MINUTES

North Carolina Medical Board

January 16-18, 2008

1203 Front Street
Raleigh, North Carolina

Minutes of the Open sessions of the North Carolina Medical Board Meeting held January16-18, 2008.

The January 16-18, 2008, meeting of the North Carolina Medical Board was held at the Board's Office, 1203 Front Street, Raleigh, NC 27609. The meeting was called to order at 8:00 a.m., Wednesday, January 16, 2008, by Janelle A. Rhyne, MD, President. Board members in attendance were: George L. Saunders, III, MD, President Elect; Ralph C. Loomis, MD, Secretary; Donald E. Jablonski, DO, Treasurer; Ms. Pamela Blizzard; Thomas R. Hill, MD; Janice E. Huff, MD; Ms. Thelma Lennon; John B. Lewis, Jr., LLB; H. Arthur McCulloch, MD; Peggy R. Robinson, PA-C; and William A. Walker, MD.

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

MISCELLANEOUS:

Presidential Remarks

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

Mr. Ellis introduced Mr. David G. Hedgecock as an Investigator, filling a vacant position in the Greensboro area. He will be assigned to the Investigations Department effective February 1, 2008.

New Board Members – Thomas R. Hill, MD; Janice E. Huff, MD & William A. Walker, MD

Dr. Rhyne read the Oath of Office to the new Board members. She then welcomed and introduced each as a newly appointed Board member. Dr. Hill was appointed by Governor Easley to relieve Dr. Robert Moffatt, following completion of his two terms on the Board. Dr. Walker was appointed by Governor Easley to relieve Dr. Michael Norins, following completion of his two terms on the Board. Dr. Huff was appointed by Governor Easley to relieve Dr. Sarvesh Sathiraju, following his resignation.

Evaluation of Statement of Economic Interest

In accordance with Chapter 138A of the General Statutes, the State Government Ethics Act, the North Carolina Board of Ethics completed their evaluation of the statement of economic interest in the case of Dr. Huff. The Medical Board is in receipt of the letter from the Board of Ethics citing the following:

Regarding the Evaluation of Statement of Economic Interest Filed by Dr. Huff, the State Ethics Commission "did not find an actual conflict of interest. However, they did find the potential for a conflict of interest. "Dr. Huff Ezzo will fill the role of a licensed physician nominated by the North Carolina Medical Society. Both she and her husband are licensed physicians. As such, she is serving on the licensing board for members of her own profession and has the potential for a conflict of interest. In light of this interest, Dr. Huff Ezzo should exercise appropriate caution in the performance of her official duties, including matters involving her license or the licenses of her spouse, co-workers and associates. This would include recusing herself to the extent that these interests would influence or could reasonably appear to influence her actions.

Physician Accountability for Physician Competence (Dr. Sheppa)

Dr. Sheppa explained that the Physician Accountability for Physician Competence Initiative was instigated by the Federation of State Medical Boards to engage the medical community in a dialog about the future of healthcare in the United States with the ultimate goal of answering the question: How does the profession of medicine identify, measure and evaluate the ongoing competence of its members to assure the public of its commitment to accountability?

There have been five summits held between 2005 and 2007. Each summit has had between 45 and 77 participants representing a multitude of organizations from throughout the US Healthcare Community.

Dr. Sheppa recently attended Summit V, December 5-7, 2007 in Westlake, Texas. This Summit was organized into three major tracks of work: sustaining the effort, measuring competencies and infrastructure for information exchange. Overall, significant progress was made in all three tracks. Many important issues were discussed in detail, and greater clarity achieved on many key points. At the conclusion of the Summit the participants discussed who should be invited to participate in the future. A sixth Summit is planned for the summer of 2008.

Understanding "Disruptive" Behavior

John-Henry Pfifferling, PhD, Director, Center for Professional Well-Being provided a training presentation to the Board: Understanding "Disruptive" Behavior – Factors Contributing to Increasing Reports of "Disruptive" Physician Behavior.

Audit Report

Mr. Christopher Duffus, CPA, Koonce Wooten & Haywood. LLP, reviewed the North Carolina Medical Board Audit for years ended October 31, 2007 and 2006. He summarized that the firm had issued an unqualified opinion and that the "financial statements referred to present fairly, in all material respects, the financial position of the North Carolina Medical Board as of October 31, 2007 and 2006, and the changes in its financial position and its cash flows for the years then ended in conformity with accounting principals generally accepted in the United States of America." He proceeded to go through the entire report highlighting certain items.

Motion: A motion passed to accept the Audit Report as presented.

Distinguished Service Recognition – Dale G. Breaden

Mr. Breaden will retire after 13 years of service to the Medical Board. The President presented the following framed resolution to Mr. Breaden:

RESOLUTION

In Recognition of the Distinguished Service Rendered by Dale G Breaden, as Director of the Department of Public Affairs, to the People of North Carolina and to the North Carolina Medical Board

March 1995—January 2008

WHEREAS, Dale G Breaden, a native of Kentucky, received a BA in history and English from the University of Kentucky and did graduate work in American history and literature at Brandeis University, The Johns Hopkins University, and the University of Kentucky; and

Whereas, Mr. Breaden served as associate executive vice president of the Federation of State Medical Boards for 14 years during which he founded the International Association of Medical Regulatory Authorities (IAMRA) and created the *Journal of Medical Licensure and Discipline* of which he serves as emeritus editor; and

Whereas, in March 1995 Mr. Breaden became Director of Communications and Public Affairs for the North Carolina Medical Board; and

Whereas, in 1996 Mr. Breaden created the Board's quarterly publication, the *Forum,* of which he serves as editor. Since that time, the *Forum* has come to be recognized as the country's preeminent medical board publication; and

Whereas, Mr. Breaden has worked to improve the Board's Web site by posting basic data on practitioners, enriching the home page, establishing a unique Web address, posting full public record of Board actions online, and posting the entire archive of the *Forum* online. As a result of this work, the Board's Web site has been recognized as one of the few medical board Web sites in the country to receive high marks for both content and user-friendliness; and

Whereas, Mr. Breaden has worked tirelessly to improve relations with the media by, among other things, establishing a contact list of key media leaders in state, responding immediately with answers to media questions, offering a one-day internship to reporters to learn more about the Board, informing media of Board hearings of interest, alerting media to charges regarding their local practitioners, sending Board agendas to media one week in advance, issuing immediate disciplinary reports when licenses are taken or surrendered, issuing bimonthly disciplinary action reports, and issuing an annual Board action news release providing a detailed report of all Board actions; and

Whereas Mr. Breaden has worked to inform the public and the profession of the role of the Board by promoting talks by Board members and staff to civic and professional organizations, creating an informational brochure, arranging radio and television interviews, and establishing a toll-free number; and

Whereas, during the past 13 years, through his efforts as described heretofore, Mr. Breaden has demonstrated his strong commitment to offer to the public as much information about the Board and its work as the law allowed and, as a result, has developed one of the premier public affairs programs in the country; and

Whereas, Mr. Breaden, by virtue of his integrity, steadfastness, experience and wisdom, has continuously guided the Board to remain focused on the regulatory polestar of public protection and transparency throughout his tenure.

NOW, THEREFORE, BE IT RESOLVED that the North Carolina Medical Board is extremely grateful to Dale G Breaden for his dedicated service and publicly recognizes his outstanding work as Director of Public Affairs and Editor of the *Forum*, work that has distinguished him, honors the Board, and marks a deep commitment to the people of North Carolina; and

BE IT FURTHER RESOLVED THAT in recognition of Mr. Breaden's exemplary service as founder and editor of the *Forum* that he be named Editor Emeritus of the *Forum*; and

BE IT FURTHER RESOLVED that this Resolution be made part of the minutes of the Board and that a formal copy be presented to Mr. Breaden.

Approved by acclamation this 18th day of January 2008.

NORTH CAROLINA MEDICAL BOARD

MINUTE APPROVAL

Motion: A motion passed that the December 14 and the December 19, 2007, Board Minutes are approved as presented.

ATTORNEY'S REPORT

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

Written reports on 137 cases were presented for the Board's review. The specifics of this report are not included as these actions are not public information.

EXECUTED CASES – NON PUBLIC ACTIONS

Thirty-four actions were reported to the Board. The specifics of these actions are not included as these actions are not public information.

EXECUTED CASES – PUBLIC ACTIONS

The following public actions were taken since the November 2007 Board meeting and were reported to the Board:

Alford, Glen Ernest MD
Consent Order executed 12/14/07

Appling, Jon Scott MD
Re-Entry Agreement executed 11/16/2007

Augustine, Santhosh MD
Consent Order executed 12/14/07

Balentine, Kerry Layne MD
Consent Order executed 12/14/2007

Barro, Lee Dennis MD
Voluntary Surrender executed 12/6/07;
Surrender Acknowledgment Letter executed 12/7/07

Basili, Richard Louis MD
Consent Order executed 12/14/2007

Blair, James Seaborn MD
Order Terminating Consent Order executed

Boyd, William Scott PA
Consent Order executed 01/03/2008

Brewbaker, Stephen Lewis MD
Notice of Charges and Allegations; Notice of Hearing executed 11/28/07

Buttar, Rashid Ali MD
Notice of Charges and Allegations; Notice of Hearing executed 11/20/2007

Chamberlain, Steven Allison MD
Public Letter of Concern executed 11/26/2007

Chander, Ernest Romesh MD
Amended Notice of Charges and Allegations; Notice of Hearing executed 12/07/2007

Dugliss, Malcolm Andrew John PA
Voluntary Surrender and Surrender Acknowledgment Letter executed 12/5/07

Eaton, Lynne Antoinette MD
Notice of Charges & Allegations; Notice of Hearing executed 12/28/2007

Gaston, Johnny Eugene MD
Notice of Charges and Allegations; Notice of Hearing executed 12/4/07

Giordano, Stephen Robert
Consent Order executed 12/19/2007

Goyal, Maheep Kumar MD
Public Letter of Concern executed 01/11/2008

Grajewski, Robert Sigmund MD
Notice of Charges and Allegations; Notice of Hearing executed 11/20/07

Greer, Gary Wayne MD
Public Letter of Concern executed 12/18/07

Haldea, Daulat Singh MD
Notice of Charges and Allegations; Notice of Hearing executed 01/10/2008

Harron, Ray A. MD
Findings of Fact; Conclusions of Law and Order of Discipline executed 12/14/07

