North Carolina Medical Board
FORUM
ISSUE NO. 1 | SPRING 2016

FROM THE PRESIDENT

A culture of continuous improvement

Pascal O. Udekwu, MD

Many state medical boards fall victim to the timeworn stereotype that, as monopolies, regulators are free to be mediocre. That's not the case with the North Carolina Medical Board.

The Board has, for the past few years, been very focused on quality and creating a culture of continuous improvement. When I was appointed, I was pleased to learn that members of the Board were interested in capturing metrics and applying business principles to NCMB's work. Some of the early discussions about how best to do this contributed to the decision by the Board and staff to invite an independent team of observers, all working in medical regulation in jurisdictions outside North Carolina, to evaluate the Board's internal processes and overall operations. The outcome of that review, which took place in 2012, was largely complementary of NCMB, but it did offer several recommendations. Among these was the endorsement of NCMB's inclination to begin measuring certain work processes to identify opportunities to improve efficiency, quality and service. This in turn led the Board to begin tracking key performance indicators (KPIs) in 2014.

Measuring quality is challenging for a regulatory board. There simply aren't many recognized external measures of Medical Board quality. Some organizations have used the volume of disciplinary actions taken to rank or grade Medical Boards. Generally speaking, these efforts equate larger numbers of actions with more effective regulation. I think this is ridiculous. Actual quality would be the elimination of all disciplinary actions through a system where licensees know the rules, follow the rules and don't get into trouble. That, however, is a subject for another day.

The Board's KPI initiative largely focuses on efficiency. How quickly can NCMB's staff process license applications? How long do the steps of the complaint and investigations process take to complete? What

Continued on pg 2

IN THIS ISSUE

New Board Members and reappointment..... 4

NCMB's new opioid investigation program..... 5

2015 Year in Review 6

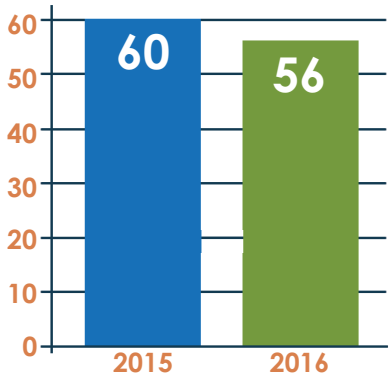
Controlled substances CME rule update 10

Quarterly board actions report 11

SPOTLIGHT

During the first quarter of 2016, the Board executed 56 public actions (both adverse and non-adverse). During the same three-month period last year, NCMB executed 60 public actions.

Public Actions



NORTH CAROLINA MEDICAL BOARD

internal factors slow down NCMB's work and how can we reduce or eliminate these? What external factors influence the outcomes of the Board's work and how can we positively affect these? These are just some of the questions NCMB has asked, and the process has driven helpful changes to how the Board manages workflow. I was a strong proponent of the KPIs initiative. As a physician who also completed an MBA I understand that, if you don't understand your processes you don't have the opportunity to improve them, and there is no real urgency to do better.

And NCMB is doing better. We know from our KPI data that license application processing times, once all documents and transcripts are received, have improved. We also know that internal review processes associated with NCMB investigations are being handled more efficiently, which means the Board is completing its investigations sooner, offering timely closure for both patients and licensees. We are continuing to gather data and analyze workflow to identify ways to improve.

The latest stage in NCMB's development as a self-reflective organization is the Board's adoption of a 2015-2018 strategic plan that sets goals in several areas, including outreach & transparency, financial strength and policy, among others. Each strategic priority in turn has several specific sub-goals. The Board reserves time during each Board Meeting to review progress towards goals and discuss challenges and next steps. Writing goals down, determining benchmarks and tracking progress ensures accountability.

I think it's important for licensees to understand the culture Board Members and Board staff have built and will continue to nurture. This is not an organization that is complacent. We are not a Board that is afraid to take a hard look at how we are doing. We are committed to doing better and being better, and that benefits both licensees and the people of North Carolina.

Sincerely,

Pascal O. Udekwu, MD
NCMB President

TELL US WHAT YOU THINK

What do you think of our new Forum design? Send your feedback to forum@ncmedboard.org

North Carolina Medical Board Forum Credits VOLUME XX | No. 1

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We welcome letters to the editor addressing topics covered in the *Forum.* They will be published in edited form depending on available space. A letter should include the writer's full name, address, and telephone number.

Dr. Walker-McGill accepts congratulations from colleagues at the FSMB Annual Meeting.

NCMB's Walker-McGill elected to serve in national role

Congratulations to the Board's Immediate Past President, Cheryl Walker-McGill, MD, who recently won election to the Federation of State Medical Boards' Board of Directors. Dr. Walker-McGill was elected to serve during FSMB's Annual Meeting in San Diego in April.

Dr. Walker-McGill will serve a three year term on the FSMB Board of Directors. FSMB is a national nonprofit organization representing all medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals.

Dr. Walker-McGill, an allergy/immunology physician by training, practices in Charlotte, where she sees patients in solo practice and runs her own quality improvement/population health management consulting company. Dr. Walker-McGill was appointed to NCMB in 2011 and served as Board President from November 2014 until October 2015.

Dr. Rhyne pictured with NCMB CEO David Henderson in San Diego.

Former NCMB Board President honored

The Federation of State Medical Boards (FSMB) presented former NCMB Board President Janelle Rhyne, MD, with its Lifetime Achievement Award at its recent annual meeting, recognizing her outstanding service to medical regulation and to FSMB.

