

# MINUTES



**November 15 – 16, 2017**

**1203 Front Street  
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held November 15-16, 2017.

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

### **Instillation Ceremony and New Officers Oath**

Dr. Greene administered the Oath of Office for President to Dr. Timothy E. Lietz.

Dr. Lietz administered the Oath of Office for President-Elect to Dr. Barbara E. Walker; the Oath of Office for Secretary/Treasurer to Dr. Bryant A. Murphy, and administered the Oath of Office to new Board member, Dr. John W. Rusher.

### **Presidential Remarks**

Dr. Lietz commenced the meeting by sharing his first words as President. He also 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 September 20-22, 2017 Board Meeting minutes and the October 19-20, 2017 Hearing Meeting minutes.

### **Announcement**

The Executive department introduced a new staff member, Human Resources manager.

Drs. Walker and Haynes gave a report on Womack Army Medical Center

Dr. Greene shared photos from her daughter's wedding

### **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 these reports are not included because these actions are not public.

A motion passed to return to open session.

Dr. Joe Jordan, CEO, North Carolina Physicians Health Program (NCPHP), gave the following Reports: PHP Performance Review Report.

Dr. Debra Bolick gave the NCPHP Board of Directors Report.

### **NCMB Attorney's Report**

Mr. Thomas W. Mansfield, Chief Legal Officer and Mr. Brian Blankenship, Deputy General Counsel, gave the Attorney's Report on Thursday, November 16, 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.

The Board reviewed information regarding 4 matters involving outside litigation and one miscellaneous matter. 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.

**Bailey, Scott Allen MD**  
Consent Order executed 10/03/2017

**Becerra, Gonzalo Daniel MD**  
Consent Order executed 10/13/2017

**Block, Matthew MD**  
Consent Order executed 11/01/2017

**Brill, Louis Beverly MD**  
Public Letter of Concern executed 09/14/2017

**Conkwright, Caroline Elizabeth PA**  
Public Letter of Concern executed 9/20/2017

**Daniel, Myriam Marie-Jude MD**  
Public Letter of Concern executed 09/13/2017

**Ferguson, Robert Lee MD**  
Consent Order executed on 09/14/2017

**Fulbright, Renee Annette MD**  
Public Letter of Concern executed 9/19/2017

**Fulp, Nanette Nicole PA**  
Relief of Non-Disciplinary Consent Order Obligations executed 10/04/2017

**Gillespie, Dorothy Lee MD**  
Consent Order executed 10/03/2017

**Hagmann, John Henry MD**  
Memorandum of Understanding executed 10/5/2017

**Harris, Benjamin Scott MD**  
Relief of Consent Order Obligations executed 10/04/2017

**Holm, Richard Philip MD**  
Public Letter of Concern executed 10/20/2017

**Jayaraman, Arun Laxminarayan MD**  
Consent Order executed on 09/26/2017

**Jensen, Larry Jay PA**  
Public Letter of Concern executed 09/21/2017

**Kaoud, Hany Aziz MD**  
Relief of Consent Order Obligations executed 10/25/2017

**Kinney, Karen Anne MD**  
Relief of Consent Order Obligations executed 10/04/2017

**Kwiatkowski, Timothy Carl MD**  
Consent Order executed on 09/19/2017

**Menon, Padman Achutha MD**  
Public Letter of Concern executed 09/12/2017

**Navarro-McGuinness, Cheryl Tan DO**  
Amended Consent Order executed 09/14/2017

**Patterson**, David Read MD  
Public Letter of Concern executed 10/23/2017

**Politi**, Barry Joseph MD  
Relief of Consent Order Obligations executed 10/25/2017

**Shanton**, Gregory Damon PA  
Notice of Hearing on License Denial executed 09/19/2017

**Simpson**, Jordan Logan MD  
Non-Disciplinary Consent Order executed 10/24/2017

**Sirois**, Cindy Nguyen MD  
Public Letter of Concern executed 09/18/2017

**Smith**, Tracey PA  
Public Letter of Concern executed 09/20/2017

**Sperrazza**, Robert Bruce MD  
Consent Order executed 09/26/2017

**Waronsky**, Roy George PA  
Consent Order executed 10/18/2017

**White**, Anne Litton MD  
Notice of Charges and Allegations; Notice of Hearing executed 09/28/2017

### **NCMB Committee Reports**

### **EXECUTIVE COMMITTEE REPORT**

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

#### Strategic Plan

##### a. Strategic Priorities Update

The Committee reviewed the updated Strategic Priorities Tracker.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

