

# **MINUTES**

North Carolina Medical Board

**March 21-23, 2007**

**1203 Front Street  
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting March 21-23, 2007.

The March 21-23, 2007, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:05 a.m., Wednesday, March 21, 2007, by H. Arthur McCulloch, MD President. Board members in attendance were: Janelle A. Rhyne, MD, President Elect; George L. Saunders, III, MD, Secretary; Ralph C. Loomis, MD, Treasurer; Andrea Bazan-Manson; Donald E. Jablonski, DO; John B. Lewis, Jr., LLB; Robert C. Moffatt, MD, Michael E. Norins, MD; Peggy R. Robinson, PA-C; and Sarvesh Sathiraju, MD. Absent was E. K. Fretwell, PhD.

Staff members present were: R. David Henderson, JD, Executive Director; Nancy Hemphill, JD, Special Projects Coordinator; Thomas W. Mansfield, JD, Legal Department Director; Brian Blankenship, Board Attorney; Marcus Jimison, JD, Board Attorney; Katherine Carpenter, JD, Board Attorney; Todd Brosius, JD, Board Attorney; Ms. Wanda Long, Legal Assistant; Ms. Lynne Edwards, Legal Assistant; Ms. Cindy Harrison, Legal Assistant; Mr. Curtis Ellis, Investigative Department Director; Don R. Pittman, Investigator/Compliance Coordinator; Mr. Mike Wilson, Investigator; Mrs. Therese Dembroski, Investigator; Mr. Loy C. Ingold, Investigator; Mr. Bruce B. Jarvis, Investigator; Mr. Robert Ayala, Investigator; Mr. Richard Sims, Investigator; Mr. David Van Parker, Investigator; Mr. Vernon Leroy Allen, Investigator; Mr. David Allen, Investigator; Ms. Jenny Olmstead, Senior Investigative Coordinator; Ms. Barbara Rodrigues, Investigative Coordinator; Mr. Dale Breaden, Director of Public Affairs; Ms. Dena Konkell, Assistant Director, Public Affairs; Mrs. Joy D. Cooke, Licensing Director; Ms. Michelle Allen, Licensing Supervisor; Ms. Amy Ingram, Licensing Assistant; Ms. Ravonda James, Licensing Assistant; Ms. Lori King, Physician Extender Coordinator; Ms. Quanta Williams, Physician Extender Coordinator; Michael Sheppa, MD, Medical Director; Scott Kirby, MD, Assistant Medical Director; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Summary Coordinator; Ms. Carol Puryear, Malpractice/Medical Examiner Coordinator; Mr. Hari Gupta, Operations Department Director; Ms. Patricia Paulson, Registration Coordinator; Mrs. Janice Fowler, Operations Assistant; Mr. Peter Celentano, Comptroller; Ms. Mary Mazzetti, Receptionist; Ms. Barbara Gartside, Operations Assistant/Licensing Assistant; Mr. Donald Smelcer, Technology Department Director; Ms. Dawn LaSure, Human Resources Director; and Mr. Jeffery Denton, Executive Assistant/Verification Coordinator.

## **MISCELLANEOUS**

### **Presidential Remarks**

Dr. McCulloch commenced the meeting by reading from Governor Easley's Executive Order No. 1, the "ethics awareness and conflict of interest reminder." No conflicts were noted.

Dr. McCulloch announced that Dr. Rhyne has accepted an additional term on the Federation of State Medical Board's Finance Committee.

The Board voted to return to the routine two and a half day odd numbered month Board Meeting schedule.

### **New Board Member – Andrea Bazan-Manson**

Dr. McCulloch read the Oath of Office to Ms. Bazan-Manson. He then welcomed and introduced her as a newly appointed Board Member. Ms. Bazaon-manson was appointed by Governor Easley to relieve Mr. Aloysius P. Walsh following completion of his two terms.

### **Federation of State Medical Boards, Board of Directors Report**

Robin N. Hunter Buskey, PA-C updated the Board regarding the recent meeting of the FSMB Board of Directors.

## **MINUTE APPROVAL**

**Motion:** A motion passed that the February 21, 2007, Board Minutes are approved as presented.

## **BEST PRACTICE AD HOC COMMITTEE REPORT**

George Saunders, MD, Chair; Michael Norins, MD; EK Fretwell, PhD; Robert Moffatt, MD; Ralph Loomis, MD; Janelle Rhyne, MD; Donald Jablonski, DO

The Best Practice Ad Hoc Committee of the North Carolina Medical Board was called to order at 12:10 p.m., Thursday, March 22, 2007, at the office of the Board. Members present were: George Saunders, MD, Chair; Michael Norins, MD; Robert Moffatt; MD; Ralph Loomis, MD; Janelle Rhyne, MD; and Donald Jablonski, DO. Also attending were: David Henderson, JD, Executive Director (Staff) and Jeffery Denton, Recorder (Staff). Absent was E. K. Fretwell, PhD.

Dr. Saunders stated that this is a bigger task than he initially realized, so the purpose of this first meeting is to figure how to tackle this project.

Ultimately it was decided to divide the topics into sub-groups among the committee members for study and/or recommendations to be brought back to the committee for review. The sub-groups will meet via Email and conference calls between committee meetings.

- Topic A: Saunders, Jablonski, Rhyne, Norins
- Topic B: Rhyne, Loomis (Legal Staff)
- Topic C: Norins, Loomis
- Topic D: Fretwell, Walsh
- Topic E: Moffatt, Loomis, Fretwell
- Topic F: Saunders, Norins, Jablonski

The Legal Department provided input which will be discussed further.

The committee will meet every month initially and then evolve to every other month.

The next regular meeting of the Best Practice Ad Hoc Committee is tentatively set for Wednesday, April 19, 2007.

## **SELECTION PROCESS AD HOC COMMITTEE REPORT**

John Lewis, LLB, Chair; George Saunders, MD; Donald Jablonski, DO; Robert Moffatt, MD

The Selection Process Ad Hoc Committee of the North Carolina Medical Board was called to

order at 5:00 p.m., Wednesday, March 21, 2007, at the office of the Board. Members present were: John Lewis, LLB, Chair; George Saunders, MD; Robert Moffatt; MD; and Donald Jablonski, DO. Also attending were: Nancy Hemphill, JD, Special Projects Coordinator (Staff), Thomas Mansfield, JD, Legal Director (Staff) and Wanda Long, Recorder (Staff).

This is a preliminary assessment of a complex issue. The Selection Process Committee is making this report to the full Medical Board, while recognizing that input from all stakeholders is important.

1, The Selection Process committee has experienced and identified many attributes in an effective Medical Board and its members, especially the physician members. The work is extremely technical.

- Twelve members is an appropriate number;
- It is important that experienced, practicing physicians constitute the majority of the Medical Board;
- Members should be demonstrated leaders, who are:
  - Hardworking;
  - Focused on public protection;
  - Diverse as to specialty, ethnicity, race, gender, geographic location, etc.

The Selection Process Committee recognizes the positive attributes of physicians being appointed to the Medical Board by the Governor and acknowledges the historical and valuable role the Medical Society has provided in this process.

2. The Selection Process Committee is looking at a process whereby the Governor would appoint qualified members to the Board, with nonbinding input from all interested parties, including various medical societies and others.

3. The Selection Process Committee further acknowledges that statewide physician elections to the Medical Board would be:

- Difficult, time consuming and expensive to administer; and
- Could result in a Medical Board that would not necessarily be effective.

4. Therefore, the Selection Process Committee recommends that it continue its work while consulting with all stakeholders, and make a report to the Medical Board at the April Board meeting.

## **ATTORNEY'S REPORT**

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and to preserve attorney/client privilege.

