

FORUM

ISSUE NO. 3 | FALL 2016



FROM THE PRESIDENT

Better regulation through the free exchange of ideas

Pascal O. Udekwu, MD

In September I had the privilege of representing NCMB at the biennial meeting of the International Association of Medical Regulatory Authorities (IAMRA) in Sydney, Australia. IAMRA is a membership organization made up of the world's medical licensing and regulatory bodies. Its mission is to support medical boards in their efforts to protect the health and safety of the public by ensuring high professional standards in the practice of medicine. NCMB is also an active member of the Federation of State Medical Boards (FSMB), the membership organization for American medical regulatory authorities.

Although NCMB's attention is firmly, and appropriately, fixed on the specific challenges and concerns facing medical professionals in North

Carolina, it's important for the Board to interact with medical regulators in other jurisdictions. First and foremost, active participation in medical regulatory groups is a way to ensure that NCMB and its licensees can benefit from knowledge accrued by others, so we don't have to constantly invent the bicycle ourselves. It's also an opportunity for NCMB – which is widely recognized as a leader in medical regulation – to share its knowledge and experience with others. I've attended cross-jurisdictional meetings from the beginning of my tenure on the Board and know from experience how stimulating it is to exchange ideas with others in regulatory medicine, even if NCMB ultimately decides to forgo ideas or policies encouraged or adopted by its peers.

One international trend NCMB is participating in is the increased use of health care data to identify and address needs in medicine and medical regulation – a rapidly evolving area known as risk-based regulation. Risk-based regulation was an active topic of discussion at the IAMRA meeting in Sydney, with regulators from multiple countries

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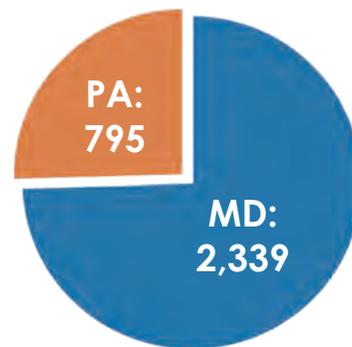
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SPOTLIGHT

As of Sept. 30, NCMB issued 3,134 licenses to physicians and physician assistants. The number of licenses issued to each profession is shown below. For the past few years, the physician population has increased by approximately 2 percent per year, and the PA population has increased by about 7 percent per year.

Licenses issued since Jan. 1, 2016



sharing ideas and case studies. Australian regulators, for example, shared how analysis of investigative data showed that the Australian board was taking more disciplinary actions related to substandard cosmetic surgery treatments. Australia responded by developing guidelines for cosmetic medical and surgical procedures to assist licensees with complying with current standards of care.



Pascal O. Udekwa, MD

An example of how NCMB is applying the principles of risk-based regulation in North Carolina is the Safe Opioid Prescribing Initiative (SOPI). This program, which I've discussed in previous columns, was implemented in April and uses data provided by the NC Department of Health and Human Services to identify potentially unsafe opioid prescribing for investigation by the Board. It's too

soon to know how effective this approach will prove at reducing inappropriate opioid prescribing, but NCMB is making steady progress in reviewing cases opened through SOPI. Take a look at the summary data presented on page 6-7 of this newsletter for an overview of the initiatives progress to date. We'll continue to share information with licensees as this program evolves.

On a different note, this is my final message as Board President. It's been a pleasure and a privilege to serve. I am grateful to have had the opportunity.

Sincerely,

Pascal O. Udekwa, MD
NCMB President

How are we doing?

NCMB is committed to making the Forum as relevant as possible. Complete a brief reader survey to tell us your thoughts about the content in this newsletter and how you use it.

To take the survey go to:
www.surveymonkey.com/r/JQQ7GKF



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NCMB's new controlled substances CME requirement

Calls and email inquiries have been rolling in steadily since late August, when the Board received final approval to establish a new requirement for physicians and physician assistants (PAs) to earn continuing medical education (CME) in controlled substances prescribing.

Effective, July 1, 2017, any physician or PA who prescribed controlled substances of any kind (including non-opioids) during their most recent CME cycle will be expected to meet the requirement. This includes licensees who participate in Maintenance of Certification (MOC), even though these licensees are exempt from the general requirement to report CME hours to NCMB.

One question that has come up frequently is how physicians and PAs who are participants in certification programs will determine a CME cycle for the purpose of complying with the controlled substances CME requirement. NCMB has not made a final determination for how it will calculate CME cycles for physicians participating in MOC. The answer for how PAs should determine a CME cycle is below:

Q: How should a physician assistant (PA) determine his or her two-year CME cycle for the purpose of complying with the new controlled substances CME requirement?

A: PAs who maintain NCCPA certification, and are exempt from the general requirement to report CME hours to the Board, may use their current NCCPA two-year cycle.

PAs who currently report CME hours to the Board should use the two-year cycle that started the first birthday after they obtained state licensure.

