**Oregon Medical October 2012 Public Quarterly Meeting**

**Senator Bates and Steiner-Hayward Presentation**

**Bill Williamson, MD (Chairman of Oregon Medical Board)**- Good afternoon and I’d like to welcome everyone back to their seats and especially welcome Sen. Bates and SH. We are really excited to have you with us today. We are formally reconvened in public session for the OMB full board meeting. I want to say we’re glad to have you with us. **I recognize we have an important relationship with the legislature.** The OMB and this group in particular are proud to maintain our primary vision and our mission to protect the safety of Oregonians, but at the same time we want to communicate to you that we have a powerful theme that we explore every opportunity for remediation. We like to view our role as first and foremost the safety and well being of Oregonians, but also finding every opportunity to bring physicians back to safe and meaningful practice and to help them to do that and to support. We are trying to reach the community with the theme of a positive nature in that regard. **We are very interested in what you have to say and try to establish a strong relationship with you and the rest of the legislature in transparency and partnership** as we move forward with these themes in mind. Thank you for joining us today.

**State Senator Alan Bates, DO**- Thank you for having us.

**State Senator Elizabeth Steiner-Hayward, MD** – Thank you for inviting us. Ya know it’s interesting to be here in this new role. I have had the opportunity to interact with several of you in other contexts and it’s a change for me to be here in this role as a legislature. Dr. Williamson you did a good job of reminding us of what the mission is of the board. I had it pulled up here, oh here we go and I think that remembering that mission and the part about promoting access to quality care is really important as part of our conversation today. We’re here today as both legislatures and physicians because we have been hearing more noise than we expect, which is to say if you start to hear a few isolated grumbles that’s one thing, but when you’re starting to see a pattern then one becomes concerned and the pattern that we’re seeing and that we’re hearing is more of a board that may well have the intentions that you describe, and I hope that is the intention of the board, but in some cases, and it’s hard to put a number on it, are acting in ways that aren’t congruent with Dr. Williamson’s description; which is to say we are seeing situations where process is not transparent at all um, we have been hearing concerns about investigators who don’t disclose who they are or when they are having conversations do not warn physicians and their staff members that what they are saying can be used as part of the investigation prior to having the conversation. Um, we’re hearing about physicians who basically are being told by counsel, go in, nod your head, say yes sir, yes ma’am and don’t deny anything because otherwise you’ll be seen as arrogant. Um, we’re seeing physicians who have had one bad outcome and it has been turned into something that ruins their careers. Um, and obviously there are lots and lots of investigations that happen annually and as I said we don’t have a numerator or denominator here, so I can’t tell you a percentage, but our real concern at this point, our real concerns are the following; first, that their seems to be a sense of arbitrariness and inconsistency, so some physicians that are investigated for certain kinds of problems get one kind of approach and others get something entirely different; the second is that contrary to what Dr. Williamson said, which is what we would all hope, which is the opportunity to rehabilitate or reeducate anybody can do, um, is instead being much more of a punitive approach, um and there is a presumption of guilt rather than innocence and that finally that there’s a lot of lack of transparency about the process. Nobody really knows what to expect or when to expect it. And the concern that we have as legislatures is at a time when we already have a workforce shortage in this state, and it’s only going to get worse, um with healthcare transformation and expansion of the number of people with health insurance, we’re creating a climate in which there is fear among physicians, in which our State (Oregon)is getting a reputation and I certainly have been hearing this from my colleagues around the State that this is not a comfortable place to practice, that the relationship with the Board (OMB), is a dangerous one, um and I use that word carefully, that’s not a word I use lightly. And finally that people are afraid to bring to the Boards attention real concerns because they think that the physician will be treated in such a way that won’t allow for rehabilitation, the reentry into a safe practice, but will rather force that person out and cause really significant psychological and economic distress to people. So we’re very concerned, um about that and we do want to have a productive, transparent, collaborative relationship both between the legislature and the board, and between the board and physicians, physician assistants and podiatrists in the State because, and acupuncturists which the board obviously covers, um because this should be about corroboration, this should be about a culture of creating patient safety. And just as we are looking to reform our medical liability system in ways that promote transparency, promote early disclosure, promote system change, prevent future errors, that’s exactly what we would be hoping for from the relationship between the medical community and the board, and that’s not what we’re hearing now so we appreciate the opportunity to come talk to you and start to figure out how we move forward. Dr. Bates is going to say a few things and then we are going to be eager to have some conversation with you.

**Senator Alan Bates, DO** - First of all thanks for having us here today and taking your time to meet with us. I’m not going to offer much more than what Elizabeth has said, but I’m going to add a few things to it, um, first and foremost I’m here as a Senator not as a physician and I never want to be here as a physician let’s make that clear, okay. So, two hats, two different worlds, they often collide. Um, and we are looking forward to having a dialogue today, really want to start dialogue and hear both sides of the story and get a clearer understanding of how the board is functioning and what’s happening. Um, I’ve had complaints about the board for 15 to 20 years and maybe longer than that. I check into those things and especially the last 12 years since I been a, well I was a Medical Director for awhile I’d look into them and as a representative Senator I‘d look into them and I found the vast majority of them quite frankly to be unfounded, these were disgruntled physicians who felt the board had treated them unfairly and I disagreed that the board was spot on. The last 3 or 4 years I started getting complaints, and more complaints than normal, and I started checking into them, most of them were founded, but a couple of them I kinda scratched my head about, I couldn’t quite understand it and usually I got them from physicians in my immediate area, but lately I’ve been getting them from physicians across the State that, ya know areas I never go to or know much about and that makes it a little more difficult. Um, and admittedly most of my “inaudible” are profounded and I think you’re doing the right thing, but there seems to be more and more cases where I kinda scratch my head, quite, not quite understanding what the board’s position was or how you approached the problem or how you dealt with the problem and I think it kinda dated back to one particular episode in which a surgeon in this State was sorta working under the radar because we couldn’t see his medical malpractice issues because he was in at that time working for organizations that did not have to report malpractice to the board because they were self insured. We changed the law and that fixed it. I think Kathleen {Haley} remembers that little battle we had together. I think we did the right thing Kathy and I hope you agree. But after that happened things seemed to be start changing, I think the Board became very, very concerned and some of you may not have been here at that time, I’m not sure what the Board turnover has been like, but it was something that kind of bounced back to the Board like it was the Boards fault for letting the surgeon go on and on and on and when he went to Australia it was immediately uncovered, censored and had his license stripped. Um, but you had no way of knowing this, that problems been fixed, but I just sense that since that time there’s been this different kind of feeling that we really have to be strict and careful and we have to get everybody. Um, and what I hear is that when physicians come before you, it’s sort of a, your guilty until proven innocent, you’ll listen to what we tell you to do, it’s not open, there’s no respect, um, there’s not an opportunity to explain what’s going on and most importantly for these cases I’m most concerned about, instead of saying ya know,I didn’t know that was an issue, but I understand it now and ,um, I’ll make those changes. And I’ll give you an example, that way I can be clearer if I could. Um, I just came back from five days of seeing medical education and the theme of it in this huge, 5000 physicians there, was about opiates. An incredible amount of opiates being written and the low control on it, and people actually going to jail for this. And, they laid out about three things you should always do if, when you see an opiate patient, which would probably take you 45 minutes per patient and should do it every three months or initially every week when you’re first seeing them, ya know, um, doing a check to make sure they’re not getting anything anywhere else through your electronic system, um, having a contract, um, there’s a check off list of ten things that you should look for in each of these patients in complete; daily function, pain levels, all these things have to be written down and documented in the chart. And I would ask, or I would guess that if you went out and talked to physicians who had maybe 10 to 15 of these patients in their practices who don’t have cancer and aren’t over 65 and ask them are you doing all three of these things, they’d say I didn’t know I had to do all three, I got a pain contract, I occasionally check the prescription monitoring program, but I don’t do the ten check offs. And they don’t know that and they can be brought in and censored by this board for not doing that and they were unaware of that. Um, and I don’t think it’s wrong for bringing them in, but to educate them and say you’ve got to make a change and then we’re going to check to make sure that change has happened, that’s perfectly correct, but, but threatening their license, fining them, is a different problem, um, for things that they really weren’t I think, um were negligent about, it was a lack of understanding and knowledge of a small part of their practice. And, so, people have gone through those kind of processes with you and it always hasn’t been the best they could ever hope for, um instead of an educational process, a process that allowed them to go back to their practice and improve with what they are doing with patient’s, it was looked at as punitive and, um, the kind of thing they think about, I think I’m going to leave this State, I’m going to get this behind me, I think I’m going to leave this State. I don’t want to go through this with the Board again. And they talk to their friends in other states and ask them how it’s handled there and sometimes it’s the same and sometimes it’s different, but of course it’s a very anecdotal. Um, I want to give you a couple of other pieces real quick too, um, we are seeing more and more difficulty with Boards, nonmedical Boards, over the same issues, so don’t feel like you’re alone here. I’m dealing with another board right now that came to me because of the same type of issues in a completely different field, I mean it’s a contracting board for landscapers. You might, who the heck are they, but they are actually a force okay and it’s very serious for these people because they can lose their ability to have a certification license and lose their jobs. So there are several boards having trouble that we’ve talked to the Governor’s office or I’ve talked to the Governor’s office about this. We’re doing a review of the Boards and Committees, we have so many Boards and Commissions in this State that we can’t even keep track, that we don’t even have a central documentation of how many there are, so we’ve got Board issues okay, and we’re going to deal with them Board by Board by Board. What we’d like to see is the Boards move more in the direction of patient safety or public safety first, education of people doing the work second, but very close to number one and punitive action number three. And that’s, that’s what I think this dialogues going to, hopefully be about today. I really don’t want to be here. I have better places to be right now than to sit in front of the Board that regulates me, as a State Senator talking to you, trust me I don’t want to be here today, but the complaint levels have risen to a level of certain physicians that makes me concerned to the point that I want to come have a conversation with you and the best way to do it is to have an open dialogue. We have a responsibility for this Board as Senators, um, along with the rest of the Senate, the House, and Governor, um and if it was the Landscaper’s Board, as an example, I sat in front of them the same way, had a discussion and there’s another Board I am going to have to do the same with, we have a problem with the Nursing Board a couple of years ago, so this is not unique to this Board, but as State Senators we would like to have an opportunity to have this dialogue, have a chance to talk back and forth, not interrupt what you’re doing for public safety, but ask you to start thinking about a little tiny bit differently from the point of education and maybe a little more discretion in dealing with some of these physicians, and that’s what I think the key word is for me and that’s discretion. That’s the same word we’ve used for the other Boards. Ya know, um I’ll give you an example again, I like examples cause they make things concrete for me. And one of the Boards I’m looking at, if you have a business card and the phone numbers wrong on the business card for the Board and the board changed their phone number a year ago and didn’t notify everybody, if they come out to the work sight, they look at you and ask for your business card and see that the old number from a year ago, you get fined $500. That’s lack of discretion okay. Um, and they keep the fines that help support their program which is another issue. So I try to give you some examples that may make sense to you, um I’m hoping we can have a conversation here and I’m hoping we can move to a Board that, um, protects the public, educates physicians, but uses some discretion. That’s what I would ask.

