MINUTES

North Carolina Medical Board

July 17-19, 2015

1203 Front Street
Raleigh, North Carolina

General Session Minutes of the North Carolina Medical Board Meeting held July 17-19, 2015.

The July 2015 meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. Cheryl L. Walker-McGill, MD, President, called the meeting to order. Board members in attendance were: Pascal O. Udekwu, MD, President-Elect; Eleanor E. Greene, MD, Secretary/Treasurer; Subhash C. Gumber, MD; Mr. Michael Arnold; Ms. H. Diane Meelheim, FNP-BC; Timothy E. Lietz, MD; Mr. A. Wayne Holloman; Bryant A. Murphy, MD; Debra Bolick, MD and Ralph A. Walker. Absent: Barbara E. Walker, DO

Presidential Remarks

Dr. Walker-McGill commenced the meeting by reminding the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. No conflicts were reported. See Appendix A for the State Ethics Commission's findings regarding NC Medical Board Members' conflicts of interest.

Minute Approval

Motion: A motion passed to approve the May13-15, 2015 Board Minutes and June 18, 2015 Board Hearing Minutes.

Announcements

Dr. Walker-McGill made a brief announcement recognizing that the North Carolina Medical Board was the only board that had representatives on each of the boards at a tripartite meeting held with the Federation of State Medical Boards, the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates held in July 2015.

Presentations

Mr. Thom Mansfield, Chief Legal Officer, met with the Board to give an Attorney's Report.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

> The Board's attorneys gave a report and provided legal advice regarding three non-public attorney-client privileged matters.

A motion passed to return to open session.

Board Action: The Board directs the staff to continue to buy appropriate liability insurance to defend and indemnify the Board, Board members, and staff members for claims that arise from good-faith acts in the course and scope of the work of the Board.

The Board also reaffirms the existing policy of reimbursing Board members and staff members for, or directly paying, reasonable uninsured expenses incurred because of claims that arise from good-faith acts in the course and scope of the work of the Board.

NC PHP Reports

Dr. Warren Pendergast, CEO, NC Physicians Health Program (PHP), gave the PHP Compliance Committee report.

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

Members present were: Cheryl L. Walker-McGill, MD, Chairperson; Pascal O. Udekwu, MD; Eleanor E. Greene, MD; Timothy E. Lietz, MD; and Mr. Michael J. Arnold.

Open Session

Strategic Plan

a. Strategic Goals Update

   The Committee reviewed the updated Strategic Goals Task Tracker.

   Committee Recommendation: Accept as information.

   Board Action: Accept as information.

Financial Statements

a. Monthly Accounting

   The Committee reviewed the compiled financial statements for April 2015 and May 2015. May is the seventh month of fiscal year 2015.

   Committee Recommendation: Accept the financial statements as reported.

   Board Action: Accept Committee recommendation. Accept the financial statements as reported.

b. Investment Account Statements

Mr. Matt Wedding and Mr. David Culpepper, Fifth Third Bank, Charlotte, are the Board's investment advisors. Messrs. Wedding and Culpepper met with the Committee to discuss the financial market and the Board's investments.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

Old Business

a. KPI Overview

The Committee received a review of the KPI Program and reviewed feedback from the Chiefs and others involved with the Program.

Committee Recommendation: (1) Modify the target range for Legal KPI #4 (number of days to send a proposed consent order) to 33 – 41 days; (2) Add a reminder to each KPI report that the number of days reported to complete an activity includes weekends, holidays, vacation days and sick days; (3) move to a four-month reporting period (instead of a three-month reporting period); (4) continue to utilize the KPI program to identify performance improvement opportunities; and (5) work with the FSMB and other boards to publish the details of KPI programs.

Board Action: Accept Committee recommendation. (1) Modify the target range for Legal KPI #4 (number of days to send a proposed consent order) to 33 – 41 days; (2) Add a reminder to each KPI report that the number of days reported to complete an activity includes weekends, holidays, vacation days and sick days; (3) move to a four-month reporting period (instead of a three-month reporting period); (4) continue to utilize the KPI program to identify performance improvement opportunities; and (5) work with the FSMB and other boards to publish the details of KPI programs.

b. Indemnity and Hold Harmless Agreement for Retirement Plans

Mr. Hari Gupta, Ms. April Pearce, and Mr. Patrick Balestrieri serve as trustees of the Board's retirement plans ("the Trustees"). The Board provides fiduciary insurance to satisfy any liability and damages incurred by the Trustees acting in good faith. The Trustees have asked the Board to approve a proposed Hold Harmless and Indemnification Resolution which would satisfy liability and damages for all Trustees acting in good faith for things that the Fiduciary Policy does not cover and for monetary amounts in excess of the Fiduciary Policy limit.

Ms. Shannon Bradsher, Financial Directions, Cary, is the Senior Benefits Consultant for the retirement accounts. Ms. Bradsher met with the Committee to answer questions and provide further information regarding indemnification for Trustees.

Committee Recommendation: 1) Approve the proposed Hold Harmless and Indemnification Resolution, and 2) Investigate the benefit of increasing the Board's fiduciary liability insurance coverage.

Board Action: Accept Committee recommendation. 1) Approve the proposed Hold Harmless and Indemnification Resolution, and 2) Investigate the benefit of increasing the Board's fiduciary liability insurance coverage.

c. CSRS Reports

The Committee received an update regarding implementation of 21 NCAC 32Y .0101 "Controlled Substance Reporting System – Reporting Criteria."

Committee Recommendation: Accept as information.

Board Action: Accept as information.

d. CEO Task Tracker

The Committee reviewed outstanding items on the CEO Task Tracker report.

Committee Recommendation:

Regarding item #5 (CCMS Concerns) - Forward CCMS concerns about Dr. Chaudhry and the Federation of State Medical Boards ("FSMB") to the FSMB Board of Directors and request an official response. Make clear that the NCMB is submitting the CCMS comments on behalf of CCMS as a constituent of the Board, rather than on behalf of the Board itself.

Regarding all other items on the tracker, accept as information.

Board Action: Accept Committee recommendation. Regarding item #5 (CCMS Concerns) - Forward CCMS concerns about Dr. Chaudhry and the Federation of State Medical Boards ("FSMB") to the FSMB Board of Directors and request an official response. Make clear that the NCMB is submitting the CCMS comments on behalf of CCMS as a constituent of the Board, rather than on behalf of the Board itself.

Regarding all other items on the tracker, accept as information.

e. Legislative Update

The Committee received an update on pending legislation including H543 “Amend Laws Pertaining to NC Medical Board” and H724 “Amend Composition of NC Medical Board” which would add a dedicated PA seat on the Board.

Committee Recommendation: Accept as Information.

Board Action: Accept as information.

New Business

a. Adding a CSRS Question to the Renewal Application

Currently, less than half of in-state licensees with a DEA registration are registered to use the Controlled Substances Reporting System (CSRS). Increasing the number of registered CSRS users remains an important goal in addressing the serious problems associated with prescription drug abuse/diversion and avoiding mandatory registration. In an effort to encourage additional registrations, staff recommends adding a question to the license renewal form that will ask whether the licensee is registered with the CSRS and, if not, will include a link to a pre-populated registration form.

Committee Recommendation: Add a question regarding CSRS registration to the license renewals for physicians and physician assistants.

Board Action: Accept Committee recommendation. Add a question regarding CSRS registration to the license renewals for physicians and physician assistants.

b. Nominations: Officers and Executive Committee Members

The Committee nominates the following Board members as officers for 2015-2016:

President-Elect – Eleanor E. Greene, MD
Secretary/Treasurer – Timothy E. Lietz, MD

The Committee nominates the following Board member as an at-large member of the Executive Committee for 2015-2016: Mr. Michael J. Arnold

According to the NCMB Bylaws, the current President-Elect, Dr. Pascal O. Udekwu, will automatically become President on November 1 and continue as a member of the Executive Committee. In addition, the current President, Dr. Cheryl Walker-McGill, will

automatically become Immediate Past President on November 1 and continue as a member of the Executive Committee.

Board Action: Accept Committee nomination of Mr. Arnold as the at-large member of the Executive Committee for 2015-2016.

POLICY COMMITTEE REPORT

Members Present: Mr. Arnold, Chairperson; Dr. Udekwu; Dr. B. Walker; Dr. Lietz and Ms. Meelheim

New Business

a. Position Statement Review

i. Prescribing controlled substances for other than validated medical or therapeutic purposes, with particular reference to substance or preparations with anabolic properties (Appendix B)

The Chair solicited comments from the Committee. There were no suggestions for revision of the position statement.

Committee Recommendation: Accept as information. Note review of position statement.

Board Action: Accept as information.

ii. Physician supervision of other licensed health care providers (Appendix C)

Committee members discussed their concern about the potential for boundary violations between supervising physicians and their health care supervisees. They also believe the position statement should clarify the prohibition on supervisees owning a practice and employing their supervising physician.

Committee Recommendation: Ms. Meelheim and Mr. Brosius will work on proposed language to bring back to the Committee in September.

Board Action: Accept Committee recommendation. Ms. Meelheim and Mr. Brosius will work on proposed language to bring back to the Committee in September.

b. Contact with patients before prescribing (Appendix D)

A member requested that the Policy Committee consider an additional exception to the "Contact with patients before prescribing" position statement. The member pointed out that it is a widely accepted and common practice for gastroenterologists and radiologists

to provide otherwise healthy new patients bowel prep agents, such as SUPREP Bowel Prep Kit, in anticipation of a GI procedure, such as colonoscopy, barium enema or CT colonography, prior to being seen by a physician. The member requested discussion of whether this type of practice might be included as an additional exception to this position statement. One possible general difference between this practice and the existing position statement exceptions is that this involves providing (nominally healthy) patients medication in anticipation of a diagnostic procedure rather than treatment of a specific medical condition, so that, rather than a specific exception for "bowel prep" agents, possibly the Board might consider a general exception for standard or routine diagnostic studies.

Staff discussed adding an exception which would permit prescriptions preceding diagnostic tests. Some Committee members voiced concerns about whether such an exception would make a doctor immune from bad outcomes and whether such an exception was necessary if it met the standard of care. The Committee also heard from Dr. Sarah McGill who discussed the nature of the medications that are used in the gastroenterology setting and their evolution over time.

Committee Recommendation: Add an exception containing the following language: "An appropriate prescription in anticipation of a diagnostic test consistent with the standard of care in that particular specialty." NOTE: The Committee also wanted to foster a discussion, at an appropriate time, regarding whether the amount of current exceptions weighs in favor of making one general exception to the position statement.

Board Action: Accept Committee recommendation. Add an exception containing the following language: "An appropriate prescription in anticipation of a diagnostic test consistent with the standard of care in that particular specialty." NOTE: The Committee also wanted to foster a discussion, at an appropriate time, regarding whether the amount of current exceptions weighs in favor of making one general exception to the position statement.

c. Electronic doctor visits a growing trend

A Board Member shared an article with the committee discussing concerns regarding telemedicine and, in particular, the interruption of telemedicine into traditional face-to-face medical practice. This is, in part, a result of differing treatment of telemedicine by insurers. The Board Member cautioned that the Board should continue to monitor the access to care for patients.

Committee Recommendation: None at this time.

Board Action: None at this time.

Old Business

a. Office Based Procedures (Appendix E)

05/2015 Committee Discussion: The Committee discussed potential review of position statement to conform to current standards. The type of review was also discussed. An editorial change was noted. The Committee recognized Dr. McMullen in the audience who briefly discussed the certifying bodies for surgical centers.

05/2015 Committee Recommendation: Refer the position statement to Executive Committee for further discussion regarding potential review.

Board Action: Accept Committee recommendation. Refer the position statement to Executive Committee for further discussion regarding potential review.