#### Financial Statements

a. Monthly Accounting July, August and September 2017

The Committee reviewed the compiled financial statements for July, August and September 2017. September is the eleventh 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 statements for September and October 2017.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

### Old Business

a. Building Update

NCMB Staff gave a building update to the Executive Committee.

Committee Recommendation: Update prior research regarding building/space options. Report back to the Committee in January 2018.

Board Action: Accept Committee recommendation. Update prior research regarding building/space options. Report back to the Committee in January 2018.

### New Business

a. NCPHP Compliance Committee Appointment

The NCPHP Compliance Committee reviews new NCPHP evaluations, cases of substantial non-compliance with monitoring contracts, and any other cases as requested by NCPHP staff.

Three Compliance Committee members are former NCMB members appointed by the Board. Wayne W. VonSeggen, PA-C, will complete his second term on December 31, 2017. The Board needs to appoint his replacement.

Committee Recommendation: Appoint Peggy Robinson, PA-C, to the NCPHP Compliance Committee for a two-year term.

Board Action: Accept Committee recommendation. Appoint Peggy Robinson, PA-C, to the NCPHP Compliance Committee for a two-year term.

## **POLICY COMMITTEE REPORT**

Members Present were: Shawn P. Parker, Chairperson; Debra A. Bolick, MD; and Ralph A. Walker, J.D. Members absent were: Jerri L. Patterson, NP; and Cheryl Walker-McGill, MD

### Introductory Business:

Mr. Parker welcomed the new committee members and attendees throughout the room introduced themselves. Mr. Parker then moved, without objection, to reorder the Committee outline to move “What Are the Position Statements of the Board and to Whom Do They Apply?” and the “Position Statement Review Tracking Chart” to the beginning of the meeting.

Board Action: Accept as information.

### New Business:

#### a. What Are the Position Statements of the Board and to Whom Do They Apply?

The Committee reviewed the position statement as well read and relevant. It was noted that the position statement is a good point of guidance for licensees regarding the position statements of the Board and the Board’s expectations of its licensees related to those position statement. The Committee indicated no changes were needed at this time.

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

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

### Position Statement Review Tracking Chart (Appendix A)

The Committee examined the tracking chart for the next year and discussed whether any scheduling adjustments were needed. It was concluded that the order of review should remain as is. It was noted that in future reviews of certain position statements, the Committee should take into account the changing demographic of licensees and how employment of licensees has changed.

Committee Recommendation: Bring back “Retention of Medical Records” for review and review “Departures from or Closings of Medical Practices” as new business at the January 2018 Board meeting.

Board Action: Accept Committee recommendation. Bring back “Retention of Medical Records” for review and review “Departures from or Closings of Medical Practices” as new business at the January 2018 Board meeting.

### Old Business:

a. Retention of Medical Records

During the Committee meeting, continued discussion ensued regarding how long medical records should be retained and whether the position statement is the appropriate place for a finite time or if a rule should be put in place to make the retention time enforceable. The Committee considered the financial burden that licensees face when tasked with retaining records for a long period of time and whether the Board should direct licensees on how those records are retained. The Committee further discussed if there needed to be a separate directive to doctors treating patients who have not yet come to the age of majority. Inquiry was made as to the position of other states regarding the length of time their licensees are required to retain medical records.

Committee Recommendation: Assign staff the task of providing research on the position of other states regarding the length of time their licensees are required to retain medical records. Bring back for discussion at the January 2018 Board meeting.