**Bill Williamson, MD**- Great comments and thank you. I know we’re going to have a lot of Board members that are going to want to talk about this and um, I want to give some opportunity for this conversation which is extraordinarily valuable. First say thank you and um, I can think of a lot of things I’d like to say, and I’ll keep the comment short. I was going to say that I might talk about our personnel experience and why I’m here and some of the things I heard from my colleagues as a colleague of yours as a physician when I decided to join the Medical Board and the first thing I heard from another of the other clinicians, is why do you want to become a bad guy. And the answer is I don’t. Um, one of the things that keeps me coming to work each day when it relates to the Medical Board is the notion that I can turn this work into a positive experience for our community. And one of the themes I’d like to drive as the Chair, a role I have taken on for the last few months, is to work tirelessly to create a positive theme and that is with remediation and helping physicians when it’s possible. And this is a difficult double hat to wear, a dual role. At the same token we do place a higher priority on protecting people and saving lives. We’ve seen some egregious cases no doubt, where unfortunately a well intentioned practitioner, and sometimes not so well intentioned, have led to the death of several people. And we’ve seen egregious cases that affect us in a deep and emotional way. We try to take emotional aspects out of it in making determinations, but at the same time we have an intense desire to try to help our colleagues when there’s a chance to help them and to have them back into productive practice, for a variety of reasons, one of the most important of course is preserving the all important access to care in an ailing health care environment in Oregon in particular and one of the most important themes in a healthcare reform model is no doubt making sure that we have a powerful and well trained work force to deliver the care we need for Oregonians. We want to create a positive theme, we want to, to break free of the shackle of the concept that we might be a Gestapo organization. And this theme of transparency is one that has also been one that has been somewhat duplicitous, we know it’s very important to be transparent, but when we refer back to our Board bulletin, it’s almost like an obituary of physicians and one of the most important things we hear back from our clinicians and colleagues in the community is the sordid idea that when the Board bulletin is mailed out to them, the first thing they do is go back and look and see who they know that’s on the list of people who’ve been in trouble. That’s not the kind of theme we like to see nor is that the kind of message we want to send to our community. We want to send a message to the community that we found ways to help people, **and if I have to say anything that may have changed in the last few years in my more recent experience with the Oregon Medical Board is that our ability to support physicians has been curtailed due to resources.** The loss of the PEER program that was sponsored by the Oregon Medical Association is one of the biggest examples. We would turn to that as an opportunity to help bring clinicians back into safe practice, training and fixing specific problems that we know can be made better and safer for delivery of care. Without that we’ve had to turn to outside evaluations and come up with our own method every meeting for physicians it becoming more cumbersome to do that and more costly for physicians to do that. That’s something we hate. We’ve been spending a lot of resource trying to come up with an alternate method to help physicians get back into practice without asking them to leave the State for an evaluation or ask for a mentor that’s out of state to come at an expensive price to help them through major issues. I think your right on target with regard to where we want to be with the theme of a positive relationship with our community protecting patients and Oregonians in general, but keeping our practitioners active and practicing. We have approached every case with that theme in mind. And I also have to say that I cannot sleep at night unless I felt like I had been extraordinarily diligent in looking at every case detail. We never want to rush through a specific complaint or a judgment about an individual practitioner because I place myself in their shoes. What is it like to sit where you’re sitting? It’s awful. This is one of the worst experiences that a physician can ever go through. I’m very sensitive to that and I think that one of the things that makes me feel more positive about doing this job is that I feel like I have the capacity to hopefully change that a little bit. And when you talk about and you’re describing some of the issues that you’d like to go after, I think one really is respect. We want to build respect in the process of interviewing our physicians and be mindful of the stress they’re going through and not take a punitive approach, but rather a constructive approach. And that’s a theme we’ve been fighting to get to and I think we’ve been making some progress in that direction. We want to embrace this and I think the best and when you have complaints we want to respond to them and make things better. We really cannot improve as an organization without having that kind of feedback. And we need to have a direct mechanism to address those things and hear it so we know what we need to work on and bye God we’ll do it and we have the capacity to do it and we’re interested in doing it. I’d like to ask Mr. Kopetski to make some comments. Is this a good time for you to talk?

**Mr. John Kopetski (Public Member of the Oregon Medical Board)** – Sen. Bates, Sen. Hayward, thank you very much for coming. I’d like to say as a public member I’ve been on this Board since 2010. Um, before that I was in charge, I was the chairman involved in a task force that helped in a recycling bill that came about in 2011 I believe. And before that I was also chairman of the Oregon Government and Standards Commission which is now the called the Ethics Commission. So I’ve had an amount of experience dealing, sitting on Boards and stuff and I want to say that of all the Boards I’ve ever been on from Community colleges to Juvenile health services and stuff this is the most working, hard working Board I’ve ever seen. These people here are dedicated to everything that they do, and the two day meeting that we’ve had here is not hours of preparation, it is days for people sitting at this table and it’s months preparation for the people that are sitting back there and they do a tremendous job. The time that I’ve been on here the, I’ve never seen an organization that is so dedicated, for one it’s protecting the public that this Board does; two is to help in getting physicians who are impaired back into practice. They do everything they can to, um, insure to, to from retraining to ah, whatever help is needed to get these people back into practice and that’s a big priority here. The number one priority of course is patient safety, safety of Oregonians. And, um, even the decisions we make every case that is being reviewed, I sit on the ADC committee and Investigative Committee as well, every one of those cases is due diligently reviewed and it doesn’t matter if it’s 8 o’clock in the morning when everybody is fresh or 6:30 at night when everybody is really tired. Everybody, all those cases are “inaudible” and I wanna say that there is a consistency in what, um, what happens in these cases. There isn’t personal prejudice when it comes to the handling of these cases. It is on the facts, what has happened and what needs to be done. And the other thing that is also, is that we understand that in some parts of the State when a decision is made to maybe take a physician out of practice we look at the effects of what that’s gonna be on the community, so that’s an important part of that, we do everything we can to keep those people on, back in practice if we can so.