Written reports on 127 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

**PUBLIC ACTIONS**

**Alvarado, Teresa Lois MD**

Public Letter of Concern executed 03/05/2007

**Bartlett-Pandite, Arundathy Nirmalini**

Re-Entry Agreement executed 03/07/2007

**Beck, Jeffrey R. MD**

Findings of Fact, Conclusions of Law & Order of Discipline executed 3/8/07

**Blevins, Douglas Dane MD**

Termination of Consent Order executed 02/02/2007; Re-Entry Agreement executed 02/12/2007

**Byrd, Lelan Clinton MD**

Re-Entry Agreement executed 01/23/2007

**Carbone, Dominick John MD**

Consent Order executed 2/21/07

**Chavis, Robert Michal PA**

Consent Order executed 2/20/07

**Chemelli, Marcia Gaddy PA**

Voluntary Surrender executed 3/16/07

**Chen, Chih-Cheng MD**

Notice of Charges and Allegations; Notice of Hearing executed 02/27/2007

**Clarke, Theresa Sharon PA**

Consent Order executed 01/23/2007

**Flechas, Jorge David MD**

Notice of Charges and Allegations; Notice of Hearing executed

**Freeman, Tyler Ira MD**

Consent Order executed 02/23/2007

**Galyon, Ronald Curtis MD**

Amended Consent Order executed 1/23/07

**Gosfield, Edward MD**

Re-Entry Agreement executed 02/20/2007

**Greenwood, Denise Rochelle MD**

Findings of Fact, Conclusions of Law & Order of Discipline executed 3/8/07

**Guarino, Clinton Toms Andrews MD**

Notice of Charges & Allegations; Notice of Hearing 3/14/07

**Haddon**, Werner Scott MD  
Consent Order executed 02/21/2007

**Hamburger**, David Philip MD  
Non-Disciplinary Consent Order executed 02/09/2007

**Harris-Chin**, Cheryl Jacqueline MD  
Notice of Charges and Allegations; Notice of Hearing executed 02/05/2007

**Hearn**, Richard Forrest MD  
Voluntary Surrender executed 3/16/07

**Hensler**, Rachel Hurst PA  
Consent Order executed 3/15/07

**Holmberg**, Ricky David MD  
Voluntary Surrender executed 2/2/07

**Hucks-Folliss**, Anthony George MD  
Voluntary Surrender executed 3/14/07

**Jackson**, Annie Margaret MD  
Consent Order executed 3/5/07

**Keller**, Philip Arthur PA  
Notice of Charges and Allegations; Notice of Hearing executed 2/2/07

**Kent**, Edward Armen MD  
Consent Order executed 02/12/2007

**Khan**, Ahmed Iqbal MD  
Order Dismissing Charges executed 1/30/07

**King**, Joseph John MD  
Public Letter of Concern executed 02/27/2007

**Kroeger**, Christopher Allan MD  
Re-Entry Agreement executed 1/19/07

**Lassiter**, Alan Kent MD  
Consent Order executed 1/22/07

**MacPeck**, David Martin MD  
Re-Entry Agreement executed 03/05/2007

**Mason**, Rudolph Amadeus George MD  
Order Dismissing Charges without Prejudice executed 1/31/07

**Mathews**, Robert Simon MD  
Consent Order executed 3/7/07

**McKeel**, Cameron Roberts PA  
Notice of Charges and Allegations; Notice of Hearing and Order of Summary  
Suspension of License executed 02/01/2007

**McLimore**, Perry Glenn MD  
Findings of Fact, Conclusions of Law & Order of Discipline executed 3/8/07

**McManus**, Shea Eamonn MD  
Consent Order executed 02/21/2007

**Merritt**, Benjamin Keith MD  
Consent Order executed 02/26/2007

**Morgan**, Perri Anne PA  
Re-Entry Agreement executed 02/05/2007

**Moss**, John Simpson MD  
Non-Disciplinary Consent Order executed 02/09/2007

**Nascimento**, Luiz MD  
Notice of Charges and Allegations; Notice of Hearing executed 02/27/2007

**Nash**, Will Light MD  
Notice of Charges and Allegations; Notice of Hearing executed 02/02/2007

**Ng**, Chun-Ho Patrick MD  
Notice of Charges and Allegations; Notice of Hearing and Order of Summary  
Suspension of License executed 02/22/2007

**Niemeyer**, Meindert Albert MD  
Amended Consent Order executed 3/16/07

**Okose**, Peter Chukwuemeka MD  
Consent Order executed 02/23/2007

**Payton**, James Bayard MD  
Notice of Charges and Allegations; Notice of Hearing executed 03/02/2007

**Puleo**, Joel Gregg MD  
Public Letter of Concern executed 02/01/2007

**Ross**, Robert Edward MD  
Non-Disciplinary Consent Order executed 1/22/07

**Russell**, Anthony Otis MD  
Consent Order executed 1/18/07

**Shepard**, Robert Charles MD  
Consent Order executed 3/16/07

**Smith, Tracey PA**  
Findings of Fact, Conclusions of Law & Order of Discipline executed 3/12/07

**Spencer, John Herbert PA**  
Consent Order executed 02/21/2007

**Squire, Edward Noonan MD**  
Voluntary Surrender executed 2/1/07

**Stallings, Martin Wade MD**  
Public Letter of Concern executed 01/30/2007

**Stuart, Paula Shropshire PA**  
Re-Entry Agreement executed 02/06/2007

**Sutherland, James Michael MD**  
Denial of License executed 02/08/2007

**Tallapureddy, Sreedhar Reddy RTL**  
Public Letter of Concern executed 02/02/2007

**Tickle, Dewey Reid MD**  
Consent Order executed 2/23/07

**Umesi, Joseph Jack MD**  
Non-Disciplinary Consent Order executed 1/30/07

**Vincent, Robert Allen**  
Denial Letter executed 02/08/2007

**Wachowiak, Wilma Lynne NP**  
Notice of Charges & Allegations; Notice of Hearing executed 3/14/07

**Walker, Cheryl Lynn MD**  
Re-Entry Agreement executed 02/09/2007

**Walker, Rogers Smith MD**  
Consent Order executed 2/22/07

**Weed, Barry Christopher MD**  
Consent Order executed 1/18/07

**White, Steven William PA**  
Amendment to Consent Order executed 1/31/06

**Yager, Howard Sanford MD**  
Public Letter of Concern executed 03/09/2007

**LITIGATION**

**SELECTION PROCESS LAWSUIT**

A motion passed to close the session pursuant to 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) in order to discuss pending litigation regarding the Board Member selection process.

A motion passed to return to open session.

### **CAPITAL PUNISHMENT LAWSUIT**

A motion passed to close the session pursuant to 90-8, 90-14, 90-16, 90-21.22 and 143-318.11(a) in order to discuss pending litigation filed by the Department of Correction regarding physician involvement in Capital Punishment.

A motion passed to return to open session.

### **EXECUTIVE COMMITTEE REPORT**

Arthur McCulloch, MD; Janelle Rhyne, MD; George Saunders, MD; Ralph Loomis, MD; Robert Moffatt, MD

The Executive Committee of the North Carolina Medical Board was called to order at 10:55 am, Wednesday March 21, 2007 at the offices of the Board. Members present were: Harlan A. McCulloch, MD, President; Ralph C. Loomis, MD; Robert C. Moffatt, MD; Janelle A. Rhyne, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

#### ***Financial Statements***

Mr. Celentano, CPA, presented the January 2007 compiled financial statements. January is the third month of fiscal year 2007.

The January 2007 Investment Summary was reviewed and accepted as presented.

Dr. Moffatt made a motion to accept the financial statements as reported. Dr. Loomis seconded the motion and the motion was approved unanimously.

#### ***Old Business***

Investment Proposal - BB & T: Mr. Celentano introduced Mr. James Willis, Ms. Pam Goracke and Mr. Joshua Crane, who are with the Asset Management Group at BB & T. They presented a proposal to the Committee to invest our current Certificate of Deposit into a managed account. This account will contain an asset portfolio mix of 25% equity and 75% bonds. This account will allow the Board to obtain higher returns with only a nominal increase in risk. Dr. Moffatt made a motion to allow the Asset Management Group from BB&T the opportunity to actively manage our investment funds effective when our current CD matures on March 27 of this year. Dr. Loomis seconded the motion and the motion was approved unanimously.

FSMB Investment Policy: Dr. Rhyne reviewed with the Committee the Board's current investment policy and the policy in place at the Federation of State Medical Boards.

#### ***New Business***

Proposed Definition of Surgery: Dr. McCulloch reviewed with the Committee correspondence sent from various specialty Boards encouraging the Board support a proposed definition of surgery. Dr. Moffatt made a motion to refer this matter to the Policy Committee for further study. Dr. Loomis seconded the motion and the motion was approved unanimously.

The meeting was adjourned at 12:20pm.

**Motion:** A motion passed to approve the Executive Committee report.

## **POLICY COMMITTEE REPORT**

George Saunders, MD, Chair; Janelle Rhyne; MD; Andrea Bazan-Manson

The Policy Committee of the North Carolina Medical Board was called to order at 1:15 p.m., Wednesday, March 21, 2007, at the office of the Board. Present were: George L. Saunders, III, MD, Chair; Janelle A. Rhyne, MD; and Andrea Bazan-Manson. Also attending were: Thomas Mansfield, JD, Director, Legal Department, NCMB; Todd Brosius, JD, Board Attorney, Brian Blankenship, Board Attorney; Dale Breaden, Public Affairs Director, NCMB; Dena Konkel, Assistant Director, Public Affairs, NCMB; and Wanda Long, Recorder.

Also present were: Melanie Phelps, NC Medical Society; Mike Bordon, CAE, NC Academy of Physician Assistants; Patrick Carter, PA-C, NC Academy of Physician Assistants; Luckey Welsh – CEO & President, Southeastern Regional Medical Center; Reid Caldwell, Southeastern Regional Medical Center; Noah Huffstetler – Attorney for Southeastern Regional Medical Center; and Linwood Jones – Attorney for NC Hospital Association.

