



BOARD MEETING MINUTES

July 14 - 16, 2021

**3127 Smoketree Court
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held July 14 – 16, 2021.

The July 14 – 16, 2021 meeting of the North Carolina Medical Board was held at 3127 Smoketree Court, Raleigh, NC 27604, and video conference. Venkata R. Jonnalagadda, President, called the meeting to order. Board members in attendance were: John W. Rusher, MD, President-Elect; Michaux R. Kilpatrick, MD; Secretary/Treasurer; Shawn P. Parker, JD; Varnell D. McDonald-Fletcher, PA-C; Christine M. Khandelwal, DO; Jerri L. Patterson, NP; W. Howard Hall, MD; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Devdutta G. Sangvai, MD, Mr. William M. Brawley and Anuradha Rao-Patel, MD

PRESIDENTIAL REMARKS

Dr. Venkata R. Jonnalagadda reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. Reported conflicts were included within individual committee reports.

PRESENTATIONS

Dr. Jonnalagadda introduced Robin King Thiele, DO, President and Nancy Guy, Director of the NC Osteopathic Medical Association (NCOMA) who gave a presentation on the NCOMA.

Dr. Jonnalagadda introduced Elyse Watkins, DHSc, PA-C, DFAAPA, NCMP, President and Emily Adams, Executive Director of the NC Association of Physician Assistants (NCAPA) who gave a presentation on the NCAPA.

Dr. Jonnalagadda introduced Charlene Green, MD President of the Old North State Medical Society (ONSMS), who gave a presentation on ONSMS.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

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

Dr. Jordan gave the PHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

Dr. Khandelwal gave the PHP Board of Directors report and Dr. Jordan gave the PHP Financial Statements Audit report.

NCMB ATTORNEY'S REPORT

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, gave the Attorney's Report on Friday, July 16, 2021.

Mr. Blankenship and Mr. Mansfield updated the Board on the schedule of upcoming hearings, hearing assignments and rule activity of the Board.

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

On Friday, July 16, 2021, the Board's Legislative Liaisons, Mr. Thomas W. Mansfield, Chief Legal Officer and Ms. Evelyn C. Contre, Chief of Communications and Board Attorney Elizabeth Meredith provided a legislative update to the Board.

A motion was passed to return to open session.

Legislative and Government Relations Update

On Friday, May 21, 2021, the Board's Legislative Liaisons, Mr. Thomas W. Mansfield, Chief Legal Officer and Ms. Evelyn C. Contre, Chief of Communications and Board Attorney Elizabeth Meredith provided a legislative update to the Board.

The Board accepted the report as information.

Strategic Priorities Report

The Board's CEO, R. David Henderson, provided a report on Strategic Priorities, as follows:

Three goals remain for 2021.

The first goal is: "Continue and enhance other outreach efforts to build on recent success and stakeholder appreciation." One of the activities is promoting vaccination efforts across the state and staff is working with DHHS to do that. Another activity is to improve the consumer resources section of the website. There has been lots of work on this activity. Most recently, the Communications Department is working with the Complaints Section to revamp the "File a Complaint/Report" landing page.

The second goal is: "Build a foundation for a data analytics program to support data-informed regulation and focused licensee education." This is a goal was continued from last year to engage a consultant to help with this work. We expect that work to commence in July.

The third goal is: "Engage stakeholders and influencers by positioning NCMB as a trusted subject matter expert." The first activity has been completed: staff has identified the vaccination effort and the Interstate Medical Licensure Compact as two topics the Board is uniquely qualified to help with. The next activity is to create communication plans related to those activities. The latest update is that we sent a letter supporting the Compact to the sponsors of the Compact bill, leaders in the Senate, and leaders of the Senate Health Care Committee.

Work will continue regarding all three goals through the end of 2021.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present via video/teleconference were: Venkata R. Jonnalagadda, MD, Chairperson; John W. Rusher, MD; Michaux R. Kilpatrick, MD; Varnell McDonald-Fletcher, PA-C, and Shawn P. Parker, JD.

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through May 31, 2021: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison.

Committee recommendation: Accept the financial information as reported.

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

b. Investment Account

The Committee reviewed the investment statements for May and June 2021.

