MINUTES

North Carolina Medical Board

January 19-22, 2000

1201 Front Street, Suite 100
Raleigh, North Carolina
Minutes of the Open Sessions of the North Carolina Medical Board Meeting January 19-22, 1999.

The January 19-22, 2000, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 5:20 p.m., Wednesday, January 19, 2000, Wayne W. VonSeggen, PA-C, President. Board members in attendance were: Elizabeth P. Kanof, MD, Vice President; Walter J. Pories, MD, Secretary/Treasurer; Kenneth H. Chambers, MD; John T. Dees, MD; John W. Foust, MD; Hector H. Henry, II, MD; Stephen M. Herring, MD; Mr. Paul Saperstein; Charles E. Trado, MD; and Ms. Martha K. Walston.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, Assistant Executive Director; Mr. James A. Wilson, Board Attorney; Mr. R. David Henderson, Board Attorney; Mr. William H. Breeze, Jr., Board Attorney; Ms. Wanda Long, Legal Assistant; Lynne Edwards, Legal Assistant; Mr. John W. Jargstorf, Investigative Director; Mr. Don R. Pittman, Investigative Field Supervisor; Mr. Edmond Kirby-Smith, Investigator; Mr. Dale E. Lear, Investigator; Ms. Donna Mahony, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Edith Moore, Investigator; Mrs. Jenny Olmstead, Senior Investigative Coordinator; Ms. Michelle Lee, Investigative Coordinator/Malpractice Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Jennifer L. Deyton, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Mr. Jeff A. Peake, Licensing Assistant; Ms. Erin Gough, PA/NP Coordinator; Mr. James Campbell, Licensing Assistant; Tammy O'Hare, Licensing Assistant; Mrs. Janice Fowler, Operations Assistant; Ms. Sherry Hyder, Receptionist (Temp.); Mr. Peter Celentano, Controller; Ms. Sonya Darnell, Operations Assistant; Ms. Ann Z. Norris, Verification Secretary; Jesse E. Roberts, MD, Medical Coordinator; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Deborah Hill, Complaint Department Assistant; Mr. Jeffery T. Denton, Administrative Assistant/Board Secretary; Mr. Scott A. Clark, Operations Assistant; and Ms. Christine K. Rowe, Operations Assistant (Temp.). Absent was: Ms. Rebecca L. Manning, Information Specialist.

MISCELLANEOUS

Presidential Remarks
Mr. VonSeggen commenced this meeting by reading the North Carolina Board of Ethics “ethics awareness and conflict of interest reminder.” He also discussed Media Day and the upcoming Federation of State Medical Boards’ (FSMB) Annual Meeting at which Dr. Barrett will become the President of the FSMB.

Medical Coordinator Resignation
Dr. Roberts is resigning as the Board’s Medical Coordinator. Mr. VonSeggen read Dr. Roberts’ letter to the staff to the Board and Dr. Roberts made parting comments.

MINUTE APPROVAL
Motion: A motion passed that the November 17-20, and the December 15, 1999, Board Minutes be approved as presented.
EXECUTIVE DIRECTOR’S REPORT
Andrew W. Watry, Executive Director, presented the following information:

- **Office Automation:** The upgrade of the backbone for our licensure system has consumed a significant amount of staff time these past few months. We converted over to the new vendor’s database and we are working out bugs. Presently staff are able to look up licensee status and make changes. The registration process has stayed relatively current in spite of glitches in posting individual licensee accounts. The mechanism in the program design construct for this process is sound; technical problems in finalizing the reregistration mechanisms have been resolved thanks to many late hours of work by Diane, Rebecca and our vendor. The new system is far superior to its predecessors. Most importantly, it is fully Y2K compliant. The century is fully accounted for in all dates and there should be no glitches in date arithmetic as a result. The old system only had two spaces for year in many of the key date fields, thus presenting the classic Y2K problem by ignoring century.

The turn of the century went off without a hitch in terms of office equipment.

The new system presents a firm foundation for building significant office automation improvements. These improvements could not have been built on the old system. As of this writing, we have put our application form for physicians on the web. This will greatly reduce man-hours required to assemble and mail these forms out for individual requests. In the future we will bar code each of the forms in the application packet and this bar code will tie these forms back to specific applicants. The applicant’s record on the computer can be updated when the form comes in simply by passing it through a scanner. This will significantly reduce man-hours in assembling information to complete applications. Additionally, through a secure place on the web site, applicants can check on the status of their applications. Currently, it is a significant drain on the resources of our application processing staff to answer the phone from anxious applicants who want to inquire on the status of their applications. This load can be shifted to the web once we make this change. Reregistration will also be remarkably improved. Forms will be scanned twice, once upon initial receipt and once to get all of the critical update information. The second scan is necessary to trigger the time consuming process of editing data supplied by the licensee. We can thus acknowledge receipt when the forms hit our front door. Staff will be able to respond to registration inquiries much more expeditiously. This information will also ultimately be fed to the web site so that we can divert these requests as well.

The software connecting us with an internet service provider for Board Members and investigators has been obtained. However, Diane is looking into the prospect of making sure all Board Members and investigators can get access to a local telephone line for this service before we pass it out and before we pay for it. Once this is in, all Board Members will be able to communicate with all staff members directly through E-mail. Each staff member has an individual E-mail account and there are also accounts for departments.

We are planning another system improvement having to do with remittances and reregistration. We are developing a system to allow registration online through use of a credit card. This will get us out of business of handling checks for these individuals and make reregistration much more timely. The Internet page would not allow one to complete registration unless all items were properly entered. The manual validation steps that now occur with paper could be eliminated for all of these cases. Computer records could be directly updated and the remittance processed to us through the bank via the credit card. This would reduce substantial overhead involved in annually reregistering some 31,000 individuals. We have consulted with the Pharmacy Board and the Nursing Board who are similarly considering this process. Right now our best estimate is that approximately 40% of our licensees would take advantage of this service. As our licensee pool becomes more
computer dependent, we could look forward to the day where we could eliminate the manual paper registration system.

- **Internet Prescribing:** The Board’s Internet prescribing policy has been favorably received. I have been asked to represent the Federation at a meeting in Washington to discuss involvement of the Federal government in the regulation of Internet prescribing. President Clinton has made this a priority for the Food and Drug Administration. I will keep you posted as to developments. The meeting I will be attending with Dr. Winn will be on January 28.

- **Physician Demographic Data:** I have met with representatives of the Sheps Center concerning its involvement in a study for us to determine from our public records if there are markers and indicators which are predictive of potential disciplinary activity by the Medical Board. This could be groundbreaking work. If there are such markers and indicators, they could assist the Board in developing mechanisms to help people stay out of trouble which causes disciplinary action and this would be a significant benefit to our patient population. The Sheps Center already collects and analyzes demographic data such as age, location, training and specialty, etc. It will merge this data along with a complete analysis of our public disciplinary records to see if there are single or multiple markers which may have statistical predictive value. The report of this project would be made to the Board.

