

MINUTES

North Carolina Medical Board

September 20-23, 2000

**1201 Front Street, Suite 100
Raleigh, North Carolina**

Minutes of the Open Sessions of the North Carolina Medical Board Meeting September 20-23, 2000.

The September 20-23, 2000, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 5:17 p.m., Wednesday, July 19, 2000, by Wayne W. VonSeggen, PA-C, President. Board members in attendance were: Elizabeth P. Kanof, MD, Vice President; Walter J. Pories, MD, Secretary/Treasurer (absent September 22); Kenneth H. Chambers, MD; John T. Dees, MD; John W. Foust, MD (absent September 20 and 21); Hector H. Henry, II, MD; Stephen M. Herring, MD; Mr. Paul Saperstein; Mr. Aloysius P. Walsh; and Ms. Martha K. Walston. Absent was George C. Barrett, MD.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, Assistant Executive Director; Mr. James A. Wilson, Board Attorney; Mr. R. David Henderson, Board Attorney; Mr. William H. Breeze, Jr., Board Attorney; Ms. Wanda Long, Legal Assistant; Lynne Edwards, Legal Assistant; Mr. John W. Jargstorf, Investigative Director; Mr. Don R. Pittman, Investigative Field Supervisor; Mr. Edmond Kirby-Smith, Investigator; Mr. Dale E. Lear, Investigator; Ms. Donna Mahony, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Ms. Edith Moore, Investigator; Mr. Jason Ward, Investigator; Mrs. Jenny Olmstead, Senior Investigative Coordinator; Ms. Michelle Lee, Investigative Coordinator/Malpractice Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Shannon Kingston, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Mr. Jeff A. Peake, Licensing Assistant; Ms. Erin Gough, PA/NP Coordinator; Mr. James Campbell, Licensing Assistant; Tammy O'Hare, Licensing Assistant; Mrs. Janice Fowler, Operations Assistant; Ms. Wendy Barden, Receptionist; Mr. Peter Celentano, Controller; Ms. Sonya Darnell, Operations Assistant; Ms. Ann Z. Norris, Verification Secretary; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Sherry Hyder, Complaint Department Assistant; Mr. Jeffery T. Denton, Administrative Assistant/Board Secretary; Mr. Scott A. Clark, Operations Assistant; Ms. Deborah Aycocock, Operations Assistant (Temp.) and Ms. Rebecca L. Manning, Information Specialist.

MISCELLANEOUS

Presidential Remarks

Mr. VonSeggen commenced this meeting by reading the North Carolina Board of Ethics "ethics awareness and conflict of interest reminder." He then introduced Dr. Don Bradley of BlueCross BlueShield of North Carolina.

Don W. Bradley, MD, Senior Medical Director, Quality Improvement and Medical Policy, BlueCross BlueShield of North Carolina; A Meeting With

Dr. Bradley was invited to meet with the Medical Board over dinner on Wednesday, September 20, 2000. He began by stating he appreciated the opportunity to speak. He is a family physician who initially practiced in rural Virginia. He then worked at Duke and has worked with BlueCross BlueShield for some 12 years now. He has seen it from both sides over time. He is the senior medical director for quality improvement and also does site review nationally by reviewing HMO's around the country. Components of quality are structure, process and outcome. They do look at accessibility and availability of providers. Utilization management criteria is what they begin with and peer review. They use full structure peer

review – care, service, communication, access and availability. They measure intermediate outcomes. Patient satisfaction is an outcome of quality medical care. And last but not least is medical expense.

Physician Committees: The key advisory group is the Physician Advisory Group (PAG). Funneling into that is the Medical Policy Advisory Group (MPAG). Medical policy is posted on the web. They have a number of Consultant Advisory Panels (CAPs) that review medical policy. The Credentials Committee is a network that has four or five doctors with various specialties that look at the front end of doctors trying to come into the network. The Provider Regional Advisory Group (PRAG) is a cross-specialty group spread out across the State to bring in physician input.

Medical Policy is misunderstood within BlueCross BlueShield. When he took over folks thought that medical policy drove what got covered. This is not true. They take benefit design and try to translate it into something that is understood by practitioners, and it is designed to help translate the benefits to their claims system. Medical policy in turn drives utilization review criteria (guidelines, consistency checks, etc.). It is clear to staff that they do not practice medicine and do not manage patients (per say). They look at outcomes – customer satisfaction, health outcomes, medical expense, regulatory/accreditation compliance.

The National Committee for Quality Assurance (NCQA) is an independent, non-profit organization whose mission is to evaluate and report on the quality of the nation's managed care organizations. NCQA's mission is to provide information that enables purchasers and consumers of managed health care to distinguish among plans based on quality, thereby allowing them to make more informed health care purchasing decisions. This encourages plans to compete based on quality and value, rather than on price and provider network. Dr. Bradley invited all to visit www.ncqa.org for information and take a look at their latest "report card." NCQA is also the leader in the field of health plan performance measurement. NCQA manages the evolution of the principal performance measurement tool for managed care, the Health Plan Employer Data and Information Set (HEDIS), a set of standardized measures used to compare health plans. Dr. Bradley stated that HEDIS actually drives care but started out as a measurement of care.

BlueCross BlueShield does collect a lot of data about physicians and try to feed it back to physicians. They try to find out as much as they can about their physicians. There are times when they are not sure as responsible citizens of North Carolina they should be reporting physicians to the Medical Board. They want to make sure that only high quality of physicians are practicing. A very difficult issue is what constitutes poor practice. The North Carolina Medical Society recently had a discussion regarding reporting of physicians to the Medical Board who have been decertified due to not turning in their materials for recertification. They just want to comply with the State's statute.

When asked if there was any way of signaling the Medical Board about serious cases (quality issues, etc.) Dr. Bradley stated that they have gotten more rigorous over time. In the past the easiest way was to do a no fault decertification when they did not agree with a particular physician's work. Now, they try to report accurately. They investigate every complaint and about 75 percent are groundless. They look particularly for: unexpected deaths, unexpected readmissions to the hospital, significant surgical complications, prolonged stay without explanation, etc. These things would trigger a referral to his department for a quality review.

When asked if the Medical Board could get info on physicians BlueCross BlueShield may question as inadequate Dr. Bradley stated this presented legal questions (and he was not trying to dance around the question). They have to balance what they know and what they think, and the physician's right to not be harassed. They have to observe due process in what they do report to the Medical Board. Most quality concerns are about physicians not in their networks. They have a fraud and abuse unit that looks into the "non standard" practice cases. They view economic harm to a patient as harm.

He stated that the most appropriate way to control medical costs is to control medical care. Managed care has gotten itself in trouble by focusing on the dollar rather than the outcomes. The better they look at data and focus on outcomes and satisfaction the cost control will be done in a more appropriate manner.

Dr. Bradley stated that current concerns are continuity of care and unregulated anesthesia (office-based) as hospitals push procedures out of the hospital. He would like to see those doing office based surgery (anesthesia) have the same abilities, training and qualifications as hospital based surgery.

Alternative Medicine: AltMed Blue is where alternative medicine is not provided as a benefit but as a discount. This is one where they are responding to patient demand. It shows them there is something that is not being done right in allopathic medicine.

Dr. Foust stated that when BlueCross BlueShield is reluctant to report a physician their attorneys could sit down with our attorneys to make sure of the legal reporting requirement.

Reporting Requirements for Health Care Institutions; A Discussion with the North Carolina Medical Society (NCMS)

The NCMS recently wrote the Medical Board regarding what they perceived as problems stemming from the Medical Board's interpretation of G.S. § 90-14.13.

Mr. Stephen W. Keene, JD, NCMS, thanked the Board for this meeting/discussion. He stated that the way in which some of the health plans are using the reporting requirement has resulted in a perception within the physician community that they would not want their name before the Medical Board because the Board would look at that report as negative. Also, the change in the law that enacted the requirement was requested by the Board and they understood that the Board simply wanted to get competence or conduct related information. The NCMS is concerned about the varying ways in which the health plans are interpreting the law. The NCMS wants the Medical Board to clarify what should be reported and exclude those purely administrative actions. They would like to see the National Practitioner Data Bank (NPDB) reporting requirements used. They do not want the Board to say everybody should report everything. He was wondering if the Board would be more comfortable with different wording in the statute. If so, they would support changing it.

Drs Kanof and Dees spoke in favor of the NCMS's position. Dr. Henry interjected that there are physicians who are allowed to resign in lieu of being suspended from a hospital. He continued that it seemed that the Board was concerned with resignations under fire (to escape some sort of disciplinary action).

Mr. Wilson stated that doing it otherwise would encourage selective reporting. In the past when the Board said they only wanted the serious cases over time fewer and fewer cases were reported, even ones the Board would consider serious. Then the Board went back and

said they want "any" stuff but would only be paying attention to the serious competency/conduct issues. Mr. VonSeggen said that the statute lets this Board sort that stuff out and the Medical Society is going to have to trust the Medical Board.

Mr. Keen emphasized that this issue of some significant concern. He continued that the Board came to the Society and asked for their support for this change and that they were talking about competency and conduct and now they are told that they were not talking about competency and conduct. He stated that all the Society is asking is for the Board to get better information from all health plans and give them some clear guidance about what they should report and give the insurance commissioner the ability to go after them. "That is our view and I hope that we can continue to work together on this."

Dr. Kanof thinks the harassment physicians are under is a real phenomenon and the Board should take the Society's request very seriously. Dr. Foust said that clarification may be needed. The Board has to give a lot of serious consideration to the overall problem before the Board goes changing it. Dr. Henry said the Board had the same problem with the malpractice report. Insurance companies were not reporting malpractice cases. It took some work on the staff's part to work with the insurance companies to ensure the Board was getting the reports. Dr. Henry stated he had never seen a list at the Board of people who had resigned from any networks. He understands the Society's concerns but we have to protect and keep the Board's ability in this area. Mr. Watry stated the Board is looking into several facilities that have not reported anyone.

When asked what the Society's thoughts were if the Board put some type of comment in the *Forum* to explain the procedure and process that is done by the Board, Mr. Keene stated it would be helpful for one of the concerns but he would question if it says it is administrative and just moved into a file how does that help.

- Consensus:**
- (1) Address process and Society's concerns in *Forum*,
 - (2) The Board to look at organizations that are not reporting, and
 - (3) Continue to work on problem.

Citizen Advocacy Center (CAC) Pilot Project

CAC has inquired whether the North Carolina Medical Board would like to participate in a pilot project program aimed at creating a more collaborative relationship between hospitals and state boards. CAC has entered into a contract with the Health Resources and Services Administration (HRSA) to set up pilot projects around the country involving hospitals and boards of medicine and nursing. The overall purpose of the project has been described by HRSA as follows: To enhance health care quality by improving information sharing and other forms of cooperation between health care providers and regulators.

Mr. Watry presented this report. He stated there is no harm in participating because the Board will not be giving up anything that is not a public record. He does not see a down side in participating and stated the Board could pull back if it is a waste of time. This is a one year pilot program running through December 2001. He did indicate the Board may have to cover travel costs for our participants, if travel is an issue.

Motion: (WP, EK) A motion passed that the North Carolina Medical Board participate in this CAC Pilot Project.

Optometry/Ophthalmology; Legal Advice on Medical Board Options

Motion: A motion passed to close this meeting because a closed session was required to consult with the board's attorney in order to preserve the attorney-client privilege between the attorney and the board.

Mr. Wilson outlined the Board's options under the optometry consent agreement.

A motion passed to return to open session.

Federation of State Medical Boards Resolutions

Motion: (JD, KC) A motion passed that the following two resolutions be presented as modified for consideration of the Federation of State Medical Boards:

First Resolution – Notification of Emergency Actions:

WHEREAS, although medical boards in the United States have effective and timely mechanisms for notifying other medical boards of board actions through the FSMB Board Action Report, there are situations where such reports need to be made immediately. These situations include emergency or summary suspensions where there is a declaration of imminent risk to the public health safety and welfare. If a medical board reaches a threshold determination that there is imminent risk to the public requiring emergency action, such risk knows no borders. It should be incumbent upon that state to make its regular reporting to other states but to also take the extraordinary effort of immediately finding out other states of licensure and then immediately notifying those other states.