The most important thing is to obtain the required CME, and to be consistent with the two-year cycle you choose to follow for the purpose of recording and reporting CME.

More questions about the new CME requirement?

For FAQs and information visit NCMB's controlled substances CME requirement resource page at:

www.ncmedboard.org/prescribingcme



CEO David Henderson with Chief Legal Officer Thomas Mansfield

Henderson marks two decades of NCMB service

NCMB's chief executive officer, R. David Henderson, recently celebrated 20 years of service with the Board. The Board marked the anniversary with a ceremony during its September meeting.

Mr. Henderson earned his undergraduate degree from the University of North Carolina at Charlotte and his law degree from the Wake Forest University School of Law. He joined NCMB's staff in 1996 as an attorney in the Board's Legal Department. He was promoted to the role of executive director in 2003 and, in March 2015, his title changed to chief executive officer.

During Mr. Henderson's tenure, the Medical Practice Act has undergone at least two major overhauls and the Board implemented a significant expansion of online licensee information available to the public. Under his leadership, the Board has become known as a national leader in medical regulation and is widely recognized as a standard-bearer for transparency. Most recently, he has helped NCMB navigate changing public and political expectations to position the Board as a more proactive agency that anticipates and addresses the most pressing issues in medicine and public health.

NCMB welcomes new, reappointed Board Members

Congratulations to Debra A. Bolick, MD, Timothy E. Lietz, MD, and Barbara E. Walker, DO, and to Mr. A. Wayne Holloman, who have all been reappointed to the North Carolina Medical Board by Gov. Pat McCrory. All terms run from Nov. 1 until Oct. 31, 2019.

Debra A. Bolick, MD



Debra A. Bolick, MD

City: Hickory
Specialty: Psychiatry, Geriatric Psychiatry
Certification: American Board of Psychiatry and Neurology

Dr. Bolick currently practices adult general psychiatry. She is a psychiatrist at the Hickory VA Community-Based Outpatient Clinic and is on the active

medical staff of the Veterans Affairs Medical Center in Salisbury. She was in private practice for 17 years prior to joining the VA. Dr. Bolick is a Distinguished Fellow of the American Psychiatric Association and represents North Carolina on the Assembly of the APA. Dr. Bolick is an active member of the North Carolina Psychiatric Association (NCPA), serving on its Executive Council. For 2016-2017, Dr. Bolick is the Chair of the Board's Outreach Committee and as Chair of the NC Physicians Health Program (NCPHP) Board of Directors. She also serves on the Board's Disciplinary Committee.

Timothy E. Lietz, MD



Timothy E. Lietz, MD

City: Charlotte
Specialty: Emergency Medicine
Certification: American Board of Emergency Medicine

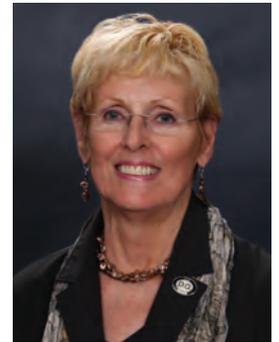
Dr. Lietz currently practices in Charlotte with Mid-Atlantic Emergency Medical Associates, where he is President and CEO. He also serves as chairman of Novant Health's Emergency Services Shared Governance Council. Dr. Lietz served

as Board Secretary/Treasurer in 2015-2016 and is currently President-elect. He assumed the role of

Board President on Nov. 1, 2017. For 2016-2017, Dr. Lietz will serve as Chair of the Licensing Committee. He also serves on the Allied Health and Executive committees.

Barbara E. Walker, DO

City: Kure Beach
Specialty: Family Practice and OMT
Certification: American Osteopathic Board of General Practitioners



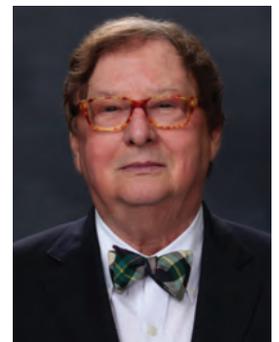
Barbara E. Walker, DO

Dr. Walker is a contracted Family Physician with New Hanover Regional Medical Center (NHRMC) in Wilmington. Previously, she was Program Director of the Osteopathic Family Medicine Residency at NHRMC. Dr. Walker retired from the U.S. Army with the rank of Colonel in 2006, serving tours in both Operation Desert Shield and Desert Storm in Saudi Arabia. Dr. Walker is recognized as an advocate for and leader of the osteopathic medical profession in North Carolina. She has served as a trustee of both the American Osteopathic Association and of Campbell University. Dr. Walker currently serves on the Nominating Committee of the Federation of State Medical Boards. She is currently Secretary/Treasurer of the Board. For 2016-2017, Dr. Walker serves on the Disciplinary, Licensing and Executive committees.

A. Wayne Holloman

City: Greenville

Mr. Holloman currently owns and manages Holloman Properties and Investments in Greenville. Formerly, he owned and operated Holloman Apparel, a business that marketed ladies apparel, dresses and sportswear across



A. Wayne Holloman

the southeastern United States.