### **January 2007 Policy Committee Meeting Minutes**

The minutes from the January 17, 2007 Policy Committee Meeting were reviewed and accepted.

### **Supervision of Physician Assistants and Nurse Practitioners**

Background: This item was referred from the Executive Committee. (1) Is it legal for NP's and/or PA's to employ their supervising physician? (2) What is the optimal number of PA's and NP's that a physician can supervise? Mr. Jimison gave his opinion that it would be inappropriate for a PA or NP to hire a physician as an employee of a practice owned entirely by the PA or NP. To do so would be an impermissible expansion of the scope of the PA license or NP approval to perform medical acts. Regarding supervision, several articles were reviewed, discussions with Ms. Hunter Buskey, PA-C, Board Member, NCMB, and representation of the NCPAP were present for the discussion.

7/2006 - Dr. McCulloch stated his opinion that the Board would be misguided if it were to try to create a formula for supervision based on specific numbers of providers supervised and specific geographical distance limitations. He went on to say that specific number limitations should not be part of the equation as the Board determines whether supervision by a physician is appropriate or not appropriate.

9/2006 - Dr. McCulloch stated that it may be wise to spell out some factors that would constitute an appropriate quality assessment (chart reviews, educational topics discussed in detail, etc.). Dr. Rhyne agreed, stating that we need to articulate some general guidelines, yet be more specific. Dr. Norins noted that this position statement has no consequences.

11/15/2006 - Mr. Jeffery Katz stated that in consultation with Ms. Hunter Buskey it is felt that the words "quality of" should be removed from the ninth bullet. There are currently no standards for written protocols for PA's. In addition, his own protocols may be more vague since he has 25 years of experience, whereas a new licensee may appropriately require more specific protocols. He suggested that generic wording be used that will encompass all the supervision needs.

11/15/2006 - Ms. Adcock stated that the word "protocol" was removed from the nurse practitioner rules back in 2004. Therefore, it would be more appropriate in their case to replace the word protocol with "collaborative practice agreement." She stated that it is important to take experience into account, not only for the supervisee but the supervisor as well.

1/17/2007 – The Committee discussed whether to leave "protocol" in the statement. It was agreed that the Statement would better inform supervising physicians by leaving "protocol" in and expanding on it. Additionally, the Committee discussed removing the word "quality." Dr. Saunders suggested that it be left in, and Dr. Rhyne preferred that we leave it in and provide guidance. Todd Brosius suggested that if the Committee recommended providing specifics this would be better done with a rule or through the Joint Subcommittee. Dr. Saunders suggested that maybe guidelines or a template would be better and that the Committee might have the Licensing Committee look at it to provide something similar to what was done with the CPPs.

**3/2007 COMMITTEE RECOMMENDATION:** The following position statement was reviewed by the Committee and referred to the full Board with a recommendation that the position statement be published in *The Forum* for the purpose of giving notice and receiving comments.

POSITION STATEMENT:

### **Physician Supervision**

**The physician who provides medical supervision of other licensed healthcare practitioners is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare practitioner which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board. What constitutes an "appropriate amount of supervision" will depend on a variety of factors. Those factors include, but are not limited to:**

- **The number of supervisees under a physician's supervision**
- **The geographical distance between the supervising physician and the supervisee**
- **The supervisee's practice setting**
- **The medical specialty of the supervising physician and the supervisee**
- **The level of training of the supervisee**
- **The experience of the supervisee**
- **The frequency, quality, and type of ongoing education of the supervisee**
- **The amount of time the supervising physician and the supervisee have**

worked together

- The quality of the written collaborative practice agreement, supervisory arrangement, protocol or other written guidelines intended for the guidance of the supervisee
- The supervisee's scope of practice consistent with the supervisee's education, national certification and/or collaborative practice agreement

### **Expert Witness Testimony**

**Background:** 11/2006 - Dr. McCulloch stated that this is a large and complex issue. He added that whether to adopt a Board policy as a position statement versus a rule is also a big issue. Mr. Mansfield suggested that the Board try to approach this through a position statement. Superior Court judges reviewing cases coming from the Board expect licensees to be on notice of conduct that might result in disciplinary action. A position statement could express clearly the Board's opinion on the subject. If at the end of that process the Board has not accomplished their goal of putting licensees on notice, then they could look at rule-making. Mr. Brosius distributed a draft position statement. He explained that it is pretty basic, incorporating several guidelines from the American College of Surgeons and the applicable American Medical Association Code of Medical Ethics opinion. Mr. Mansfield went on to say that he wanted it to be clear that the Legal Department sees the draft position statement as applying equally to physician expert witnesses no matter which side of a legal matter engages the witness to appear. The issue of honesty as a witness goes to the character component of licensing and the Medical Practice Act permits the Board to take disciplinary action where a physician engages in dishonest conduct.

1/17/2007 – Dr. Saunders stated that telling the truth and giving a balanced view should be more clearly stated in the last paragraph of the statement.

**3/2007 STAFF INSTRUCTION:** Defer review at this time.

POSITION STATEMENT:

#### **Medical Testimony Position Statement**

The Board recognizes that medical testimony is vital to the administration of justice in both judicial and administrative proceedings. In order to provide further guidance to those physicians called upon to testify, the Board adopts and endorses the AMA Code of Medical Ethics Opinion 9.07 entitled "Medical Testimony." In addition to AMA Ethics Opinion 9.07, the Board provides the following guidelines to those physicians testifying as medical experts:

- Physician expert witnesses are expected to be impartial and should not adopt a position as an advocate or partisan in the legal proceedings.
- The physician expert witness should review all the relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. In addition, the physician expert witness may be called upon to draw an inference or an opinion based on the facts of the case. In doing so, the physician expert witness should apply the same standards of fairness and honesty.
- The physician expert witness is ethically and legally obligated to tell the truth. The physician expert witness should be aware that failure to provide truthful

testimony may expose the physician expert witness to disciplinary action by the Board.

**The language of AMA Code of Medical Ethics Opinion 9.07 provides:**

In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.

When a legal claim pertains to a patient the physician has treated, the physician must hold the patient's medical interests paramount, including the confidentiality of the patient's health information, unless the physician is authorized or legally compelled to disclose the information.

Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case. When treating physicians are called upon to testify in matters that could adversely impact their patients' medical interests, they should decline to testify unless the patient consents or unless ordered to do so by legally constituted authority. If, as a result of legal proceedings, the patient and the physician are placed in adversarial positions it may be appropriate for a treating physician to transfer the care of the patient to another physician.

When physicians choose to provide expert testimony, they should have recent and substantive experience or knowledge in the area in which they testify, and be committed to evaluating cases objectively and to providing an independent opinion. Their testimony should reflect current scientific thought and standards of care that have gained acceptance among peers in the relevant field. If a medical witness knowingly provides testimony based on a theory not widely accepted in the profession, the witness should characterize the theory as such. Also, testimony pertinent to a standard of care must consider standards that prevailed at the time the event under review occurred.

All physicians must accurately represent their qualifications and must testify honestly. Physician testimony must not be influenced by financial compensation; for example, it is unethical for a physician to accept compensation that is contingent upon the outcome of litigation.

Organized medicine, including state and specialty societies, and medical licensing boards can help maintain high standards for medical witnesses by assessing claims of false or misleading testimony and issuing disciplinary sanctions as appropriate. (II, IV, V, VII) Issued December 2004 based on the report "Medical Testimony," adopted June 2004.

**Review of Position Statements:**

**RETENTION OF MEDICAL RECORDS  
MEDICAL RECORD DOCUMENTATION**

Background: 11/2006 - Mr. Walsh stated that review of these two position statements has been temporarily postponed. Ms. Phelps stated that there has been a serious push regarding the issue of disposition of medical records of deceased physicians. This is a joint effort with the Medical Board and the Medical Society. A task force has been convened to study this area. 11/2006 Action: Postpone review of these two position statements until the above issue is resolved.

1/17/2006 – Brian Blankenship discussed new language that would give suggestions on a retention plan for records if a doctor retires, dies, etc. Basically it would be estate planning for records. He further stated that abandonment should be dealt with through rulemaking and legislation. Dr. Rhyne stated that MDs would welcome these suggestions. Todd Brosius suggested that the Committee should consider combining the position statements in an effort to provide useful information for doctors and patients in a central place. Also, addressed by Mr. Brosius and Mr. Blankenship was the question of what a medical record should contain. Mr. Blankenship pointed out that there are many misconceptions and this should also be addressed.

