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# The Role of the Physician Well - Being Committee

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# THE ROLE OF THE PHYSICIAN WELL-BEING COMMITTEE

Dignity Health

St. Bernardine Medical Center

December 1, 2016



**Rick D. Barton**

**Partner**

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## The Role of the Physician Well-Being Committee

St. Bernardine Medical Center  
December 1, 2016

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Procopio, Cory, Hargreaves & Savitch, LLP

## What is a Physician Well-Being Committee?



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## California Title 22- Section 70703

- Standing Committee of the Medical Staff
- “The medical staff by-laws, and regulations shall include...provision for the performance of the following functions:...assisting the medical staff members impaired by chemical dependency and/or mental illness to obtain necessary rehabilitation services...”
  - Sec. 70703(d) requires reports of activities and recommendations relating to the functioning of the committee at least quarterly
    - » What should such reports include?

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## Joint Commission MS 11.01.01

- Standard
  - The Medical Staff implements a process to identify and manage matters of individual health for licensed independent practitioners which is *separate from actions taken for disciplinary purposes*.
    - » *How does your facility’s PWBC function?*
    - How often are referrals made?*
    - What type of issues?*

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## Joint Commission MS 11.01.01

- Elements of Performance
  - Education of staff about illness and impairment recognition
  - Self-referral
  - Referral by Others
  - Maintenance of confidentiality, *except as limited by applicable law, ethical obligation, or when the health and safety of a patient is threatened*
  - Evaluation of the credibility of a complaint, allegation, or concern
  - Monitoring the practitioner and the safety of patients during and after rehabilitation
  - Reporting to the medical staff leadership instances of unsafe treatment

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## Physician Well-Being Committees

- Standing peer review committee
  - Reports to the Medical Executive Committee
  - Can have shared Physician Well-Being Committee with other institutions
- Recommend diverse specialties (e.g. experience with addiction medicine, psychiatry, chemical dependence)
- Required to meet quarterly and submit updates to Medical Executive Committee
  - Confidentiality of Providers referred to WBC must be maintained

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## Purpose of Well-Being Committees

- Joint Commission
  - To fulfill the Medical Staff's obligation to protect patients, its members and other persons in the hospital from harm
  - To facilitate rehabilitation, rather than discipline, by assisting a practitioner to retain and regain optimal professional functioning that is consistent with protection of patients
  - If at any time during the process it is determined that a practitioner is unable to safely perform the privileges he or she has been granted, the matter is forwarded for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements

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## Purpose of Well-Being Committees

- CMA-
  - An informal, confidential access point for persons who voluntarily seek assistance
  - To serve as a resource to the Licensed Independent Practitioners (LIP) and Medical Staff for evaluating and coordinating services when there is a perceived need to address individual health related issues of LIP's
  - To serve as an advisor to the Medical Staff in addressing patient safety issues that may arise from individual health related issues

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## Role of the Well-Being Committee

- To Evaluate Information and Concerns Regarding Needs of the Provider
  - See *Evaluations of Health Care Professionals- A Guideline for California*- California Public Protection and Physician Health, Inc. (CPPPH)
- To Evaluate whether the Health or Impairment of Provider Poses Risk of Harm to Patients
- To Coordinate Evaluation and Referral to Appropriate Resources for Treatment

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## Role of the Well-Being Committee

- To Coordinate any Monitoring of Provider who Continues or Returns to Practice
  - Monitoring/Behavior Agreements
- The WBC *Should Not* Provide Treatment or Oversight of Clinical Practice
  - No Physician-Patient Relationship
  - No Physician/Psychotherapist –Patient Privilege
  - Relationship with Provider in Well-Being Process Should be Made Clear

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## Protection of Activities of Well-Being Committee

- California Civil Code Section 43.8
  - There can be no monetary liability for communication of information to a peer review committee so long as “the communication is intended to aid in the evaluation of the qualifications, fitness, character or insurability of a medical practitioner.”
  - Business & Professions Code Section 809.08 encourages the sharing of information
- HCQIA also protects communications between peer review committees

## Medical Staff Bylaws and Well-Being Committee Policies

- Bylaws and Policies
  - Should set forth the role of the Committee, Confidentiality and Reporting Requirements to Medical Staff
  - Definition of “Investigation” in Bylaws should explicitly exclude referral to Well-Being Committee
  - Role of Well-Being Committee and relationship with Medical Staff should be clearly understood
    - When should conduct be reported, when should referrals be made, what information will be shared between the two committees, etc.