Mr. Holloman earned a bachelor's degree in psychology from East Carolina University. He currently serves on the board of the East Carolina University Foundation, where he serves on the Real Estate and Audit committees.

Mr. Holloman is married to Sherry McKee and they

are the proud parents of seven children: three East Carolina University graduates, two University of North Carolina, Chapel Hill, graduates, one North Carolina State University graduate and one Pitt County Community College graduate.

For 2016-2017, Mr. Holloman is serving on the Allied Health and Executive committees, and on the NCPHP Board of Directors.

Raleigh health care attorney appointed to NCMB

Mr. Shawn P. Parker of Raleigh was appointed to the Board in August by Gov. Pat McCrory as one of NCMB's three public members. Mr. Parker practices law at Smith Anderson in Raleigh, where he is a member of the Health Care team, advising clients on health care policy, legislative advocacy, executive strategy, and regulatory guidance concerning business planning of organized medicine. Previously, Mr. Parker served as a managing partner for a public policy consulting firm working with clients in government agencies and the private sector. He has also worked for the NC General Assembly, most recently as a senior staff attorney.

Mr. Parker earned his legal degree, cum laude, from North Carolina Central University School of Law. He also completed a bachelor of science

in education, magna cum laude, and a master of public administration degree at Western Carolina University.

Mr. Parker is an active member of the Wake County Bar Association, where he serves on the Bylaws Committee and on the Bar Candidate Interview Committee for the 10th Judicial District. He currently serves as co-editor of the North Carolina Bar Association Health Law Section publication Prognosis.

Mr. Parker serves on the Outreach and Policy committees



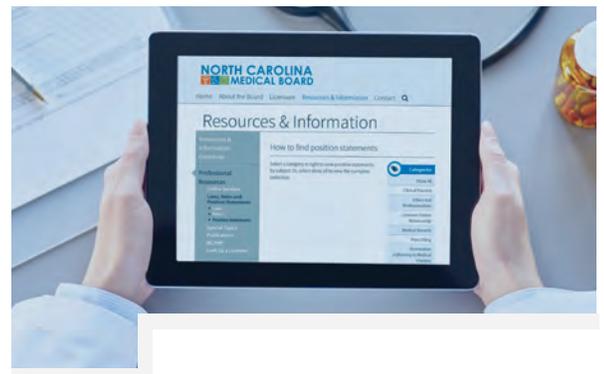
Shawn P. Parker, JD, MPA

Updated position statements

NCMB recently revised two position statements, including *The Physician-Patient Relationship*, which sets out the Board's expectations for meeting professional obligations to patients.

Updates to *The Physician-Patient Relationship* include new language that addresses circumstances specific to physicians who are employed by hospitals or other health organizations, such as notifying patients of the physician's departure and providing contact information if the physician leaves the group.

The Board also approved revisions to its position on *Medical Testimony* that incorporate the most recent version of the AMA Ethics Opinion on medical testimony.



Updated versions of the position statements are available online.

Visit www.ncmedboard.org and select "Find a position statement" under Resources at the bottom left corner of the home page.

NCMB's Safe Opioid Prescribing Initiative: What the data show so far

In April, NCMB launched a first-of-its-kind initiative to increase its oversight of opioid prescribing known as the Safe Opioid Prescribing Initiative (SOPI). This program uses data provided by the NC Department of Health and Human Services to identify prescribers for investigation by the Board. Its primary goal is to reduce patient harm and deaths related to prescription opioids by proactively identifying and addressing potentially unsafe prescribing.

NCMB recognizes that chronic pain is a legitimate medical issue and wants patients to receive safe and appropriate care. The Board encourages care that conforms to current accepted standards regardless of the quantity or dose of medication prescribed.

Understandably, SOPI has caused some anxiety among NCMB licensees who have no wish to find themselves the subject of a medical board investigation. The Board recognizes that prescribers identified through its selection criteria may be practicing and prescribing in accordance with accepted standards of care.

This infographic present preliminary data about the Board work on SOPI through September 2016.

Cases opened



NCMB has opened **55** cases based on SOPI criteria affecting **0.2%** of active licensees.

Put another way, **99.8%** of licensees have not been directly affected.



Percent of cases opened based on prescribing criteria



Percent of cases opened based on 2+ patient deaths due to opioid poisoning



Areas of practice investigated

56%

Pain management or physical medicine & rehabilitation

17%

Family medicine or internal medicine

14%

Emergency medicine

11%

Psychiatry

2%

Other

0%

Hospice or palliative medicine

Board actions

Breakdown of SOPI cases reviewed by the Board.



Who does SOPI investigate?

SOPI looks at prescribers who fall in one or both of the following categories:



Licensees managing large numbers of patients at high daily doses of opioids

Licensees who have had two or more patients die of opioid poisoning within 12 period



SOPI investigative criteria:

HIGH DOSE, HIGH VOLUME



Top one percent of those prescribing 100 milligrams of morphine equivalents (MME) per patient per day.