Position Statement Review Tracking Chart

The Policy Committee reviewed the Position Statement Review Tracking Chart and confirmed that all position statements are on track to be reviewed at least once every four years as required by the January 2010 Board Action.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

LICENSE COMMITTEE REPORT

Members present were: Pascal O. Udekwu, MD, Chairperson, Subhash Gumber, MD, Debra Bolick and Mr. A. Wayne Holloman.

Old Business

a. USMLE/COMLEX/LMCC – 3 attempt limit

At the May, 2015 meeting, the Licensing Committee requested additional information regarding the USMLE/COMLEX 3 attempt limit rule the Board currently has in place. Answers to the questions were provided by Staff to the Committee.

Committee Recommendation: (1) Staff to contact FSMB regarding the percentage pass rate for initial and multiple attempts for USMLE steps 1, 2 and 3.
(2) Staff to contact other state medical boards to determine if they have experienced more disciplinary issues with licensees who have taken multiple attempts at USMLE.

Board Action: Accept Committee recommendation. (1) Staff to contact FSMB regarding the percentage pass rate for initial and multiple attempts for USMLE steps 1, 2 and 3.
(2) Staff to contact other state medical boards to determine if they have experienced more disciplinary issues with licensees who have taken multiple attempts at USMLE.

b. Proposed combined medical school and residency training program at Duke

Dr. Benjamin Alman, Chair, Department of Orthopaedic Surgery at Duke submitted a proposal to accept medical students into Duke's orthopaedic residency program at the end of their third year of medical school. The license committee reviewed the proposal at the March 2015 meeting with a recommendation to table the decision pending obtaining additional information as follows: (1) Duke's plan on when MD degrees will be conferred (2) Details of NYU 3 year program (3) Content of Duke's 2 year curriculum. Dr. Alman submitted an email to Dr. Kirby requesting withdrawal of his proposal.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

New Business

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The License Committee reviewed 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.

LICENSE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

One licensure interview was 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.

ALLIED HEALTH COMMITTEE REPORT

Committee Members present were: H. Diane Meelheim, FNP-BC, Chairperson, Bryant A. Murphy, MD and Ralph A. Walker, LLB.

1. PHYSICIAN ASSISTANTS

    a. Legislative Update.

Staff provided the Committee with a legislative update, including an update on a bill that passed the NC House and is currently pending in the NC Senate that would expand the composition of the NC Medical Board to include a physician assistant seat.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

    b. Physician Assistant Rule Changes for 21 NCAC 32S.0202 Qualifications and Requirements for License.

The Committee dicussed making a change to 21 NCAC 32S.0202 (13) to read “two” original recommendation forms vs. three and add to 21 NCAC 32S.0202 (14) at the end that “an applicant who is currently certified with the NCCPA will be deemed in compliance with this Rule.”

Committee Recommendation: Change 21 NCAC 32S.0202 (13) to read “two**”** original recommendation forms vs. three and add to 21 NCAC 32S.0202 (14) at the end that “an applicant who is currently certified with the NCCPA will be deemed in compliance with this Rule.”

Board Action: Accept Committee recommendation. Change 21 NCAC 32S.0202 (13) to read “two**”** original recommendation forms vs. three and add to 21 NCAC 32S.0202 (14) at the end that “an applicant who is currently certified with the NCCPA will be deemed in compliance with this Rule.”

    c. NCAPA Conference in August 2015 and next PAAC Meeting.

The NCAPA Conference will be held in August 2015 and Dr. Catherine Caldecott of CPEP and Ms. Kovacs are giving a lecture about boundary violations.

The next PAAC meeting is in September, 2015.

Committee Recommendation: Accept as information.

Board Action: Accept as information.

2. NC EMERGENCY MEDICAL SERVICES

No items for discussion.

3. ANESTHESIOLOGIST ASSISTANTS

No items for discussion.

4. NURSE PRACTITIONERS

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

> The Committee reviewed the Joint Subcommittee recommendations. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

The Joint Sub Committee (JSC) unanimously approved all the recommendations from the May 12, 2015 JSC Panel meeting.

Committee Recommendation: Accept as information.

Board Recommendation: Accept as information.

5. CLINICAL PHARMACIST PRACTIONERS

No items for discussion.

6. PERFUSIONISTS

No items for discussion.

7. POLYSOMOGRAPHIC TECHNOLOGISTS

No items for discussion.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Debra A. Bolick, MD, Eleanor E. Greene, MD, H. Diane Meelheim, FNP and Bryant A. Murphy, MD. Absent: Barbara E, Walker, DO

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The Disciplinary (Complaints) Committee reported on 30 complaint 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.

A motion passed to return to open session.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD (chairperson), Mr. Michael J. Arnold, Debra A. Bolick, MD, Eleanor E. Greene, MD, H. Diane Meelheim, FNP and Bryant A. Murphy, MD. Absent: Barbara E, Walker, DO

The committee discussed all wrong sided/site cases to be sent for external review prior to committee review in anticipation of the need to issue a PubLOC or greater.

Committee Recommendation: All wrong sided/site cases to be sent for external review prior to committee review in anticipation of the need to issue a PubLOC or greater.

Board Action: Accept Committee recommendation. All wrong sided/site cases to be sent for external review prior to committee review in anticipation of the need to issue a PubLOC or greater.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

The Disciplinary (Malpractice) Committee reported on fifty-one 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.

INVESTIGATIVE INTERVIEW REPORT

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

Fifthteen investigative interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved 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 (INVESTIGATIVE) COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD (chairperson); Mr. Michael J. Arnold; Eleanor E. Greene, MD; H. Diane Meelheim, FNP; Bryant A. Murphy, MD

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 and/or to preserve attorney/client privilege.

Forty-six investigative cases were reviewed. A written report was presented for the Board's review. The Board adopted the recommendations and approved 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.

OUTREACH COMMITTEE

Members present were Subhash Gumber, MD, Chairperson, Debra Bolick, MD, and Ralph A. Walker, JD, LLB

Old Business

a. Update on Public Outreach Campaign

Public Affairs has completed work on the first series of images to be used in the public outreach campaign to raise awareness of the Board and, specifically, the Licensee Search on the NCMB's website, and has started work on the second planned series.

Public Affairs would like to launch the campaign by the end of July, or as soon as necessary modifications to the NCMB website are made to display the campaign images.

Committee recommendation: Accept as information

Board Action: Accept as information

b. Implementation of Licensee Information Compliance Review program

In 2014, the Board approved plans to develop a program to encourage licensee compliance with NCGS 90-5.2, which requires all licensed physicians and physician assistants to report certain information (including current practice address and telephone number, board certification, current area of practice, hospital privileges, etc.) to the Board, which in turn makes it available to the public on the NCMB's website.

Public Affairs would like to implement this compliance program now, especially since public outreach will soon increase traffic to the Licensee Information pages. A compliance program will help focus licensee attention on the need to keep their personal information accurate and complete, and improve the user experience for those who use

the Board's Licensee Information pages. The goal of the compliance program is to bring licensees into full compliance with the law, and to encourage use of the many optional licensee information categories that provide additional information to users.

Committee recommendation: Staff should implement compliance program and develop a means to measure licensee response. Staff to report progress to the Outreach Committee at the January Board Meeting.

Board Action: Accept Committee recommendation. Staff should implement compliance program and develop a means to measure licensee response. Staff to report progress to the Outreach Committee at the January Board Meeting.

c. Update on launch of redesigned NCMB website

The new NCMB website launched publicly on June 28. Staff will provide a brief report on user reception/responses to the new site.

The NCMB Public Affairs director reported that the redesigned website launched smoothly, with no major issues. She indicated that staff are monitoring traffic, Web searches and telephone calls to assess potential need for additional fine tuning to website. For example, the Complaint Department staff has indicated an increase in calls from individuals who cannot find the online complaint form and a reduction in the number of complaints filed online has been noted. If this continues, the Board may want to look at ways to make the Complaint Process/Form information more prominent on the website.

Committee recommendation: Accept as information; Staff should continue to monitor user ability to locate complaint information and, if problems with finding the complaint form persist, consider ways to make this information more visible on the Home Page.

Board Action: Accept Committee recommendation. Accept as information; Staff should continue to monitor user ability to locate complaint information and, if problems with finding the complaint form persist, consider ways to make this information more visible on the Home Page.

d. Update on ongoing Outreach activities

i. Medical Schools
ii. Residency programs
iii. Hospitals/Health systems
iv. Professional societies
v. PA Programs

Staff will provide the Committee with an update on continuing efforts to schedule presentations with licensee and student audiences.

No action required; Discussion of progress, review of upcoming Outreach events

Committee recommendation: Accept as information

Board Action: Accept as information

New Business

a. Committee review of progress toward Strategic Goals No 4. And 5

The NCMB's Strategic Plan for 2015-2018 includes Strategic Goals related to Outreach and Transparency. Board staff record progress towards these goals to provide the Board with specific metrics by which to assess progress.

Board members should review Tab 27, pages 11-19 to see the specific metrics being used to show progress towards these goals.

Discussion: Does the Committee find the metrics informative and relevant to the goals? Should goals/metrics be modified in any way to provide more useful information?

Committee members commented that they appreciated the detailed information on progress provided.

Committee recommendation: Accept as information

Board Action: Accept as information

b. CCO update

The NCMB's CCO gave an overview of points raised during a recent meeting with the Board President and CEO. Board Member suggested that it would be a good idea to develop a consistent process for debriefing Board Members after they have given presentations, to get information about issues raised and questions asked, information that resonated most with the audience, etc.

Committee recommendation: Staff should proceed with plans for an online speaker request form and continue to explore ways to improve the Board's process for soliciting and managing NCMB presentations.

Board Action: Accept Committee recommendation. Staff should proceed with plans for an online speaker request form and continue to explore ways to improve the Board's process for soliciting and managing NCMB presentations.

ADJOURNMENT

This meeting was adjourned at 12:00 p.m., July 18, 2015.

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Eleanor E. Greene, MD
Secretary/Treasurer

The State Ethics Commission's Findings Regarding
NC Medical Board Members' Conflicts of Interest
May 2015

The North Carolina Medical Board was established to license, monitor, and discipline, educate, and rehabilitate physicians. The Board also licenses physician assistants and certified clinical perfusionists, and certifies nurse practitioners and clinical pharmacist practitioners. In connection with its oversight responsibilities, the Board reviews complaints and other information concerning medical practitioners and has the authority to annul, revoke, suspend, or limit a practitioner's license. The Board also provides partial funding to the North Carolina Physicians Health Program.

The State Government Ethics Act establishes ethical standards for certain public servants, including conflict of interest standards. N.C.G.S. §138A-31 prohibits public servants from using their positions for their financial benefit or for the benefit of a member of their extended family or a business with which they are associated. N.C.G.S. §138A-36(a) prohibits public servants from participating in certain official actions from which the public servant, his or her client(s), a member of the public servant's extended family, or a business or non-profit with which the public servant or a member of the public servant's immediate family is associated may receive a reasonably foreseeable financial benefit.

In addition to the conflicts standards noted above, N.C.G.S. §138A-32 prohibits public servants from accepting gifts, directly or indirectly (1) from anyone in return for being influenced in the discharge of their official responsibilities, (2) from a lobbyist or lobbyist principal, or (3) from a person or entity which is doing or seeking to do business with the public servant's agency, is regulated or controlled by the public servant's agency, or has particular financial interests that may be affected by the public servant's official actions. Exceptions to the gifts restrictions are set out in N.C.G.S. §138A-32(e).

Pursuant to N.C.G.S. 138A-15(c), when an actual or potential conflict of interest is cited by the Commission under N.C.G.S. 138A-24(e) with regard to a public servant sitting on a board, the conflict shall be recorded in the minutes of the applicable board and duly brought to the attention of the membership by the board's chair as often as necessary to remind all members of the conflict and to help ensure compliance with the State Government Ethics Act.

We did not find an actual conflict of interest, but found the potential for a conflict of interest for many members of the NC Medical Board. The potential conflict identified does not prohibit service on this entity. Here are specifics related to each Board member.