BE IT RESOLVED, that the Federation encourages all states which enact summary suspensions or emergency suspensions to immediately contact the American Medical Association or as it is developed, the FSMB All Physicians Database, to determine all other states of licensure for individuals summarily suspended. These states shall then contact the directors of all other states in which an individual holds a license to verbally advise that board of the summary suspension. This contact should occur as close to the same day of the board action as is possible. The state taking action should then immediately transmit a copy of the summary suspension order as soon as it is available to all other states of licensure.

Second Resolution – Criminal Background Checks:

Another work product of the AIM Golden Rule Committee was a recommendation that all states should commit to doing criminal background checks if not doing so now. Attached is an email from counterparts in Florida describing the results of their efforts there. Florida passed a physician profiling bill which requires fingerprinting of all licensees. This analysis which is attached shows dramatic results. Of all physicians licensed since October 1997 approximately three percent have results that show a criminal history. Interpolating that percentage to our number, we would expect approximately 72 criminal record hits annually out of our population. We do not experience near that many being self-reported.

It is also interesting to note the dynamics of this reporting in Florida. While only 2.8% of the applicants had criminal backgrounds, 44% of that group failed to report their criminal background. This is significant because those applicants knew at the time of application that they would have to complete a fingerprint card. Our applicants have no such knowledge. The crimes included DUI, attempted murder, trespassing, battery, sodomy, possession of

drugs, deportation, resisting arrest, robbery, etc. They are also doing fingerprint cards on reregistrants in order to get fingerprint history on all current licensees. Their reports are not complete but as of April they had reviewed 23,421 reports for allopathic physicians and had 488 with "hits" with the FDLE. Of 32,782 reviewed by the FBI they had 714 hits. This represents a slightly lower rate of two percent. All of this goes to show that states not doing criminal history checks are missing a lot of serious public protection information. This is to propose the following resolution to the FSMB:

WHEREAS, not all states are doing criminal record checks; those states that do are finding physicians who have criminal histories which are not reported on their applications, and

WHEREAS, one such state having screened almost 3,000 applicants, found that almost half of the applicants having criminal histories did not report them at the time of application;

THEREFORE, BE IT RESOLVED, all states not doing criminal record checks as part of the initial application process should be encouraged to do so.

MINUTE APPROVAL

Motion: A motion passed that the July 19-22, 2000, Board Minutes be approved as amended and that the August 16, 2000, Board Minutes be approved as submitted.

EXECUTIVE DIRECTOR'S REPORT

Andrew W. Watry, Executive Director, presented the following information:

- **Office Automation:** There have been some substantial improvements in the past several months. Improving our development and utilization of our computer systems, from my perspective, is the highest priority for improving the effectiveness of the Board. Effective development of these tools can have a dramatic impact on outcomes in several areas. Here are some topical areas and recent developments:

Applications – Currently, staff spends a considerable amount of time on the telephone, responding to anxious applicants. Some applicants call daily to check on whether we have received certain items. Presently this is a very labor-intensive process. For each of these calls, a staff member answers the phone, looks up the applicant on a computer screen and then must go to a hanging file to answer the applicant's question(s). An analysis of the time these calls are placed on hold shows that the longest hold times for the office are in the applicant area. Many of these calls involve a hold time of five or six minutes and we have seen some with a hold time of up to eight minutes. These hold times occur while files are being manually pulled for review. If the file has been pulled because of a previous call and it is not in its proper file location as a result, hold time increases. Diane and Rebecca are working closely with Joy and our computer vendor, CAVU, to automate this process. Our management goal is to provide more efficient mechanisms for furnishing this information, either on a computer screen where the staff member does not have to go to a hanging file for information, or better yet, a system which answers a majority of the calls automatically. This would involve providing information through a secure web site where applicants could access this information to determine the status of their applications.

Digital Imaging – Deborah Aycock has done an excellent job of scanning all of our public documents. This has a substantial impact on reducing the man-hours required to go to a hanging file for this information, copy it on a photocopier and mail it out to the thousands of people who request copies of public records. Now, these are available online. All staff can obtain copies of all of these public documents from their workstations. By the way, Board Members have access to this information through their Board books when they are in the Board Office. These documents can be forwarded to a printer for mailing. Ultimately, the plan is to make them available online. They are already online for the DataLink subscribers. DataLink is a subscription service for hospitals and large insurance companies. The feedback we have had from DataLink customers has been quite good. Generally, these customers are quite pleased with the service. A recent improvement to this would allow for e-mailing those that give us their email address anytime there is a public action taken for individuals the subscriber has on a favorites list. The process works like this: a subscriber, say a hospital, puts all of its medical staff on a favorites list and queries that favorites list periodically for public actions. We respond back on licensure status. If the Board takes an action on someone who is on a hospital's favorites list, the hospital gets a notification immediately to that affect. We may be the only board in the country offering this service. It has the effect of greatly reducing the far less efficient mechanisms where staff are responding to phone calls from these various hospitals on a daily basis, or staff are going to hanging files to make copies of documents requested by hospitals. This workload is substantially shifted to an automated system. We are working on shifting verification of licensure to this automated system. Ultimately, the connection to the public documents will also become available on DocFinder, which is available to the general public. Thus, anyone querying on the web can get copies of our public orders directly through the web without the need to call the Board and ask for copies. This will be a far more efficient mechanism for delivering this information to consumers.

Licensure System – (Staff refer to this system as Linc, for Licensure In North Carolina.) Investigative or Applicant information is protected by statute and is not available to the public. There is a solid firewall to protect this information. Meanwhile, we are enhancing the system to present this in a more orderly way for Board Members and staff. It will be particularly useful for case development for hearings, investigative interviews, and decisions by the Licensing, Investigation, and Malpractice Committees. A lot of material that had to be pulled from files manually will be put into the secure database for access only by authorized persons for purposes described above. This nonpublic information will be available for Board Members to help make better decisions at these interviews and committee meetings.

Reregistration – Diane, Peter and Rebecca have completed the conversion to electronic reregistration for our licensees. This provides a significant and valuable service for these licensees. Under the old paper system, we had to print twice as many reregistration forms as we had licensees. This was because so many licensees either did not receive their forms through change of address, etc., or they failed to respond to the first mailing. The forms were labor intensive both for the practitioner and the Board. The practitioner had to print clearly on a multipage form, correcting any outdated information. The licensee had to get a paper check written, assemble these documents and submit them to the Board before the deadline through the U.S. Mail. Those with November and December birthdays had compounding problems due to the holiday mail rush. The forms were received in the Board Office, the paper remittances separated and timely deposited, and the forms scanned through an electronic scanner. There is a rather high error rate with the scanning process, requiring significant manual intervention to make sure all data is appropriately captured. The forms are then batched and processed for a registration card to be generated, and mailed back to the

licensee to confirm reregistration. Although we have a 12 day processing standard for this process, when you add the time taken for mail and mis-mailed deliveries the process took longer from beginning to end. Electronic reregistration changes all of that. The licensee registers on the web site. Error is virtually eliminated, because if the licensee does not properly fill out the form the system does not let him or her complete the reregistration process. At the end, if the process is complete, only then is reregistration completed and the licensee's credit card is processed for payment. Approximately 20 percent of our licensees registered electronically in the first month of operation and we expect this number to increase dramatically. The rejection rate for these registrations is far lower and the process is far more timely for the registrant and we are receiving positive feedback.

Complaint System – A new complaint system is approximately 95 percent complete and is in the debugging stages. It is a system for tracking and managing all complaint activity from beginning to end. It is a particularly innovative system, custom designed for our Board. One physician can simultaneously have several complaints. It might not be unusual for a physician who is receiving complaints to also have malpractice suits and it may not be unusual for this physician to have resigned from several hospital staffs while not moving to another state. The new system will present an efficient mechanism for managing the various open cases simultaneously to make sure they are all appropriately tracked. The other information had been presented to Board Members through a manual summary of the file. This process will now be automated. Finally, a complaint can migrate through as many as three departments (starting in the complaint section, developing into a case warranting the investigation division and finally migrating to the legal department if charges are voted for by the Board). This system will provide improved mechanisms for managing and tracking these cases through departmental areas.

- **Medical Staff Services Meeting:** The Board hosted a statewide meeting for the North Carolina Association of Medical Staff Services on August 25. This was a particularly good meeting from my perspective for reasons outlined above. First, the meeting was well attended, with approximately 100 people representing various medical staff offices of hospitals throughout the State. The feedback concerning our services was quite positive. Generally, these medical staff office people are quite pleased with the automation system described above. The DataLink service makes their interface with the Board much more efficient, both from their perspectives and from ours. They were quite excited about the value-added services. There is significant benefit to the Board from this relationship. These people are at ground zero in the hospitals in credentialing matters. They are constantly querying the Board to validate licensure status. They are also prime contacts when hospitals have problems with physicians. That therefore makes our relationship with these professionals very important overall. I've always been quite proud of our staff. I have to digress for a moment however, and point out how particularly proud I was at this meeting, because representatives of the departments which interface with these medical staff offices presented information about their respective activities, all of which are designed to help us do a better job of protecting the public. They each did a superb job. Those presenting information included Dale Breaden, Diane Meelheim, John Jargstorf, Joy Cooke, Judie Clark, Rebecca Manning, Scott Clark, Shannon Kingston and Sonya Darnell. They did an exceptionally good job of representing the Board.
- **Speeches/Meetings:** Please let me know if you want feedback on any of these meetings.

Park Ridge Hospital Medical Staff, July 31

FSMB/USMLE – Assessment Task Force, August 3

District Three Pharmacy Boards, Grove Park, August 8

Clinical Pharmacist Practitioner Meeting, Chapel Hill, August 21

FSMB Symposium, Medical Licensure in the 21st Century, September 6

PUBLIC AFFAIRS/COMMUNICATIONS PROGRAM REPORT

Dale Braden, Communications Director, presented the following information:

Forum

The third number of the *Forum* for 2000 is in the final stages of preparation. It features, among other things, an article by Mr Watry on the Board's sensitivity to feedback in the various arenas of its activity; a second piece on domestic violence by Ms Laura Queen, now focusing on battered men; an editorial reprint from the *N&O* on bias in medical treatment; an insightful message from Mr VonSeggen on recent events in the legislature, the ophthalmology/optometry issue, and scope of practice; another piece by Dr Pories, this time on physician assistants and including the personal experience of a physician assistant in his department at ECU; two items related to prescribing, one by David Work of the Pharmacy Board and one by Don Pittman; several excellent letters to the editor; and an extended review of a book on Dr Thomas Cream, one of the earliest known serial killers. Also included will be our *Brief Guide to Continuing Medical Education Requirements for Physicians in North Carolina*.

Shannon Kingston is nearing completion of a searchable data base for all *Forum* articles.

Web Page

Shannon and I hope you have taken time to examine the Board's improved Web site. If you have, we think you will see that we have remained committed to creative but simple ways to refresh the site and keep it vital. We have changed the opening menu, which has been reduced in size, but allows the user to see all the submenu of any primary menu item in a yellow drop-down box. We have also added a Site Map that gives the user a look at the entire site's structure and resources. It can also be used to link directly to any part of the site. The Site Map is the most significant single user improvement. The addition of a subtle complementary color to various pages also adds a bit more interest. On the home page, the colored borders around text reduce line size a bit and make the text more readable. The use of color and caps in the "welcome" line is also more appealing. Other subtle design changes and improvements have also been made. Overall, the friendliness of the site has been further enhanced. It has received very positive reactions from several members of the media.

Content, of course, is what the site is actually about, and our site remains rich in content. The Site Map makes that clear. And as you know, the site contains virtually all the Board's publications, documents, and statements. They are easily available for printing from the site, some exactly as published by using the Adobe Acrobat Reader. Complaint forms can also be printed from the site, as can the Hospital Staff Reporting Form. Not too long ago, we added a section on the new registration system and inactive status. With Mr VonSeggen's advice and assistance, Shannon has now implemented the physician assistants section and gone on to add nurse practitioners. We have also added an item to the Licensing section on details related to the USMLE, Step 3, and a new section on Professional Corporations. We will soon be adding the full application packet, including forms, to the Licensing section. In the area of Featured Items, we have the most recent information on electronic registration and the new *Brief Guide to CME*. In The Board section, we have added a revised history of the Board, a list of directors, and the new revision of the Board's introductory brochure. Information on the Board's videos

and audio tapes has also been put on the site. Overall, each section has been reorganized and restructured.

