

MINUTES



March 15 – 17, 2017

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held March 15-17, 2017.

The March 2017 meeting of the North Carolina Medical Board was held at 1203 Front Street, Raleigh, NC 27609. Eleanor E. Greene, MD, President, called the meeting to order. Board members in attendance were: Pascal O. Udekwu, MD, Immediate Past-President; Timothy E. Lietz, MD, President-Elect; Barbara E. Walker, DO, Secretary/Treasurer; Cheryl L. Walker-McGill, MD, Past-President; Mr. Shawn P. Parker; Mr. A. Wayne Holloman; Bryant A. Murphy, MD; Debra A. Bolick, MD; Judge Ralph A. Walker; Venkata R. Jonnalagadda, MD; Ms. Jerri L. Patterson, NP and Ms. Varnell McDonald-Fletcher, PA-C.

Presidential Remarks

Dr. Greene 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. No conflicts were reported.

Minutes Approval

Motion: A motion passed to approve the January 18-20, 2017 Board Minute. There was not a Board Hearing in February, therefore there were no minutes for that month.

Announcement

Dr. Greene administered the Oath to new Board member, Ms. Varnell McDonald-Fletcher, PA-C

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 following Reports: 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. Jordan also presented the NCPHP Bi-Annual Report.

NCMB Attorney's Report

Mr. Thomas W. Mansfield, Chief Legal Officer and Mr. D. Todd Brosius, Interim Deputy General Counsel, gave the Attorney's Report on Friday, March 17, 2017.

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 written report on 47 pending cases and 29 executed cases was reviewed by the Board. The specifics of these matters are not included as they are non-public. The Board accepted the report as presented. Additionally, the Board reviewed information regarding four matters involving outside litigation. The specifics of this report are not included because these matters are not public information.

A motion was passed to return to open session.

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.

Beitzel, Melissa Blakely PA
Public Letter of Concern executed 02/13/2017

Bolger, Paul Matthew
Public Letter of Concern executed 01/23/2017

Boss, Donald Jeffrey MD
Public Letter of Concern executed 02/27/2017

Brown, Howard Richard MD
Public Letter of Concern executed 02/02/2017

Drago, Paul Carl MD
Entry of Revocation executed 01/05/2017

Driggs, Shane Cash
Public Letter of Concern executed 02/03/2017

Ellison, Carrol Wendell MD
Consent Order executed 02/15/2017

Gettings, Justin Luke MD
Amended Consent Order executed 02/13/2017

Hamel, John David MD
Notice of Charges and Allegations; Notice of Hearing and Scheduling Order executed 01/31/2017

Hayes, John David MD
Notice of Dissolution of Interim Non-Practice Agreement executed 01/24/2017

Hettiarachchi, Janaka A MD
Public Letter of Concern executed 01/17/2017

Keyes, Booker T. MD
Consent Order executed 01/13/2017

Kirk, Anna Weiss MD
Reentry Agreement executed 01/27/2017

Kortesis, Bill Gus MD
Public Letter of Concern executed 02/23/2017

Langston, Bernard Leroy MD
Relief of Consent Order Obligations executed 01/30/17

Lawrence, Michael Avandale MD
Consent Order executed 01/27/2017

Locklear, Leverne PA
Consent Order executed 02/22/2017

McAnallen, Terry Joseph MD
Public Letter of Concern executed 02/21/2017

Miller, Jeffrey Scott MD
Consent Order executed 02/13/2017

Mitchell, James Alistair MD
Consent Order executed 02/17/2017

Newman, Rosemarie Christine MD
Public Letter of Concern executed 02/14/2017

Nguyen, Tony Chieuvan Bui
Public Letter of Concern executed 02/02/2017

Nguyen, Tuong Dai MD
Consent Order executed 01/24/2017

Okie, Frederick T MD
Notice of Charges and Allegations; Notice of Hearing and Scheduling Order executed 01/20/2017

Po, Christopher Lucio MD
Public Letter of Concern executed 02/09/2017

Ripoll, Emilia Aranda MD
Public Letter of Concern executed 01/5/2017

Rose, Mara Frances MD
Reentry Agreement executed 01/31/2017

Villareal, Andrea Currin PA
Relief of Consent Order Obligations executed 01/17/16

Waller, Brenda Sue MD
Public Letter of Concern executed 02/03/2017

Webster, Laurence Seaton MD
Relief of Consent Order Obligation executed 01/05/2017

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

Members present were: Eleanor E. Greene, MD, Chairperson; Timothy E. Lietz, MD; Pascal O. Udekwa, MD; Barbara E. Walker, DO; and A. Wayne Holloman.