Responsible opioid prescribing

How best to encourage the safe and appropriate use of opioids for the treatment of pain is without question the hottest topic currently under discussion here at NCMB.

On page 11 of this issue, read the latest news about NCMB's plans to pursue rule changes that would require physicians and PAs to complete continuing medical education in chronic pain management and related topics. The proposed requirement was set in motion by a 2015-2016 state budget provision that called on all relevant regulatory boards and agencies to require CME in controlled substances prescribing, and it has spurred mixed reactions. However, a majority of Board Members believe that all prescribers will benefit from a good understanding of the responsible use of opiates for the treatment of pain and related issues such as the potential for abuse or diversion and the risks of patient harm or death.

Another recent development in NCMB's work in responsible opioid prescribing is the new Safe Opioids Prescribing Initiative. This investigative program, which concentrates on licensees with multiple patient deaths due to opioid poisoning as well as licensees who are managing large numbers of patients on high dose, high volume opioid regimens, was established in April. NCMB has received feedback, from patients and prescribers, that suggests many are confused about the Board's objectives and expectations for licensees. Read the article on page 6 of this issue for some important clarifications.

NCMB welcomes new, reappointed Board Members

Gov. Pat McCrory recently filled three seats on the Board that are reserved for medical professionals, and reappointed NCMB's current President-elect, Dr. Eleanor E. Greene.

Eleanor E. Greene, MD, MPH

Dr. Greene, an OB/GYN who practices with Triad Women's Center in High Point, was reappointed to her second full term on the Board. Dr. Greene currently serves as the Board's President-elect and is on the Disciplinary, Executive and Licensing committees of the Board. She will assume the role of Board President on Nov. 1, 2016.

Eleanor E. Greene, MD, MPH

Dr. Greene earned a BS degree in medical technology from the former Bowman Gray School of Medicine (now Wake Forest University School of Medicine). She received her MD and a Master of Public Health in Maternal and Child Health from the University of North Carolina, Chapel Hill, and completed residency in obstetrics and gynecology at the Ohio State University.

Dr. Greene is a member of the North Carolina Medical Society, Doctors for America, North Carolina Obstetrics and Gynecology Society, and the National Medical Association. She serves on the Piedmont Health Services and Sickle Cell Agency. Dr. Greene is past president of the Old North State Medical Society, and continues to serve on its current Executive Committee. She is a fellow of the American College of Obstetrics and Gynecology.

Venkata Jonnalagadda, MD

Dr. Jonnalagadda is the Medical Director for Eastpointe Human Services - a local Managed Care Organization (MCO) that manages, coordinates and monitors the Mental Health, Intellectual/ Developmental Disabilities, and Substance Use/ Addiction Services in 12 Eastern counties of North Carolina. Dr. Jonnalagadda is a partner in private practice with Greenville Psychiatric Association, P.A. She also serves on the adjunct teaching faculty in the Department of Pediatrics at East Carolina University's Brody School of Medicine. In addition, she works as a clinical psychiatrist with the federal Veterans Administration.

Venkata Jannalagadda, MD

Dr. Jonnalagadda is President of the Pitt County Medical Society and a member of the Ethical and Judicial Affairs Task Force for the North Carolina Medical Society. In 2015, Gov. McCrory appointed her to a three year term with the North Carolina Commission of Public Health.

Dr. Jonnalagadda was born in Kakinada, India. She completed her undergraduate education at East Carolina University and completed medical education at the Brody School of Medicine and Spartan Health Sciences University (St. Lucia). Dr. Jonnalagadda completed residency training in psychiatry and a fellowship in child/adolescent psychiatry at Pitt County Memorial Hospital/Vidant Health in Greenville. She is board certified in child, adolescent and adult psychiatry and is a Fellow of the American Psychiatric Association.

Jerri L. Patterson, NP

Ms. Patterson is a founding member of Integrated Pain Solutions, a private practice serving the Sand Hills region of NC and parts of the Triangle. She has more than 15 years of experience in pain management.

Ms. Patterson completed her training as a nurse practitioner at Duke University, where she earned a Post Master's Certificate as an Adult Nurse

Jerri L. Patterson, NP

Practitioner with a minor in Geriatrics. She began her nursing career as a registered nurse and rose through the ranks to become a nurse manager. Ms. Patterson earned a Master's Degree in Nursing Administration from Duke University and also completed pain management training at the University of North Carolina, Chapel Hill.

Ms. Patterson is an active member of the American Society of Pain Management Nurses, where she served on the Clinical Practice Committee. She helped to develop the Society's Core Curriculum, co-authoring a chapter in the second edition. Ms. Patterson is also a member of the American Academy of Nurse Practitioners.

Reamer L. Bushardt, Pharm.D., PA-C

Reamer L. Bushardt is tenured professor and chairman of the Department of Physician Assistant (PA) Studies at Wake Forest School of Medicine in Winston Salem. He is professor in the Department of Internal Medicine and a program leader within the Clinical Translational Science Institute at Wake Forest Baptist Medical Center. He also serves as professor WOC in the W.G. (Bill) Hefner VA Medical Center in Salisbury and is active in developing innovative models to improve care for veterans. His prior experiences include pharmacy practice in a cancer center and PA practice in several rural family practices in South Carolina. Prior to joining the Wake Forest faculty in 2010, he served as faculty and a division chief at the Medical University of South Carolina. His clinical interests include caring for older adults and preventing drug injury. As an active clinical and educational researcher, Professor Bushardt is currently leading investigative projects funded by the National Institutes of Health and the U.S. Department of Health and Human Services.