Board Action: Accept Committee recommendation. Assign staff the task of providing research on the position of other states regarding the length of time their licensees are required to retain medical records. Bring back for discussion at the January 2018 Board meeting.

b. Capital Punishment

The Committee reviewed the revised position statement, which included reference to the North Carolina legislative updates and provided the new language from the American Medical Association Code of Ethics ("AMA Code"). The Committee discussed making the position statement more concise by removing the full language of AMA Code 9.7.3, and instead, citing to it and providing a hyperlink to its contents and a hyperlink to N.C. Gen. Stat. § 15-188.1.

Committee Recommendation: Revise the proposed position statement to remove the full language of AMA Code 9.7.3, but include cite and hyperlink to AMA Code 9.7.3. Add hyperlink to N.C. Gen. Stat. § 15-188.1.

Board Action: Accept Committee recommendation. Revise the proposed position statement to remove the full language of AMA Code 9.7.3, but include cite and hyperlink to AMA Code 9.7.3. Add hyperlink to N.C. Gen. Stat. § 15-188.1.

Additional New Business:

a. Guidelines for Avoiding Misunderstandings During Physical Examinations (Appendix B)

The Committee reviewed the current position statement favorably. Conversation ensued regarding replacing "sex" with "gender" in bullet point number two. It was also discussed whether there needs to be further modification as to a licensee's responsibility in telling a patient that a third party could be made available during a physical examination.



Committee Recommendation: Revise the proposed position statement to replace “sex” with “gender” in bullet point number two. Discuss need for further modification before the full Board.

Board Action: Accept Committee recommendation. Revise the proposed position statement to replace “sex” with “gender” in bullet point number two.

### **LICENSE COMMITTEE REPORT**

Members present were: Debra A. Bolick MD, Chairperson; Varnell McDonald-Fletcher, PA-C; Venkata R. Jonnalagadda, MD; Ralph A. Walker, J.D.

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 three 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.

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

A motion passed to return to open session.

### **ADVANCED PRACTICE PROVIDERS AND ALLIED HEALTH COMMITTEE REPORT**

Members present were: Varnell McDonald-Fletcher, PA-C, Chairperson, John W. Rusher, MD and Ralph A. Walker, J.D.

NEW BUSINESS

PHYSICIAN ASSISTANTS ADVISORY MEETING

PA Audit Report – Staff member Don Pittman

Committee Recommendation: Accept as information.

Board Action: Accept recommendation. Accept as information.

#### NURSE PRACTITIONERS

Consideration of two NP rule changes:

Proposed amendment to 21 NCAC 32M.0117 Reporting Criteria

Proposed adoption of 21 NCAC 32M.0118 Definition of Consultation for Prescribing Controlled Substances.

Committee Recommendation: Approve both rules.

Board Action: Accept recommendation. Approve both rules.

#### PERFUSIONIST ADVISORY COMMITTEE

Approval of the September 2017 minutes.

Committee Recommendation: Accept as information.

Board Action: Accept recommendation. Accept as information.

#### NURSE PRACTITIONERS

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

Committee Recommendation: Receive as information.

Board Action: Accept as information. Receive as information.

#### **DISCIPLINARY (COMPLAINTS) COMMITTEE REPORT**

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

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

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

A motion passed to return to open session.

### **DISCIPLINARY (MALPRACTICE) COMMITTEE REPORT**

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

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

The Disciplinary (Malpractice) Committee reported on 34 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**

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

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

The Disciplinary (Medical Examiner) Committee reported on one 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 (DHHS) COMMITTEE REPORT**

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

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

The Disciplinary (DHHS) Committee reported on 36 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.