## Interaction Between Physician Well-Being Committee and Medical Staff

### Confidentiality of Activities vs. Responsibility to MEC

- The Well-Being Committee Dual Function
  - Maintaining a safe space for physicians in need of assistance
  - To be an effective resource to the Medical Staff to assure patient safety
- So When Must the MEC Be Told?
  - “Except in an instance where there is a *serious* risk of harm to patients, the Committee should report only to the referral source and the physician in question.”





## Confidentiality of Activities vs. Responsibility to Medical Staff

- Unless WBC Concludes There is Risk of Harm to Patients, All Activities of the WBC Must Remain Confidential
  - Information should be transmitted only to Physician and those providing evaluation and treatment
  - Referral Source is only entitled to know that WBC is involved

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## Confidentiality of Activities vs. Responsibility to Medical Staff

- CMA- “All records of the physician Well-Being Committee should be maintained in the strictest confidence, preferably in locked files to which only certain key Committee members and staff have access or, if electronically maintained, with passwords that are available only to certain key Committee members and staff. Indiscriminate sharing of those records, particularly if the information were to be leaked outside the legitimate peer review context, can severely compromise the confidentiality of the records.”

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## Confidentiality of Activities vs. Responsibility to Medical Staff

- If Medical Staff Committee Must be Advised of Risk to Patients, Confidentiality Still Applies
  - See laws regarding confidentiality of information re substance abuse treatment and the disabled
  - CMA- “Peer review bodies need not be unduly hesitant to share information with other peer review bodies when the other peer review bodies provide reliable assurances that they will use this information only in furtherance of legitimate peer review activities and that the records will remain confidential”
  - Focus is on whether sharing is necessary to protect patients

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## Confidentiality of Well-Being Committee Activities

- Confidentiality is Essential to Maintaining the Integrity and Effectiveness of the Well-Being Process
  - If Corrective Action is taken, access to Well-Being records should be carefully considered even if relevant to the issue creating need for Corrective Action
- Evidence Code Section 1157 applies to Requests from Outside Parties Because WBC is a Peer Review Committee
- Right of Privacy

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## Cooperation of Physician Required

- *Goodstein v. Cedars-Sinai Medical Center* (1998) 66 Cal App 4<sup>th</sup> 1257
  - Dr. Goodstein reported by colleagues to have substance abuse problem - referred to well-being committee who recommends psychiatric evaluation
  - Dr. Goodstein refuses to cooperate until well-being divulges identity of sources
  - MEC suspends Dr. Goodstein for failure to cooperate with undergoing evaluation

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## Cooperation of Provider Required

- *Goodstein v. Cedars-Sinai Medical Center (cont'd)*
  - Dr. Goodstein alleges denial of fair procedure because of Well-Being Committee's refusal to identify sources of complaints
  - Court of Appeal:
    - Well-Being Committee is a peer review committee
    - Policy of non-disclosure is appropriate and not a violation of fair procedure

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## Cooperation of Provider Required

- *Medical Staff of Sharp Memorial Hosp. v. Superior Court* (2004)  
121 Cal.App.4th 173, 18
  - “Although the services and support of the Well-Being Committee are required by the Joint Commission . . . the public protection . . . cannot be subordinated to the rehabilitative needs of an individual physician. . . Thus, . . . cooperation with the Well-Being Committee did not, per se, prevent the hospital from acting to protect patients under section 809.5.”