3/21/2007 – Todd Brosius presented the following draft for the Committee’s consideration. Dr. Rhyne reminded the Committee that some MDs organize their medical records according to specific problems and that each individual problem may be addressed by the SOAP method. Dr. Rhyne stated that we should make sure that the position statement does not preclude the records from being problem oriented instead of general. Todd Brosius explained that they made an effort to put all our medical records issues into one position statement. He indicated that the position statements now show on the website in a list. Mr. Brosius suggested that the Board may want to consider grouping its position statements in a hierarchical format on the website. Dr. Saunders recommended numbering the position statements. Dr. Rhyne recommended a search option on the Board’s website. Mr. Brosius would like to present a possible change in the organization of the Board’s position statements for the committee’s review at the May Board meeting.

## Proposed Comprehensive Revision of NCMB Medical Records Position Statement

### Patient Records

#### Introduction

Medical considerations and continuity of care are the primary purposes for maintaining adequate patient records. A patient record consists of medical records as well as billing information or “any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated” by a physician’s practice.

Because of the importance of patient records, physicians should have clear policies in place regarding disclosure of, access to, and retention of patient records. These policies should be communicated to patients preferably in writing when the physician-patient relationship is established and when the policy changes.

#### Medical Record Documentation

Physician should maintain accurate patient care records of history, physical findings, assessments of findings, and the plan for treatment. The Board recommends the Problem Oriented Medical Record method known as SOAP.

SOAP charting is a schematic recording of facts and information. The S refers to "subjective information" (patient history and testimony about feelings). The O refers to objective material and measurable data (height, weight, respiration rate, temperature, and all examination findings). The A is the assessment of the subjective and objective material that can be the diagnosis but is always the total impression formed by the care provided after review of all materials gathered. And finally, the P is the treatment plan presented in sufficient detail to allow another care provider to follow the plan to completion. The plan should include a follow-up schedule.

Such a chronological document:

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

Items that should appear in the medical record as a matter of course include:

- the purpose of the patient encounter;
- the assessment of patient condition;
- the services delivered--in full detail;
- the rationale for the requirement of any support services;
- the results of therapies or treatments;
- the plan for continued care;
- whether or not informed consent was obtained; and, finally,
- that the delivered services were appropriate for the condition of the patient.

The record should be legible. When the care giver does not write legibly, notes should be dictated, transcribed, reviewed, and signed within reasonable time. Signature, date, and time should also be legible.

All therapies should be documented as to indications, method of delivery, and response of the patient. Special instructions given to other care givers or the patient should be documented, and the record should indicate who received the instructions and whether the recipient of the instructions appeared to understand them.

All drug therapies should be named, with dosage instructions and indication of refill limits. All medications a patient receives from all sources should be inventoried and listed to include the method by which the patient understands they are to be taken. Any refill prescription by phone should be recorded in full detail.

The physician needs and the patient deserves clear and complete documentation.

### **Access to Patient Records**

A physician's policies and practices relating to patient records under their control should be designed to benefit the health and welfare of patients, whether current or past, and should facilitate the transfer of clear and reliable information about a patient's care. Such policies and practices should conform to applicable federal and state laws governing health information.

It is the position of the North Carolina Medical Board that notes made by a physician in the course of diagnosing and treating patients are primarily for the physician's use and to promote continuity of care. Patients, however, have a substantial right of access to their patient records and a qualified right to amend their records pursuant to the HIPAA privacy regulations.

Patient records are confidential documents and should only be released when permitted by law or with proper written authorization of the patient. Physicians are responsible for safeguarding and protecting the patient record and for providing adequate security measures.

Each physician has a duty on the request of a patient or the patient's representative to release a copy of the record in a timely manner to the patient or the patient's representative, unless the physician believes that such release would cause harm to the patient or another person. This includes patient records received from other physician offices or health care facilities. A summary may be provided in lieu of providing access to or copies of medical records only if the patient agrees in advance to such a summary and to any fees imposed for its production.

Physicians may charge a reasonable fee for the preparation and/or the photocopying of patient records. To assist in avoiding misunderstandings, and for a reasonable fee, the physician should be willing to review the records with the patient at the patient's request. Patient records should not be withheld because an account is overdue or a bill is owed (including charges for copies or summaries of medical records).

Should it be the physician's policy to complete insurance or other forms for established patients, it is the position of the Board that the physician should complete those forms in a timely manner. If a form is simple, the physician should perform this task for no fee. If a form is complex, the physician may charge a reasonable fee.

To prevent misunderstandings, the physician's policies about providing copies or summaries of medical records and about completing forms should be made available in writing to patients when the physician-patient relationship begins.

Physicians should not relinquish control over their patients' patient records to third parties unless there is an enforceable agreement that includes adequate provisions to protect patient confidentiality and to ensure access to those records.

When responding to subpoenas for patient records, unless there is a court or administrative order, physicians should follow the applicable federal regulations.

### **Retention of Patient Records**

Physicians have an obligation to retain patient records which may reasonably be of value to a patient. The following guidelines are offered to assist physicians in meeting their ethical and legal obligations:

- Medical considerations are the primary basis for deciding how long to retain medical records. For example, operative notes, chemotherapy records, and immunization records should always be part of the patient's chart. In deciding whether to keep certain parts of the record, an appropriate criterion is whether a physician would want the information if he or she were seeing the patient for the first time.
- If a particular record no longer needs to be kept for medical reasons, the physician should check applicable state and federal laws to see if there is a requirement that records be kept for a minimum length of time including but not limited to:
  - Medicare and Medicaid Investigations (up to 7 years);
  - HIPAA (up to 6 years);
  - Medical Malpractice (varies depending on the case but should be measured from the date of the last professional contact with the patient)—physicians should check with their medical malpractice insurer);
  - North Carolina has no statute relating specifically to the retention of medical records;
- In order to preserve confidentiality when discarding old records, all documents should be destroyed; and
- Before discarding old records, patients should be given an opportunity to claim the records or have them sent to another physician, if it is feasible to give them the opportunity.

Similarly, the Medical Board recognizes the need for, and importance of, proper maintenance, retention, and disposition of medical records. Accordingly, the Board recommends that physicians prepare written policies for the secure storage, transfer and access to medical records of the physician's patients. At a minimum, the Board recommends the policies specify:

- The procedure by which the physician will notify each patient in a timely manner if the physician terminates or sells his/her practice in order to inform the patient of the future location of the patient's medical records and how the patient can access those records;
- The procedure by which a physician may dispose of unclaimed medical records after a specified period of time during which the physician has made good faith efforts to contact the patient;
- How the physician shall timely respond to requests from patients for copies of their medical records or to access to their medical records;
- In the event of the physician's death, how the deceased physician's executor, administrator, personal representative or survivor will notify patients of location of their medical records and how the patient can access those records;
- The procedure by which the deceased physician's executor, administrator, personal representative or survivor will dispose of unclaimed medical records after a specified period of time;
- How long medical records will be retained; and
- The amount the physician will charge for copies of medical records and under what circumstances the physician will charge for copies of a patient's medical record.

**3/2007 STAFF INSTRUCTION:** Dr. Saunders will work with Todd Brosius to develop a proposal for the Committee to incorporate possible restructuring of the Board's website regarding Position Statements.

**Initial Review of Position Statements:**

**END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE  
ADVANCE DIRECTIVES AND PATIENT AUTONOMY**

Background: 11/2006 - Dr. Rhyne said that she and Ms. Phelps were working with the Bar Association and the Medical Society to improve and make these documents more user friendly and practical. 11/2006 Action: Postpone review.

1/17/2007 – Dr. Rhyne reported on the progress the Medical Society Committee and the Bar Association had made regarding this issue. The Medical Society Committee has created a MOST form (Medical, Orders, Scope, Treatment), and the Estate Section of the Bar Association is working on legislation.

**1/2007 STAFF INSTRUCTION:** Postpone until after Dr. Rhyne and Mrs. Phelps have had an opportunity to meet regarding these issues.

**Physician Mobil Cardiac Catheterization Service:**

3/21/2007 – The Committee heard from Mr. Luckey Welch, CEO and President Southeastern Regional Medical Center. Mr. Welch stated that patient safety was the central issue related to its letter from December 2006 in which it wrote about its concerns of a cardiac catheterization unit being used in a separate facility and not associated with any hospital. The matter was not merely physician versus hospital. When asked, Mr. Noah Huffstetler, Attorney for Southeastern Regional Medical Center stated that there are nine such mobile capacity units in North Carolina that were grandfathered in prior to the requirement of acquiring a certificate of need. Those units can be used either in a fixed or mobile capacity. The representatives from Southeastern Regional Medical Center indicated their concern that the mobile unit is being used at a physician's office and not a facility which is equipped to handle complications that might arise out of a cardiac catheterization which may include cardiac surgery or emergency response.

Dr. Saunders questioned whether this could be a small facility versus large facility or a rural versus urban issue.

Mr. Huffstetler encouraged the Committee to review the 3/8/07 letter from Gaston Memorial Hospital supporting the recommendation of Southeastern Regional Medical Center.