HIGH DOSE, HIGH VOLUME



Top one percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine

TWO OR MORE PATIENT DEATHS



The prescriber that has had two or more patient deaths in the preceding 12 months due to opioid poisoning



Important Reminder

NCMB's selection criteria for investigation should not be treated as standard of care and do not impose or suggest a limit on opioid prescribing. By law, the Board cannot take action against a licensee solely because he or she prescribes above the level stated in the selection criteria. Meeting criteria for investigation is not evidence of wrong doing.



Learn More

Find more information about the Safe Opioid Prescribing Initiative, including FAQs, prescriber resources, and CME opportunities on our website at:

www.ncmedboard.org/safeopioids



Board makes preliminary move to adopt CDC opioid policy

At its September meeting, the Board tentatively decided to phase out its existing opioid prescribing policy and replace it with the *CDC Guideline for Prescribing Opioids for Chronic Pain*. The Board is expected to give its final approval to the change at the Board meeting scheduled for January 18-20.

The Board adopted a comprehensive opioid prescribing policy in June 2014. The U.S. Centers for Disease Control and Prevention published its opioid prescribing guidance in March 2016. Although the policies differ in some respects, the Board considers the two to be comparable resources. NCMB began evaluating the CDC guidance shortly after it was published, in the interest of ensuring the Board provides licensees with the most current information and recommended practices for safe and responsible use of opioids for the treatment of pain.

If finally approved by the Board, the following position statement will replace the existing *Policy for the Use of Opioids for the Treatment of Pain*.

Policy for the Use of Opioids for the Treatment of Pain

The Board believes that a fundamental component of good medical practice includes the appropriate evaluation and management of pain. Responsibly prescribed opioid medications may help North Carolina licensees treat their patients' pain safely and effectively, and improve their quality of life. It is the duty of any licensee prescribing opioid medications for the treatment of pain to be knowledgeable of both the therapeutic benefits and potential health risks associated with an opioid treatment regimen. As in any medical context, the Board expects any licensee prescribing opioids for the treatment of pain to provide diagnoses, treatments, and medical record documentation that is consistent with the standards of acceptable and prevailing medical practice in North Carolina. Failure to provide care that meets that standard may subject the licensee to disciplinary action by the Board.

The Board has previously attempted to provide guidance regarding opioid treatment of pain to its licensees through guidance documents generated and maintained by the Board. However, in order to provide its licensees with guidance that reflects the

most current medical and scientific research and recommended practices, the Board has decided to adopt and endorse the *CDC Guideline for Prescribing Opioids for Chronic Pain* written and maintained by the Centers for Disease Control and Prevention (CDC).

The *CDC Guideline for Prescribing Opioids for Chronic Pain* can be found at the following link:

[cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf](https://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf)

In addition to its Guideline, the CDC has also provided a number of useful clinician resources related to opioid treatment of pain covering topics such as Nonopioid Treatments, Assessing Benefits and Harms, Calculating Dosage, and Tapering. These documents can be found at the following link:

[cdc.gov/drugoverdose/prescribing/resources.html](https://www.cdc.gov/drugoverdose/prescribing/resources.html)

It is the Board's hope that familiarity with the concepts included in the documents above will help licensees provide safe and effective care for their patients.

Board adopts new approach to monitoring licensee health issues

The Board has received feedback in the recent past that its practice of asking renewing licensees to disclose medical conditions that might impair or limit ability to practice may in fact deter licensees who need help from seeking it. This led the Board to evaluate the value of information collected through this renewal question and, ultimately, decide to change its approach.

Beginning sometime in December or January, the Board will require licensees completing renewal to acknowledge a statement of NCMB's expectation that they appropriately address personal health conditions, including mental health and substance use issues, without disclosing specific details. The change was approved at the Board's September meeting. The wording of the statement (published at right) was developed by NCMB in collaboration with the NC Medical Society and the NC Physicians Health Program.

Multiple factors contributed to NCMB's decision. Over the past year, the Board has spent time considering whether the renewal question may be an obstacle to licensees seeking assistance. Forgoing treatment can contribute to burnout, impact quality of care or, in extreme cases, lead to major depression or suicidal thoughts. This is a growing problem among medical professionals across the nation, as well as in NC. The Board is committed to doing its part to encourage licensees to seek the help they need without fear of repercussion.

As the Board considered its existing renewal question, it became clear that the current question is sufficiently broad in its definition of "medical condition" that licensees frequently over-report health concerns. This results in unnecessary staff review of renewal applications in which there is no true threat to patient safety. After thoroughly considering the matter, NCMB concluded that the existing renewal question wasn't effective at identifying licensees who may need review, and might actually be actively deterring individuals from seeking help.