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## Managing Reporting Requirements and the Physician Well-Being Committee





## State & Federal Reporting Requirements

### Business & Professions Code § 805

- Report required where action is based on “medical disciplinary cause or reason”
- Report required for:
  - Denial of application, withdraw/abandon
  - Resignation, Leave of Absence
  - Failure to renew, extend or reestablish privileges, including contract
  - Termination of privileges or membership
  - Restrictions imposed or voluntarily accepted for cumulative total 30 days in 12 months

### Health Care Quality Improvement Act

- Report required for “professional review actions” based on the “competence or professional conduct” of the physician
- Report required for:
  - Action that adversely affects clinical privileges for a period of longer than 30 days
  - Surrender of clinical privileges while under investigation or in return for not conducting an investigation

## Well-Being Committee is Not A Disciplinary Committee

- Reporting Requirements are Triggered by Actions which Create Restrictions on Provider’s Ability to Practice
- Referral to Well-Being Committee is *not necessarily* an “investigation”
  - 805 and NPDB Reporting Requirements Arise if Provider Withdraws Application or Surrenders Privileges During an Investigation for a Medical Disciplinary Reason



## Physician Well-Being Committee and Americans With Disabilities Act

- Americans with Disabilities Act requires accommodations for practitioners with a disability
  - Independent contractors are protected from discrimination by **Title III of the ADA**, which applies to public accommodations (such as hospitals, schools, restaurants, hotels, movie theaters, daycare facilities, and recreation centers), **and Section 504 of the Rehabilitation Act of 1973**, which applies to any program or activity receiving federal funding
  - Alcohol addiction & drug addiction can be considered a disability
- Reasonable accommodation vs. surrender/restriction of privileges
  - Reasonable accommodations reportable?
  - What are reasonable accommodations?

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## Accommodations vs. Restriction

- *Haas v. Wyoming Valley Health Care System* (465 F. Supp. 2d 429 (M.D. Pa. 2006))
  - Dr. Haas, a member of the Wyoming Valley Health Care System, experienced hypomanic episode during an unsupervised total knee replacement at hospital
  - Following episode, Dr. Haas, voluntarily relinquished staff privileges; after a period of time psychiatrist reported that Dr. Haas was stable, Credentials Committee discussed Dr. Haas' application for reinstatement
  - Committee agreed to reinstate him subject to the stipulation (among others) that he was to be accompanied during all surgical procedures by a board-certified orthopedic surgeon whom Dr. Haas would have to obtain for a six-month period, and that the hospital must receive satisfactory monthly reports from the surgeon supervising Dr. Haas.

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## Accommodations vs. Restriction (cont.)

- *Haas v. Wyoming Valley Health Care System (cont.)*
  - Dr. Haas challenged the stipulations, claiming that they were “unjustified and apparently impossible to comply with” because his efforts to find a supervising surgeon had been unsuccessful
  - Credentials Committee informed him he was out of time to appeal the stipulations
  - He sued the hospital alleging violations of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 1201 et seq., and the Rehabilitation Act of 1973, 29 U.S.C. §§ 791 and 794

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## 2015 NPDB Guidebook

- NPDB Issues Final Revised Guidebook April 2015
  - Retains expansive definition of “investigation”
    - May look at health care entity's bylaws or
    - Other documents to assist determination of whether an investigation has started or is ongoing, **but**
    - NPDB retains the ultimate authority to determine whether an “investigation” exists
  - “In other words, an investigation is not limited to a health care entity's gathering of facts or limited to the manner in which the term ‘investigation’ is defined in a hospital's by-laws.”

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## Examples from NPDB Guidebook

- 32. An “impaired physician” member of a hospital’s medical staff has been repeatedly encouraged to enter a rehabilitation program. The practitioner continues to disregard the hospital’s advice and offers of assistance. If an authorized hospital official, such as the CEO or department chair, directs the practitioner to give up clinical privileges and enter a rehabilitation program or face investigation relating to possible professional competence or conduct, and the physician surrenders his privileges, must the surrender of clinical privileges be reported to the NPDB?
  - *Yes. If the authorized hospital official directs the physician to surrender his or her clinical privileges or face investigation by the hospital for possible professional incompetence or improper professional conduct, the surrender must be reported to the NPDB. The surrender of clinical privileges in return for not conducting an investigation triggers a report to the NPDB, regardless of whether the practitioner is impaired.*