Committee recommendation: Accept the investment statements as reported.

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

Old Business

a. 2021 NCMB Retreat (August 7 – 8)

The Committee reviewed final details regarding the upcoming Board retreat.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business:

a. September Board Meeting

The Board hopes to resume in-person meetings in September. Staff provided an update on plans to make this a safe and successful meeting.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

b. NC Professionals Health Program Financial Audit

The Committee reviewed the NC Professionals Health Program financial audit for the years ending December 31, 2019 and December 31, 2020. In the auditor's opinion, these statements accurately present, in all material respects, the financial position of North Carolina Physicians Health Program, Inc. DBA North Carolina Professionals Health Program, as of December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

c. NCMB Appointments

There are four seats to be appointed by the Governor this year via the NCMB Review Panel:

- Dr. Jonnalagadda (not eligible for reappointment)
- Dr. Khandelwal (eligible for reappointment; seeking reappointment)
- Ms. McDonald-Fletcher (eligible for reappointment, not seeking reappointment)
- Ms. Patterson (not eligible for reappointment)

Staff provided the Committee with the official list of all physician, physician assistant, and nurse practitioner candidates. The Review Panel will meet in late August to conduct interviews, discuss the candidates, and decide whom to nominate. (The Review Panel is required to submit two names for each open seat.)

There is one seat to be appointed by the Legislature upon the recommendation of the President Pro Tempore:

- Mr. Parker (eligible for reappointment; seeking reappointment)

This appointment will occur via an appointments bill that will be filed/enacted before the Legislature recesses this session.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

d. Meeting with Other Members of the Board to Solicit Nominations for Officers and At-Large Executive Committee Members.

As provided in the Bylaws, the Executive Committee met with other members of the Board to solicit recommendations for the open positions: President-Elect, Secretary/Treasurer and Member-at-Large (2).

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

e. Meeting to Discuss Nominees

A motion passed to go into closed session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee.

As per Article IV, Section 2 of the NCMB Bylaws, the Executive Committee retired to discuss a slate of candidates for President-Elect, Secretary/Treasurer and At-Large Executive Committee members (2).

A motion passed to return to open session.

f. Announcement of Nominees

The Executive Committee nominates the following members for the following positions:

President-Elect: Michaux Kilpatrick, MD
Secretary/Treasurer: Christine Khandelwal, DO
Member at Large: Dev Sangvai, MD
Member at Large: Howard Hall, MD

Committee recommendation: Approve the slate of nominees as presented.

Board Action: Accept Committee recommendation. Approve the slate of nominees as presented.

Policy Committee Report

Members present were: Christine M. Khandelwal, DO, Chairperson; Mr. William M. Brawley; Damian F. McHugh, MD; Devdutta G. Sangvai, MD; and Anuradha Rao-Patel, MD

Old Business:

a. Position Statements Review Workgroup

The Committee and staff reviewed the revisions and comments made by Board Members and staff for Position Statement 6.1.4 (Clinician Obligation to Complete a Certificate of Death), section 7 (Licensees & the Health of the Community), and section 8 (Professional Self-Regulation) of the draft compendium. The Committee agreed to accept the non-substantive and stylistic revisions throughout. The Committee and staff then reviewed each comment or substantive change and determined whether to accept those revisions and/or make additional revisions. The accepted changes and revisions are incorporated in the attached, revised version.

Based on comments and suggestions, a Committee Member and staff were assigned the task of revising Position Statement 7.1.1 (Child Maltreatment), which will then be presented to the Committee for review at a future Board meeting.

The Committee and staff will review sections 9 (Professional Working Relationships) and 10 (Fees & Charges) of the draft compendium prior to September and bring back comments, edits, and suggestions at the September 2021 meeting.

Committee recommendation:

1. Accept the recommended changes to Position Statement 6.1.4 (Clinician Obligation to Complete a Certificate of Death), section 7 (Licensees & the Health of the Community), and 8 (Professional Self-Regulation), update the individual position statements on the website to reflect those changes, and incorporate the changes in the draft compendium to be published after all sections have been reviewed.
2. A Committee Member and staff to revise Position Statement 7.1.1 (Child Maltreatment) and bring back for the Committee to review at a future meeting.
3. Committee and staff to review the position statements in sections 9 (Professional Working Relationships) and 10 (Fees & Charges) and bring back comments, edits, and suggestions at the September 2021 meeting.

