Georgia

Georgia Composite Board Adopts Guidelines for Office-Based Surgery

The Georgia Composite Medical Board issued guidelines for office-based anesthesia and surgery at its December 2011 meeting after conducting a hearing to consider public comments. The Medical Board's new guidelines were the product of a months-long collaboration with interested parties from the public, as well as professional societies and associations.

The new guidelines clarify definitions and rules for physicians who perform surgical procedures and use anesthesia, analgesia or sedation in office-based settings. Definitions are clarified for terms such as "deep sedation/analgesia," "office-based surgery," and "general anesthesia."

Georgia Senate Resolution 1222, adopted in April 2010, urged the Board to develop and adopt guidelines for office-based surgery. After soliciting and receiving input from physicians, members of the Board of Nursing and the nursing community in Georgia, professional associations, and other interested parties, the Board posted a public notice of its intent to adopt the guidelines. After reviewing all public comments, which were universally supportive, the guidelines were adopted in December.

"By adopting these guidelines, the Medical Board has a set a standard for medical practitioners who perform surgery or utilize sedation in an office setting," said Alexander Gross, the Board's immediate past chairman.

The guidelines went into effect immediately and are available on the Board's website at Guidelines for Office-based Anesthesia and Surgery. Visit http://medicalboard.georgia.gov. ■

Source: Georgia Medical Board website, January 2011

Iowa

Iowa Latest State to Join Uniform Application Initiative

The Iowa Board of Medicine has unveiled a new uniform application system that captures basic information needed for medical licensure in all 50 states, the District of Columbia, and U.S. territories. Iowa is the 16th state to implement the system, which was developed by the FSMB and which is intended to help physicians who need to apply for licenses in multiple states.

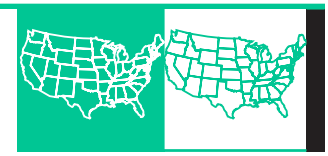
The credentials of physicians seeking training or permanent licensure to practice medicine in Iowa will now be maintained in a national database they can use when they apply for licenses in other states.

An increasing number of physicians nationally have multiple state licenses due to the changing environment of medical practice, increased mobility of the physician population, and new technologies such as telemedicine that impact on physician licensure. Fifty-one percent of the physicians licensed by the Iowa Board have licenses in other states.

AN INCREASING NUMBER OF PHYSICIANS NATIONALLY HAVE MULTIPLE STATE LICENSES DUE TO THE CHANGING ENVIRONMENT OF MEDICAL PRACTICE, INCREASED MOBILITY OF THE PHYSICIAN POPULATION, AND NEW TECHNOLOGIES..

Physicians seeking a state license to practice medicine or to participate in residency training programs must prepare an extensive application, revealing their practice history, medical education and post-graduate training, performance on licensure examinations, and certification by medical specialty boards. Once entered into the online system, this information can be easily updated and exported.

In addition to completing the uniform application, applicants will also complete an addendum with



state-specific questions, meeting the special licensing requirements of each state.

"The uniform application benefits physicians by reducing redundancy in filling out multiple applications when applying for licensure in multiple states," said Amy Van Maanen, the Board's director of licensure administration. ■

Source: Iowa Board of Medicine news release, January 25, 2012

Kentucky

Pilot Project Allows Access to Drug Data from Kentucky and Ohio

The states of Kentucky and Ohio recently completed a pilot project that allowed the two states to automatically exchange prescription medication data.

The program, known as the Prescription Monitoring Information Exchange (PMIX), is a partnership between the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system and the Ohio Automated Rx Reporting System (OARRS).

Under the pilot program, authorized users in Kentucky and Ohio securely accessed live Prescription Drug Monitoring Program (PDMP) data from both states' prescription monitoring systems utilizing the PMIX hub server. For example, Kentucky physicians were able to request KASPER patients' reports and stipulate a need for Ohio data on the reports.

...THE EFFORT REQUIRED TO ESTABLISH AND MAINTAIN SEPARATE ACCOUNTS WITH EACH STATE AND REVIEW MULTIPLE REPORTS AND FORMATS HAS RESULTED IN A LIMITED NUMBER OF PRACTITIONERS AND LAW ENFORCEMENT OFFICERS OBTAINING ACCESS.

The resulting KASPER report provided for a physician would include any prescription records that the Ohio PDMP makes available for patients in question, as well as the KASPER prescription records, identifying in which state each prescription was dispensed.

Several states, including Kentucky, currently allow a prescriber, dispenser, or law enforcement officer from another state to register and obtain access to their state PDMP.

However, according to Kentucky officials, the effort required to establish and maintain separate accounts with each state and review multiple reports and formats has resulted in a limited number of practitioners and law enforcement officers obtaining access.

Now that the pilot program has been completed, state officials are integrating the PMIX code into the production KASPER system. Kentucky is also working on data-sharing agreements with Ohio and several other states (including border states) with hopes of implementing KASPER data sharing with these states during 2012. ■

Source: Kentucky Board of Medical Licensure newsletter, Fall 2011

Michigan

Criminal Sexual Conduct Bills Signed into Law in Michigan

Michigan has passed into law Senate Bill 235 and House Bills 4411 and 4412, which tighten sexual misconduct laws applied to health professionals.

- Public Act 222 (Senate Bill 235) amends the Public Health Code to allow for the permanent revocation of a license or registration of a health care professional who is convicted of 1st, 2nd or 3rd degree criminal sexual conduct (CSC) while acting within the health care profession he or she is licensed or registered.
- Public Act 223 (House Bill 4411) amends the Public Health Code to provide that a previous licensee or registrant is ineligible to apply for reinstatement if his or her license or registration has been permanently revoked for 1st, 2nd or 3rd degree CSC.

