

MINUTES



May 16 – 18, 2018

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held May 16-18, 2018.

The May 2018 meeting of the North Carolina Medical Board was held at 1203 Front Street, Raleigh, NC 27609. Timothy E. Lietz, MD, President, called the meeting to order. Board members in attendance were: Barbara E. Walker, DO, President-Elect; Bryant A. Murphy, MD, Secretary/Treasurer; Eleanor E. Greene, MD, Immediate Past-President; A. Wayne Holloman; Debra A. Bolick, MD; Judge Ralph A. Walker, JD; Venkata R. Jonnalagadda, MD; Mr. Shawn P. Parker, JD; Jerri L. Patterson, NP; Varnell D. McDonald-Fletcher, PA-C; John W. Rusher, MD; and Michaux R. Kilpatrick, MD.

Dr. Lietz 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. All conflicts were reported as included within the committee reports.

Board members participated in a debrief of the 2018 Federation of State Medical Boards (FSMB) Annual Conference.

Minutes Approval

A motion passed to approve the March 14-15, 2018 Board Meeting minutes and the Emergency meeting minutes held April 26, 2018. There was not a Hearing Meeting in April, therefore, there are no minutes from April to approve.

Presentations

Dr. Lietz introduced Kevin Bohnenblust, Executive Director of the Wyoming Board of Medicine, and Rick Masters, Legal Counsel for the Interstate Medical Licensure Compact Commission, who gave a presentation on the Interstate Medical Licensure Compact.

Dr. Lietz introduced Eric Tellefsen, retired Assistant Special Agent with the North Carolina State Bureau of Investigations, who provided Active Shooter training.

The Board's Chief Medical Officer provided a summary of the Coalition for Physician Enhancement Spring 2018 Meeting.

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. Joe Jordan, CEO, North Carolina Physicians Health Program (NCPHP), gave the PHP Compliance Committee report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Dr. Debra Bolick, member of the North Carolina Medical Board, presented the NCPHP Physician Wellness Report.

NCMB ATTORNEY'S REPORT

The Board met with legal counsel on Thursday, May 17, 2018, to receive information and advice.

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 a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

A motion was passed to return to open session.

Mr. Brian L. Blankenship, Deputy General Counsel and Mr. Thomas W. Mansfield, Chief Legal Officer, presented the open session portions of the Attorney's Report regarding the schedule for upcoming hearings, rulemaking activity and statistics regarding work performed by the Board's attorneys since the last Attorney's Report.

Executed Cases - Public Actions:

The following actions were executed since the Board's last regularly scheduled meeting. The Board voted to accept these as information.

Acosta, Albis MD

Reentry Agreement executed 3/22/2018

Benjamin, Alexis Hubert PA

Public Letter of Concern executed 04/23/2018

Daniel, Selwyn George PA

Consent Order executed 04/10/218

Early, Ira Gordon MD

Amended Consent Order executed 03/23/2018

Ennever, Peter Robert MD

Consent Order executed 03/05/2018

Esser, James Mark MD

Public Letter of Concern executed 4/25/2018

Everhart, Robert George MD
Public Letter of Concern executed 03/14/2018

Ford, Francesann Dillard MD
Public Letter of Concern executed 04/16/2018

Gonzales, Lazaro PA
Public Letter of Concern executed 03/09/2018

Graves, Stephanie Holton PA
Consent Order executed 03/26/2018

Griffin, Gail Michelle MD
Consent Order executed 04/04/2018

Hall, Bradley Thomas DO
Public Letter of Concern executed 3/22/2018

Hardin, James Benford MD
Public Letter of Concern executed 3/15/2018

Hines, Marcano Raymond MD
Relief of Consent Order Obligations executed 03/23/2018

Hodges, Ernest Sidney PA
Public Letter of Concern executed 03/27/2018

Holleman, James Bennett MD
Consent Order executed 03/15/2018

Hoover, Michael Shane MD
Consent Order executed 03/06/2018

Howard, Chad Daniel MD
Consent Order executed 03/28/2018

Jeyanandarajan, Dhiraj Raj MD
Public Letter of Concern executed 03/01/2018

Lassiter, Paulette Denise MD
Denial of Licensure executed 03/20/2018

Lonneman, Kimberly Watson PA
Relief of Consent Order Obligations executed 04/20/2018