Mr. Linwood Jones, Attorney for the NC Hospital Association encouraged the Committee to look into quality of care for patients and a safety perspective. Mr. Jones stated that the NC Hospital Association is concerned about patient care.

**3/2007 COMMITTEE RECOMMENDATION:** The Committee will present information to the full Board and continue to gather information.

**Motion:** A motion passed to accept the Policy Committee Report.

**ALLIED HEALTH COMMITTEE REPORT**

Don Jablonski, DO ; Savesh Sathiraju, MD; Peggy Robinson, PA-C;

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, March 21, 2007 at the office of the Board. Present: Dr. Jablonski, Chairperson, Dr. Sathiraju, Peggy

Robinson, PA-C, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, Melanie Phelps, J. Patrick Carter, Mike Borden, Jay Campbell, Dot Andrews.

**Website – PA Frequently Asked Questions.** A “draft” list of PA Frequently Asked Questions has been put together to be placed on the Board’s website.

Board Action: Accept as information.

**Rule Adoption 21 NCAC 32B .1001 – Authority to Prescribe.** Hearing for referenced rule was held 2/13/07; comment period ended 3/5/07. There was one letter entered into evidence at the hearing and is attached NCBON requested changing "allied" health professional to "any other" health professional.

Board Action: Accept with modifications to paragraph (b), replacing the term "allied" with "other". Recommend to approve proposed DEA Rule.

**NC EMS Disciplinary Committee Meetings.**

Minutes of Disciplinary Committee Meeting – 12/13/06.  
Synopsis of interviews, determinations and investigation – 01/22/07.

Minutes of Disciplinary Committee Meeting – 01/22/07.  
Synopsis of interviews, determinations and investigation – 02/07/07.

Board Action: Accept as information. Invite Dr. Kanof to attend next Allied Health Committee meeting in order to address concerns.

**NC EMS Compliance Committee and Advisory Council Meetings.**

NC EMS Advisory Council – Compliance Committee Minutes – 11/08/06.  
NC EMS Advisory Council Minutes – 11/08/06.

Board Action: Accept as information. Invite Dr. Kanof to attend next Allied Health Committee meeting in order to address concerns.

**Proposal to permit pharmacists to administer influenza, pneumococcal, and Zostavax vaccines**

Catchline: Jay Campbell, ED of the Board of Pharmacy, has asked the Medical Board to consider amending the rules that permit pharmacists to administer influenza and pneumococcal vaccines to also permit pharmacists to administer the Zostavax vaccination for the prevention of shingles.

BOARD ACTION: Work with the Board of Pharmacy to develop rules that will permit pharmacists to administer the Zostavax vaccine subject to the following:

1. Same requirements that exist for influenza and pneumococcal vaccines.
2. Report to statewide Immunization Registry.
3. Only with prescription from physician.

**Perfusionist Report**

Catchline: Minutes of the January meeting

BOARD ACTION: Accept as information

**Definition of Supervising Perfusionist**

Catchline: Members of the Perfusion Advisory Committee will meet with AH Committee at the March Board meeting to answer questions regarding perfusionist supervision.

BOARD ACTION: Accept as information

A motion passed to close the session pursuant to NCGS 143-318.11(a) to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed seven license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

**PA Initial Applicants**

**Name**

- Best, Jessica
- Castro, Claudelina
- Chamnin, William
- Cheng, Nicole
- Dzama, Steven
- Jackson, Alison
- Kirby, Lesli
- Lariviere, Chris
- Maxson, Michelle
- Patton, Joanna
- Peters, Daniel
- Pilkington, Cynthia
- Raymo, Charles
- Riffe, Leigh
- Salch, Erich
- Schade, Jana
- Silva, Jose Carlos
- Smith, David
- Snyder, Gavin
- Soebbing, Kara
- Tran, Hanh
- Vigliano, Megan
- Zink, William

**PA-C's Reactivations/Reinstatements**

Cowan, Terri A. - Reactivation  
Gatlin, Lois J. - Reactivation  
Lands, Carol. M. - Reactivation  
Combs, Michelle – Reinstatement – Pending satisfactory name search.

**Additional Supervisor List**

**PA-C's**

<b>Name</b>	<b>Primary Supervisor</b>	<b>Practice City</b>
Allen, Robert	Goodfellow, Ross	Winston Salem
Anderson, Dena	Tafeen, Stuart	Greensboro
Anderson, James	Sharma, Isha	Charlotte
Arnold, Alison	Hill, Steven	Durham
Avery, Leanne	Musapatike, Josphat	Henderson
Bain, Julie	Manning, James	Greensboro
Beauman, Glenn	Stavas, Joseph	Chapel Hill
Begley, Stephen	Tope, John	Raleigh
Blaylock, Kimberlee	Lauffenburger, Michael	Winston-Salem
Carter, James	Pare, Jean-Louis	Plymouth
Chapman, Jennifer	Sadler, Malin	Winston-Salem
Collier, Heather	Faber, Steven	Elizabeth City
Cook, Ashly	Musapatike, Josphat	Henderson
Copeland, Chanel	Fernandez, Gonzalo	Garner
Craig, Dinah	Rowson, Jonathan	Maxton
Crain, Carlton	Maynard, Eugene	Benson
Dixon, Thomas	Beaton, Robert	Greensboro
Dlugos, Brian	Martin, Robert	Southern Pines
Dows, Matthew	Harmaty, Myron	Gastonia
Ecclestone, Daniel	Clark, Robert	Cary
Evans, Eric	Koltis, Gordon	Greenville
Faulkner, John	Lovette, Kenneth	Pinetops
Ferrand, Linda	Johnson, Earlie	Jacksonville
Fraser, Tonya	Sensenbrenner, John	Charlotte
Futh, Stephen	Pare, Jean-Louis	Plymouth
Galinsky-Malaguti, Dana	Coeytaux, Remy	Chapel Hill
Gates, Sharyn	Goldberg, Kenneth	Durham
Gaudin, Bonnie	Horton, Paul	Winston-Salem
Gehrman, David	Hooper, Jeffrey	Greensboro
Gilden-Chiang, Suzanne	Bruce-Mensah, Kofi	Durham
Greene, Liza	Harrell, Russell	Sanford
Greene, Liza	Madan, Ragini	Holly Springs
Greene, Wesley	Martin, Robert	Southern Pines
Greenway, Julie	Bullard, Dennis	Raleigh
Griffith, John	Batish, Sanjay	Leland
Grissett, Tasha	Taiwo, Adebukola	Fayetteville
Haines, Jessica	Anthony, Meredith	Fort Bragg
Harbieh, Jamil	Harrell, Russell	Sanford
Hoover, Sara	Martin, Robert	Southern Pines

James, David  
James, David  
Johnson, Jane  
Justice, Brenda  
Karimi, Najeeb  
Kilroy, Rita  
Kirkpatrick, Ron  
LaFlure, Christopher  
Lawhorn, Robert  
Lawyer, Christopher  
Lindsley, Alan  
Maslow, Jason  
McCorison, Andrew  
McInnis, Kimberly  
Melgar, Tammy  
Migdon, Steven  
Morgan, Perri  
Murphy, Ryan  
Myers, David  
Noble, Tara  
Overbaugh, Monica  
Perkins, Brent  
Poland-Torres, Denise  
Putnam, Marshall  
Quillen, Rocky  
Randolph, Mark  
Ransdell, Edward  
Ransdell, Edward  
Reimers, Charles  
Reuter, Danielle  
Richards, Dick  
Robins, Gregory  
Royal, Ashley  
Scime, Kseniya  
Sheehan, James  
Shinnick, Jill  
Sterling, David  
Stone, Kara  
Taylor, Amanda  
Trzecienski, Michael  
Trzecienski, Michael  
Trzecienski, Michael  
Van Ooteghem, Christopher  
Walker, Elaine  
Watterson, Patrick  
Welliver, Ian  
Whitney, Douglas

Brown, Brian  
Harmaty, Myron  
Brooks, Connie  
Ansari, Shoukath  
Charania, Amin  
Ameen, William  
Calogero, Thomas  
Barr, John  
Christy, Ralph  
Steinl, Kevin  
Lay, Jennifer  
Chiavetta, John  
Sherrod, William  
Snyder, Benedict  
Joyner, William  
Uba, Daniel  
Svetkey, Laura  
O'Malley, John  
Rucker, Tinsley  
Chewning, Samuel  
Belanger, Theodore  
Langston, Bernard  
Alhosaini, Hassan  
Harrell, Russell  
Ravindran, Babysarajah  
Hooper, Thomas  
Ahearne, Paul  
Whitaker, Gary  
Vreeland, Matthew  
Stinson, Charles  
Sadler, Malin  
Stinson, Charles  
Lowy, Ralph  
Gore, Herman  
Lavonas, Eric  
Godard, Michael  
Obi, Reginald  
Mikles, Mark  
Peters, Lenin  
High, Rhett  
Lambeth, William  
Lyle, William  
Harrell, Russell  
Fleury, Robert  
Jarrett, Thomas  
Elder, Christopher  
Andrews, Elena