- Public Act 224 (House Bill 4412) amends the Public Health Code to categorize a conviction of 1st, 2nd or 3rd degree CSC separately from a conviction of 4th degree CSC or assault with intent to commit CSC in the list of grounds for sanctions considered against licensed or registered health care professionals. ■

Source: Michigan Department of Licensing and Regulatory Affairs, *Healthlink*, Winter 2012.

North Carolina

North Carolina Medical Board Slaps Three Charlotte-Area Physicians with Record Fines

Three Charlotte-area physicians have been fined $85,000 each by the North Carolina Medical Board (NCMB), which also suspended their licenses for 18 months. In a news story, the *Charlotte Observer* called the fines "the largest amount levied since the licensing agency got authority to issue fines in 2006."

ACCORDING TO THE BOARD, NONE OF THE SEVEN PATIENTS INVOLVED IN THE DIAGNOSTIC TESTING HAD SPINAL ABNORMALITIES THAT JUSTIFIED THE SURGERY PERFORMED.

The physicians are Neal Michael Goldberger, M.D., an anesthesiologist, and Chason Spencer Hayes, M.D., and Seth Lewis Jaffe, M.D., both orthopedic surgeons.

The Board levied fines against the physicians for performing diagnostic tests that led to immediate surgery, saying that having operating surgeons perform both diagnostic tests and surgery raises questions of conflict of interest. According to the Board, none of the seven patients involved in the diagnostic testing had spinal abnormalities that justified the surgery performed.

Between 2006 and 2008, the Board said the doctors performed 900 of the procedures on patients who suffered from neck and back pain. In most of the cases, the injury occurred as the result of auto or workplace accidents.

The Board also accused the doctors of unprofessional conduct for soliciting personal-injury lawyers via letters that advertised the benefits of surgery for people injured in auto accidents. ■

Source: *Charlotte Observer,* October 25, 2011

Texas

Remedial Plans Replace Disciplinary Action in Some Cases

A new, non-disciplinary option gives some licensees another way to resolve cases before the Texas Medical Board (TMB).

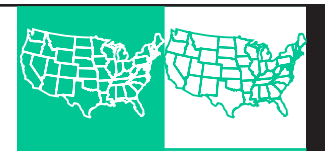
In the past, TMB had only two options for resolving a complaint against a physician: dismissal of the complaint or public disciplinary action. During the last legislative session in Texas, however, Senate Bill 227 and House Bill 680 established a more educational and corrective process. Now, TMB can resolve certain complaints through what it calls a "remedial plan," rather than use of a formal disciplinary action.

Remedial plans facilitate resolution of complaints efficiently to serve interests of protection of the public while giving physicians an opportunity to improve their practices.

A physician on the new remedial plans will not have his or her name listed in the Board's newsletter or in the Board's news releases.

These remedial plans are not considered "disciplinary" in nature and, as such, are not reportable to the National Practitioner Data Bank.

Remedial plans typically are offered for administrative violations after a complaint is received or in other



situations after an investigation is completed, according to TMB. In some instances, a case is reviewed by the Quality Assurance Panel (QAP) of the Board. This panel reviews the medical records pertaining to a case, the Board's Expert Physician Panel Report and the physician's responsive materials.

After reviewing these materials, the QAP may determine that a violation of the Medical Practice Act occurred, but that given the nature of the violation, the matter could potentially be resolved with a remedial plan.

In other instances, the case may proceed to litigation, where it is assigned to a staff attorney and scheduled for an Informal Settlement Conference/Show Compliance (ISC) proceeding.

REMEDIAL PLANS FACILITATE RESOLUTION OF COMPLAINTS EFFICIENTLY TO SERVE INTERESTS OF PROTECTION OF THE PUBLIC WHILE GIVING PHYSICIANS AN OPPORTUNITY TO IMPROVE THEIR PRACTICES.

The purpose of the ISC hearing is to provide an informal forum for representatives of the Board to review the information and for the licensee to show that he or she is in compliance with the Medical Practice Act.

At the ISC, the Board may determine that a remedial plan is the most appropriate way to resolve the case. Remedial Plans are non-negotiable, and usually have to be accepted by a specific deadline.

To learn more, visit the Texas Medical Board website at www.tmb.state.tx.us. ■

Source: Texas Medical Board *TMB Bulletin*, January 2012

Washington

Washington State Medical Commission Releases Vital Facts and Statistics

In a year-end report, the Washington State Medical Commission provided a summary of some of its activities affecting physicians and the public during its fiscal year 2011.

Among the "vital facts and statistics" released as highlights for the year, the Commission:

- Issued 2,540 new licenses
- Received 1,164 complaints/reports
- Investigated 731 complaints/reports
- Issued 84 disciplinary orders
- Summarily suspended or restricted 13 licenses
- Actively monitored 171 practitioners

The Commission reported that 90% of its investigations were completed on time in 2010, and that it had reduced its investigative aged-case backlog by 75% and reduced its legal aged-case backlog by 50%.

The Commission has 21 members, including 13 physicians, two physician assistants, and six public members. It has a 39-person staff, with an $11 million biannual budget. The Commission currently licenses 28,797 physicians and physician assistants in Washington.

Among other highlights reported, the Commission noted that it is currently participating in a five-year pilot project to measure performance and efficiency. ■

Source: Washington State Medical Commission website, January 2012