Maria, Josette MD
Consent Order executed 03/02/2018

Mendes, Celia Maria MD
Consent Order executed 04/02/2018

Myles, Sidney Lopez MD
Public Letter of Concern executed 3/28/2018

Neitlich, Jeffrey David MD
Consent Order executed 03/15/2018

Nwosu, Martin Nwabunike MD
Consent Order executed 04/19/2018

Orli, Tom MD
Consent Order executed 03/07/2018

Rahman, Mohammed Waliur MD
Consent Order executed 03/28/2018

Russell, Anthony Otis MD
Consent Order executed 4/25/2018

Silverman, David Louis MD
Consent Order executed 03/06/2018

Smith, Tracey PA
Public Letter of Concern executed 3/16/2018

Thompson, Lee Adam PA
Consent Order executed 04/04/2018

Varaly, Jonas John DO
Consent Order executed 03/06/2018

Waddell, Roger Dale MD
Consent Order executed 03/15/2018

Wagner, Thomas Herbert MD
Notice of Charges and Allegations; Notice of Hearing executed 04/12/2018

Wanek, Elizabeth Ann MD
Non-Disciplinary Consent Order executed 04/02/2018

Wilson, Vincent Paul MD
Relief of Consent Order Obligations executed 4/18/2018

Woolfrey, Michael Richard MD
Non-Disciplinary Consent Order executed 3/19/2018

Zalles, Maria Carola MD
Public Letter of Concern executed 04/05/2018

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD, Chairperson; Barbara E. Walker, DO; Bryant A. Murphy, MD; and A. Wayne Holloman.

Members absent were: Eleanor E. Greene, MD.

Strategic Plan

a. 2018 Strategic Priorities Update

The Committee reviewed the updated Strategic Priorities Tracker.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Financial Statements

a. Monthly Accounting – February and March 2018

The Committee reviewed the compiled financial statements for March and April 2018. In addition, the Committee considered proposed changes to the reporting format.

Committee Recommendation: Accept the financial statements as reported. Approve the new reporting format beginning with the July meeting.

Board Action: Accept Committee recommendation. Accept the financial statements as reported. Approve the new reporting format beginning with the July meeting.

b. Investment Account Statements – March and April 2018.

The Committee reviewed the investment statements for March and April 2018.

Committee Recommendation: Accept the financial statements as reported.

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

Old Business

a. Building Update

The Board is considering three options regarding the need for additional workspace: (1) renovate the existing building, (2), purchase a lot and building a larger office, and (3) purchase an existing (larger) office building and renovate it.

The Committee received information regarding an existing, larger office building.

Committee Recommendation: CEO is authorized to sign a non-binding letter of intent to ascertain whether the owner is interested in selling the building.

Board Action: Accept Committee recommendation. CEO is authorized to sign a non-binding letter of intent to ascertain whether the owner is interested in selling the building.

New Business

a. Proposed Changes to Rule 21 NCAC 32R .0103 (Appendix A)

In July 2017, the Board approved a proposed rule to make it clear that (1) residents who have a full license rather than a resident's training license, and (2) physicians getting their initial board certification or doing MOC are required to meet the controlled substances continuing medical education requirements set forth in 21 NCAC 32R .0103.

The proposed amendment was published in the NC Register. The required comment period ended February 13, 2018, and no comments were received. If approved by the Rules Review Commission the earliest effective date is July 1, 2018.

Committee Recommendation: Approve the amendment to Rule 21 NCAC 32R .0103. Submit the amendment to the Rules Review Commission for approval.

Board Action: Accept Committee recommendation. Approve the amendment to Rule 21 NCAC 32R .0103. Submit the amendment to the Rules Review Commission for approval.

b. 2018 Retreat Location

The Board's biennial strategic planning retreat is scheduled for September 21, 2018. There is interest in holding the retreat at a different city and perhaps a different day.

Committee Recommendation: Do not reschedule or relocate the Board retreat. Retreat to be held Friday morning, September 21, 2018, in Raleigh. Exact location to be determined.

Board Action: Accept Committee recommendation. Do not reschedule or relocate the Board retreat. Retreat to be held Friday morning, September 21, 2018, in Raleigh. Exact location to be determined.

c. Board Meeting Schedule

Board meeting schedules are inconsistent since meetings held in March, July, and November last two days and meetings held in January, May, and September last two and one-half days. Also, some meetings end Thursday evening at 6:00 which make it difficult to travel home. In addition, the meeting schedule is often too hectic.

The Committee discussed other meeting formats that would address these issues.

Committee Recommendation: Starting with the November 2018 meeting, hold 2.5 meetings each meeting beginning Wednesday morning at 8:00 a.m. and ending Friday at noon.