Mr. Michael Arnold fills the role of a Public Member of the Board. The State Ethics Commission did not find an actual conflict of interest or the potential for a conflict of interest.

Dr. Debra Bolick will fill the role of a licensed physician recommended by the Review Panel. She is a staff psychiatrist with the VA Medical Center. She is the Immediate Past President of the North Carolina Psychiatric Association ("Association") and the Secretary/Treasurer of the North Carolina Psychiatric Association Foundation ("Foundation"). Because she will be serving on the licensing board for members of her own profession, she has the potential for a conflict of interest and should exercise appropriate caution in the performance of her public duties should matters involving her license, the licenses of her co-workers, the Association or Foundation come before the Board for official action.

Dr. Eleanor Greene fills the role of a licensed physician recommended by the Review Panel. She is employed as a physician by Moses Cone Affiliated Physicians. In addition, she serves on the Board of Directors of the Old North State Medical Society ("Society"). Because she is serving on the licensing board for members of her own profession she has the potential for a conflict of interest. Dr. Greene should exercise appropriate caution in the performance of her public duties should matters involving her license or the licenses of her co-workers or associates, or the Society come before the Board for official action. This would include recusing herself to the extent that these interests would influence or could reasonably appear to influence her actions.

Dr. Subhash Gumber fills the role of a licensed physician recommended by the Review Panel. He lists that he is a physician with Raleigh Medical Group and that he and his spouse own interests in other medical service providers. Because Dr. Gumber will be serving on the licensing board for members of his own profession, he has the potential for a conflict of interest and should exercise appropriate caution in the performance of his public duties should matters involving his license, or the licenses of his co-workers, associates or employees come before the Board for official action or otherwise seek to conduct business with the Board.

Mr. A. Wayne Holloman will fill the role of a public member on the Board. He is self-employed as an investor. The State Ethics Commission did not find an actual conflict of interest or the potential for a conflict of interest.

Dr. Timothy Lietz will fill the role of a licensed physician recommended by the Review Panel. He is an emergency department physician with Mid-Atlantic Emergency Medical Associates. In addition, his spouse is a physician with Rankin Women's Center. Because he will be serving on the licensing board for members of his own profession, he has the potential for a conflict of interest and should exercise appropriate caution in the performance of his public duties should

matters involving his license, his spouse's license or the licenses of his co-workers come before the Board for official action.

Ms. Diane Meelheim will fill the role of a nurse practitioner nominated by the Review Panel. She is employed by East Carteret Family Medicine. Because she is serving on the licensing board for members of her own profession she has the potential for a conflict of interest. Ms. Meelheim should exercise appropriate caution in the performance of her public duties should matters involving her license or the licenses of her co-workers or associates come before the Board for official action. This would include recusing herself to the extent that her interests would influence or could reasonably appear to influence her actions.

Dr. Bryant Murphy will fill the role of a licensed physician recommended by the Review Panel. He is Vice Chair of Clinical Operations in the Department of Anesthesiology at the UNC School of Medicine. In addition, Dr. Murphy is the President of the North Carolina Society of Anesthesiologists ("Society"). Because he will be serving on the licensing board for members of his own profession, he has the potential for a conflict of interest and should exercise appropriate caution in the performance of his public duties should matters involving his license, the licenses of his co-workers, or the Society come before the Board for official action.

Dr. Pascal Udekwu fills the role of a licensed physician on the Board. He lists that he is a physician and the Director of Trauma at WakeMed Health and Hospital. Dr. Udekwu also lists that he maintains a malpractice review consulting business. Because he will be serving on the licensing board for members of his own profession, he has the potential for a conflict of interest. Dr. Udekwu should exercise appropriate caution in the performance of his public duties should matters involving his license, the licenses of his co-workers, or matters regarding any other entities with which he is associated come before the Board for official action or seek to conduct business with the Board.

Dr. Barbara Walker fills the role of a licensed physician recommended by the Review Panel. She lists that she is an independent contract physician with the Southeastern Area Health Education Center. She is the President Emeritus of the North Carolina Osteopathic Medical Association and she serves on the Board of Trustees for the American Osteopathic Association. Because she will be serving on the licensing board for members of her own profession, she has the potential for a conflict of interest and should exercise appropriate caution in the performance of her public duties should matters involving her license, the licenses of her co-workers or either Association come before the Board for official action.

Judge Ralph Walker: Not evaluated as he is a board to board appointment, and is not required to be evaluated.

Dr. Cheryl Walker McGill will fill the role of a licensed physician and member of the Old North State Medical Society on the Board. She is the Medical Director of Concentra, Daimler Trucks Division. In addition, she provides consulting services for Aetna and Carolina Medical Center. Because she will be serving on the licensing board for members of her own profession, she has the potential for a conflict of interest. Dr. Walker McGill should exercise appropriate caution in the performance of her public duties should matters involving her license or the licenses of her co-workers come before the Board for official action. This would include recusing herself to the extent that her interests would influence or could reasonably appear to influence her actions.

CURRENT POSITION STATEMENT:

Prescribing controlled substances for other than validated medical or therapeutic purposes, with particular reference to substance or preparations with anabolic properties

General
It is the position of the North Carolina Medical Board that prescribing any controlled substance for other than a validated medical or therapeutic purpose is unprofessional conduct.

The licensee shall complete and maintain a medical record that establishes the diagnosis, the basis for that diagnosis, the purpose and expected response to therapeutic medications, and the plan for the use of medications in treatment of the diagnosis.

The Board is not opposed to the use of innovative, creative therapeutics; however, treatments not having a scientifically validated basis for use should be studied under investigational protocols so as to assist in the establishment of evidence-based, scientific validity for such treatments.

Substances/Preparations with Anabolic Properties
The use of anabolic steroids, testosterone and its analogs, human growth hormone, human chorionic gonadotropin, other preparations with anabolic properties, or autotransfusion in any form, to enhance athletic performance or muscle development for cosmetic, nontherapeutic reasons, in the absence of an established disease or deficiency state, is not a medically valid use of these medications.

The use of these medications under these conditions will subject the person licensed by the Board to investigation and potential sanctions.

The Board recognizes that most anabolic steroid abuse occurs outside the medical system. It wishes to emphasize the licensee's role as educator in providing information to individual patients and the community, and specifically to high school and college athletes, as to the dangers inherent in the use of these medications.

Created: May 1, 1998; Modified: July 1998, January 2001, September 2011, July 2015

CURRENT POSITION STATEMENT:

Physician supervision of other licensed health care practitioners

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

(Adopted July 2007) (Reviewed: September 2012, July 2015

CURRENT POSITION STATEMENT:

Contact with patients before prescribing

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not examined to the extent necessary for an accurate diagnosis is inappropriate except as noted in the paragraphs below. Before prescribing a drug, a licensee should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience. Ordinarily, this will require that the licensee perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

Prescribing for a patient whom the licensee has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, interim medication orders or prescriptions, including pain management, from a hospice physician for a patient admitted to a certified hospice program, prescribing for a patient of another licensee for whom the prescriber is taking call, continuing medication on a short-term basis for a new patient prior to the patient's first appointment, an appropriate prescription in a telemedicine encounter where the threshold information to make an accurate diagnosis has been obtained, prescribing an opiate antagonist to someone in a position to assist a person at risk of an opiate-related overdose, or an appropriate prescription in anticipation of a diagnostic test consistent with the standard of care in that particular specialty . Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

Prescribing for an individual whom the licensee has not met or personally examined may also be suitable when that individual is the partner of a patient whom the licensee is treating for gonorrhea or chlamydia. Partner management of patients with gonorrhea or chlamydia should include the following items:

• Signed prescriptions of oral antibiotics of the appropriate quantity and strength sufficient to provide curative treatment for each partner named by the infected patient. Notation on the prescription should include the statement: "Expedited partner therapy."

• Signed prescriptions to named partners should be accompanied by written material that states that clinical evaluation is desirable; that prescriptions for medication or related compounds to which the partner is allergic should not be accepted; and that lists common medication side effects and the appropriate response to them.

• Prescriptions and accompanying written material should be given to the licensee's patient for distribution to named partners.

• The licensee should keep appropriate documentation of partner management. Documentation should include the names of partners and a copy of the prescriptions issued or an equivalent statement.

It is the position of the Board that prescribing drugs to individuals the licensee has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

(Adopted: Nov 1, 1999) (Modified: February 2001; November 2009, May 2013, November 2014, March 2015, July 2015)

CURRENT POSITION STATEMENT:

Office-based procedures

Preface

This Position Statement on Office-Based Procedures is an interpretive statement that attempts to identify and explain the standards of practice for Office-Based Procedures in North Carolina. The Board's intention is to articulate existing professional standards and not to promulgate a new standard.

This Position Statement is in the form of guidelines designed to assure patient safety and identify the criteria by which the Board will assess the conduct of its licensees in considering disciplinary action arising out of the performance of office-based procedures. Thus, it is expected that the licensee who follows the guidelines set forth below will avoid disciplinary action by the Board. However, this Position Statement is not intended to be comprehensive or to set out exhaustively every standard that might apply in every circumstance. The silence of the Position Statement on any particular matter should not be construed as the lack of an enforceable standard.

General Guidelines

The Physician's Professional and Legal Obligation

The North Carolina Medical Board has adopted the guidelines contained in this Position Statement in order to assure patients have access to safe, high quality office-based surgical and special procedures. The guidelines further assure that a licensed physician with appropriate qualifications takes responsibility for the supervision of all aspects of the perioperative surgical, procedural and anesthesia care delivered in the office setting, including compliance with all aspects of these guidelines.

These obligations are to be understood (as explained in the Preface) as existing standards identified by the Board in an effort to assure patient safety and provide licensees guidance to avoid practicing below the standards of practice in such a manner that the licensee would be exposed to possible disciplinary action for unprofessional conduct as contemplated in N.C. Gen. Stat. § 90-14(a)(6).

Exemptions

These guidelines do not apply to Level I procedures.

Written Policies and Procedures

Written policies and procedures should be maintained to assist office-based practices in providing safe and quality surgical or special procedure care, assure consistent personnel performance, and promote an awareness and understanding of the inherent rights of patients.

Emergency Procedure and Transfer Protocol

The physician who performs the surgical or special procedure should assure that a transfer protocol is in place, preferably with a hospital that is licensed in the jurisdiction in which it is located and that is within reasonable proximity of the office where the procedure is performed.

All office personnel should be familiar with and capable of carrying out written emergency instructions. The instructions should be followed in the event of an emergency, any untoward anesthetic, medical or surgical complications, or other conditions making hospitalization of a patient necessary. The instructions should include arrangements for immediate contact of emergency medical services when indicated and when advanced cardiac life support is needed. When emergency medical services are not indicated, the instructions should include procedures for timely escort of the patient to the hospital or to an appropriate practitioner.

Infection Control
The practice should comply with state and federal regulations regarding infection control. For all surgical and special procedures, the level of sterilization should meet applicable industry and occupational safety requirements. There should be a procedure and schedule for cleaning, disinfecting and sterilizing equipment and patient care items. Personnel should be trained in infection control practices, implementation of universal precautions, and disposal of hazardous waste products. Protective clothing and equipment should be readily available.

Performance Improvement
A performance improvement program should be implemented to provide a mechanism to review yearly the current practice activities and quality of care provided to patients.

Performance improvement activities should include, but are not limited to, review of mortalities; the appropriateness and necessity of procedures performed; emergency transfers; reportable complications, and resultant outcomes (including all postoperative infections); analysis of patient satisfaction surveys and complaints; and identification of undesirable trends (such as diagnostic errors, unacceptable results, follow-up of abnormal test results, medication errors, and system problems). Findings of the performance improvement program should be incorporated into the practice's educational activity.