Hensler, Rachel Hurst
Consent Order executed 12/13/2007

Hooker, Timothy Huntington MD
Findings of Fact, Conclusions of Law & Order of Discipline executed 11/20/07

Jellinek, Lawrence Roger MD
Findings of Fact, Conclusions of Law & Order of Discipline executed 11/20/2007

Khuri, Radwan Rafik MD

Notice of Charges and Allegations; Notice of Hearing executed 12/07/2007

Larson, Michael Joseph MD
Consent Order executed 01/04/2008

Leyton, Matthew Neal MD
Public Letter of Concern executed 1/17/08

Lowery, Gary Lynn MD
Findings of Fact, Conclusions of Law & Order of Discipline executed 12/14/07

Mangundayao, Felizardo Hocbo MD
Consent Order executed 11/16/07

McCarthy, William Golden MD
Public Letter of Concern executed 1/2/08

Murray, Susan Ann PA
Notice of Charges & Allegations; Notice of Hearing executed 12/28/07

Nash, Will Light MD
Consent Order executed 12/14/2007

Navasero, Marie Canaynay MD
Public Letter of Concern executed 12/27/07

Norris, Clarence Eugene MD
Public Letter of Concern executed 11/13/07

Oweida, Sami Joseph MD
Termination of Consent Order executed 12/18/2007

Pendergraft, James Scott MD
Notice of Charges & Allegations; Notice of Hearing executed 12/28/07

Pfaffenberger, Marta Ariel MD
Re-Entry Agreement and Order, Retired Limited Volunteer License executed 01/14/2008

Phillips, Thomas Caldwell MD
Termination of Consent Order executed 01/15/2008

Rappaport, Richard Alan
Consent Order executed 12/12/2007

Rios, Gustavo Ernesto MD
Entry of Revocation executed 12/20/07

Rojo, Rodolfo MD
Voluntary Surrender Form executed 12/15/2007

Russell, Anthony Otis MD
Consent Order executed 12/11/2007

Smith, David Lewis PA
Voluntary Surrender and Surrender Acknowledgment Letter executed 11/26/2007

Smith, Michael Lantry MD
Consent Order executed 12/18/2007

Smith, Stephen Keith MD
Consent Order executed 11/16/2007

Taub, Harry Evan MD
Termination of Consent Order and Amended Consent Order executed 10/29/2007

Titus, Peter Michael PA
Notice of Charges and Allegations; Notice of Hearing executed 1/4/08

Vaughan, Howell Anderson
Consent Order and Re-Entry Agreement executed 12/11/2007

Washington, Clarence Joseph MD
Voluntary Dismissal executed 12/21/2007

Weston, Jonathan Dunbar MD
Public Letter of Concern executed 11/19/07

Woglom, Peter B. PA
Termination of Consent Order executed 01/16/2008

EXTRACTION:
The following cases was extracted from the Attorney's Report for consideration by the Board:

PETERS, Lenin J., MD - High Point, NC

Dr. Peter's thru his attorney, Edward Hollowell, requested that the 5/28/1993 Order of the Medical Board be clarified to state that the Board met in regular session to conduct a disciplinary hearing and dismissed the charges at the conclusion of that hearing.

Motion: The Board adopted a motion made by Judge Lewis and seconded by Dr. Jablonski to approve Dr. Peter's request for Order of Clarification of Dismissal

EXECUTIVE COMMITTEE REPORT

The Executive Committee of the North Carolina Medical Board was called to order at 10:35 am, Wednesday January 16, 2008 at the offices of the Board. Members present were: Janelle A. Rhyne, MD, Chair; Donald E. Jablonski, DO; Ralph C. Loomis, MD; Harlan A. McCulloch, MD; and George L. Saunders, MD. Also present were R. David Henderson (Executive Director), Hari Gupta (Director of Operations), and Peter T. Celentano, CPA (Comptroller).

Financial Statements:
Mr. Celentano, CPA, presented the November 2007 compiled financial statements. November is the first month of fiscal year 2008.

Mr. Celentano reviewed with the Committee our current cash position as of today and the amount on the Balance Sheet on November 30, 2007. The Statement of Cash Flows was reviewed and accepted as presented. Dr. Rhyne made a motion to accept the financial statements as reported. Dr. McCulloch seconded the motion and the motion was approved unanimously.

Mr. James Willis, Vice President and Portfolio Manager at BB&T, gave a presentation to the Committee on our Investment Portfolio as of January 14, 2008. Copies of the presentation will be made available to the full Board. The Committee considered the timing of future meetings with Mr. Willis and agreed Mr. Willis should return in May 2008 to continue to review the Boards investment results for the first part of 2008.

Old Business:

There were no items to discuss.

New Business:
Year end Audit Report - Koonce, Wooten & Haywood, CPA's: Mr. Chris Duffus, an audit partner with the firm Koonce, Wooten & Haywood, CPA's presented the financial statements for the fiscal year ended October 31, 2007. Mr. Duffus explained to the Committee that our statements

are presented fairly and in accordance with generally accepted accounting principles. An unqualified opinion has been made on the report.

Dr. Rhyne excused the staff for a period of time to allow Mr. Duffus to speak freely to the members of the Committee about any concerns that arose while performing the audit. The staff later returned. Mr. Duffus stated they did not find any weakness in the current internal control structure. Dr. Rhyne made a motion to accept the audit as presented. Dr. McCulloch seconded the motion and the motion was approved unanimously

Employment Contract - Personnel Members of the Executive Committee met with its Board attorney in a closed session pursuant to NC General Statute §143-138.11 to consider the terms of an employment contract of an employee.

Physician Request: The Committee considered a request by a physician to remove items from his file regarding a complaint filed against him. The outcome of the complaint was to accept as information and to take no further action. After discussion, the Committee voted to not remove any information from the file and to have Dr. Rhyne write and notify the physician of its decision.

The meeting was adjourned at 11:55am.

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

PUBLIC AFFAIRS REPORT

Mr. Breaden presented the following report to the Board:

The following are projects beyond the reporting, media, publication, and other activities that absorb most of the Department's time.

Projects Recently Completed, in progress, or being considered:

1. Create an advertisement offering brief information about the Board and its work and directing the public to the Board's Web site for additional information. Small advertisement to be placed in newspapers around the state—early 2008, when Home Page is redrafted and a record of weekly hits on the site is established for at least a month. Plan radio advertising campaign following newspaper effort.
2. Work with Hari Gupta to obtain weekly data on Web site hits to furnish basis for evaluating impact of ad campaign—done.
3. Revise the home page of the Board's Web site to welcome frequent visitors as well as new visitors to the site inspired by our ad campaign—early 2008.
4. Implement a subscription system on the Board's Web site, allowing visitors to indicate they are interested in receiving news from the Board including disciplinary reports, the Forum, Board meeting agenda, minutes, etc. (Survey, if possible: How did you hear about us?)—to be on Web site when home page is redrafted.
5. Hire a part-time person to assist with routine production and related activities—just before or after new director hired—early 2008.
6. Board member liaison to the Public Affairs Department: brief feedback sessions, discussions, etc—done.
7. The PA department will provide a brief report twice a year (January and July) regarding current status of selected programs—in place, done for January 2008.

8. Public service announcement on Web site initially presented as a "Special Message from (current Board President)." Additional public service announcements from time to time, including a message from a member of the public who has benefited from the work of the Board. Media would be encouraged to consider use of these announcements--to be developed by mid-year 2008.
9. Coding of Board action causes and preparation of comparative data over time—in place, done for 2006 and 2007.
10. Identification of key public/civic groups: establish contacts for distribution of materials, speakers—in process 2008.
11. Initial plan/work on 2009 sesquicentennial—in place, already moving in discussions/planning.
12. Brochures/printed material for distribution (with distribution systems/methods planned in advance): (1)Brochure--Detailed information for licensees, medical schools, hospitals, and media about the Board, done August 2007; (2)Brochures--Simplified information for the public and civic groups, by mid-2008; (3)Brief: single panel information cards on filing a complaint, licensing process, disciplinary process, 2008

POLICY COMMITTEE REPORT

H. Arthur McCulloch, MD, Chair; Thelma Lennon; William Walker, MD met on January 16, 2008 at 1:00 pm.

NICOTINE REPLACEMENT THERAPY AND THE NC TOBACCO USE QUITLINE

Issue: Is providing nicotine replacement therapy through "quit coaches" at the NC Tobacco Use Quitline the practice of medicine? If so, is there a way that the Medical Practice Act can be amended to allow for this program?

1/16/2008 – Jana Johnson, MD, Medical Director for the Tobacco Prevention and Control Branch of the Division of Public Health, presented information to the Committee regarding nicotine replacement therapy (NRT) and the NC Tobacco Use Quitline. Dr. Johnson explained that the Quitline is open to all North Carolinians 7 days a week. Coaches have 90 hours of training. They provide materials and give database and medication information, but they do not advise the participants of the Quitline. Under the proposed plan to provide free NRT to participants, the Quitline would provide nicotine patches and gum after qualifying participants through a series of exclusionary questions that will eliminate participants with certain risk factors. Mr. Mansfield explained that although nicotine replacement patches and gum may be purchased over the counter, the fact that a coach is asking questions of the participant to determine the appropriateness of the treatment tends to suggests that this activity would be considered practicing medicine. However, if the Committee and the Board feel that this is not the practice of medicine, then the Board could make that pronouncement. In that event the Quitline would presumably be free to begin distributing the NRT. Dr. Walker inquired about making a rule that would carve out this activity from the practice of medicine and permit the providing of free nicotine patches and gum when appropriate. Mr. Mansfield explained that the Board can make rules within its statutory authority but that a rule can never override a statute. Such a rule may be in conflict with the statutory definition of the practice of medicine and the requirement for licensure. Mr. Mansfield echoed Dr. Johnson's recommendation that the Board and NC DHHS work together to pursue legislation that would carve out this activity from the

practice of medicine and the requirement that those engaged in this activity be licensed to practice medicine.

1/2008 ACTION: Mr. Mansfield will work with Dr. Johnson and the NC DHHS to pursue an amendment to the Medical Practice Act to create a very specific exception that would permit this program to go forward. The exception would be based on the following factors: it is limited to the NC Tobacco Use Quitline; it is limited to smoking cessation; it is limited to OTC medications; the service and products are free; and it is administered by the NC DHHS or other appropriate state agency.

