



2016–2019 Strategic Plan

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA



Adopted: January 2016

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Alan Howard, Public Member

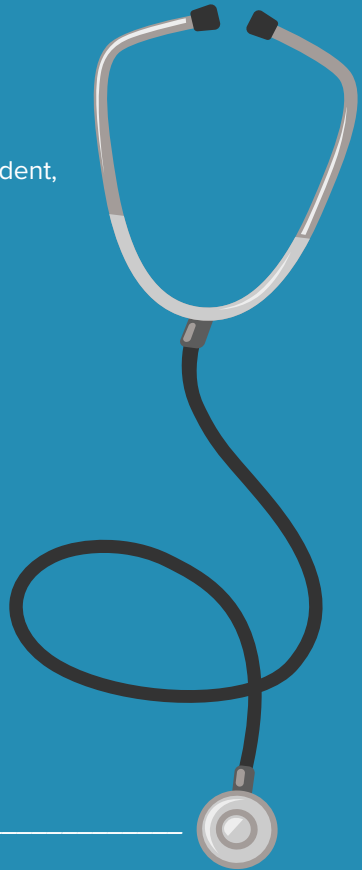
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Former Board members who also participated in the development of this strategic plan:

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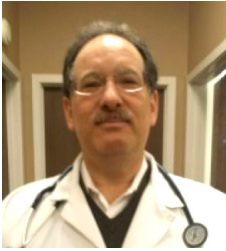
Edmund G. Brown Jr., Governor

Alexis Podesta, Acting Secretary,
Business, Consumer Services, and Housing Agency

Awet Kidane, Director,
Department of Consumer Affairs

Angie Burton, Executive Director,
Osteopathic Medical Board of California

Message From the Board President



On behalf of the Osteopathic Medical Board of California, it is my sincere pleasure to present the 2016–2019 Strategic Plan. I want to thank the California Department of Consumer Affairs' (DCA's) SOLID Unit for its leadership in the process. I want to thank all the Board members, the Executive Director, Assistant Executive Director, Board staff, and the public for putting together this plan.

The mission of the Board is to protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons. The Board continually strives to attain meaningful improvement to service our physicians, protect the public, and maintain the highest standards in health care.

The vision of the Board is to uphold the highest standards of quality and care by our physicians, continuing to utilize technology and innovation to enhance and deliver an outstanding level of public protection.

The success of this strategic plan depends on an ever-evolving relationship with all the stakeholders in the State of California. We look forward to our relationship involving licensure, enforcement, outreach and communication, regulation and legislation, and Board administration.

Joseph A. Zammuto, D.O.

President, Osteopathic Medical Board of California



About the Osteopathic Medical Board

Developed more than 130 years ago by Andrew Taylor Stills, M.D., D.O., osteopathic medicine brings a unique philosophy to traditional medicine. Osteopathic physicians (D.O.s) are fully licensed to prescribe medication and practice in all medical specialty areas, including surgery, just as any M.D. D.O.s are trained to consider the health of the whole person and use their hands to help diagnose and treat their patients.

D.O.s are one of the fastest-growing segments of health care professionals in the United States. California has the fourth-largest osteopathic population in the country.

The Business and Professions (B&P) Code section 3600 (Osteopathic Initiative Act) and the California Code of Regulations (CCR) Title 16, Professional and Vocational Regulations, Division 16., section 1600 et. seq. authorizes the Osteopathic Medical Board of California (Board/OMBC) to license qualified osteopathic physicians and surgeons to practice osteopathic medicine and to effectuate the enforcement of laws and regulations governing their practice (Medical Practice Act). The Osteopathic Initiative Act provides that consumer protection is its highest priority in exercising its licensing, regulatory, and disciplinary functions.

The Board is a fully functioning board within DCA with the responsibility and sole authority to issue licenses to physicians and surgeons (D.O.s) to practice osteopathic medicine in California. The OMBC is also responsible for enforcing legal and professional standards to protect California consumers from incompetent, negligent, or unprofessional D.O.s. The OMBC regulates D.O.s only. There are 6,227 D.O.s in California with active licenses at this time and another 1,006 D.O.s who maintain active licenses in California while residing in other states. There are 588 D.O.s who maintain inactive licenses. Total number of osteopathic physicians and surgeons currently holding a California license is 7,821.

D.O.s are similar to M.D.s in that both are considered to be “complete physicians”; in other words, one who has taken the prescribed amount of premedical training, graduated from an undergraduate college (typical emphasis on science courses), and received four years of training in medical school. The physician has also received at least one more year of postgraduate training (residency or rotating internship) in a hospital with an approved postgraduate training program.

After medical school, D.O.s may choose to practice in any specialty or subspecialty as do M.D.s. Examples are, but not limited to, family practice, internal medicine, pediatrics, and any surgical specialty. These programs may range from on average two to six years of additional postgraduate training. Licensing examinations are comparable in rigor and comprehensiveness to those given to M.D.s. Whether one becomes a D.O. or an M.D., the process of receiving complete medical training is basically the same. The same laws govern the required training for D.O.s and M.D.s who are licensed in California. D.O.s utilize all scientifically accepted methods of diagnosis and treatment, including the use of drugs and surgery. D.O.s are licensed in all 50 states to perform surgery and prescribe medication. D.O.s practice in fully accredited and licensed hospitals and medical centers. Section 2453 of the Business and Professions Code states that it “is the policy of this State that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons.”