- **Physician Profiling:** There is a national trend in many legislatures to require medical boards to develop physician profiling similar to what is done in Massachusetts. These profiles not only list the public information but they also list malpractice, complaint, criminal, and other types of history such as publications and awards. This legislation places significant additional overhead on medical boards. I have been appointed to a Federation committee studying this issue.

I think this Board is in a good position in this regard. This Board has had the foresight to develop a very effective public information program under the direction of Dale Breaden. This serves a valuable public purpose. But also by providing not only access but active dissemination of all public information and going to the lengths that we do to make this information readily accessible, this may have the effect of neutralizing potential legislative concerns that we are not being responsive enough to the public. Those are the concerns that are catalytic in terms of driving profile legislation in other states. This is an editorial comment but the problem I have with profile legislation is it puts some information out that may negatively impact consumers in roundabout ways. For example, any physician who chooses to serve a prison population has an increased exposure to complaints. I can see there being great difficulty in getting qualified physicians to work in a prison or any other climate with higher complaint exposure when a public record is created of all complaints for that individual. Similarly, publishing malpractice data may have a similar affect. Certain physicians work courageously in high risk activities where there are serious risks of morbidity and mortality even under the best of circumstances. Although it may be a good thing to expose the malpractice histories of some physicians it may be a bad thing to expose the malpractice history of others and how is one to discriminate. Finally, there is always the risk of getting an unfunded mandate which is exactly what happened in Massachusetts. The Massachusetts Board was mandated to develop a very expensive profiling system without any funding consideration whatsoever and it had a dramatic impact on the board’s operation by draining resources intended for licensing and discipline. This was followed by a hue and cry in the media that there was not enough of the latter. The good things that are done to disseminate public information in our Public Affairs Department help make useful information for our public readily available. It is premature to indicate which way the Federation committee is tilting, at this point, because its recommendations have not been adopted by the Federation Board of Directors. I will keep you posted.

**JANUARY 19-22, 2000**
• Meetings:

January 18   FSMB Profiling Committee
January 28   Meeting in Washington on Internet Prescribing at the request of FSMB

PUBLIC AFFAIRS/COMMUNICATIONS PROGRAM REPORT
Dale Breaden, Communications Director, presented the following information:

Forum
The fourth number of the Forum for 1999 will be out soon—we did not want to publish during December because of proximity to the third number and the crush of holiday mails. Articles will include a commentary by William D. Daniel, MD, on the need for medical chaperones; a piece by Joseph Elrod, III, JD, on the responsibility for providing expert review of malpractice cases; an article by W. Stuart Tucker, Jr, MD, about the value of house calls; a letter to the editor from a physician in the NCPHP; a comment from several medical staff service professionals on DataLink; a review by Dr Barrett of An Ethics Casebook for Hospitals, and articles by Mr VonSeggen and Mr Watry. As usual, this fourth number of the Forum will include publication of all the Board’s Position Statements.

We are now actively beginning the process of reducing our mailing list due to the Forum’s availability on the Internet. We had an article in the third number of the Forum stressing that anyone with access to the Internet can print out the Forum and noting that certain classes of recipients will be removed from the mailing list as of the first number of 2000. This article is also appearing in the upcoming number. We are contacting libraries to ask that they use the Internet as a source for the Forum rather than receive a regular print copy. These and related efforts are particularly useful because the size of our regulated community is steadily growing and we must maintain a reasonable print run.

As I have noted previously, we plan to add a full Forum index to the Web site. An archive of the Forum will be placed on our own system as a permanent record, which will be available for printing at any time and will make it possible for us to respond easily to requests for specific numbers or articles. Jennifer Deyton, who assists with all aspects of the Forum’s publication, is working on this project.

Informational Brochure
We are awaiting final action on the CME rule in order to move ahead with final revision and printing of the revised Board brochure. If the CME rule is not in place relatively soon, we will put publication on hold for any action that may come from the General Assembly’s short session.

Other Publications
A letter from Mr Watry to the editor of the Raleigh News and Observer appeared on November 11. It addressed that paper’s editorial comments on the Board’s recent adoption of the position statement on End-of-Life Responsibilities and Palliative Care. We have also seen significant positive coverage of the Board’s position statement relating to Internet prescribing.

Radio/TV Broadcast Activities
We continue to look forward to the opportunity of developing programming in cooperation with the NC Agency for Public Telecommunications.

We have sold over 45 copies of our End-of-Life Decisions Forum audio tape. This level of demand has been relatively stable. We will continue to run notices of this tape and of our videos. We will do an audio version of our ethics video by Dr Pellegrino in the near future.

[Video tapes available:
Pain Management
Patient-Doctor Boundaries]
PA/NP Materials
We will soon add a PA/NP section to our Web site, which will focus on matters of interest to both of those professions.

Presentations to Public and Professional Groups
Over the past year, the following presentations have been made or scheduled and reported to Public Affairs.

Andrew Watry
1999
UNC/CH students--March 8
UNC/CH students--April 5
Wake County Medical Society--August 19
NC Association Medical Staff Services (at Board offices)--August 20
Wake Forest U School of Medicine (MAAP program)--September 30
Cabarrus Co Medical Society--November 4

2000

Diane Meelheim
1999
NC Academy of Family Physicians 1998 Winter Meeting--December 3
Wake Forest University School of Medicine PA Program students--February 24
PA Program, Fayetteville--March 23
PA Program, Duke University School of Medicine--April 29
PA Program, East Carolina University School of Medicine--July 6
Womack Army Hospital (NP)--August 18
Regulatory Update, Duke University Medical Center PA/NP Program--September 25

2000
Wake Forest University PA Program--March 13

James Wilson
1999
Wake Forest U School of Medicine (MAAP program)--March 3
East Carolina University School of Medicine (Medical Jurisprudence--Intro to NCMB)--March 9
East Carolina University School of Medicine Health Law Forum (Challenges for NCMB)--September 15
Wake Forest U School of Medicine (MAAP program)--September 30

2000
UNC School of Law, Presentation to students on Health Law--January 24
East Carolina University School of Medicine (Medical Jurisprudence session and mock trial)--March 6

Bill Breeze
1999
Durham Bar Luncheon speaker--April 14
Durham/Orange County Medical Legal Committee Meeting--April 14

2000

John Jargstorff
1999
Led FSMB Investigator Workshop Seminar: Prescribing Issues--November 5-6

Donald Pittman

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1999
Led FSMB Investigator Workshop Seminar: Prescribing Issues--November 5-6

Dr Trado
1999
Symposium, NCAPA, Controlled Substances--February 26
Wake Forest U School of Medicine--March 3

Mr VonSeggen
1999
Moderator, Symposium, Controlled Substances, NCAPA--February 26
Speaker, NCAPA Health Committee--February 26
NCAPA Open Forum--June 2
Winston-Salem Medical Group Managers Meeting--November 10
Physician Assistant Section, North Carolina Medical Society Meeting--November 13
Board Meeting, North Carolina Academy of Physician Assistants--November 14

2000
Cape Fear PA Regional Meeting, Wilmington--February 22
East Carolina University PA Program--February 22
Wake Forest University PA Program--March 13
NC Medical Group Managers Spring Meeting--March 31

Mr Saperstein
1999
Highpoint Medical Society--February 11
Greensboro Medical Society--May 6
Wake County Medical Society--August 19
Wake Forest U School of Medicine (MAAP program)--September 30

Mrs Walston
1999
Book Club, Wilson--May 18

As always, I would appreciate it if members of the Board who have the appropriate contacts
would speak with their local civic groups/clubs to determine if they would be interested in a
presentation on the work of the Board. I shall be happy to make the arrangements once the
initial contact is made.