NOVEMBER 2007 POLICY COMMITTEE MEETING MINUTES:

The minutes from the November 14, 2007 minutes were approved as presented.

1/2008 BOARD ACTION: Approve minutes

REVIEW OF POSITION STATEMENTS:

RETENTION OF MEDICAL RECORDS
MEDICAL RECORD DOCUMENTATION

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

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

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

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

5/16/2007 – Dr. Rhyne indicated that the Federation is developing a statement and suggested that the Committee should table this issue until the Federation process is completed. Ms. Phelps suggested that the Committee consider updating the Retention of Patient Records position statement to conform to current law. **5/2007 ACTION**: Make minor changes to Retention of Patient Records position statement to reflect changes in the law without need of publication in the Forum. A more comprehensive review will be done after the Federation has completed its process.

7/18/2007 – Continue to table issue pending FSMB statement.

9/19/2007 - Continue to table issue pending FSMB statement

11/14/2007 – Continue to table issue

Proposed Comprehensive Revision of NCMB Medical Records Position Statement:

Patient Records

Introduction

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

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

Medical Record Documentation

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

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

Such a chronological document:

- records pertinent facts about an individual's health and wellness;

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

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

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

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

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

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

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

Access to Patient Records

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

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

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

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

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

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

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

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

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

Retention of Patient Records

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

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

- In order to preserve confidentiality when discarding old records, all documents should be destroyed; and
- Before discarding old records, patients should be given an opportunity to claim the records or have them sent to another physician, if it is feasible to give them the opportunity.

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

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

1/16/2008 ACTION - Continue to table issue.

INITIAL REVIEW OF POSITION STATEMENTS:

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

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

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

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

5/16/2007 – Dr. Rhyne and Melanie Phelps presented the following proposed changes for End-of-Life Responsibilities and Palliative Care position statement. **5/2007 ACTION**: Publish END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement in the Forum for

comments. The ADVANCE DIRECTIVES AND PATIENT AUTONOMY position statement is current and needs no updating at this time.

7/18/2007 – Additional comments will be sought by Dr. Rhyne and Melanie Phelps. Goal is for the END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE position statement will be published in the October Forum.

9/19/2007 – Mr. Brosius and Mrs. Phelps will review this statement prior to submitting for publication.

11/14/2007 – Issue tabled

1/16/2008 – The proposed language changes have been published in the most recent Forum. The Committee voted to continue to collect public comments and present a proposal to the full Board at the March 2008 meeting. Also presented was a draft of the Advance Directives & Patient Autonomy for the Committee's review.

ADVANCE DIRECTIVES AND PATIENT AUTONOMY

Advances in medical technology have given physicians the ability to prolong the mechanics of life almost indefinitely. Because of this, physicians must be aware that North Carolina law specifically recognizes the individual's right to a peaceful and natural death. NC Gen Stat § 90-320 (a) (2007) reads:

The General Assembly recognizes as a matter of public policy that an individual's rights include the right to a peaceful and natural death and that a patient ~~or his~~ the patient's representative has the fundamental right to control the decisions relating to the rendering of ~~his~~ the patient's own medical care, including the decision to have ~~extraordinary means~~ life-prolonging measures withheld or withdrawn in instances of a terminal condition.

~~They~~ Physicians must also be aware that North Carolina law empowers any adult individual with ~~understanding and~~ capacity to make a Health Care Power of Attorney [NC Gen Stat § 32A-17 (2007)] and stipulates that, when a patient lacks understanding or capacity to make or communicate health care decisions, the instructions of a duly appointed health care agent are to be taken as those of the patient unless evidence to the contrary is available [NC Gen Stat § 32A-24(b)(2007).

It is the position of the North Carolina Medical Board that it is in the best interest of the patient and of the physician/patient relationship to encourage patients to complete or authorize documents that express their wishes for the kind of care they desire at the end of their lives. Physicians should encourage their patients to appoint a health care agent to act ~~with the~~ through the execution of a Health Care Power of Attorney and to provide documentation of the appointment to the responsible physician(s). Further, physicians should provide full information to their patients in order to enable those patients to make informed and intelligent decisions preferably prior to a terminal illness. The Board also encourages the use of portable physician orders to improve the communication of the patient's wishes for treatment at the end of life from one care setting to another.

It is also the position of the Board that physicians are ethically obligated to follow the wishes of the terminally ill or incurable patient as expressed by and properly documented in a declaration of a desire for a natural ~~death.~~ death; however, ~~It is also the position of the Board that~~ when the wishes of a patient are contrary to what a physician believes in good conscience to be appropriate care, the physician may withdraw from the case once continuity of care is assured.

It is also the position of the Board that withholding or withdrawal of ~~life prolonging technologies~~ life-prolonging measures is in no manner to be construed as permitting diminution of nursing care, relief of pain, or any other care that may provide comfort for the patient.

(Adopted 7/93)
(Amended 5/96)

North Carolina Medical Board Position Statement

END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE

Assuring Patients

Death is part of life. When appropriate processes have determined that the use of ~~life-sustaining~~ life prolonging measurers or invasive interventions will only prolong the dying process, it is incumbent on physicians to accept death "not as a failure, but the natural culmination of our lives."*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification an impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems. Palliative care:

- **provides relief from pain and other distressing symptoms;**
- **affirms life and regards dying as a normal process;**
- **intends neither to hasten nor postpone death;**
- **integrates the psychological and spiritual aspects of patient care;**
- **offers a support system to help patients live as actively as possible until death;**
- **offers a support system to help the family cope during the patient's illness and in their own bereavement;**
- **uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;**

- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.**

~~There is no one definition of palliative care, but the Board accepts that found in the Oxford Textbook of Palliative Medicine: "The study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life." This is not intended to exclude remissions and requires that the management of patients be comprehensive, embracing the efforts of medical clinicians and of those who provide psychosocial services, spiritual support, and hospice care.~~

~~A physician who provides palliative care, encompassing the full range of comfort care, should assess his or her patient's physical, psychological, and spiritual conditions. Because of the overwhelming concern of patients about pain relief, special attention should be given the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some cases, there are inherent risks associated with effective pain relief in such situations.~~

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the ~~Management of Chronic Non-Malignant Pain~~ Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of physicians in the management of pain.) Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

~~***Selected Guides***~~

~~**To assist physicians in meeting these responsibilities, the Board recommends *Cancer Pain Relief: With a Guide to Opioid Availability*, 2nd ed (1996), *Cancer Pain Relief and Palliative Care* (1990), *Cancer Pain Relief and Palliative Care in Children* (1999), and *Symptom Relief in Terminal Illness* (1998), (World Health Organization, Geneva); *Management of Cancer Pain* (1994), (Agency for Health Care Policy and Research, Rockville, MD); *Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain*, 4th Edition (1999)(American Pain Society, Glenview, IL); *Hospice Care: A Physician's Guide* (1998) (Hospice for the Carolinas, Raleigh); and the *Oxford Textbook of Palliative Medicine* (1993) (Oxford Medical, Oxford).~~**

(Adopted 10/1999)

(Amended 5/2007)

***Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.**

**** Taken from the world Health Organization definition of Palliative Care (2002): (http:www.who.int/cancer/palliative/definition/en)**

1/16/2008 ACTION– Final proposal to be presented to the full Board at the March 2008 meeting

PHYSICIAN MOBILE CARDIAC CATHETERIZATION SERVICE:

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

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

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

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

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

5/16/2007 – Todd Brosius informed the Committee that he had spoken with Troy Smith, Attorney for the Mobile Cardiac Cath lab in question. Mr. Smith offered to meet with the Committee. **5/2007 ACTION**: Mr. Brosius is to obtain written statements regarding safety from the hospital, Physician who the Mobile Cardiac Cath lab, CEO of NOVANT, and the manufacturer of the Mobile Cardiac Cath labs. Upon receipt of this information the Committee will review and consider further.

7/18/2007 – Dr. Saunders reported that he and Todd Brosius had been gathering information regarding the issue. Dr. Saunders stressed that the answer is not black and white, stating that a major issue seems to be serving the rural communities and the transportation issues. The Committee is anticipating letters to be submitted from several interested parties prior to the next scheduled meeting of the Committee. **7/18/2007 COMMITTEE ACTION**: Table until the next meeting of the Committee, when more information is available.

9/19/2007 – Troy Smith, Attorney for Dr. Royal, provided the Committee with several documents supporting: American College of Cardiology/Society for Cardiac Angiography And Interventions

Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards; and Mobile cardiac catheterization laboratories increase use of cardiac care in women and African American patients. When asked about the percentage of patients who are uninsured, Dr. Royal indicated that the patient population is very diverse, and most patients are uninsured or on Medicare or Medicaid. Dr. Royal was also questioned about hand-picking his patients. Dr. Royal stated that insurance is not a factor for accepting patients. Dr. Royal explained that his facility only sees adults. Additionally these patients cannot be high risk to be a good candidate for their facility. When asked about the issue with EMS, Dr. Royal stated that the procedure now is that anyone being transferred from his facility to a hospital, must first go to the emergency room. Dr. Royal indicated that the procedure was put in place by EMS, and he is following their instructions.

9/19/2007 ACTION: Mr. Smith to provide raw data for actual complication rate to Mr. Brosius for the Committee's review. Committee will consider information provided and make a decision at a later date.

11/14/2007 ACTION: Table issue

1/16/2008 – The Committee reviewed additional information submitted by Troy Smith regarding the complication rates with respect to the mobile cardiac catherization lab at issue.

1/2008 ACTION: After two separate hearings and review of additional submitted information, the Committee gave complete consideration to the issue and finds no need for further action by the Board. Issue has been investigated and no further action is indicated. Issue closed.

EXPERT WITNESS TESTIMONY

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

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

3/2007 ACTION: Defer review at this time.

5/2007 ACTION: Defer review at this time.

7/2007 ACTION: Defer review at this time.

9/2007 ACTION: Defer review at this time.

11/2007 ACTION: Defer review at this time.

1/16/2008 – Mr. Brosius indicated that now would be an appropriate time to address the issue of the proposed Position Statement concerning medical testimony. The Committee was in favor of the proposed position statement and voted to ask Judge Lewis review the proposal. A final version should be ready to present to the full Board at the March 2008 meeting.

