



**HEALTH CENTER
PARTNERS**
of Southern California

February 20, 2018

Medical Board of California
ATTN: Dev GnanaDev, MD; Chair
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Dr. GnanaDev,

On behalf of the 259 physicians employed by members of Health Center Partners of Southern California, we write to register our concerns with the Medical Board's recent investigation into opioid deaths between 2012 and 2013.

Several of the physicians employed by our member Community Health Centers have received your letter and are responding individually, as requested. While we stand united in our goal to reduce the number of deaths due to drug overdose, we have serious concerns with the current methodology used by the Medical Board to identify root causes, and workable solutions, and would rather suggest time and attention be spent developing a more realistic approach to this complex, multi-faceted problem that resulted in the death of 2,692 Californians during the look-back period.

It wasn't long ago that California physicians were being encouraged to take a more active role in helping to treat patients' chronic pain. In doing so, we were following the standard of care identified at the time. Times have changed.

For the Medical Board to examine physicians' past practices against today's current standard of care is punitive, not illustrative. The majority of physicians employed by Community Health Centers participated in California's mandated CME on pain management, which did not include references to today's dosage standards.

Moreover, while the use of the CURES database will provide some inoculation against the potential for over-prescribing, the database was not completely nor consistently functional during the look-



back period. Physicians had limited ability to use the technology as intended making this a sub-optimal measurement of physician practice.

As this region's safety net providers, we work diligently with our patients to identify alternatives to long-term use of pain medications. This includes referral to our case managers and community health workers who connect our patients to addiction services and resources. At the same time, our providers address our patients' very real chronic pain needs, as appropriate, and in this way wrap them in our care.

Today's standard of care, combined with improvements to technology, are helping to reduce patients' ability to shop for over-prescribed narcotics, while helping to increase our providers' ability to prescribe at appropriate dosage standards. In this way, we are creating constructive approaches to patients' pain management needs while helping to reduce the numbers of patients who turn to street drugs, instead.

It should be noted that, in the San Diego Prescription Drug Abuse Medical Task Force Proposal, dated 1-18-18, it was reported that ... "Sending investigative letters to a broad medical population resulted in many physicians announcing at a San Diego task force meeting that they will stop accepting opioid-dependent patients, and stop treating people with opioids, due to concerns about being unfairly investigated." Unintended consequences of this kind will only serve to limit access and reduce services to the target population, exacerbating the situation.

It is our understanding that the San Diego County Medical Society, and the California Medical Association, will weigh-in on this issue, providing additional salient facts and suggestions for improving this process without alienating the Medical Board from California's physicians. We agree with the need to do so and we pledge to work together to implement standards and procedures that mitigate this potential.

Please don't hesitate to contact us should you wish our perspective on the health and welfare of opioid-addicted and substance-dependent patients.



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Respectfully submitted,

James Schultz, MD
Chair, Physicians Council

Henry N. Tuttle,
President & CEO

Physician Council of Health Center Partners

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