Board Action: Accept Committee recommendation.

1. Accept the recommended changes to Position Statement 6.1.4 (Clinician Obligation to Complete a Certificate of Death), section 7 (Licensees & the Health of the Community), and 8 (Professional Self-Regulation), update the individual position statements on the website to reflect those changes, and incorporate the changes in the draft compendium to be published after all sections have been reviewed.
2. A Committee Member and staff to revise Position Statement 7.1.1 (Child Maltreatment) and bring back for the Committee to review at a future meeting.
3. Committee and staff to review the position statements in sections 9 (Professional Working Relationships) and 10 (Fees & Charges) and bring back comments, edits, and suggestions at the September 2021 meeting.

Licensing Committee Report

Members present were: Varnell D. McDonald-Fletcher, PA-C, Chairperson; Jerri L. Patterson, NP; W. Howard Hall, MD; Devdutta G. Sangvai and Joshua D. Malcolm

New Business

- a. On April 10, 2020, the Board issued an Order making the expiration date for all Limited Emergency licenses be thirty days after the COVID-19 State of Emergency ends. Board staff have been meeting regularly to discuss all Orders relating to COVID-19. The working presumption is this Order will expire on its own and essentially resolve itself 30 days after the COVID-19 State of Emergency ends.

Committee recommendation: Staff to continue to monitor.

Board Action: Accept committee recommendation. Staff to continue to monitor.

- b. On March 31, 2020, the Board issued an Order allowing the issuance of a Limited Emergency license to physicians in a fellowship who currently hold a resident training license. Board staff have been meeting regularly to discuss all Orders relating to COVID-19. The working presumption is this Order will expire on its own and essentially resolve itself 30 days after the COVID-19 State Emergency ends.

Committee recommendation: Staff to continue to monitor.

Board Action: Accept committee recommendation. Staff to continue to monitor.

- c. On March 31, 2020, the Board issued an Order postponing both parts of USMLE Step 2 and COMLEX-USA Level 2 requirements for certain physicians applying for a resident training license. At its March 2021 meeting, the Board removed the licensure requirements related to USMLE Step 2 CS and COMLEX-USA Level 2 PE. Therefore, we are left with this Order as it pertains to USMLE Step 2 CK and COMLEX-USA Level 2 CE. Both of these examinations appear to be close to or completely up and running.

Committee recommendation: Dissolve order effective August 31, 2021.

Board Action: Accept committee recommendation. Dissolve order effective August 31, 2021.

- d. On March 31, 2020, the Board issued an Order postponing the background check licensing requirement. It appears that background checks are readily available to be obtained throughout the country.

Committee recommendation: Accept committee recommendation.

1. Dissolve Order effective August 31, 2021. Update Board website to reflect this dissolution.
2. Notify all licensees who have not obtained a background check per this Order that they will be required to obtain a background check.
3. Minor issues involving background check requirement compliance and background check results may be handled by SSRC, who are preauthorized to resolve minor issues via non-disciplinary means (AAI, PLOC or PubLoc).
4. All other matters will be handled via the Investigative process and referred to the Board.

Board Action: Accept committee recommendation.

1. Dissolve Order effective August 31, 2021. Update Board website to reflect this dissolution.
 2. Notify all licensees who have not obtained a background check per this Order that they will be required to obtain a background check.
 3. Minor issues involving background check requirement compliance and background check results may be handled by SSRC, who are preauthorized to resolve minor issues via non-disciplinary means (AAI, PLOC or PubLoc).
 4. All other matters will be handled via the Investigative process and referred to the Board.
- e. Telemedicine questions added to renewal application.

Staff recently discussed the practice of telemedicine in North Carolina. It was recommended to add a question to the renewal application that asks what percentage of a licensee's practice of medicine in the prior year was via telemedicine.

Committee recommendation: Add telemedicine question to the renewal applications. Report data to the license committee within 1 year of obtaining the data.

Board Action: Accept committee recommendation. Add telemedicine question to the renewal applications. Report data to the license committee within 1 year of obtaining the data.

