



# CALIFORNIA STATE AUDITOR

Elaine M. Howle, State Auditor

## FACT SHEET

Date: **June 7, 2007**

Report: **2006-116**

**The California State Auditor released the following report today:**

### **Medical Board of California's Physician Diversion Program**

*While Making Recent Improvements, Inconsistent Monitoring of Participants and Inadequate Oversight of Its Service Providers Continue to Hamper Its Ability to Protect the Public*

#### **BACKGROUND**

In order to protect the public, the Medical Board of California (medical board) administers a diversion program to rehabilitate physicians impaired by substance abuse or by mental health disorders. Outside service providers, such as urine collection monitors and group facilitators, also participate in monitoring and treating program participants. Further, several regional diversion evaluation committees (DECs) determine terms for participating in the program, and decide on successful completion of or termination from the program.

#### **KEY FINDINGS**

Although the medical board has made improvements since the Physician Diversion Program (diversion program) was last reviewed by an independent enforcement monitor in November 2005, much work is still needed. Our review, which focused on activities after November 2005, revealed that the diversion program:

- ◆ Did not receive required monitoring reports from some participants' treatment providers and work-site monitors. For example, of the sample of participants we reviewed, the diversion program obtained only 17 of the 51 reports from participants' therapists.
- ◆ Reduced work restrictions and requirements originally placed on some physicians without evidence that participants are attending the meetings and individual therapy required.
- ◆ Falls short of its goal regarding the length of time from participants' initial contact to the first drug test.
- ◆ Does not always require physicians to immediately stop practicing medicine after testing positive for alcohol or a nonprescribed or prohibited drug.
- ◆ Is still not performing a significant percentage of drug tests according to the randomly generated schedule.
- ◆ Does not quickly identify missed drug tests or data inconsistencies between collectors' reports or lab results.

Further, the medical board has not been consistently providing effective oversight of the diversion program—relying on outside entities to point out deficiencies rather than having an effective internal process for reporting such deficiencies and a policy-making process to correct them.

#### **RECOMMENDATIONS**

Some of the recommendations we made to the medical board and diversion program include:

- ◆ Ensure that group facilitators, therapists, and work-site monitors submit required reports and that participants submit required meeting verifications.
- ◆ Take immediate and appropriate action when positive drug tests or other indications of a participant's relapse occur.
- ◆ Promptly reconcile scheduled drug tests to actual drug tests and compare the calendar dates to lab results.
- ◆ Annually evaluate the performance of collectors, group facilitators, and DEC members.
- ◆ Create a reporting process to allow the medical board to view each critical component of the program.