Strategic Plan

a. Strategic Priorities Update

Committee Recommendation: The Committee postponed the Strategic Priorities Update until the full Board convenes on Friday, March 17.

Board Action: The Board reviewed the Strategic Priorities Tracker and accepted it as information.

Financial Statements

a. Monthly Accounting

The committee reviewed the compiled financial statements for January 2017. January is the third month of fiscal year 2017.

Committee Recommendation: Accept the financial statements as reported.

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

b. Investment Account Statements

The committee reviewed the investment account statements for February and January 2017.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

c. Investment Policy Workgroup Update

The Investment Workgroup met on March 15, 2017, to review and discuss four proposals that were submitted by investment advisory firms. The Workgroup recommends the Board continue its relationship with Fifth Third Bank but that staff negotiate an additional discount to their fees.

Workgroup Recommendation: Continue our relationship with Fifth Third Bank but request an additional discount to the fees.

Board Action: Accept Workgroup recommendation. Continue our relationship with Fifth Third Bank but request an additional discount to the fees.

Old Business

a. NC Physicians Health Program (NCPHP) Funding Update

As part of the 2016-2017 NCMB budget, the Board approved increased funding to NCPHP in three installments: November 1, 2016; May 1, 2017, and November 1, 2017. Dr. Joe Jordan, CEO, NCPHP, appeared before the Committee to describe how these increases have and will help improve the health and wellness of medical professionals.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Controlled Substances CME Update

NCMB Chief Communications Officer (CCO), gave an update regarding the Board's Controlled Substances CME Program; including, efforts to notify licensees of the new requirement and to provide licensees with free controlled substances CME.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

c. Outcomes Assessment Program and Key Performance Indicators Update

The CCO introduced a new Outcomes Assessment Program designed to enhance the Board's internal management processes and its licensing and regulatory efforts.

In addition, the CCO provided an update regarding the Board's Key Performance Indicators (KPI) Program: Two KPIs related to measuring the time to license will continue to be reported to the Executive Committee. Some KPIs will be tracked internally and used as internal management tools. The remaining KPIs will no longer be tracked.

Committee Recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as information.

New Business

a. FSMB Resolutions

At its meeting, next month, the FSMB House of Delegates will consider the following resolutions.

- 17-1 Mandatory Use of Prescription Drug Monitoring Programs
- 17-2 Advocacy for Professional Licensure of EMS Providers
- 17-3 Review of Model Guidelines for State Medical Boards Granting Licensure by Endorsement and Assessment of the Standards of ACGMA – International

Dr. Greene, as the Board's Delegate, would like input from the Board regarding these resolutions.

Committee Recommendation: Board members should e-mail Dr. Greene their comments by March 31.

Board Action: Accept Committee recommendation. Board members should e-mail Dr. Greene their comments by March 31.

b. Legislative Update

Chief Legal Officer (CLO), NCMB Legislative Liaison, gave a report regarding various health-related bills pending in the legislature including H243/S175 known as the Strengthen Opioid Misuse Prevention (STOP) Act.

Committee Recommendation: The Board support the STOP Act.

Board Action: Accept Committee recommendation. The Board supports the STOP Act.

c. Safe Opioid Prescribing Initiative (SOPI) Advisory Committee

The Board created the SOPI Advisory Committee to make Controlled Substances Reporting System reporting criteria recommendations. The Committee's initial recommendations were adopted by the Board and have resulted in the Board identifying previously unknown

prescribers of concern. The Advisory Committee met in December and made recommended changes to the reporting criteria which the Board adopted in January. There is no additional work for the Advisory Committee at this time.

Committee Recommendation: Dissolve the SOPI Advisory Committee; notify Committee members and thank them for their efforts.

Board Action: Accept Committee recommendation. Dissolve the SOPI Advisory Committee; notify Committee members and thank them for their efforts.