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## Examples from NPDB Guidebook

- 33. If an “impaired practitioner” takes a leave of absence and enters a rehabilitation program, must it be reported?
  - *The fact that an impaired practitioner voluntarily enters a rehabilitation program should not be reported to the NPDB if no professional review action was taken and the practitioner did not relinquish clinical privileges while under investigation or in return for not conducting an investigation.*
  - *If a professional review action is taken against an impaired physician’s or dentist’s clinical privileges (e.g., suspension of clinical privileges), and the physician or dentist is required to involuntarily enter a rehabilitation program, the suspension must be reported to the NPDB. The reporting entity should explain in the narrative that the practitioner’s privileges were suspended for reasons related to professional competence and conduct. The fact that the practitioner entered a rehabilitation program should not be reported.*

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## Examples from NPDB Guidebook

- 34. A physician who holds clinical privileges at a hospital tests positive for a nonprescribed drug. He enters into a treatment plan, but he continues to practice while gradually working to modify his addictive behavior. Is this reportable to the NPDB?
  - *It depends. If there was a professional review action taken by the hospital that limits the physician's privileges while he seeks treatment, the restriction or limitation of clinical privileges must be reported to the NPDB. If there is no restriction or limitation, but the practitioner must be interviewed and screened periodically for a relapse, this would not be reportable to the NPDB.*

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## Examples from NPDB Guidebook

- 35. Laws related to drug and alcohol treatment programs have confidentiality provisions. Won't a report concerning a practitioner in a treatment program violate those provisions?
  - *No. Only the adverse actions affecting privileges must be reported to the NPDB; the fact that a practitioner entered a treatment or rehabilitation program should not be reported.*

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# Thank you!

Questions?



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### Professional Summary

Richard D. Barton has represented healthcare providers and health systems for more than 30 years. Richard's consulting and litigation practice focuses on health systems, hospitals, health associations, physician groups and individual healthcare providers. He is experienced in assisting provider organizations with their quality oversight compliance obligations and governance. He also serves as an Adjunct Professor of Law for the University of San Diego School of Law teaching Health Law and Policy.

### Recognitions

- *The Best Lawyers in America*® – 2007-2017
- Martindale-Hubbell® AV Preeminent Rating
- *San Diego Super Lawyers*® – 2007-2015 (Health Care)
- *San Diego Magazine's Best Lawyers*
- ADL Torch of Liberty Award
- "Top Lawyers," *San Diego Magazine*, 2013 - 2015
- "Southern California Super Lawyers," *Super Lawyers Magazine*, Southern California 2014

### Community

- University of California President's Advisory Council on Campus Climate, Culture, and Inclusion (2010-2012)
- American Board of Trial Advocates
- Anti-Defamation League - San Diego Regional Advisory Board Chairman (1998-2002), ADL National Commissioner (2000 to present), National Executive Committee (2002 to present), Vice Chair of International Affairs (2003-2006), National Chair of Leadership (2006-2009), National Chair of Education (2009-2012), Chair Education Equity Task Force (2012 to present)
- Litigation Counsel of America – Fellow
- San Diego County Bar Association and San Diego County Medical Society – Co-Founder Joint Medical Legal Committee
- National Immigrant Women's Advocacy Project – Board Member
- International Association of Judicial Independence and World Peace International Project of Judicial Independence – Member

## Education

- JD, University of Southern California Gould School of Law, 1981
- BA, University of California, Los Angeles, 1977

## News Coverage

- Clark, Cheryl. "Out to Pasture: Age-Based Personnel Policies Rankle With Docs," *MedPage Today*, July 30, 2015.

## Seminars

Rick has been a guest lecturer at the University of San Diego Law School, California Western School of Law, University of Vermont School of Law, Dartmouth College, San Diego State University and is a regular guest speaker on health care issues at venues around the country. He has lectured and is a regular speaker on the conflict in the Middle East, Anti-Semitism, Holocaust, Religious Freedom in the U.S. and Church-State issues.