Professor Bushardt earned a Bachelor of Science degree in pharmaceutical studies and a Doctor of Pharmacy degree from the University of South Carolina, Columbia. He earned a Bachelor of Science degree in physician assistant studies from the Medical University of South Carolina, Charleston. He completed executive leadership training from the Harvard T.H. Chan School of Public Health, Boston, Massachusetts. He is a distinguished fellow of the American Academy of PAs and serves as editor-in-chief for the Journal of the American Academy of Physician Assistants. He is also a former member and chair of the PA Advisory Council for the South Carolina Board of Medical Examiners. He lives in Winston-Salem with his wife Christin and three daughters Isabella, Madeline and Sophie.

Reamer L. Bushardt, Pharm. D, PA-C

NCMB wins accolades for website, social media presence

Consumer Reports and the Informed Patient Institute recently ranked NCMB's website in the top 5 (out of 65 total) of all medical board websites across the U.S. Sites were ranked based on transparency, ease of finding information, and ease of use from the public's perspective. The rankings were published in the May 2016 issue of Consumer Reports.

NCMB was also recognized for its efforts in transparency using social media. Consumer Reports wrote: "North Carolina in particular is an active user of social media and posts meeting minutes and other announcements on Facebook. Boards should explore using social media to reach people interested in their work and to inform the public about disciplinary actions taken and board operations."

TOP 5

For Medical Board website ratings go to *https://goo.gl/9Kkfyi*

For full Consumer Reports cover article go to *http://goo.gl/rWKne5*

More information on the Safe Opioid Prescribing Initiative visit: www.ncmedboard.org/safeopioids

Clarifying some points about NCMB's new opioid investigations program

In April, the Board emailed its licensees about a new effort to address potentially unsafe opioid prescribing in North Carolina. The Safe Opioid Prescribing Initiative is an attempt to reduce patient harm from misuse and abuse of prescription opioids by identifying and, where necessary, intervening to prevent excessive and/or inappropriate prescribing.

The Safe Opioid Prescribing initiative will use data provided in accordance with state law by the NC Department of Health and Human Services (NCDHHS) and will investigate physicians and physician assistants identified through criteria established by the Board with help from an advisory committee. The first group of licensees received notices of investigation in mid-April. (See box for information on selection criteria for these investigations.)

NCMB has received feedback from licensees and patients that some prescribers have responded to the Board's new program by arbitrarily reducing patient dosages, ceasing prescribing or discharging patients in an attempt to avoid Board scrutiny. This response is not warranted or advisable.

One myth that appears to be circulating, based on information received from patients who have contacted the Board, is that NCMB has established a maximum acceptable dose for opioids or limit on how much medication patients should be prescribed. This is not the case. The type and amount of medication prescribed should be determined by the prescriber, based on objective clinical information. The Board encourages care that conforms to current accepted standards, regardless of the quantity or dose of medication prescribed.

As with all Medical Board investigations, NCMB's new Safe Opioids Prescribing Initiative will determine the appropriateness of care through standard methods, including written responses from prescribers, review of patient records, and independent expert medical reviews. The Board clearly recognizes that prescribers identified through its selection criteria may be practicing and prescribing in accordance with accepted standards of care. However, given the current public health crisis, the known risks of opioids and the rising incidence of unintentional overdose deaths, the legislature and the public expect the Board to take a leadership role in devising solutions. The Board has an obligation to verify that care and prescribing is clinically appropriate.

Physicians and others who treat chronic pain are encouraged to review current standards of care by reading NCMB's position statement on use of opiates for the treatment of pain and other resources. Visit NCMB's responsible opioid prescribing page online: *www.ncmedboard.org/safeopioids*

WHO WILL BE INVESTIGATED?

The Board will investigate prescribers who meet one or more of the following criteria::

1. The prescriber falls within the top one percent of those prescribing 100 milligrams of morphine equivalents (MME) per patient per day.
2. The prescriber falls within the top one percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine and is within the top one percent of all controlled substance prescribers by volume.
3. The prescriber has prescribed to two or more patients who died in the preceding twelve months due to opioid poisoning.

FAQs on the Safe Opioid Prescribing Initiative

NCMB has received numerous questions about the new Safe Opioid Prescribing Initiative. Here are some of the most frequently asked questions, and their answers:

Q Is cutting patient dosages/quantities so that they fall below the 100 MMEs per patient, per day threshold an acceptable response to NCMB's Safe Opioid Prescribing Initiative?

No. NCMB does not advocate arbitrarily adjusting medication dosages/quantities. Clinical decisions, including adjustments to medication dosages, should always be made based on objective clinical information, in accordance with current accepted standards of care.

Arbitrarily adjusting or ceasing treatment for a patient on long term opioids in an attempt to avoid investigation could result in substandard care that is in itself grounds for regulatory action by the Board.

Q Does the Medical Board consider 100 MMEs per day to be the highest dose a physician or PA should prescribe to a chronic pain patient?

No. **There is no established "limit" or maximum acceptable dose for chronic pain patients.** The type of medication prescribed and dosage ordered will depend on the patient's medical needs, prior history of opioid use and other factors to be determined by the prescriber, in accordance with current standards of care.

Q Is the objective of the Safe Opioid Prescribing initiative to reduce opioid prescribing?

NCMB's objective is to reduce or eliminate **inappropriate** or excessive opioid prescribing. If prescribing and associated care conform to current standards of care, the Board has no issues with it. If prescribing is inappropriate or excessive then, yes, the Board's goal is stop it.