POLICY COMMITTEE REPORT

Members Present were: Pascal O. Udekwu, M.D., Chairperson; Bryant A. Murphy, M.D.; Jerri L. Patterson, NP; Venkata R. Jonnalagadda, M.D.; and Shawn P. Parker

Old Business:

a. Use of Photography in the Examination Room (Appendix A)

At the July 2016 Committee meeting, there was discussion regarding the Disciplinary Committee's referral of a new position statement addressing use of recording equipment in the examination room. The Board instructed staff to draft a position statement for consideration by the Committee at the November 2016 Board meeting. The Board considered a draft of the position statement at the November 2016 Board meeting and made suggested changes and asked that the latest draft be submitted to Board stakeholders. A draft has been submitted to stakeholders and comments should be received and be considered by the Board at the March 2017 Board meeting.

The committee discussed the comments received from various stakeholders. Ultimately the committee felt that the current draft of the position statement addressed the particular circumstances faced by the Board.

Committee Recommendation: Submit position statement for review and comment by the licensee population. Bring back in May.

Board Action: Accept Committee Recommendation. Submit position statement for review and comment by the licensee population. Bring back in May.

New Business

a. Treatment of Obesity (Appendix B)

The committee discussed the current relevance of the position statement. The committee discussed methods of determining whether the position statement reflected current practices and medicine. The committee requested additional information on this topic.

Committee Recommendation: Table discussion until May meeting when additional information can be considered.

Board Action: Accept committee recommendation. Table discussion until May meeting when additional information can be considered.

b. Medical Record Documentation (Appendix C)

The position statement was favorably reviewed. The committee discussed the issue of electronic medical records and whether more expansive guidance was warranted. The committee also requested additional information on this topic.

Committee Recommendation: Table discussion until May meeting when additional information can be considered.

Board Action: Accept committee recommendation. Table discussion until May meeting when additional information can be considered.

LICENSE COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD, Chairperson, Barbara E. Walker, DO, Cheryl L. Walker-McGill, MD; Ralph A. Walker and Varnell McDonald-Fletcher, PA-C

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 two 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.

Three 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

Committee Members present were: Jerri L. Patterson, NP, Chairperson, Timothy E. Lietz, MD, A. Wayne Holloman and Varnell McDonald-Fletcher, PA-C

PHYSICIAN ASSISTANTS ADVISORY COUNCIL

Proposal to change the name of the Physician Assistant Advisory Council (PAAC) to Physician Assistant Advisory Meeting (PAAM). Change the structure of the council from a stand-alone committee of the Board to an agenda item for the APP/AHC. The PAAM will meet twice a year and all interested leaders in the physician assistant community are invited to attend the meeting and request topics for discussion.

Committee Recommendation: Approve the changes.

Board Action Accept Committee recommendation. Approve the changes.

Discussions of American Academy of Physician Assistants (AAPA) Joint Task Force report on the future of physician assistant licensure.

Committee Recommendation: Receive as information.

Board Action Accept Committee recommendation. Receive as information.

PHYSICIAN ASSISTANTS

Rules for Approval
21 NCAC 32S .0212.
21 NCAC 32M .0109

Committee Recommendation: Approve propose rule change.

Board Action Accept Committee recommendation. Approve propose rule change.

MIDWIFERY

Reappointment of A. Vernon Stringer, M.D. to a three-year term to the Midwifery Committee.

Committee Recommendation: Appoint Dr. A. Vernon Stringer to a full three-year term.

Board Action Accept Committee recommendation. Appoint Dr. A. Vernon Stringer to a full three-year term.

NURSE PRACTITIONERS

The Joint Sub Committee approved all recommendations from the January JSC Panel meeting.

Committee Recommendation: Receive as information.

Board Action Accept as Information. Receive as information.

DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT

Members present were: Bryant Murphy, MD, Chairperson; Debra Bolick, MD; Venkata Jonnalagadda, MD; Jerri Patterson, NP; Barbara Walker, DO; and Ralph Walker, JD

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 22 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.

Dr. John Woodyear presented to the committee, his proposal related to Data Waiver 2000. Notes from Committee: Accept as information. Dr. Woodyear may submit a proposal in the future, which could go to Policy Committee.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT

Members present were: Bryant A. Murphy, MD, Chairperson; Debra A. Bolick, MD; Venkata R. Jonnalagadda, MD; Jerri L. Patterson, NP; Barbara E. Walker, DO and Ralph A. Walker, JD

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 27 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 (Medical Examiner) COMMITTEE 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.

The Disciplinary (Medical Examiner) Committee reported on two 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.

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.

5 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.