- f. Modification to questions 3, 4, and 5 on licensure applications.

At the May 2021, Board meeting, the Wellness and Burnout Workgroup considered the Federation of State Medical Boards' (FSMB) April 2018 report and recommendations on Physician Wellness and Burnout. The recommendations relevant to the regulatory community included application questions addressing substance use. Questions numbered 3-5 on the NCMB initial license application address substance use history.

Committee recommendation: Add the following statement to the end of questions 3 – 5 on all license applications. If you are an anonymous participant in the NC Professionals Health Program and are in compliance with your agreement, you may answer “no” to this question.

Board Action: Accept committee recommendation. Add the following statement to the end of questions 3 – 5 on all license applications. If you are an anonymous participant in the NC Professionals Health Program and are in compliance with your agreement, you may answer “no” to this question.

License Interview Report

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

Six 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.

Advanced Practice Providers and Allied Health Committee Report

Members present were: Jerri L. Patterson, NP, Chairperson; Anuradha Rao-Patel, MD; Varnell McDonald-Fletcher, PA-C and William M. Brawley

Old Business:

- a. NC Office of Emergency Medical Services – Requests for Scope of Practice Changes – James (Tripp) Winslow, MD, Medical Director NC Office of EMS.
1. Thoracostomy Pilot Program for paramedics operated and administered by the Naval Medical Center Camp Lejeune, Onslow County EMS, and Vidant Medical Center.

Committee recommendation: Recommend to the Board approval of pilot program with additional input from the Board.

Board Action: Accept Committee recommendation. Accepted recommendation to approve pilot program with request for scheduled program updates from the NC Office of EMS.

2. Advanced EMT use of lidocaine for intra-osseous catheterization anesthesia.

Committee recommendation: Approve request for Advanced EMT use of lidocaine with IO catheterizations.

Board Action: Accept Committee recommendation. Accepted recommendation to approve request for Advanced EMT use of lidocaine with IO catheterizations.

New Business:

- a. Proposed Frequently Asked Question (FAQ) – Electronic signatures for PA Supervisory Documents – Marcus Jimison, Senior Board Attorney

Committee recommendation: Accept FAQ as written.

Board Action: Accept Committee recommendation. Accepted FAQ as written.

- b. Perfusionist Advisory Committee Update – Marcus Jimison, Senior Board Attorney

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accepted as information.

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

Nurse Practitioners

The Joint Sub Committee approved all recommendations from the March 2021 and May 2021 JSC Panel meeting.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accepted as information.

Disciplinary (Complaints) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Jerri L. Patterson, NP; and Devdutta G. Sangvai, MD

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

The Disciplinary (Complaints) Committee reviewed 17 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

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

The Disciplinary (Malpractice) Committee reviewed 17 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 (Department of Health and Human Services (DHHS) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

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

The Disciplinary (DHHS) Committee reported on one case. 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 (Investigative) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

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

The Disciplinary (Investigative) Committee reviewed 34 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Compliance) Committee Report

Members present were: Shawn P. Parker, JD, Chairperson; W. Howard Hall, MD; Christine M. Khandelwal, DO; Joshua D. Malcolm, JD; Damian F. McHugh, MD; Jerri L. Patterson, NP and Devdutta G. Sangvai, MD

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

The Disciplinary (Compliance) Committee reviewed 7 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

Investigative Interview Report

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

Nine interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Diversity and Inclusion Workgroup Report

Members present were: John W. Rusher, MD, Chair; and Michaux R. Kilpatrick, MD.

Old Business:

a. Education/Training Update

The Racial Equity Institute provided "Groundwater" training to Board members and staff on May 19, 2021. Staff summarized the survey responses which will help inform future trainings.

Workgroup recommendation: Accept as information.

Board Action: Accept Workgroup recommendation. Accept as information.

b. Healthy NC (HNC) 2030 Report

Brianne Lyda-McDonald, MSPH, Project Manager, NC Institute of Medicine, met with the Workgroup to discuss the HNC 2030 report; specifically, the six Health Indicators in Chapter 5 (promoting healthy behaviors) and the Health Indicator in Chapter 6 related to increased access to care. Ms. Lyda-McDonald also discussed how the Board can assist with the State Health Improvement Plan (SHIP), the action plan for the HNC 2030 recommendations.