Board Action: Accept Committee recommendation. Starting with the November 2018 meeting, hold two and one-half day meetings each meeting beginning Wednesday morning at 8:00 a.m. and ending Friday at noon.

d. Physician Wellness Summit

A workgroup of the North Carolina Consortium for Physician Resilience and Retention is planning a Physician Wellness Summit for October 17, 2018. Mr. Thom Mansfield and Dr. Karen Burke-Haynes are members of the workgroup and gave an update to the Committee.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

POLICY COMMITTEE REPORT

Members present were: Shawn P. Parker, JD, Chairperson; Debra A. Bolick, MD; Ralph A. Walker, JD; Jerri L. Patterson, NP; and Michaux R. Kilpatrick, MD.

New Business:

a. The Medical Supervisor-Trainee Relationship

The Committee reviewed the current position statement favorably and felt that there was no need to revise the current position statement.

Committee Recommendation: Note review of position statement. No changes.

Board Action: Accept Committee recommendation. Note review of position statement. No changes.

b. Advertising and Publicity

The Committee reviewed the current position statement and found it to be well-written and felt that there was no need to revise the current position statement. It was noted by staff, that since the position statement's inception, there has been a reduction in inquiries from licensees concerning advertising and publicity.

Committee Recommendation: Note review of position statement. No changes.

Board Action: Accept Committee recommendation. Note review of position statement. No changes.

c. Legal Effect of Position Statements

The Committee discussed the inquiry it received asking for clarity as to the legal effect of the position statements on the Board's licensees. The individual referenced that each of the Board of Nursing's position statements contain a statement that the position statements do not carry the effect of law. The Committee and staff referenced the position statement entitled "What are the position statements of the Board and to whom do they apply?" The Committee felt a discussion regarding whether to include similar language on the Board's website was warranted, but agreed that there was no need for a disclaimer similar to the Board of Nursing's. Staff will contact the individual who made the inquiry to let him know the Committee discussed the matter and felt no change was warranted.

Committee Recommendation: Note consideration of whether there is a need for a disclaimer in the Board's position statements. No change is warranted.

Board Action: Accept Committee recommendation. Note consideration of whether there is a need for a disclaimer in the Board's position statements. No change is warranted.

Other:

a. Composite Position Statement Pertaining to Medical Records

At the March 2018 Policy Committee meeting, the Committee voted to form a workgroup and consider a comprehensive position statement on medical records. Staff provided an update regarding the timeline for when the workgroup should receive the initial draft of the composite position statement. The workgroup plans to provide a proposed composite position statement to the Committee at the July 2018 Board meeting.

Staff provided an update regarding the timeline for when the workgroup should receive the initial draft of the composite position statement. The workgroup plans to provide a proposed composite position statement to the Committee at the July 2018 Board meeting.

Committee Recommendation: Bring back a proposed composite position statement for review and consideration at the July 2018 Board meeting.

Board Action: Accept Committee recommendation. Bring back a proposed composite position statement for review and consideration at the July 2018 Board meeting.

b. Formulating Position Statements

The Committee discussed how and when new position statements are formulated based on current issues affecting licensees and the public. Specific reference was made to the use of stem cell treatments. The question was posed whether other states have begun to deal with the issue of stem cell treatments and whether the Board needs a position statement to address stem cell treatments.

Committee Recommendation: Assign staff the task of researching if, and how, other states are addressing stem cell treatments and bring back for discussion at the July 2018 Board meeting.

Board Action: Accept Committee recommendation. Assign staff the task of researching if, and how, other states are addressing stem cell treatments and bring back for discussion at the July 2018 Board meeting.

c. Signing of Death Certificates

Staff brought up an issue that the Disciplinary Committee had addressed earlier in the day related to a physician's duty to sign death certificates for patients who have died at home and were not under the physician's immediate care. This is a commonly recurring issue faced by staff. Staff expressed the need for the Board to provide more guidance to physicians regarding the signing of death certificates.

Committee Recommendation: Assign staff the task of drafting a proposed position statement. Bring back for review and consideration at July 2018 Board meeting.

Board Action: Accept Committee recommendation. Assign staff the task of drafting a proposed position statement. Bring back for review and consideration at July 2018 Board meeting.

Position Statement Review Tracking Chart:

- a. Committee Recommendation: Present (1) composite position statement pertaining to medical records; (2) research on how other states are addressing stem cell treatments; and (3) proposed position statement regarding signing of death certificates at the July 2018 Board meeting.