DISCIPLINARY (INVESTIGATIVE) COMMITTEE REPORT

Members present were: Bryant A. Murphy, MD (chairperson), Debra A. Bolick, MD, Venkata R. Jonnalagadda, MD, Jerri L. Patterson, NP, Barbara E. Walker, DO, and Ralph A. Walker, JD

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-six 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.

OUTREACH COMMITTEE

Members present were: Debra A. Bolick, MD, Chairperson; Bryant A. Murphy, MD; Shawn Parker; Barbara E. Walker, DO and Pascal O. Udekwu, MD

Old Business

a. Overview of Outreach Activities (Presentations)

The Communications Director provided an update on professional outreach to date. The Board is scheduled regularly through June 2017 and expects interest to remain strong. Opioid prescribing remains the most requested topic.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

b. Public presentations to consumer audiences

The Communications Director provided an update on professional outreach to date. The Board is scheduled regularly through June 2017 and expects interest to remain strong. Opioid prescribing remains the most requested topic.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

c. Update on Prescribing CS CME webinar and panel session with WakeAHEC

The webinar developed by NCMB and WakeAHEC is complete and is available to clinicians, both on the WakeAHEC website and via a link on the NCMB website. NCMB will promote the webinar and four related panel discussions scheduled throughout the greater Triangle. Licensees who complete the webinar and attend a panel discussion will earn here hours of Category 1 CME – enough to satisfy the new CME requirement for controlled substances prescribers. The Chief Communications Officer indicated that NCMB and WakeAHEC are applying for additional grant funding to support up to 10 additional panel discussions throughout North Carolina.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

d. Update on Prescribing CS CME Communication

The Committee was informed that, to date, all physician assistant licensees and all physicians who are currently in Year 3 of their CS CME cycles have been notified by email of the new CS CME requirement. Physician licensees who will complete their CME cycles before July 1 were informed that they will not need to complete the required CME this year, but will need to comply by the end of their NEXT CME cycle, if they prescribe controlled substances. Emails will go out to physicians in Years 1 and 2 starting next week. The Board will send hard copy letters to any physician or PA who does not have a valid email address.

The Committee discussed licensee attitudes towards the new CME requirement and agreed that NCMB should continue to identify and list on its website free online quality CME programs that cover the required education topics, as well as encouraging licensees to complete the NCMB-WakeAHEC developed webinar.

Committee recommendation: Complete CS CME Communication plan; Communications staff are directed to continue to identify and post free online controlled substance CME programs to assist licensees with compliance.

Board action: Accept committee recommendation. Complete CS CME Communication plan; Communications staff are directed to continue to identify and post free online controlled substance CME programs to assist licensees with compliance.

e. President's Initiative Update

The Chief Medical Officer reported that the UNC resident he previously identified has started her rotation with the Board. She is assisting with the Board's Safe Opioid Prescribing Initiative and is working on a research project related to licensee and public responses to SOPI. The Chief Medical Officer told the Committee that he has identified a Campbell University DO student who is interested in completing a rotation with the Board.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

New Business

a. Annual Report Preview

The Committee deferred its discussion of the 2016 Annual Report until Friday, when it will be presented to the full Board.

b. Questions to add to Licensee Information (LI) Voluntary Data

The Chief Communications Officer discussed a proposal to add medical insurance plans accepted to the voluntary supplemental information licensees may provide to the public on their licensee information pages. The Committee discussed the difficulty of maintaining accurate information on the LI pages. The CCO noted that the Board plans to move supplemental content questions before payment is tendered on the annual license renewal (the option to input such content is currently displayed after payment is made) to improve licensee participation. The page displaying insurance information and other optional supplemental information will display a new disclaimer that indicates that the information is provided by the licensee and may not reflect the most current information.

Committee recommendation: Approve plan to add medical insurance plans accepted to the optional supplemental content categories on the LI page.

Board action: Accept committee recommendation; Approve plan to add medical insurance plans accepted to the optional supplemental content categories on the LI page.

c. LI Compliance Audit Report

The Committee received a progress report on the LI Compliance Audit program that was implemented in late 2015. Committee members noted that just 6 percent of licensees audited required corrections to their required information, usually hospital privileges or practice address. Committee members expressed hope that the Board's efforts to encourage broader participation in the optional supplementary information will result in more licensees providing optional content. NCMB's recent public survey results documented strong public interest in many supplemental information categories.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

Barbara E. Walker, DO; Secretary/Treasurer

PROPOSED POSITION STATEMENT:

Policy for the Use of Audio or Visual Recordings in Patient Care

The Board recognizes that there may be valid reasons for licensees to make audio or visual recordings of patients during a healthcare encounter. However, such recordings must be made for appropriate professional reasons and should employ safeguards that protect a patient's autonomy, privacy, confidentiality, and dignity. In instances where a patient may be asked to disrobe, the patient should be provided an opportunity to disrobe beyond the view of any camera.