Board Action Report
The detailed bimonthly disciplinary report continues to generate good press response and
coverage of the Board's disciplinary activities. It is sent to all health care institutions and media
in the area of subject licensees' practices and to organizations and agencies with statewide
responsibilities. A full year of reports appears on our Web site. This use of the Web site,
combined with our new e-mail facility, will make it possible to reduce the number of print copies
of the report needed for mailing. We continue to collect the e-mail addresses of the state's news
media and will be communicating electronically with as many of them as possible as the year
goes on--letting them know by e-mail that a new report has been mounted on our Web site. As
you know, a cumulative report also appears in the Forum, and special notices concerning
revocations, summary suspensions, suspensions, and surrenders are sent out when the
information is received by Public Affairs. These are posted on the Web site for several months
under "What's News" and "Immediate Releases." These reports will also be sent to the media
electronically in the near future.

This approach will also allow media throughout the state, not just in counties where subject
practitioners live, to receive full listings of Board actions on a regular basis.

We owe special thanks to Mr Wilson and to Jenny Olmstead for reviewing each Board
Action Report prior to its release.
Media Day/Annual News Release

Beginning this year, we will be issuing our Annual News Release by e-mail on an embargoed basis and then conducting interviews by telephone with key reporters around the state. (The release will be in mid-March, just before or after the Board meeting, though the final date has not been set as of this writing.) This approach frees reporters from having to travel a significant distance, allows us to focus the interviews, gives reporters material to study in advance, and lets us set the tone more effectively by being one-on-one. This will require reasonable advance notice to the reporters, giving them adequate lead time, and scheduling calls for the president and executive director throughout one day. Separate TV contacts can also be arranged.

Another reporter, this time from Winston-Salem, has inquired about spending a day at the Board to get a better understanding of its operation and to meet staff. We look forward to her visit sometime this spring.

News Clippings

We continue to make the regular weekly packet of clippings available to you on disk. This approach allows us to send you the full package of material as well as an edited selection. Jennifer Deyton places these on disk for you. (Some clippings, such as those from local papers and the FSMB clippings, are not scannable and must still be provided on paper.)

Jennifer and I always appreciate any feedback you might have on this system.

800 Telephone Number

We continue to promote our 800 number in the Forum and in other ways. Our Web site and the media distribute the number. In September, 1999, we had 1,400 calls via the 800 number.

Web Page

As you know, one of Jennifer Deyton’s key activities is maintenance and refinement of the NCMB Web site. She does a remarkable job.

To refresh the site and keep it vital, she is now redesigning its format. In doing this, she will be placing the table of contents in a side column and shortening the length of text lines for easier reading. During the summer, we will be modifying the colors used, continuing the effort to renew the site while preserving its simplicity and ease of use.

Content, of course, is what counts, and our site is rich in content and very well organized. As you know, the site contains virtually all the Board’s publications, documents, and statements; and they are easily available for printing from the site, some exactly as published by using the Adobe Acrobat Reader. We recently added a section on the new registration system and inactive status and will soon open a section related to PAs and NPs. Several forms now appear on the site and more will soon be mounted.

To deal with questions about annual registration, we added a system to the registration segment of the Web site by which licensees can inquire if their registration forms have been received by the Board. If they are concerned about receipt of the material, the system allows them to send an automatic e-mail inquiry to the Board and to request a registration form via e-mail.

Because some users have had difficulty downloading/printing the map to our offices from the Web site, the map has been pulled and is now being redone in a simplified form and should be remounted shortly. Written directions, which are quite clear and simple, are still in place.

Recently, we added the Hospital Staff Privilege Report Form to the Web site, including instructions on how to file the form, thus making reporting of privileging actions to the Board much easier and quicker for hospitals. We are now in the process of adding the Application Form for License by Endorsement to the site, which should save a great deal of time for applicants and for the Licensing Department.

Jennifer and I look forward to any comments you might have on the site.

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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 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.

The Legal Department reported on 59 cases. A written report was presented for the Board’s review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

**Alexander, John Eugene, MD**
Order executed 12/8/1999

**Anderson, Lorenzo James, PA**
Order executed 9/7/1999

**Beltz, Charles Robert, III, MD**
Notice of Charges and Summary Suspension executed 12/16/1999

**BOSLEY, Larry Lee, MD**
Consent Order executed 01/13/2000

**Croland, David Alan, DO**
Consent Order executed 1/4/2000

**Martin, Carol Ann, MD**
Consent Order executed 12/17/1999

**Massey, Howard Todd, MD**
Order to Terminate Consent Order executed 11/18/1999

**Norris, Dolly Frances, MD**
Order executed 12/16/1999

**Poole, James Morrison, MD**
Consent Order executed 1/4/2000

**Powell, Thomas Edward, MD**
Order to Terminate Consent Order executed 11/18/1999

**Shah, Nandlal C., MD**
Consent Order executed 11/19/1999

**Tanksley, Marion Hollis, DO**
Order executed 10/27/1999

POLICY COMMITTEE REPORT
John Foust, MD, Chair; Elizabeth Kanof, MD; Hector Henry, MD; Charles Trado, MD; Stephen Herring, MD

JANUARY 19-22, 2000
Present: John W. Foust, MD, Chair; Hector H. Henry, II, MD; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Charles E. Trado, MD; Kenneth H. Chambers, MD, Board Member; John T. Dees, MD, Board Member; Walter J. Pories, MD, Board Member; Wayne W. VonSeggen, PAC, Board President; Andrew W. Watry, Executive Director; H. Diane Meelheim, Assistant Executive Director; James A. Wilson, JD, Director, Legal Department; Jesse Roberts, MD, Medical Coordinator; Dale G Breaden, Director, Public Affairs (PC Staff); and Jeffery T. Denton, Board Recorder (PC Staff)

NB:  Recommendation to Board=Committee’s request for Board consideration of item.  Action=Item related to the Committee’s own work or deliberations.

The Policy Committee was called to order at 1:07 pm, Wednesday, December 15, 1999, at the office of the Board.