The Board is indebted to several groups that have helped NCMB better understand the reasons licensees may not seek medical attention, especially for mental/emotional health concerns. The NC Consortium for Physician Resilience and Retention has been instrumental in bringing together stakeholders, including the NC Medical Society, Cone Health, the NC Physicians Health Program, NCMB and other organizations that deal with the impact of this trend. The Consortium is committed to identifying opportunities to address mental health, wellness, and burnout among medical professionals in the state. The Board is proud to participate in the Consortium and looks forward to identifying more opportunities to support the health needs of its licensees.

See the new renewal questionnaire language at right.

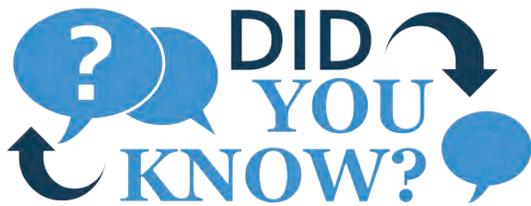


Question Language

The Board voted in September to replace the current renewal question that asks licensees to state whether they are under treatment for a condition that may adversely affect their ability to practice with the following language:

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.

The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.



Hospitals and health care organizations are no longer required by law to report ANY privilege actions taken against a physician related to failure to complete medical records in a timely manner?

During its most recent session, the NC General Assembly passed House Bill 728, now Session Law 2016-117, which included language eliminating the requirement to report such actions. This change was based on feedback from hospitals and is in part due to lack of helpful information produced for the Board. Previously, hospitals and health care organizations were required by NCGS 90 -14.13(a1)

(1) to report privilege actions related to delinquent medical records when a physician received three such actions within a calendar year.

As enacted, the law now reads:

“A hospital is not required to report:

(1) The suspension or limitation of a physician’s privileges for failure to timely complete medical records.”

GETTING TO KNOW THE PEOPLE OF THE NC MEDICAL BOARD

Five Questions: Eleanor E. Greene, MD, MPH

OB/GYN | TRIAD WOMEN’S HEALTH AND WELLNESS CENTER, HIGH POINT | APPOINTED 2010 | BOARD PRESIDENT

Q: What do you wish the public or other medical professionals understood about the Board?

A: Many licensees and members of the public still do not have a great understanding of the Board and how it works. Some licensees see the Board as an adversary. And members of the public often think we can intervene in areas that we have no authority over. NCMB has made great strides, especially in the past few years, in its efforts to educate the public as well as licensees about the Board, but we need to do more to educate patients and licensees.

Q: What do you do to recharge/prevent burnout?

A: After practicing for more than 25 years, I took a serious look at my life and decided it was time to refocus my personal life and practice based on wellness of mind, body and spirit. I realized I had to take my own advice and adhere to a healthier lifestyle, including getting regular exercise, making healthier choices in eating, taking time to relax and getting more restful sleep. I also take regular vacations and spend more time with my family. I think had I not done those

things, I could easily have fallen victim to burnout and my health would be jeopardized. Doctors are human and we need to pay more attention to our bodies’ signals that we are stressed or weary, and make a change.

Q: What do you like to do in your leisure time?

A: I am currently redecorating my home of 20 years. It has been fun. I cannot believe the years flew by so quickly. I am also helping my husband restore an old historic barn on our property.

Q: What advice would you give to someone entering the medical profession?

A: I would advise them to expect and embrace change, as the field of medicine is always evolving. I would tell them that their flexibility and attitude toward change will determine their happiness and satisfaction in the profession and with life in general. I would tell them that they should not become discouraged when they hear some practitioners lament that the practice of medicine is not like it used to be. That statement is true – it’s not. But if you are choosing this profession to serve the public and your profession, there will be many rewarding days that will let you know that you are on the right path.

Q: Who inspires you?

A: To name a few, my mother Pearl Wilson, my Aunt Christine, President Barack Obama and Eleanor Roosevelt. I would say my mother was most inspiring to me. She was so loving, so kind, so wise, and so strong. The older I grew, the more she inspired me. She had so little, but gave so much to her family, community, church and others.



North Carolina Medical Board

Quarterly Board Actions Report | May 2016 - July 2016

This report lists public adverse actions of the Board. A complete listing of all public actions, adverse and non-adverse, can be found on the Board's website. Visit www.ncmedboard.org and select "Access recent Board actions" under Topics of Interest (bottom right corner of the home page.)