Medical Records and Informed Consent
The practice should have a procedure for initiating and maintaining a health record for every patient evaluated or treated. The record should include a procedure code or suitable narrative description of the procedure and should have sufficient information to identify the patient, support the diagnosis, justify the treatment, and document the outcome and required follow-up care.
Medical history, physical examination, lab studies obtained within 30 days of the scheduled procedure, and pre-anesthesia examination and evaluation information and data should be adequately documented in the medical record.
The medical records also should contain documentation of the intraoperative and postoperative monitoring required by these guidelines.
Written documentation of informed consent should be included in the medical record.

Credentialing of Physicians
A physician who performs surgical or special procedures in an office requiring the administration of anesthesia services should be credentialed to perform that surgical or special procedure by a hospital, an ambulatory surgical facility, or substantially comply with criteria established by the Board.

Criteria to be considered by the Board in assessing a physician's competence to perform a surgical or special procedure include, without limitation:

1. state licensure;
2. procedure specific education, training, experience and successful evaluation appropriate for the patient population being treated (*i.e.*, pediatrics);
3. for physicians, board certification, board eligibility or completion of a training program in a field of specialization recognized by the ACGME or AOA or by a national medical specialty board that is recognized by the ABMS or AOA for expertise and proficiency in that field. For purposes of this requirement, board eligibility or certification is relevant only if the board in question is recognized by the ABMS, AOA, or equivalent board certification as determined by the Board;
4. professional misconduct and malpractice history;
5. participation in peer and quality review;

6. participation in continuing education consistent with the statutory requirements and requirements of the physician's professional organization;
7. to the extent such coverage is reasonably available in North Carolina, malpractice insurance coverage for the surgical or special procedures being performed in the office;
8. procedure-specific competence (and competence in the use of new procedures and technology), which should encompass education, training, experience and evaluation, and which may include the following:
    a. adherence to professional society standards;
    b. credentials approved by a nationally recognized accrediting or credentialing entity; or
    c. didactic course complemented by hands-on, observed experience; training is to be followed by a specified number of cases supervised by a practitioner already competent in the respective procedure, in accordance with professional society standards.

If the physician administers the anesthetic as part of a surgical or special procedure (Level II only), he or she also should have documented competence to deliver the level of anesthesia administered.

Accreditation

After one year of operation following the adoption of these guidelines, any physician who performs Level II or Level III procedures in an office should be able to demonstrate, upon request by the Board, substantial compliance with these guidelines, or should obtain accreditation of the office setting by an approved accreditation agency or organization. The approved accreditation agency or organization should submit, upon request by the Board, a summary report for the office accredited by that agency.

All expenses related to accreditation or compliance with these guidelines shall be paid by the physician who performs the surgical or special procedures.

Patient Selection

The physician who performs the surgical or special procedure should evaluate the condition of the patient and the potential risks associated with the proposed treatment plan. The physician also is responsible for determining that the patient has an adequate support system to provide for necessary follow-up care. Patients with pre-existing medical problems or other conditions, who are at undue risk for complications, should be referred to an appropriate specialist for preoperative consultation.

ASA Physical Status Classifications

Patients that are considered high risk or are ASA physical status classification III, IV, or V and require a general anesthetic for the surgical procedure, should not have the surgical or special procedure performed in a physician office setting.

Candidates for Level II Procedures

Patients with an ASA physical status classification I, II, or III may be acceptable candidates for office-based surgical or special procedures requiring conscious sedation/ analgesia. ASA physical status classification III patients should be specifically addressed in the operating manual for the office. They may be acceptable candidates if deemed so by a physician qualified to assess the specific disability and its impact on anesthesia and surgical or procedural risks.

Candidates for Level III Procedures

Only patients with an ASA physical status classification I or II, who have no airway abnormality, and possess an unremarkable anesthetic history are acceptable candidates for Level III procedures.

Surgical or Special Procedure Guidelines

Patient Preparation
A medical history and physical examination to evaluate the risk of anesthesia and of the proposed surgical or special procedure should be performed by a physician qualified to assess the impact of co-existing disease processes on surgery and anesthesia. Appropriate laboratory studies should be obtained within 30 days of the planned surgical procedure.
A pre-procedure examination and evaluation should be conducted prior to the surgical or special procedure by the physician. The information and data obtained during the course of this evaluation should be documented in the medical record
The physician performing the surgical or special procedure also should:

1. ensure that an appropriate pre-anesthetic examination and evaluation is performed proximate to the procedure;
2. prescribe the anesthetic, unless the anesthesia is administered by an anesthesiologist in which case the anesthesiologist may prescribe the anesthetic;
3. ensure that qualified health care professionals participate;
4. remain physically present during the intraoperative period and be immediately available for diagnosis, treatment, and management of anesthesia-related complications or emergencies; and
5. ensure the provision of indicated post-anesthesia care.

Discharge Criteria
Criteria for discharge for all patients who have received anesthesia should include the following:

1. confirmation of stable vital signs;
2. stable oxygen saturation levels;
3. return to pre-procedure mental status;
4. adequate pain control;
5. minimal bleeding, nausea and vomiting;
6. resolving neural blockade, resolution of the neuraxial blockade; and
7. eligible to be discharged in the company of a competent adult.

Information to the Patient
The patient should receive verbal instruction understandable to the patient or guardian, confirmed by written post-operative instructions and emergency contact numbers. The instructions should include:

1. the procedure performed;
2. information about potential complications;
3. telephone numbers to be used by the patient to discuss complications or should questions arise;
4. instructions for medications prescribed and pain management;
5. information regarding the follow-up visit date, time and location; and
6. designated treatment hospital in the event of emergency.

Reportable Complications
Physicians performing surgical or special procedures in the office should maintain timely records, which should be provided to the Board within three business days of receipt of a Board inquiry. Records of reportable complications should be in writing and should include:

1. physician’s name and license number;
2. date and time of the occurrence;
3. office where the occurrence took place;
4. name and address of the patient;

5. surgical or special procedure involved;
6. type and dosage of sedation or anesthesia utilized in the procedure; and
7. circumstances involved in the occurrence.

Equipment Maintenance

All anesthesia-related equipment and monitors should be maintained to current operating room standards. All devices should have regular service/maintenance checks at least annually or per manufacturer recommendations. Service/maintenance checks should be performed by appropriately qualified biomedical personnel. Prior to the administration of anesthesia, all equipment/monitors should be checked using the current FDA recommendations as a guideline. Records of equipment checks should be maintained in a separate, dedicated log which must be made available to the Board upon request. Documentation of any criteria deemed to be substandard should include a clear description of the problem and the intervention. If equipment is utilized despite the problem, documentation should clearly indicate that patient safety is not in jeopardy.

The emergency supplies should be maintained and inspected by qualified personnel for presence and function of all appropriate equipment and drugs at intervals established by protocol to ensure that equipment is functional and present, drugs are not expired, and office personnel are familiar with equipment and supplies. Records of emergency supply checks should be maintained in a separate, dedicated log and made available to the Board upon request.

A physician should not permit anyone to tamper with a safety system or any monitoring device or disconnect an alarm system.

Compliance with Relevant Health Laws

Federal and state laws and regulations that affect the practice should be identified and procedures developed to comply with those requirements.

Nothing in this position statement affects the scope of activities subject to or exempted from the North Carolina health care facility licensure laws. (1)

Patient Rights

Office personnel should be informed about the basic rights of patients and understand the importance of maintaining patients' rights. A patients' rights document should be readily available upon request.

Enforcement

In that the Board believes that these guidelines constitute the accepted and prevailing standards of practice for office-based procedures in North Carolina, failure to substantially comply with these guidelines creates the risk of disciplinary action by the Board.

Level II Guidelines

Personnel

The physician who performs the surgical or special procedure or a health care professional who is present during the intraoperative and postoperative periods should be ACLS certified, and at least one other health care professional should be BCLS certified. In an office where anesthesia services are provided to infants and children, personnel should be appropriately trained to handle pediatric emergencies (*i.e.*, APLS or PALS certified).

Recovery should be monitored by a registered nurse or other health care professional practicing within the scope of his or her license or certification who is BCLS certified and has the capability of administering medications as required for analgesia, nausea/vomiting, or other indications.

Surgical or Special Procedure Guidelines

Intraoperative Care and Monitoring
The physician who performs Level II procedures that require conscious sedation in an office should ensure that monitoring is provided by a separate health care professional not otherwise involved in the surgical or special procedure. Monitoring should include, when clinically indicated for the patient:

- direct observation of the patient and, to the extent practicable, observation of the patient's responses to verbal commands;
- pulse oximetry should be performed continuously (an alternative method of measuring oxygen saturation may be substituted for pulse oximetry if the method has been demonstrated to have at least equivalent clinical effectiveness);
- an electrocardiogram monitor should be used continuously on the patient;
- the patient's blood pressure, pulse rate, and respirations should be measured and recorded at least every five minutes; and
- the body temperature of a pediatric patient should be measured continuously.

Clinically relevant findings during intraoperative monitoring should be documented in the patient's medical record.

Postoperative Care and Monitoring
The physician who performs the surgical or special procedure should evaluate the patient immediately upon completion of the surgery or special procedure and the anesthesia.
Care of the patient may then be transferred to the care of a qualified health care professional in the recovery area. A registered nurse or other health care professional practicing within the scope of his or her license or certification and who is BCLS certified and has the capability of administering medications as required for analgesia, nausea/vomiting, or other indications should monitor the patient postoperatively.
At least one health care professional who is ACLS certified should be immediately available until all patients have met discharge criteria. Prior to leaving the operating room or recovery area, each patient should meet discharge criteria.
Monitoring in the recovery area should include pulse oximetry and non-invasive blood pressure measurement. The patient should be assessed periodically for level of consciousness, pain relief, or any untoward complication. Clinically relevant findings during post-operative monitoring should be documented in the patient's medical record.

Equipment and Supplies
Unless another availability standard is clearly stated, the following equipment and supplies should be present in all offices where Level II procedures are performed:

1. Full and current crash cart at the location where the anesthetizing is being carried out. (the crash cart inventory should include appropriate resuscitative equipment and medications for surgical, procedural or anesthetic complications);
2. age-appropriate sized monitors, resuscitative equipment, supplies, and medication in accordance with the scope of the surgical or special procedures and the anesthesia services provided;
3. emergency power source able to produce adequate power to run required equipment for a minimum of two (2) hours;
4. electrocardiographic monitor;
5. noninvasive blood pressure monitor;
6. pulse oximeter;
7. continuous suction device;
8. endotracheal tubes, laryngoscopes;

9. positive pressure ventilation device (e.g., Ambu);
10. reliable source of oxygen;
11. emergency intubation equipment;
12. adequate operating room lighting;
13. appropriate sterilization equipment; and
14. IV solution and IV equipment.

Level III Guidelines

Personnel

Anesthesia should be administered by an anesthesiologist or a CRNA supervised by a physician. The physician who performs the surgical or special procedure should not administer the anesthesia. The anesthesia provider should not be otherwise involved in the surgical or special procedure.

The physician or the anesthesia provider should be ACLS certified, and at least one other health care professional should be BCLS certified. In an office where anesthesia services are provided to infants and children, personnel should be appropriately trained to handle pediatric emergencies (*i.e.*, APLS or PALS certified).

Surgical or Special Procedure Guidelines

Intraoperative Monitoring

The physician who performs procedures in an office that require major conduction blockade, deep sedation/analgesia, or general anesthesia should ensure that monitoring is provided as follows when clinically indicated for the patient:

- direct observation of the patient and, to the extent practicable, observation of the patient's responses to verbal commands;
- pulse oximetry should be performed continuously. Any alternative method of measuring oxygen saturation may be substituted for pulse oximetry if the method has been demonstrated to have at least equivalent clinical effectiveness;
- an electrocardiogram monitor should be used continuously on the patient;
- the patient's blood pressure, pulse rate, and respirations should be measured and recorded at least every five minutes;
- monitoring should be provided by a separate health care professional not otherwise involved in the surgical or special procedure;
- end-tidal carbon dioxide monitoring should be performed on the patient continuously during endotracheal anesthesia;
- an in-circuit oxygen analyzer should be used to monitor the oxygen concentration within the breathing circuit, displaying the oxygen percent of the total inspiratory mixture;
- a respirometer (volumeter) should be used to measure exhaled tidal volume whenever the breathing circuit of a patient allows;
- the body temperature of each patient should be measured continuously; and
- an esophageal or precordial stethoscope should be utilized on the patient.