### Safe Opioid Prescribing Initiative Report

In December 2016, the Safe Opioid Prescribing Initiative (SOP<sup>i</sup>) Workgroup met and NCMB staff presented an update on SOPI activities. During this meeting, a summary of the information gathered thus far was presented. To summarize, "Report A" (top one percent of those prescribing 2100 MME's per patient per day) produced relatively few "false positives" (investigations where the prescriber was found to be within the standard of care). However, "Report B" (two or more patient deaths from opioid toxicity within the prior 12 months) had a much higher percentage of "false positives" often because it was determined the prescribing was found not to be directly related to the patient's death. Therefore, the Workgroup recommended an adjustment to the report with the high return on investment (Report A — top 2% of those prescribing 2100 MME's per patient per day) and modified more restrictive criteria for the report with the poor return on investment (Report B) (effective July 1, 2017).

In addition, the Workgroup recommended producing a third report ("Report C") which focuses on recognized characteristics of abuse, diversion and/or poor prescribing. However, before commencing the rule-making process, the Workgroup recommended asking the DHHS Drug Control Manager (1) for his input regarding proposed Report C, and (2) to evaluate the criteria of Report C to determine the number and quality of reports that would be generated. Once that has been completed, staff should report that to the Board for further discussion/consideration.

This information was presented the Executive Committee in January 2017 with a Committee Recommendation: Adopt the Workgroup recommendations; however, staff may solicit feedback to proposed changes to Report A and Report B as part of the rule making process.

This information was then presented to the full Board with a Board Action: Accept Committee Recommendation. Adopt the Workgroup recommendations; however, staff may solicit feedback to proposed changes to Reports A and B as part of the rule-making process. In regard to Report C, staff has met with DHHS on several occasions for input into Report C and criteria was further developed based on testing by DHHS. It is currently proposed the final Report C list of prescribers provided to the Board by DHHS would be for

those prescribers appearing on at least 3 (out of 6) of the Report C subcategories. Report C was modified to the following:

Report C-1: At least 25 percent of the prescriber's patients receiving opioids reside at least 100 miles from the prescriber's practice location.

Report C-2: The prescriber has more than 25 percent of the prescriber's patients receiving the same opioid and benzodiazepine combination.

Report C-3: 55-75 percent of the prescriber's patients receiving opioids self-pay for the prescription.

Report C-4: The prescriber has 90% or more of patients in a three-month period that receive an opioid prescription that overlaps for at least a week.

Report C-5: More than 50% of the prescriber's patients receive opioid doses of 100 MME or greater per day excluding office based treatment medications.

Report C-6: The prescriber that has 25-50 percent of patients who use three or more pharmacies within a three-month period to obtain opioids regardless of the prescriber. (Note: DHHS is evaluating C-6 to determine if the criteria should be modified to "specific to the prescriber" rather than current language as noted above.)

On October 23, 2017 staff met with DHHS to gather feedback on the quality of the information which would be generated by Report C. DHHS had prepared a draft report of Report C based on the above criteria from 1<sup>st</sup> quarter 2017 data. A draft of Report C produced the following:

- 22 Prescribers
- Only 1 prescriber had previously been reported on Report A or Report B
- Approximately 6 of the 22 identified prescribers (as identified by DHHS) were hospice providers
- If you change the search criteria to at least 4 (out of 6) of Report C subcategories, then zero (0) prescribers would be identified.

Issue: Whether to move forward with Report C rule

Committee Recommendation: Initiate rule making process for Report C as proposed.

BOARD ACTION: Accept Committee recommendation. Initiate rule making process for Report C as proposed.

### **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.

4 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: Venkata Jonnalagadda, MD, Chairperson; Varnell D. McDonald-Fletcher, PA-C; Bryant A. Murphy, MD; Shawn Parker, J.D.; John W. Rusher, MD; Barbara E. Walker, DO

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

Thirty-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.