Questions about opioid prescribing? NCMB speakers have answers

Responsible opioid prescribing is currently one of the Board's most active policy and regulatory priorities. Inviting an NCMB speaker to your professional meeting or practice group is a great way to stay on top of the latest developments.

Invite a Board speaker to stay informed about available prescribing resources, changes to rules and policies, and other topics. NCMB speakers can explain the Board's latest effort to expand oversight of opioid prescribing and answer questions about program goals and expectations for licensees. NCMB speakers can review the proposed new requirement related to CME in chronic pain management and related topics. Opioid presentations also include a review of NCMB's position statement on the use of opiates for the treatment pain, including discussion of conduct or care that is likely to attract Board attention, ways to avoid problems and more.

Contact NCMB's Communications Director to schedule a speaker. Three months advance notice is preferred to enable Board staff to secure a Board Member for your meeting or event.

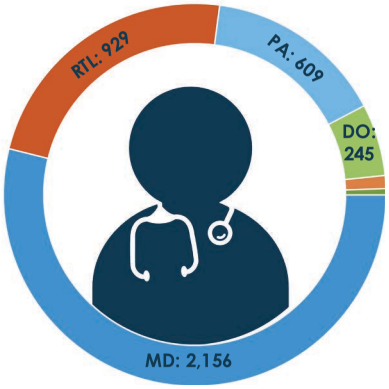
Telephone: 919-326-1109 x230 or email: *jean.brinkley@ncmedboard.org* Or, use NCMB's online speaker request: *www.ncmedboard.org/about-the-board/request-speaker*

Year in Review: A look back at data from 2015

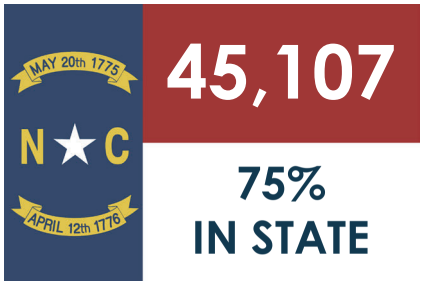
Data reflects information for the calendar year beginning Jan. 1, 2015 and ending Dec. 31, 2015

ABBREVIATIONS: MD: Physicians, DO: Osteopathic Physician, RTL: Resident Training License, PA: Physician Assistants, CPP: Clinical Pharmacist Practitioner, LP: Licensed Perfusionist, AA: Anesthesiology Assistant

TOTAL LICENSES ISSUED



TOTAL LICENSEE POPULATION

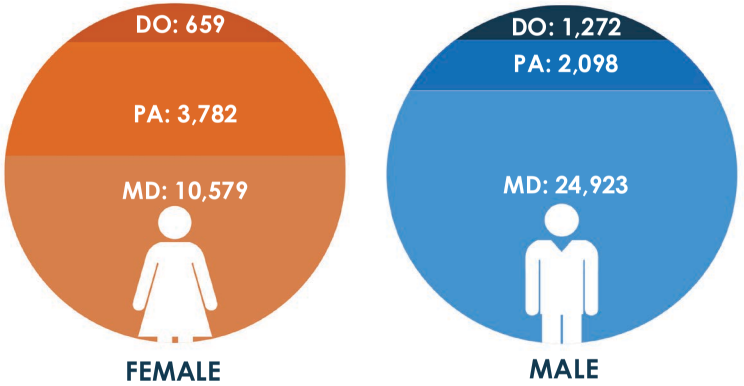


45,107

75% IN STATE

MD: 34,248 | PA: 5,880 | RTL: 2,702 | DO: 1,931
CPP: 170 | LP: 151 | AA: 25

TOTAL BY SEX



MEDICAL CORPORATIONS

As of Dec. 31, 2015, there were **4,488** registered PCs and LLCS in North Carolina.

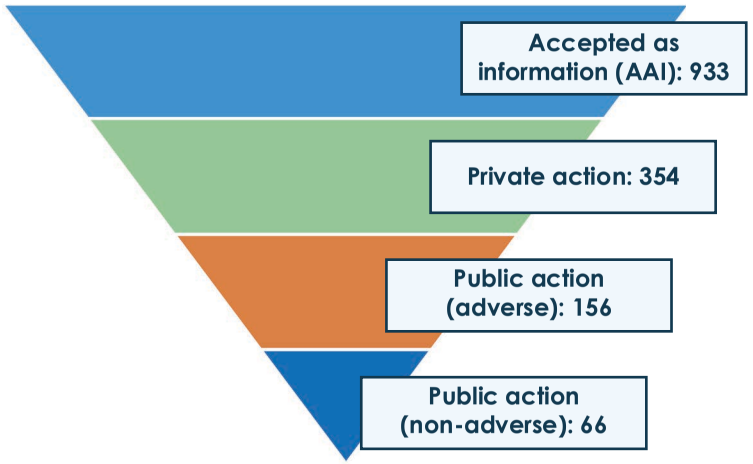
NEW REGISTRANTS

381

TOTAL REGISTRANTS

4,488

ENFORCEMENT CASE OUTCOMES, 2015



CAUSES OF PUBLIC ACTION

COMPLAINTS BY YEAR

Complaints from patients and the public dropped in each of the past four years.