Board Action: Accept Committee recommendation. Present (1) composite position statement pertaining to medical records; (2) research on how other states are addressing stem cell treatments; and (3) proposed position statement regarding signing of death certificates at the July 2018 Board meeting.

LICENSE COMMITTEE REPORT

Members present were: Debra A. Bolick MD, Chairperson; Varnell McDonald-Fletcher, PA-C; Venkata R. Jonnalagadda, MD; Ralph A. Walker, JD; and Michaux Kilpatrick, 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 License Committee reviewed eight 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.

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.

Five 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: Varnell McDonald-Fletcher, PA-C, Chairperson; John W. Rusher, MD; Jerri L. Patterson, NP; and Ralph A. Walker, JD.

New Business:

a. Physician Assistants

Ms. McDonald-Fletcher, PA-C gave a report on the PA Forum held at the Federation of State Medical Boards (FSMB)

Committee Recommendation: Receive as information.

Board Action: Accept Committee recommendation. Receive as information.

b. Anesthesiologist Assistants

Rule 21 NCAC 32W .0112 Identification Requirements. (Appendix B)

Committee considered a proposed change to the identification rule for anesthesiologist assistants.

Committee Recommendation: Approve rule 21 NCAC 32W .0112 Identification Requirements.

Board Action: Accept Committee recommendation. Approve rule 21 NCAC 32W .0112 Identification Requirements.

c. NC Office of Emergency Medical Services (NC OEMS)

NC OEMS requests approval of a pilot program for the use of ketamine for all medically indicated purposes.

Committee Recommendation: Approve proposed pilot program. NC OEMS to provide list of counties participating in the initial pilot program.

Board Action: Accept Committee recommendation. Approve proposed pilot program. NC OEMS to provide list of counties participating in the initial pilot program.

d. Nurse Practitioners

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 Advanced Practice Providers and Allied Health Committee received as information a report from the Nurse Practitioner Joint Subcommittee Panel ("Panel"). The Panel's written report was presented for the Board's review, where it was also received as information. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: Venkata Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; John W. Rusher, MD; and Barbara E. Walker, DO.

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 reported on 26 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: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; John W. Rusher, MD; and Barbara E. Walker, DO.

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 reported on 50 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: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; John W. Rusher, MD; and Barbara E. Walker, DO.

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 twenty-six 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 (INVESTIGATIVE) COMMITTEE REPORT

Members present were: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; John W. Rusher, MD; and Barbara E. Walker, DO.

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.

Forty-two investigative cases were reviewed. 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 (MEDICAL EXAMINER) COMMITTEE REPORT

Members present were: Venkata R. Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn P. Parker, JD; John W. Rusher, MD; and Barbara E. Walker, DO.

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.

One Medical Examiner case was reported. 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.

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.

Eleven investigative 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.

CONTROLLED SUBSTANCES CONTINUING MEDICAL EDUCATION (CS CME) PLANNING COMMITTEE

Board Members present were: Jerri L. Patterson, NP, Chairperson; Bryant A. Murphy, MD; and Venkata R. Jonnalagadda, MD.

Old Business

- a. Update on sessions in planning

The Committee reviewed the upcoming sessions. Three sessions remain in the current grant cycle. One more session in Lee County has been added to the schedule based on additional trainings that are being planned for the Wake Area Health Education Committee (AHEC) region.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Feedback from sessions to date

Feedback from the sessions continues to be positive and attendance is generally still reaching 75-100 people per session. We continue to receive positive feedback from attendees, especially for those held in rural areas.

Dr. Lietz recently moderated a session in Shelby when a previously scheduled moderator was unable to make it. Dr. Rusher served as the NCMB representative for a session at Wake Med, which was very well attended (over 225 in attendance).

The Committee received anecdotal feedback from physicians that there are still pockets of licensees that are not aware of the STOP Act or its implications. The Committee discussed opportunities to understand the disconnect and develop tools for further outreach, including compiling suggestions from the feedback for future use on the website (FAQs) or for an article in the Forum.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

c. Statewide opioid prescribing training initiative 'wrap up' update

The Committee received an update on the recording of one of the remaining panel sessions (Randolph County on June 20, 2018) as well as re-recording the webinar using grant funds secured by Wake AHEC. At the last meeting, the Committee voted to have the panel session 'staged' instead of recording a live session. After consulting with the videography company, the recommendation has shifted to record a live session and address any issues with audience sound or errors in the content in post-production. The Committee discussed this new recommendation and there were no objections.