### **CONTROLLED SUBSTANCES CME PLANNING COMMITTEE**

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

#### Old Business

a. Identifying counties for sessions (update)

Seven sessions have been scheduled for the statewide opioids training:

- Catawba Valley Medical Center, Hickory, November 15, 2017 (Catawba County)
- Carolinas East Medical Center, New Bern, November 30, 2017 (Craven County)
- Isothermal Community College in Spindale, December 7, 2017 (Rutherford County)
- Southeastern Regional Medical Center, Lumberton, January 18, 2017 (Robeson County)
- Cape Fear Medical Center, Fayetteville, March 15, 2018 (Cumberland County)
- Carolinas Medical Center, Concord, April 3, 2018 (Cabarrus County)
- Carolinas Medical Center, Shelby, May 8, 2018 (Cleveland County)

Planned sessions:

- Wake Med, January 16 or 18, 2018
- Halifax Community College, Feb 6 or March 6, 2018
- New Hanover Medical Center, Spring 2018

After the event in Halifax Community College, we will have reached 10 sessions, which was the minimum requirement for the grant.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

b. Recruiting Physicians

In conjunction with OMD and the Legal Department, staff developed a vetting process to evaluate the volunteers and those who have been recommended to make sure familiarity with their work and any cases with NCMB. To date, staff have vetted over 45 physicians and PAs from across the state. Staff will continue to seek physician support for future panel sessions through the Forum and community partners.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

New Business

a. Feedback on the Duke panel session from 10/12/17

About 250 people attended the Duke panel session, including about half from the community (including Ms. McDonald-Fletcher and several others from the VA who attended). The feedback on the content was very positive. The committee has made adjustments to reduce the number of slides by working with the presenters and will likely change up the Q&A portion for future sessions. The recommendation is to have participants write their questions on slips of paper and give them to the moderator, who will filter them and have the panelists answer questions in between sections.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

b. Next Steps

The committee would like to get as much coverage for the panel sessions as possible. One idea is to engage Board members in the panel sessions by asking them to make introductory remarks or just being available for questions. Another idea proposed was to talk with the Investigations Department about whether investigators would be willing/able to attend panel sessions to answer questions, or even give introductory remarks.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation: Accept as information.

## **OUTREACH COMMITTEE**

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

### Old Business

#### a. Overview of Outreach Activities (Presentations)

The Communications Director summarized professional outreach activities for the year. NCMB is on track to end 2017 with a total of 53 presentations to professional audiences. This is a new record. Physician groups accounted for the largest number of presentations, although NCMB also reached numerous hospital/health system audiences and PA schools. NCMB's Assistant Medical Director has personally presented to about a dozen PA programs and/or PA meetings this year, accounting for 22 percent of professional outreach for the year. Opioids was by far the most requested topic in 2017, driven by licensee interest in the new CS CME requirement, SOPI, the STOP Act and NCMB's stance on opioid prescribing. The Committee discussed the possibility of identifying new audiences for NCMB talks, such as local law enforcement.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

#### b. Update on public presentations to consumer audiences

The committee discussed outreach to the public in 2017. Dr. Greene described her experience presenting to about 100 extended family at a reunion this August and shared her impressions of how NCMB's information was received. To date, NCMB has given 14 presentations to public audience in 2017, with three more presentations scheduled for the year. The Committee discussed progress with public outreach to date and expressed a desire to continue seeking opportunities to present to public audiences. Committee members discussed the need to educate patients about changes in opioid prescribing practices, both through presentations and resources that can be presented to the public via the website.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

### New Business

#### a. Overview of Outreach Committee purpose and activities

The Chief Communications Officer reviewed the mission statement for the Outreach Committee and asked for Committee input on whether the statement is still accurate. The mission of the Outreach Committee is: "To facilitate dialogue among the Board and its



constituents.” Committee members expressed a desire to include a more explicit commitment to educating the public about the Board’s mission and work, as well as important related topic in health care, in the mission.

Committee recommendation: Direct Communications Department staff to revise the mission of the Outreach Committee to include language that communicates the Board’s intention to develop resources for the public.