Further additions and improvements are being planned, it is a constant process, and Shannon and I would welcome any comments or suggestions you might have. We are always open to new ideas we can steal. Needless to say, Shannon's technical skill has been invaluable in making all these changes a reality.

[We are looking forward to the Board's full public record file being available on line, via DocFinder, very soon. The system for doing this is now being tested through use on our subscriber DataLink and our intraoffice Link and is proving successful. This step will be a major advance for the Web site and will enhance its value to the public dramatically. We will announce it with appropriate flourishes in the *Forum*, in a general news release, and on the Web site. Many thanks to Ms Meelheim and the Operations Department for making this advance a real possibility!]

Informational Brochure/CME Guide

With the General Assembly now adjourned, publication of the revised brochure is underway. The text was distributed to the directors and to all the members of the Board and we appreciated the comments we received. With that feedback in hand, the text was finished and prepared for publication. Copies will be distributed to the Board as soon as they are available.

We have now released the promised brief guide on the CME rule and it is available on our Web site, in the upcoming *Forum*, and as a printed document. It was sent to all Board members and directors for comment prior to its completion.

Other Publications

Mr VonSeggen's *Forum* article on communication no sooner appeared in the *Medico/Legal OB/GYN Newsletter* than much of it was used by Karen Garloch in her weekly column in the *Charlotte Observer*. Our reprint of Laura Queen's article on domestic violence was seen by the medical board in her home state of West Virginia and that board plans to reprint from us in its own newsletter soon. Several months ago, the Mecklenburg Medical Society's *Mecklenburg Medicine* featured articles on the Board's most recent position statements.

Radio/TV Broadcast Activities

As I noted previously, Ms Corey Root recently replaced Fran Diltz as producer at the NC Agency for Public Telecommunications. I met with her in early August and have a reasonably good idea of how we can enhance cooperation between the Board and the Agency. Clearly, the Agency has serious funding concerns but remains interested in drawing on the Board, when appropriate, for health related programming. Meanwhile, the Agency is going to prepare articles about the its health related programs for upcoming *Forums*.

PA/NP Materials

Shannon Kingston's work on the PA/NP section of the Web site has moved ahead quite well. She is also attending meetings of the PA/NP Committee to assist her in developing Web and *Forum* materials related to PA/NPs.

Presentations to Public and Professional Groups

Over the past year, the following presentations have been made or scheduled and reported to Public Affairs.

Andrew Watry
1999

Wake Forest U School of Medicine (MAAP program)--September 30
Cabarrus Co Medical Society--November 4

2000

Davidson Co Medical Society--February 29
UNC/CH third year medical students--March 13
Wake Forest U School of Medicine (MAAP program)--November 2

Diane Meelheim

1999

Regulatory Update, Duke University Medical Center PA/NP Program--September 25

2000

UNC School of Public Health students--February 22
Duke University School of Nursing/NP students (Fayetteville)--February 24
Wake Forest University PA Program--March 13
Duke PA Program--April 27
UNC School of Nursing, FNP students--May 23
ECU School of Allied Health, PA Students--June 29
AHEC Meeting, Greensboro--October 17

James Wilson

1999

ECU School of Medicine Health Law Forum (Challenges for NCMB)--September 15
Wake Forest U School of Medicine (MAAP program)--September 30
East Carolina University School of Medicine (Med Jurisprudence and mock trial)--March 6

2000

UNC School of Law, Presentation to students on Health Law--January 24
ECU Medical School, Fourth Year Students on Health Law--March 6
NC Society of Healthcare Attorneys, Telehealth--October 6
ECU School of Medicine Health Law Forum, Medical Errors--September 13
Wake Forest U School of Medicine (MAAP program)--November 2

John Jargstorf

1999

Led FSMB Investigator Workshop Seminar: Prescribing Issues--November 5-6

Donald Pittman

1999

Led FSMB Investigator Workshop Seminar: Prescribing Issues--November 5-6

Mr VonSeggen

1999

Winston-Salem Medical Group Managers Meeting--November 10
Physician Assistant Section, North Carolina Medical Society Meeting--November 13
Board Meeting, North Carolina Academy of Physician Assistants--November 14

2000

Cape Fear PA Regional Meeting, Wilmington--February 22
East Carolina University PA Program--February 22
Wake Forest University Conference on Inappropriate Patient Relationships--February 25
Wake Forest University PA Program--March 13
NC Medical Group Managers Spring Meeting--March 31
"Job Powwow" session on Regulatory Issues in Job-Seeking, Winston-Salem--April 1
Forsyth Co Med Society, retired physicians, re: Volunteer Licenses, Wake Forest U--April 5

Mr Saperstein

1999

Wake Forest U School of Medicine (MAAP program)--September 30

Shannon Kingston handles the scheduling of presentations. She is contacting civic, church, professional, and other groups to determine their interest in having speakers from the Board. She and I would appreciate it if members of the Board who have the appropriate contacts would speak with their local civic groups/clubs to determine if they would be interested in presentations on the work of the Board. Shannon will be happy to make the arrangements once the initial contact is made. At the moment, she is arranging an extensive schedule of presentations for Dr Kanof.

Board Action Report

The detailed bimonthly disciplinary report system continues to function well, making disciplinary information available to all health care institutions and media in the area of subject licensees' practices and to organizations and agencies with statewide responsibilities. A full year of reports appears on our Web site. This use of the Web site, combined with our new e-mail facility, has now made it possible to reduce the number of print copies of the report needed for mailing. A cumulative report also appears in the *Forum*, and special notices concerning revocations, summary suspensions, suspensions, and surrenders are sent out when the information is received by Public Affairs. These are posted on the Web site for several months under What's News and Immediate Releases. We have also introduced a system for directly informing other state boards of revocations, suspensions, summary suspensions, and surrenders involving their licensees. Shannon does this by checking the AMA data base to determine other states in which the licensees are licensed and then contacting those state boards. Thanks to the Internet, media throughout the state, not just in counties where subject practitioners live, can now receive full listings of Board actions on a regular basis.

Our thanks, as always, go to Mr Wilson and to Jenny Olmstead for reviewing each Board Action Report prior to its release.

[I should note that we do not actively distribute Charges and Allegations when they are filed by the Board. However, they are public record documents and we make them available as soon as they become effective to anyone who requests them. We also send them automatically to all members of the media that have asked us to inform them of any charges filed against practitioners in their coverage areas. We have not placed Charges and Allegations on the Web site.]

Annual Board Action News Release

The Board Action report will be left on our Web site throughout the year. I will be in touch with several leading members of the print media soon to determine how we can get the best impact from next year's data release.

News Clippings

We continue to make the regular weekly packet of clippings from the Internet available to you on disk. Shannon also plans to begin sending them by e-mail during September. This approach will make it possible to do away with distribution by disk in time. (Some items, of course, are not available electronically and hard copy must be sent. This includes materials from our own NC clipping service and the FSMB's clippings from Bacon. The latter, as you have noticed, are sent to us by the FSMB in a rather scrambled form, often poorly copied and hard to read.) I should note that the electronic items are received here in a form that is triple spaced, with items running directly into one another. Shannon restructures these into an easily readable form for your convenience.

Shannon has now fully organized our clippings archive for 1999 and 2000. Previous years are being assembled as quickly as possible.

[The above is not intended to be a report on all activities of the PA department, director, or staff.]

ATTORNEY'S REPORT

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

The Legal Department reported on 68 cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

EXECUTED CASES – 9/2000

BURSON, Jana Kaye MD

Order to terminate Consent Order executed 8/4/2000

CONNINE, Tad Robert MD

MD to surrendered license 8/16/2000

CROLAND, David Alan DO

Order to terminate Consent Order executed 8/31/2000

GALEA, Lawrence Joseph MD

Amended Consent Order executed 7/21/2000

HARRIS, Donald Philip MD

Order to terminate Consent Order executed 8/4/2000

JACOBS, Kenneth Lee MD

Consent Order executed 9/11/2000

MARTIN, Carol Ann MD

Amended Consent Order executed 8/8/2000

VAUGHAN, Howell Anderson PA

Consent Order executed 8/16/2000

WANGELIN, Robert Lester MD

Amended Consent Order executed 8/1/2000

WASHINGTON, Clarence Joseph III MD

Consent Order executed 7/31/2000

WEST, Harold Kenneth Jr. MD

Order to Terminate Consent Order executed 8/4/2000

YOUNG, Richard Lane MD

Consent Order executed 8/16/2000

HEARINGS

CHUMAK, Bogdan Alberto, MD

BOARD ACTION: Accept executed Consent Order in lieu of Hearing

MARINO, Baptiste Steven, MD

BOARD ACTION: Accept executed Consent Order in lieu of Hearing

TEBRUGGE, Kevin Ray, DO

9/2000 Hearing

BOARD ACTION: Revoke effective 11/1/2000

POLICY COMMITTEE REPORT

John Foust, MD, Chair; Elizabeth Kanof, MD; Hector Henry, MD; Paul Saperstein; Stephen Herring, MD; George Barrett, MD, Aloysius Walsh

The Policy Committee was called to order at 1:40 pm, Wednesday, September 20, 2000, at the office of the Board. Present were: John W. Foust, MD, Chair; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Paul Saperstein; Hector H. Henry, II, MD; Aloysius P. Walsh; John T. Dees, MD, Board Member; Walter Pories, Board Secretary/Treasurer; Wayne W. VonSeggen, Board President; Kenneth H. Chambers, Board Member; Andrew W. Watry, Executive Director; James A. Wilson, Board Attorney; William H. Breeze, Board Attorney; Dale G. Breaden, Director, Public Affairs (PC Staff); Jeffery T. Denton, Board Recorder (PC Staff); and Shannon Kingston, Public Affairs Assistant. Absent was George C. Barrett, MD

Review of Minutes

The minutes of the August 16, 2000, Policy Committee were reviewed and accepted.

Scope of Practice Subcommittee Update (Dr Herring, Mr Saperstein and Dr Kanof)

The Subcommittee met this morning to discuss issues related to optometry and ophthalmology noting that the end of the period the Board had allowed for the receipt of comments regarding CPT Code issues expired on September 1, 2000. The Subcommittee members reviewed all additional information received since the July 21, 2000, meeting and considered the various pros and cons.

Dr Kanof started the meeting by summarizing and reviewing available information, and highlighting what she felt were key issues. Particularly, the use of Fluorescein angiography as a screening tool and requisite training issues.

Dr Kanof proposed a collaborative practice arrangement for these CPT Codes that would fall between the ophthalmologist and optometrist, similar to the clinical pharmacist practitioner (CPP) rules which were heard at a public hearing on September 19. For example, an optometrist wishing to do Fluorescein injections would have to have a formal practice arrangement with an ophthalmologist. The CPP rules involve both the Pharmacy Board and the Medical Board. Optometrists would have to submit to both boards for approval presenting training that now qualifies them to do injections. This would be a tight collaboration in which the parameters for training and the procedures would be a collaborative practice arrangement between the optometrist and ophthalmologist working together. The patient would be fully informed of the situation. If a collaborative practice arrangement cannot be worked out, then she feels the Board should reverse the decision on the CPT codes and err on the side of being overly cautious. She continued that if no arrangements are made then the issue will surely go to the legislature or the courts. She does not feel that the legislature or the courts are more qualified to deal with this than the two professions.

Mr Saperstein echoed what Dr Kanof stated, adding that the current forum was the best to work this out for the protection and benefit of the citizens of the state of North Carolina. If it

moves into a different format or arena, then the issues that will be important to the protection of the patients and citizens may not be in the forefront.

Prior to this issue coming back in front of the full Board, Dr Kanof would like to hear from the Board attorneys in a closed (attorney-client) session regarding any legal risks the Board entails with such decisions.

The public were asked to speak:

Michael Clark, OD, Past President, North Carolina Optometric Society: ...”The ideal of a collaborative effort with a profession that we’ve been involved in a turf battle for 20 years every step of the way, whether it’s prescribing medications topically or systemic medications that was the issue in 1997, ...it would hard for me to sit in a group with a person who is clearly opposed to my scope of practice for 23 years and try to hammer out some kind of a mutual collaborative understanding and think that they are going into it with real clear objectives because the fact still remains there is a certain competitive environment out there because there is so much overlap between the two professions and the one that is holding all the cards could easily trump the card that you want to play.”