Workgroup recommendation: Staff to review the "What Works?" action items in the SHIP report related to the seven Health Indicators described above and recommend action items for the Board to pursue.

Board Action: Accept Workgroup recommendation. Staff to review the "What Works?" action items in the SHIP report related to the seven Health Indicators described above and recommend action items for the Board to pursue.

c. Implicit Bias

- i. Internal/NCMB. Staff workgroups have been formed to determine whether there is evidence of implicit bias in past licensing or regulatory actions and what resources would be required to redact nonmaterial information from license applications and investigative reports to reduce the potential impact of implicit bias on staff recommendations and Board decisions. Staff will submit their findings and recommendations to the Workgroup in September.

Workgroup recommendation: Accept as Information.

Board Action: Accept Workgroup recommendation. Accept as information.

- ii. External/Licensees. At the January 2021 meeting, the Board asked staff to identify different ways to raise licensee awareness of implicit bias and how it can negatively impact patient care. At the March 2021 meeting, the Board asked staff to (1) prepare proposed changes to the physician and PA rules to make it clear that cultural competency CME is practice relevant, and (2) prepare a draft communications plan to encourage licensees to take cultural competency and implicit bias training.

Staff submitted proposed changes to the physician and PA rules to make it clear that cultural competency CME is practice relevant.

Staff submitted a draft communications plan to encourage licensees to take cultural competency and implicit bias training.

Workgroup recommendations:

(1) Approve proposed rules changes for filing with the Rules Review Commission (APPENDIX A), and (2) Approve the draft communications plan (APPENDIX B).

Board Action: Accept Workgroup recommendation: (1) Approve proposed rules changes for filing with the Rules Review Commission (APPENDIX A), and (2) Approve the draft communications plan (APPENDIX B).

d. FSMB Ad Hoc Task Force on Health Equity and Medical Regulation

Dr. Michaux Kilpatrick has been appointed to the Federation of State Medical Boards Workgroup on Diversity, Equity and Inclusion (DEI) in Medical Regulation, chaired by Dr. Jeffrey Carter. The first meeting was held July 13. Dr. Kilpatrick provided an update.

Workgroup recommendation: Accept as Information.

Board Action: Accept Workgroup recommendation. Accept as information

Outreach Committee Report

Members present were: Damian F. McHugh, MD, Chairperson; Joshua D. Malcolm, JD; Shawn P. Parker, JD and William M. Brawley

Old Business:

- a. Update on presentations
 - i. Public and professional presentations
 - ii. Regulatory Immersion Series events

The Chief Communications Officer and Communications Director gave a brief overview of recent and upcoming public and professional outreach activities. NCMB is starting to see more opportunities for in-person public outreach and is pursuing multiple opportunities. Professional outreach requests are

continuing to come in, with most organizations requesting in-person talks. Responsible opioid prescribing is re-emerging as a frequent topic of interest among clinical audiences. NCMB has been confirmed to present to elected district attorneys in October and is gratified to have the opportunity to explain more about how NCMB partners with law enforcement, and to raise awareness of NCMB's Victim Services Program for victims of sexual assault at the hands of a medical professional. Finally, the Committee discussed NCMB's excellent progress in scheduling dates to present its Regulatory Immersion Series mock disciplinary course. NCMB is scheduled to present to PA programs at High Point University and at Gardner-Webb University and is in talks with UNC Chapel Hill's PA program as well.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation: Accept as information.

b. Abuse and Mistreatment Research

- i. Discussion about gaps in knowledge and training, recommendations and next steps

At its May 2021 meeting, the Outreach Committee directed staff to work with stakeholders to identify knowledge gaps and training opportunities for licensees regarding the topics of recognizing and reporting child, elder and intimate partner abuse. The Chief Medical Officer reported back to the committee that her research on child abuse suggests that there is ample high-quality training available to clinicians on the topic of recognizing child abuse. Despite this, many barriers to reporting remain and NCMB could play a role in raising clinician awareness. The Chief Communications Officers reported that her research indicates there is very little education available for clinicians on either elder abuse or intimate partner abuse. Stakeholders working in these areas are interested in collaborating with NCMB to create education.