Board action: Accept committee recommendation. The Communications Department shall revise the mission of the Outreach Committee to include language that communicates the Board’s intention to develop resources for the public.

b. Discussion of goals for 2017-2018

The Committee discussed potential Outreach goals for 2017-2018. Committee members expressed interest in finding new ways to express to licensees and other stakeholders that NCMB is more than “just discipline.” The Committee discussed the sustained interest in opioids-related content and speculated about what other subjects NCMB’s audiences might be interested in hearing. It was noted that NCMB’s core messages to inform audiences about the Board’s mission and work and demonstrate that NCMB is a resource for the public and the profession remain relevant.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

c. Safe disposal document

The Committee was briefed on a pending project to develop an information sheet on safe disposal of unwanted prescription drugs. NCMB is working with Project Lazarus, which has obtained grant funding, on this initiative. NCMB has agreed to design a sheet that can be bound into pads and distributed to prescribers, who would tear off individual sheets to give to patients who are prescribed opioids and other prescriptions that may result in “leftover” medicine. Project Lazarus’ grant will pay for printing costs. NCMB believes there will be strong interest in this resource, because of strong interest in preventing diversion and misuse and because the STOP Act requires hospice and palliative care providers to give both oral and written information on safe disposal of unwanted, unused medications to patients and their loved ones. NCMB has had some preliminary conversations with hospice and palliative care organizations about providing a version of the drug disposal sheet developed for use by hospice and palliative providers.

Committee recommendation: Accept as information.

Board action: Accept committee recommendation. Accept as information.

## **DIVERSITY WORKGROUP**

Members present were: Eleanor E. Greene, MD, Chairperson; Shawn P. Parker

### Old Business

- a. Update on Staff Training on Diversity and Inclusion in the Workplace

Ted Pauling, HR Manager discussed the training the Board members had at the September 2017 Board meeting on “Diversity in Language and Interaction – A Key Discussion for the North Carolina Medical Board”, by Mr. Stan Kimer. We also discussed the training staff had with Mr. Stan Kimer on “Diversity in the Workplace” at the May 2017 All Staff meeting.

### New Business

- a. Update on Staffing

#### Recent hires:

1. French-Hodges, Sylvia Marie (Communications Coordinator HD 6/21/17)
2. Bullard, Cary Trent (Investigator HD 8/1/17)
3. Pauling, Ted (Human Resources Manager HD 10/18/17)

#### Current open positions:

1. Investigator - (Position opened on 11/1/17)
2. Complaints Manager (Position opened prior to 10/18/17)
3. Credentialing Coordinator (Position opened prior to 10/18/17)

- b. Staff Statistics:

Ted presented a snapshot of The Medical Board’s staff; by race, age and gender. The data indicates we are making progress as it relates to becoming a more diverse organization. It was noted that this will be a slow process given our low staff turnover rate.

- c. Work Group Core Principles

The Work Group are going to focus on three core principles:

- Education
- Communication
- Compliance

The Committee agreed to hold another meeting in January as everyone was new to this committee.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

### **FSMB Annual Meeting Planning Committee**

Members present were: Timothy E. Lietz, MD, Chair; Eleanor E. Greene, MD; A. Wayne Holloman; Venkata R. Jonnalagadda, MD; Varnell D. McDonald-Fletcher, PA; Jerri L. Patterson, NP; Janice E. Huff, MD; and William Walker, MD

#### Old Business

a. Opening Ceremony – Special Remarks Speaker

Governor Roy Cooper has accepted the NCMB's invitation to give special remarks at the Opening Ceremony at the FSMB Annual Meeting on April 26, 2018.

We are in the process of completing the request to invite the US Surgeon General, Dr. Jerome Adams, to also speak during the Opening Ceremonies. The invitation letter and letters of support are in the draft stage. The packet must be mailed out four months prior to the event. We will mail it out on December 22, 2017.

b. Showcase North Carolina

The Committee reviewed two other videos that showcase the state of North Carolina and Charlotte. They approved both of them to be shown at the FSMB conference.