POSITION STATEMENT:

Medical Testimony Position Statement

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

- **Physician expert witnesses are expected to be impartial and should not adopt a position as an advocate or partisan in the legal proceedings.**

- **The physician expert witness should review all the relevant medical information in the case and testify to its content fairly, honestly, and in a balanced manner. In addition, the physician expert witness may be called upon to draw an inference or an opinion based on the facts of the case. In doing so, the physician expert witness should apply the same standards of fairness and honesty.**

- **The physician expert witness is ethically and legally obligated to tell the truth. The physician expert witness should be aware that failure to provide truthful testimony may expose the physician expert witness to disciplinary action by the Board.**

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

> **In various legal and administrative proceedings, medical evidence is critical. As citizens and as professionals with specialized knowledge and experience, physicians have an obligation to assist in the administration of justice.**
>
> **When a legal claim pertains to a patient the physician has treated, the physician must hold the patient's medical interests paramount, including the confidentiality of the patient's health information, unless the physician is authorized or legally compelled to disclose the information.**
>
> **Physicians who serve as fact witnesses must deliver honest testimony. This requires that they engage in continuous self-examination to ensure that their testimony represents the facts of the case. When**

treating physicians are called upon to testify in matters that could adversely impact their patients' medical interests, they should decline to testify unless the patient consents or unless ordered to do so by legally constituted authority. If, as a result of legal proceedings, the patient and the physician are placed in adversarial positions it may be appropriate for a treating physician to transfer the care of the patient to another physician.

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

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

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

1/16/2008 ACTION: Ask Judge Lewis review the proposal. A final version should be ready to present to the full Board at the March 2008 meeting.

TELEPSYCHIATRY

7/18/2007 – A request from ACT Medical Group for the Board to provide clarification regarding internet prescribing after a telehealth visit conducted via internet-based, real-time, interactive audio/video telecommunications as it relates to the Board's position statement, *Contact with Patients Before Prescribing*, was reviewed.

Dr. Saunders and Dr. McCullouch agreed that the internet prescribing issue is a related topic. Dr. McCullouch recommendation that we check with the Federation to determine their position on the issue.

7/18/2007 COMMITTEE ACTION: Committee will address as time permits.
9/19/2007 COMMITTEE ACTION: Table issue.
11/14/2007 COMMITTEE ACTION: Table discussion at this time.

1/16/2008 – The Committee the request and voted to invite representatives from ACT Medical Group to Committee's meeting in March to discuss their request.

1/2008 ACTION: Invite representatives from ACT Medical Group to the March 2008 Policy Committee meeting.

NCCN WILKES CHRONIC PAIN INITIATIVE

Issue: Request from Wilkes Regional Medical Center for the Board's opinion on minimum requirements for patient encounters under naloxone prescribing circumstances.

9/2007 - Dr. Rhyne reviewed the information provided. There was a brief discussion regarding the use of naloxone for chronic pain versus heroine addicts. Dr. Rhyne indicated that the intention of the pain initiative was to have protocols to use naloxone in both situations.

9/19/2007 ACTION: Defer decision to provide for public input. Provide for a Pubic Forum at the November 2007 Policy Committee meeting. Mr. Brosius to work with the Public Affairs department to get notice published.

11/14/2007 – The following people provided information to the Committee regarding their efforts to initiate a program in Wilkes County to provide naloxone to patients who have a potential for overdosing: Susan Albert, MD, Fred Brason, Nabarun Dasgupta, Kay Sanford, and Alex Kral, Ph.D. This program would provide patient education, mental health support, guidelines for providing the prescriptions, and follow-up care. Warren Pendergast, MD also addressed the Committee regarding his concerns that the State needs to search for long term solutions to this problem and indicating that mental health population are underserved.

1/16/2008 – The Committee discussed that the article had missed the deadline for the most recent Forum, but that it was posted on the Board's website. It will be published in the March 2008 Forum.

1/2008 ACTION: The Policy Committee will consider a Position Statement at its May 2008 meeting.

BOARD CERTIFICATION

Issue: How North Carolina-licensed physicians may advertise their Board certification status to the general public?

11/2007 - Mr. Brosius submitted a request for clarification on how North Carolina-licensed physicians may advertise their Board certification status to the general public. COMMITTEE RECOMMENDATION: The Committee will continue to consider this issue. Mr. Brosius will attempt to develop language to add to the advertising and publicity position statement to be presented at the January 2008 meeting for consideration.

1/16/2008 – The Committee reviewed a request from the American Society of Dermatologic Surgery regarding this issue. Mr. Brosius submitted proposed changes to the Board's Advertising and Publicity position statement. There was some discussion as to whether this issue could be addressed by a rule. It was decided not to pursue the rule making option at this time. Dr. Walker suggested that requiring all physicians to identify their certifying board might be a solution. Dr. McCulloch recommended that the proposed changes to the position statement

should include: To advertise as board certified certification physician must - 1.Identify the certifying board; and 2. The certification must be from an ABMS/AOA certifying board or a certifying board that requires a demonstration of competence in that specialty with a continuing competence component.

1/2008 ACTION: Make the recommended additional changes to the position statement and present for reconsideration at the March 2008 committee meeting.

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

CONTINUED COMPETENCE COMMITTEE REPORT

The Continued Competence Committee of the North Carolina Medical Board was called to order at 3:00 p.m., Thursday, January 17, 2008, at the office of the Board. Members present were: Peggy Robinson, PA-C, Chair; Ralph Loomis, MD; and John Lewis, LLB. Also attending were: Janelle Rhyne, MD, President; Michael Sheppa, MD, Medical Director (Staff); Thomas Mansfield, JD, Director, Legal Department (Staff) and Jeffery Denton, Recorder (Staff).

CME – Development of Random Audits

(November 2007) Mr. Gupta reported that the project to do the random audits is almost ready to begin. First we had to convert one year CME records into 3 year CME records. That project has now been completed. The first report was run and we found some issues with the CME data. Those issues are being resolved and we expect to send out the first set of letters to licensees that are non-compliant in December 2007.

(January 2008) Mr. Henderson reported that during the December 2007 registration cycle information was gathered for those licensees reporting less than the required 150 hours every three years. The letter that was sent to these licensees was reviewed by the committee. Licensees that were mailed the letter must respond within 90 days. If not, they will be turned over to the Investigative Department.

Dr. Loomis suggested that at a future meeting the committee discuss and recommend what type of discipline should be issued to those that were, in fact, deficient during their reporting cycle (fine, reprimand, etc.).

Annual Registration Clinical Practice Questions

(May 2007) Background: It has been noted that the questions on the annual registration form that relate to not being in the active practice of medicine, the whys and what have you really been doing are all optional responses. Thus, no reliable data along this line is available. A motion passed to reevaluate subject questions and make answering them "mandatory." This relates to those questions along the line of being out of the active practice of medicine, why and what are you doing. Reviewing the registration questionnaire is a priority for the Continued Competence Committee. Reviewers will be looking for more specific questions pertaining to practice activity and how to refine questions to be useful in identifying physicians that may be in need of reentry type education.

(July 2007) The Physician Registration Form was reviewed. There is a consensus that the time has come to do something about physicians that are not practicing medicine but keeping their licenses without continued clinical experience. A motion was passed to modify the registration form to collect additional data.

(November 2007) Mr. Gupta provided a screenshot of the revised questions to the Committee. The only question remaining is the wording to be used to gather the initial date one stopped providing direct patient care. Dr. Sheppa will work with Mr. Gupta to resolve the wording on the registration form.

(January 2008) This item is deferred till the March 2008 committee meeting.

Federation of State Medical Boards Special Committee on Maintenance of Licensure

(November 2007) The draft report of the Federation of State Medical Boards' (FSMB) Special Committee on Maintenance of Licensure has been made available for comment. The FSMB is requesting comments be submitted no later than January 7, 2008.

Key elements of the report include:

- recommendations for how state medical boards should proceed with implementing maintenance of licensure requirements to ensure the ongoing competence of licensed physicians;
- recommendations for what elements should be included as part of the maintenance of licensure process and how those requirements could be met;
- guidelines for dealing with physicians seeking to reenter practice after a period of absence, including what evidence such physicians should be required to provide to the state medical board at the time of reentry;
- guidelines for reducing barriers to reentry to practice and what outreach measures state medical boards can take to help prepare practitioners who either are thinking about taking a leave of absence or are considering returning to the clinical practice;
- recommendations for handling issues of disclosure/privacy and reporting requirements as part of the maintenance of licensure and reentry to practice process;
- recommendations for how the FSMB can revise its policy document *Essentials of a Modern Medical Practice Act* to provide sample language that state medical boards can use, if needed, in revising their medical practice acts to implement maintenance of licensure and reentry to practice standards; and
- definitions of key terms used in the report.

The Committee has not had sufficient time to study this report. The next Committee Meeting is on January 17, 2008, where it will be discussed in detail. Due to the pending comment deadline, the Committee recommended that individual Board Members submit comment directly to the FSMB to meet the January 7, 2008, deadline. The Committee will discuss the report and make recommendations to the Full Board on January 17, 2008.

(January 2008) The committee discussed the report. There was a general consensus that practically it is going to be very difficult and the Board should move in this direction slowly. If not, older physicians are just going to retire. We do not want a ground swell of these people on the fence leaning towards retirement in order not to have to comply. There was recollection of the specialty boards initially going through this process. If North Carolina is headed in this direction, then review the FSMB final report. A Forum article will need to be prepared letting our licensees know we are headed in this direction. Then steps will have to be set out. It was noted that Dr. Rhyne has prepared an article titled *Trends in Maintaining Clinical Medical* Expertise for publication in the next edition of the Forum. This item is deferred until the May committee meeting after receipt of FSMB's final report.

In-state Evaluation/Remediation Program

(November 2007) Dr Sheppa has had on-going conversations with Dr. Steve Willis, the Director of Eastern AHEC regarding a NC based reentry assessment and remediation program. A meeting with representatives from UNC to explore the possibility of UNC's participation in this activity is planned for November 27, 2007. Discussions have occurred with representatives of Duke University and ECU but have not led to further action.

(January 2008) Dr. Sheppa reported that the November meeting did not take place, and since then there have been two deaths in this group of representatives. No schedule has been set for the next meeting. This item is tabled till further notice.