**Bill Williamson, MD** – Dr. Girard

**Donald Girard, MD (Oregon Medical Board member)**- So Senators I’m Don Girard, I, I just, I, I, I, I, I really need to make this comment please bear with me. Um, I, I, I’m astounded by what you said. Um, and let me try to give you a little background. I, I spent my whole career at OHSU, I’m a General Internist, Elizabeth {Senator Steiner-Hayward} knows that. I spent my last 20 years as the, um, Associate Dean for Medical Education and the rest of my career working with Residents primarily, but not exclusively, in Internal Medicine. My entire career there has been spent, in my opinion, interested and committed to physician wellness. In my opinion, physicians do not typically either get well or stay well and a decade ago we started a wellness program at the school to try to help doctors do both. And we, I think have succeeded. I came on this Board reluctant because of, I spent almost 10 years in the Supervisory Council of the Health Professionals Program and I reported as the chair of that body to this Board every 3 months. And it was with trepidation and with propranolol [a medicine used for anxiety symptoms] on board that I shared our findings with this Board. I want, I came on this Board with the same concern and I came because I thought just as Dr. Williamson has said that we have to be respected, we have to be, um, we have to be part of a solution rather than a problem. And that’s the way I have spent my entire career at OHSU with remediation, with helping with the goal of physician success. And that was my attitude on this Board, I will tell you in my 4 ½ years here now it’s been exactly that case. I, I just, I’m stunned by your comments, but please just one more of my, um, I have found around this room individuals who are bright, informed and committed. Certainly to the safety of patients, to our public, but also to rehabilitation, the successful replacement of our health professional back into practice. I cannot, I, I’ve been so happily, this experience has been so positive for me as a good, positive theme. I, I can’t begin to describe it, so, so what, what you’re bringing forward, I, I’m not going to challenge you with for where the information came from, but it’s stunning to me, I mean just stunning, because it is not at, at any level been my experience.

**Bill Williamson, MD**- I’m going to get would you like to make a comment? Ah, ah we’re setting the stage for conversation and segregating a barrage from us.

**Senator Alan Bates, DO**- No that’s okay. I, I didn’t want to just pick up. I’m actually trying to take notes cause what I like to do in these situations is, you have a dialogue, you walk out you go, did you remember anything that was said? No, where we going next, I don’t know. Um, um, Dr. Williamson you mentioned a PEER, normally had a PEER what?

**Bill Williamson, MD**- It’s called a PEER program. This is a program set up…

**Senator Alan Bates, DO**- A PEER program?

**Bill Williamson, MD**-That’s right, a program that was and, and you can hear more about that later off line, but a program that was set to allow physicians to address, or have help with specific problems that allow them to get back into meaningful and safe practice often times involving a mentor after an initial evaluation. We don’t have that structure anymore. We’d like to be able to sponsor something like that at the level of the Medical Board, but we don’t have the resource to do that, so instead we’re asking physicians to go off to other evaluations with specific plans for remediation and to come back from those evaluations and then it’s up to us to help that clinician find resources to do it and it’s expensive and sometimes not obtainable. That’s, that’s a fundamentally bad issue that needs some help.

**Senator Elizabeth Steiner-Hayward, MD**- I just want to know one thing about that, was that the one that went away in 2009, as the result of the, there was a film that went through the legislature in 2009 I think. It was before my time on the legislature. There was something that happened then about a change in how we approached these things.

**Gwen Dayton (Oregon Medical Association Legal Council)** -Hi I’m Gwen Dayton with the Oregon Medical Association [legal counsel]. **The PEER program went away a couple of years ago in large part because the Medical Board was not referring people to it and it was not sustainable in its current form.** We look forward to working with you and putting together, in fact we’re actively working on a new physician wellness program, but it needs to be, ah, built on a more sustainable model because we weren’t getting referrals from the Board, um, that allowed it to continue.

**Donald Girard, MD**-Certainly I think that’s ah, ah point of contention. I, I from my experience don’t agree with that.

**Bill Williamson, MD**- well we… need to… [can't make out the last few words secondary to competing voices]

**Senator Alan Bates, DO**-But I want a little more clarity on that, is that, was, was the PEER program for, uh, impaired physicians or was it…

**Bill Williamson, MD**- Physician Education and Evaluation Remediation program is what the acronym stands for so it’s not an impaired physicians necessarily, it might be a physician with a clinical shortcoming.

**Senator Alan Bates, DO**- Right.

**Bill Williamson, MD**- But it’s an opportunity among many I think to help improve our process in bringing physicians back into safe practice and we could have a long conversation about the reasons we need to get that going.

**Senator Bates** - I see this as two different things, I wanna make sure I’m clear on this. We have impaired physicians who, I should also give you a little more background I suppose, I spent four years as Chief of Medicine at Rogue Valley and Providence Hospitals where, where I practiced; trust me, we’ve had, I’ve had three phone calls from local bars so I okay I know what happens, I’m not completely naive. So an impaired physician to me is someone who has an emotional, medical or drug problem. The people I’m really talking about are what they are doing in their practice and are not significantly impaired in any way. Um, I think we all have personality disorders or we wouldn’t be doctors, that’s just me okay, but what I’m really getting to here, trying to, is physicians who apparently are not impaired in any way, but whom need more education about their practice, and I’ll go again to opiates, if you didn’t know you’re supposed to do three things every time you see an impaired patient and documenting it. Yak know, that kind of stuff is something that’s educational, is that what PEER groups might be doing, something that nature.

**Bill Williamson, MD** –Yes

**Senator Alan Bates, DO**- Okay, thank you.

**Senator Elizabeth Steiner-Hayward, MD**- Can I just add…

**Bill Williamson, MD**- Yes, please.

**Senator Elizabeth Steiner-Hayward, MD** - I just want to be clear about something, um, Dr. Girard, I mentioned in my comments, we don’t have a numerator and a denominator here, so what we are presenting is anecdotal evidence, and we understand that these are not hard data that will tell us a complete picture, but as I said at the beginning of my comments, the level of background noise has increased to the point where it has come to the attention of Senator Bates and myself and that’s why we wanted to have this conversation. And there is no doubt in our minds that we want to recruit, that we want to have bad doctors practicing in our State. We are completely committed to that and I also believe you and Dr. Williamson and Mr. Kopetski when you say you have seen this Board function very, very well and with the right intentions. I think our biggest concern, and one of the reasons we’re really trying to have this conversation, is obviously we don’t want, when we talk about discretion we talk about it in two ways, right, we want to respect people’s privacy, that kind of discretion, but we also, ya know we don’t want to have mandatory minimum sentencing, right, in the medical community the way we have in the courts. And we want to be sure that individuals are treated as individuals and, and are helped and treated in the most appropriate ways. So that, those two kinds of discretion are very important, but in combination with the transparency and the consistency of process. The transparency about the process, the transparency about what’s happening and when, and a transparency of how decisions are being made so that people know what to expect. And that’s also been a reoccurring theme. I believe the intentions of the members of this Board are very, very good and are exactly as you’ve, the three of you have described. I think Dr. Bates would, Senator Bates would, whatever role we’re here in, um, my buddy Alan over here, um, we’ve worked here a long time, long before I was a legislature, and I believe the intentions are exactly as you described them. The question is, are those intentions being followed consistently, and are they, the interactions that investigators, staff members, um, you are not on the front lines every single day interacting with doctors against, about whom complaints have been filed, and I am not hear at all, I’m just talking, I think we’re talking about culture, we’re talking about transparency, we’re talking consistency, those are the kinds of things we’re eager to have this conversation about.

**Bill Williamson, MD** - Let’s talks more about that, Dr. Yates.

**Ralph Yates, DO (OMB member)** - Good afternoon Senators, Doctors for being here. Just ah, I had a couple of comments. First, um, I’m a branch Medical Director at the Portland Medical Clinic and a full time Family Physician. I deal with physicians all day long. I sit in peer review. I council literally on a daily basis the people on your, the, the, the, colleagues coming up from below me. I’m also Chairman of the National Research Foundation for the American Diabetes Association, I’m finishing my fourth year there, and four time elected official of Mount Hood Community College, you may or may not know, now off that Board, um, for appropriate reasons I think. So I understand the political process and I understand what you’re hearing. So I just want to comment on a couple of things. First of all, number one, we are all colleagues. I’m, I’m impressed up, that fact is impressed upon me every IC meeting, every quarterly meeting. We listen to what one another have to say about these cases. And just so you know, a typical flash drive, when you sit on a um, um, um a monthly IC meeting, some months we have two meetings, we spend upwards of, well several dozen hours getting ready. A flash drive is typically 6000, 7000 pages, and we read those pages. Rehabilitation. When I first came on that, because, cause that came up first and foremost, one of your first and foremost comments, when I first came on the Board I thought I was put in charge of trying to come up with a process of increasing collaboration with HPP and we did. And, and we actually got that process moving and then of course it was taken away from us sadly, but we believe in rehabilitation and we want to see that process move forward. It is first and foremost contrary to what you’ve been told. So you pose this as a problem in the last three to four years and there’s something I think I should share with you because I’ve been on the Board before the last three to four years, there has been a change. Let me tell you what I think that change is. It’s this economy. We’re seeing cases of, of, of individuals coming before us doing things frankly, they should not do. Whether it’s getting into areas of aesthetic medicine, injections or procedures, much of this, a lot of it that I’ve seen is often driven by economics. Maybe taking care of patients they shouldn’t be taking care of, hanging on to people they shouldn’t hang on to, when they should have referred them earlier, getting themselves into situations that I think prior to this economic downturn probably was not happening. Or people coming back into practice that had previously been retired, because they’re feeling the economics of the situation. They’re not going to tell you this. We see it in the charts. Again, we’re clinicians. What I would propose to you is two things, let’s look at the data together. Everything you’re describing at this point is antidotal and as we, all of us know, that’s the worst possible data to go off. So let’s look at the data. The data’s there, let’s have the staff generate numbers for you and, and secondly, when you get a complaint, cause, because you’re public officials we can discuss the specifics of this complaint, up, right now you’ve been getting a one way conversation. You’re not being told much of what’s going on and what preceded this. And then lastly, I said two things, there’s three things, come to an IC for even an hour. Watch what we do. Listen to the deliberation, see for yourself the level of preparation of the people that are here to understand that we’re trying to do this in, in a fair and equitable way. And on that last comment about consistency, of course there’s inconsistency, because it’s going to depend on what the individual tells us. It’s going to depend on their sincerity, it’s going to depend on what preceded in terms of how many other cases they’ve had and so on, and I would also say a lot of this is driven by, has there been a fatality. In terms of some of these cases with ah, with overdoses, we’re seeing fatalities and not just one in the case of some of these individuals who come before us. So those would be my only comments. Let’s start a process of dialogue, but let’s base it around outcome data. Let’s look at the data together. And when you get specifics come to us so we can discuss them.