Clinically relevant findings during intraoperative monitoring should be documented in the patient’s medical record.

Postoperative Care and Monitoring

The physician who performs the surgical or special procedure should evaluate the patient immediately upon completion of the surgery or special procedure and the anesthesia.

Care of the patient may then be transferred to the care of a qualified health care professional in the recovery area. Qualified health care professionals capable of administering medications as required for analgesia, nausea/vomiting, or other indications should monitor the patient postoperatively.

Recovery from a Level III procedure should be monitored by an ACLS certified (PALS or APLS certified when appropriate) health care professional using appropriate criteria for the level of anesthesia. At least one health care professional who is ACLS certified should be immediately available during postoperative monitoring and until the patient meets discharge criteria. Each patient should meet discharge criteria prior to leaving the operating or recovery area. Monitoring in the recovery area should include pulse oximetry and non-invasive blood pressure measurement. The patient should be assessed periodically for level of consciousness, pain relief, or any untoward complication. Clinically relevant findings during postoperative monitoring should be documented in the patient's medical record.

Equipment and Supplies

Unless another availability standard is clearly stated, the following equipment and supplies should be present in all offices where Level III procedures are performed:

1. full and current crash cart at the location where the anesthetizing is being carried out (the crash cart inventory should include appropriate resuscitative equipment and medications for surgical, procedural or anesthetic complications);
2. age-appropriate sized monitors, resuscitative equipment, supplies, and medication in accordance with the scope of the surgical or special procedures and the anesthesia services provided;
3. emergency power source able to produce adequate power to run required equipment for a minimum of two (2) hours;
4. electrocardiographic monitor;
5. noninvasive blood pressure monitor;
6. pulse oximeter;
7. continuous suction device;
8. endotracheal tubes, and laryngoscopes;
9. positive pressure ventilation device (*e.g.*, Ambu);
10. reliable source of oxygen;
11. emergency intubation equipment;
12. adequate operating room lighting;
13. appropriate sterilization equipment;
14. IV solution and IV equipment;
15. sufficient ampules of dantrolene sodium should be emergently available;
16. esophageal or precordial stethoscope;
17. emergency resuscitation equipment;
18. temperature monitoring device;
19. end tidal CO2 monitor (for endotracheal anesthesia); and
20. appropriate operating or procedure table.

definitions

AAAASF – the American Association for the Accreditation of Ambulatory Surgery Facilities.
AAAHC – the Accreditation Association for Ambulatory Health Care
ABMS – the American Board of Medical Specialties
ACGME – the Accreditation Council for Graduate Medical Education
ACLS certified – a person who holds a current "ACLS Provider" credential certifying that they have successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program.
Advanced cardiac life support certified – a licensee that has successfully completed and recertified periodically an advanced cardiac life support course offered by a recognized accrediting organization appropriate to the licensee's field of practice. For example, for those

licensees treating adult patients, training in ACLS is appropriate; for those treating children, training in PALS or APLS is appropriate.
Ambulatory surgical facility – a facility licensed under Article 6, Part D of Chapter 131E of the North Carolina General Statutes or if the facility is located outside North Carolina, under that jurisdiction's relevant facility licensure laws.
Anesthesia provider – an anesthesiologist or CRNA.
Anesthesiologist – a physician who has successfully completed a residency program in anesthesiology approved by the ACGME or AOA, or who is currently a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1982.
AOA – the American Osteopathic Association
APLS certified – a person who holds a current certification in advanced pediatric life support from a program approved by the American Heart Association.
Approved accrediting agency or organization – a nationally recognized accrediting agency (*e.g.*, AAAASF; AAAHC, JCAHO, and HFAP) including any agency approved by the Board.
ASA – the American Society of Anesthesiologists
BCLS certified – a person who holds a current certification in basic cardiac life support from a program approved by the American Heart Association.
Board – the North Carolina Medical Board.
Conscious sedation – the administration of a drug or drugs in order to induce that state of consciousness in a patient which allows the patient to tolerate unpleasant medical procedures without losing defensive reflexes, adequate cardio-respiratory function and the ability to respond purposefully to verbal command or to tactile stimulation if verbal response is not possible as, for example, in the case of a small child or deaf person. Conscious sedation does not include an oral dose of pain medication or minimal pre-procedure tranquilization such as the administration of a pre-procedure oral dose of a benzodiazepine designed to calm the patient. "Conscious sedation" should be synonymous with the term "sedation/analgesia" as used by the American Society of Anesthesiologists.
Credentialed – a physician that has been granted, and continues to maintain, the privilege by a hospital or ambulatory surgical facility licensed in the jurisdiction in which it is located to provide specified services, such as surgical or special procedures or the administration of one or more types of anesthetic agents or procedures, or can show documentation of adequate training and experience.
CRNA – a registered nurse who is authorized by the North Carolina Board of Nursing to perform nurse anesthesia activities.
Deep sedation/analgesia – the administration of a drug or drugs which produces depression of consciousness during which patients cannot be easily aroused but can respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

FDA – the Food and Drug Administration.
General anesthesia – a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
Health care professional – any office staff member who is licensed or certified by a recognized professional or health care organization.
HFAP – the Health Facilities Accreditation Program, a division of the AOA.

Hospital – a facility licensed under Article 5, Part A of Chapter 131E of the North Carolina General Statutes or if the facility is located outside North Carolina, under that jurisdiction's relevant facility licensure laws.
Immediately available – within the office.
JCAHO – the Joint Commission for the Accreditation of Health Organizations
Level I procedures – any surgical or special procedures:

a. that do not involve drug-induced alteration of consciousness;
b. where preoperative medications are not required or used other than minimal preoperative tranquilization of the patient (anxiolysis of the patient) ;
c. where the anesthesia required or used is local, topical, digital block, or none; and
d. where the probability of complications requiring hospitalization is remote.

Level II procedures – any surgical or special procedures:

a. that require the administration of local or peripheral nerve block, minor conduction blockade, Bier block, minimal sedation, or conscious sedation; and
b. where there is only a moderate risk of surgical and/or anesthetic complications and the need for hospitalization as a result of these complications is unlikely.

Level III procedures – any surgical or special procedures:

a. that require, or reasonably should require, the use of major conduction blockade, deep sedation/analgesia, or general anesthesia; and
b. where there is only a moderate risk of surgical and/or anesthetic complications and the need for hospitalization as a result of these complications is unlikely.

Local anesthesia – the administration of an agent which produces a transient and reversible loss of sensation in a circumscribed portion of the body.
Major conduction blockade – the injection of local anesthesia to stop or prevent a painful sensation in a region of the body. Major conduction blocks include, but are not limited to, axillary, interscalene, and supraclavicular block of the brachial plexus; spinal (subarachnoid), epidural and caudal blocks.
Minimal sedation (anxiolysis) – the administration of a drug or drugs which produces a state of consciousness that allows the patient to tolerate unpleasant medical procedures while responding normally to verbal commands. Cardiovascular or respiratory function should remain unaffected and defensive airway reflexes should remain intact.
Minor conduction blockade – the injection of local anesthesia to stop or prevent a painful sensation in a circumscribed area of the body (*i.e.*, infiltration or local nerve block), or the block of a nerve by direct pressure and refrigeration. Minor conduction blocks include, but are not limited to, intercostal, retrobulbar, paravertebral, peribulbar, pudendal, sciatic nerve, and ankle blocks.
Monitoring – continuous, visual observation of a patient and regular observation of the patient as deemed appropriate by the level of sedation or recovery using instruments to measure, display, and record physiologic values such as heart rate, blood pressure, respiration and oxygen saturation.
Office – a location at which incidental, limited ambulatory surgical procedures are performed and which is not a licensed ambulatory surgical facility pursuant to Article 6, Part D of Chapter 131E of the North Carolina General Statutes.
Operating room – that location in the office dedicated to the performance of surgery or special procedures.
OSHA – the Occupational Safety and Health Administration.
PALS certified – a person who holds a current certification in pediatric advanced life support from a program approved by the American Heart Association.
Physical status classification – a description of a patient used in determining if an office surgery or procedure is appropriate. For purposes of these guidelines, ASA classifications will be used. The ASA enumerates classification: I-normal, healthy patient; II-a patient with mild systemic

disease; III a patient with severe systemic disease limiting activity but not incapacitating; IV-a patient with incapacitating systemic disease that is a constant threat to life; and V-moribund, patients not expected to live 24 hours with or without operation.
Physician – an individual holding an MD or DO degree licensed pursuant to the NC Medical Practice Act and who performs surgical or special procedures covered by these guidelines.
Reasonable Proximity**-**The Board recognizes that reasonable proximity is a somewhat ambiguous standard. The Board believes that the standard often used by hospitals of thirty (30) minutes travel time is a useful benchmark.
Recovery area – a room or limited access area of an office dedicated to providing medical services to patients recovering from surgical or special procedures or anesthesia.
Reportable complications – untoward events occurring at any time within forty-eight (48) hours of any surgical or special procedure or the administration of anesthesia in an office setting including, but not limited to, any of the following: paralysis, nerve injury, malignant hyperthermia, seizures, myocardial infarction, pulmonary embolism, renal failure, significant cardiac events, respiratory arrest, aspiration of gastric contents, cerebral vascular accident, transfusion reaction, pneumothorax, allergic reaction to anesthesia, unintended hospitalization for more than twenty-four (24) hours, or death.
Special procedure – patient care that requires entering the body with instruments in a potentially painful manner, or that requires the patient to be immobile, for a diagnostic or therapeutic procedure requiring anesthesia services; for example, diagnostic or therapeutic endoscopy; invasive radiologic procedures, pediatric magnetic resonance imaging; manipulation under anesthesia or endoscopic examination with the use of general anesthesia.

Surgical procedure – the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments and includes the operative and non-operative care of individuals in need of such intervention, and demands pre-operative assessment, judgment, technical skill, post-operative management, and follow-up.
Topical anesthesia – an anesthetic agent applied directly or by spray to the skin or mucous membranes, intended to produce a transient and reversible loss of sensation to a circumscribed area.

[A Position Statement on Office-Based Surgery was adopted by the Board on September 2000. The statement above (Adopted January 2003) replaces that statement.]

(Adopted September 2011) (Amended January 2003, May 2011) (Reviewed May 2015)

3. Position Statement Review tracking chart:

1/2010 Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input. Additionally all reviews will be documented and will be reported to the full Board, even if no changes are made.

1/2010 Board Action: Adopt the recommendation of the Policy Committee.