A D.O. may refer to himself or herself as a “doctor” or “Dr.” but in doing so, must clearly state that he or she is a D.O. or osteopathic physician and surgeon. He or she may not state or imply that he or she is an M.D. while being licensed in California as a D.O.



A key difference between the two professions is that D.O.s have an additional dimension in their training and practice—one not taught in medical schools giving M.D. degrees. Osteopathic medicine gives particular recognition to the musculoskeletal system (the muscles, bones, and joints), which makes up more than 60 percent of body mass. The osteopathic physician is trained to recognize that all body systems, including the musculoskeletal system, are interdependent, and a disturbance in one can cause altered functions in other systems of the body. The osteopathic physician is also trained in how this interrelationship of body systems is facilitated by the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning is intended to provide a broader base for the treatment of the patient as a unit. These concepts require a thorough understanding of anatomy and the development of special skills in diagnosing and treating structural problems through manipulative therapy. D.O.s use structural diagnosis and manipulative therapy along with all of the other traditional forms of diagnosis and treatment to care effectively for patients and to relieve their distress.

To meet its responsibilities for regulation of the D.O. profession, the OMBC is authorized by law to:

- Monitor licensees for continued competency by requiring approved continuing education.
- Take appropriate disciplinary action whenever licensees fail to meet the standard of practice, or otherwise commit unprofessional conduct.
- Determine that osteopathic medical schools and hospitals are in compliance with medical education curriculum and post-graduate training requirements.
- Provide rehabilitation opportunities for licensees whose competency may be impaired due to abuse of alcohol or other drugs.

Additionally, the OMBC is charged with enforcement of laws proscribing unlicensed osteopathic medical practice.

Our Mission

To protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons.

Our Vision

The Osteopathic Medical Board upholds the highest standards of quality and care by our physicians, continuing to utilize technology and innovation to enhance and deliver an outstanding level of public protection.

Our Values

Consumer Protection
Professionalism
Accountability
Honesty and Trust
Integrity and Transparency

Strategic Goals

1. **Licensure**

The OMBC requires that only qualified individuals are licensed as osteopathic doctors.

2. **Enforcement**

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

3. **Outreach and Communication**

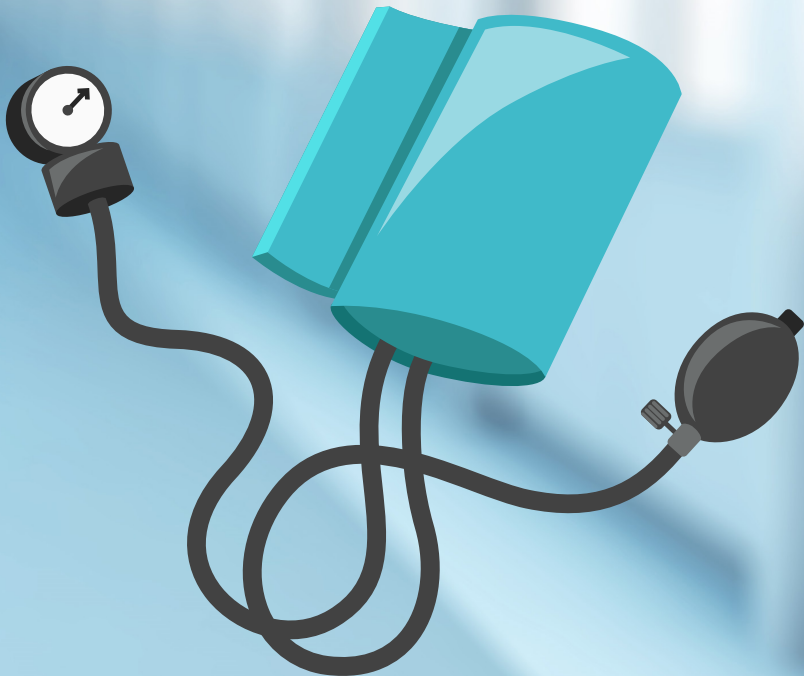
Consumers and licensees are able to make informed decisions regarding the safe practice of osteopathic medical services.

4. **Regulation and Legislation**

Monitor and uphold the law, and participate in the regulatory and legislative process.

5. **Board Administration**

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





Goal 1: Licensure

The OMBC requires that only qualified individuals are licensed as osteopathic doctors.

- 1.1 Implement online application processing to reduce cycle times and improve stakeholder service.
- 1.2 Create an online renewal process to reduce cycle times and improve stakeholder service.
- 1.3 Enhance customer service by implementing telephone procedures, seeking improvement of the phone-tree configuration, and requiring additional customer-focused staff training.