Recordings that could lead to disclosure of the patient's identity constitute protected health information and must be managed and transmitted in a manner that complies with HIPAA requirements.

Informed Consent

Prior to an audio or visual recording being made of a patient, licensees should ensure that they have obtained the patient's informed consent ~~prior to such recording~~. The informed consent should be documented in the medical record. ~~The informed consent~~ and should allow the patient an opportunity to discuss any concerns before and after the recording. The patient should also be informed:

1. Of the purpose of the recording and its use ~~the limitations of any potential dissemination~~;
2. That the recording is voluntary and that a refusal to be recorded will not affect the patient's care;
3. That the patient may withdraw consent to be recorded at any time and what will be done with any prior recordings;
4. ~~About the potential benefits and harms of being recorded.~~ Of the possibility of accidental or deliberate dissemination during the acquisition or storage of the information.

Post-recording Responsibilities

A licensee who has made an audio or visual recording of a patient must ensure that:

1. Any recording is used only for the purpose for which the patient consented;
2. Patients are given the opportunity to see the recording if they so wish; and
3. Recordings are given the same protections as other medical records against improper disclosure.

~~Recordings that could lead to disclosure of the patient's identity constitute protected health information and must be managed and transmitted in a manner that complies with HIPAA requirements~~

Treatment of Obesity

It is the position of the North Carolina Medical Board that the cornerstones of the treatment of obesity are diet (caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Treatment modalities and prescription medications that have not been proven to have beneficial effects should not be used. For example, it is the Board's position that the use of hCG for the treatment of obesity is not appropriate.¹

Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987) (Amended March 1996, January 2005 [retitled], May 2013) (Reviewed November 2010)

¹<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/MedicationHealthFraud/ucm281834.htm>

Medical Record Documentation

The North Carolina Medical Board takes the position that an accurate, current and complete medical record is an essential component of patient care. Licensees should maintain a medical record for each patient to whom they provide care. The medical record should contain an appropriate history and physical examination, results of ancillary studies, diagnoses, and any plan for treatment. The medical record should be legible. When the care giver does not handwrite legibly, notes should be dictated, transcribed, reviewed, and signed within a reasonable time. The Board recognizes and encourages the trend towards the use of electronic medical records (“EMR”). However, the Board cautions against relying upon software that pre-populates particular fields in the EMR without updating those fields in order to create a medical record that accurately reflects the elements delineated in this Position Statement.

The medical record is a chronological document that:

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

The following required elements should be present in all medical records:

1. The record reflects the purpose of each patient encounter and appropriate information about the patient’s history and examination, and the care and treatment provided are described.
2. The patient’s past medical history is easily identified and includes serious accidents, operations, significant illnesses and other appropriate information.
3. Medication and other significant allergies, or a statement of their absence, are prominently noted in the record.
4. When appropriate, informed consent obtained from the patient is clearly documented.
5. All entries are dated.

The following additional elements reflect commonly accepted standards for medical record documentation.

1. Each page in the medical record contains the patient’s name or ID number.
2. Personal biographical information such as home address, employer, marital status, and all telephone numbers, including home, work, and mobile phone numbers.
3. All entries in the medical record contain the author’s identification. Author identification may be a handwritten signature, initials, or a unique electronic identifier.
4. All drug therapies are listed, including dosage instructions and, when appropriate, indication of refill limits. Prescriptions refilled by phone should be recorded.
5. Encounter notes should include appropriate arrangements and specified times for follow-up care.
6. All consultation, laboratory and imaging reports should be entered into the patient’s record, reviewed, and the review documented by the practitioner who ordered them. Abnormal

reports should be noted in the record, along with corresponding follow-up plans and actions taken.

7. An appropriate immunization record is evident and kept up to date.
8. Appropriate preventive screening and services are offered in accordance with the accepted practice guidelines.

(Adopted May 1994; Amended May 1996; Amended May 2009; Reviewed May 2013)