Charlotte  
Gastonia  
Stedman  
Hamlet  
Concord  
Jamestown  
Dallas  
Cleveland  
Concord  
Greensboro  
Fort Bragg  
Raleigh  
Supply  
Sanford  
Wilmington  
Raleigh  
Durham  
Wilmington  
Fayetteville  
Statesville  
Charlotte  
Calabash  
Tarboro  
Sanford  
Shallotte  
Wilson  
Asheville  
Hendersonville  
Ft Bragg  
Winston-Salem  
Winston-Salem  
Winston-Salem  
Knightdale  
Gastonia  
Charlotte  
Roxboro  
Plymouth  
Raleigh  
High Point  
Raleigh  
Raleigh  
Raleigh  
Sanford  
Henderson  
High Point  
Asheville  
Fayetteville

**NP Initial Applicants**

<b>NAME</b>	<b>PRIMARY SUPERVISOR</b>	<b>PRACTICE CITY</b>
Averdick, Nancy	Pierson, John	Asheville
Baker, Walter	Bernard, Stephen	Chapel Hill
Carter, Angela	Ferguson, Robert	Fayetteville
Chapman-Corey, Casandra	Morris, Mashelle	Rolesville
Chrysogelos, Ellen	O'Connor, Christopher	Durham
Clark, Leah	Stillson, Jeffrey	Asheville
Dillard, Diana	Robert, Kenneth	Roanoke Rapids
Everts, Shelley	McLeod, Michael	Troy
Foster, Jennifer	Carpenter, Sally	Smithfield
George, Karen	Dambeck, Allyn	Faison
Greiner-Armstrong, Sonja	Wilson, Robert	Whiteville
Henry-Ross, Dorothy	Okons, Toby	Hope Mills
Hensley, Chad	Korn, Scott	Rutherfordton
Hinson, Kristen	Bennett, Bernard	Durham
Ikeakanam, Roseline	Keyser, Peter	Lillington
King, Carol	Quinn, Marshall	Trenton
Leonard, Bruce	Witt, Cynthia	Greenville
Lorne, Karen	Clanton, Pamela	Chapel Hill
Njai, Pamela	Fleury, Robert	Oxford
Oakley, Anne	James, Michael	Greensboro
Paretta-Leahey, Dawn	Farrell, Susan	Greensboro
Prentice, Patricia	Kwiatkowski, Timothy	Raleigh
Pritchard, Maria-Joao	Aiello, Joseph	Asheville
Robinson, Melissa	Woolwine, Amy	Davidson
Smith, Kerri	Dillard, Robert	Winston-Salem
Taylor, Jamie	Girouard, Michael	Huntersville
Wahab, Holly	Jyothinagaram, Sathya	Charlotte
Wolff, Alison	Anderson, James	High Point
Zbodula, Katherine	Ford, Albert	Charlotte
Ackley, Karen	El-Khoury, Semaan	Aulander
Bass, Donna	Daily, Celine	Wilmington
Bertsch, Angeline	Summerlin, Rebecca	Bolivia
Bintz, Peggy	Berg, Mary	Asheville
Bolling, Amy	Fahey, Sean	Mooresville
Bryant, Janice	Thompson, William	Newton
Byrd, Temple	Ferguson, Robert	Fayetteville
Carballo, Darla	Ogu, Donatus	Dallas
Cohen, Susan	Chai, Chanhthevy	Chapel Hill
Corkery, Susan	Spencer, Honnie	Concord
Curran, Mary	Nickerson, Lloyd	Salisbury
Dockery, Jennifer	Bracewell, Gregory	Monroe
Ebert, Cynthia	Jubane, Alan	Shelby
Feinson, Margaret	Palmer, Scott	Durham
Fesperman, John	Rowland, Barbara	Burlington
Ford, Marquita	Hartye, James	Raleigh

Frederiksen, Julie  
Fulwood, Karen  
Fulwood, Karen  
Gibbons, Emily  
Goley, April  
Greger-Holt, Nansi  
Gunden, Carol  
Hopp, Linda  
Ilesanmi, Adebola  
Johnston, Denise  
Kenny, Maria  
Lane, Thomas  
Lane, Thomas  
Leibensperger-Cavall,  
Irene  
Leogrande, Wendy  
Lewis, Margaret  
Liles, Joanne  
Liles, Joanne  
Miller, Cynthia  
Moore, Joleen  
Moore, Susan  
Murray, Sarah  
Norton, Vanessa  
Olshinski, Philip  
O'Neal, Leslie  
Owenby, Rhonda  
Perkins, Juanita  
Pickett, Marcie  
Pickett, Marcie  
Puckett, Heather  
Radulescu, Dan  
Rivenbark, Don  
Roeske, Christie  
Saunders, Rosalyn  
Scaccia, Nicole  
Schroeder, Carol  
Scott, William  
Sherrill, Malinda  
Stevens, Veronica  
Tanguay, Nancy  
Te Winkel, Mihaela  
Vaughan, Anita  
Von Unwerth, Lynn  
Wilkinson, Joseph  
Wilson, Rebecca

Bachman, David  
Bernstein, Daniel  
Prakash, Ramanathan  
Thompson, William  
Buse, John  
Bruce-Mensah, Kofi  
Newsome, Samuel  
Williams, Nathan  
Hilton, Suzanne  
Pulliam, Thomas  
Murray, Valerie  
Hartye, James  
Post, Christopher  
  
Irons, Thomas  
Hyman, Miles  
DeVirgiliis, Juan  
Merrick, Homer  
Rosso-Salisbury, Bianca  
Hooper, Jeffrey  
Rice, James  
Rose, Geoffrey  
Brazer, Scott  
Hoben, Michael  
Baker, Clifton  
Felder-Taylor, Phyliss  
Lawson, Ellen  
Paine, Karen  
Graper, Robert  
Werth, Thomas  
Moore, Brian  
Chang, Michael  
Adams, Robert  
Hines, Mark  
Harrison, Myleme  
Beatty, Michael  
Ford, Albert  
Joy, Scott  
Bradford, James  
Sessoms, Rodney  
Schwankl, James  
Jinnah, Riyaz  
Vincent, Mark  
Burkett, Donna  
Alligood, Gilbert  
Lovette, Kenneth

Wilmington  
Concord  
Concord  
Newton  
Durham  
Cary  
King  
Asheville  
Winston-Salem  
North Wilkesboro  
Fayetteville  
Raleigh  
Raleigh  
  
Columbia  
Asheville  
Boone  
Cape Carteret  
Cape Carteret  
Greensboro  
Southern Pines  
Charlotte  
Durham  
Charlotte  
Thomasville  
High Point  
Asheville  
Raleigh  
Charlotte  
Charlotte  
Concord  
Winston-Salem  
Sylva  
Huntersville  
Raleigh  
Charlotte  
Greensboro  
Durham  
Statesville  
Clinton  
Siler City  
Winston-Salem  
Huntersville  
Asheville  
Tarboro  
Enfield

## LICENSING COMMITTEE REPORT

Ralph Loomis, MD, Chair; Robert Moffatt, MD; John Lewis, JD

### Graduate Medical Education and Training

Catchline: NCMB's rule regarding postgraduate training specifies ACGME and AOA. The Board has always accepted Canadian training but Canadian training is not specified in the rules.

BOARD ACTION: Amend rule 32B .0313 to include training approved by the Royal College of Physicians and Surgeons of Canada (RCPSC), the Royal Society of Canada (RSC) and the College of Family Physicians of Canada (CFPC).

### Board Member File Review

Catchline: For Discussion:

- a) Review of pristine applications by a Board member and if given the okay, then the license is issued at that time.
- b) Review of pristine applications by license staff and if all is okay the license is issued at that time without a Board member review.
- c) Is there any number of malpractice payments that herald an interview (consider doing this on a one by one basis)?

BOARD ACTION: a) License applicants with pristine applications once the application is approved by a Board member. A list of licensees will be presented to the Board for information, every month.

- b) Continue having Board members review all applications.
- c) If an applicant has **one** PLIP – send file for Board member review; if more than one PLIP – have senior staff review and make a recommendation to a Board member or License Committee.

### Medical School Certification

Catchline: There has been an increase in the number of medical schools that will NOT certify photographs as a true likeness of the MD; however they do provide verification of education. The Board has required MDs with this issue to appear for a license interview with a subcommittee of the Board, requiring the MD to present original medical school documents and identification. At this March meeting there are 2 physicians scheduled for a license interview for this reason. There are several applications to be considered by this Committee for this reason. The Federation's Credential Verification Service does not require medical schools certify photographs and NCMB accepts FCVS profiles as part of its application process. Does the Board want to consider altering its requirement for medical school certification or establish a protocol on how to handle applicants who are unable to obtain certified photographs?