Goal 2: Enforcement

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

- 2.1 Review and assign a time limit for expert reviewer contract processing to reduce response times to cases.
- 2.2 Recruit additional expert reviewers to increase efficiency of case review and leverage the resources of subject matter experts with specific background in osteopathic medicine.
- 2.3 Hire one complaint intake staff member to eliminate backlog, improve customer service, and meet performance measures.
- 2.4 Hire one Enforcement Analyst to address excess workload, providing enhanced customer service and meeting performance measures targets.
- 2.5 Utilize aging reports in BreEZe to bring the Board into compliance with statutes.
- 2.6 Initiate a Budget Change Proposal (BCP) to fund travel for enforcement personnel to perform onsite check-ins of probationers.

Goal 3: Outreach and Communication

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

- 3.1 Develop printed materials to provide consumer information regarding the differences between the D.O. and M.D. designation, philosophies of osteopathy, and Board contact information to increase awareness of the Board's role as a consumer protection entity.
- 3.2 Produce and post instructional videos on initial application and renewal processes, common disciplinary actions, Board purpose, and a description of the osteopathic profession to help licensees and consumers understand the Board's functions.
- 3.3 Investigate options to enhance the website by including sections on licensing and discipline, frequently asked questions, and a quarterly newsletter to communicate Board activities to stakeholders.
- 3.4 Develop a stakeholder e-mail distribution list (or LISTSERV) to provide up-to-date information to stakeholders.
- 3.5 Modify renewal form to include explanation of the benefits of providing an e-mail address to the Board.
- 3.6 Engage colleges, students, and professional organizations providing in-person speaking, webinar, and teleconference events to promote student and professional organization's relations with the Board.
- 3.7 Reach out to professional organizations to request a hyperlink to the OMBC website be added to the organizations' websites in order to inform the public that they are separate entities from the Board.
- 3.8 Investigate the practicality of adding the website address to OMBC pocket license to increase awareness of the Board's resources.

Goal 4: Regulation and Legislation

Monitor and uphold the law, and participate in the regulatory and legislative process.

- 4.1 Review the need for, and, if necessary, hire a legislative analyst to keep the Board up-to-date on pending legislation and potential obstacles to patient safety.
- 4.2 Enhance legislative relationships to maintain contact with lawmakers regarding health care issues.
- 4.3 Implement a review of the OMBC's regulations (including telemedicine) to update or strengthen regulatory language, providing clarity and consistency with professional standards.
- 4.4 Review the Cite and Fine Schedule and revise if necessary to provide for the application of appropriate levels of enforcement citations.
- 4.5 Change the Continuing Medical Education (CME) cycle to coincide with the license renewal cycle.
- 4.6 Assess feasibility to change CME requirement verification to an audit system to streamline the renewal process.
- 4.7 Create a licensee placard requirement for D.O. places of practice to increase consumer protection through awareness.



Goal 5: Board Administration

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

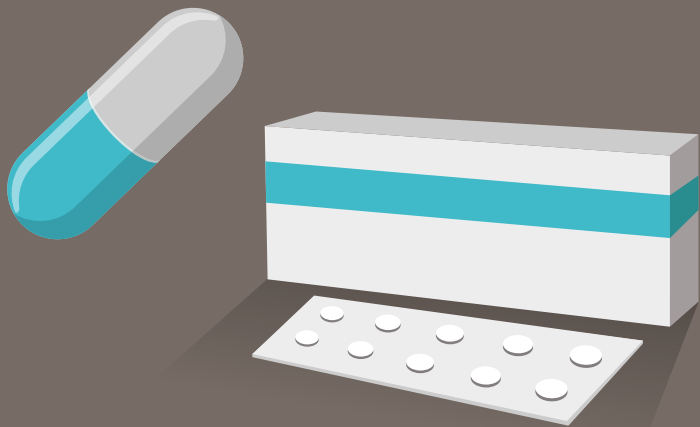
- 5.1 Coordinate with the DCA's Office of Information Services to research the capability of altering the phone tree in order to improve customer service.
- 5.2 Analyze call log data (if available) to justify a BCP for additional staff to answer and route calls.
- 5.3 Relocate the OMBC office to house all program staff in a single location and effectively store physical files.
- 5.4 Create an Architectural Revolving Fund account to fund office relocation.
- 5.5 Schedule, convene, and document monthly staff meetings to share challenges and accomplishments with the Board.
- 5.6 Establish a change management process for developing or modifying policies, procedures, program requests, and forms to implement changes in policies, laws, and regulations.
- 5.7 Develop and disseminate an anonymous training needs assessment to staff to identify and provide training to fulfill gaps and program needs.
- 5.8 Provide information technology and customer service training to staff in order to increase technical troubleshooting skills and enhanced customer service.

Strategic Planning Process

To understand the environment in which the Board operates and to identify factors that could impact the Board's success, DCA's SOLID unit conducted an environmental scan of the internal and external environments by collecting information through 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 most significant themes and trends identified from the environmental scan were discussed by the Board executive team during a strategic planning session facilitated by SOLID on October 30, 2015. This information guided the Board in the development of its mission, vision, and values, while directing the strategic goals and objectives outlined in this 2016–2019 Strategic Plan.





Osteopathic Medical Board of California

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This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Osteopathic Medical Board of California in September and October 2015. Subsequent amendments may have been made after Board adoption of this plan.