Review of Minutes
The minutes of the November 18, 1999, Policy Committee were reviewed and accepted.

Discussion of Subcommittees
The question was asked if the Policy Committee should continue with the Alternative Medicine and Scope of Practice Subcommittees. The general consensus was positive. Dr Henry felt so strongly on the question of alternative medicine that he volunteered to remain on the Policy Committee to be part of the Alternative Medicine Subcommittee.

Action: (1) Subcommittees are designated as follows:
- Alternative Medicine: Dr Henry and Dr Kanof
- Scope of Practice: Dr Herring and Mr Saperstein
(2) The Board president approved Dr Henry remaining on the Policy Committee.

Closing or Dissolving a Medical Practice - A Draft Position Statement
It was previously decided to prepare a proposed position statement on closing a physician’s practice. Mr Wilson subsequently presented a draft position statement on that subject for review. After discussion, some changes were recommended and it was decided to make it clear that the position statement would also apply to “physicians leaving groups.” The position statement below reflects these changes.

Recommendation to Board: That the following position statement be adopted by the Board.

DEPARTURES FROM OR CLOSINGS OF MEDICAL PRACTICES

Departures from (when one or more physicians leave and others remain) or closings of medical practices are trying times. They can be busy, emotional, and stressful for all concerned: practitioners, staff, patients, and other parties that may be involved. If mishandled, they can significantly disrupt continuity of care. It is the position of the North Carolina Medical Board that during such times practitioners and other parties that may be involved in such processes must consider how their actions affect patients. In particular, practitioners and other parties that may be involved have the following obligations.

Permit Patient Choice
It is the patient’s decision from whom to receive care. Therefore, it is the responsibility of all practitioners and other parties that may be involved to ensure that:
- patients are notified of changes in the practice, which is often done by newspaper advertisement and by letters to patients currently under care;
- patients are told how to access their medical records;
- patients are told how to reach any practitioner(s) remaining in practice; and
patients clearly understand that the choice of a health care provider is the patients’.

Provide Continuity of Care
Practitioners continue to have obligations toward patients during and after the departure from or closing of a medical practice. Except in case of the death or other incapacity of the practitioner, practitioners may not abandon a patient or abruptly withdraw from the care of a patient. Therefore, patients should be given reasonable advance notice to allow their securing other care. Good continuity of care includes preserving, keeping confidential, and providing appropriate access to medical records.* Also, good continuity of care may often include making appropriate referrals. The practitioner(s) and other parties that may be involved should ensure the requirements for continuity of care are effectively addressed.

No practitioner, group of practitioners, or other parties that may be involved should interfere with the fulfillment of these obligations, nor should practitioners put themselves in a position where they cannot be assured these obligations can be met.

*The Board’s position statement on the Retention of Medical Records applies, even when practices close permanently due to the retirement or death of the practitioner.

(Adopted xx/xxx)

AMA Code of Medical Ethics Law or Resource
Previously, it was noted by Dr Kanof that in several states the AMA Code of Medical Ethics has the force of law or rule. To facilitate discussion of the possible value of accomplishing the same in North Carolina, Mr Breaden was asked to query other states on this issue. He provided the responses to the committee for its consideration.

Dr Kanof began the discussion by recommending that the AMA Code of Medical Ethics be used as a resource and reference document, not as a formal enforcement tool. She added that it could still be used to bolster a case when necessary. One reason for taking this position was that less than half the physicians in the country belong to the AMA. Also, should the code be made part of the Medical Practice Act, every time the AMA made a change in the code, the General Assembly would have to reconsider it. The consensus of the committee was to use the AMA Code of Medical Ethics as a resource and reference document.

Action: Accept as information.

Board Agents Should the Board Agent Program be modified?
At the November Board meeting, a motion passed referring the issue of Board agents to the Policy Committee for research, review, and a recommendation. Staff was asked to supply statistical information regarding numbers and geographical requirements.

Materials provided by staff were reviewed and a discussion ensued. One of the main concerns was that Board agents should be aware of current Board philosophy and initiatives. Length of terms and number of terms were discussed in detail. It was also noted that there is really no way to “monitor” how an agent is performing.

Motion: A motion passed that the following position be adopted regarding Board agents:

As a Board member graduates from being active on the Board, she or he should be offered appointment to serve as an agent of the Board for a three-year term. After the three-year term, if the need exists and the agent wants to continue, an additional term would be possible. Serving as an agent after the initial three-year term would require some type of training to ensure the individual is informed about the current law and regulations and about the Board’s philosophy and positions.
Office-Based Surgery/anesthesia: Report on Progress of Draft Position Statement

With Medicare and other organizations pushing more and more procedures to the office, the committee decided to look into office-based surgery/anesthesia and what guidelines are available and/or mandated. After reviewing the volumes of AAAASF accreditation material, Dr Herring prepared and presented a first draft of a position statement outlining some general guidelines for physicians providing office-based surgery for patients in North Carolina.

A lengthy discussion ensued. Dr Kanof suggested the committee review the new California law relating to this issue. Mr Watry emphasized that if the Board chooses to address this issue in a position statement, emphasis should be placed on emergency procedures (resuscitation, ACLS qualified personnel on station, etc). Dr Herring expressed his hope that the Medical Society would also examine the situation. It was suggested that an article in the *Forum* may be something the Board might do while a position statement is being prepared. The point was made that a law might be proposed in the General Assembly with or without the Medical Board and/or the Medical Society. Dr Trado urged caution, noting that in an attempt to do good by a position statement on this issue, the Board may do harm to physicians. Dr Kanof said the Board is at a crossroads: if the Board does not consider such issues, try to set standards and criteria, others will. Dr Pories said he supported Dr Kanof in stressing the importance of playing a proactive role, but he felt what was needed in this case was a “true checklist” rather than the initially presented draft statement. Dr Dees and Mr VonSeggen were both in favor of some type of checklist/position statement.

**Action:** Dr Herring, along with Dr Henry, will continue to study the material and bring it back to the committee ASAP. Other Board Members are invited to give comments to the committee.

Position Statement on Laser Surgery - A Review of Licensee Comments

The new Position Statement on Laser Surgery was published in the most recent issue of the *Forum*. The Public Affairs Department received an unusually large number of phone calls concerning this new statement. Approximately 100 calls were received within the three weeks following publication. Various kinds of health care providers and related professionals called with a range of responses. Some of the calls were supportive in nature while others expressed either confusion or disapproval. A general breakdown of the nature of the calls received was outlined: approximately 25% of the calls expressed support; approximately 50% of the calls expressed confusion; and approximately 25% of the calls expressed disapproval. It was decided that the only change to the position statement at this time would be to clarify in the first paragraph who the Medical Board’s licensees are.