**Senator Elizabeth Steiner-Hayward, MD**- May I offer, I know Dr. Hoyt has been waiting for...

**Bill Williamson, MD** - Ya go ahead

**Senator Elizabeth Steiner-Hayward, MD** - May I offer a comment in response to Dr. Yates. I want to be very clear and I think it’s safe to say that I am speaking for both of u; we understand, I’ve said this three times, that this is antidotal and I appreciate your offer to look at data with us and I think we had every intention of taking you up on that offer. We’re not here to attack, and, and I’m starting to feel, perhaps inappropriately, perhaps I’m over reading, but I’m starting to feel a lot of defensiveness and that wasn’t our intention to induce that. Our intention was really to have an open conversation in a mutually constructive way. Um, Dr. Bates said, and I agree with him, that several of the complaints we’ve heard we think are unfounded. We think that the people are being whiney and petty and not owning up to their problems, but other times that’s not the case. And so we wouldn’t be here, I mean we’re doctors too, we believe in evidence and we’re thoughtful careful people who care deeply about the health of our State. So I guess I just want to be clear with you that , we wouldn’t be wasting your time or ours if we didn’t think there was a reason, enough reason to have a conversation, enough complaints that we heard that made us worried. And the kind of inconsistency you talk about is exactly what we’re talking about when we talk about discretion, that’s great. We appreciate that. That’s not inconsistency, that’s tailoring the response to the situation, that’s exactly what we think should be happening. We really are very eager to start a process here and to make the overall process better for everybody and to fulfill the mission of the Board. So I really just want to be crystal clear about that.

**Bill Williamson, MD** -That’s a great message…

**Ralph Yates, DO** –And I as well, I was not being critical.

**Bill Williamson, MD** -…to have an open mind and embracing suggestions, feedback is the only way an organization can improve, spot on. Dr. White…

**Senator Alan Bates, DO** - Can I ask, can I just…

**Bill Williamson, MD**- Dr. White was going to say something.

**Senator Alan Bates, DO** – just a second, I’m sorry Dr. White. Um, I want to respond Ralph to one of your suggestions. Um, ah, I don’t think we’re going to have enough information to be anything other than anecdotal , I’m sorry unless you have 10,000 cases which hope to God you don’t, but your suggestion was that we have a complaint where things didn’t go as well as they should have then we should bring that case to you individually. I think that’s a great idea, and if we, ya know, we have to get the okay from the practitioner involved. If we can come to you with a specific case that, that, that we can concern, that we have a concern about after looking at it ourselves a little bit and then a conversation, then that’s really a dialogue that would be meaningful for both parties, and I think that’s a great suggestion. I’m putting that in my crunch list here, okay. So thank you for that suggestion and I think that would make sense more than anything else. We can sorta talk in the general and never get down to anything serious that would really help. So thank you for that suggestion, I’m, I’m going to put that one down.

**Senator Elizabeth Steiner-Hayward, MD** - I just had one thing and I’m really sorry to keep, I, I agree, and I’d love to be able to come to you with specifics. We had the opportunity to meet with several physicians in person who had concerns, one of whom, I personally think we all personally think was completely unfounded, he was being whiney. Um, the other two who we thought, perhaps had legitimate concerns, but it took a long time to even find physicians who we’re willing to talk to us, because as I mentioned in my very introductory remarks, there’s a climate of fear right now and the concern among physicians that if they talk to us and then we talk to you, that there cases, that there will then be retribution in handling those cases. I understand that they may be completely irrational fear not based on fact. I’m giving that information as an example of what we’re trying to overcome together with you in terms of how the Board is perceived, because there should be the opportunity to have that kind of dialogue, there should be the opportunity for people to come to us and us to come to you and for us to have an open conversation without them being terrified that things will go from bad to worse, and so that’s why I think it’s great, we just need to figure out a way to make it happen in ways that doctors aren’t afraid to do that,

**Bill Williamson, MD** - I think you can accomplish that goal without identifying specifics of a case that might threaten those and make them feel less likely to bring information to your attention. We, we need to have information that can be de-identified if necessary, but that kinda creates a unique opportunity for us.

**Keith White, MD (OMB member)** - I’d like to, um, I’m, I’m, I’m a Family Practice doctor in a small town, but I use the biggest hospital in Marion, so I’ve been involved with a lot of, ah, ah, administrative work in the Medical Staff in that big hospital. I’d like to say that I, I’ve been associated with the Board since 1996, first as a consultant, now as a Board member since 09, and I’m very impressed by the degrees to which this, this body goes to try and rehabilitate people. Um, you know, the, the comment you’ve made about perhaps there some unevenness and inconsistency, well it may look that way on the outside if you could see the original Complaint, but ya know, it kinda, ah, brings to mind that old joke “How many psychiatrists does it take to change a light bulb? Only one, but the light bulb has to want change.”, well how many Board members and Board actions does it take to change a physician, ya know? Well the physician has got to want to change, and so sometimes when you see some inconsistency in results, it really has a lot to do with um, with the way that the physician, whether or not the physician can gain insight into what is a legitimate and agreed upon, consulted upon, um, problem they may have in practice, I’m talking about not, not, not so much the impaired physician, but, but, ah, people with, ah, their actual elements of their medical knowledge and practice. Um, we have some extremely good physicians, who are honored physicians, who have some blind spots, and that sorta, there’s a recent case of a physician in my specialty who I actually know, who really committed some fairly egregious and obvious mistakes that even a person who’s never been to a drug course should have known better than. Okay. And so, so maybe you’ve gotten some contact and complaints from, from there, but it was pretty clear to all of us, um, that there was some, um there was some serious mistakes made that, and some knowledge had to be gained, and I’d say that the Board holds people to, ah, some fairly, um, reasonable standards, um, that don’t include going through that check list of ten things every, um, every ah, every patient visit, ya know, so I, so I don’t feel like, like the Board is, ah, holding people to, ah, unreasonable standards. The Board is, would like people to use good, good practice standards and they’ve published it. There used to be more education, the fact is that most of us, Dr. Bates I don’t know how old you are, but I’m 62, um, we we’re educated at a time when it was forbidden to use opiates on patients who were not dying of cancer. And, and I can recall going to an OME meeting and seeing some of my older colleagues there who were being remediated, where I was just trying to gain some information, because they, I’m sure that they had used opiates in people who perhaps weren’t dying from cancer, and, and, and the pendulum has swung, of course, 180 degrees now, and, and none of us was educated properly and it’s a whole specialty field, that we, that we were not properly educated in and so we’re struggling every day to catch up and learn what we need to do, I struggle every day with it, so just wanted you to know that I think, I think that, ah, it would be great for you to be able to discuss specific cases, ah, if we have complaints, and ah, and perhaps some positive light can come from, from ah, also from changes to processes as necessary.