M. Scott Edwards, OD, North Carolina State Optometric Society: The optometrists want to do anything they can to work with the Medical Board. They are willing to explore all opportunities, they do not want to go to court, they do not want to go to the General Assembly, this is not a legislative issue in their minds. The legislature has gotten in this issue twice. They are willing to have open discussions and the Medical Board has been very, very fair in the discussions with them. They have been humbled by the position the Board has taken in letting the in to discuss these issues. They do not want to do anything to close the door. Since it has been going on for three years they would like to bring some resolution to it.

John Robinson, OD, Executive Director, North Carolina Board of Optometry: Dr. Robinson presented materials recognizing that it was technically past the deadline for submission of materials for consideration but that they were at somewhat of a disadvantage in that the attorney for the society of ophthalmology did not release his letter to them that he had given the Board until just a few days ago. He pointed out some inaccuracies that were made at the July 21 open meeting.

Cindy Hampton, MD, North Carolina Society of Eye Physicians & Surgeons: Dr. Hampton reaffirmed her opposition to optometrists being allowed to perform these CPT Codes. She reminded the Board that this is not a “turf” battle, she has previously agreed to the extension of CPT Codes that she uses frequently.

Stephen W. Keene, JD, North Carolina Medical Society: (Mr Keene was asked to comment on the proposed collaborative arrangement.) A concern he has is that the CPP approach was statutory enacted for a specific purpose. This type of model could be achieved if it were part of the consent agreement. His candid observation is that it is very unlikely that all sides would agree to statutory enactment because both professions have been practicing independently for many years. There has been a merging of purpose between the Pharmacy and Medical Boards, but optometry and ophthalmology have been going in different directions in this case.

Action: Referred to Policy Committee for discussion. Before a decision is reached an attorney-client closed session will be scheduled to outline any possible legal ramifications of any decisions the Board might make. If a vote on reconsideration of the CPT Codes is likely, all parties will be notified.

Policy Committee discussion: The question is whether or not a collaborative agreement can be worked out between the optometrists and the ophthalmologists in regards to the five CPT Codes in question. Dr Herring stated that we cannot have both approval for optometrists to use these CPT Codes and a collaborative arrangement to use them. He believes we should hold codes in abeyance until the concept of a collaborative concept is looked into. Dr Henry asked for clarification on the status of the codes, since all parties did not sign off on the amendment to the consent agreement.

Johnny Loper, JD, Womble, Carlyle, Sandridge & Rice, (representing optometrists) stated that the Medical Board does not need the approval of any other party to do what the Board wants to do. If the Board wants to approve the CPT Codes, they do not have to amend the consent agreement. The Medical Board could do it by declaratory ruling or by a position statement or other means. The Board does not have to get permission from the North Carolina Society of Eye Physicians & Surgeons or others.

Stephen W. Keene, JD, North Carolina Medical Society, stated that the Board needs to reverse the previous CPT Code approval prior to developing a collaborative agreement.

Action: The discussion was tabled until after the attorney-client closed session.

Alternative Medicine Subcommittee Update (Drs Kanof and Henry)

Dr Kanof reported that she had been appointed to the Federation's Special Committee on Questionable and Deceptive Health Care Practices and has recently attended their first meeting. She said that it was clear that the Federation plans to be a resource on this but will not be politically proactive. There was a resolution at the committee meeting before her appointment asking the Federation to support a moratorium on chelation therapy for the treatment of coronary artery disease until the studies being initiated at the INH are complete. However, the FSMB Board quashed that recommendation.

Office-Based Surgery/Anesthesia: Report on Progress of Draft Position Statement (Dr Herring)

Dr. Herring's second revision of the proposed position statement on office-based surgery was presented for review/approval.

Motion: A motion passed that the below position statement is approved.

Position Statement on Office-Based Surgery

Office-based surgery is surgery* performed outside a hospital or an outpatient facility accredited by the North Carolina Division of Facility Services. Although surgery is not a perfect science in any setting, office-based surgery is generally safe, effective, and efficient, provided proper measures are taken in the process. The physician is responsible for providing a safe environment for office-based surgery.

The following general guidelines are recommended for office-based surgery.

- Training:
Any procedures, whether done in an office or a hospital, should be performed by physicians operating within their area of professional training. Appropriate training and continuing medical education should be documented and that documentation should be readily available to patients and the North Carolina Medical Board. Those who perform office-based surgery must have plans, such as prearranged hospital admission protocols, for managing emergency complications.
- Patient Selection:

Patients must be evaluated per procedure to determine if the office is an appropriate setting for the surgery.

- Patient Evaluation:

Patients undergoing office surgery must have an appropriately documented history and physical examination, and any other studies or consultations indicated.

- Anesthesia:

When general anesthesia or sedation is provided in the office setting, it must be administered by those qualified to do so. Anesthesia personnel should be familiar with variations in technique based on the specifics of the patient and the procedure, particularly those requiring large volumes of fluids or airway management. Patients must be properly monitored before, during, and after the procedure. Physicians are referred to the protocols of the American Society of Anesthesiology** for guidance. ACLS certification of anesthesia personnel is an important consideration.

- Office Setting:

The office should be set up with patient safety as a primary consideration. Safety issues should include, but not be limited to, accessibility, sterilization and cleaning routines, storage of materials and supplies, supply inventory, and emergency equipment.

- Emergency Planning:

Planning should include, but not be limited to, emergency medicines, emergency equipment, and transfer protocols. Practitioners should be trained and capable of managing complications related to the procedures they perform.

- Follow-Up Care:

As with any surgical treatment or procedure, follow-up care by the responsible surgeon is requisite. Arrangements should be made for follow-up care and for treatment of problems or complications outside normal office hours.

- Quality Improvement:

Continuous quality improvement should be a goal.

*Board definition of surgery.

**ASA protocols reference.

Office-Based Surgery: Does the Board have authority to develop rules?

Mr Keene noted that what is considered ambulatory surgery center and what is office-based surgery is an important issue with the Medical Society. He also made it clear that the Medical Society's interest in this issue was in protecting their members. Dr Foust stated that this Board got involved with this issue prior to the Medical Care Commission coming to us. It was noted that entry level would be a position statement, which is marginally enforceable. Florida is now spending lots of money inspecting physician offices and California has outsourced its review system. It was suggested that before moving forward on this issue we should assess how bad the problem is in North Carolina.

Mr Keene stated he did not have a legislative proposal at hand, but he was offering to work with the Board. He stated that other than a position statement, he was not sure there is an interim action. He did note that once the Medical Board disciplines a physician for something related to office-based surgery, it tends to put the rest of the medical community on notice. He will be glad to work on legislative language.

Motion: A motion passed that the Medical Board serve as a resource to the Medical Society to develop legislation that will give the Board the authority to develop rules, regulations, and the funding to support the regulation of office based surgery.

Electrolysis Association and Board Question Board's Laser Position Statement

The Board recently received correspondence from the Electrolysis Association of North Carolina and the North Carolina Electrolysis Board regarding the Board's Position Statement on Laser Surgery.

Action: Shelton P. Dixon, Acting Chairman, North Carolina Board of Electrolysis Examiners, Margaret Wingate, President, Electrolysis Association of North Carolina, and Trudy Brown, an electrologist in High Point, will be invited to meet with the Policy Committee in November 2000.

3+3 Program at ECU

The Board received a letter from James A. Hallock, MD, Dean, the Brody School of Medicine, regarding the "3+3 Program in Family Practice." The thrust of the letter was that "because the 3+3 resident is not licensed to practice medicine and because there is no exception in the current licensure statute or regulations, it has been necessary for that resident/fourth year medical student to have all orders co-signed before they can be implemented in the hospital." He is requesting that the Board develop and implement some method that will allow a residency training license to be granted to the fourth year medical students at ECU who are accepted in the 3+3 program.

It was noted that the Medical Board has no legislative authority to make such a change. Dr Pories stated that we are talking about a maximum of four people being inconvenienced and that only goes on for one year. Changing the law to manage this would result in other problems. Dr Kanof stated she could not see any way to support such a law change either.

Action: Mr Watry will write a letter to Dr Hallock stating the Board's position. This will also be an agenda item for the next meeting with the Medical School Deans.

Immunizations Given by Pharmacists

Action: Mr Watry will arrange a meeting between Medical and Pharmacy Board representatives (same reps that are on the CPP task force) to discuss this issue within the next 30 days.

Annual Review of Position Statements

This item was tabled and consideration will be resumed at the next regularly scheduled Committee meeting. However, it was agreed that the position statement on CME should be eliminated because there is now a formal CME requirement in place.

Motion: A motion passed eliminating the position statement on CME.

There being no further business, the meeting adjourned at 3:15 p.m., Wednesday, September 20, 2000

CPT Codes Issue (Continued)

After meeting in closed session with the Board's attorney on the evening of September 20, the Committee met again at 5:15 p.m., September 21. After extended discussion of the issues related to certain CPT codes being extended to optometrists by previous action of the Board, the Committee adopted the following recommendations for the Board's consideration.

Motion: A motion passed that a collaborative practice committee be established between the NCMB and the Board of Optometry based on the CPP model to develop methodology to address implementation of the five CPT codes approved by the NCMB on June 21, 2000.

Motion: A motion passed that the Board reverse its previous decision of June 21 regarding the CPT codes under discussion until the motion above is considered and resolved by the full Board.

OPERATIONS COMMITTEE REPORT

Paul Saperstein; Wayne VonSeggen, PAC; Elizabeth Kanof, MD; Walter Pories, MD

Motion: A motion passed authorizing the following budget change for the year 2000: Item 8160-40: allocated \$9,000 – change to \$4,000, and under computer hardware Item 2001-40 – put in \$5,000.

Motion: A motion passed to approve the following 2001 budget:

ACCOUNT NUMBER	DESCRIPTION	2001 BUDGET	2001 COMMENTS
2001 - 00	OFFICE EQUIPMENT		
	TELEPHONE	\$0	recently purchased, no need for additional hardware
	SOFTWARE	\$40,000	continuing development of new product
	COMPUTER HARDWARE	\$30,000	new server and upgrading of 5 work stations
	COPIER	\$0	new equipment
2002 - 00	OFFICE FURNITURE	\$10,000	usual wear and tear and replacement
2003 - 00	LEASEHOLD IMPROVEMENT	\$0	
5101 - 00	RESTRICTED FUNDS - LITIGATION	\$0	
5102 - 00	RESTRICTED FUNDS - BUILDING	\$0	
	TOTAL FIXED ASSETS & RESTRICTED FUNDS INCOME	\$80,000	
1-6-6001-20	PHYSICIAN REGISTRATION	\$2,600,000	
1-6-6101-20	GRADUATE MEDICAL TRAINING REGISTRATION	\$30,000	
1-6-6301-20	CORPORATE REGISTRATION	\$0	every other year cycle
1-6-6311-20	CORPORATE ORIGINATION	\$16,000	
1-6-6401-20	PA REGISTRATION	\$142,000	
1-6-6403-30	PA VERIFICATION	\$2,200	
1-6-6501-20	NP REGISTRATION	\$99,000	
1-6-6503-30	NP VERIFICATION	\$0	
1-6-6601-30	LICENSE BY EXAMINATION	\$145,000	
1-6-6602-30	LICENSE BY ENDORSEMENT	\$350,000	
1-6-6609-20	LICENSE-DUPLICATE	\$0	too small to budget
1-6-6610-20	LICENSE VERIFICATION	\$45,000	trending down because of internet verifications
1-6-6611-20	LICENSE VERIFICATION W/SCORES	\$0	
1-6-6613-30	LICENSE VOLUNTEER	\$0	

1-6-6621-30	LICENSE TEMPORARY	\$50,000
1-6-6622-30	LICENSE-PA TEMPORARY	\$4,000
1-6-6631-30	LICENSE GRADUATE MEDICAL TRAINING	\$17,000
1-6-6641-20	CORPORATE STOCK TRANSFER	\$1,000
1-6-6701-30	LICENSE PA	\$16,000
1-6-6801-30	APPROVAL NP	\$25,000
1-6-6803-30	NP ADD or CHANGE PRIMARY JOB (FEE SHARING WITH NURSING BOARD)	\$34,000 (\$29,500)
1-6-6902-20	DATA REQUESTS	\$2,000
1-6-6905-20	DATALINK	\$0
1-6-6910-20	ROSTER	\$3,000
	TOTAL INCOME	\$3,551,700