TOP FIVE CASES OPENED BY PRIMARY ALLEGATION

- QUALITY OF CARE: 582
- Communication issues: 419
- Out of State Action: 264
- Policy/Procedure within Dept of Corrections: 172
- Medical records/ HIPPA issue: 106

STRATEGIC REORGANIZATION

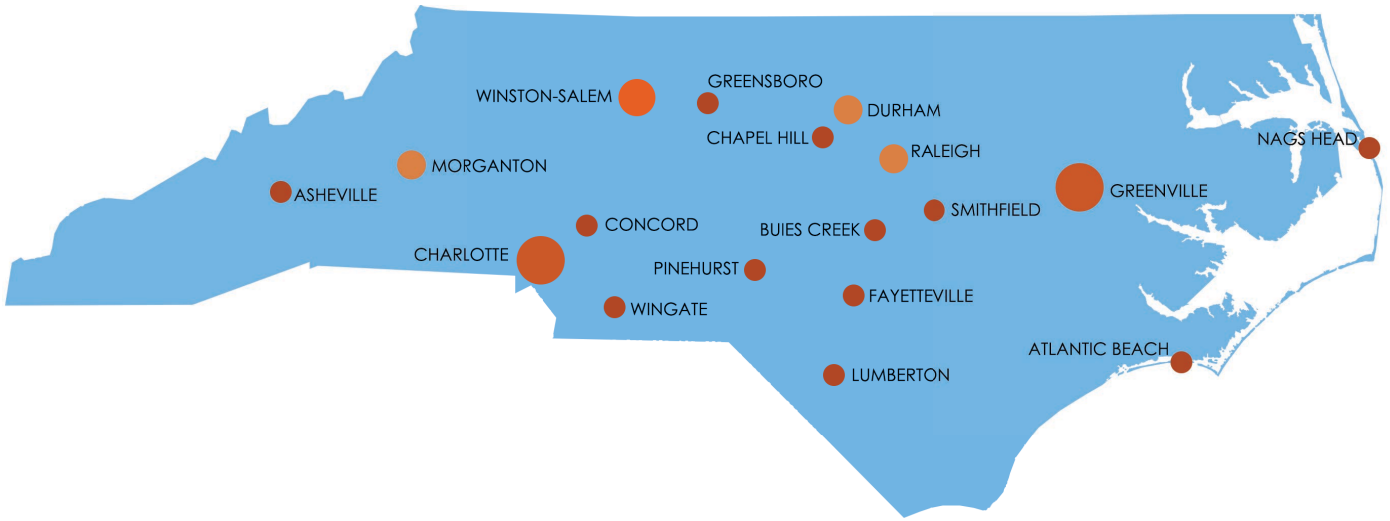
One of the biggest changes the Board underwent in 2015 was a staff reorganization initiated in March 2015. The reorganization introduced a new leadership structure. A primary goal was to shift day-to-day operations to managers and directors, freeing up senior management to focus on implementing NCMB's strategic plan, increasing collaboration with stakeholder groups and identifying industry or regulatory issues. Building an agency that anticipates and effectively addresses challenges is the ultimate goal.

LEADERSHIP STRUCTURE

DAVID HENDERSON
Chief Executive Officer

- **THOM MANSFIELD** — Chief Legal Officer
- **EVELYN CONTRE** — Chief Communications Officer
- **MARSHALL TUCKER** — Chief Investigative Officer
- **SCOTT KIRBY, MD** — Chief Medical Officer
- **HARI GUPTA** — Chief Operations Officer

LOCATIONS VISITED



Outreach & Transparency is one of five key strategic priorities of NCMB's 2015-2018 Strategic Plan. One of the most visible ways NCMB is working towards this is through increasing its presentations to professional audiences. In 2015, NCMB increased the number of presentations to all audiences by more than 300 percent.

GROUPS PRESENTED TO

- **10** General Licensee (professional, practice)
- **8** Residency programs
- **5** Physician assitant schools
- **4** Hospital/ healthy system
- **1** Medical schools
- **1** Community Group

Candidates needed for physician and public Board Member seats

Physician seats available

Applicants are needed for three physician seats on the Board. These seats must be filled by the process set down in statute (N.C. Gen. Stat. § 90-2 and 90-3), which requires interested parties to apply via the Review Panel, an independent body that nominates candidates for consideration by the Governor. By law, the Review Panel must nominate two candidates for each open seat. Applications are due July 1.

The Review Panel will consider only physicians (MDs or DOs) who hold active, unrestricted NC medical licenses. Applicants must be actively practicing clinical medicine at least part time and must have no history of disciplinary action within the past five years.

The Review Panel will interview all qualified applicants in Raleigh on Saturday, August 6. All three of the positions for which applicants are sought currently are held by Board members who are eligible for reappointment; however, these Board Members must go through the application and interview process.

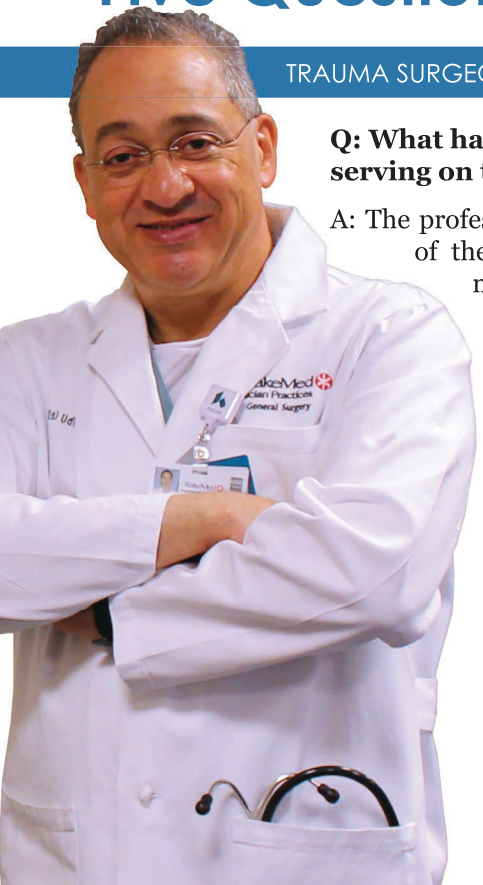
Applications must be submitted online. To review the process and access the online application visit *www.ncmedboardreviewpanel.com/* and click on the tab at the top of the page titled "Current NC Medical Board Openings". For more information, contact Jerel Noel, the Review Panel Administrator, at (919) 863-9485.