- Co-presenter. "Telemedicine: The Doctor is In (Your Computer)," ACC-SD, San Diego, CA, June 9, 2016.
- Presenter. "Retaliation and Healthcare Providers: Navigating Health and Safety Code Section 1278.5," CAMSS 45th Annual Education Forum, Anaheim, CA, May 19-20, 2016.
- Panelist. "When Age Becomes Impairment: Issues Involving Older Physicians," Administrators in Medicine 2016 Annual Meeting, San Diego, CA, April 27, 2016.
- Co-presenter. "Impact of Recent Regulatory Changes on Medical Staff Bylaws: Proposed Amendments and Best Practices," Strafford Productions, San Diego, CA, March 3, 2016.
- Sharp Healthcare Medical Staff Leadership Retreat, January 22, 2016.
- Co-presenter - "Navigating Health and Safety Code Section 1278.5," ACC-SD, San Diego, CA, August 26, 2015.
- "Managing the Multiple Layers of Physician Oversight," CAMSS Desert Chapter, 16th Annual Educational Conference, August 14, 2015.
- "Legal Aspects of Assessing the Aging Physician", Federation of State Physician Health Programs, Inc. - Annual Education Conference & Business Meeting - April 25, 2015.
- Medical Staff Boot Camp - Sharp Memorial Hospital - New Department Chair Orientation, February 10, 2015.
- "Managing the Multiple Layers of Physician Oversight," 2015 CAMSS 44th Annual Education Forum, Universal City, CA, May 20, 2015.
- "Legal Aspects of Assessing the Aging Physician," CMA OMSS Assembly, San Diego, CA, December 4, 2014.
- "Legal Aspects of Assessing the Aging Physician," CSHA Annual Fall Seminar, Los Angeles, CA, November 7, 2014.
- "Medical Staff Bootcamp – Representing Healthcare Clients," California Western School of Law, San Diego, CA, October 20, 2014.
- Co-presenter. "SD Health Law Roundtable: To Report or Not Report - Ending Relationships with the Employed or Contract Providers," ACC-SD, San Diego, CA, September 30, 2014.
- "Legal Aspects of Assessing the Aging Physician," SCCMA Workshop, San Jose, CA, September 27, 2014.
- Co-presenter. "Dismantling the School-to-Prison Pipeline," KPBS, San Diego, CA, September 16, 2014.
- Co-presenter. "Medical Staff Bylaws: Meeting New Medicare Conditions of Participation and Joint Commission Requirements," Strafford, Webinar, September 11, 2014.
- "Medical Records Training" Southern Indian Health Council, Alpine, CA, July 29 and August 14, 2014
- "Assessing the Aging Physician – Legal Aspects," CPPPH, Los Angeles, CA, July 26, 2014.
- Co-presenter. "Meet Your Counterpart: Landmark Healthcare Legislation – Revealing the Real Impact of the ACA – 2014 Update," Association of Corporate Counsel, San Diego, CA, June 19, 2014.
- "Assessing the Aging Physician – Legal Aspects," CPPPH, Oakland, CA, June 7, 2014.

- “The Dilemma of the Aging Physician: Legal and Practical Challenges,” 43rd Annual CAMSS Education Forum, Sacramento, CA, May 9, 2014.
- “Assessing the Aging Physician – Legal Aspects,” CPPPH, Sacramento, CA, May 3, 2014.
- “Medical Staff Boot Camp,” Sharp Chula Vista Medical Center, Chula Vista, CA, February 27, 2014.
- “The Dilemma of the Aging Physician: Legal and Practical Challenges,” Association of Corporate Counsel, San Diego, CA, February 20, 2014.
- “Age-Based Policies for Physician Faculty: Legal and Practical Challenges,” Legal Issues Affecting Academic Medical Centers and Other Teaching Institutions Conference, Washington, DC, January, 23, 2014.
- “Legal Aspects of Assessing the Aging Physician,” CPPPH, San Diego, CA, November 16, 2013.
- “Pursuing Quality Through Medical Staff and Physician Oversight: A Report from the Trenches,” September 12, 2013.
- “Pursuing Quality through Medical Staff and Physician Oversight,” Tri-City Board Training, San Diego, CA, July 10, 2013.
- “Promoting Quality Medical Management in Multi-Hospital Systems: A View from the Front Lines,” CSHA Annual Meeting and Spring Seminar, Newport Beach, CA, April 13, 2013.
- “Pursuing Quality Through Medical Staff and Physician Oversight - A Report from the Trenches,” ACC-SD/Procopio Health Law Roundtable, San Diego, CA, January 31, 2013.