EXPENDITURES

1-8-8000-10	ADVERTISING - MD LICENSES	\$1,200
1-8-8001-10	ADVERTISING	
1-8-8001-20	ADVERTISING	
1-8-8001-50	ADVERTISING - LEGAL NOTICES	\$200
1-8-8002-10	AUDIT - ACCOUNTING	\$6,500
1-8-8023-10	MILEAGE REIMBURSEMENT- BOARD	\$10,000
1-8-8023-20	MILEAGE REIMBURSEMENT- OPERATIONS	\$1,000
1-8-8023-30	MILEAGE REIMBURSEMENT- LICENSING	\$50
1-8-8023-40	MILEAGE REIMBURSEMENT- INVESTIGATIVE	\$29,000
1-8-8023-50	MILEAGE REIMBURSEMENT- LEGAL	\$1,000
1-8-8023-60	MILEAGE REIMBURSEMENT- PUBLIC AFFAIRS	\$50
1-8-8023-70	MILEAGE REIMBURSEMENT- COMPLAINTS	\$50
1-8-8060-60	FORUM & BROCHURE PRINTING	\$65,000
1-8-8061-60	FORUM & BROCHURE MAILING	\$41,000
1-8-8070-10	CONTINUING EDUCATION- BOARD	\$4,000
1-8-8070-20	CONTINUING EDUCATION- OPERATION DEPT.	\$10,000
1-8-8070-30	CONTINUING EDUCATION- LICENSE DEPT.	\$5,000
1-8-8070-40	CONTINUING EDUCATION- INVESTIGATION DEPT.	\$10,000
1-8-8070-50	CONTINUING EDUCATION- LEGAL DEPT.	\$4,000
1-8-8070-60	CONTINUING EDUCATION- PUBLIC AFFAIRS DEPT.	\$5,000
1-8-8070-70	CONTINUING EDUCATION- COMPLAINT DEPT.	\$3,000
1-8-8075-20	COURIER- POST OFFICE	\$4,200
1-8-8076-20	COURIER-BANK	\$2,000

1-8-8077-20	COURIER- OTHER	\$900
1-8-8105-40	DRUG SCREENS NOT REIMBURSED	\$1,000
1-8-8110-10	DUES & SUBSCRIPTIONS- BOARD	\$1,000
1-8-8110-20	DUES & SUBSCRIPTIONS- OPERATION DEPT.	\$2,500
1-8-8110-30	DUES & SUBSCRIPTIONS- LICENSE DEPT.	\$500
1-8-8110-40	DUES & SUBSCRIPTIONS- INVESTIGATIVE DEPT.	\$1,750
1-8-8110-50	DUES & SUBSCRIPTIONS- LEGAL DEPT.	\$2,500
1-8-8110-60	DUES & SUBSCRIPTIONS- PUBLIC AFFAIRS DEPT.	\$1,000
1-8-8110-70	DUES & SUBSCRIPTIONS- COMPLAINT DEPT.	\$250
1-8-8111-10	DATA CHARGES/INTERNET	\$4,000
1-8-8111-20	DATA CHARGES/INTERNET	\$9,600
1-8-8111-30	DATA CHARGES/INTERNET	\$5,000
1-8-8111-40	DATA CHARGES/INTERNET	\$2,100
1-8-8111-50	DATA CHARGES/INTERNET	\$1,000
1-8-8111-50	LAW BOOKS	\$2,000
1-8-8111-60	CLIPPING SERVICE	\$700
1-8-8120-40	PHOTOCOPYING AND FAXING FOR INVESTIGATORS	\$500
1-8-8130-20	EMPLOYEE BENEFIT- HEALTH INSURANCE	\$148,000
1-8-8131-20	EMPLOYEE BENEFIT- BOARD SHARE OF RETIREMENT	\$110,000
1-8-8132-20	EMPLOYEE BENEFIT- DISABILITY INSURANCE	\$24,000
1-8-8134-20	EMPLOYEE BENEFIT- DENTAL INSURANCE	\$18,000
1-8-8135-20	EMPLOYEE BENEFIT- LIFE INSURANCE	\$6,500
1-8-8250-20	INSURANCE- BUILDING CONTENTS AND COMPUTERS	\$10,000
1-8-8251-20	INSURANCE- DIRECTORS AND OFFICER	\$7,800
1-8-8252-20	INSURANCE- WORKERS COMPENSATION	\$3,000
1-8-8334-50	LEGAL CASE EXPENSES	\$2,400
1-8-8334-70	COMPLAINTS SERVICE OF PROCESS	\$0
1-8-8336-50	CONSULTATION W/ ATTORNEY FOR LEGAL DEPT.	\$15,000
8082 - 50	LEGAL - HEARINGS	\$3,500
8084 - 10	LEGAL - TRANSCRIPTS	\$12,000
8084 - 50	LEGAL - TRANSCRIPTS	\$0
8084 - 10	LEGAL - TRANSCRIPTS	\$0
8081 - 50	LEGAL - DEPOSITIONS	\$2,500
8170 - 10	PROFESSIONAL CONSULTING - BOARD	\$10,000

8170 - 20	PROFESSIONAL CONSULTING - OPERATIONS	\$1,500
8170 - 30	PROFESSIONAL CONSULTING - LICENSING	\$0
8170 - 40	PROFESSIONAL CONSULTING - INVESTIGATIVE	\$0
8170 - 50	PROFESSIONAL CONSULTING - LEGAL	\$0
8170 - 60	PROFESSIONAL CONSULTING - PUBLIC AFFAIRS	\$0
8170 - 70	PROFESSIONAL CONSULTING - COMPLAINTS	\$3,000
8090 - 20	MAINTENANCE - COPIER	\$20,000
8091 - 10	MAINTENANCE - DRY CLEANERS	\$500
8092 - 10	MAINTENANCE - OFFICE	\$0
8092 - 20	MAINTENANCE - EQUIPMENT & OFFICE	\$7,000
8093 - 20	MAINTENANCE - RECYCLING	\$400
8100 - 10	MEALS - BOARD	\$65,000
8100 - 20	MEALS - OPERATIONS	\$2,000
8100 - 30	MEALS - LICENSING	\$1,000
8100 - 40	MEALS - INVESTIGATIVE	\$8,000
8100 - 50	MEALS - LEGAL	\$1,000
8100 - 70	MEALS - COMPLAINTS	\$500
8110 - 20	PAYROLL - OPERATIONS	\$670,000
8110 - 30	PAYROLL - LICENSING	\$185,000
8110 - 40	PAYROLL - INVESTIGATIVE	\$489,000
8110 - 50	PAYROLL - LEGAL	\$295,000
8110 - 60	PAYROLL - PUBLIC AFFAIRS	\$99,000
8110 - 70	PAYROLL - COMPLAINTS	\$99,000
8130 - 20	PAYROLL TAX - OPERATIONS	\$51,300
8130 - 30	PAYROLL TAX - LICENSING	\$14,000
8130 - 40	PAYROLL TAX - INVESTIGATIVE	\$37,500
8130 - 50	PAYROLL TAX - LEGAL	\$22,500
8130 - 60	PAYROLL TAX - PUBLIC AFFAIRS	\$7,500
8130 - 70	PAYROLL TAX - COMPLAINTS	\$7,500
8140 - 10	PHYSICIANS HEALTH PROGRAM	\$389,500
8150 - 10	POSTAGE & SHIPPING - BOARD	\$5,500
8150 - 20	POSTAGE & SHIPPING - OPERATIONS	\$53,000
8150 - 30	POSTAGE & SHIPPING - LICENSING	\$20,000
8150 - 40	POSTAGE & SHIPPING - INVESTIGATIVE	\$5,000
8150 - 50	POSTAGE & SHIPPING - LEGAL	\$1,800
8150 - 60	POSTAGE & SHIPPING - PUBLIC AFFAIRS	\$3,000
8150 - 70	POSTAGE & SHIPPING - COMPLAINTS	\$2,500
8160 - 10	PRINTING & PAPER - BOARD	\$1,000

8160 - 20	PRINTING & PAPER - OPERATIONS	\$25,000
8160 - 30	PRINTING & PAPER - LICENSING	\$10,000
8160 - 40	PRINTING & PAPER - INVESTIGATIVE	\$8,000
8160 - 50	PRINTING & PAPER - LEGAL	\$200
8160 - 60	PRINTING & PAPER - PUBLIC AFFAIRS	\$4,000
8160 - 70	PRINTING & PAPER - COMPLAINTS	\$50
8160 - 30	PRINTING - CALLIGRAPHY	\$0
8181 - 20	RENT- OFFICE	\$135,000
8184 - 20	RENT- STORAGE FACILITY	\$1,000
8183 - 20	RENT- POSTAGE MACHINE	\$14,600
8182 - 20	RENT- PO BOX	\$350
8182 - 40	RENT- PO BOX	\$360
8160 - 20	ROSTER - PRINTING	\$0
8150 - 20	ROSTER - MAILING	\$0
8190 - 10	SUPPLIES - BOARD	\$3,000
8190 - 20	SUPPLIES - OPERATIONS	\$40,000
8190 - 30	SUPPLIES - LICENSING	\$500
8190 - 40	SUPPLIES - INVESTIGATIVE	\$1,000
8190 - 50	SUPPLIES - LEGAL	\$500
8190 - 60	SUPPLIES - PUBLIC AFFAIRS	\$500
8190 - 70	SUPPLIES - COMPLAINTS	\$100
8200 - 20	SUPPORT - COMPUTERS	\$40,000
8201 - 20	SUPPORT - SOFTWARE	\$50,000
8210 - 20	TELEPHONE - OPERATIONS	\$55,000
8211 - 20	TELEPHONE - CELLULAR - OPERATIONS	\$600
8211 - 40	TELEPHONE - CELLULAR - INVESTIGATIVE	\$5,000
8211 - 50	TELEPHONE - CELLULAR - LEGAL	\$300
8212 - 40	TELEPHONE - PAGERS	\$2,300
8135 - 10	PER DIEM - BOARD	\$150,000
8230 - 10	TRAVEL & LODGING - BOARD	\$40,000
8230 - 20	TRAVEL & LODGING - OPERATIONS	\$15,000
8230 - 30	TRAVEL & LODGING - LICENSING	\$2,000
8230 - 40	TRAVEL & LODGING - INVESTIGATIVE	\$25,000
8230 - 50	TRAVEL & LODGING - LEGAL	\$3,000
8230 - 70	TRAVEL & LODGING - COMPLAINTS	\$2,000
	TOTAL EXPENSES	\$3,814,110
9010 - 20	INTEREST	\$335,000
	EXCESS OF INCOME OVER EXPENSES	(\$7,410)

EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE REPORT

Wayne VonSeggen, PAC; Walter Pories, MD; John Foust, MD; Aloysius Walsh

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

The EMS Committee reported on 8 investigative cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

Motion: (EK, SH) A motion passed to approve the above actions and that staff is to conduct informal interviews on EMS personnel unless otherwise directed.