Formulating Standards or Criteria For Board Actions on Issues of Competency

(November 2007) Dr. Sheppa stated that this item is an attempt to address the competency question for the Board. He believes the Board should first use the six core competencies as reflected in the Good Medical Practice – USA (developed by the National Alliance for Physician Competence) and break them down within each sublevel within that competence and then decide if the Board should act. He believes Dr. Kirby's scoring process for doctors of concern may have some bearing here. Dr. Kirby, Assistant Medical Director, is developing a method to objectively and consistently evaluate and assess a physician licensee's past history with the Board. Dr. Kirby gave a presentation to the Board in July 2007.

(January 2008) This item was briefly discussed and some examples given: asking certain elderly physicians to retire vs. charging and linking discipline to the core competencies. This item is tabled till further notice.

Cecil B. Sheps Center - Analysis of PLIPs

(May 2007) Dr. Sheppa presented a report of the analysis of PLIPs data by the Cecil B. Sheps Center. The goal was to determine if PLIP data could serve to identify doctors of concern who have had malpractice actions and who may require further Board action. Dr. Ricketts, of Sheps, continues to analyze the available data base for other sentinel variables.

(November 2007) Dr. Sheppa now reports that in several months they may be able to break out PLIP data by competency. They will then attempt to use Dr. Kirby's scale to measure; hoping to identify doctors by using the score based system.

(January 2008) Dr. Sheppa reported that his department is in the process of applying Dr. Kirby's score system to all 2006 PLIPS. They will then compare the score to what the actual outcome was. This project may be complete and reported out at the March committee meeting.

Physician Communication Issues

(November 2007) This item came from the Best Practices Committee. In addition, at this Board Meeting a communication resolution was adopted for submission to the Federation's 2008 House of Delegates annual business meeting.

Discussion: It is believed residency programs are doing such a course now and that we may be able to incorporate remediation into them. These residency program courses may be very conducive for physicians in active practice due to meeting times and availability. Ms. Robinson would like to see the Board develop such a course that is presented periodically (set aside an afternoon for four hours). The Board would not be teaching it but putting it together and coordinating it.

Dr. Sheppa will add this to the agenda for the meeting he will be having with the medical schools after Thanksgiving. This will be discussed further at the January 2008 Committee meeting.

(January 2008) This item is tabled till further notice.

The next regular meeting of the Continued Competence Committee is tentatively set for Thursday, March 27, 2008.

Motion: A motion passed to accept the Continued Competence Committee Report.

BEST PRACTICES COMMITTEE REPORT

The Best Practice Ad Hoc Committee of the North Carolina Medical Board was called to order at 7:05 a.m., Friday, January 18, at the office of the Board. Members present were: George Saunders, MD, Chair; Janelle Rhyne, MD; Ralph Loomis, MD; and Donald Jablonski, DO. Also attending were: David Henderson, JD, Executive Director (Staff); Nancy Hemphill, Special Projects Coordinator; Michael Sheppa, Medical Director; Judie Clark, Complaint Director; Thom Mansfield, Legal Director; Joy Cooke, Licensing Director; Curt Ellis, Investigations Director; and Jeffery Denton, Recorder (Staff).

Dr. Saunders stated that this was the end to a very long road which started with the Board Retreat a year ago. He congratulated staff and Committee members for their commitment to this endeavor.

OLD BUSINESS

Topics were discussed as follows:

Topic A: What is the function of the Board and where will it be in 5 to 10 to 15 years from now? (Saunders, Jablonski, Rhyne, Norins)

Item (5) Board needs to expand contact and interactive base. Reach out to other organizations, such as the Old North State Medical Society, the NC Osteopathic Medical Association, Institute of Medicine, and Carolinas Center of Clinical Excellence. Consider appointing specific liaisons from key outside organizations to facilitate communication and cooperation with the Medical Board.

Update: (July 2007) a list was provided as a starting point. For those organizations that do not have Medical Board representations (as members or otherwise) an effort will be made for Board representation and presentations at their annual meetings. Dr. Saunders and Mr. Henderson will be the point persons for this project.

Organizations: (July 2007) North Carolina Hospital Association, all specialty and subspecialty boards in North Carolina, North Carolina Osteopathic Medical Association, North Carolina Society of the American College of Osteopathic Family Physicians, AHEC, Carolina Center for Medical Excellence, Medical Mutual, and the North Carolina Academy for Physician Assistants.

Update/Action: (November 2007) A draft letter to the identified organizations was reviewed and approved. Mr. Denton will prepare the letters for signature and mailing.

Update: (January 2008) Mr. Henderson reported that the letters were mailed on

December 7, 2007, and that requests for presentations were already coming in. (Since this is an ongoing endeavor this will be the last report on this item.)

Topic B: Hearings – is there a better way? (Rhyne, Loomis (& Legal Staff))

Item (1) Presiding Officer training for all Board Members.

Update: (April 2007) Mr. Mansfield will do more research on the feasibility of hiring professional trainers to do arbitrator-type training. He will also spearhead finding more resources. Will need 90 days to set up training.

Update: (May 2007) Work in progress.

Update: (November 2007) Mr. Mansfield reported that he had a meeting with one of the lawyers at the School of Government at Chapel Hill. They have two kinds of training that comes close to what he believes the Board needs: training for real judges and training for local governments (mayors, county commissioners, etc.). He will pursue having the School of Government adapt this type of training for the Medical Board's use and use by other regulatory boards. In the meantime, he believes we can do some in-house training drawing on the recent experience of Dr. McCulloch.

Update: (January 2008) Mr. Mansfield reported that he continues to work with the School of Government in Chapel Hill and should have a specific plan by the March 2008 Board Meeting. (Since this training will be ongoing, this the last report on this item.)

Topic C: Proper division of responsibility between Board and staff. (Norins, Loomis)

Item (1) Appoint subcommittee to study empowerment of staff. This should be a priority. Set specific protocols for staff under specific conditions such that staff can be empowered and yet the Board feels it has sufficient oversight that it is confident that the Board's wishes are being carried out.

Update: (July 2007) the subcommittee will consist of Dr. Norins, Dr. Moffatt and Dr. Saunders. Mr. Henderson has developed a form that will be used to list all of the Board Actions. The subcommittee will review these actions and may make recommendations for which authorized entity should more appropriately conclude the action (Full Board, Committee of the Board, Individual Board Member, Senior Staff, Support Staff, etc.).

Update: (November 2007) Recommendations will be provided via the staff for the January 2008 committee meeting.

Recommendations: (January 2008) The following recommendations were approved by the committee for presentation to the Full Board:

1. **Complaint/Investigative Cases in Which Senior Staff Recommends AAI**
   Recommendation: The senior staff review committee (SSRC) will have the authority to dispose of cases in which there is a unanimous recommendation to AAI. Non-unanimous cases or those where the complainant has requested re-review will be referred to the Review Committee.

2. **Non-problematic Reports**
   Recommendation: Routine non-problematic assessment reports, such as PHP reports, do not need to be brought back to the Board. Staff will send a closure letter and file the report.

3. **Disciplinary Committee Chair Increased Authority**
   Recommendation: (1) The Chair of the Disciplinary Committee will have the authority to approve closure of the following types of cases based upon

recommendations by the Investigative and Legal Department Departments. These cases will be reported to file and listed at the end of the Disciplinary Committee Report.

- Reports from CPEP, Farley, Behavioral Medical Institute, etc. that are non-problematic.
- Requests for consent order termination when the licensee has been in compliance and the consent order is five years old or older.
- Investigations and complaints that involve clearly erroneous or unsubstantiated allegations, or withdrawn allegations.
- Cases involving the unlicensed practice of medicine will be send a cease and desist letter and will be sent directly to the law enforcement agency with appropriate jurisdiction.

Note: For the above cases that involve quality of care issues, those cases will have to receive a closure recommendation by the Senior Staff Review Committee prior to being submitted to the Disciplinary Committee Chair for consideration.

(2) The Chair of the Disciplinary Committee will have the authority to issue orders for examinations/assessments in cases not involving clinical competence based upon the recommendation of the Investigative and Legal Departments.

4. **Out of State Cases Involving Inactive Licensees**
   Recommendation: Upon review and recommendation by the Legal Department, those out of state disciplinary actions involving licensees who have had their North Carolina medical license inactive for ten or more years can be reported to file. These cases would not be listed on the Disciplinary Committee report.

5. **Certain Malpractice Payment Cases**
   Recommendation: When there is no payment made or the physician is inactive (not for cause), the Complaint Department has the authority to report these to file after review and approval by the OMD.

6. **Administrative Approval for Licensure on Routine Applications**
   Recommendation: The Director of the Licensing Department or the Licensing Supervisor or the PA Coordinator will have the authority to issue an MD, DO, or PA license in accordance with protocols approved by the Licensing Committee and the Board.

7. **Processing of ILOCs (Interim Letters of Concern)**
   Recommendation: Upon satisfactory completion of the requirements of an ILOC, staff is permitted to send the resulting PLOC without having to bring the case back to the committee. This would apply to both Disciplinary and Review Committees.

8. **Processing of PLOCs (Private Letters of Concern)**

Recommendation: The Review Committee has final approval authority for the PLOCs assigned to that Committee.

NEW BUSINESS

Mentors For New Board Mentors

Recommendation: The committee recommends that new Board Members be assigned mentors. Current assignments:

Dr. Walker – Dr. Loomis
Dr. Huff – Dr. Saunders
Dr. Hill – Dr. McCulloch

The next regular meeting of the Best Practice Ad Hoc Committee is tentatively set for Thursday, July 17, 2008.

Motion: A motion passed to accept the Best Practices Committee Report.

ALLIED HEALTH COMMITTEE REPORT

The Allied Health Committee of the North Carolina Medical Board met on Wednesday, January 16, 2008 and Thursday, January 17, 2008 at the office of the Board. Present: Peggy Robinson, PA-C, Chairperson, Judge John Lewis, Marcus Jimison, Legal, Lori King, CPCS, Licensing, Quanta Williams, Licensing, Dr. Sheppa, Judie Clark, Dr. Huff, Dr. Hill, Melanie Phelps, Jeffrey Katz, Mike Borden

PA's Working at Federal Facilities. PA's working at Federal Facilities. - add to frequently asked questions. Marcus Jimison to discuss.