Committee recommendation:

1. Direct staff to proceed with collaborating with outside experts and training partners to develop CME training on the topics of elder abuse and intimate partner violence.
2. Direct staff to organize a roundtable or otherwise convene a meeting of stakeholders to discuss the opportunity to develop a statewide resource in support of compliance with state laws and patient safety regarding reporting of suspected child abuse.

Board action: Accept Committee recommendation:

1. Direct staff to proceed with collaborating with outside experts and training partners to develop CME training on the topics of elder abuse and intimate partner violence.
2. Direct staff to organize a roundtable or otherwise convene a meeting of stakeholders to discuss the opportunity to develop a statewide resource in support of compliance with state laws and patient safety regarding reporting of suspected child abuse.

c. Update on CSRS Registration and Use Mandate

- i. Discussion of communication needs for licensees

The Communications Director gave a brief overview of efforts to date to education licensees about the mandatory NC CSRS use requirement of the STOP Act, which went into effect July 7,

2021. Efforts include: updating NCMB's resource page at www.ncmedboard.org/nccsrs to include the July 7 effective date and adding a new FAQ collection regarding mandatory use, multiple articles in the Forum newsletter, social media posts, MedBoard Matters podcast episode on Mandatory Use. NCMB is receiving inquiries from licensees regarding mandatory use and is updating FAQs and other information as needed. The Chief Communications Officer noted that NCMB is working closely to understand the NC Department of Health and Human Services' (NC DHHS) plans regarding enforcement of mandatory use. NC DHHS has conveyed that its initial approach will be to notify prescribers who do not appear to be in compliance and offer assistance, though it is not clear how many warnings a prescriber would get before his or her name would be reported to NCMB. The Committee discussed concerns about the accuracy of NC DHHS's compliance reports. It was noted that NCMB's focus should remain on educating licensees about the mandatory use requirement rather than on disciplining for noncompliance until it is confident that it is receiving accurate information.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation: Accept as information.

New Business:

a. Misc other outreach initiatives

i. Update on recent activities of the Communications Department

The Communications Director noted that September marks the one year anniversary of NCMB's podcast, MedBoard Matters. The Communications Department will evaluate its first year and report back to the Committee at the September 2021 Board Meeting. Committee members are asked to consider topics they would like to see future episodes of the podcast explore and to share ideas for how they might like to see the podcast evolve.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation: Accept as information.

Wellness and Burnout Workgroup

Members present were: Christine M Khandelwal DO, Chairperson; Damian F. McHugh, MD; and W. Howard Hall, MD

Old Business:

a. Federation of State Medical Boards (FSMB) Physician Burnout and Wellness Report

At the May 2021 meeting, the Workgroup reviewed the FSMB recommendations and compared those to the Board's current workflow and processes. The Workgroup discussed and reviewed updates to the following recommendations

- i. #3-4 Key stakeholders from Office of Medical Director (OMD), Legal, Licensing and the North

Carolina Professional Health Program (NCPHP) met to discuss proposed changes to the licensing application questions related to history of alcohol and substance use. There was insufficient data to support limiting the history to the past two years, as compared to the past five years. However, stakeholders supported adding a safe haven to the questions to allow anonymous NCPHP participants to answer “No” to these questions.

Workgroup Recommendation: Encourage the collection of data regarding relapse and treatment success rates for future consideration.

Board Action: Accept the Workgroup Recommendation. Encourage the collection of data regarding relapse and treatment success rates for future consideration

- ii. #5 G.S. 90-16(c) provides protection to licensees regarding private health information and the legal department already has a process for protecting private health information in public disciplinary matters.

Workgroup Recommendation: Staff to confirm that substance use disorders are considered “private health information” covered under 90-16(c).

Board Action: Accept the Workgroup recommendation. Staff to confirm that substance use disorders are considered “private health information” covered under 90-16(c).

ADJOURNMENT

The Medical Board adjourned at 12:43 p.m. on Friday, July 16, 2021.

The next meeting of the Medical Board is scheduled for September 15 - 17, 2021.