PHYSICIAN ASSISTANT COMMITTEE REPORT

Wayne VonSeggen, PAC; John Foust, MD; Walter Pories, MD; Aloysius Walsh

PA License Applications-

(***)Indicates PA has not submitted Intent to Practice Forms)

Board Action: Issue full licenses

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Bacalis , Katrina Nicole	Asimos, Andrew W.	Charlotte
Evans , Molly McCoy	***	
Fesmire , Karla Garritty	Dawson, Shelton P.	Eden
Hare , Patrick Michael	***	
Hennig , Therese Marie	***	
King , Eugene T.	***	
Kurian , Mathew	***	
Ray , Lisa Scott	Quigley, Brian S.	Raleigh

PA Temporary License Applications-

(***)Indicates PA has not submitted Intent to Practice Forms)

Board Action: Issue temporary licenses

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Anderson , April Wood	***	
Bost , Christy Taylor	***	
Bratton , Michael John	***	
Brewer , Laura Gay	***	
Brown , Suzanne Spivey	Steinbacher , Erika	Kannapolis
Carruthers , Adam Michael	Dyke , Cornelius M.	Gastonia
Gates , Rachelle Nicholas	***	
Granda , Kaitlyn Alger	Hill , David L.	Durham
Helfrich , Elizabeth Morgan	Nichols , Mark	Raleigh

Henry , Jennifer Diane	***	
Hovis , Amanda Silver	***	
Isenhour , Christie Dee	***	
James , Julie Michelle	***	
Jones , Tracy Warren	***	
Kohler , Melissa Athena	***	
Kreft , William David	***	
Martin , Holly Rebecca	***	
Peterson , Alan Gunnar	***	
Poli , Priscilla Teixeira	Owens , Robert C.	Goldsboro
Robb , Sybil Rockwell	***	
Schaffer , Valerie Jane	***	
Schoonmaker , John Delamar	***	
Spinner , Tricia Tiffany	McBryde , John P.	Charlotte
Strong , Garon Rindane	***	
Totten , Catherine Leigh	Graham III , Angus W.	Brevard
Yates , Heather Dana	***	

The following physician assistant holds a temporary license and is requesting a full license by submitting passing NCCPA results-

Parks, **Peggie Rose, PA-C**
Wong, **Melissa F, PA-C**

Board Action: Issue full licenses

PA Intent to Practice Forms Acknowledged-

<u>PHYSICIAN ASSISTANT</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Alspaugh , Dorothy B.	Santos , Cesar Cruz	Winston-Salem
Amos , Clifford George	Hooper , Thomas Eugene	Wilson
Avner , Belina	Lewis , Marvin	Cameron
Baggett , David Lynn	Poulos , John Emanuel	Fayetteville
Batchelder , Amy Lee	Olson , Ronald Paul	Durham
Bedington , William David	Williamson , Steven Grover	Hickory
Beers , Charles Michael	Berry , Richard Garth	Chadburn
Beers , Charles Michael	Isaacs , Steven Greer	Fayetteville
Britt , Janet Leone	Muehlhausen , Valerie Leigh	Troy
Bruning , Kevin F.	Guest , Chris Warren	Greensboro
Bush , Kenneth Wayne	Fletcher , Robert George	Fayetteville
Carter , James Patrick	Rotondo , Michael Frederick	Greenville
Caruso , Frank	McKenzie , William Marshall	Lexington
Cerne , Connie Diann	Jones , Franklin Douglas	Greenville
Chavis , Robert Michal	Berry , Richard Garth	Fair Bluff
Contino Jr. , Philip A.	Franks , David Alan	Franklin
Copper Jr. , Joseph B.	Carlton , William Yarborough	Winston-Salem
Culler , Michael Dean	Keith , Randall Scott	Westfield
Curry , Brenton Shea	Templeton , David Wesley	Salisbury
De La Mora Jr. , Alvaro	Stiegel , Robert Mark	Charlotte
De Vito , Thomas Joseph	Leithe , Mark Earl	Raleigh

DellaBona , Laura Ann
Donnelly III, William James
Dowdy , Karen Graue
Eckert , Lynn Gordon
Elliott , Anne Marie
Elliott , Cherie Melissa
Ellis , David James
England , Michael Allen
Falsion-Flemming , K.
Fetzko , Karen Michelle
Fischl , Lori Fields
Fischl , Lori Fields
Gorham , Amber Zoe
Green , Timothy Darrell
Hanley , Brian Thomas
Harewood , Lisa Knight
Haubert , Deborah Anne
Hood , Patricia Bunch
Horlick , Susan Smolen
Johnson , Curtis Henry
Johnson , Curtis Henry
Johnson , Mark Powell
Kelly , Larry Thomas
Kenney , Patricia Geralyn
Kirk , Laura Alley
Korzi , Michael Joseph
Lee , Laurie Wilson
Lloyd , Douglas David
Lynam , Daniel H.
Maddux , Joseph Michael
Martin , Maida Helen
Mashburn , Neil Teague
Mattera , Paul Anthony
McAninley , Marc Anthony
McCoy , Abraham
Mesa , Gregory Robert
O'Branski , Erin Eileen
Parham , Sara Carter
Patterson Jr., Jimmy Dale
Poland-Torres , Denise
Reeves , Donna Faye
Rejowski , Theresa Marie
Salerno , Linda Bergin
Savoie , Shanee Lynn
Schultz , William Herbert
Sepka , Richard Stephen
Shea , Daniel Leo
Shipman , Jerry Melvin
Sizemore , Mark Anthony
Smith , David Lewis
Smith , Linda Louise
Hooper , Thomas Eugene
Lowry , Brian Patrick
Rennard , Thomas William
Rutledge , Robert
Perry , Joan Templeton
Eusebio , Jose Emmanuel S.
Westberg , Milton Delin
Hyman , Gary Alan
Lalonde , John Charles
Harrison Jr., Frank Nicholas H.
Weatherford , David Allen
Hunter Jr., Charles Edward
Ortel , Thomas Lee
Gordon , Katherine Elizabeth
Patel , Narendrakumar Ashabh
Taiwo , Babafemi Olapoju
White , Anne Litton
Archinal , Ginette Anne
Morris , Leila Christine
Smith , Bernard Michael
Silver , Danny
Axelbank , Arthur
Richardson , William James
Phillips , Wesley Fletcher
Wyker , Robert Terlinck
Barish , Charles Franklin
Gunter Jr., William Barrett
Eskander , Essam Sobhy
Battels , Ralph Clare
Barnwell , Valerie Jeanne
Niemeyer , Meindert Albert
Bartels , Duane Ronald
Scott , Jessica Sharon
Battels , Ralph Clare
Yamadi , Asghar
Caquias-Gonzalez , Eileen M.
Sullivan , Keith Michael
Wynn , Richard Thomas W.
Manusov , Eron Grant
Coward , Karen Denise
Neumark , Andras
Rosner , Michael John
Ayscue , Grace Thompson
Reece II, Donald Brooks
Ware , Russell Earl
Landolf , Michael Joseph
Fowler , William Varn
Owens , Robert Carl
Baker , Jeffrey Alan
Ballou , Karen Rene
Sullivan , Martin James
Wilson
Morehead City
Asheville
Durham
Kinston
Shelby
Williamston
Wilmington
Greensboro
Charlotte
Wilmington
Wilmington
Durham
Caroleen
Asheville
Durham
Winston-Salem
Cary
Cary
Dunn
Clinton
Hillsborough
Durham
Kernersville
Raleigh
Raleigh
Durham
Chadbourn
Elizabeth City
Sanford
Elon College
Mt. Airy
Raleigh
Elizabeth City
Wake Forest
Hendersonville
Durham
Charlotte
Mt. Gilead
Tarboro
Elkin
Hendersonville
Raleigh
Morehead City
Durham
Raleigh
Marion
Goldsboro
Salisbury
Roanoke Rapids
Durham

Smith , Tracey	Risk , Gregory Conway	Morehead City
Staker , Melissa Gail	Dellasega , Mark	Greenville
Stinson , Anne Michelle	Kornegay , Hervy Basil	Mt. Olive
Sumerlin , Jeffrey Scott	Risk , Gregory Conway	New Bern
Sweeney-Kustra , Karen S.	Morris , Leila Christine	Cary
Taylor II , Stuart Barnes	Stephens , Wayland Chad	Kernersville
Troyon , Richard Anthony	Silver , Danny	Clinton
Troyon , Sharon Fawn	Silver , Danny	Clinton
Underwood , Margot Hillary	Seen , Nelson Der	Shelby
Vaughan , Howell A.	Wittcopp , Chrystal Ann	Durham
Wallace , Todd A.	Battels , Ralph Clare	Elizabeth City
Webb , Kenneth Norris	Sarma , Kalika Prasad	Greenville
Webb , Laura Lee	Barsanti , Christopher Micheal	Greenville
Wertman , Sara Elizabeth	Owen , Clarence Hays	Greensboro
Wheeler , Lisa Klaveness	Allen , Anthony Terrance	Greensboro
White , Michelle Deanna	Church , Mary Louise Parker	Wilkesboro
Wilkins , Bobbi Lynn	Sanderson , Iain Colin	Durham
Willard , Matthew	Westberg , Milton Delin	Sharpsburg
Wingrove , Brian Russell	Maultsby , James Alexander	Clinton
Wohlford , Lori Melissa	Strauss , Brian Scott	High Point
Wong , David Hing	Kishbaugh , David	Fayetteville
Young , Scott Allen	Royer Jr. , Harrell Clark	Oakboro

Non Public Agenda Items for Committee Discussion-

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

The Board reviewed 3 licensure applications. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

Public Agenda Items for Committee Discussion-

It has been brought to the attention of the staff that section 32S.0104 ("Inactive License Status") of the PA regulations do not reflect the recent decision of the committee to require inactive PAs to fill out a new application package in order to reactivate their license.

Board Action: Make the PA reactivation process match the physician reactivation process, and change the regulations accordingly.

The current PA regulations do not specify if a supervising physician has to have a full license.

Board Action: It is intended in the regulations that the supervising physician must have a full license and not be prohibited from acting as a supervising physician. Clarify the regulations.

Board Action: The next time the PA rules are revised include wording to reflect that Intent to Practice Forms must be approved, not just acknowledged.

NURSE PRACTITIONER COMMITTEE REPORT

Wayne VonSeggen, PAC; John Foust, MD; Walter Pories, MD; Aloysius Walsh

NP Initial Applications Recommended for Approval after Staff Review-

Board Action: Approve

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Adams , Theresa Ann	Yoder , Charles	Asheville
Boardman , Anne McKee	Schwankl , James E.	Siler City
Carroll , Donna C.	Paraschos , Alexander	Burlington
Feldt , Geraldine Elizabeth	Sutton , Linda M.	Durham
Gilliam , Karen Annette	Stephens , Wayland C.	Winston-Salem
Glotzer , Jana Morgan	Adams Jr. , Kirkwood F.	Chapel Hill
Hamilton , Kara Ann	Fleishman , Lawrence M.	Charlotte
Harrell , Jason Barnes	Stephens , Wayland C.	Winston-Salem
Linback , Sherry Sue	Sotolongo , Carlos A.	Durham
McKay , Lynsy Tucker	Hart , Robert E.	Hickory
Michael , Robert Kelly	Farrell , Edwin G.	Greensboro
Morton , Rebecca Odom	Troyer , Eric C.	China Grove
Rende , Elizabeth Kimball	Morse , Richard P.	Durham
Rettig , Veronica Raquel	Kopelman , Arthur E.	Greenville
Riley , Karen Baxter	Adams , David P.	Cary
Shumate , Wendy Shew	Van Noy , Timothy Q.	Wilkesboro
Turner , Stephanie Harris	Keller , David C.	Greensboro

NP Subsequent Applications administratively approved-

Board Action: Approve

<u>NURSE PRACTITIONER</u>	<u>PRIMARY SUPERVISOR</u>	<u>PRACTICE CITY</u>
Amyot , Ann Berry	Niemeyer , Meindert	Elon College
Armer , Carol Sue	Quinain , Regina	Wadesboro
Arrington , Damon K.	Reyes , Rodolfo C.	Angier
Bailey , Rhonda R.	Kelly , Edward A.	Morrisville
Barbour , Jill Causby	Henderson , David Y.	Raleigh
Brown , Anita Lanier	Daily , Celina A.	Wilmington
Burger , Marianne P.	Tapson , Victor F.	Durham
Burkett , Amy Hope	Scott , Vicky M.	Asheville

Cozzarelli, Lisa G.
Dobson, Betty Lomax
Dryland, Caroline H.
Eguakum, Amen K.
Eure, Katherine J.
Evans, Iris Jean
Finn-Kuo, Donna M.
Flaughter, Carol Ann
Flynn, Susan M.
Glackmeyer, Kristine A.
Glenn-McCoy, Debora
Goodman, Karen Winston
Goodwin, Cynthia M.
Griffiths, Christine G.
Houser, Paige
Hughes, Margaret E.
Hunter, Sue Ellen
Jenkins, Kay Baker
Johnson, Kathryn A.
Lee, Carol Ann
McNeese, Barbara J.
Moore, Marjorie J.
Morrozoff Jr., William G.
Moynahan, Mary T.
Nielsen, Patricia D.
Nielsen, Patricia D.
Parmer, Rita Louise
Patterson, Sultana M.
Pickett, Jan Greeson
Pityk, Denise R.
Popidinski, Linda Marie
Rhodes-Ryan, Ginger Anne
Richards, Barbara Lee
Stauffer, Kathleen L.
Stump, Janice Whiting
Sutton, Angela T.
Walker, Tonya R.
Whaley, Earlene H.
Williams Jr., Garland Bruce

Caldwell, Ronald R.
Fretwell, Marsha
Joyner, William L.
Hartye, James K.
Patel, Ajay
Berry, Richard G.
Davidson III, Alan
Roane, Karen
Edwards, Irene E.
Page, Neil E.
Campbell, William K.
Bynum IV, Robert W.
Liebowitz, Steven
Taylor, Francis M.
Nasrallah, Naseem
Coughlin, Paul
May, Monique D.
Ghassemian, Jafar N.
Koinis, Thomas A.
Butler, Rushia L.
Hunter, Joseph K.
Berry, Richard G.
Chavis, Herman
Hassan, Sami
Ajane, Nadya
Alba, Maria M.
Dellinger, Clyde James
Buttar, Rashid
Petrilli, Robert
Rogers, Garrett
Kryn, Edward T.
Ransom, James L.
Crowley, Wanda S.
Cohen, Peter J.
Sigmon, James Gregg
Murkin, Scott A.
Cottle, Carey
Hooper, Thomas E.
Murphy, Timothy G.