This is the link <https://www.youtube.com/user/charlottesgotalot> from the "Charlottes Got a Lot (charlottesgotalot)" website

Here is a link <http://www.visitnc.com/video/north-carolina-deeper-journey> to another video on "Visit NC (visitnc)" website

c. Welcome Reception, Wednesday, April 25, 2018

Ms. Courtney Squeglia, Complex Corporate Catering Sales Manager, is discussing with the Chef if an Eastern and Western BBQ tasting ("A Taste of NC") can be set up. She is also trying to see if the hotel will allow local breweries and vineyards to serve at the facility. She has recommendations she can give us once the hotel approves outside vendors providing the alcohol.

a. Dinner at Dr. Lietz's Home – Thursday, April 26, 2018

We will be able to start the planning, once we get the total number of people attending the dinner at Dr. Lietz's house.

b. Recommendation of Speakers for the Conference

The Educational Committee for the FSMB will be meeting December 7<sup>th</sup>, to finalize the agenda. The NCMB can assist in identifying speakers for the topics.

Dr. Walker-McGill has been speaking to Ms. Sonja Gantt who was a key personality in WCNC (Channel 36) news department for nearly 20 years. She will keep us posted if Ms. Gantt decides to lead the “Ted” Talk at the FSMB.

Committee Recommendation: Accept as Information.

Board Action: Accept committee recommendation. Accept as information.

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Bryant A. Murphy, MD; Secretary/Treasurer

## Capital Punishment

In *North Carolina Dept. of Correction v. North Carolina Medical Board*, the North Carolina Supreme Court ruled that while the North Carolina Medical Board does “retain disciplinary power over a licensed medical doctor who participates in an execution,” the Board “may not discipline or threaten discipline against its licensees solely for participating in the execution alone.” Since the Supreme Court’s ruling the North Carolina General Assembly enacted N.C. Gen. Stat. § 15-188.1 ([https://www.ncga.state.nc.us/GS\\_15-188.1.html](https://www.ncga.state.nc.us/GS_15-188.1.html)) which provides similar limitations on the Board’s authority to discipline a physician for participating in an execution. Consistent with the Supreme Court’s ruling and § 15-188.1, the Board will not take any disciplinary action against a physician for participation in an execution.

The North Carolina Medical Board does, however, continue to take the position that physician participation in capital punishment is a departure from the ethics of the medical profession. The North Carolina Medical Board cites the provisions of AMA Code of Medical Ethics 9.7.3 (<https://www.ama-assn.org/delivering-care/capital-punishment>) as an accurate statement of the professional ethics of physician participation in executions.

(Adopted January 2007; Amended June 2009; Amended November 2017)

## **Guidelines for Avoiding Misunderstandings During Physical Examinations**

It is the position of the North Carolina Medical Board that proper care and sensitivity are needed during physical examinations to avoid misunderstandings that could lead to charges of sexual misconduct against licensees. In order to prevent such misunderstandings, the Board offers the following guidelines.

- Sensitivity to patient dignity should be considered by the licensee when undertaking a physical examination. The patient should be assured of adequate auditory and visual privacy and should never be asked to disrobe in the presence of the licensee. Examining rooms should be safe, clean, and well maintained, and should be equipped with appropriate furniture for examination and treatment. Gowns, sheets and/or other appropriate apparel should be made available to protect patient dignity and decrease embarrassment to the patient while a thorough and professional examination is conducted.
- Whatever the gender of the patient, a third party, a staff member, should be readily available at all times during a physical examination, and it is strongly advised that a third party be present when the licensee performs an examination of the breast(s), genitalia, or rectum. It is the physician's responsibility to have a staff member available at any point during the examination.
- The licensee should individualize the approach to physical examinations so that each patient's apprehension, fear, and embarrassment are diminished as much as possible. An explanation of the necessity of a complete physical examination, the components of that examination, and the purpose of disrobing may be necessary in order to minimize the patient's possible misunderstanding.
- The licensee and staff should exercise the same degree of professionalism and care when performing diagnostic procedures (e.g., electro- cardiograms, electromyograms, endoscopic procedures, and radiological studies, etc.), as well as during surgical procedures and postsurgical follow-up examinations when the patient is in varying stages of consciousness.
- The licensee should be on the alert for suggestive or flirtatious behavior or mannerisms on the part of the patient and should not permit a compromising situation to develop.

(Adopted May 1991; Amended June 2010; Amended November 2017)