**Bill Williamson, MD** - Thanks, I think Dr. McKimmey wanted to say some.

**Roger McKimmey, MD (OMB member)-**Thank you, ah, Senator Steiner-Hayward and Senator Bates, thank you both for, for coming today, and I realize that, that bringing your concerns to the Board is not some, something you necessarily enjoy doing and, and ah, and with your introductory comments I, I will confess I felt my defensiveness rising a little bit too, and I don’t think that’s the tambour that we want to set for this discussion at all. Um, I, I, my reaction to your, ah, introductory comments of both of you is much like Dr. Girard’s. Ah, stunned is too strong a word, but taken aback perhaps, and I think it’s difficult for any individual or any body to, to step back and, and take a look at, at what it is we’re doing and say okay, are we really going to be open to constructive criticism and, and I want to assure the two of you that we, we will be speaking as Vice Chair of the Board, and, and if I may paraphrase what I’ve heard so far, um, I think you want the Board to be aware of how we interact with the decisions of the State who are under investigation, and that to the extent that we can engage them in the process and not make them feeling like they’re dealing with the KGB that perhaps that will be, um, a, ah, ah, contributing to more successful outcomes. Am I right about that?

**Senator Elizabeth Steiner-Hayward, MD** - Yes

**Roger McKimmey, MD** - Good. And at the same time I’m sure you realize, and you’ve already told us this a couple of times, that sometimes the, the information you get is, is, is heavily filtered by the information you have access to, and, and I will only add, if, we work so hard at what we do that it would make us feel great if, if either of you, or another member of the legislature, wanted to join us for my committee which is the disciplinary arm of the, of the State Boarders, the Investigative Committee, we would, we would love to have you for any proceeding that you care to join. Just a, a brief glimpse if you will, and I, I can speak for myself my motivations for being here. Um, I was, um, an office holder in the Oregon Medical Association for 8 years, ah, ah, prior, prior to, ah, 19, excuse me, 2006 when I err, ah, became much more active in the Lane County Medical Society in which I rose to the Presidency of one of the healthier County Medical Societies in the State, and, and so these are all things that, uh, and, and my presence here on the Board to is ah, is really a lot of times tangible benefits certainly, I, I could make a lot more money practicing Urology down in Eugene, but I do it because I believe in the integrity of our profession as do you, and, um, I see physicians policing one another as a crucial part of medical malpractice reform, and, and, um, this is me putting my time and efforts where my beliefs truly are. And, and I hope that you share my view that this Board is, is a meaningful part of that and we certainly welcome your feedback moving forward in, in the Governor’s, ah, plan for, for malpractice reform. Um, just a few final comments, um, it, some of the matters that you brought to our attention, um, actually are already being paid attention to thanks to the very hard work of Miss Haley and, and Dr. Thaler. Um, when we finish ah, an Investigative Committee meeting, um, the, the staff here at the Board will review the findings of the committee, compare to findings in the past exactly for the matter of consistency, are we, are we, are the disciplinary recommendations of my committee consistent, uh, with what similar cases have been brought before the Board before. So, thanks to Miss Haley, those, those, those, those things are being looked at. Anecdotal information, um, now granted anecdotes have their limits. But um, my, the, the feedback I’ve received from my colleagues in Lane County has frequently been polar opposite to what’s you’ve said, and, and, and I hope you can accept that for perhaps the limited value that it is, but, um, I have breakfast in the physician’s dining room where it’s widely known that I’m member of the IAD, as we, the equivalent thereof for, for physicians, and, um, I have conversations with the thing, about things I’m permitted to talk about and, um, um, share de-identified stories of redemption which is the single most gratifying thing that this Board does. The single most gratifying thing. Yes, we have a joke, we, we take seriously our job of protecting the public, but a physician is rehabilitated, and we see those stories it, it, it makes, one of those stories per meeting makes our day. Um, I hear stories from some of my colleagues, um, Dr. Rogani, a pulmonologist for example, that , that prior Board interactions were very malignant and imperious and, and, and that, that, those, those, those have trended for the better. So, I see it as a dialogue that you’re proposing, that’s very, very important and, um, um, I thank you for bringing the concerns and, and, and hope them acceptable, will greet them seriously.

**Senator Alan Bates, DO** - Thank you

**Senator Elizabeth Steiner-Hayward, MD** - Thank you

**Bill Williamson, MD** - Dr. Koval

**George Koval, MD (OMB member)-** Ah, I just wanted to thank the Senator for coming, I, I, I really appreciate the fact that in the State of Oregon we have physicians who are in our State Legislature. I, I think that’s wonderful. I think it’s wonderful we can get feedback from the Legislature through the eyes of physicians too, I think it’s so, so important. We all recognize that we work for the people of the State of Oregon to provide them, um, a safe and healthy environment, and of course, ah, many times when acting against a licensee we’re, ah, acting as a result of a complaint filed by a citizen of the State of Oregon, so we have to respect that complaint and make sure that we adjudicate it, but thank you Senator for reminding us the importance of transparency and process to ensure the rights to the licensee that, that we’re, uh, investigating and that we ensure we do it in a fair way. Uh, the Senators have talked about the issue of opioids, and we’ve referred to it too, and it’s, it’s easy to have come to your attention when the Wall Street Journal last weekend talked about the prescription prediction and the blame fell on the prescribers and the pharmaceutical industry, and today’s Oregonian, sites another article on page 2, again, ah, this is a sting operation in New York, where prescription narcotics were confiscated, not just from drug dealers, but from people who were financial advisors and mothers who were cleaning out their medicine cabinets and selling the drugs. I think it speaks to Ralph’s [Dr. Yates] comment earlier about the economics of the situation and how that’s impacted, ah, the way medicines practiced, ah, sometimes patients se, se, seeking drugs, to be able to sell on the street to earn money…

**Senator Elizabeth Steiner-Hayward, MD** - I, I don’t want to be rude Dr. Koval, but can I interrupt you for just one second,

**George Koval, MD** - Oh, certainly.

**Senator Elizabeth Steiner-Hayward, MD** - In my personal experience, the stories that I’ve heard, and I would venture to guess the same holds true for Senator Bates, the opiates are actually the least of our worries. Those are the cases that we actually, we think when we hear complaints about them, in my personal experience those are the ones we like, are least likely to believe. Alright, the, the people tell us what they’ve been doing and they tell us the action the boards been taking and we say good, or I say good, most of the time, I don’t say that out loud to them, I say huh, I understand your concern. Um, right you know this with what our patients tell us when it’s something unreasonable, so my personal sense is that the Board has been put in a very, very difficult position, that everybody’s been put between a rock and a hard place. On the one hand we’re not treating pain enough and on the other hand we’re overprescribing opiates. Well gosh, ya know, we’re darned if we do and we’re darned if we don’t. I’m much, personally much less concerned about the licensees with whom you’re having interactions about appropriate prescribing of opioids, than around not the cases that don’t involve that, and we’re also not particularly concerned about impaired physicians, because overall our sense is that those are being handled appropriately. Um, I agree we’ve got problems with, ya know, the Health Professionals Program changes we’re not exactly what we all might have wanted and we need to revisit that at some point, but I don’t mean to interrupt you, I do want you to keep going, but I, I just want to be clear that that’s lower on my personal worry list to be honest.

**George Koval, MD** -I, I was actually for personal reason was taking the opportunity to voice this because the number of deaths of Oregonians from opioids has exceeded that for traffic accidents, it’s a major public crisis and I want to make sure the Legislature knows that full well and I’m sure they do.

**Senator Elizabeth Steiner-Hayward, MD** -And, and we implemented the, the Statewide data base in 2004 because we thought that was so important.

**George Koval, MD** - But, but it speaks also to the issue of transparency because as others have alluded we need to know and understand the nature of the cases we are adjudicating incorrectly, if it’s not opioids, if it’s not um, um substance abuse, then what is it and how can we fix it, because we need to know specifics for transparency purposes.

**Senator Bates**- And, um, this is also supposed to be open dialogue, so, just to show you that no two Senators can agree to anything, ah, I agree that we’re not worried about the Boards function as far as impaired physicians are concerned, we think you guys do a great job in that, ah, in fact, it, it was a model for other Boards. When the law was changed, other Boards had, had, didn’t have the financial resources to regulate what they should be doing and have had to ask to raise their fees to do it. This Board didn’t have to have an increase in fees because you had the program going already and frankly, I wish you we’re exempt from the program because I think you were doing a better job before than you can do now, but that’s just something different, so I’m not concerned that, you do a great job, it’s one of the hardest things I ever dealt with as the Chief of Medicine was physicians that had narcotic problems or alcohol problems or personality disorders, um, so please take that off the table, that is not the issue here. Um, I’m going to disagree with you a little bit, okay.