Do the North Carolina rules and regulations involving physician assistants apply to physician assistants employed by the federal government working at federal facilities such as military bases, veteran's hospital, and federal prisons located within North Carolina?
21 NCAC 32S .0107(2) reads as follows: "Nothing in this Subchapter shall be construed to require licensure under 21 NCAC 32S of: (2) a physician assistant employed in the service of the federal government while performing duties incident to that employment." In other words, the federal government may employ physician assistants to work at federal facilities located within North Carolina without requiring those physician assistants to have a North Carolina license. Many physician assistants employed by the federal government working at federal facilities within North Carolina do carry a North Carolina license. In those instances, those physician assistants must comply with certain rules and regulations such as annual registration (21 NCAC 32S .0105), continuing medical education hours (21 NCAC 32S .0106) and the payment of fees (21 NCAC 32S .0117) in order to keep an active North Carolina PA license. These rules and regulations can be characterized as license maintenance regulations. Those North Carolina physician assistant rules and regulations that pertain to how a physician assistant practices medicine and how he or she is supervised do not apply to federally employed physician assistants working at federal facilities. These rules and regulations can be characterized as practice regulations. Federally employed physician assistants are governed by the federal government's rules and regulations in regard to how they practice medicine within federal facilities. However, a federally employed physician assistant who carries a North Carolina license should be aware that he or she must practice good medicine, act professionally

and comply with all applicable federal rules and regulations, or otherwise he or she may be subject to discipline by the North Carolina Medical Board. (*See e.g.,* N.C. Gen. Stat. 90-14(a)(6)(grounds for discipline include unprofessional conduct which can occur within or without North Carolina) and N.C. Gen. 90-14(a)(7)(grounds for discipline include the violation of any law involving the practice of medicine which would include federal laws and regulations). In sum, federally employed physician assistants are governed by federal rules and regulations in regard to how they practice while working within federal facilities. However, a federally employed physician assistant who carries a North Carolina license and who wants to maintain an active North Carolina license must comply with those North Carolina rules and regulations that pertain to maintaining an active license (i.e., annual registration, CME, and payment of fees). Also, any physician assistant who carries a North Carolina license is expected to practice competently, act professionally, and be of requisite good character no matter where, or for whom, he or she works.

BOARD ACTION: Incorporate information regarding PAs working at federal institutions into PA Frequently Asked Questions on the website

Fast Track System for CPPs

Catchline: CPP applications that do not reach NCMB's office in time to go on the CD that goes out to the Board members will not be presented to the Allied Health Committee until the next odd-numbered month. With a fast track system in place, when these applications are received, they will be sent to AHC members for review & a decision during the even-numbered months. This will eliminate a delayed approval process for these applicants.

BOARD ACTION: Approve Fast Track System for CPPs

November Perfusionist Minutes (Open Session)

Catchline: The open session portion of the minutes from the November Perfusionist Advisory Committee and the perfusionist vote list for January were presented.

BOARD ACTION: Approve

Perfusionist Rule Approval (21 NCAC 32V .0115)

Catchline: The perfusionist rule regarding fees, which was previously approved by the Perfusionist Advisory Committee, was published & a public hearing was held with no comments. The PAC has reconsidered this rule and it will be filed with the Rules Review Commission

21 NCAC 32V .0115 is proposed for adoption as follows:

21 NCAC 32V .0115 FEES
(a) A fee of three hundred and fifty dollars ($350.00) is due at the time of application for a perfusion license and a fee of one hundred and seventy five dollars ($175.00) is due at the time of application for a provisional perfusion license. No portion of the application fee is refundable.
(b) A fee of three hundred and fifty dollars ($350.00) shall be paid to the North Carolina Medical Board for biennial renewal of a perfusion license and a fee of one hundred and seventy five dollars ($175.00) for annual renewal of a provisional perfusion license.

(c) A late fee of one hundred dollars ($100.00) shall be charged to those who fail to renew either a perfusion license or a provisional perfusion license within thirty days after the expiration date of the license.

History Note: Authority G.S. 90-685(7), 90-688, 90-689, 90-690;
Eff. February 1, 2008.

BOARD ACTION: Approve the perfusionist fee rule.

Missing Laptop

Catchline: Dr. Hines' hospital laptop was recently stolen as a result of someone breaking into his car. There may have been confidential information regarding perfusionist applications stored on the laptop. NCMB has sent out a letter informing applicants who may have been affected by this.

BOARD ACTION: Accept as information

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

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

Perfusionist Report

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

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

Physician Assistant Licenses Approved 12/01/07 – 12/31/07

Banks, Mark Gordon
Behr, Melissa L
Cashwell, Laura Sample
Cole, Aneesha Hanan Bakir
Coleman, Adam C

Corbett, Michael Shamus
Eminger, Sarah Emily
Gay, Steven Samuel
Harding, Melissa Elizabeth
Harvey, Cessalyn Yvonne
Hensler, Rachel Hurst
Herron, Brian Keith
Holst, Kurt Steven
Huffstetler, Sherard Corbitt
Imhof, Lisa Michelle
Isaac, Irene Chitra
Jones, Allen Ray
Kwon, Irene H
Mantey, Anna Marie
McNelis, Jillian Ann
Nelson, Patricia Joan
Novak, Lara Nicole
Plata, Benita Clover
Rader, Nancy Gail
Rappaport, Richard Alan
Reiner Massey, Theresa Marie
Ruetenik, Kate Alison
Rys, Jill Annette
Stanley, Cory McKelvey
Talent, Beth Ann
Thompson, Lee Adam
Vaughan, Howell Anderson

Physician Assistants Additional Supervisor List

Name	Primary Supervisor	Practice City
Abraham, Mufiyda	Patel, Swetang	Jacksonville
Anderson, Kenneth	Rudisill, Elbert	Hickory
Bannon, Michelle	Reichow, Karen	Wilmington
Behr, Melissa	Lieu, Chong-Hieun	Mooresville
Behr, Melissa	Macasieb, Anthony	Mooresville
Benjamin, Kristi	Buzzeo, Brian	Gastonia
Bergin, Cameron	Gudeman, Steven	Gastonia
Binion-Brown, Kareen	Pickett, John	Sharpsburg
Binion-Brown, Kareen	Duncan, Hazel	Windsor
Bradshaw, Shanna	Batish, Sanjay	Delco
Bradshaw, Shanna	Zinicola, Daniel	Rocky Point

Bradshaw, Shanna	Frankos, Mary	Wilmington
Bresnahan, James	Wagner, David	Lexington
Brewer, Patricia	Flom, Jonathan	Fayetteville
Bynum, Gerald	Shannon, Walter	Lenoir
Bynum, Gerald	Smith, Karen	Raeford
Caldwell, Chad	Birkedal, John	Winston Salem
Carter, Laura	James, Felice	Charlotte
Carter, Laura	Pinckney, Joseph	Charlotte
Cavaliere, Mark	Byrd, James	Greenville
Chandley, Eric	Galaska, Piotr	Thomasville
Chazan, Jennifer	Carlino, Richard	Raleigh
Clement, Ryan	Brown, Howard	Fuquay-Varina
Cole, Aneesha	Uwensuyi-Edosomwan, Fidelis	Charlotte
Coleman, Adam	Hocker, Michael	Durham
Collins, Billy	Robert, Kenneth	Roanoke Rapids
Concilio, Karen	Carlton, Richard	Hickory
Cook, Brian	Armistead, Hal	Huntersville
Cook, Brian	Munoz, Paul	Shelby
Corbett, Michael	Cargile, Leslie	Black Mountain
Cowan, Terri	Faulkenberry, Bradford	Laurinburg
Cutrell, Darrin	Barnes, Daniel	Pinehurst
Dale, Henry	Classen, Adrienne	Elkin
Daly, Alexis	Corder, John	Hickory
Daly, Alexis	Nelson, John	Hickory
David, Lisa	Mallon, William	Durham
Day, Jerry	Oak, Chang	Plymouth
DeGaetano, Emiko	Graper, Robert	Charlotte
DeGaetano, Emiko	Gore, Herman	Gastonia
Despaigne, Policarpo	Frankos, Mary	Wilmington
Detrick, James	Pita, James	Wilson
Dewar, John	Murray, Gina	Burlington
Dewar, John	Burks, April	Spring Lake
Dodson, Jesse	Reed, John	Fayetteville
Drinkwater, Don	High, Rhett	Raleigh
Elmore, Melanie	Butler, Richard	Cary
Elmore, Melanie	Godfrey, Wanda	Garner
Elmore, Melanie	Lee, Melvin	Olive Branch
Felmet, Kelly	Kourany, Wissam	Durham
Fitch, James	Mutyala, Ramesh	Wilson
Freeman, Wayne	Clary, Greg	Morganton
Gabriel, Torri	Castillo-Toher, Miriam	Charlotte
Gore, William	Janssen, Shelley	Clinton
Gore, William	Bentsen, Birger	Wilmington

Graham, Laura	Jobe, Daniel	Jamestown
Gregory, Richard	Auton, Robert	Windsor
Grullon, Rosemary	Amor, Antonio	Charlotte
Halpin, John	Musante, David	Durham
Hardwick, Kimberly	Gibbons, Gregory	Cary
Hinds, David	Pittard, Gina	Goldsboro
Huffstetler, Sherard	Smith, Michael	Mount Holly
James, Ayanna	Tanner, John	Raleigh
Johnson, Theresa	Quashie, Dawn	Fayetteville
Kunze, Joel	Tarleton, Gregory	Winston Salem
Laizure, Clancy	McRae, Alexis	Asheboro
Laizure, Clancy	Paul, Vincent	Greensboro
Lewis, Bryan	Dibala, Anne	Durham
Lewis, Bryan	Harrison, Myleme	Raleigh
Long, Michael	Darden, Bruce	Charlotte
Mantey, Anna	Gersin, Keith	Charlotte
Mauldin, Timothy	Henry, Hector	Salisbury
Mauldin, Timothy	Moser, Robert	Salisbury
Mayer, David	Barnabei, Robert	Huntersville
McConnell, Patrick	Frankos, Mary	Wilmington
McElmurry, Teresa	Atkins, James	Goldsboro
McHatton, Timothy	Frederick, Maximus	Wilmington
Melgar, Tammy	Koltis, Gordon	Greenville
Murphy, Michaela	Martinko, Thomas	Wilmington
Novak, Lara	Mauro, Matthew	Chapel Hill
O'Connor, Brian	James, Felice	Charlotte
O'Connor, Brian	Pinckney, Joseph	Charlotte
Patel, Roshni	Davis, Robert	Durham
Pedacchio, Misty	Barnes, Daniel	Pinehurst
Pennell, Shannon	Hamel, John	Hickory
Perkins, Cameron	Lee, Melvin	Cary
Peterson, John	Kastner, Robert	Jacksonville
Pfitzer, Melissa	Forstner, James	Southport
Pinkerton, Andrew	Kilby, Larry	Boomer
Plata, Benita	Sunderland, Brent	Charlotte
Presson, J.	Cox, Craig	Kernersville
Prouty, Mary	Fowlkes, William	Louisburg
Rabon, Patricia	Taiwo, Adebukola	Fayetteville
Rader, Nancy	Corvino, Timothy	Gastonia
Randolph, Mark	Mutyala, Ramesh	Wilson
Ranson, Kristina	Andersen, William	Cary
Ranson, Kristina	Carroll, Raymond	Cary
Ranson, Kristina	Curzan, Mark	Cary