Asheville
Wilmington
Wilmington
Raleigh
Greenville
Tabor City
Greensboro
Cary
Charlotte
Ft. Bragg
Weaverville
Wilson
Raleigh
Ahoskie
Burgaw
High Point
Charlotte
Fayetteville
Stovall
Rowland
Mt. Gilead
Lake Waccamaw
Red Springs
Elizabeth City
Maple Hill
Maple Hill
Morganton
Chapel Hill
Charlotte
Goldsboro
Clayton
Greensboro
Charlotte
Flat Rock
Wilson
Asheboro
High Point
Rocky Mount
Atkinson

LICENSING COMMITTEE REPORT

Kenneth Chambers, MD; Hector Henry, MD; John Foust, MD; George Barrett, MD; Martha Walston

Annual Registration

Catchline: There has been some confusion among applicants about registration. If a physician is issued a temporary license, a full license, has his NC license reinstated or reactivated, he will have to register that license on his birthday even if his birthday is the next day. The General Information memorandum given to applicants at the time of the personal interview has been edited for clarification.

Board Action: Interviewers should be very explicit during the personal interview about when the physician will have to register. Staff will provide an edited memo as part of the handout package.

Endorsement Deadline

Catchline: Request a change in Rule .0310 to read “For an applicant to be eligible for license by endorsement of credentials at a given Board meeting, all application materials must be in the Board’s office at least 30 days prior to the meeting.” (changing 15 days to 30 days).

Board Action: Change Rule .0310 to read “For an applicant to be eligible for license by endorsement of credentials at a given Board meeting, all application materials must be in the Board’s office at least 30 days prior to the meeting.”

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

The Board reviewed 4 licensure applications. A written report was presented for the Board’s review. The Board adopted the committee’s recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

SPLIT BOARD LICENSURE INTERVIEWS

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

The Board reviewed 27 licensure applications. A written report was presented for the Board’s review. The Board adopted the committee’s recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

FULL BOARD LICENSURE INTERVIEW

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

The Board reviewed 1 licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

James Robert Abbott
Elizabeth Louise Abell
Nancy Morrow Abrahamsen
Temidayo Adelsoji Adelekun
Patience Ekuatinne Agborbesong
Ikem Chukwuemeka Ajalo
Michael Jozef Alexander
Amy Lowery Alexanian
Scott Gerald Anders
Susan Deborah Andrews
Thomas Lorenzo Atlas
Lynn Kristine Bachmann
Waheed Khalid Bajwa
David Muecke Barker
Christopher John Barnes
Karen Marcella Bartley
Michael Wesley Beaty
Karin Marina Belsito
Antonio Jose Beltran
Valerie Clarke Berger
Wallace Frank Berman
Michael David Bess
Jayant c. Bhalerao
Hemant Kumar Bhargava
Dale Ernest Bieber
Jagdeep S. Bijwadia
Janet Lapid Bijwadia
Paul Edward Bjork
Zofia Bochacki
Kimberly Ann Bock
Bruce Richard Bolling
Mary Teague Bond
Catherine Anne Booher
Emily Marie Bradley
Larry Allen Brannam
Peter Reynolds Bream, Jr.
Jack Gilbert Brock, Jr.
Karen Reno Brock
Frank Logan Brown, Jr.
Scott Harding Brundle
Stephanie Ann Burchett
Paula Abington Burgess
Elizabeth Anne Buys
Peggy Ann Byun
Richard Henry Capps, Jr.
Stephanie Ann Caradonna
Gilda Cardenosa
Ramel Asuncion Carlos
Glen Sherman Carlson
Regina Martin Carroll

Stephen Lindsay Carter
Allen Wai-Lun Chan
Anna Draughn Cheatham
Melanie Anne Chesson
Shazia Hafiz Choudry
Deirdre Thaxton Christenberry
Mee Lee Chun
Linda Levita Clark
Paige Bennett Clark
Kimberly Lavita Clayton
Pamela Cochran
Jason Allen Coffey
Jonathan Mark Collins
Roberta Anne Spencer Cook
David William Corbett
Andrew Michael Cordover
Paula Lucile Corkey
Christopher T. Coughlin
Mary Snyder Crowder
Paul Carlton Crutchfield
Samuel Daisley
Christopher Thomas Daley
Eddie LeRoy Darton, Jr.
Michael Jon Davidson
Sanford Ian Davis
Warner Brent Day
Zelege Kassahun Desse
Sarah Elizabeth DeWitt
Patrick Francis Diamond
Michael Manford Dickerson
Thomas Elwyn Dobbs III
Carl Leroy Dobson
Rebecca A. Douglas
Stanley Frank Dover
Shannon Brown Dowler
Marc Graifer Dubin
Carolyn Gail Dudley
Brian Michael Edson
Anedi Gisela Eme-Akwari
Osealuka Gabriel Enendu
Ekong Ito Ekong Eta
Maria Carmen Falcon
Elizabeth Anne Fasy
Steven Gary Fein
Gregg Alan Ferrero
Maria E. Diaz-Gonzalez Ferris
Jefferson McDowell Flowers, Jr.
Charles Key Gadpaille
Matthew John Garberina
Trishwant Singh Garcha

Elizabeth Foster Gardner
Adam David Garretson
Tracy Williams Gaudet
Robert Louis Gianforcaro
Vince Donald Gilmer
Pascal J. Goldschmidt
Michael Dennis Golightly, Jr.
Daniel Howard Golwyn, Jr.
Michael David Goodman
Robert Gerard Goodrich
Mary Elaine Goyer
Mark Allen Grabarczyk
Ester Ana Lia Graciano
Leonard John Grado, Jr.
Christian David Graf
Ruth Modesta Graupera
Clare Lawrence Gray
James Allen Greene
Gregory Todd Greenwood
Kenneth Alan Griggs
Pawel Piotr Gruca
Bhawna Halwan
Debra Annette Hamby
Ziad George Hanhan
Michael John Hardies
Sonja Michelle Harris-Haywood
Karen Horton Harum
Nael Hasan
Donald Dale Hegland
Robert Phillips Heine
William Warren Henderson IV
Carolina Maria Hernandez
Chris Hernandez
Carmen Militza Herrera
Rickey Herrmann
Michele Lynn Higerd
Bruce Shawn Hill
Andrew Stowe Holmes
Hobson Wayne Hornbuckle, Jr.
Rodney Simon Iancovici
Jehad Jabbour
Shawn Barrett Jackson
Thomas Wade Jackson
Camille Elizabeth Jamison
Bagirathan Janarthan
Alphonso Janoski
Timothy Dana Jetton
Martie Lee Jewell
David Thomas Jones
Edwin Ladd Jones III
Mary Elizabeth Jones

Ridas Juskevicius
Meenakshi Kalathil
Chang Suh Kang
Seth Allen Kaplan
Keith Steven Kaye
Laura Jane Graybeal Keating
Scott Asbury Kellermeier
Samuel Steven Kelly
Larry Charles Kilgore
Heidi Diana Klepin
Jenny Louise Kline
Richard David Knapp
Robert Raymond Koch, Jr.
Edith Kocis
Libuse Kodejs
Scott Bendon Kribbs
Gene LaVere Krishingner, Jr.
Kenneth Robert Kunz
Nanako Kuroda
Mary Elizabeth Lacaze
Olujide Gbolahan Lawal
Mary Min-Chin Lee
Robert Denton Lesslie
Donald Brian Leszczynski
John Chichang Li
Richard Steven Liebowitz
Lewis Dubard Lipscomb
David William Love
Warren Frederick MacDonald, Jr.
Matthew Alan Mahar
Jeffrey Alan Marcus
Michael Charles Mareska
Lisa Karen Mark
Daniel Lee Mattox
Marion Mull McCrary
Elizabeth Ponder McGraw
Lida Patricia Mesa
Claudia Hilburn Methvin
Tracy Elizabeth Meyers
Antonius Arthur Miller
Brigitte Eva Miller
Deborah Craig Miller
Edward James Miller
Stuart Otto Miller
Vanessa Lynne Miller
Zenobia Miro
John Daniel Mitchell
Seema Chhotalal Modi
Michael Salvatore Montileone
Lacyoni Moraes-Finglass
Geraldyn Greth Morrison

Elizabeth Hart Moseley
Martin Pedro Moya
Karin Lynn Mutersbaugh
James Edward Needell
Chan Vuong Nguyen
Brenda Pittman Nicholson
Agodichi Udekvesi Nwosu
David Reese O'Brien, Jr.
Katherine Isabel Ochsner
James Henry Oliver III
James William O'Neil
Uchenna Scholastica Otor
Hernan F. Padilla-Ramirez
Neil Edmund Page
Sara Beth Page
Beltran J. Pages
Sridhar Earni Pal
Subodh Kumar Pandit
Martha Jane Parah
Chan Min Park
Vijay Surendrakant Patel
Alfredo Angel Pegoraro
Yen Lin Peng
Yuchi Peter Peng
Eliana Miller Perrin
Carole Elizabeth Perry
Mark John Petruzzello
Terry Lee Pieper
Clark William Pinyan
Mihai Victor Podgoreanu
Walter Emerson Pofahl II
Lara Junine Pons
Janelle Leigh Potts
Michele Denise Powell
Robert Bruno Preli
Jeffrey Louis Presser
Helen Ann Preston
David Evan Price
Kenneth Owen Price
David Harding Priest
Walter Quan, Jr.
Ivan M Raimi
Mamatha Ramaswamy
Yashbir Singh Rana
Stephen Joseph Rashbaum
Michelle Lisa Redman
Melissa Rich
Judith Mae Richardson
Kathy Wray Richardson
Kenneth Lang Ries
Richard William Rissmiller, Jr.