Public member seat available

One Board seat is available for a member of the public, to be directly appointed by the Governor. The public member position is open to anyone except a licensed health care professional, or the spouse of one. Learn how to apply at *www.governor.state.nc.us/administration/boards-and-commissions2*

GETTING TO KNOW THE PEOPLE OF THE NC MEDICAL BOARD

Five Questions: Pascal O. Udekwu, MD



TRAUMA SURGEON | WAKEMED HEALTH & HOSPITALS | APPOINTED 2012 | CURRENT BOARD PRESIDENT

Q: What has surprised you about serving on the Board?

A: The professionalism and dedication of the permanent staff and of my fellow Board Members is really remarkable. That was a wonderful surprise.

Q: What do you wish members of the public and profession understood about NCMB?

A: That this is a regulatory agency, not an advocacy organization. The public needs to know that we are here for the benefit and protection of the people of North Carolina. The profession needs to know that we're working with them, not for them.

Q: What are some of the most valuable lessons you've learned over the course of your career?

A: Listen more. Work on humility. Celebrate the successes of others.

Q: What's the best career advice you've received?

A: Go into medicine because you love it, not because you want to become rich.

Q: What are you inspired by?

A: We have this huge complex world that holds so many surprises and so much natural wonder. Whenever you have the opportunity to be on top of a mountain or on a great expanse of water, you can't help but be awed by it.

I'm inspired by the opportunity to help people get better and be better. That's why I'm in health care and education.

Revised CME rule would require training in pain management

After a vigorous debate, the Board voted 6-4 during its March meeting to seek approval for rule changes that would require physicians and physician assistants to complete continuing medical education (CME) in chronic pain management and related topics. Three members of the Board were not present for the vote.

As proposed, the rule changes would require physicians to earn three hours of eligible CME during each three-year CME cycle. PAs would be required to complete two hours of eligible CME during each two-year cycle. To count towards the new requirement, courses would have to cover "controlled substances prescribing practices, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management."

The proposed changes were supported by the Board over an alternate version that would have afforded prescribers the flexibility to tailor controlled substances CME courses to their clinical interests. For example, the alternate rule language would have allowed physicians whose primary use of controlled substances is prescribing benzodiazepines to satisfy the CME requirement by completing courses in prescribing benzodiazepines.

The alternate change considered was inspired by feedback received from licensees who gave comments on the new proposed controlled substances CME requirement. Several licensees who gave comments indicated that, while they do prescribe some controlled substances and would be subject to the requirement, they do not prescribe opioids and would not benefit from CME in chronic pain management.

After lengthy discussion and debate, the Board affirmed the requirement that courses cover addressing abuse or misuse and chronic pain management. Board Members who spoke in favor of this requirement expressed conviction that all licensees who prescribe controlled substances will benefit from a better understanding of the clinical challenges in chronic pain management, abuse and misuse of opioids and the associated risk of patient harm or death. It was noted that licensees who do not prescribe opioids likely treat patients who take opioids prescribed by others and, consequently, need to be informed about possible risks and side effects.

NCMB has submitted the proposed CME rule changes to the NC Rules Review Commission, which must approve them before they take effect. The Board anticipates a decision by the end of August.

Review proposed changes to the physician and PA CME rules at:

www.ncmedboard.org/about-the-board/latest-board-activity/rule-change-tracker

PUBLIC HEARING

What: Public hearing on proposed changes to physician and PA CME rules to require CME in chronic pain management and related topics.

When: July 14 at 10 a.m.

Where: NCMB's offices
1203 Front Street, Raleigh, NC

Can't attend? Submit comments on the proposed rule to:
rules@ncmedboard.org

FAQs

FAQs on the proposed controlled substances CME requirement are located online at:
www.ncmedboard.org/safeopioids

North Carolina Medical Board

Quarterly Board Actions Report | November 2015 - January 2016

The Board actions listed below are published in an abbreviated format. The report does not include non-prejudicial actions such as reentry agreements and non-disciplinary consent orders. Recent Board actions are also available at *www.ncmedboard.org*. Go to "Professional Resources" to view current disciplinary data or to sign up to receive notification when new actions are posted via the RSS Feed subscription service.