## Publications

Rick served as the primary author of an Amicus Curiae brief to the California Supreme Court on behalf of Jewish and Islamic medical ethics scholars in *Benitez vs. North Coast Women's Group* in a nationally publicized matter involving the right of a physician to refuse treatment on religious grounds on the basis of a patient's sexual orientation. In his role in the Anti-Defamation League, Rick has traveled to the Middle East and Europe for meetings with officials of the Israeli Government, the Palestinian Authority, the United Nations and European Governments. He has served as a contributor to the San Diego Union Tribune on the Israeli Palestinian conflict and Anti-Semitism.

- Contributor. “Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening,” California Public Protection and Physician Health, Inc., 2015.
- “Whistleblowers and the California Supreme Court’s Decision in *Fahlen v. Sutter Central Valley* – Toward a Workable Balance for Promoting Advocacy for Patient Care,” *The Legal Secretary*, February 2015.
- Co-author with Jamie D. Quient. “The Single Shared Governing Body in Multi-Hospital Systems – CMS Revisions to 42 CFR 482.12 in a Climate of Change,” *The American Health Lawyers Association - MedStaff News*, April 2013.



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### Professional Summary

Shelley brings more than twenty-five years of experience to the Procopio Health Care team. She has extensive litigation experience representing physicians, medical staffs and health care entities. Her areas of practice include: peer review, professional licensing, employment, professional contracts, civil rights, retaliation, government claims and anti-SLAPP actions. Shelley has participated in numerous trials, arbitrations, mediations and administrative proceedings. She has authored more than twenty appellate briefs and argued before several of the California Courts of Appeal, as well as the Ninth Circuit Court of Appeals. Shelley is listed as an approved hearing officer on the California Society of Healthcare Attorneys Website and has served as a temporary judge in the San Diego Superior Court.

### Recognitions

- Outstanding Service Award from the Legal Aid Society of San Diego, Inc., 2015

### Community

- AHLA (American Health Lawyers Association)
- CAAHP (California Academy of Attorneys for Healthcare Professionals), Education Chair
- CPPPH (California Public Protection & Physician Health, Inc.), Attorney Advisory Group
- CSHA (California Society of Healthcare Attorneys)
- Civil Appellate Self-Help Workshop, Volunteer
- San Diego County Bar, Law & Medicine and Appellate Practice Sections Member
- SCAHRM (Southern California Association of Healthcare Risk Managers)
- SDAHRM (San Diego Association of Healthcare Risk Managers), Exec. Comm.
- William L. Todd, Jr. American Inn of Court: President 2015-2016; Founding Member
- USC Gould School of Law, San Diego Alumni Board Representative
- Social Advocates for Youth - Teen Court, Adult Advisor

### Education

- Juris Doctor, University of Southern California, 1988
- B.A, History, High Honors, University of California, Berkeley 1985