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Office-Based Procedures	Sep-00	May-15	May-11	Jan-03			
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	May-98	July-15	Sept-11	Nov-05	Jan-01	Jul-98	
Physician Supervision of Other Licensed Health Care Practitioners	Jul-07	July-15	Sep-12	Jul-07			
Referral Fees and Fee Splitting	Nov-93		Jan-12	Jul-06	May-96		
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	May-91		Mar-12	Sep-05	Mar-02	May-00	May 96
Availability of Physicians to Their Patients	Jul-93		May-12	Nov-11	Jul-06	Oct-03	Jan-01
Sexual Exploitation of Patients	May-91		May-12	Sep-06	Jan-01	Apr-96	
Care of the Patient Undergoing Surgery or Other Invasive Procedure	Sep-91		Jul-12	Sep-06	Mar-01		
The Physician-Patient Relationship	Jul-95		Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
The Retired Physician	Jan-97		Jul-12	Sep-06			
Medical Testimony	Mar-08		Sep-12	Mar-08			
Advance Directives and Patient Autonomy	Jul-93		Nov-12	Mar-08	May-96		
End-of-Life Responsibilities and Palliative Care	Oct-99		Jan-13	Mar-08	May-07		
Drug Overdose Prevention	Sep-08		Mar-13	Sep-08			
Professional Use of Social Media	Mar-13		Mar-13				
The Treatment of Obesity	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Contact With Patients Before Prescribing	Nov-99		May-13	Jul-10	Feb-01		
Medical Record Documentation	May-94		May-13	May-09	May-96		
Retention of Medical Records	May-98		Jul-13	May-09			
Capital Punishment	Jan-07		Jul-13	Jul-09			

Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Nov-98		Sept-13	Mar-10	Nov-98		
Unethical Agreements in Complaint Settlements	Nov-93		Sept-13	Mar-10	May-96		
Guidelines for Avoiding Misunderstandings During Physical Examinations	May-91		Jan-14	Jul-10	Oct-02	Feb-01	Jan-01
Departures from or Closings of Medical	Jan-00		May-13	Jul-09	Aug-03		
Policy for the Use of Controlled Substances for the Treatment of Pain	Sep-96		May-14	Jan-13	Sep-08	Jul-05	
Access to Physician Records	Nov-93		May-14	Sep-10	Aug-03	Mar-02	Sep-97
Medical Supervisor-Trainee Relationship	Apr-04		Jul-14	Nov-10	Apr-04		
Advertising and Publicity	Nov-99		Aug-14	Nov-10	Sep-05	Mar-01	
Telemedicine	May-10		Nov-14	May-10			
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	Oct-99		Nov-14	Jan-11	Oct-99		
Writing of Prescriptions	May-91		Jan-15	Mar-11	Mar-05	Jul-02	Mar-02
HIV/HBV Infected Health Care Workers	Nov-92		Mar-15	Jan-11	Jan-05	May-96	
Laser Surgery	Jul-99		Mar-15	Jul-05	Jul-05	Aug-02	Mar-02
Sale of Goods From Physician Offices	Mar-01		Mar-15	May-11	Mar-06		
Competence and Reentry to the Active Practice of Medicine	Jul-06		May-15	Jul-06	May-15		

PHYSICIANS PRESENTED AT THE
JULY 2015 BOARD MEETING

Abdulsamad, Loay Yousef	MD	Bittar, Azzam	MD
Acton, Jacob Daniel	MD	Bloom, Mitchell Jay	MD
Adelman, Michael Joseph	MD	Boardman, John Works	MD
Agrait Gonzalez, Miguel	MD	Boland, Matthew Eugene	MD
Ahmad, Muhammad Imtiaz	MD	Bolger, Paul Matthew	MD
Ahmad, Usman Fayyaz	DO	Bonfiglio, Ronald Lee	MD
Ahmed, Awais	MD	Borja, Neil Anthony	DO
Akdamar, Murat Kemal	MD	Bowen, Bradley Edward	MD
Al Mounayer, Muhammad Karim	MD	Boyce, Ross Mathew	MD
Alba, Melinda Lydia	MD	Brezinski, Michele Marie	MD
Al-Janabi, Mohammed Ghazi	MD	Briggs, Lance Leroy	MD
Allen, Jodell Kay	MD	Brink, Jeffrey Alan	MD
Allen, Zegary J	MD	Brogden, Stephanie Janet	MD
Alweiss, Joshua Baram	MD	Brost, Brian Charles	MD
Anderson, Elizabeth Marie	MD	Brown, Cathleen Marie	DO
Anglero, Melissa	DO	Brown, Cristal Latanza	MD
Annichiarico, Joseph Nicholas	DO	Brown, Cristal Latanza	MD
Aradhyula, Sangita	MD	Brown, Michael William Joseph	MD
Arshad, Mohsin Ali	MD	Brown, Norman Adam	MD
Ashley, Timothy Andrews	MD	Brown, Rene Lannette	DO
Ashton, Rebecca Frances	MD	Bruney, Randel Albert	MD
Aytenfisu, Ermias Mekonnen	MD	Buch, Kunal B.	MD
Baalman, Jacob Lee	MD	Buck, James Luther	MD
Bala, Robert	MD	Cabellon, Melissa Villanueva	MD
Barfield, Michael Everett	MD	Caine, Augustus Luward	MD
Barley, John Russell	DO	Caine, Augustus Luward	MD
Baskett, Rickey	MD	Calder, Kenneth Bryant	MD
Bawa, Manisha	MD	Camarato, Joseph Anthony	MD
Beasley, Bethany Evangeline	MD	Capps, Robert Cader	MD
Becker, Bruce Aaron	MD	Carey, Richard Carson	DO
Becker, Robert Lee	MD	Carr, Laura Anne	MD
Beckman, Joan Denise	MD	Carswell, James Joseph	MD
Benardete, Ethan Alexander	MD	Carter, Maya Jamilah	MD
Benenati, Matthew Aaron	DO	Casey, Philip Cogan	DO
Bennett, Andrew	MD	Caton, Gentry Scott	MD
Berhanu, Rebecca Hafkin	MD	Cha, Yong Kwon	MD
Bernstein, Laura Shauna	MD	Chachu, Karen Ama-Serwa	MD
Berube, Megan Watts	MD	Chambers, Peter Ralph	DO

Chand, Mastian Giovanni	MD
Chang, Jamison William	MD
Charles, Sandy	MD
Chaten, Francis Christopher	MD
Chatterjee, Ashmita	MD
Chen, Mingwei	MD
Chismar, Larissa Ann	MD
Cid, Monica	MD
Cipriano, Sneha Patel	DO
Claar, Sean Corey	MD
Clamp, Michael Forrest	MD
Clark, Lindsey Nicole	MD
Clarke, Jeffrey Paul	MD
Clebanoff, Jennifer Lynne	MD
Coady, Rose Elizabeth	MD
Codd, Patrick James	MD
Cohen, Cerrone Akil	MD
Collins, Anna Catherine	MD
Collins, Yvonne Cathleen	MD
Conrad, Teresa Lynn	MD
Conroy, Louisa Drane Rodriguez	MD
Cook, Jayce Garrett	DO
Copeland, Anureet Cheema	MD
Corcoran, Melissa Charlene	MD
Coviello, Andrea DiPrincipe	MD
Craddock, Jessica Renae	MD
Crawford, Jason Nicholas	MD
Crespo Mejias, Veronica	MD
Crowder, Melissa Dawn	MD
Cubre, Alan Joseph	MD
Dagli, Meera	MD
Daniel, Krupa Grace	DO
Datta, Amit Kumar	MD
De Hoyos, Alberto Leopoldo	MD
De Vilmorin, Nina Lisette	MD
Deans, Elizabeth Innes	MD
Dearing, Mark Eric	MD
Deines, Danielle Alexis	DO
Delmar-Greenberg, Dalya	MD
DeMariano, Megan Ann	MD
Denier, Donna Patricia	MD
Dhingra, Vibhu	MD
Dickey, Kevin Webster	MD
Didiano, Deanna Marie	DO
Dodson, Rebecca Marie	MD
Doss, Laura Nasrallah	MD
Dowe, David Albert	MD
Duncan, Gina Lynn Newsome	MD
Dunn-Pirio, Anastasie Marie	MD
Durrett, Samuel Grey Barnhouse	MD
Duru, Arinze Hector	MD
Eckard, Valerie Rockwell	MD
Egbe, Susan Manyi	MD
Eggleston-Clark, Valenica Rena	MD
Ekram, Adnan	MD
Eksir, Alexander Arya	MD
Elias, Jonathan Averi	MD
Elliott, Luke Alexander	MD
Ellison, Bradley Scott	MD
Elms, John Jay	MD
Engle, John Raymond	MD
Escaravage, Bradley Todd	MD
Evans, Nicole Schell	DO
Evans, Virginia Ann	MD
Ewy, Brian Randall	DO
Fagin, Colby Lynn	MD
Falcon, James Antonio	MD
Feely, Emily Dolbare	MD
Felder, Jerrod Joseph	MD
Fernandez, Marygold Lora	MD
Fields, Jason Baker	MD
Figueroa-Garcia, Alberto Rene	MD
Finck-Rothman, Denise Rita	MD
Fisher, Jessica Megan	MD
Flachofsky, Elisabeth Katharina	MD
Floyd, Scott Richard	MD
Flynn, Martin Edward	MD
Folashade, Charles Olufemi	MD
Fontenot, Tatyana Elizabeth	MD
Ford, Robert Virgil	MD
Fortun, Chad Michael	MD
Fournet, Rachael Rider	MD
Frate, David William	DO
Frate, David William	DO
Frate, David William	DO
Freeling, Michael Radford	MD

French, Ernestina Nyarko	MD
Fuller, Molly Lynn	MD
Gaddy, Parker McLean	MD
Gadiwalla, Seema Ali Asgar	MD
Gallardo, Ignacio Lorenzo	MD
Ganesh, Arun	MD
Gangani, Kishorbhai Jadavbhai	MD
Geddings, Weston Harris	MD
Ghiassi, Danesh	MD
Giguiere, Thomas Vaughn	MD
Gilbert, David Russell	MD
Giraldo, Alvaro Augusto	MD
Girma, Feben	MD
Gonczy, Chad Ryan	MD
Good, Kevin Straight	MD
Goodgame, Ben Richard	MD
Goodman, David Michael	MD
Graham, Heather Johns	MD
Green, Patrick Daniel	MD
Greenblatt, Robert Philip	MD
Gregg, Herbert Eldon	MD
Grudziak, Joanna	MD
Guerriere, James Daniel	MD
Guerry, Christopher Haskins	MD
Gullett, Keyona Cheyne	MD
Gupta, Sonu	MD
Gupta, Vanita	MD
Gutierrez, Charles John	MD
Gwan-Nulla, Meesha Beauvil	MD
Hajibrahim, Omar Saleh	MD
Hall, Christine Sarah	DO
Haloskie, Jessica Lindsey	MD
Hamad, Ahmad	MD
Hanna, Louay	MD
Hansen, Jessica Leah	MD
Hargette, Sumayah	MD
Harp, Christie Q	DO
Harris, Miranda Rachelle	MD
Harrison, Melodie Cornique	MD
Hartman, Mary Elizabeth	MD
Hassan, Ahmed Mahdi	MD
Heck, Herman Andrew	MD
Hecker, Travis Michael	MD
Heidenreich, Charlotte Anne	MD
Heinrick, John Ryan	MD
Heinrick, John Ryan	MD
Henderson, Rebecca Myer	MD
Hensley, Brian	MD
Hess, Bryan Richard	DO
Higgins, Stanley Michael	MD
Hines, Charles Malcolm	MD
Hira, Angela	DO
Hoda, Jonathan Andrew	MD
Holder, Carla White	MD
Horne, Phillip Howard	MD
Huffman, Contrina Annette	MD
Hwang, Brian Hao-En	MD
Illath, Jaseela	MD
Ilonze, Onyedika John	MD
Ilonze, Onyedika John	MD
Iordanova, Rossitza Evgenieva	MD
Irizarry, Ricardo Ruben	MD
Irving, Vanna Kay	MD
Iyer, Karthik Virudhapuri	MD
Jackson, Andrea Marie	MD
Janovski, Alexander John	MD
Jean-Louis, Natacha Lauren	MD
Johnson, Jamie Susannah	DO
Johnson, Joshua Brian	MD
Johnson, Matrika Dale	MD
Jones, Charla Screll	MD
Jones, Melissa Michelle	DO
Jordan, Allison Elizabeth	MD
Jordanhazy, Ryan Alan	MD
Jowza, Maryam	MD
Joyce, Emily DeFur	MD
Kakimoto, Charlene Vimala	MD
Kale, Gautam	MD
Kallis, Angela Christine	MD
Kamath, Aparna Sameer	MD
Kamath, Sameer Shantaram	MD
Kamisetti, Silpa	MD
Kane, Sinae Angela	MD
Kannappan, Arun	MD
Katpally, Vindhya	MD
Kaur, Mandeep	MD