Name/license #/location	Date of action	Cause of action	Board action
ANNULMENTS			
NONE			
SUMMARY SUSPENSIONS			
CARTER, Richard Ford, MD (200800397) Highlands, NC	12/14/2015	MD is unsafe to practice due to excessive use of alcohol and/or other substances; MD is alleged to have worked while impaired.	Order of Summary Suspension of License
LIETZKE, Christiana Marie, MD (201400017) Rutledge, TN	12/08/2015	MD suffers from a medical condition that renders her unable to safely practice medicine at this time; MD is not currently receiving adequate treatment for this condition.	Order of Summary Suspension of License
REVOCATIONS			
NONE			
SUSPENSIONS			
BURKHEAD, Margaret Kelly, MD (200700808) Raleigh, NC	12/11/2015	History of alcohol and controlled substances abuse.	MD's license is indefinitely suspended, effective August 6, 2015.
BYRD, Elizabeth McNeill, MD (009901257) Greenville, NC	01/28/2016	Diversion of prescription narcotics; MD is alleged to have engaged in an inappropriate personal relationship with a patient that included having the patient divert a portion of the medication prescribed to him for MD's inappropriate personal use.	MD is indefinitely suspended
FLIPPO, (Jr.), Jack Lloyd, MD (000027792) Hendersonville, NC	12/02/2015	History of alcohol use disorder	MD's license is indefinitely suspended, immediately stayed. MD must maintain NCPHP contract and abide by all terms.
HAQUE, Imran Pasha, MD (200201092) Asheboro, NC	11/25/2015	MD entered into a felony plea agreement related to Misuse of a Social Security Number and agreed to three years probation and a $25,000 fine, among other terms. A review of MD's patient records revealed inappropriate prescribing of controlled substances and other issues with related to quality of care.	MD's license is suspended for 60 days, to run Feb. 4, 2016, until April 3, 2016. MD must comply with conditions, including that he complete an ethics course and a multi-day comprehensive internal medicine review, among other requirements.
PROBATION/CONDITIONS			
MCDONOUGH, Adam Carlton, MD (201502481) Winston-Salem, NC	12/11/2015	History of substance use; MD reports a sobriety date of May 31, 2014.	MD is issued a NC medical license; MD must maintain NCPHP contract and abide by all terms.
MCGRATH, Timothy John, MD (200200571) Mebane, NC	12/11/2015	History of substance use disorder; MD surrendered his medical license in May 2012 and has not practiced clinical medicine since that time.	Consent Order and Reentry Agreement; MD's license is reinstated; MD must maintain NCPHP contract and abide by all terms; MD shall undertake a program of reentry to consist of a 22 week period of mentoring.
REPRIMANDS			
FOSTER, James William, MD (201200891) Sevierville, TN	01/06/2016	MD assisted the unlicensed practice of medicine in NC, enabling chiropractors in Tennessee to effectively operate a medical practice in the state.	Reprimand

Name/license #/location	Date of action	Cause of action	Board action
HYLER, James Elmer, MD (200501279) Statesville, NC	11/05/2015	MD referred a patient to hospice when his clinical diagnosis did not support this. MD diagnosed patient with malignant neoplasm kidney except pelvis based on a review of medical records. MD did not examine the patient or personally review the patient's CT scan. The patient's medical records indicated that he had a 2 cm mass on his kidney. There were no other studies or biopsies done to confirm the mass was cancerous or metastatic. In addition, the patient was assigned functional scores that were not consistent with information in the patient's chart.	Reprimand; Within six months of the date of the order, MD must complete 30 hours of category 1 CME in palliative care.
LONNEMAN, Kimberly Watson, PA (000102711) Wilmington, NC	11/04/2015	PA prescribed controlled substances to a close family member, in direct conflict with administrative rules that prohibit this.	Reprimand; PA must complete a course in professional ethics.
PITTMAN, John Carl, MD (000031614) Raleigh, NC	11/20/2015	MD response to a patient whose initial blood tests documented seriously a low platelet count was delayed by several weeks. This resulted in a delay in diagnosing the patient's idiopathic thrombocytopenia purpura, a potentially catastrophic illness. MD indicated that he was not notified by his staff of the initial blood test results, which contributed to his delay in addressing the low platelet count.	Reprimand; MD is limited such that he may not treat patients under the age of 18.
PRIDGEN, James Henry, MD (000029495) Holly Ridge, NC	12/04/2015	Delay in diagnosis of lung cancer; MD failed to appropriately follow up on a patient's CT scan, which showed a mass indicative of lung cancer. Due to systems failures, MD was not appropriately notified that the CT scan had been performed.	Reprimand
STEINER, Matthew Ray, MD (009901331) Logansport, IN	12/21/2015	Indiana medical board action related to Dec. 2014 arrest on charges of attempting to deal controlled substances, possession of a controlled substance and furnishing alcohol to a minor.	Reprimand
DENIALS OF LICENSE/APPROVAL			
NONE			
SURRENDERS			
WAHBA, Wasseem John, PA (000102441) Cary, NC	11/25/2015	Voluntary surrender of PA license	Public letter of concern
EDORO, Okosun Ehimare, MD (201502505) Coventry, RI	12/21/2015	MD received a Rhode Island board action related to inadequate medical record documentation; the action included a reprimand and numerous terms and conditions.	Public letter of concern
ERWIN, William Alan, MD (200901737) Hickory, NC	11/30/2015	History of alcohol abuse; MD has successfully completed residential treatment and entered into a monitoring contract with NCPHP.	Via Consent Order, MD is issued a Public Letter of Concern
FAIR, Lisa Alverson, MD (000034790) Lewisville, TX	12/09/2015	The Board is concerned about the quality of MD's medical record documentation, as well as certain aspects of MD's care of laboring mothers, including MD's use of and response to information from fetal monitoring technology.	Public Letter of Concern; MD must obtain 10 hours of CME in medical record documentation and fetal monitoring.