**Senator Steiner-Hayward** - Okay.

**Senator Bates**- Um, The opioid thing is a lot bigger I think than we realize and Dr. Koval, I think you’re absolutely correct. I saw the same numbers for the nation and the State, that, that automobile accidents going down and they criss-cross this year for, for, ah, ah, drug overdoses both, and, and these are unintentional drug overdoses, these are accidental drug overdoses. Um, it’s a serious problem and there are, and it is not, I believe it is not clear in the minds of prescribing physicians, what exactly is required from them in dealing with these patients, and I’ll give myself as an example. I, I attended a 2 hour or 3 hour seminar on it about two weeks ago at the local level, just spent 5 days in the National level, and it is, and you hear from all different speakers and you get a little bit different flavor each time for these things, it’s not clear. I would, I would love to have a Board that, that people would feel comfortable, prescribers would feel comfortable coming to the Board saying, what is the actual requirements for documentation for me to write opiods. We in our practice decided because of this issue that we are not going to do it for people under 65 or people who are not cancer patients. And we probably in our whole practice of thousands of patients have 20 or 30 patients, and Dr. White, these are the ones that I struggle with, ya know. They’ll put three patients in three different rooms and my MA, as I skip one room will say, “ya know Mrs. Jones was next”, but I don’t want to go in there because she wants her narcotics, right, and I get, for those of you who practice in this field probably shake your head up and down, because you’ve all got them in your practice. But that’s an example to me of how the Board would hopefully be able to function a little bit differently in the future, that a physician would feel comfortable calling in and saying, “you know my biggest problem is how to deal with these 20 or 30 patients in my practice that are on opioids and they’re in every 3 months. What do I do for documentation, should I send them all to pain centers when the pain centers can’t take them all. I can’t get them off. If I don’t give them to them they’ll get them out in the street anyway, they’re going to end up at the methadone clinic”. It’s a mess. It’s a huge mess. And if we had a Board that people felt they could call and share that kind of information with you, I think that would be a huge step forward, because I don’t think right now that most physicians would be comfortable calling up and saying, “I don’t know if I’m doing the right thing or not with these opioid patients. Um, what are your guide lines, can you help me with this?” I think they’d be scared to call ya. And that might be just one example, there might be others. Now should I be doing botox injections when I’ve never done a residency for it, because I need to make some money, okay. Um, those kind of questions I don’t think you ever get up here, or very rarely we get them because people are afraid, it opens them up to investigation and scrutiny.

**Ralph Yates, DO** - Doctor…

**Senator Bates**-That, that’s a cultural change both on the Boards part and the part of the people who you hear trying to help the practitioners.

**Ralph Yates, DO** - Well, Doctor, we do get those calls. I get em, and our Board members get them and, not so much the Board members, but the staff gets them. We try to answer those questions, just like if somebody’s calling about, um, ah, e, e, any other medical problem, um, and its, there not easy answers. Yesterday at the noon Board meeting, we had the, ah, Chief Health Officer of Jackson County, where there’s a bigger problem than anywhere else in the State with deaths, come and talk about a program for physicians that they created down there, where the physicians themselves have come up with certain criteria, that’s a website that is available that any physician in the State can go to, can learn about the different, ah, ways that they’re trying as physicians to control the problem. So we’re trying to find those answers, we’re not, we’re not saying you have to do this, but we’re trying to get the physicians out there who are working on the problem, including here in the tri-county area where there’s going to be, I think very shortly, a statement about what are the standards expected within the tri-county area. We’re trying to gather that information so that it can be answered, because, it, it, it’s, it’s a really, it’s as tough a problem as if we didn’t know anything about diabetes. How do you treat diabetes? Um, that’s the kind of thing we’re struggling with, but we’re trying to listen to physicians, and I attended a conference at the OMA last week, which was excellent, where the doc, the two experts there said, there’s a program that you could have within 5 minutes of walking in the room, the answers to those ten questions that the patient can fill out. So that you can follow and check and have the answers before you even see the patient about those ten questions, so, I think a lot of people are trying to deal with it, um, we don’t absolutely have the answer yet, but people do call us about those questions. And I don’t think they’re afraid that, um, they’re gonna get reported because they call.

**Senator Bates**- Thank you, you know I’m from Jackson County right?

**Ralph Yates, DO** - So, ah…

**Senator Bates** - So I know the program I know…

**Ralph Yates, DO** -You know the program so, it, it’s a great

**Senator Bates** - I was involved in that.

**Ralph Yates, DO** - ah, ya know, I, I think all the Board members here really appreciated hearing that talk and I heard it at the OMA, and, uh, I heard it as part of the drug conference about two weeks ago that, that they’ve done.

**Senator Bates** - I, I would just offer that I, I know as a fact that physicians, some physicians are not following that, ah, at our, are not going to be willing, I’ll just leave that, are not willing to call the Board. They should. They should okay. They should get on track, but, but I mention it as an example okay. Thank you for your…

**Bill Williamson, MD** - It’s a good example. Comments?

**Senator Steiner-Hayward** -I think he does bring up a really interesting point that I suspect we’ve all encountered, um, which is the people who need help the most are the ones least likely to seek it out. Right? Um, those of us who spend a lot time thinking about how we can be the best physician as possible, are the ones who are most likely to pick up the phone and call, and that people who are struggling, whether it’s because they’re making poor choices because of economic reasons, as Dr. Yates brought up, whether it’s because they’re, they were brought up in a different era of medicine and they’ve held onto beliefs that haven’t been comfortable with the new education they’ve gotten, whether they’re arrogant, which we certainly see, um, whatever the reason, it’s a problem with education and ongoing education in medicine period, right? I still know doctors who do PAP smears on 70 year old women who don’t have a cervix. Well, that’s not really necessary folks, and, and I, we can’t get through to people sometimes, so one of the questions that we’re going to have to think about on an ongoing basis is, what is the right role to the Medical Board in terms of helping physicians of every stripe, and I’m including the, the podiatrist and acupuncturists and the Physician’s Assistants who work with us, in staying up to date. You have continuing education requirements, but we don’t require the people to do anything, that they’ve actually learned anything, or maid any changes in their practice, I think that would be almost impossible to do, but we will have the opportunity, and we do need to be thinking about some proactive ways in the long term that we can have interactions that help keep physicians really up to date.

**Bill Williamson, MD** -That’s, that’s, I think you know that stuff is clearly under way with regard to maintenance and certification, Board certification, and even something new called maintenance of licensor, we don’t have a lot of time to get into, but that theme is one of the most significant, if not prevailing themes in health care reform in insuring ongoing competency for everyone, that they’re going through the educational activities that are meaningful, that actually do what we want them to do and then we’re seeing the results of those educational activities in a positive light for quality. I think we’re coming down to the last couple of minutes and Dr. Mastroangelo has had his hand up. Do you want to make a couple of comments?

**Michael Mastrangelo, MD (OMB member)** - Ah, first of all Senators and colleagues, thank you for coming today, um, most of the points I was going to make have already been made, and then some, but there, um, couple of things that I’d just like to, um, discuss with you. First of all I think you, you’re here for a reason you’ve identified a problem and it’s good for us to know that problem and I um, um, um glad that it’s not ah, that you’re not on the defensive anymore, or that, that this is something we can work together on, ah, um, we’ve, um, I, I’ve been reminded in the community of the negative, um, image of the Board. I, I have colleagues ask me, why I, why would you want to be on the Medical Board. Um, are they paying you to do that, and, I, ya know, they, they, a lot don’t understand why I would want to be on the Medical Board. There’s misunderstandings regarding the PEER program and, the um, there are, uh, physicians who’ve gone through the program in the past who are upset that the programs not there anymore and feel that, think that the Oregon Medical Board did away with the program and that we had the power to do away with the program, um, and, and so there’s resentment because of that. There’s some, um, resentment, I think, um, um, because um, I think some of our, even some of our very egregious um, ah, ah, ah physicians that, that we evaluate who’ve done things that are almost unthinkable, are sometimes in denial about them, so I think you’re going to hear some complaints and it sounds like you’ve done a good job of filtering those based on how you describe things. Our Medical Director gets 800 to a 1,000 complaints a year, is that a reasonable number, and that’s filtered down to roughly 200 or so that come before the Investigative Committee, so, there’s ah, ah, vetting process or a filtering process that takes place here as well to protect physicians, because all, all someone has to do is go on the internet, and bring up the site, and type in the complaint and there’s a complaint against physician’s. I think one of the things that you need to understand is, um, um, physicians, and, and you did explain this, you said that, that you know they’re only going to tell you one side of it, it’s their side of it, and they’re upset, but I would, um, it’s, it’s, it’s really interesting, and I would encourage you to follow through on, on what you’re discussing with Dr. Yates in terms of invite that physician to come to the Board with you and to review everything so you can see the whole case next time you get a complaint like that, because I, um, had a personal friend, colleague who told me for several years how poorly, um, they we’re treated before the Board and it wasn’t until I came up here to the Board that I realized that he was just lying outright to me about the facts of the case, um, so, it’s um, that’s something to, um, be taken into consideration. The other recent thing is that I think that it’s hitting harder now with the economy, because the stakes are a lot higher, because there’s more reportability now, there’s more, um, cooperation between states, there’s more international cooperation, so something that starts as a 3 month suspension at your hospital, can trickle down to a Board investigation, can mean when you go to renew with Blue Cross/Blue Shield and ODS that they say finish up with the Board and then we’ll, um, and then we’ll talk about renewing you on our panel. So all of a sudden they, uh, drop off the panels for two years, and, um, they’re overextended on their houses because of the economy and everything so, things are more tenuous for physicians, ya know, and it’s very real that physicians that come before the Board, um, can, um, end up losing their houses, it’s stressful on their families, they lose their families, ya know and, and in some cases it pushes them to do other things that they wouldn’t otherwise do, and we understand the impact that has on physicians and the stress that has on physicians, so we try to be very careful about, ya know, who, who we decide to investigate and how we, how we push those investigations, and, um, if we’re, um, if we need a way to identify, if we found, if, if we’re investigating someone and it’s causing, um, undue stress on them, and, and, maybe there’s, um, um, they’re, they’re being investigated in error, then if you have a way to identify the,ah, that, it’d be useful to us, it’d also be nice, um, to figure out ways to have better outreach to physicians. We’ve had several cases since I’ve been on the Board where we identified, the complaints against the physician, we’re politically motivated, and, um, um, we, um, identified that and, and, um, and tried to work, ya know, very quickly to, to resolve those.