Ranson, Kristina	Gollehon, Douglas	Cary
Ranson, Kristina	Martini, Douglas	Cary
Ranson, Kristina	Reinke, Derek	Cary
Ranson, Kristina	Szura, Brian	Cary
Ranson, Kristina	Edrington, Richard	Raleigh
Ranson, Kristina	Russell, Roger	Raleigh
Rappaport, Richard	Cheek, Vincent	Greensboro
Repnikova, Lilia	Cullom, Joseph	Lexington
Repnikova, Lilia	Asihene, William	Lexington
Rys, Jill	Tumbapura, Anil	Raleigh
Schueller, Julie	Broyles, William	Durham
Sheehan, James	Beuhler, Michael	Charlotte
Shilt, John	Lue, Alvin	Winston Salem
Shipman, Jerry	Hussain, Khwaja	Goldsboro
Siceloff, Erin	Chmelewski, Walter	Raleigh
Siceloff, Erin	Ross, Ana	Raleigh
Siceloff, Erin	Sinclair, Sherry	Raleigh
Simon, Spencer	Feinson, Theodore	Raleigh
Sims, Ginger	Barry, Paul	Winston Salem
Smith, Gregory	Jackson, Anita	Rockingham
Spiegel, Barry	Ugah, Nwannadiya	Lumberton
Stouder, April	Seewaldt, Victoria	Durham
Sturcken, Jennifer	Minior, Daniel	Dunn
Talbert, Karen	Somani, Jagdish	Morganton
Talent, Beth	Walsh, Thomas	High Point
Taylor, Mary	Mah'Moud, Mitchell	Rocky Mount
Thompson, Lee	Goad, Bradley	Galax
Thompson, Lee	Sturgill Fant, Vanessa	Galax
Toppe, Michael	Hensley, Terry	New Bern
Tripp, Glenn	Yaeger, Edwin	Smithfield
Trzcienski, Michael	Silver, William	Durham
Vail, Christopher	Vaslef, Steven	Durham
Van Dyck, Ursula	Barsanti, Christopher	Greenville
Van Ooteghem, Christopher	Lee, Melvin	Cary
Van Ooteghem, Christopher	Guha, Subrata	Clayton
Vaughan, Howell	Lowy, Ralph	Knightdale
Wallace, Scott	Harris, Timothy	Raleigh
Wallace, Todd	Harris, Phillip	Windsor
Williams, Jason	Lee, Melvin	Cary
Wiseman, David	Auton, Robert	Windsor
Yarbrough, Amanda	Eisenberg, Joshua	High Point
Young, Richard	Yaeger, Edwin	Smithfield

NP Initial Applicants

NAME	SUPERVISOR	Practice Site
Adams, Jessica H.	W. Helton	Raleigh
Airey, Denise	T. Dailey	Boone
Bagley, Ivy	C. Holbrook, III	Greenville
Carpenter, Kelli	C. Stinson	Winston-Salem
Carry, Courtney	J. Levy	Charlotte
Cuddy, Sherri	D. Burack	Charlotte
Goines, Valarie	M. Godard	High Point
Hage, Janice	M. Henegar	Charlotte
Hall, Natalie	K. Gitt	Mt. Airy
Hanobeck, Susan	A. Sharma	Weddington
Hatfield, patricia	H. Lovejoy, Jr.	Charlotte
Hixson, Suzanne	J. Ecker	Raleigh
Jesse, Melissa	T. Sunderland	Charlotte
MacDonald, Genevieve	H. Howe, Jr.	Charlotte
Maness, Patricia	D. hammer	Raleigh
Patel, Jigna	R. Moreschi	Cary
Rancy, John	G. Zeng	Charlotte
Repass, Sherry	T. Adams	Mooresville
Robbins, Anastasia	D. Jarrett	Largo, FL
Rodgers, Jean	B. Tyler	Greenville
Shimp, Kristen	T. Kwiatkowski	Charlotte
Stukes, Karen	T. Beittel	Wilmington
Watson, Mindy	J. Patterson	Winston-Salem
Weber, Mark	I. Cheifetz	Durham
Wilkinson, Melody	J. Barkley	Charlotte

NP Additional Supervisor

NAME	SUPERVISOR	PRACTICE CITY
Barksdale, Debra	Clark, Sandra	Chapel Hill
Bortnick, Patricia	Arensman, Todd	Rutherford College
Brooks, Jana	Galitsis, Krista	Charlotte
Broom, Kristen	Barnabei, Robert	Charlotte
Busse, Sharda	Kwiatkowski, Timothy	Greensboro
Ceponis, Eileen	Wood, Karen	South Port
Chisum, Patricia	Morton, Terrence	Matthews
Dixon, Gloria	Martin, Melanie	High Point
Dyer, Heather	Redelsperger, Rodney	Denver
Elesha-Adams, Mary	Lawrence, Mary	Morehead City
Gilreath, Tyral	Zeng, Guangbin	Huntersville
Glaesner, Edward	Marsh, Stephen	Raleigh
Gold, Melissa	Barnabei, Robert	Charlotte
Goode, Pandora	Godard, Michael	Roxboro
Gulledge, Marialice	Kwiatkowski, Timothy	Huntersville
Hall, Deborah	Nickerson, Lloyd	Salisbury

Hensley, Amy	Newsome, Samuel	Danbury
Holloway, Tana	Stitt, Van	Statesville
Kenny, Maria	Klenzak, Scott	Fairmont
Krantz, Sandra	Dambeck, Allyn	Mt. Olive
Loyack, Nancy	Twersky, Jack	Durham
Marlow, Emily	Vaughn, Bradley	Raleigh
Martin, Teresa	Bennett, John	Forest City
Murphy, Elisabeth	Garroway, Neil	Asheville
Myrick, Janice	Schreiner, Virginia	Raleigh
Njai, Pamela	Morris, John	Raleigh
Parrish, Rebecca	Godard, Michael	Kernersville
Pittman, Laura	Cader, Cas	Morehead City
Pope, Pamela	Pizzino, Joanne	Raleigh
Pressley, Patricia	Bengtson, Mary	Raleigh
Rose, Jeanne	Glidden, Horace	Wilmington
Updike, Christina	Zeng, Guangbin	Waxhaw
Wilson, Natalie	Horton, James	Charlotte
Wolff, Alison	Smith, Leslie	Kernersville

NP Subsequent Applications

NAME	SUPERVISOR	PRACTICE SITE
Abbott, Veronica	M. Siddiqui	Winston-Salem
Buttriss, Grace	J. Brady, Jr.	Charlotte
Drake, Cathy	D. Iannitti	Charlotte
Fillmore, John	C. Pritts	Shallotte
Hernandez, Jesus"	J. Brady, Jr.	Charlotte
Holt, Roger	J. Mastor	Statesville
John, Wendell	W. Fowlkes	Louisburg
Keene, Angela	J. Breiner	Garner
Lupienski, Christine	J. Morris	Cary
McCoy, Adrian	C. Shahan	Matthews
McNeil, Jeffrey	W. Broyles	Durham
Nwoko, Agnes	D. Bronstein	Burlington
Oxford, William	A. Gaither	Goldsboro
Pelletier, Janet	V. Schreiner	Durham
Robinson, Carol	L. Fusco	Reidsville
Shoulders, Glenda	J. Antony	Roanoke Rapids
Wallace, Marlene	E. Jones	Kernersville
Walson, Stella	F. Garcia, Jr.	Danville, VA

NURSE PRACTITIONER JOINT SUBCOMMITTEE REPORT

Time & Place of Meeting	A meeting of the Joint Subcommittee was held at the North Carolina Board of Nursing office in Raleigh, NC on November 14, 2007. Meeting convened at 12:30 p.m.

Presiding	Gale Adcock, RN, FNP (NCBON)
Members Present	Mary Ann Fuchs, RN (NCBON) Sarvesh Sathiraju, MD (NCMB) Peggy Robinson, PA-C (NCMB) Daniel C. Hudgins, Public Member (NCBON)
Members Absent	N/A
Staff Present	Polly Johnson, Executive Director (NCBON) Julia L. George, Associate Executive Director of Programs (NCBON) Linda Burhans, Director of Education & Practice (NCBON) Donna Mooney, Manager of Discipline Proceedings (NCBON) Marcus Jimison, Legal Counsel (NCMB) Quanta C. Williams, Physician Extender Coordinator (NCMB) Jean H. Stanley, Administrative Assistant to MJC and NCBON Paulette Young, Administrative Secretary – Practice (NCBON)
Guests	Melanie Phelps, NC Medical Society Marc Katz, PA-C – North Carolina Association of Physician Assistants Carol Duke, NP
Reading of Ethics Statement (Conflict of Interest)	Ms. Adcock asked committee members to state any conflict of interest. Ms. Fuchs stated she would be recusing herself during Closed Session related to Case No. 004..
Announcements	Ms. Adcock welcomed committee members, staff, and guests.
Approval of Joint Subcommittee September 19, 2007 Minutes	**MOTION:** That the Joint Subcommittee approve the Open Session Minutes of September 19, 2007 with the following correction: move Cagel and Cline information to Closed Session Minutes. Hudgins/Passed. **MOTION:** That the Joint Subcommittee approve the Closed Session Minutes of September 19, 2007 with the following correction: move Cagel and Cline information to Closed Session Minutes. Hudgins/Passed.
Joint Subcommittee Agenda of November 14, 2007	The Joint Subcommittee approved the November 14, 2007 agenda with the following addition: • Under New Business: o Election of 2008 chair
Compliance Visits	<u>Update from workgroup</u> • Addition to protocol: Nurse practitioners will have thirty (30) days to provide information requested by respective Boards. If information is not received within the thirty (30) day timeframe, the issue will come before Joint Subcommittee for review. **MOTION:** That the Joint Subcommittee approve protocols as recently amended to add

thirty (30) day language as presented above.
Sathiraju /Passed.

