to complaints both for patient and for physicians.

Hard Working Staff

1. The administrative staff is working to capacity as a result of the limited budget.
2. Good staff that does a good job

3. They have shown resiliency and determination in policing physicians that are not practicing quality medical practice.
4. All physicians are kept up to date on any important information.

Staff Comments on Board Administration Strengths

Consumer Focused

1. Good customer service (2)
2. Able to get answers from coworkers and supervisors.
3. Quick response to customers and within the Board.
4. We do get letters regarding good customer service.
5. Emails are being answered and distributed quickly.

Organizational Culture

1. The Executive Director is accessible to staff.
2. Board members communicate well with the staff. The board members are very effective.
3. Staff works well together.
4. People who care about what they are doing.

Proactive Administration

1. We recently did licensing process map.
2. Good administration by board and boss.
3. Work is processed in timely fashion.

Board Member Comments on Board Administration Strengths

Customer Service

1. I hear minimum complaints regarding customer service.
2. My interactions with staff have always been good.
3. I have talked to some physicians and they do not have issues with the Board.
4. Staff is very responsive.
5. The Executive Assistant is usually the person at the meetings and is phenomenal – handles travel arrangements and other details.

Responsiveness

1. Nothing gets by us, which is great.
2. They're just extremely professional and timely in their responses.

Leadership & Transparency

1. The best thing is that the Executive Director gets it – she understands the importance of transparency.
2. They are under sourced in people and they do a fantastic job with what they have.
3. The current Executive Director has made us a thoroughly transparent organization.
4. There is good leadership within the staff and they work very hard.

5. The Board needs the Executive Director be strong and show leadership and most important keep us apprised of urgent issues. The Executive Director is running the Board well.
6. I am pleased with the current Executive Director who came in under the major shadow of the prior Executive Director. She works very well with the board members. She is the one who hires the staff.
7. The Board administration is very effective and the Executive Director and staff are very responsive.

Stakeholder Comments on Board Administration Weaknesses

Customer Service

1. Difficult to talk to a person when I have a question or concern.
2. You can't be reached.
3. Staff could still be nicer to licensees, I think.
4. I am sure you could use more staff and be even better
5. As a licensee, it is very difficult for me to actually talk with someone and get questions answered
6. The Board is not responsive to the needs of its licensees.
7. Need to update from paper license. Poor email response (and no phone response) from technician assigned to my last name.
8. I feel like the board employees are over worked and are difficult to get ahold of. They are unpleasant to interact with and rarely do they offer good insight.
9. There is no online board certification renewal process. This makes the renewal process very cumbersome, and slow. Compare this with our Allopathic counterparts, who have online license renewal available and their proof of CME credits is very simplistic.
10. The allopathic California Medical Board waives 50 hours to license holders for passing an advanced specialty board exam. I'm in private practice with several allopathic physicians and I cannot believe how much more difficult my license renewal process and CME reporting process is compared to theirs. In order to be treated as equals we should be held to the same standards as our allopathic counterparts.

Timeliness of Service

1. Limited budget dollars
2. Not big enough staff to move at the speed needed.

Staff Comments on Board Administration Weaknesses

Office Communication & Staff Development

1. Infrequent formal weekly meetings.
2. We need to develop OJT to create consistency.
3. Staff does not receive training.
4. IDPs are not provided to staff members.
5. The board staff and management are in need of improved communication and information sharing.
6. Not enough staff to perform file maintenance.

7. Need funds for investigation

Logistics

We are physically out of space in the office.

Customer Service

1. The lack of the ability to reach someone in office is a weakness. The phone tree is poor. If a caller hits zero they often can't reach anyone. The queue only holds 20. Some people can't leave a message.
2. We have some analysts that focus on answering phones and still getting their work done, while others will not answer phones.

Board Member Comments on Board Administration Weaknesses

Individual Development

It would be helpful to have more of structure of how we are to keep track of the staff's performance.

Staffing

1. Have someone on staff who can be more involved with the BreEZe program.
2. Plan of action for staff – so we can recognize the people for the work.
3. We do hear from the meetings that the board is understaffed. It would be a good idea to hire an additional enforcement staff.
4. I think the Board staff is short one person.
5. Need the proper IT person to help the board with BreEZe.

Customer Service

I hear that people have trouble getting through on the phones.

Collaboration with the Staff and DCA

1. I would like to see more Board interactions with the staff. I want the staff members come to Board meetings and introduce them and explain what they do. Board members should come into the office and spend the day with staff. We can have a better understanding of the work each other does.
 2. I wish DCA did a much better job of explaining all the different training that Board members are required to attend — vehicle, ethics, Board Member Orientation, etc.
-

Appendix C

Major Trends and Changes

This appendix contains the qualitative data relating to trends affecting the Board collected during the survey, focus group and interviews.