**Senator Bates**- I’ve gotten in the middle of those a few times. Turns into quite a cat fight.

**Michael Mastrangelo, MD** -Exactly, um, the, the, the Board is looking at things that it, um, they can do like, um, like certificate for retiring physicians with clean records who’ve done service to the Board, um, ah, um, Dr. Yates presented one to a retiring physician just last month and, uh, or several months ago and he got a very positive response from that, um, the, that, that, Miss Haley has done outreach with students at OHSU, to talk to them about prescribing issues, about boundry issues , about the kind of issues they need to know about that would keep them from, um, ending up in front of the Board, Um, the Medical Director, previous Medical Director, and I’m sure Dr. Thaler will as well, gone out to Medical Societies and given a similar talk to try and educate, um, colleagues about the Board and what the Boards, Boards role is. So if there’s positive things like that that we can do, that, that you know of, additional ones then we’re really looking forward to working with you. The other thing the Board does, is the Board tries to get local consultants. So it’s not the Board in the ivory tower, um, br, br, bringing down the adjudication, it’s ah, we’re bringing in consultants who, and they’re not the consultants necessarily from OHSU, or, or, or, ah, from a disparate practice, if it’s a community physician, and it’s a medical issue, then we, then we try to bring in ah, ah, community, a physician from a similar type community in order to get that, that perspective, so that the standard of care in the community is taken into consideration.

**Senator Steiner-Hayward** - I’ve served as one of those before.

**Michael Mastrangelo, MD** -Oh, that’s great. So you might get a certificate when you retire.

**Senator Steiner-Hayward** -Although, there was a complaint filed against me when I was a resident, but, ah, um, fortunately in that case the Board dealt with it very appropriately.

**Michael Mastrangelo, MD** -Well thank you very much for coming, we’re, we’re very much looking forward to working with you.

**Senator Bates** - Thank you.

**Michael Mastrangelo, MD** - Thank you.

**Senator Bates** - Can I, can I ask another question?

**Bill Williamson, MD** - Ya, go ahead.

**Senator Bates** - Good.

**Michael Mastrangelo, MD** - Sure.

**Senator Bates** - Um, I, I lost, I’m trying to get notes here, didn’t, didn’t get it right here. Ah, a thousand complaints a year roughly?

**Michael Mastrangelo, MD** -In that range, 8, 8…yah.

**Senator Bates** -In that range?

**Michael Mastrangelo, MD** -And then there’s a screening process that (inaudible)

**Senator Bates** -Right, right..yah, a, a, a lot of disgruntled patients out there too.

**Michael Mastrangelo, MD** -Yes, lots of them

**Senator Bates** - I’m, I’m a little surprised by the volume, but, um, ya know, there’s 4 million people in the State almost, and 7,000 physicians I suppose. Um, how many is it now?

**?** -14,000

**Senator Steiner-Hayward** - 14,000

**Senator Bates** - Wow

**Bill Williamson, MD** -14,000 licensees if you include (inausible secondary to multiple voices at once)

**Senator Bates**- Actively practicing is 7 to 8 thousand. Um, I’ll go back to my Chief of Medicine days, um, I had about 500 physicians that I, that I worked with and, um, it was always the same 3, 4, 5 I had all my problems with. Ya, I know it’s shocking that, that 3, 4, 5 percent is the whole problem. Do you see that in these thousand complaints or is it pretty much just spread across? Is there any pattern here? This goes back to some kind of objective data.

**Ralph Yates, DO** - I think the, the complaints the Board ends up opening on are unfortunately sometimes repeat problems.

**Senator Bates** - Okay

**Ralph Yates, DO** - Ah, the, just of the thousand, it’s just a scattering.

**Senator Bates** - Is it a scatter across the landscape?

**?** -One of the factors we look at when we open a case is what is the past history, ya know. If a person has had three complaints in the same area, then when that fourth complaint comes in, we’re going to take a look probably because there may be an issue, the trend doesn’t point to an issue sometimes.

**Senator Bates** - You’re talking about again, not impaired physicians, but just…

**?** -Correct, right.

**Senator Bates** - Thank you…

**Bill Williamson, MD** - Sometimes there’s themes of complaints that change from year to year and it’s interesting trying to predict those patterns and it may be related to economics, access to narcotics, some, um, domestic violence and violence in the workplace, a strange pattern and we don’t fully understand why we see these spikes, but that’s what we see. Mr. Turner do you want to make a couple of comments?

**Angelo Turner (OMB Public member)** - Sure, thank you. Um, Senator Bates, Senator Hayward, thank you for being here. Um, I’ve been on the OMB since May of this year. I’m one of the other public members. Mr. Kopetski and I are the public members, I’m Executive Director of Emanuel Medical Center Foundation and I work for Legacy Health. I used to also serve on the DO Board in California, about 10 years ago I was the public member. So, um, it’s interesting to see how this Board differs from California, in a lot of ways they don’t, but as a public member, ah, Mr. Kopetski and I, we get the cases that are kind of the juicier cases sometimes, and so, um, if you will, and one thing that’s really important that I want to start with is, ya know, a lot of folks forget, ya know, we talk about Olympians, we talk about atheletes, the public expects doctors to bat a thousand and I try to remind people that that is not a reasonable or realistic expectation, everybody’s a human being, everybody brings different experiences, sometimes they perform perfectly and sometimes not quite and sometimes not even close, but that’s part of being a human being. And so I try to bring that perspective because in my job too, ya know, I don’t bat a thousand, I try to bat 300, and I also try to come here as a (inaudible), I come here as a fundraiser, my job is to monetize patient gratitude, so I want happy doctors, I want happy nurses, I want professional behavior, I want happy patients walking out the door or I wouldn’t be employed, so, ya know, part of happy doctors and happy providers is, is fair and, and, ah, just, ah, ah, probes into the work they do and so I think, I take that very seriously. Um, everybody here does as well. The staff here is very diligent, very ethical, very hard working, um, I get all my questions answered, I have a lot of questions, and one thing that I bring to this Board, and my fellow members would say this already, is I do try to look at the, the nexus, ah, ya know, basically personal behavior versus professional behavior, how that all ties together and where are the limits of our, ah, of our enforcement and our capabilities, making sure that we’re not overstepping any bounds, and that we’re not, ya know, stepping into areas where maybe some other agency or some other, um, body should look at those areas more closely. That said, ya know, we are talking about physicians here, and they are held to a high standard, and the public expects them to behave a certain way, so. Um, I do want to say that, um, just in closing, um, I’ve been very impressed in my time here, ah, this year, um, with the ah, the very close look we take at some of these very large malpractice settlements. And in closed session we sometimes these, these 3 and 4 million dollar, 5 million dollar settlements, and as a lay person I’m thinking, wow, they must have done something pretty awful. My fellow members that are physicians said actually, not really, It’s just that there’s this whole system in place that says settle, settle, settle, we don’t want to go in front of a jury. So very rarely, ah, on a regular basis, every meeting we have these cases where, um, you might have, ah, a situation where there’s even a wrong side surgery, where the Board decides they did everything they could once it happened, they were honest, they were ethical, they were professional, they fixed the problem and, um, we, we don’t take action. Ya know, in other words they’ve done what they’re supposed to do as a human being in that situation. Ya know referring to my comment about batting a thousand, so I find that um, I, I’m here to, ah, look at patterns, I’m not interested as much where I, where isolated errors are vey egregious, but I’m more interested in patterns of bad behavior, and I think most members are. We try to find, ya know, people that are, um, practicing in a way that’s dangerous to public safety on a regular basis, and, um, I definitely, um, are interested in those people more than the others and those are personal issues we definitely have lengthy conversations about ways that they can, ya know, find some resources and services to fix those things and we remind those doctors, ya know, you’re, you’re running a team here and you’re running a practice, you have people that depend on you for incomes and you have family that depends on you and a community that depends on you, so I’m very fair minded and I’m very, I’m very open minded, I found that my fellow members are as well, and, and I really don’t come here to try to be punitive or scare anybody, um, but we do see some, some really serious cases at times that, literally I’ve told Miss Haley, I, I want to go home and take a shower, ya know after some of these hearings we’ve had, ya know, the, the, the pedophile pediatrician for example, so we see it all. Um, so with that said, I just want to thank you very much for being here and I’m happy to have coffee with you, come to Salem to talk to you further, and ah, discuss, ah, as Mr. Kopetski what our perspective as lay people here that are, are, ah, consumers of health care.