NAME/LICENSE #/LOCATION	DATE OF ACTION	CAUSE OF ACTION	BOARD ACTION
ANNULMENTS			
JENNINGS, Christopher Ray, MD (201502283) Anderson, SC	05/26/2016	Inaccurate statement or answer on NC medical license application.	Annulment of NC medical license
SUMMARY SUSPENSIONS			
NONE			
REVOCATIONS			
NONE			
SUSPENSIONS			
BAILEY, Scott Allen, MD (200500604) Beaver, WV	05/18/2016	MD consumed alcohol in violation of NCPHP contract; History of alcohol use disorder; History of arrest for DWI and arrest for misdemeanor assault on a female.	Indefinite suspension of NC medical license
DANFORTH, Wendell Calvin, MD (009801628) Honolulu, HI	05/20/2016	Professional boundary issue: MD engaged in an inappropriate sexual relationship with a patient under his care.	MD is suspended for 12 months, retroactive to March 12, 2015.
KULP, Kenneth Robert, MD (000019360) Wilmington, NC	07/13/2016	January 25, 2016, arrest for Driving While Impaired and Simple Possession of Controlled Substances; MD inactivated his NC medical license in March 2016.	Indefinite suspension of NC medical license
LAVENHOUSE, (Jr.), Clifton, MD (200401526) Atlanta, GA	06/21/2016	Failure to pay child support.	Indefinite suspension of NC medical license
ORTON, William Jack, PA (000102012) Beaufort, NC	05/20/2016	Inappropriate prescribing of prescription opioids; PA failed to maintain appropriate boundaries with a patient under his care during 2011. PA provided prescriptions for narcotics to the patient at a time when PA knew the patient suffered from substance use disorder. PA also visited the patient at home and provided the patient with money to pay bills.	PA is indefinitely suspended, effective August 1, 2016.
POTTI, Anil, MD (200601514) Grand Forks, ND	05/27/2016	MD engaged in research misconduct while on faculty at Duke University School of Medicine.	MD's inactive medical license is suspended.
LIMITATIONS/CONDITIONS			
BURKHEAD, Margaret Kelly, MD (200700808) Raleigh, NC	06/02/2016	History of alcohol/substance use disorder.	MD's license is reinstated; MD must maintain NCPHP contract and comply with all terms; MD must refrain from the use or possession of alcohol and all other mind or mood altering substances.
MCGUCKIN, (Jr.), James Frederick, MD (009400580)	06/21/2016	Action taken by Washington Medical Board	MD must comply with his Washington order; MD is limited such that he may not perform angioplasty or stenting procedures of the venous system for CCSVI or MS patients in the state of NC. MD must provide the Board's Chief of Investigations with a copy of the results of the ProBE course.

BOARD ACTIONS

NAME/LICENSE #/LOCATION	DATE OF ACTION	CAUSE OF ACTION	BOARD ACTION
WOLF, Teresa Lynn, PA (000103636) Wilson, NC	06/22/2016	History of aberrant workplace behavior, including habitual tardiness, absenteeism and emotional outbursts.	PA must comply with NCPHP contract.
REPRIMANDS			
KRISHNARAJ, Ramesh Loganathan, MD (009901228) Morganton, NC	06/21/2016	Missed diagnosis; MD failed to recognize two positive blood cultures with the same organism and drawn at separate times as a likely infective agent for a patient's infectious disease.	Reprimand
LOVE, Carolyn Arnzietta, MD (200101468) Hickory, NC	07/26/2016	Action taken by Virginia medical board related to issues related to quality of care/medical record documentation.	Reprimand
WEISMILLER, David Glenn, MD (009600771) Roanoke Rapids, NC	05/11/2016	MD pled guilty to two misdemeanor counts of Common Law Forgery in November 2015.	Reprimand
DENIALS OF LICENSE/APPROVAL			
NONE			
SURRENDERS			
DIXON, Donovan Dave, MD (201001347) Pembroke, NC	07/21/2016		Voluntary surrender of NC medical license
GENTRY, John Billy, MD (000011486) Shelby, NC	07/26/2016		Voluntary surrender of NC medical license
NGUYEN, Tuong Dai, MD (200000566) Charlotte, NC	06/16/2016		Voluntary surrender of NC medical license
WATFORD, Douglas Elry, MD (000035546) Kinston, NC	05/19/2016	On Friday, April 8, 2016, MD pled guilty to one count of Distribution of Schedule IV narcotics by a DEA registrant in an unsecured and unsealed container and without the appropriate warning label, a misdemeanor.	MD's NC medical license is permanently surrendered.
WELLS, Wendell D'Alton, MD (000026479)	05/25/2016		Voluntary surrender of NC medical license
PUBLIC LETTERS OF CONCERN			
CALLAHAN, Adam Patrick, PA, (001006700) Liverpool, NY	07/12/2016	Incorrect answer on NC license application; PA answered "no" to a question that asked whether he had ever been placed on disciplinary or scholastic probation when, in fact, he was placed on probation for unprofessional conduct while completing his professional education at Marietta College in Marietta, OH.	Public Letter of Concern; \$1,000 administrative fine
CLASSEN, James Anthony, MD (000033010) Fayetteville, NC	06/20/2016	MD removed a patient's left adrenal gland instead of the right adrenal gland as intended. MD had mistakenly dictated that the adrenal mass to be removed affected the left gland.	Public Letter of Concern
COOK, Brian, MD (000039254) Greensboro, NC	06/06/2016	The Board is concerned MD's care of a patient who presented to the emergency department multiple times in a single day with fever and complaints of abdominal pain failed to meet accepted standards of care. The patient was eventually diagnosed with and treated for sepsis. The Board is concerned that MD's failure to appropriately consider alternative diagnoses and order appropriate follow up studies may have delayed the diagnosis.	Public Letter of Concern
DAIGLE, Patrick Joseph, MD (201601350) New Bern, NC	06/16/2016	While serving in the Navy, MD wrote unauthorized prescriptions for controlled substances to several immediate family members and to persons with whom he did not have a legitimate physician-patient relationship. MD failed to appropriately document these prescriptions. This conduct led to convictions of Writing Unauthorized Prescriptions for Controlled Substances and Failing to Enter Prescriptions in Electronic Medical Records.	MD is issued a NC medical license, with a Public Letter of Concern