**Recommendation to Board:** That the following position be adopted as amended:

**LASER SURGERY**

It is the position of the North Carolina Medical Board that the revision, destruction, incision, or other structural alteration of human tissue using laser technology is surgery.* Laser surgery should be performed only by individuals licensed to practice medicine and surgery a physician or by a licensed practitioner with appropriate medical training functioning under the supervision, preferably on-site, of a physician or by those categories of practitioners currently licensed by this state to perform surgical services.

Licensees should use only devices approved by the U.S. Food and Drug Administration unless functioning under protocols approved by institutional review boards. As with all new procedures, it is the licensee=s responsibility to obtain adequate training and to make documentation of this training available to the North Carolina Medical Board on request.

Lasers are employed in certain hair-removal procedures, as are various devices that (1) manipulate and/or pulse light causing it to penetrate human tissue and (2) are classified as “prescription” by the U.S. Food and Drug Administration. Hair-removal procedures using such technologies should be performed only by a physician or by a licensed practitioner with appropriate medical training functioning under the supervision, preferably on-site, of a physician who bears responsibility for those procedures.

*Definition of surgery as adopted by the NCMB, November 1998:
Surgery, which involves the revision, destruction, incision, or structural alteration of human tissue performed using a variety of methods and instruments, is a discipline that includes the operative and non-operative care of individuals in need of such intervention, and demands pre-operative assessment, judgment, technical skills, post-operative management, and follow up.

(Adopted July 1999)
(Amendment Proposed December 1999)

Position Statement on The Physician-Patient Relationship - A Review of “Termination” Section

Dr Kanof requested a review of the Position Statement on the Physician-Patient Relationship relating to the section on termination of the physician-patient relationship. A recent complaint was received indicating an office administrator had terminated a patient on behalf of a physician and the office administrator had signed the termination letter. The committee agreed to a slight change in the last paragraph of the statement.

**Recommendation to Board:** That the following modification of the last segment of the position statement be adopted:

Termination of the Physician-Patient Relationship

The Board recognizes the physician’s right to choose patients and to terminate the professional relationship with them when he or she believes it is best to do so. That being understood, the Board maintains that termination of the physician-patient relationship must be done in compliance with the physician’s obligation to support continuity of care for the patient. The decision to terminate the relationship must be made by the physician. Further, termination must be accomplished by appropriate written notice given by the physician to the patient, the relatives, or the legally responsible parties sufficiently far in advance (at least 30 days) to allow other medical care to be secured. Should the physician be a member of a group, the notice of termination must state clearly whether the termination involves only the individual physician or includes all members of the group. In the latter case, those members of the group joining in the termination must be designated.

Expert Witnesses: Possible Letter to the Medical Society to Discuss

Dr Herring recommended a dialogue between the Medical Board and the Medical Society concerning expert witnesses. He related several instances in which expert witnesses gave false and/or entirely misleading testimony. Since expert witnesses are not required to be licensed in North Carolina, there is no recourse the Medical Board can take against unethical expert witnesses licensed out-of-state. It was thought the Board and the Society could develop a statement to present for the consideration of the Federation of State Medical Boards. Its adoption could generate national interest. Although the AMA maintains the expert witness is practicing medicine, it was felt this position might not be accepted by the legislature.

**Action:** Mr Watry will write a letter to Mr Seligson requesting a meeting between the Policy Committee (with the Board’s attorney) and the Medical Society to discuss expert witness issues.

Invitation to the Attorney General to Visit the Board: Agenda Items

At the November 1999 Committee Meeting Dr Kanof and Dr Henry were asked to develop possible agenda items for a proposed visit from the Attorney General. Below is a list of suggested agenda items:

1. Concerns about practice of medicine without a license is only a misdemeanor.
2. Acquaint him with HB 1049
3. Concerns about medical directors of HMOs making medical decisions
4. Concerns about on-line prescribing - pass a law to support position statement
5. Concerns about discounts for alternative medicine practitioners by HMOs

JANUARY 19-22, 2000
There being no further business, the meeting adjourned at 4:10 p.m., Wednesday, December 15, 1999.

Present: John W. Foust, MD, Chair; Hector H. Henry, II, MD; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Paul Saperstein; Wayne W. VonSeggen, PAC, Board President; Andrew W. Watry, Executive Director; James A. Wilson, JD, Director, Legal Department; Jesse Roberts, MD, Medical Coordinator; Wade Marion, Jr., PAC, President Elect NCAPA; Ruth Horowitz, New York Disciplinary Board; Dale G Breaden, Director, Public Affairs (PC Staff); Jeffery T. Denton, Board Recorder (PC Staff). Absent: Charles E. Trado, MD.

NB: Recommendation to Board=Committee’s request for Board consideration of item. Action=Item related to the Committee’s own work or deliberations.

The Policy Committee was called to order at 10:30 a.m., Wednesday, January 19, 2000, at the office of the Board.

Review of Minutes
The minutes of the December 15, 1999, Policy Committee were reviewed and accepted.

Alternative Medicine SubCommittee Update (Drs Kanof and Henry)
The SubCommittee requested authorization for Dr. Kanof to attend the 2nd Annual Clinical Relevance of Medicinal Herbs and Nutritional Supplements in the Management of Major Medical Problems to be held March 24-26 at UNC-Chapel Hill. Dr. Henry noted that the National Institutes of Health, National Center for Complimentary and Alternative Medicine (NCCAM) had become quite a force in the media. He is interested in finding out what studies are being funded, how this relates to current medical concerns, etc. He stated that the journals the Board has been receiving over the past couple of years are “OK” but additional information is needed. Dr. Kanof agreed stating that reading the journals was time intensive with the information not being “particularly productive.” Mr. Breaden suggested we at least keep the journals as a reference tool. Dr. Henry shared some of the current investigative committee initiatives with the committee.

Recommendation to Board: That Dr. Kanof be authorized and funded by the Board to attend the 2nd Annual Clinical Relevance of Medicinal Herbs and Nutritional Supplements in the Management of Major Medical Problems at Chapel Hill March 24-26. Estimated cost is $385 for registration plus mileage.

Scope of Practice SubCommittee Update (Dr. Herring and Mr. Saperstein)
This is a newly reaffirmed SubCommittee and is still gathering information and deciding on direction. At Dr. Kanof’s request, the Chairman appointed her as a “junior” member of this SubCommittee.
Status: A work in progress.

Office-Based Surgery/anesthesia: Report on Progress of Draft Position Statement
Drs Herring and Henry continue to gather, research and study available materials. Copies of the California statute and the Texas Board proposal on office-based anesthesia were distributed and discussed. The consensus was that the Board needs some avenue to get concerns about office-based surgery and anesthesia out to the profession and public. It was noted that there had been some recent media attention to liposuction complications. Dr. Herring gave the history of liposuction and explained the different procedures. It was felt that if the Board moved too fast at this point it would appear to be reactive instead of proactive even though the Board has been discussing this for some time. Dr. Kanof is troubled that if the Board does nothing (and even if it does) things might lead to legislation on this issue. Dr.
Herring indicated that he has pressed the North Carolina Medical Society to consider initiatives to develop a program to look at facilities instead of JCHA, AAAA, etc. doing it. However, he does realize this would be an enormous undertaking. Dr. Foust interjected that not enough has been said about training. He surmised that there are too many “weekend courses” that are just not adequate.