BOARD ACTION: When an applicant is unable to provide a photograph certified by his medical school as required by NCMB use the following alternative: Require applicant to appear before a Notary Public and present documents bearing their photograph and signature, i.e. driver's license or passport, in order that the Notary can attest that they have done so. This alternative method will be offered the applicant only when there is documentation from the medical school

that they are unable to certify a photograph. Staff will develop a form for this purpose. Consider amending Rule 32B .0204 and .0307 and .0503 to include this alternative path.

### **Oral Interview Questions**

Catchline: Because questions on the application form have changed, do the questions asked during an interview need to be changed.

BOARD ACTION: Defer for Legal review

### **Incomplete postgraduate training**

Catchline: When an applicant reports "incomplete PGT" and provides a reasonable explanation and the program reports no unusual circumstances, is it necessary to request copies of the MD's evaluations while in that program?

BOARD ACTION: Do not require evaluations for incomplete postgraduate training when the program reports "no unusual circumstances".

### **Review of Licensing Process**

Catchline: As a result of the Board's recent retreat staff was requested to study the licensing process and determine where the most time is spent; what delays the process and how the process might be streamlined. Staff has reviewed the application process looking at ways to find efficiency without compromising integrity. Not sure references are that helpful.

BOARD ACTION: Continue utilizing letters of reference.

A motion passed to close the session pursuant to NCGS 143-318.11(a) to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed 15 license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **SPLIT BOARD LICENSURE INTERVIEWS**

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

Eighteen licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

**APPLICANTS PRESENTED TO THE BOARD**

Alemayehu, Dereje Tesfaye  
Alewine, Thomas Christopher  
Aziz, Sameh  
Baecher, Laura Elizabeth  
Baker, Donald James  
Behnke, Martin Michael  
Bell, George Christopher  
Bellamy, Michael Alan  
Berman, Blake Morris  
Bertram, Michael John  
Bhavaraju, Ratna Kiran  
Board, David Wayne  
Boehlke, Christopher Stephen  
Boutros, Nabil  
Breiter, Katherine Lay  
Bryant, Shawne Renee  
Bufalini, Mark Edward  
Capuano, Melissa Margo  
Carr, Donald Russell  
Conquest, Anne Marie  
Cook, Jeffrey John  
Cooper, Philippe Jonathan  
Corrigan, Kevin John  
Crilly, Adam Thomas  
Diaz, Emma Edelmira  
Dierisseau, Patricia  
Dommaraju, Sarath Babu  
Dragovich, Anthony Louis  
Dukowicz, Andrew Christopher  
Eichman, Dave Steven  
Ejeh, Ijeoma Acholonu  
Erickson, Amy Schafer  
Fields, Jason Baker  
Flower, Elizabeth  
Folarin, Olalekan Tokunbo  
Forest, Patti I  
Fox, Stephen George  
Furr, Claudia Shawn  
Furrow, Anne Paige Clifton  
Gadivenkata Vizaya, Bhaskara Raghavarao  
Galbreath, Andrew David  
Garibashvily, Alexander Yur'evich  
Gaslin, Michael Thomas  
Gianini, John William  
Goli, Shailaja  
Grafton, Lori Marie  
Grattan, Elizabeth Gambrell  
Gupta, Mona Raj  
Haislip-Rambo, Carole Lynn  
Hakimi, Ryan  
Heavner, Steven Brett  
Heitz, Corey Regan  
Hickman, Meridythe Ashley  
Hobgood, Lacy Chadwick  
Howard, Thomas Nathaniel  
Humes, Ilona Spitsyna  
Humphries, Cynthia Evette  
Hunt, Kerry Edmund  
Hutchinson, Jon Ryan  
Indgin, Sidney Nathan  
Irwin, Todd Andrew  
Jacobs, Kenneth Lee  
James, Richard Jeremy  
Kamineni, Neelima  
Kantor, Robert William  
Kaplan, Joel Adam  
Kautzman, Michele Gayle  
Kelsey, Christopher Ryan  
Kim, Debora Mary  
Kingham, Warren Anderson  
Kline, Kenneth Kerwood  
Kochenderfer, Joann Marie  
Kociol, Robb David  
Koontz, Bridget Fey  
Kramer, Barry Loren  
Lark, Amy Langdon  
Lespes, Eric Jean  
Lin, Alice Angela  
Lin, Christopher  
Lusk, Michael David  
Makhuli, Zahi N.  
Malpani, Sanjna  
Mancuso, Marc Angelo  
Marble, Robert Martin  
McDougal, Jennifer Lea  
McGregor, JulieAnne Gibson  
McKenna, Joseph Patrick  
McKinley, Steven Hang  
McNab, James Fyffe  
McShane, James Abram  
Mendel, Richard Charles  
Mendez, Kiru Korea  
Meyer, Robin Lynn  
Moclock, Michael Anthony  
Moghadamian, Eric Scott  
Moorehead, Katharine Sayeko  
Moses, Leslie Teets  
Mulhearn, Thomas James  
Muttu, Christopher Edward  
O'Loughlin, Colm Joseph  
Onyia, Ikemefuna Wilfred  
Pal, Subodh  
Park, Christopher Ashley  
Park, Robert Inyeung  
Peck, Lanford Lampart  
Person, Ameen Fareed

Pierson, Eric David  
Pressley, Charles Christopher  
Price, Kristina Michelle  
Proscia, Nicole  
Pucilowska, Jolanta  
Pyreddy, Pavan  
Raftery, Laura Lynn  
Ray, Doreen  
Reddy, Suraj Adunuthula  
Refowitz, Robert Melvin  
Repta, Remus  
Reuss, Peter Matthew  
Reynolds, Erica Bronwen  
Reynolds, Gregory Brian  
Reynolds, Kathryn Elaine  
Robinson, Linwood Allen  
Rosal, Peter Hugo  
Roy, Paige Calhoun  
Russ, Peter Craig  
Salcedo, Hernando  
Sanders, David Melville  
Schnurr, Benjamin Boe  
Schulman, David Baldinger  
Setser, Bradley Scott  
Shelton, Gary Ryan  
Shores, Nathan Joseph  
Siddiqui, Nazema Yusuf  
Small, Maria Jacqueline  
Smith, Kathleen Andersen  
Smith, Mark Anthony  
Soares, Jair Constante  
Sonawane, Samsher Babasaheb

Sonyika, Chionesu  
Spears, Mark Alan  
Spina, Lia Michelle  
Stauber, Marshall Ephraim  
Stevens, William Michael  
Stevenson, Maureen Gilloly  
Stewart, Robert Dennis  
Stewart, Robyn Aubyn  
Sutherland, James Michael  
Sylvest, Vernon Martin  
Szakacs, Gail Melissa  
Talikoff, Kimberly Ann Putalik  
Thertulien, Raymond  
Thestrup, Lars  
Todd, Joshua Weber  
Trojanowski, Zbigniew  
Tweedy, Damon Scott  
Vainer, Alon Jerome  
Wagner, Stephanie Ann  
Wainwright, Susan Linda  
Walker, Heather Whitt  
Wang, Chunsheng  
Weiner, Shelley Nan  
Werkheiser, Lisa Michelle  
Wilson, Anita Duncan  
Winston, James Richard  
Winterbottom, Heather Elizabeth  
Wise, Christopher Lynn  
Woerndle, Richard Herman  
Yin, Ming  
Zuniga, Victor

**LICENSES APPROVED BY ENDORSEMENT AND EXAM**

Thomas Christopher Alewine  
Sameh Aziz  
Laura Elizabeth Baecher  
Martin Michael Behnke  
George Christopher Bell  
Michael Alan Bellamy  
Blake Morris Berman  
Michael John Bertram  
David Wayne Board  
Christopher Stephen Boehlke  
Shawne Renee Bryant  
Mark Edward Bufalini  
Melissa Margo Capuano  
Donald Russell Carr Jr.  
Anne Marie Conquest  
Jeffrey John Cook  
Phillipe Jonathan Cooper  
Kevin John Corrigan  
Emma Edelmira Diaz

Patricia Dierisseau  
Anthony Louis Dragovich  
Andrew Christopher Dukowicz  
Dave Steven Eichman  
Ijeoma Acholonu Ejeh  
Amy Schafer Erickson  
Elizabeth Flower  
Olalekan Tokunbo Folarin  
Patti I Forest  
Stephen George Fox II  
Anne Paige Clifton Farrow  
Bhaskara Raghavarao  
Gadivenkata Vizaya  
Andrew David Galbreath  
Alexander Yurevich Garibashvily  
Michael Thomas Gaslin  
John William Gianini  
Shailaja Goli  
Lori Marie Grafton