Kebbehundi Marigowda, Lokesh	MD
Kenney, Charles Marshall	MD
Khalid, Fatima	MD
Khan, Fatima	MD
Khoja, Isam Ahmed Haji	MD
Kiddoe, Jared Mugabe	MD
Kim, Christopher	MD
Kim, Hyeong Joong	MD
King, Lindsay Yount	MD
Kinkaid, Stanley Gordon	MD
Kirk, Eric Alan	MD
Kitzis, Vanessa	MD
Klement, Adrienne Belasco	MD
Kleris, Renee Georgia Stephanie	MD
Klotz, Jeffrey Kenny	MD
Kolappa, Kamalkumar	MD
Kollar, Elizabeth Ann	MD
Kovacs, Daniel Douglas	MD
Koya, Srinivas	MD
Kumar, Venkatasubramanian	MD
Kuneff, Renee Antoinette	DO
Kus, Martin Slawomir	MD
Kushwaha, Nagina	MD
Lally, Erin Brett	MD
Lamichhane, Prabin	MD
Lanier, Brandi Drake	MD
LaPlace, Lillia Theresa	MD
Lavigne, Gregory Scott	MD
Law, Marianna Griffith	MD
Lazarus, Laura	MD
Lazeski, Alicia Harrison	MD
Lee, Michael Sangmin	MD
Leibner, Joshua	MD
Leiman, Erin Roxanne Horn	MD
Lemmon, Monica Elizabeth	MD
Lentz, Skyler Anthony	MD
Leon, Marlen	MD
Leslie, Naomi Earls	MD
LeVick, Tyler Gray	MD
Levy, Aaron Alper	DO
Lewis, Brian David	MD
Lewis, Kristina Henderson	MD
Lewis, Stephen Lloyd	MD
Li, Na	MD
Lindley, Sheila Gay	MD
Linthavong, Olivia Reid	MD
Lo Verde, Daniel	DO
Loflin, Catherine Leigh	MD
Long, Andrew Wallays	MD
Longo, Thomas Andrew	MD
Love, William Elliot	DO
Lu, Ling-Chun	MD
Lynch, Caroline Dorothy	MD
MacDonald, Susan McLaughlin	MD
Macri, Angela Elizabeth	DO
Madamanchi, Chaitanya	MD
Madan, Shivanshu	MD
Maddipati, Veeranna	MD
Maetani, Troy Hideo	MD
Magel, George Dimitri	MD
Magnatta, Jeffrey Craig	DO
Magro, Cynthia Maria	MD
Mali, Jimmy Jamshed Cyrus	MD
Malik, Rizwan Ahmed	MD
Mallesara Sudhakar, Shwetha	MD
Maludum, Obiora Chidolue	MD
Malvehy, Mario Alberto	MD
Manandhar, Ureena	MD
Marchioli, Carmine Carl	MD
Marietta, Amy Eleanor	MD
Marshall, Andre Paul	MD
Martin, Carnaghi Van	MD
Mathur, Shishir	MD
Matuszewski, Paul Edward	MD
Mavropoulos, John C.	MD
McAlister, Jennifer Marie	MD
McCoin, Cameron Elinor	MD
McConahey, William McConnell	MD
McElaney, Brian Leo	MD
McGann, Kevin-Sean Anthony	DO
McGrady, Jason Brian	DO
McGuire, Kandace Peterson	MD
McLean, Nicholas Oliver	MD
McLeod, William Christopher	DO
McMath, Jonathan Clark	MD
Meier, Brian James	MD

Melville, Toni Marie	MD
Menn, Kirsten Alexandra	MD
Mercer, Timothy Ian Mackenize	MD
Metcalf, John Stevenson	MD
Metts, Robert Ernest	MD
Michael, Lowell Evan	MD
Miles, Jeremy J	MD
Miller, Eric Darren	MD
Miller, Mark Daniel	MD
Miriovsky, Benjamin	MD
Misaghian, Negin	MD
Mishoe, Matthew Travis	DO
Mishra, Seema Lynn	MD
Mohai, Carmen Daniela	MD
Mohr, Melinda Richardson	MD
Montoya, Juan David	MD
Moon, Tara Danielle	MD
Mooney, Caroline Mary Esther	MD
Morris, John Christopher	MD
Movahed, Hossein	MD
Mulindwa, Deo	MD
Muniz Alers, Saisha	MD
Murdock, Brett Ross	MD
Murphy, Mary Fischer	MD
Murray, Stuart Peter	MD
Musumbi, Martin Sua	MD
Myers, Daniel Lewis	DO
Myers, Timothy Vernon	MD
Nagaraj, Shruti S	MD
Nagaro, Kristin Jenette	DO
Najjar, Sakib Muslih	MD
Namireddy, Praveen	MD
Nariani, Ashiyana	MD
Nasr, Sherif Abbas	MD
Netrebko, Taisiya	MD
Newman, Sara Neely	MD
Newman, Steven Bernard	MD
Nichols, Elizabeth	MD
Niu, Xilin	MD
Noh, Maureen Young Shin	MD
Nordyke, Bradley William	MD
North, Heather Hope	MD
Nyame, Theodore Tawiah	MD
Nzeako, Ifeyinwa Chinwe	MD
Obadan, Isi	MD
Odibo, Michael Chukwuma	MD
Ogirri, Sheronda	MD
Oh, Christopher Chaeyul	MD
Oh, John Namki	MD
Oh, Sunah	DO
O'Keefe, Michael Sullivan	MD
Oshlag, Benjamin Louis	MD
Oshmyansky, Alexander Roman	MD
Oyejide, Catherine Oyenike	MD
Paeschke, Tracy Ann	MD
Palagiri, Ashok V.	MD
Panchal, Amar Mahendrakant	MD
Pandya, Avni Bansi	MD
Panglao Rajan, Maria Gracia	MD
Parchment, Nadia Roxanne	MD
Parente, Victoria Marie	MD
Parr, Monique Sylvia	MD
Parrilla Castellar, Edgardo	MD
Patel, Bansari Gautam	MD
Patel, Beena Nilay	DO
Patel, Hiten Bhaskar	MD
Patel, Manish Navnitlal	MD
Patel, Nishita Dalal	MD
Patel, Pulak Dilipkumar	MD
Patel, Roshan	MD
Pfeiffer, Marcy Lynn	MD
Pieh-Holder, Kelly Lynne	DO
Pierson, Mark Edward	MD
Pillai, Harish Bhanudevan	MD
Pitovski, Dimitri Zivko	MD
Polsani, Shanker Rao	MD
Pontasch, Martin Johann	MD
Powers, Jennifer Gloeckner	MD
Pradka, Sarah Phyllis	MD
Prakash, Bala	MD
Prakash, Om	MD
Prasad, Apsara Joshi	MD
Prescott, Jeffrey William	MD
Pudukadan, Cynthia Francis	MD
Purves, J Todd	MD
Purvis, Doris Carrizales	MD

Radmanesh, Shardan Marc	MD
Rahman, Saud Saqib	MD
Ramsey, Pamela McVey	MD
Rana, Yashbir Singh	MD
Ravisankar, Srikanth Sankar	MD
Ray, Neil Deep	MD
Reddy, Sathavaram Venudhar	MD
Rentas, Kenny Emmanuel	MD
Reppert, Matthew Kelsey	MD
Restrepo, George Ivan	DO
Reyes, Raquel	MD
Reyman, Fathima Farheen	MD
Riches, Marcie Lynn	MD
Rivera Chaparro, Nazario J.	MD
Rodberg, Gary Michael	MD
Romano, Richard David	DO
Rose, Joel Simon	MD
Rose, Ryan Alexander	DO
Rubey, Robert Frank	MD
Salter, Michael Hugh	MD
Sanchez, Luna Taina	MD
Sangineni, Shireesha	MD
Santayana, Gloria Patricia	DO
Schinco, Miren Ava	MD
Schooler, Karen Akosua	MD
Schroeder, Joyce Denise	MD
Schulman, Rebecca Lauren	MD
Schwartz, Jamila Irene	MD
Selassie, Meron Anbesaw	MD
Selim, Kareem Mohamed	MD
Sellers, Claire Elizabeth	MD
Serrano, Karen Denise	MD
Shaar, Mohanad	MD
Shaffer, Joan Louise	MD
Shah, Niraj James	MD
Shah, Sachin Jagdish	DO
Shahzad, Khurram	MD
Sharath, Chethana	MD
Sharath, Gowda	MD
Sharmin, Shahnaz	MD
Shaw, Erin Christine	MD
Sherrod, Amanda Marie	MD
Shrestha, Promish	MD
Shrestha, Sacheen	MD
Siddiqui, Adeel Mohammad	MD
Sinay, Anne Marie	MD
Skowronski, Rafi Yakov	MD
Small, Kent Wilson	MD
Smiley, Margaret Lynn	MD
Smith, Laura Diane	DO
Smith, Laurie Denise	MD
Smith, Melissa Marie	MD
Soffa, David Jack	MD
Stanifer, John William	MD
State, Rachel	MD
Stephens, Tiona Kimisha	MD
Stevens, Raymonda Lynn	MD
Stewart, Zachary Isaac	MD
Stover, Kimberly Beam	MD
Strowd, Roy Ervin	MD
Subedi, Jagannath	MD
Sun, Danyu	MD
Sunkara, Padageshwar	MD
Sutton, Arnold Edward	MD
Sutton, Scott William	MD
Swift, Leah Bahn	DO
Tandon, Bevan	MD
Terry, Anna Ruth	MD
Theruvath, Tom Prakash	MD
Thibaut, Colleen Lyn	DO
Thoma, Erin Smith	DO
Thomas, Shavonda Vernise	MD
Thompson, Joseph Jenkins	MD
Ting, Nicholas Tin-Yau	MD
Torres, Joseph Derek	MD
Tracey, Jacqueline Yvette	MD
Tribbey, Lauren Denise	MD
Trinidad, Joshua Sylvano	DO
Troha, Daniel Richard	MD
Tsai, Huan Yi	MD
Tsai, Yih-Cherng Franklin	MD
Tucker, Jason David	MD
Tuepker, John William	DO
Vaidya, Satyanarayana Rao	MD
Vargas, Marcel Moses	DO
Veeravally, Rajesh Kumar	MD

Vega, Eleanor Anne	MD
Villano, Maria Justina Bautista	MD
Virani, Shailesh Raghavbhai	MD
Wadhavkar, Geetanjali Julie	MD
Waheed, Anem	MD
Walby, Laura Michelle	MD
Walter, Scott Daniel	MD
Walton, Steven Birch	MD
Warren, Mildred Pelletier	MD
Wasim, Mariam	MD
Wessel, John Henry	MD
Whittemore, Darren Eugene	DO
Wieczorek, Nicholas Sheehy	MD
Wigton, Julie Carroll	MD
Williams, Regina Elayne	MD
Willis, David Fielding	MD
Wilmit, Samuel Theodore	MD
Windom, McAllister Ophelia	MD
Winters, Alexander Henry	MD
Withers, Paul Alan	MD
Wolfe, Rachel Mathilda	MD
Woodard, Brandon Keith	MD
Xie, Huiwen Bill	MD
Young, George	MD
Zureikat, Ramzi Abdallah	MD
Zwick, Matthew David	MD