The panel session will be split into two approximately one-hour modules for the website. The staff will work on how the content will be divided and make any adjustments needed with regard to the audience polling. Additionally, the webinar will be re-recorded to provide an enhanced update to the content and also to video record the presentation to have a more engaging presentation.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business

a. Additional trainings in Wake AHEC region

The Committee received a report that Wake AHEC received additional funding to hold sessions in the Wake AHEC region. These sessions would be held at area hospitals where there would

be limited expense for food or location rental costs. NCMB's commitment would continue to be focused on recruiting speakers and having representatives at the session. One session has already been scheduled in Sanford for June 26, 2018. The two remaining sessions have not been scheduled. Wake AHEC is contacting the hospitals they work with regularly in some of the more rural counties in their region to determine if there is a need for additional trainings.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

OUTREACH COMMITTEE

Members present were: Barbara E. Walker, DO, Chairperson; Eleanor E. Greene, MD; John W. Rusher, MD; and A. Wayne Holloman.

Old Business

a. Overview of Outreach Activities (Presentations)

The Communications Director summarized professional outreach activities for the year to date. Requests for presentations is down somewhat this summer, so the staff have started reaching out to residency programs that NCMB has presented to in the past to solicit repeat visits.

Committee recommendation: Accept as information. Update Outreach calendar to include Board Member participation in CS CME panel sessions.

Board action: Accept committee recommendation. Accept as information. Update Outreach calendar to include Board Member participation in CS CME panel sessions.

b. Update on public presentations to consumer audiences

The committee discussed outreach to community groups. NCMB has completed eight talks to the public so far this year, with broad participation from staff. It was noted that NCMB will be featured in an upcoming statewide publication distributed to county government employees with a short item announcing the Board's availability to present to county organizations. The Chief Communications Officer is also working on developing opportunities to present to local law enforcement.

Committee recommendation: Accept as information

Board action: Accept Committee recommendation. Accept as information.

c. Licensee survey draft questions

The committee discussed the draft questions for the upcoming Licensee Survey. The last Licensee Survey was conducted in 2016 and included three topics of interest: (1)

burnout/wellness, (2) longevity in practice, and (3) the employed physician. The 2018 survey will focus on burnout/wellness, telemedicine, and opioids. The inclusion of several questions on burnout/wellness led to a suggestion that NCMB explore the possibility of providing links to wellness resources on the Board's website at the end of the survey. NCMB is currently compiling feedback on the survey questions from stakeholder groups and plans to have the survey completed by mid- to late June.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

New Business

a. Forum Digital Supplement pilot project results

The Communications Department has previously shared concerns with the committee that the Forum's current quarterly publication schedule often results in delays in getting Board news and information to licensees. As approved by the committee, the department tested an online only "digital supplement" to the Forum to provide updates to licensees in between regular issues of the Forum. More than 80 percent of physicians and PAs currently receive the Forum via email only. The digital supplement was emailed to all of them, while print readers were offered the opportunity to sign up for the digital supplement in the fall 2017 issue. The first supplement was emailed in January 2018 and the second was sent in April. Both issues performed comparable to the full edition of the email Forum in terms of "open" rates. However, the Communications Director noted that readers clicked on more articles in the digital supplement issues, most likely because these present a more focused report (fewer overall choices). This experiment has reinforced the Communications Department's desire to provide licensees with shorter, more frequent emailed Forum content, with the hope that more timely, focused reports will result in more licensees viewing NCMB's content.

Committee recommendation: Accept as information. Approve Communications Department plan to transition to bimonthly digital/email Forum editions effective Sept. 2018. The Board will maintain a print edition, to be published biannually.

Board action: Accept committee recommendation. Accept as information. Approve Communications Department plan to transition to bimonthly digital/email Forum editions effective September 2018. The Board will maintain a print edition, to be published biannually.

DIVERSITY WORKGROUP

Members present were: Eleanor E. Greene, MD; Chairperson; Shawn P. Parker, JD; and Michaux R. Kilpatrick, MD.