Marschall Stevens Runge
Samy Rizkallah Saad
Shawn David Safford
Awawu Ekinadoese Salami
Charles Angelo Salazar
Robyn Nicholle Sanders
Ronald Cary Sanders, Jr.
Alex Reynold Santiago
Jennifer Elizabeth Sargent
James Charles Scheer
Scott Benjamin Schneider
Adam Joseph Schow
David Martin Schultz
Steven J Schwam
Christopher David Seiders
Andrew Michael Sexton
Kimberly K. Shaftner
Hayam Kamal Shaker
Mohamed Walaa Hussein Sharaf
Richard Gerart Sheahan
Rashid Ahmed Sheikh
Perry Shen
Felix Eugene Shepard, Jr.
Randall Lester Sherman
Robert Olney Sherman, Jr.
Mohammed Siddique Simjee
James William Small
Giselle Corbie Smith
Jenny Grace Smith
Rodney Duval Soto
Robert Stephen Spadafora
Thomas Scott Spencer
Baruch Spivak
Rajeev Dayal Srivastava
Susan Ashley Stallings
James Edgar Stark
Karen Lynn Stark
Cheryl Lane Staton-Choate
David Allen Steele
Stephanie Renee Stephens
George Mark Sylvestri
Belen Marie Corazon Ong Tan
Nadine DeLove Tanenbaum
Teresa Kathleen Tarrant
Lori Keith Taylor
Michael Lee Taylor
Benyam Gessesse Tegene
Stephan Gerhard Thiede
Angela Renee Thompson
James Rowley Thompson
David Cowden Tignor

Thaddeus Rex Tolleson
Kathleen Elinor Toomey
Kristine Anne Torjesen
Phillip Huy Tran
Samuel Clark Trask
Marcus Lee Troxell
Li-Kun Tu
Daniel Pesek Valach
Renee Elizabeth Valach
William Archie Van Horn
Joseph John Van Nort
Juan Fernando Velosa
Brian Stephen Vierling
Patricia Ana Vinocur
Nghia Vo
Glenn David Vogelsang
Paul Dean Wagner
Kevin Whittington Watson
Derek Scott Weatherdon

Michael Shalom Weizman
Mark Dwight Whitaker
David Cloid White
Jacqueline Dawn White
Clay Carlton Whitehead
Gwendolyn Mary Wigand-Bolling
James John Woods
Steven Leigh Wright
Bo Wu
Sean Ming-Yuan Wu
Mark Lucas Wysokinski
Fushen Xu
William Samuel Yancy, Jr.
Ramine Hooshang Yazhari
Joel Alexander Yeasting
Michael Alan Yorio
Christina Zanakis-Tempelis
Philippe Ernest Zimmern

LICENSES ISSUED BY ENDORSEMENT AND EXAM

James Robert Abbott
Elizabeth Louise Abell
Nancy Morrow Abrahamsen
Temidayo Adeloji Adekun
Patience Ekuatinne Agborbesong
Ikem Chukwuemeka Ajalo
Michael Jozef Alexander
Amy Lowery Alexanian
Scott Gerald Anders
Thomas Lorenzo Atlas
Lynn Kristine Bachmann
Waheed Khalid Bajwa
David Muecke Barker
Christopher John Barnes
Karen Marcella Bartley
Michael Wesley Beaty
Karin Marina Belsito
Antonio Jose Beltran
Valerie Clarke Berger
Wallace Frank Berman
Michael David Bess
Hemant Kumar Bhargava
Dale Ernest Bieber
Zofia Bochacki
Kimberly Ann Bock
Bruce Richard Bolling
Mary Teague Bond
Emily Marie Bradley
Larry Allen Brannam

Peter Reynolds Bream Jr.
Jack Gilbert Brock Jr.
Karen Reno Brock
Frank Logan Brown Jr.
Scott Harding Brundle
Stephanie Ann Burchett
Paula Abington Burgess
Elizabeth Anne Buys
Peggy Ann Byun
Richard Henry Capps Jr.
Stephanie Ann Caradonna
Gilda Cardenosa
Ramel Asuncion Carlos
Glen Sherman Carlson
Regina Martin Carroll
Stephen Lindsay Carter
Allen Wai-Lun Chan
Anna Draughn Cheatham
Melanie Anne Chesson
Shazia Hafiz Choudry
Deirdre Thaxton Christenberry
Mee Lee Chun
Linda Levita Clark
Paige Bennett Clark
Kimberly Lavita Clayton
Pamela Cochran
Jason Allen Coffey
Jonathan Mark Collins
Andrew Michael Cordover

Paula Lucile Corkey
Mary Snyder Crowder
Paul Carlton Crutchfield
Christopher Thomas Daley
Eddie LeRoy Darton Jr.
Michael Jon Davidson
Sanford Ian Davis
Warner Brent Day
Zelege Kassahun Desse
Sarah Elizabeth DeWitt
Michael Manford Dickerson
Thomas Elwyn Dobbs III
Carl Leroy Dobson
Rebecca A. Douglas
Stanley Frank Dover
Shannon Brown Dowler
Marc Graifer Dubin
Carolyn Gail Dudley
Brian Michael Edson
Anedi Gisela Eme-Akwari
Osealuka Gabriel Enendu
Ekong Ito Ekong Eta
Maria Carmen Falcon
Steven Gary Fein
Gregg Alan Ferrero
Maria E. Diaz-Gonzalez Ferris
Jefferson McDowell Flowers Jr.
Charles Key Gadpaille
Matthew John Garberina
Trishwant Singh Garcha
Elizabeth Foster Gardner
Adam David Garretson
Tracy Williams Gaudet
Robert Louis Gianforcaro
Vince Donald Gilmer
Michael Dennis Golightly Jr.
Michael David Goodman
Robert Gerard Goodrich
Mary Elaine Goyer
Mark Allen Grabarczyk
Ester Ana Lia Graciano
Leonard John Grado Jr.
Christian David Graf
Ruth Modesta Graupera
Clare Lawrence Gray
Gregory Todd Greenwood
Kenneth Alan Griggs
Bhawna Halwan
Debra Annette Hamby
Michael John Hardies
Sonja Michelle Harris-Haywood
Nael Hasan
Donald Dale Hegland
William Warren Henderson IV

Carolina Maria Hernandez
Chris Hernandez
Carmen Militza Herrera
Rickey Herrmann
Michele Lynn Higerd
Bruce Shawn Hill
Hobson Wayne Hornbuckle Jr.
Rodney Simon Iancovici
Jehad Jabbour
Camille Elizabeth Jamison
Bagirathan Janarthan
Timothy Dana Jetton
Martie Lee Jewell
David Thomas Jones
Edwin Ladd Jones III
Mary Elizabeth Jones
Ridas Juskevicius
Meenakshi Kalathil
Chang Suh Kang
Keith Steven Kaye
Laura Jane Graybeal Keating
Scott Asbury Kellermeier
Samuel Steven Kelly
Heidi Diana Klepin
Jenny Louise Kline
Robert Raymond Koch Jr.
Edith Kocis
Libuse Kodejs
Scott Bendon Kribbs
Gene LaVere Krishingner Jr.
Kenneth Robert Kunz
Nanako Kuroda
Mary Elizabeth Lacaze
Olujide Gbolahan Lawal
Mary Min-Chin Lee
John Chichang Li
Richard Steven Liebowitz
Lewis Dubard Lipscomb
Matthew Alan Mahar
Michael Charles Mareska
Lisa Karen Mark
Marion Mull McCrary
Elizabeth Ponder McGraw
Claudia Hilburn Methvin
Tracy Elizabeth Meyers
Antonius Arthur Miller
Brigitte Eva Miller
Deborah Craig Miller
Edward James Miller
Stuart Otto Miller
Vanessa Lynne Miller
Zenobia Miro
John Daniel Mitchell
Seema Chhotalal Modi

Michael Salvatore Montileone
Lacyoni Moraes-Finglass
Geraldyn Greth Morrison
Elizabeth Hart Moseley
Martin Pedro Moya
Karin Lynn Mutersbaugh
James Edward Needell
Chan Vuong Nguyen
Agodichi Udekvesi Nwosu
David Reese O'Brien Jr.
Katherine Isabel Ochsner
James Henry Oliver III
James William O'Neil
Uchenna Scholastica Otor
Hernan F. Padilla-Ramirez
Sara Beth Page
Sridhar Earni Pal
Subodh Kumar Pandit
Martha Jane Parah
Chan Min Park
Vijay Surendrakant Patel
Alfredo Angel Pegoraro
Yen Lin Peng
Yuchi Peter Peng
Eliana Miller Perrin
Carole Elizabeth Perry
Mark John Petruzzello
Clark William Pinyan
Mihai Victor Podgoreanu
Walter Emerson Pofahl II
Lara Junine Pons
Janelle Leigh Potts
Michele Denise Powell
Robert Bruno Preli
Jeffrey Louis Presser
Helen Ann Preston
David Evan Price
Kenneth Owen Price
David Harding Priest
Walter Quan Jr.
Ivan M Raimi
Mamatha Ramaswamy
Yashbir Singh Rana
Stephen Joseph Rashbaum
Michelle Lisa Redman
Melissa Rich
Kathy Wray Richardson
Kenneth Lang Ries
Richard William Rissmiller Jr.
Marschall Stevens Runge
Samy Rizkallah Saad
Shawn David Safford
Awawu Ekinadoese Salami
Charles Angelo Salazar

Robyn Nicholle Sanders
Ronald Cary Sanders Jr.
Alex Reynold Santiago
Jennifer Elizabeth Sargent
James Charles Scheer
Scott Benjamin Schneider
Adam Joseph Schow
David Martin Schultz
Steven J Schwam
Christopher David Seiders
Andrew Michael Sexton
Hayam Kamal Shaker
Mohamed Walaa Hussein Sharaf
Perry Shen
Felix Eugene Shepard Jr.
Mohammed Siddique Simjee
James William Small
Giselle Corbie Smith
Jenny Grace Smith
Rodney Duval Soto
Thomas Scott Spencer
Rajeev Dayal Srivastava
Susan Ashley Stallings
James Edgar Stark
Karen Lynn Stark
Cheryl Lane Staton-Choate
David Allen Steele
Stephanie Renee Stephens
George Mark Sylvestri
Belen Marie Corazon Ong Tan
Nadine DeLove Tanenbaum
Teresa Kathleen Tarrant
Lori Keith Taylor
Michael Lee Taylor
Benyam Gessesse Tegene
Stephan Gerhard Thiede
Angela Renee Thompson
James Rowley Thompson
David Cowden Tignor
Kathleen Elinor Toomey
Kristine Anne Torjesen
Phillip Huy Tran
Samuel Clark Trask
Li-Kun Tu
Renee Elizabeth Valach
Juan Fernando Velosa
Brian Stephen Vierling
Patricia Ana Vinocur
Kevin Whittington Watson
Derek Scott Weatherdon
Michael Shalom Weizman
Mark Dwight Whitaker
David Cloid White
Jacqueline Dawn White

Clay Carlton Whitehead
Gwendolyn Mary Wigand-Bolling
James John Woods
Sean Ming-Yuan Wu
Mark Lucas Wysokinski
Fushen Xu
William Samuel Yancy Jr.
Ramine Hooshang Yazhari
Joel Alexander Yeasting
Michael Alan Yorio
Christina Zanakis-Tempelis

Baruch Spivak

Faculty Limited License

Pawel Piotr Gruca
Bo Wu
Richard G. Sheahan
Pascal J. Goldschmidt

Defer

Lida Patricia Mesa – Interviewed by Dr.
Barrett – additional information requested
from residency program.

**Endorsement Interview Forms Not
Received**

Rashid Ahmed Sheikh
Dr. Duckett
Julian Campbell Ferris
Kathryn Willis

**Reactivations (short process – not
retroactive)**

Janet Lapid Bijwadia
Jagdeep S. Bijwadia
Roberta Anne Spencer Cook
James Allen Greene
Robert Denton Lesslie
Neil Edmund Page
Marcus Lee Troxell

**Reinstatements (long process – not
retroactive)**

Susan Deborah Andrews
Catherine Anne Booher
Elizabeth Anne Fasy
Daniel Howard Golwyn, Jr.
Karen Horton Harum
Robert Phillips Heine
Thomas Wade Jackson
Seth Allen Kaplan
Daniel Lee Mattox
Brenda Pittman Nicholson
Judith Mae Richardson
Joseph John Van Nort

Special Volunteer License

Jeffrey Alan Marcus

**Certificate of Registration as Visiting
Professor (VIP)**

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

John Dees, MD; Hector Henry, MD; Kenneth Chambers, MD

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

The Board reviewed 18 cases involving participants in the NC Physicians Health Program. 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 as these actions are not public information.

A motion passed to return to open session.

COMPLAINT COMMITTEE REPORT

Walter Pories, MD; Elizabeth Kanof, MD; John Dees; Stephen Herring, MD; Martha Walston; Aloysius Walsh

The full Board reviewed and approved the complaint committee report noted below, which includes the monthly statistics and the full committee recommendations for complaints.

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

The Complaint Committee reported on 24 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 as these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT

Hector Henry, MD; Paul Saperstein; Elizabeth Kanof, MD; Wayne VonSeggen, PA-C; Stephen Herring, MD; George Barrett, MD

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

The Investigative Committee reported on 4 investigative cases. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

INFORMAL INTERVIEW REPORT

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

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

A motion passed to return to open session.

MALPRACTICE COMMITTEE REPORT

Walter Pories, MD; Elizabeth Kanof, MD; John Dees, MD; Stephen Herring, MD; Aloysius Walsh

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

The Malpractice Committee reported on 9 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 as these actions are not public information.

Motion: A motion passed to approve the report as presented.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on September 23, 2000.

Walter J. Pories, MD
Secretary/Treasurer