Nurse Practitioner & Clinical Pharmacist Practitioner Approvals Issued 05/01/15

– 06/30/15 July, 2015

Nurse Practitioners

Date	Name	Physician	City
06/29/2015	Chrishaunda Lakiesh Vick	Wendell D'Alton Wells	Rockingham
06/29/2015	Izabela Halina Lubinska-Welch	Laci Coggins Jamison	Cherokee
06/29/2015	Amanda Traughber Janes	Richard Franklin Williams	Concord
06/29/2015	Morgan Baltrus Fowler	Kevin Francis McEnaney	Clayton
06/25/2015	Kelley Nichele Boling	Henry Joseph VanPala	Garner
06/25/2015	Elizabeth Mayo Boddie	Henry Joseph VanPala	Garner
06/25/2015	Maria Luisa Stoute, MS.	Francis Salvatore Pecoraro	Wilmington
06/25/2015	Elizabeth Lenfestey Tysinger	Brian Douglas Miller	Greensboro
06/25/2015	Danisha Marie Barner	James Gary Guerrini	Clemmons
06/25/2015	Malorie Deanne Evans	Sidharth Anilkumar Shah	Raleigh
06/25/2015	Laurel A. Ela	Raymond Michael Kimball	Black Mountain
06/25/2015	Keyonta Michelle Crawford	Mark Anthony Vincent	Charlotte
06/25/2015	Angel Luis Cartagena Jr.	William Clayton Turman	Mount Airy
06/25/2015	Erin Winters Davis	Georgi Nicole	Concord

		Brockway	
06/25/2015	Jamie R Mochel	Kaimal Anitha Jayakumar	Charlotte
06/23/2015	Jennifer Lynn Tangeman	James Almer Smith	Raleigh
06/23/2015	Erica Danielle Russell	Christian Bradford Moretz	Winston Salem
06/23/2015	Ashley Charlene Nix	Robert Lee Brown	Asheboro
06/23/2015	Stephanie Maho Benton Leasure	Timothy Starling Roush	Charlotte
06/23/2015	Sherry Ann Hall	Robert William Patterson	Sanford
06/23/2015	Tana Condrey Heaton	Amanda May Tedstrom	Shelby
06/23/2015	Elizabeth Wilkes Gardner	David Benson Walker	Raleigh
06/23/2015	Whitney White Elvis	Richard Lee Pippin	Farmville
06/23/2015	Nicholas Stanley Carte	Guy Gerard Lemire	Long Beach
06/23/2015	Kimberly Ann Bagley	James Vincent Soldin	Raleigh
06/18/2015	Heike Hermine Arrowood	Karen Lynn Melendez	Gastonia
06/18/2015	Kimberly Ayscue Thomas	Jennifer Roberson	Kinston
06/18/2015	Olatubosun Odutola Aloba	John Wilson Schmitt	Durham
06/18/2015	Jessica L. Storer	Diaa Eldin Hussein	Morganton
06/18/2015	Shamika Bryant Huskey	Henry Joseph VanPala	Garner
06/18/2015	Leigh Blackmon Pate	Henry Joseph VanPala	Garner
06/18/2015	John Hugh Wallace	Daniel Waksman	Valdese
06/18/2015	Sarah Roy	Jennifer Elizabeth Kacmar	Gastonia
06/18/2015	Sherry Lynn Rice	Mark Lewis Kiefer	Lincolnton
06/18/2015	Margaret D. Mabie	Norberto Rafael Rosado	Lillington

06/18/2015	Shanell Denise Keah	Mark Anthony Vincent	Charlotte
06/18/2015	Lee Anne Horn	Lawrence Ralph Jones	Asheville
06/18/2015	Edrina Charlura Grant	Laura Elizabeth Neumann Patel	Raleigh
06/18/2015	Megan Cox Frasure	Michael Alan Cotton	Newton
06/18/2015	Markiesha Willette Edgerton	Katherine Ann Farris	Winston Salem
06/18/2015	Sarah Ribeiro Davis	David Willis Baker	Hookerton
06/18/2015	Diana L Campion	Henry Joseph VanPala	Garner
06/17/2015	Nunta Jitoun Campbell	Carla Raffety Pence	Statesville
06/17/2015	Bobby Reb Blum	Adarsh Sahni	St. Louis
06/17/2015	Aemonn Todd Barnes	Ronald William Kader	Pinehurst
06/17/2015	Laurie Marie Kennedy-Malone	Steven Russell Klein	Winston Salem
06/12/2015	Mary Kelly Henderson	Koshilie Christina Gunadasa	Lincolnton
06/12/2015	Crystal Starr Easter	Janna Denise Laurienti	Winston Salem
06/12/2015	Heidi Lynn Huffman	Kurt Lewis Klinepeter	Winston Salem
06/12/2015	Nalatha Hepsibha Edwards	Stuart Johnston Knechtle	Durham
06/11/2015	Jeannie M Keene	Andy Michael Halberg	Sylva
06/11/2015	Sally Jenay Delmastro	Gary Norman Greenberg	Raleigh
06/11/2015	Melissa Deane Cummins	Mark David Iannettoni	Greenville
06/11/2015	Lauren Jones Lancaster	Veeresh Anand Medlery	Goldsboro
06/11/2015	Jessica Lynn Wrench	Willis Michael Wu	Raleigh
06/11/2015	Patricia Deeds Pendorf	Molly Hodgson McGaughey	Asheville
06/11/2015	Mary Lauren C Parrish	Janet Elaine Lehr	Durham

06/11/2015	Travis Bo Money	William Rhodes Fox	King
06/11/2015	Nicolas Dalton Joyner	Benjamin Nnadozie Anyanwu	Winston Salem
06/11/2015	Emily Hill Harless	Imran Pasha Haque	Asheboro
06/11/2015	Tami Hunsinger Ford	Claude Phillip Whitworth	Forest City
06/10/2015	Courtney Blake Evans	Reza Edward Ershadi	Greenville
06/10/2015	Alyssa Nicole Dedmon	Christopher Eric Madison	Cherryville
06/10/2015	Elizabeth Hale Christy	Janet Lee Dees	Greensboro
06/10/2015	Suzanne Ferguson Carr	Joey Panackal Thomas	Roanoke Rapids
06/10/2015	Amee Jo Bielski	Anne Ricardo Gonzalez	Hickory
06/09/2015	Hilary Ellyn Converse	Jonathan Michael Bishop	Winston Salem
06/08/2015	Kelly C Key	Tomas Vybiral	Elkin
06/08/2015	Amy Lacrest Locklear	Kailash Chandwani	Lumberton
06/04/2015	Anne Meryl Vail	Deanna Ashley Mangieri	Charlotte
06/04/2015	Megin Adams Myers	Joyce Epelboim-Feldman	Philadelphia
06/04/2015	Lindsay Anne Cronin	Daryhl Lindsay Johnson	Chapel Hill
06/04/2015	Kimberley Gayle Szafran Crook	Michael Daniel Parmer	Asheville
06/04/2015	John Daniel Hipes	Barry Allen Moore	Wilmington
06/04/2015	Tara Nance Heidel	Mark Anthony Vincent	Charlotte
06/04/2015	Kristyn Lee Gordon	Lloyd Calhoun Meeks	St. Louis
06/04/2015	Karen Wilkie Hoerner	Sherry Bernita Brown	Windsor
06/04/2015	William Henry Wendt IV	Robert Lee Jobe	Raleigh
06/03/2015	Richard Carlyle Raynor	Christopher Robert Brown	Raleigh

06/03/2015	Kimberly Munneke	Ronald Buren Laney	Chapel Hill
06/01/2015	Dawn Jennifer Bartock	Daniel Patrick McMahon	Charlotte
06/01/2015	Payal Khanna	Robert James McHale	Albemarle
06/01/2015	Jimmi Lynette Jones	Elizabeth Gignac	Lumberton
06/01/2015	Margaret Callis Laskin	Semaan Yacoub El-Khoury	Aulander
05/29/2015	Audia Leigh Ellis	Thomas Joseph Koewler	Charlotte
05/28/2015	Cecily Robin Smith	Steven Wesley Dibert	Gastonia
05/28/2015	Joanna Rose Klein	John Carroll Haney	Durham
05/28/2015	Hope Stephens Tyson	Henry William Traylor	Whiteville
05/28/2015	April Burris Sink	Abayomi Aderemi Agbebi	Salisbury
05/26/2015	Perihan Simpson Warren	Clarence Eugene Ballenger	New Bern
05/26/2015	Evina Lustria Nonato	David McIver Millsaps	Hickory
05/26/2015	Maria De Lurdes De Hoyos	Ralph Arnold Redding	New Bern
05/20/2015	Suzanna Savor Pollock	Donald Wayne Woodburn	Anderson
05/19/2015	Amber Bridget Field	Lauren Snyder Livingston	Asheville
05/19/2015	Hannah Elizabeth Black	Maged Hanna Saad	Garner
05/15/2015	Lorie Marie Desmarais	Kevin Paul Speer	Raleigh
05/15/2015	Whitney Miller Patterson	Luke Joseph Byrnes	Conover
05/15/2015	Elizabeth Lanum Wells	John Paxton Kirkpatrick	Durham
05/15/2015	Heather Lynn Cook-Mikkelsen	Pamela Kay Bartels	Marion
05/12/2015	Berenese Canady	Barry Allen Moore	Wilmington
05/11/2015	Kathy Burgess	Fred Douglas	Hamlet

		McQueen	
05/07/2015	Shelia Maria Black	Wendell D'Alton Wells	Rockingham
05/07/2015	Alison McCray	Tom Ashar	Atlanta
05/07/2015	Jodi Marie Deal	Sharon Buckwald	Greenville
05/07/2015	Lauren Alyse Bozzo	Mark Anthony Vincent	Charlotte
05/06/2015	Kimberly Box	James Edward Taylor	Laurinburg
05/01/2015	Kelly Lynn Skovira	Kikelomo Belizaire	Charlotte
05/01/2015	Sheryl Ann Kirk	Peter Kwasi Acheampong	Danville
05/01/2015	Melissa Nicole Carter	Ronald Paul Olson	Durham
05/01/2015	Rachael Collette Whitford Lawler	John Easter Wimmer	Greensboro
05/01/2015	Jequie Breanna Dixon	Saqib Aziz	Smithfield

Clinical Pharmacist Practitioners

CPP Applicant	Supervisor	Site City
Ali, Asima	Kummer, Anthony	Winston Salem
Ali, Asima	Brasher, Bruce	Winston Salem
Ali, Asima	Murphy, Nancy	Winston Salem
Ali, Asima	Petrovic, Milan	Winston Salem
Ali, Asima	Pierce, Helen	Winston Salem
Ali, Asima	Fromson, Gerald	Winston Salem
Diffenbaugh, Megan	Vieages, Ananda	Marion
Diffenbaugh, Megan	Domingus, Jeff	Nebo
Diffenbaugh, Megan	Herbert, Lindsay	Old Fort
Diffenbaugh, Megan	Ulrich, Bruce	Old Fort
Diffenbaugh, Megan	Kinninger, Adam	Nebo
Diffenbaugh, Megan	Lindow, Michael	Old Fort
Faso, Aimee	Carey, Lisa	Chapel Hill
Iacono, Sara	Allen, Charles	Asheville
James, YoRonda	Advani, Deepak	Greensboro
James, YoRonda	Jegede, Olugbemiga	Greensboro
Johnson, Steven	Darnell, Timothy	Winston Salem
Johnson, Steven	Priest, David	Winston Salem
Johnson, Steven	Weber, Stephen	Winston Salem
Johnson, Steven	Link, Arthur	Winston Salem
Johnson, Steven	Morgan, Michael	Winston Salem
Kostic, Barbara	Cohen, Amy	Asheville
Marciniak, Macary	Massenburg, Althea	Durham
Misita, Caron	Chidgey, Brooke	Chapel Hill
Misita, Caron	Blau, William	Chapel Hill
Misita, Caron	Rountree, Justin	Chapel Hill
Misita, Caron	James, Dominika	Chapel Hill
Misita, Caron	Wunnava, Manoj	Chapel Hill
Raymer, Danielle	Zhao, David	Winston Salem
Russell, Darius	Massenburg, Althea	Durham
Wind, Lucas	Foster, Matthew	Chapel Hill

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