NAME/LICENSE #/ LOCATION	DATE OF ACTION	CAUSE OF ACTION	BOARD ACTION
DICKTER, Steven Joseph, MD (201202285) West Chester, PA	05/24/2016	The Board is concerned MD failed to follow up properly on a 2003 ultrasound report indicating that a patient had a possible 6 cm solid mass on his right kidney. The written report from the radiologist recommended further evaluation utilizing a CT scan of the kidneys, and specifically noted that findings were discussed with MD. No follow-up evaluation was obtained. Several years later, the patient was diagnosed with renal cell cancer.	Public Letter of Concern
MORFESIS, Florias Andrew, MD (009701828) Fayetteville, NC	05/06/2016	MD failed to appropriately diagnose post-operative hemorrhage as the cause of a patient's acute renal failure and overall postoperative illness.	Public Letter of Concern
PRECHTER, Scott Allan, MD (201601767) Flowood, MS	07/26/2016	The Board is concerned that MD issued two prescriptions for controlled substances to two co-workers and another controlled substance prescription to a friend's sister without conducting a proper history or physical examination, or appropriately documenting the encounters. The Board does note that MD brought this issue to the Board's attention while the license application was pending and appreciates MD's candor in this matter.	Public Letter of Concern
STEGBAUER, Scott Allen, MD (200700995) Kinston, NC	06/16/2016	While performing a total knee replacement, MD implanted a component designed to be used in a right knee into a patient's left knee. MD immediately informed the patient of the problem.	Public Letter of Concern; \$1,000 administrative fine
STRAND, Terry Stanin, MD (009501430) Reidsville, NC	06/06/2016	The Board is concerned MD's care of a patient who repeatedly presented to the emergency department in a single day with fever and complaints of abdominal pain failed to meet accepted standards of care. MD examined the patient after he returned to the ED following his discharge earlier in the day. The patient was eventually diagnosed with and treated for sepsis. The Board is concerned that MD's failure to appropriately consider alternative diagnoses and order appropriate follow up studies may have delayed the diagnosis.	Public Letter of Concern
TRAN, Ann Anh, MD (200600193) Eden Prairie, MN	07/25/2016	The Board is concerned that in August 2009, MD read a series of chest CT scans for a patient as stable with inflammation of the lung and pulmonary fibrosis. However, MD made no mention of a bony destructive lesion in the sternum. The Board had the films reviewed by a radiology expert who indicated the lesion was quite visible when reviewed on bone window settings. The Board reminds MD it is the standard of practice to review all anatomic structures on a CT scan, including the skeleton, using the appropriate display settings.	Public Letter of Concern
TURNER, (III), James Haskew, MD (200401589) Eden Prairie, MN	07/25/2016	The Board is concerned that in March 2009, MD read a series of chest CT scans for a patient as having findings consistent with interstitial lung disease. However, MD made no mention of a bony destructive lesion in the sternum. The Board had the films reviewed by an independent radiologist, who indicated the lesion was quite visible when reviewed on bone window settings. The Board reminds MD it is the standard of practice to review all anatomic structures on a CT scan, including the skeleton, using the appropriate display settings.	Public Letter of Concern