**Action/Status:**
1. Notify the Medical Society of the Board’s concerns on this issue and that the Board is working on a position statement. (President to President; Executive Director to Executive VP)
2. Develop a broad outline of the position statement and provide a copy to the Medical Society. Drs Henry and Herring will take a hard look at using the best of the Florida, Texas and California statutes in this regard.
3. Meet with the Medical Society to discuss the outline.

**Expert Witnesses –Letter to the Medical Society to Discuss**

**Status:** Mr. Watry has drafted a letter to Mr. Seligson requesting a meeting between the Policy Committee (with the Board Attorney) and the Medical Society to discuss expert witness issues at the March 2000 Board Meeting. Two hours are to be set aside for this endeavor.

**Attorney General Invite to the Board**

**Status:** Mr. Mike Easley, Attorney General, will be invited to the March 2000 Board Meeting to discuss previously selected agenda items.

**Review of Current Situation of Physician Assessment/Remediation Proposals**

Mr. Watry indicated that at this time Board funding could not support the previously proposed management of the ECU Cognitive Skills Assessment Program. This is partially because ECU cannot conduct specialty assessments which make up about 60% of our physician population and due to the fact that the Federation has made a contract and developing a nationwide program by purchasing CPEP in Colorado and making it available to all states. Thus, the Federation is pursuing assessment/remediation.

**Action:** Although we have had little success in the past trying to get the specialty boards to assist with the evaluations, this concept will be brought to the attention of Dr. Barrett.

There being no further business, the meeting adjourned at 4:10 p.m., Wednesday, January 19, 2000.

**OPERATIONS COMMITTEE REPORT**

Paul Saperstein; Wayne VonSeggen, PAC Elizabeth Kanof, MD; Walter Pories, MD;

The Operations Committee met on January 21, 2000. Mr. Paul Saperstein, Chairman of the Operations committee called the meeting to order at 4:30 pm. Members in attendance were Wayne VonSeggen, PA-C, President Elizabeth Kanof, MD, Vice President, Walter Pories, MD, and Secretary Treasurer. Mr. Linwood A. Jackson, CPA, Lynch and Howard, PA, attended as an invited guest. Staff in attendance were Andy Watry, Executive Director and Peter Celentano, Controller.

Mr. Jackson presented a draft of the audit performed at 1999 fiscal year end. The committee asked questions and Mr. Jackson was invited to present his audit and findings at the March 2000 Board meeting. Mr. Jackson was thanked for attending and left the meeting.

**JANUARY 19-22, 2000**
The committee reviewed the PHP financial and asked that staff invite PHP management to meet with the committee in February.

Staff reported to the committee the following personnel actions:
1. Recruitment is beginning for the position of Medical Coordinator
2. Wendy Barden is a new hire for the position of receptionist.
3. Sherry Hyder has transferred to the complaint department filling an existing vacancy.

A complaint from a licensee was presented to Mr. Saperstein regarding a staff member. Mr. VonSeggen agreed to also review the complaint. Details of the complaint were not discussed at this time.

Mr. Watry informed the committee of progress made in the conversion of the Medical Board’s software system. Progress is excellent and the product is acceptable.

The committee will recommend to the full Board that the staff be instructed to purchase a commercial refrigerator and ice maker and a microwave for the catering kitchenette/ staff break room.

Mr. Saperstein adjourned the meeting.

**Motion:** A motion passed to approve the above Operations Committee Report.

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**EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE REPORT**
Wayne VonSeggen, PAC; Walter Pories, MD; John Foust, MD; Martha Walston

At the North Carolina Medical Board Office on January 19, 2000. Attending:
NC Medical Board -- Mr. Wayne VonSeggen, Chair, Dr. Walter Pories, Dr. John Foust, Dr. Elizabeth Kanof, Ms. Diane Meelheim, Ms. Erin Gough, Mr. James Campbell.

Call to order: Mr. VonSeggen called the meeting to order at 3:00pm.

Epinephrine Report: Report was approved.

EMS Documents: The following documents from OEMS were presented to the committee:
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, 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 EMS Committee reported on two investigative cases. A written report was presented for the Board’s review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

**Motion:** A motion passed to approve the report as presented.

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**PHYSICIAN ASSISTANT COMMITTEE REPORT**
Wayne VonSeggen, PAC; John Foust, MD; Walter Pories, MD; Martha Walston

JANUARY 19-22, 2000
PA License Applications -

(***)Indicates PA has not submitted Intent to Practice Forms

Board Action: Issue full license.

<table>
<thead>
<tr>
<th>PHYSICIAN ASSISTANT</th>
<th>PRIMARY SUPERVISOR</th>
<th>PRACTICE CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achard, Malinda Lou</td>
<td>***</td>
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<tr>
<td>Antunez, Vincent Matthew</td>
<td>Campbell, Donald A.</td>
<td>Newton</td>
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<td>Beard, Chelsea Kathryn</td>
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<td>Bridger, Albert Livingston</td>
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<td>Carney, John David</td>
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<td>Copeland, Chanel Leaa</td>
<td>Leget, Gail A.</td>
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<td>Hill, April Lynn</td>
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<td>Jensen, Larry Jay</td>
<td>Zaidi, Syed</td>
<td>Windsor</td>
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<td>Keen, Robert W.</td>
<td>Rendall III, John L.</td>
<td>Greensboro</td>
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<td>Nelson, Dwayne Alan</td>
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<td>Rahn, Jennifer Lynne</td>
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<td>Runfola, Debora Sue</td>
<td>Spees, Lynn B.</td>
<td>Hickory</td>
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<tr>
<td>Welch, Wendy Katherine</td>
<td>***</td>
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</tbody>
</table>

The following physician assistants hold temporary licenses and are requesting full licenses by submitting passing NCCPA results -

Board Action: Convert temporary license to full.