There are many factors that may impact the future direction of the osteopathic medical profession. These trends and/or changes could be opportunities the Board may want to capitalize on or threats that the Board may want to try to mitigate.

External stakeholders, OMBC members and Board staff were asked to list potential changes or trends outside of the OMBC that they felt could impact the profession and the OMBC's regulatory role. The following pages are categorized by common concerns.

Educational Standards / Continuing Education:

- **Residency** - Limited residency positions available to osteopathic students and residencies are often with allopathic programs.
- **CME** – Licensee concerns with alignment with AOA, and flexibility in CME requirements. Many licensees finding it difficult to obtain 1A credits
- **Quality of education** –Evaluate the quality of education being offered by California based osteopathic schools
- **ACGME accreditation** - Concerns over how this affects osteopathic doctors, residencies, fellowships, etc.

National / State - trends of medical governing boards:

- **Maintenance of Licensure (MOL) / Maintenance of Certification (MOC)** - initiatives currently in development by the Federation of State Medical Boards (FSMB)
- **Universal licensing**
 - Doctors from other states want to practice in California.
 - Federation of State Medical Boards (FSMB) – Request to do application process, and develop national license.

Technology:

- **Electronic medical records (EMR)** – creating additional work for physicians
- **Email, instant messaging and text messaging** – Physicians are using new technologies to provide care, opening up the door to overuse.
- **Telemedicine** – A growing practice of evaluating patients remotely. May be across state borders. Virtual diagnosis and treatment ; Skype appointments

- **Social media**
- **Obtaining CME credits on Web sites**
- **C.U.R.E.S. database**

Professional Practices or Techniques:

- **Overprescribing** of painkillers and opiates
- **Med spas** – Cosmetics, Botox, etc.
- **Infection control**
- **International Classification of Diseases, release 11 (ICD11)** – the next series of codes
- **Intrusion of practice** – Pharmacists questioning doctor's basis for treatment
- **Scope of practice** - Increase of nurse practitioners (and physician assistants) performing nearly all primary functions under loose or no guidance of the physician.
- **Managed care** – Physicians are moving more and more to HMOs due to economics
- **Treatment of minors** – Confidentiality and parental notification

Laws & Regulations:

- **Cannabis (Medical Marijuana)**
 - AB 266 - Determine impact on Board regarding how it will affect:
 - The practice of osteopathic medicine (prescriptions, etc.)
 - D.O.s who are prescribed cannabis for their own ailments
- **D.O. education on cannabis** - how it ties into the prescription of narcotics and how the drugs interact.
- **AB 159** - Investigational drugs
- **Cross-state licensing**
- **Transgender**
 - **Licensees** - application would need to be modified.
 - **Patient rights** – notification of transgender doctor status.
- **Prison medical care**
- **The End of Life Option Act** - Right to die legislation

Other:

- **Future D.O.s**
 - Need to address a trend on the number of osteopathic doctors coming on board
 - Possible shortage– due to increased retiring doctors
- **Continued bias** against osteopathic profession
 - Hospitals
 - Medical colleges
- **Independence of profession**
 - Some D.O.s suggest a merge with MBC

Appendix D

Data Collection Method

Information for this survey was gathered by surveying external stakeholders, Board members and Board staff using the following methods:

- ◆ Interviews conducted with eight members of the Board, the Executive Director, the Assistant Executive Director and the staff medical advisor completed during the month of September 2015 to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.
- ◆ One focus group with Board staff on September 3, 2015 to identify the strengths and weaknesses of the Board from an internal perspective. Seven Board staff participated.
- ◆ An online survey sent to 3,899 randomly selected external Board stakeholders in September 2015 to identify the strengths and weaknesses of the Board from an external perspective. 236 stakeholders completed the survey. The below table shows how stakeholders identified themselves in the online survey.

Stakeholders Survey Breakdown	Number	% of Total
Professional licensee	227	96.1
Professional association	2	0.9
Consumer/member of the public	1	0.4
Board staff member	3	1.3
Other	3	1.3
TOTAL:	236	

Appendix E

Survey Data Reliability

Based on 236 external stakeholders who responded to the electronic survey, we can be 95% confident their opinions represent all stakeholders of the OMBC California plus or minus six percent. For example, 92% of stakeholders rated the Board’s overall licensure effectiveness as effective or very effective. Based on our response rate, we can be 95% confident between 85% and 99% of stakeholders would rate the Board’s effectiveness the same way.²

To help improve data integrity, the online survey did not provide a neutral option when asking about overall effectiveness. Instead, stakeholders completing the survey chose between a positive choice (very effective or effective) and a negative choice (poor or very poor). This allows the Board to better understand whether stakeholders have a positive or negative view of the Board in various areas.

Notes

² Source: University of Connecticut sample size calculator www.gifted.uconn.edu/siegle/research/samples/samplecalculator.htm



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