BOARD ACTIONS

NAME/ LICENSE #/LOCATION	DATE OF ACTION	CAUSE OF ACTION	BOARD ACTION
VAN FOSSEN, Kelly Marie, DO (200900374) Fayetteville, NC	05/09/2016	The Board is concerned DO may not have correctly diagnosed a patient with a postoperative intra-abdominal hemorrhage based on her presentation, which included a WBC increase, hemoglobin decrease, tachycardia, and abdominal distention. Failing to make this diagnosis after initially treating the patient may have contributed to the patient's postoperative critical illness and prolonged recovery.	Public Letter of Concern
WATKINS, John Ryan, MD (NA-resident) Orem, UT	05/11/2016	History of chemical dependency; MD took medications from work for personal use. MD was arrested and charged with one felony count of 1st Degree Burglary based on allegations that MD entered his in-laws' home without their permission.	Public letter of concern
WEAVER-LEE, LaShawn Antoinette, MD (200801033) Kinston, NC	07/06/2016	The Board is concerned that there was a deterioration in the fetal status of a patient who had been admitted to the hospital by another provider for induction of labor. The Board is concerned that there may have been a delay in performing an emergency caesarean section delivery and that MD's management of the patient may have failed to conform to acceptable and prevailing standards of medical practice.	Public Letter of Concern
WEINBAUM, Marc Eliot, MD (009400389) Ocala, FL	06/20/2016	The Board is concerned that the Florida medical board issued MD a letter of concern and required him to complete CME in risk management.	Public Letter of Concern
MISCELLANEOUS ACTIONS			
WILSON, Richard Ian, MD (201601141) West Reading, PA	05/20/2016	History of chronic pain and substance use disorder; MD resigned from his residency program in January 2012, during his second year.	MD is issued a license; MD is limited to practicing within a residency training program. MD must refrain from use of mind and mood altering substances, save those that are lawfully prescribed by someone other than himself.
CONSENT ORDERS AMENDED			
ARCEO, Liza Antonette, MD (200201038) Huntington, WV	07/11/2016	MD has successfully completed both her NCPHP and West Virginia board contracts/agreements.	Third Amended Consent Order; Second Amended Consent Order dated April 30, 2015, is amended to remove requirements to comply with NCPHP and West Virginia board contracts.
FLIPPO, (Jr.), Jack Lloyd, MD (000027792) Southport, NC	06/14/2016	MD has complied with NCPHP contract and other terms; stayed suspension is no longer needed	Amendment to Consent Order dated 12/02/2015; stayed suspension in order is lifted
WATT, Alan Henderson, PA (001000395) Greensboro, NC	06/09/2016		Consent order dated June 2, 2015, is amended to reinstate PA's license. PA must maintain NCPHP contract and follow all terms, must comply with other conditions stated in order.
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			



Glossary of Terms

Annulment: Retrospective and prospective cancellation of the practitioner's authorization to practice.

Conditions: A term used to indicate actions or requirements a licensee must complete and/or comply with as a condition of continued licensure.

Consent Order: An order of the Board that states the terms of a negotiated settlement to an enforcement case; A method for resolving a dispute without a formal hearing.

Denial: Decision denying an application for initial licensure or reinstatement, or reconsideration of a Board action.

Dismissal: Board action dismissing a contested case.

Inactive Medical License: Licensees must renew the professional license annually to practice lawfully in the state of NC. The Board may negotiate a provider's agreement to go inactive as part of the resolution of a disciplinary case.

Public Letter of Concern (PubLOC): A letter in the public record expressing the Board's concern about a practitioner's behavior or performance. A public letter of concern is not considered disciplinary in nature; similar to a warning.

Revocation: Cancellation of authorization to practice. Authorization may not be reissued for at least two years.

Stay: Full or partial stopping or halting of a legal action, such as suspension, on certain stipulated grounds.

Summary Suspension: Immediate cancellation of authorization to practice; Ordered when the Board finds the public health, safety, or welfare requires emergency action.

Suspension: Withdrawal of authorization to practice, either indefinitely or for a stipulated period of time.

Temporary/Dated License: License to practice for a specific period of time. Often accompanied by conditions contained in a Consent Order.

Voluntary Surrender: The practitioner's relinquishing of authorization to practice pending or during an investigation. Surrender does not preclude the Board bringing charges against the practitioner.

Limitation: A restriction placed on a licensee's practice. When practicing under a restriction, it is not lawful for the licensee to engage in the prohibited activity. Example: Dr. Smith is restricted from prescribing Schedule II and III medications.

Questions about NCMB's opioid initiatives?
Visit www.ncmedboard.org/safeopioids



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BOARD MEETING DATES

November 16 -18, 2016 (Full Board) | December 15 - 16 (Hearing) | January 18 - 20 (Full Board)
Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website:

www.ncmedboard.org

Applicants sought for PA Medical Board seat

The independent body that nominates candidates for the North Carolina Medical Board to the Governor's Office is seeking physician assistant applicants to fill the unexpired term of Reamer Bushardt, PA-C, who has accepted a position with the George Washington University School of Medicine and Health Sciences and will be unable to complete his term.

Under North Carolina law, interested parties must apply through the Review Panel of the North Carolina Medical Board. The Review Panel screens applicants, conducts interviews and makes recommendations to the Governor, who then appoints candidates to the Board. The Review Panel will only consider applicants who hold active, unrestricted NC licenses who have been in clinical practice for at least five years. Applicants must reside in North Carolina, be actively practicing clinical medicine at least part time and must have no history of disciplinary action within the past five years. Applications and all supporting documents are due by December 31, 2016 at 4:45 p.m.

To find information about applicant qualifications and the application process, or to access the online application, visit www.ncmedboardreviewpanel.com and go to the tab titled Applicants.

For more information, contact Jerel Noel, the Review Panel Administrator, at (919) 863-9485.