Old Business

- a. Update on staff Training on Diversity and Inclusion in the Workplace
- b. Review Mission and Vision Statement

- c. Discuss three core principles (Education, Communication, Compliance)

New Business

- a. Update on staffing since January 2018

Recent hires:

1. Shikha Sinha (Complaints Manager)
2. Judie Clark (Compliance Coordinator)
3. Ernie Kirchin (Investigator)
4. Leena McAteer (Credentialing Coordinator)
5. Richard Roop (Special Projects Manager)
6. Caroline Cusick (Legal Intern)
7. Jasmine Burch (Licensing Temporary)

Current open position

1. Operations Associate (Position opened 3/21/18)

- b. Staff NCMB Staffing Statistics

The Board's Human Resources Manager presented a list of the Medical Board's staff by race, age, and gender. The data indicate we are making progress as it relates to becoming a more diverse organization. It was noted that this will be a slow process given our low staff turnover rate.

- c. Training / Presentations

Recently added presentations

1. Workplace Harassment: What should employers do now? This training was provided by Capital Associated Industries (CAI)'s (February 2018).
2. Diversity and Inclusion training provided by Stan Kimer (September 2017).

Upcoming events

1. Attend May 2018 Employment and Labor Law Update by CAI (September 2018)
2. Integrate Diversity and Inclusion training provided by Stan Kimer in to training for the Executive Team, Leadership Team and staff. Targeted date, (September 2018).

- d. Other

1. AIM/FSMB – Debrief
2. Controlled Substance Reporting System (CSRS) registration – Opioid prescribing session – debrief.

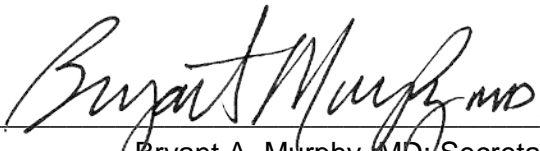
Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

ADJOURNMENT

The Medical Board adjourned at 7:56 p.m. on Thursday, May 17, 2018.

The next meeting of the Medical Board is scheduled for July 18-19, 2018.



Bryant A. Murphy, MD: Secretary/Treasurer

1 21 NCAC 32R .0103 is amended, **with changes**, as published in 32:12 NCR page 1218 as
follows: 2

3 **21 NCAC 32R .0103 EXCEPTIONS**

4 (a) A physician is exempt from the requirements of Rule .0101 of this Section if the licensee is:

5 (1) Currently enrolled in an AOA or Accreditation of Council of Graduate Medical Education
6 (ACGME) accredited graduate medical education ~~program~~; program and holds a residency
7 training license;

8 (2) In good standing with the Board, serving in the armed forces of the United States or serving
in
9 support of such armed forces, and serving in a combat zone, or serving with respect to a military
10 contingency operation as defined by 10 U.S.C. 101(a)(13); or

11 (3) Serving as a member of the General Assembly's House or Senate Health Committee.

12 (b) A physician who obtains initial certification from an ABMS, AOA or RCPSC specialty board shall be deemed
13 to have satisfied his or her entire CME requirement for the three year cycle in which the physician obtains board
14 certification. However, if the physician prescribes controlled substances, then the physician shall complete at least
15 three hours of CME that is designed specifically to address controlled substance prescribing practices as required in
16 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their initial
17 certification that specifically satisfies the requirement in 21 NCAC 32R .0101, then the physician is not required to
18 take controlled-substance prescribing CME beyond that included in their initial certification process.

19 (c) A physician who attests that he or she is continuously engaged in a program of recertification, or maintenance of
20 certification, from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire
21 CME requirement for that three year cycle. However, if the physician prescribes controlled substances, then the
22 physician shall complete at least three hours of CME that is designed specifically to address controlled substance
23 prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed
24 CME as part of their program for recertification or maintenance of certification process that specifically satisfies
25 the
26 requirement in 21 NCAC 32R .0101, then the physician is not required to take controlled-substance prescribing

process. 27

28 *History Note: Authority G.S. 90-14(a)(15); 90B-15;*

29 *Eff. January 1, 2000;*

30 *Amended Eff. [April 1, 2018;] July 1, 2018; August 1, 2012; January 1, 2001;*

31 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*
32 *2016.*

33

21 NCAC 32W .0112 IDENTIFICATION REQUIREMENTS

An Anesthesiologist Assistant licensed under this Subchapter shall keep proof of current licensure and registration available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag identifying the licensee as an “Anesthesiologist Assistant,” which may be abbreviated as “AA” or as an “Anesthesiologist Assistant – Certified,” a “Certified Anesthesiologist Assistant,” which may be abbreviated as “AA-C.” “CAA.”

History Note: *Authority G.S. 90-18.5; 90-640;*

Temporary Adoption Eff. January 28, 2008;

Eff. April 1, 2008;

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