Committee members additional comments/questions:

- Both NCBON and NCMB staff to meet in early 2008 to review compliance protocols and procedures, and to plan the one on-site visit by both boards

Concerns from NPs/Committee Members

- Some NPs have more than one approval to practice. What would be the process of selecting which collaborative arrangement will be evaluated? Operational issue to be considered as more experience in process is gained.
- If an NP works under one collaborative arrangement but has satellite offices, at which site should the NP meet the investigator? At the site the NP will be working on the day of the visit.
- What type of CE documentation will be asked to be reviewed? Spreadsheet and CE certificates should both be available – hard copy.

Compliance Site Visit Form – Sample Meds

On the second page of the Compliance Site Visit Form it asks if the NP dispenses meds and has a Board of Pharmacy permit to dispense. Ms. Adcock stated that in order to provide clarification on the issue of NPs and PAs dispensing sample medication, NCBON staff spoke with the Board of Pharmacy.

The Board of Pharmacy responded via email that a dispensing permit is not necessary for an NP or PA who dispenses only sample medications. Based on this information, it was suggested that the section on the Compliance Site Visit Form related to the dispensing of medication be reworded to state: "if NP dispenses other than samples…"

Committee agreed with above suggestion.

CLOSED SESSION **MOTION:** That the Joint Subcommittee go into Closed Session for purpose of reviewing extracted cases.
Hudgins/Passed.

OPEN SESSION **MOTION:** That the Joint Subcommittee go into Open Session for purpose of taking action on extracted cases.
Hudgins/Passed.

Case No.	Motion	Passed
001	• NP approval to stay inactive until the following is completed: • Addictionist Evaluation • Follow recommendations of addictionist • Ethical/Legal Decision Making Course within (3) three months • Come before Joint Subcommittee	Fuchs
002	• Suspend NP privilege for six (6) months – stay	Robinson

	• Board approved course regarding prescribing of controlled substances within (3) three months	
003	• Accept as Information	Sathiraju
004	• No further action – FYI	Robinson/Passed. Fuchs/Recused.
005	• Private letter of concern – re: CME documentation – failure to meet the requirement • 30 days to inform NCBON of pending criminal charges – Jt. Subcommittee to receive FYI	Robinson
006	• Private letter of concern regarding discrepancy of not having CPA signed and name tag – failure to comply with CPA and supervisory requirements Charge changed to "failure to comply with CPA and supervisory requirements" Robinson/Passed.	Robinson
007	• Request informal interview of the NP at the January 2008 Joint Subcommittee • NCMB investigator to interview supervising physician • NCMB to pull patient charts to locate flyers	Hudgins
008	• Committee to review medical records • Table until January 2008 Jt. Subcommittee meeting	Sathiraju

Election of Chair — Peggy Robinson, PA was nominated and elected as Chair of the Joint Subcommittee. Hudgins/Passed.

Next Meeting — January 16, 2008 at 12:30 p.m. until 2 p.m. - North Carolina Board of Nursing – Raleigh, NC. Lunch available at 12 noon.

Adjournment — **MOTION:** 1:46 p.m. Meeting be adjourned. Hudgins/Passed.

Motion: A motion passed to approve the November 2007, NP Joint Subcom Minutes.

LICENSING COMMITTEE REPORT

Donald Jablonski, DO, Chair; Pamela Blizzard; Thomas Hill, MD

10 year reference for applicants

Catchline: Because the Board has in place other ways of checking a physician's character, i.e., criminal background check, it has been recommended that 21 NCAC 32B .0306 be amended as follows: An applicant for license by endorsement of credentials shall request that two letters of recommendation be submitted to the Board on his behalf. The letters shall be originals addressed to the Board and shall contain the original signature of the author. Letters shall be from physicians and shall be on Board forms. Recommendations shall not be from relatives.

BOARD ACTION: Amend 21 NCAC 32B .0306 as follows:

An applicant for license by endorsement of credentials shall request that two letters of recommendation be submitted to the Board on his behalf. The letters shall be originals addressed to the Board and shall contain the original signature of the author. Letters shall be from physicians and shall be on Board forms. Recommendations shall not be from relatives

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

> The Board reviewed 11 license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

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

> The Board reviewed 11 license applications. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

SPLIT BOARD LICENSURE INTERVIEWS

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

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

A motion passed to return to open session.

Applicants Presented:

Agbo, Osmund Ugochukwu
Ahmad, Bilal
Anderson, Jay Arthur
Ansari, Shaya
Attiah, Nadir Monir
Basili, Richard Louis
Basnight, Jean
Borhan-Manesh, Shahrzad Shary
Byrne, Jennie Louise
Chang, Ho-Huang
Childers, Melvin Davis
Chowbey, Vandana Pandey
Compagna, Thomas Neil
Day, Deborah
Diamantis, Stephanie Anna
Doss, Roderick Hugh
Drucker, Michael Stuart
Edhegard, Kim David
Faust, Joseph Fenton
Fellman, Richard Allen
Fish, Laura Renee
Gavett, Aaron Michael
Ghafar, Mohamed Abdel
Giordano, Stephen Robert
Gopali, Santosh Ramachandra
Goring, Kim Lesley
Habas, Jo Ellen
Haberberger, Tammy
Harpe, Charles Clifford
Harper, Angelle Simon
Homer, Suzanne Yoon
Izadi, Keyoumars
Krisel, Chad Scott
Laufer, Fred
Lee, Ronald Vincent
Luo, Frank Feng
Martin, Eleanor Anne
Mattison, Michael Trae
McDonald, Neil Aiken
Miller, Edward Charles
Miralles, Gines Diego
Montana, Gustavo Santos
Neff, Lucas Paul
Neuwirth, Charles Alan
Nguyen, Thao Phuong
Ortega, Agnes Lynette
Otchere-Boateng, Yaw
Patel, Kshitij
Pestana, Ivo Alexander
Pucilowska, Jolanta
Poe, Larry Bernard
Rollins, Howard Craig
Sadaria, Kishor Bhurabhai
Scotti, Stephen Douglas
Shrimanker, Nevin Mahendra
Simmons, Andrea Suzette
Sorof, Suzanne Alise
Steinfeld, Harvey Jay
Stone, Ryan Alton
Syal, Rishi
Thormahlen, Ross Neal
Wang, Lihuan
Warrick, Paul David
White, Douglas Wesley
Wimmer, Thomas Gunther
Yablon, Jeffrey Steve

LICENSES APPROVED - (December 14 – January 2, 2008)

<u>License by Endorsement</u>
Agbo, Osmund Ugochukwu
Ahmad, Bilal
Ansari, Shaya
Basnight, Jean
Borhan-Manesh, Shahrzad Shary
Byrne, Jennie Louise
Chang, Ho-Huang
Diamantis, Stephanie Anna
Edhegard, Kim David
Fellman, Richard Allen
Fish, Laura Renee
Gavett, Aaron Michael
Ghafar, Mohamed Abdel
Giordano, Stephen Robert
Gopali, Santosh Ramachandra
Habas, Jo Ellen
Harper, Angelle Simon
Homer, Suzanne Yoon
Izadi, Keyoumars

Krisel, Chad Scott
Laufer, Fred
Luo, Frank Feng
Martin, Eleanor Anne
McDonald, Neil Aiken
Neff, Lucas Paul
Otchere-Boateng, Yaw
Pestana, Ivo Alexander
Poe, Larry Bernard
Sadaria, Kishor Bhurabhai
Shrimanker, Nevin Mahendra
Simmons, Andrea Suzette
Sorof, Suzanne Alise
Steinfeld, Harvey Jay
Stone, Ryan Alton
Syal, Rishi
Thormahlen, Ross Neal
Wang, Lihuan
Warrick, Paul David
White, Douglas Wesley
Wimmer, Thomas Gunther

Reinstatement
Anderson, Jay Arthur
Basili, Richard Louis
Mattison, Michael Trae
Miller, Edward Charles

Reactivation
Faust, Joseph Fenton
Montana, Gustavo Santos
Rollins, Howard Craig

DISCIPLINARY (COMPLAINT) COMMITTEE REPORT
Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 143-318.11(2) and 90-16 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

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

A motion passed to return to open session.

PROFESSIONAL LIABILITY INSURANCE PAYMENTS - Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

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

The Professional Liability Insurance Payments Committee reported on sixty-four (64) cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

A motion passed to return to open session.

DISCIPLINARY (MEDICAL EXAMINER) COMMITTEE REPORT - Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

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

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

A motion passed to return to open session.

DISCIPLINARY (COMPLAINT) REVIEW COMMITTEE REPORT - George Saunders, MD, Chair; Peggy Robinson, PAC; Pamela Blizzard; Thomas Hill, MD, Janice Huff, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to 143-318(a) and 90-16 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes.

The Disciplinary (Complaint) Review Committee reported on sixty-six (66) complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT - Thelma Lennon; Thomas Hill, MD; Janice Huff, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 143-318.11(a) 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 Board reviewed 65 cases involving participants in the NC Physicians Health Program. The Board adopted the committee's recommendation to approve the written report. The specifics of this report are not included as these actions are not public information.

Motion: A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT - Ralph Loomis, MD; Arthur McCulloch, MD; Donald Jablonski, DO; John Lewis, JD; William Walker, MD

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

The Disciplinary (Investigative) Committee reported on 36 investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

INFORMAL INTERVIEW REPORT

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

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

A motion passed to return to open session.

DISCIPLINARY (INVESTIGATIVE) REVIEW COMMITTEE REPORT - George Saunders, MD, Chair; Peggy Robinson, PAC; Pamela Blizzard; Thomas Hill, MD; Janice Huff, MD

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

The Disciplinary (Investigative) Review Committee reported on fifty-one (51) investigative cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT
This meeting was adjourned at 2:50 p.m., January 28, 2008.

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Ralph C. Loomis, MD
Secretary