Michaux R. Kilpatrick, MD; Secretary/Treasure

Cultural Competence Communication Plan Outline

Goals:

- Define “cultural competence” in medical practice for both licensees and patients
- Serve as a resource for licensees who wish to learn more about cultural competence
- Encourage NCMB licensees to develop greater cultural competence and practice greater cultural humility

Key messages:

- Developing and practicing cultural competence can increase patient compliance, improve quality of care and reduce health care costs; It is not about “political correctness”
- NCMB is pursuing rule changes to specify that CME in cultural competence is “practice relevant” and can be completed to satisfy a licensee’s Category 1 CME requirement

Channels:

- Website
 - Policy discussion post inviting feedback on proposed rule changes designating cultural competence as a practice relevant CME topic
 - Home page notice referring to policy discussion
 - Landing page on cultural competence with links to resources and free/low cost CME opportunities
 - Slideshow image promoting new landing page
- Forum newsletter
 - Article announcing/publishing proposed rule changes
 - Q & A with expert explaining the relevance of cultural competence in medical practice
 - Submitted article(s)
- Social media (Shared articles from reputable sources on cultural competence; referrals to website and Forum content)
- Podcast episode on cultural competence – possibly timed to encourage feedback on proposed rule changes
- Provide newsletter information on proposed rule changes to partner organizations for publications/distribution lists
- Professional presentations – create slides on cultural competence for inclusion in presentations, as appropriate

Timeline:

Beginning concurrent with submission of proposed rule changes to the NC Rules Review Commission and continuing indefinitely.

21 NCAC 32R .0102 APPROVED CATEGORIES OF CME

(a) Category 1 CME providers are:

- (1) Institutions or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) and reciprocating organizations;
- (2) The American Osteopathic Association (AOA);
- (3) A state medical society or association;
- (4) The American Medical Association (AMA);
- (5) Specialty boards accredited by the American Board of Medical Specialties (ABMS), the AOA or Royal College of Physicians and Surgeons of Canada (RCPSC;) and
- (6) The Joint Accreditation for Interprofessional Continuing Education.

(b) Category 1 CME education shall be presented, offered, or accredited by a Category 1 provider as set forth in Paragraph (a) of this Rule and shall include:

- (1) Educational courses;
- (2) Scientific or clinical presentations or publications;
- (3) Printed, recorded, audio, video, online or electronic educational materials for which CME credits are awarded by the provider;
- (4) Journal-based CME activities within a peer-reviewed, professional journal;
- (5) Skill development;
- (6) Performance improvement activities; ~~or~~
- (7) Interprofessional continuing education; ~~or~~
- (8) Cultural competency or implicit bias training.

History Note: Authority G.S. 90-5.1;

Eff. January 1, 2000;

Amended Eff. August 1, 2012; July 1, 2007; January 1, 2001;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. September 1, 2020.

21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION

(a) A physician assistant shall complete at least 50 hours of Continuing Medical Education (CME) every two years. The CME shall be recognized by the National Commission on Certification of Physician Assistants (NCCPA) as Category I CME. The physician assistant shall provide CME documentation for inspection by the Board or its agent upon request. The two-year period shall begin on the physician assistant's birthday following the issuance of his or her license.

(b) A physician assistant who prescribes controlled substances shall complete at least two hours of CME, from the required 50 hours, designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for purposes of this Rule.

(c) A physician assistant who possesses a current certification with the NCCPA shall be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant shall attest on his or her annual renewal he or she is currently certified by the NCCPA. Physician assistants who attest he or she possesses a current certificate with the NCCPA shall not be exempt from the controlled substance prescribing CME requirement of Paragraph (b) of this Rule. A physician assistant shall complete the required two hours of controlled substance CME unless the CME is a component part of their certification activity.

(d) Courses pertaining to interprofessional continuing education and courses pertaining to cultural competency or implicit bias training shall qualify for any CME hours required under this Rule so long as such courses are approved by the NCCPA.

*History Note: Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-18.1; S.L. 2015-241, 12F.16(b) and 12F.16(c);
Eff. September 1, 2009;*

Amended Eff. May 1, 2015; November 1, 2010;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. April 1, 2020; September 1, 2016.