## Seminars

- Co-presenter. "Managing the Multiple Layers of Physician Oversight," SD CAMSS Chapter, UC San Diego Health, San Diego, CA, October 20, 2016.
- "Use of the anti-SLAPP Motion," State of Calif., Dept. of Transportation, Employment Law Workshop, Ventura Pierpoint Inn, Pavillion Conference Room, Ventura CA, September 29, 2016.
- Co-presenter. "Telemedicine: The Doctor is In (Your Computer)," ACC-SD, San Diego, CA, June 9, 2016.
- Co-presenter. "Confidentiality and Reporting Requirements for Physician Well-Being Committees," CPPPH, San Diego, CA, May 7, 2016.
- Litigation Update - Substance Abuse and the CURES system," Medical Staff Legal Conference, California Association of Medical Staff Services ("CAMSS" ), Desert Chapter, Parkview Community Hospital, Riverside, CA, March 18, 2016.
- "Protecting the Public: Public and Private Regulation of Health Care Professionals," William L. Todd, Jr., American Inn of Court, San Diego, March 19, 2014.
- "Litigation Update - The Year of the Whistleblower," Medical Staff Legal Conference, California Association of Medical Staff Services ("CAMSS"), Desert Chapter, Parkview Community Hospital, Riverside, CA, March 13, 2015.
- ACC Health Law Roundtable "Peer Review and Whistleblowers in a Post-Fahlen world", July 10, 2014.
- "The Whistleblower – More Protections Than For Peer Reviewers?" Board of Directors, Hi-Desert Medical Center, April 8, 2014.
- "The California Confidentiality of Medical Information Act," Lorman Education Services, Medical Records Law in California, Riverside, CA, March 25, 2014.
- "The HCQIA and Federal Peer Review," Medical Staff Legal Conference, California Association of Medical Staff Services ("CAMSS"), Desert Chapter, Riverside , CA, March 21, 2014.

## Publications

- Petition For Writ Of Mandate, Prohibition and/or Other Appropriate Relief And Request For Immediate Stay on behalf of Southern Indian Health Council, Inc., Roff v. Tran, D069169 (Cal. App. 4th Dist.) November 4, 2015.
- Amicus Curiae Brief of Sharp Healthcare In Support of Appellant John Muir Health, *Jatinder Dhillon V. John Muir Health*, et al., Case No. S224472, filed Nov. 4, 2015.
- "Healthcare Reporting Requirements," California Health Law News, Summer/Fall 2015.
- "When Hospital Bylaws And Whistleblower Protection Collide," Law 360, July 15, 2015.
- "New Developments on Interplay between Whistleblower Actions and Other Attacks on Hospital Discipline," July 1, 2015.
- *Kibler* Five Years Later – The Use of anti-SLAPP in Peer Review Litigation, August 20, 2012.



## Natalie Valdes Mueller, Attorney

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### Professional Summary

Natalie Valdes Mueller provides counsel for several hospitals and health systems. Natalie's practice focuses on developing bylaws, advising medical staffs with credentialing and privileging decisions, and creating policies for medical staffs. She is also experienced in representing medical staffs throughout the judicial review hearing process and assisting in investigations and reviews of practitioners with clinical and behavioral issues. Natalie also advises hospitals, medical groups, and Native American health clinics with quality oversight compliance and governance.

### Community

- State Bar of California
- San Diego County Bar Association
- Lawyers Club of San Diego
- California Association of Medical Staff Services (CAMSS)
- California Society of Healthcare Attorneys, Mentor
- Juvenile Court Book Club

### Education

- JD, University of San Diego School of Law, 2013 (*San Diego International Law Journal* – Member and Senior Associate Editor)
- BA (History, minor in Philosophy), University of San Diego, cum laude, 2009

### Seminars

- Co-presenter. "Managing the Multiple Layers of Physician Oversight," UC San Diego Health, San Diego, CA, October 20, 2016.
- Co-presenter. "Confidentiality and Reporting Requirements for Physician Well-Being Committees," CPPPH, San Diego, CA, May 7, 2016.
- Co-presenter. "Navigating Health and Safety Code Section 1278.5," ACC-SD, San Diego, CA, August 26, 2015.
- Co-presenter. "Flu Vaccines - Legal & Practical Implications for Medical Staffs and Employees," ACC Health Law Roundtable, San Diego, CA, June 17, 2015.



## Publications

- Co-Author. "Indian Health Service 2016 Annual California Tribal Consultation: 'Can You Hear Us Now?'" *Blogging Circle, Sharing Ideas About Native American Legal Happenings*, March 16, 2016.
- Co-Author. "Peering into the IHS Physician Review Requirement" *Blogging Circle, Sharing Ideas About Native American Legal Happenings*, September 17, 2015.
- Contributor. "Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening," California Public Protection and Physician Health, Inc., 2015.