Elizabeth Gambrell Grattan  
Ryan Hakimi  
Steven Brett Heavner  
Corey Regan Heitz  
Meridythe Ashley Hickman  
Lacy Chadwick Hobgood  
Thomas Nathaniel Howard  
Ilona Spitsyna Humes  
Kerry Edmund Hunt  
Sidney Nathan Indgin  
Todd Andrew Irwin  
Richard Jeremy James  
Neelima Kamineni  
Robert William Kantor  
Joel Adam Kaplan  
Michele Gayle Kautzman  
Christopher Ryan Kelsey  
Joann Marie Kochenderfer  
Bridget Fey Koontz  
Barry Loren Kramer  
Amy Langdon Lark  
Alice Angela Lin  
Christopher Lin  
Zahi N. Makhuli  
Sanjna Malpani  
Marc Angelo Mancuso  
Robert Martin Marble  
Jennifer Lea McDougal  
JulieAnne Gibson McGregor  
Joseph Patrick McKenna  
James Fyffe McNab  
James Abram McShane  
Robin Lynn Meyer  
Eric Scott Moghadamian  
Katharine Sayeko Moorehead  
Thomas James Mulhearn IV  
Christopher Edward Mutty  
Colm Joseph OLoughlin  
Ikemefuna Wilfred Onyia  
Subodh Pal  
Christopher Ashley Park  
Robert Inyeung Park  
Lanford Lampart Peck  
Ameen Fareed Person  
Eric David Pierson  
Charles Christopher Pressley  
Kristina Michelle Price  
Nicole Proscia  
Laura Lynn Raftery  
Doreen Ray  
Suraj Adunuthula Reddy

Remus Repta  
Peter Matthew Reuss  
Erica Bronwen Reynolds  
Gregory Brian Reynolds  
Kathryn Elaine Reynolds  
Peter Hugo Rosal  
Paige Calhoun Roy  
Hernando Salcedo  
David Melville Sanders  
Benjamin Boe Schnurr  
David Baldinger Schulman  
Bradley Scott Setser  
Gary Ryan Shelton  
Nathan Joseph Shores  
Nazema Yusuf Siddiqui  
Maria Jacqueline Small  
Kathleen Andersen Smith  
Mark Anthony Smith  
Jair Constante Soares  
Samsher Babasaheb Sonawane  
Chionesu Sonyika  
Mark Alan Spears  
Lia Michelle Spina  
William  
Maureen Gilloly Stevenson  
Robert Dennis Stewart  
Robyn Aubyn Stewart  
Vernon Martin Sylvest  
Gail Melissa Szakacs  
Kimberly Ann Putalik Talikoff  
Joshua Weber Todd  
Zbigniew Trojanowski  
Stephanie Ann Wagner  
Susan Linda Wainwright  
Heather Whitt Walker  
Lisa Michelle Werkheiser  
Anita Duncan Wilson  
James Richard Winston  
Heather Elizabeth Winterbottom  
Christopher Lynn Wise  
Richard Herman Woerndle  
Ming Yin  
Victor Zuniga

**REINSTATEMENT**

Mark William Berger  
Susan E. Bradford  
James Michael DeSantis  
Charles Marcus Gross  
Susan Gale Markel  
Blake Addison Spain

Dimitri George Trembath  
Sameul Theodore Woods

**FACULTY LIMITED LICENSE**

Richard John Ing (Duke University)  
Johannes van der Westhuizen (Duke  
University)

**REACTIVATION**

Justin Dale Miller  
Scott Alexander Ring  
Samuel Horace Wood  
Charles Francis Youngblood

**CONTINUED COMPETENCE COMMITTEE**

Michael Norins, MD, Chair; EK Fretwell, PhD; Peggy Robinson, PA-C

The Continued Competence Committee of the North Carolina Medical Board was called to order at 2:10 p.m., Wednesday, March 21, 2007, at the office of the Board. Members present were: Michael Norins, MD, Chair; and Peggy Robinson, PA-C. Also attending were: Michael Sheppa, MD, Medical Director; Katherine Carpenter, JD, Legal Department; Vincent DiCianni, President, Affiliated Monitors, Inc.; and Jeffery Denton, Recorder (Staff). Absent were: E. K. Fretwell, PhD; and Thomas Mansfield, JD, Director, Legal Department (Staff).

**Minutes**

The January 2007 Committee Minutes were reviewed and approved.

**Affiliated Monitors, Inc.**

Mr. DiCianni is the President of Affiliated Monitors. He met with the Board's legal staff and Dr. Kirby in January 2007 at which time Mr. Mansfield suggested he may wish to meet with the Continued Competence Committee. Affiliated Monitors was founded by professionals from the health care, legal, insurance and criminal justice fields. His goal was to bridge the gap between regulatory agencies and licensing boards. They adapted a concept to provide independent private oversight and monitoring services which can assure compliance with government regulations in a variety of regulated industries. They work with dentist, pharmacists, physicians, etc. They have a past employee of CPEP on their staff. They could be up and running relatively quickly. A physician in North Carolina would be monitored by a physician in North Carolina.

They provide four basic services:

Compliance Auditing and Planning: Intensive in-house educational program consisting of a complete audit of the practice, drafting an audit report, creating a compliance manual, then sitting down with the employees and go through the entire compliance manual. He emphasized that all costs are borne by the license holder, not the Board.

Monitoring Services: Provide oversight by an independent and neutral organization (themselves). They would use local physicians as monitors by reaching out to the community to find past Board Members, medical school educators, etc. The Board would approve their monitors. They would follow the dictate of the Board (the consent order specifics). This is provided on an hourly basis. They have found that only one year of monitoring is not enough, that longer periods make more sense. They can exceed the Board's investigators with more frequency in their visits.

Hotline Service: This provides for the informal communication of a complaint or concern to an independent host by a patient, customer, employee or third party. The advantage

of using such a service include the ability to address the complaint promptly before the complaint is formalized, resulting in considerable savings of time and money. The hotline costs about \$50.00 per month.

Credentialing: They are just starting up this service.

Dr. Norins thanked him for taking the time to visit with the Board.

**Action:** The committee will review the written materials for the next committee meeting and prepare a recommendation to the Full Board.

### **Cecil B. Sheps Center**

#### **Analysis of PLIPs**

Dr. Sheppa presented a report of the analysis of PLIPs data to date done by Dr. Ricketts of the Sheps Center. The goal was restated: to determine if PLIPs data can serve to identify doctors of concern (docs) who have had malpractice actions and who may require further Board action. Dr. Ricketts continues to analyze the available data base for other sentinel variables.

The committee discussed the issue of how we can capture malpractice information related to license applicants from other states for analysis similar to the PLIPs review process for the purpose of identifying "docs."

**Action:** A presentation from Dr. Ricketts will be scheduled for the May 2007 committee meeting.

#### **Registration Questionnaire Review**

Background: It was noted that the questions on the annual registration form that relate to not being in the active practice of medicine, the whys and what have you really been doing are all optional responses. Thus, no reliable data along this line is available. A motion passed to reevaluate subject questions and make answering them "mandatory." This relates to those questions along the line of being out of the active practice of medicine, why and what are you doing.

Reviewing the registration questionnaire is a priority for the Continued Competence Committee. Reviewers will be looking for more specific questions pertaining to practice activity and how to refine questions to be useful in identifying physicians that may be in need of reentry type education.

**Action:** Mr. Denton will distribute copies of the current registration questionnaire to all committee members and staff in anticipation of an in depth discussion at the May 2007 committee meeting.

The next regular meeting of the Continued Competence Committee is tentatively set for Wednesday, May 16, 2007.

## **DISCIPLINARY (COMPLAINT) COMMITTEE REPORT**

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Disciplinary Committee (complaints) reported on one complaint case. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

## **PROFESSIONAL LIABILITY INSURANCE PAYMENTS**

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Professional Liability Insurance Payments Committee reported on 53 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

## **DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT**

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Medical Examiner Committee reported on two cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

## **NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT**

Sarvesh Sathiraju, MD; George Saunders, MD; Andrea Bazan-Manson

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Board reviewed 25 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

## **DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT**

Janelle Rhyne, MD; Michael Norins, MD; Donald Jablonski, DO; Ralph Loomis, MD; John Lewis, LLB

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Disciplinary (Investigative) Committee reported on 41 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

## **NP Joint Subcommittee Investigations**

The Disciplinary (Investigative) Committee reported on five investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

## **INFORMAL INTERVIEW REPORT**

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16 and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

Thirty-five informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the Split Boards' recommendations and approved the written report as modified. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

## **ADJOURNMENT**

This meeting was adjourned on March 23, 2007.

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George L. Saunders III, MD  
Secretary