**Senator Bates** - Thanks

**Angelo Turner**-Thanks

**Bill Williamson, MD** - And, I think we’re starting to wind down time wise, but please a…

**Senator Bates**-Just, just real quick, first just wanted to thank you all for taking your time to talk to us, you’re all busy physicians like I am, I still have a full practice, and at the end of that 80 or 90 hour week I’m pretty burned out, I’m in a little bit better shape this week because I was at CME all week, so I feel a little better. Things may change on Monday morning, but, um, I really appreciate the huge effort and time you put into this and the exhausting efforts of looking at these cases and working through them and doing the very best job you can, I don’t want you going away thinking we, we don’t recognize and appreciate that, and honor it, okay. Um, whenever I have this kind of meeting, one of the things I learned to do is, and it seemed to help, is what is the next steps, and I heard three, I think I heard three things here and I want to make sure we all agree on those, or at least that’s kind of the direction we’re going. One is that the PEER program needs to be reinstituted as quickly as possible, um, I’m even in the back of my brain, because I’m a Ways and Means guy, I was thinking of ways I could be supportive financially through the State…

**Senator Steiner-Hayward** - I was thinking about exactly the same thing. I’m a Ways and Means person too.

**Senator Bates** -…and, and frankly, I, I actually, I actually did the numbers here, ya know we have about 7 or, or 8 thousand practitioners, I’m thinking how much we charge on the license, which is a pittance, and we put that into a PEER program, and a program we can have, so I’ll, I always do back envelope stuff and, it’s, ah, pretty close sometimes and I can’t make a computer work anyways. Um, number two, ah, you would like to have us bring some individual cases to you if we find something we think really needs to be discussed, so we can understand better and may, maybe it would be helpful to you, maybe it wouldn’t be, ah, we may walk out here feeling kind of embarrassed after we brought it to you, but that’s, that’s a, that’s a good thing for us to learn. So we would, I know of two cases that we would ask the, if the individuals if they allow us to do that or not and we would come back to you with that. Okay?

**Senator Steiner-Hayward** - Yah.

**Senator Bates** - Okay.

**Senator Steiner-Hayward** - Keep going.

**Senator Bates** - the third thing, the third thing is, um, some way of getting the word out to our practitioners this Board is open to helping you with issues in your practice that you might feel uncomfortable about Um, you’re already getting calls in, but I would, I would offer that for the most part, there’s a lot more out there that could call you. If you said you got 5,000 calls, the next year with an open program, I’d feel like wow, that’s great, okay, um, I think most, most practitioners that the last place they call. Um, I’d like to see it be the first place they call, so that’s kind of a, a change in culture and maybe through the newsletter, instead of all of us doing what, guilty, with the names of anybody I know, the first thing I’d see that page is, the Board is especially concerned about problem A that might be existing in your practice, please call us we’ll give you the guidelines of help and, and we’ll help you in any way we can to help patients be safe and help you be safe. And that would be number one.

**Senator Steiner-Hayward** -I (inaudible) is here to help you is not an oxymoron.

**Senator Bates** -Yah, so, ya know, that kind of stuff. That’s a little of the three things I heard, I don’t know if that resonates with people on the Board or not…

**Senator Steiner-Hayward** -I have another when you done.

**Senator Bates** -I’ll put number four down then.

**Senator Steiner-Hayward** - I, I agree with everything that, that Alan said and the only thing that I would add is that, it would be really helpful from my perspective, to sit down, and I don’t know who, Ms. Haley and I have been crossing wires a lot (inaudible) set up an appointment, we talked about this ahead of time, but I don’t know whether that’s a conversation with just us or you Dr. Williamson or you Dr. Thaler, about what the process really does look like and how people are supposed to understand the process and what your standards for investigators are about how they interact with people, cause I do think that’s potentially a legitimate concern that we just need to clarify with people, so if we could figure out who the right people are to have at the table, and plan a couple of meetings, so that we can sit down and we can get better informed, um, we can understand how we can help our colleagues be better informed about the process and make sure that there is a consistency of approach in the investigation that does allow for due process, that would also be very helpful in reassuring the people as well, because I think that the, um, there’s a sense of some black box stuff and that’s not really what we want, right, that’s, that’s when people get afraid when they don’t understand what’s going on, so to minimize fear and promote this environment of,” I’m here from the Medical board and I’m here to help you.”, we should (inaudible) as opposed to “I’m from the Medical Board, hide your children, and ya know, box up your valuables.”, um, we need to demystify the process…

**Bill Williamson, MD** - Absolutely.

**Senator Steiner-Hayward** -…and not violate peoples discretion, not doing (inaudible) privacy, but demystify the process. So, figuring out who the right people are to have a dialogue, a conversation, we can go do that later offline to do that, but I, I think we’re both very willing and eager to be part of that process.

**Bill Williamson, MD** - Great, great, if I had to come up with four action items, they’re exactly the ones you’ve outlined and especially developing lines of communication to hear back from you whether it’s in terms of specifics or broad themes about things you think the Medical Board should look at, do, and we need to do that, but we will arrange a meeting, …

**Senator Steiner-Hayward** - Great.

**Bill Williamson, MD** -.. or two, and, and if you’re willing to do this, we’d love the opportunity to sit down and have a conversation regarding the anatomy of a complaint and what to expect and how it goes through and, and how it might vary depending on the specific issue that’s brought to the Board at hand. And we do want to de, demystify the black box, because we are very, very interested in shaking the theme that we’re a Gestapo like agency, that is not what we want to be, and ah, I have to say, part of ah, of my, um, satisfaction about being part of this group is that the a, and I shared this theme with other members that we want to turn ourselves into, and create as much of a positive light as we can, understanding that we have a difficult mission ahead. And I also want to take a minute to reflect, and, and, and aknowledge the excellent work that Ms. Haley has done as Director for many years, and our staff, um, it’s really, it’s um, we’ve had conversations about things that we can work on to improve, on the same token, uh, it is in the light that they have done a fantastic job and, and a really wonderful organization and it’s a, it’s a wonderful opportunity to be part of this group. And the last comment that I think that I’d like to say is, is that ah, this is incredibly helpful to us, all of us as a Board want to hear what you have to say, and, and, and we do not want to take a defensive posture because we’re, a, a bright enough team to recognize that we cannot improve again without having the kind of feedback you’ve offered us today, It’s unusually valuable and we want to hear more and thank you for taking valuable time out of your schedules to share that with us and we will follow forward with a dialogue and hopefully see some extra support from our legislature in an effort to restart the PEER program, and we’re happy to share some ideas with you on how that might go down in a way that might maintain some budget neutrality, so there, there’s maybe some creative ways to make this happen, um, that can bring it to reality and It’ll make it easier for physicians to get help when those situations come up. Your wonderful, thanks for doing this.

**Senator Steiner-Hayward** - Right. Well thank you all for inviting us to come and talk to you and for your openness to continuing and starting to continue a dialogue.

**Bill Williamson, MD** - We will.

**Senator Bates** - Thank you very much.

**Senator Steiner-Hayward** - Thank you.

(The whole group with thank yous all around)

**Bill Williamson, MD** - If you do, if you do have the time, you might…the invitation to join us for an Investigative Committee is on the table at any time if that, if that time does come up and your really interested.

**Senator Steiner-Hayward** - I, I would like to do that, it would be very helpful. I served as the co-chair for the Institute (inaudible)at OHSU for four years and, and I was on the, um, the Executive Committees of the Department of Family Medicine and Department of Obstetrics and Gynecology at Southwest Medical Center in Washington for five years for my first (inaudible), so I have similar kinds of experiences and I would really value that opportunity to work on getting that set up…

**Bill Williamson, MD** -Each, each of us try to do a similar administrative roles within Providence, and I’m Chair of the Department of Surgery and I’ve been Regional, all this kind of things, we’ll have a lot of mutual things to talk

End of Tape that was released

 I was literally raped by the OMB. You as physicians should understand rape, and the emotional and psychological impairments as a result of such a violent action, whether the rape is physical and/or psychological. Those who dismiss the victim are as criminal as the rapist. You are treated like a prisoner of war who’s forced into signing statements of guilt.