| Justin, Roger Lee, PA-C | Gurley, Christian Scott, PA-C |
| Bartlette, Ashley Yvonne, PA-C | Hawkins, Stephen Ray, PA-C |
| Bewick Jr., Ronald Winston, PA-C | Haworth, Mary Spencer, PA-C |
| Boyd, William Scott, PA-C | Hawryschuk, Michael Christopher, PA-C |
| Bradshaw, John Martin, PA-C | Hills, Karen Jane, PA-C |
| Brais, Blanche Elizabeth, PA-C | Hubbard, Amy Renee, PA-C |
| Brennand, Michael David, PA-C | Isaacsen, Stevanna Kay, PA-C |
| Bryson, Jennifer Schwallie, PA-C | Jaros, Cheryl Ann, PA-C |
| Carlinnia, Brian Arthur, PA-C | Klaaren, Kelly Hall, PA-C |
| Clanton, Barry Alan, PA-C | Klem, Miriam Jean, PA-C |
| Cole, Marcia Megan, PA-C | LaPorte, Tiffany Mendenhall, PA-C |
| Cunningham, Dawn Marie, PA-C | Lewis, David Wilton, PA-C |
| Cutrell, Darrin Gregory, PA-C | Liepins, Andrew Patrick, PA-C |
| Daniel, Julie Annette, PA-C | Maggiano, Gina Marie, PA-C |
| Davis, William Franklin, PA-C | Marcinowski Jr., Thomas Edward, PA-C |
| Dellacqua, Gina Marie, PA-C | Martin, Dianne Helen, PA-C |
| Del Vecchio, Teresa Marie, PA-C | McCann, James Jeffrey, PA-C |
| Dickson, Veronica Ann, PA-C | Moore, Beth Ann, PA-C |
| Diven, Kelly Briana, PA-C | Moye, William Stewart, PA-C |
| Dozier, Mandy Mitchell, PA-C | Nottleson, Eliot Edward, PA-C |
| Edwards, Clyde Richard, PA-C | Oles, James Richard, PA-C |
| Everhart, Franklin Ray, PA-C | Oyama, Oliver Neal, PA-C |
| Farris, Susan Patricia, PA-C | Padgett, M. Katrina, PA-C |
| Farroch, Carol Jean, PA-C | Polito, Antoinette Marie, PA-C |
| Gibson, Scott David, PA-C | Rao, Neeraja, PA-C |
| Guptill, Mindi Janell, PA-C | Ressler, Erin Ruth, PA-C |

JANUARY 19-22, 2000
PA License Application for Committee Review -

A motion passed to close the session 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 one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

PA Intent to Practice Forms acknowledged -

REPORT CANNOT BE RUN AT THIS TIME DUE TO DATABASE CONVERSION

Non-Public Agenda Items For Committee Discussion -

A motion passed to close the session 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 one licensure application. 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 as these actions are not public information.

A motion passed to return to open session.

Public Agenda Items for Committee Discussion-

a) Nominations for PA Advisory Council
   1. Debbie Hauser
   2. Wade Marion

Board Action: Appoint nominees to PA Advisory Council.

b) Possibility of giving staff ability to change PAs to PA-Cs upon receipt of passing NCCPA scores. This would eliminate presenting PA temporaries to the Board twice.

Board Action: Leave current process in place.

JANUARY 19-22, 2000
NURSE PRACTITIONER COMMITTEE REPORT
Wayne VonSeggen, PAC; John Foust, MD; Walter Pories, MD; Martha Walston

NP initial applications recommended for approval after staff review -

Board Action: Approve

<table>
<thead>
<tr>
<th>NURSE PRACTITIONER</th>
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<th>PRACTICE CITY</th>
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<tbody>
<tr>
<td>Ferree, Bette</td>
<td>Ciesielski, Stephen</td>
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<td>Griffiths, Christina</td>
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<td>Hauser, Sally</td>
<td>Perrier, Nancy</td>
<td>Winston-Salem</td>
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<td>House, Margaretann</td>
<td>Bourown, Graham C.</td>
<td>New Bern</td>
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<td>Mabery, Jewell</td>
<td>Bellingham, Dan</td>
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<td>Reynolds, Barbara</td>
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<td>Reynolds, Mary</td>
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<td>Barrett, Rolland II</td>
<td>Winston-Salem</td>
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<td>Thomas, Wanda</td>
<td>Jessup, Pamela</td>
<td>Sanford</td>
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<td>Weisenhorn, Maria J.</td>
<td>Loper, Peter L.</td>
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<td>Wicker, Dale P.</td>
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<td>Yeh, Amy J</td>
<td>Lee, Richard S.</td>
<td>Smithfield</td>
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NP Subsequent Applications administratively approved -

Board Action: Approve

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<td>Brown, Gaynelle M.</td>
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<td>Zimmer, Jill A.</td>
<td>Martin, J. Paul</td>
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LICENSING COMMITTEE REPORT
Kenneth Chambers, MD; Hector Henry, MD; John Foust, MD; George Barrett, MD; Martha Walston

A motion passed to close the session 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 4 licensure 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 as these actions are not public information.

A motion passed to return to open session

License Certificate

CATCHLINE: The new license certificate was shared with the Committee. We plan to laser print the new certificates beginning with this January meeting.

BOARD ACTION: Accept as information

FCVS (Federation’s Credential Verification Service)

CATCHLINE: Mr. Watry will prepare an analysis of this process for the Board’s review by the April Committee meetings.

BOARD ACTION: Accept as information

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session 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 conducted 18 Split Board licensure application interviews. A written report was presented for the Board’s review. The Board adopted the committee’s recommendation to approve the written report as modified. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

Alabdulkarim, Wael
Albert, Morton Barry
Alfonso, Mayra I.
Allen, Gregg Philip
Amrol, David Joseph
Baaklini, Walid Antoine
Baek, Peter Sung Jae
Bajaj, Priya Kumari
Baker, Bonner Lee
Baker, Marty Allen

Barnes, Angela Denise
Batawi, Alain
Begovich, John Emil
Benson, James Arthur
Bernstein, Crystal Lee
Bird, Ann Bridget
Bird, Mark Allen
Blount, James Gordon Jr.
Booker, Bert Luther Jr.
Bowers, Patricia Lynn

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Breen, Terrance William
Broughton, Justin Gold
Bush, David James
Butler, Peter Nielsen
Campbell, Faye Sherwood
Campbell, John Benjamin
Canose, Jeffrey Lynn
Caprise, Peter Andrew Jr.
Chaney, Arthur William III
Chemer, Rebecca Michelle
Chisolm, Daniel James
Christensen, Jeness Marie
Chuang, Cheng Chieh
Cook, Elizabeth Ann
Cottingham, C. Sinclair
Cowans, Rodney Harry
Coyne, Mark Dennis
Crawford, Andrea Lynn
Creager, Andrew Jared
Czech, Julie Ann
Daeihagh, Pirouz
Daly, John Joseph Jr.
Daniels, Royden Eugene III
Darrah, Shane Brooks
Davidson, Kerith Brooke
Davies, Kenneth Roger
De Castro Costa, Sylvia Fernandes
Dean, David Andrew
Dewey, William Chapman
Dickerson, Andrea Karen
Djaiani, George Nester
Donohue, Hugh James Jr.
Draluck, Debra Lisa
Dugaw, John Edward
Durden, David Dawson
Eaton, Hubert Arthur, Jr.
Edmundson, Ross Blaine
Elgendy, Issa M
Ellis, Nathan Stewart
Ermini, Edward Benedict
Fakadej, Maria Margaret
Febles, Oscar Roman
Feinberg, Jeffrey Heyman
Finn, Arthur Leonard
Fudala, Stanley John
Furman, William Ross
Gagliardi, Michael Dominic
Garlisi, Laura
Gaskin, Peter Ryan Anderson
George, Craig R.
Giugno, Luigi Antonio
Goldsholl, Stacy Walton
Gonzaga, Anna Marie
Grant, Dorrette