Name/license #/location	Date of action	Cause of action	Board action
HALL, Tana Louise, MD (200902047) Greenville, NC	11/17/2015	The Board is concerned that MD failed to appropriately respond to fetal heartrate tracings obtained from a patient who presented to the ER at 36 weeks leaking fluid with no contractions and that this care fell below accepted standards. MD's failure to treat the tracings, which demonstrated bradycardia and loss of variability as labor progressed, with appropriate gravity resulted in a delay in ordering cesarean section. The baby was born with damage to his brain and to other parts of his body, which resulted in his death six days after delivery.	Public Letter of Concern
KEMP, Robert David, MD (009400540) Goldsboro, NC	01/12/2016	The Board is concerned that MD failed to properly respond to a patient who experienced complications following a renal biopsy. The patient suffered cardiac arrest, but was resuscitated. The patient then became hemodynamically unstable and, despite aggressive resuscitation attempts, died.	Public Letter of Concern
OAK, Chang Yoon, MD (000026966) Plymouth, NC	01/05/2016	The Board is concerned that MD presigned involuntary commitment forms for use by PAs and NPs, who by law are not authorized to sign such forms. The Board is not aware of any situation in which anyone was committed by use of any of the forms.	Public Letter of Concern
PEACOCK, Mark Douglas, MD (000030568) Huntersville, NC	11/25/2015	MD failed to meet professional obligations to patients upon closing his practice. This included failing to assist patient in securing new medical providers and failing to provide timely access to medical records.	Public letter of concern
SALAS, Albert Laurence, MD (200601798) Albemarle, NC	12/01/2015	The Board is concerned that MD failed to provide appropriate medication, albeit due to a computer error, to a patient admitted to MD's care for dilated cardiomyopathy with decompensated congestive heart failure. It incumbent on physicians to maintain vigilance to avoid this type of medication error.	Public Letter of Concern
SCHAEFER, William Dickson, MD (009701583) Fayetteville, NC	11/04/2015	The Board is concerned that MD performed a wrong site surgery on a patient, performing surgery on the right thumb instead of the right index finger as intended. MD immediately acknowledged the error, apologized to the patient and scheduled surgery for the correct finger at no additional charge.	Public letter of concern
TAYLOR, Gerald Bernard, MD (009801084) Charlotte, NC	11/19/2015	The Board is concerned that the care MD provided to a patient who was referred to him for evaluation of a large uterus secondary to severe uterine fibroids did not meet accepted standards.	Public letter of concern
VENABLE, Robert Lee, MD (000022192) Plymouth, NC	01/05/2016	MD presigned involuntary commitment forms, which may have been used by NPs or PAs under his supervisions. NPs and PAs cannot lawfully sign involuntary commitment forms in NC. The Board is not aware of any individual who was wrongly committed through use of the forms.	Public letter of concern

Name/ license #/ location	Date of action	Cause of action	Board action
WALTON, Richard Green, DO (200800140) Okatie, SC	12/03/2015	The Board is concerned that DO's radiographic diagnosis of a patient's mammogram failed to conform to accepted standards. An expert reviewer noted that DO failed to recognize and appropriately respond to a clearly visible tumor on the patient's mammogram.	Public letter of concern
WEILAND, Paul Jerome, MD (200900300) Bath, NC	12/01/2015	The Board is concerned that MD inappropriately and excessively prescribed opioids.	Public Letter of Concern; MD must complete 10 hours of CME in prescribing and an additional 10 hours of CME in medical recordkeeping.
WOLKE, Ira Stephen, MD (200701916) Chicago, IL	01/06/2016	The Board is concerned that MD's diagnosis of a 79-year-old patient who presented with symptoms of cough, shortness of breath and wheezing failed to conform to accepted standards. MD diagnosed the patient with COPD. Approximately 11 months after this, the patient was found to have lung cancer.	Public Letter of Concern
MISCELLANEOUS ACTIONS			
HERNANDEZ, Mario Augusto, MD (201000567)	12/11/2015	Allegations of professional sexual misconduct	Interim Non-Practice Agreement; MD shall not practice medicine until specifically authorized by the Board
MANKIN, Keith Pinkney, MD (200001509) Raleigh, NC	12/11/2015	Concerns about quality of care; MD plans to pursue non-medical interests in NC.	Non-Disciplinary Consent Order; MD agrees to place his license on inactive status.
PAI, Suhas, MD (200701141) Belmont, NC	01/28/2016	Concerns about quality of care	MD is required to fulfill self-study recommendations made by CPEP.
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES			
NONE			
ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			

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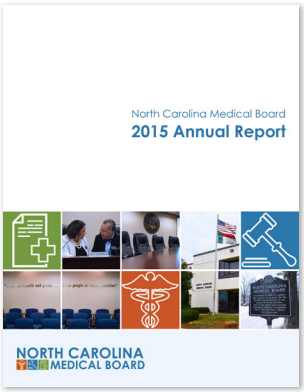

2015 Annual Report now available

NCMB recently published its agency annual report, reflecting the Board's work during calendar year 2015. The Board has published a limited number of paper copies, which are available upon request. To request a hard copy, email your name and mailing address to *forum@ncmedboard.org*

The Annual Report includes:

- Licensee demographic information
- Overview of significant policy and Board initiatives in 2015
- Summary of NCMB budget
- Licensing program highlights
- Complaint and investigative information
- Summary data about case resolutions, including public actions
- Preview of NCMB strategic goals for 2016
- Roster of current Board Members

BOARD MEETING DATES

July 20-22, 2016 (Full Board)
August 18-19, 2016 (Hearing)
September 21-23, 2016 (Full Board)
October 20-21, 2016 (Hearing)
November 16-17, 2016 (Full Board)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website:

www.ncmedboard.org