Griffin, Monica Patricia
Harmon, Revella Benda
Harris, Lawrence Stanley
Hassan, Mohamed Ibrahim
Hassankhani, Alvand
Haynes, Ronald Edward
Helmuth, Loren Jay
Hill-Garrett, Karen Louise
Hoey, Brian Anthony
Holland, Bradford Warren
Hsu, Chaur-Dong
Hudson, Paul Joseph
Hughes, Alice Teresa Dawson
Ippolito, Mark Richard
Irwin, Louis Jordan
Isaacson, Frederick Michael
Johnson, Steven Craig
Kay, Richard Fred
Keiffer, Rebecca Elizabeth
Kelly, Desmond
Kenny, Bernadette Mary
Kleiner, Gary Ira
Kleinschmidt, Paul Edwin
Krishnarotty, Nageswari
Kuzma, Paul Joseph
Leich, Julius Keith
Leong, Khye Sheng
Liu, Qingyang
Ljung, Tor Martin
Lois, John Peter
Lopez-Pena, Maricarmen
Marana, Enrique Villa
Marsalisi, Frank Bernard
Martin, Margaret Michele
McCarthy, James Andrew
McDermott, James Emmett III
McDonagh, Thomas Henry Michael
Means, Norman Dean
Meluch, Anthony Matthew
Memmen, Andrea
Milcuinas, Lourdes Elias
Moore, Amanda Jean
Morris, Brigid Ann
Morrow, Linda Ann
Motew, Stephen J.
Moyayeni, Reza Michael
Nadra, Wissam Edward
Nevitt, Paul Christopher
Norsoph, Ellis Bradley
O'Kelley, Brian Scott
Okonofua, Eni Clement
Ott, Richard Franklin
Page, Stephanie
Papathanasiou, James

JANUARY 19-22, 2000
Patanella, Laurie Ann
Patel, Alka M.
Petersen-Layne, Cathleen Louise
Pflieger, Kurt Loring
Pickett, John Robert
Pommersheim, William James
Pressly, Margaret Rose
Pucilowski, Olgiert Antoni
Quinn, Mark Stephen
Qureshi, Fahim Ullah
Raines, Arthur Lee, Jr.
Reardon, Terry Joe
Reddy, Ravi Kanth T.
Reeves, John Albert
Resnikoff, Richard Joseph
Rholl, Vicky Lee
Roberts, Eric Carleton
Rogers, Joseph Erskine Courtney
Ross, Ray Thomas, Jr.
Rougier-Chapman, Duncan Peter
Sabatino, Bruce
Sanders, Stephen Grady
Sayson, Samuel Calderon
Scallion, Gerald John
Schrader, Michael Keith
Shah, Ketan Dhan
Shelton, Phyllis Estelle
Sherard, Reginald Keith
Shieh, Marie Hong
Siddiqui, Adeel Mohammad
Singh, Iqbal
Skrepnik, Nebojsa V.
Smith, Robert Randolph Lee
Soder, Eric Albert
Spratt, Eve G.
Stevens, Monique Yvette
Stiber, Jonathan Andrew
Subong, Sylvia Abigail Paulino
Sweatt, Lois Dell
Sweeney, Charles Whitcomb
Sweeney, Francis William
Tackman, Lori Anne
Tawil, Melina May
Tefsaye, Tassew
Thomas, John
Thompson, Gerome
Thompson, Mark Allen
Thornton, Victoria Lynne
Uzomba, Godwin Obinna
Varghese, Mary Reena
Wang, Anthea
Whalen, Timothy John
Whitten, Thomas Mitchel
Wilkens, Jaimes Michael
Williams, Edward J
Winslow, Paul Lawrence III
Woodward, Julie Ann
Wu, Bo
Zimmern, Philippe Ernest Pierre
Zinner, Tanya Ellen

LICENSES ISSUED BY ENDORSEMENT AND EXAM

Albert, Morton Barry
Alfonso, Mayra I.
Allen, Gregg Philip
Amrol, David Joseph
Baaklini, Walid Antoine
Baek, Peter Sung Jae
Bajaj, Priya Kumari
Baker, Bonner Lee
Baker, Marty Allen
Barnes, Angela Denise
Batawi, Alain
Begovich, John Emil
Benson, James Arthur
Bernstein, Crystal Lee
Bird, Ann Bridget
Bird, Mark Allen
Blount, James Gordon Jr.
Booker, Bert Luther Jr.
Bowers, Patricia Lynn
Broughton, Justin Gold
Bush, David James
Campbell, Faye Sherwood
Canose, Jeffrey Lynn
Caprise, Peter Andrew Jr.
Chaney, Arthur William III
Cherner, Rebecca Michelle
Chisolm, Daniel James
Christensen, Jeness Marie
Chuang, Cheng Chieh
Cook, Elizabeth Ann
Cottingham, C. Sinclair
Creager, Andrew Jared
Crawford, Andrea Lynn
Czech, Julie Ann
Daielhagh, Pirouz
Daly, John Joseph Jr
Daniels, Royden Eugene III
Darrah, Shane Brooks
Davidson, Kerith Brooke
De Castro Costa, Sylvia Fernandes

JANUARY 19-22, 2000
A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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 19 cases involving participants in the NC Physicians Health Program. 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 as these actions are not public information.


A motion passed to return to open session.

COMPLAINT COMMITTEE REPORT
Walter Pories, MD; Elizabeth Kanof, MD; John Dees; Stephen Herring, MD; Martha Walston

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, 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 Complaint Committee reported on 67 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 as these actions are not public information.

A motion passed to return to open session.
INVESTIGATIVE COMMITTEE REPORT
Hector Henry, MD; John Dees; MD; Walter Pories, MD; Paul Saperstein

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, 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 Investigative Committee reported on 37 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 as 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 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.

Thirty-one 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 as these actions are not public information.

A motion passed to return to open session.

EARLY 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 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.

One informal interview was reviewed. 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 as these actions are not public information.

A motion passed to return to open session.

MALPRACTICE COMMITTEE REPORT
Elizabeth Kanof, MD; John Dees; MD; Walter Pories, MD; Wayne VonSeggen, PAC; Martha Walston; John Foust, MD

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, 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.

JANUARY 19-22, 2000
The Malpractice Committee reported on 32 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 as these actions are not public information.

A motion passed to return to open session

**Motion:** A motion passed to approve the pathways and the report as presented.

**ADJOURNMENT**

This meeting was adjourned on January 22, 2000

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Walter J. Pories, MD
Secretary/Treasurer