

MINUTES



November 16 – 18, 2016

**1203 Front Street
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board Meeting held November, 2016.

The November 2016 meeting of the North Carolina Medical Board was held at the Board's Office, 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. Michael J. Arnold; Mr. A. Wayne Holloman; Bryant A. Murphy, MD; Debra A. Bolick, MD; Judge Ralph A. Walker; Venkata R. Jonnalagadda, MD; and Ms. Jerri L. Patterson, NP.

Instillation Ceremony and New Officers Oath

Dr. Udekwu administered the Oath of Office for President of the NC Medical Board to Dr. Eleanor E. Greene.

Dr. Greene administered the Oath of Office for President-Elect to Dr. Timothy E. Lietz and for Secretary/Treasurer to Dr. Barbara E. Walker.

Presidential Remarks

Dr. Greene commenced the meeting by sharing her first words as President. She 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 21 - 23, 2016 Board Minutes and October 20, 2016. A motion also passed to amend the July 2016 meeting minutes and September 2016 meeting minutes to reflect the following:

July 2016

1. Dr. Joe Jordan, CEO, North Carolina Physicians Health Program (NCPHP), gave the following reports: PHP Compliance Committee report [in closed session](#). [The specifics of this report are not included because these actions are not public.](#)
2. [A motion passed to return to open session. Dr. Jordan gave the following reports:](#) Board of Directors report; Board of Governance report and Post Monitoring and Post Treatment Surveys report.

September 2016

1. Dr. Joe Jordan, CEO, North Carolina Physicians Health Program (NCPHP), gave the following reports: PHP Compliance Committee report [in closed session](#). [The specifics of this report are not included because these actions are not public.](#)
2. [A motion passed to return to open session. Dr. Jordan gave the following report:](#) NC PHP Bi-Annual Report.

3. Dr. Walker-McGill congratulated Mr. David Henderson on his ~~25~~20 years of service.
4. [Thomas Mansfield, Chief Legal Officer, made a presentation and recommendation on behalf of staff regarding proposed changes to annual renewal question #4 regarding health conditions of licensees. The Board voted to delete question #4 and replace it with the following advisory statement:](#)

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.

The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

I have read and understood the above advisory and acknowledge same by checking the box below:



Announcements

Udekwu gave a debrief on the International Association of Medical Regulatory Authorities (IAMRA) conference

Dr. Udekwu gave a debrief on the National Board of Osteopathic Medical Examiners (NBOME) Visitation Day.

Ms. Contre presented a License Survey Update

Dr. Haynes gave a report on the Employed Physician Focus Group

North Carolina Physician Health Program Reports (NCPHP)

NCPHP COMPLIANCE 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, 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 and the PHP Bi-Annual Report. The specifics of these reports are not included because these actions are not public.

A motion passed to return to open session.

Dr. Jordan also presented the PHP Board of Directors Report and gave a presentation on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)

NCMB Attorney's Report

Mr. Thomas W. Mansfield, Chief Legal Officer and Mr. Brian L. Blankenship, Deputy General Counsel, gave the Attorney's Report on Friday, November 18, 2016.

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 69 pending cases and 23 executed cases was presented. The specifics of these matters are not included as they are non-public. The Board accepted the report. Additionally, the Board received legal advice regarding three pending civil lawsuits. The specifics of this report are attorney-client privileged and not public information.

A motion 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.

Bakken, Whitney Jo Dennison MD
Relief of Consent Order Obligations executed 10/27/2016

Bullard, Dennis Eugene MD
Public Letter of Concern executed 10/17/16

Campbell, James Stewart MD
Notice of Charges and Allegations; Notice of Hearing executed 10/31/16

Cook, David Harry MD
Relief of Consent Order Obligations executed 10/4/16

Cook, John Edmund MD
Public Letter of Concern executed 10/21/16

Fuentes, Edwin Laserna MD
Consent Order executed 10/3/16

Fulp, Nanette Nicole PA
Non-Disciplinary Consent Order executed 10/20/16

Haga, Edward Wayne MD
Public Letter of Concern executed 10/11/2016

Hamel, John David MD
Order of Summary Suspension of License executed 10/10/2016

Kpeglo, Maurice Kobla MD
Consent Order executed 10/13/2016

Lassiter, Paulette Denise MD
Consent Order executed 10/19/2016

McQueen, Fred Douglas MD
Non-Disciplinary Consent Order executed 09/21/2016

Miller, Bruce Loring PA
Consent Order executed 09/08/2016

Morse, Eric Dalton MD
Public Letter of Concern executed 9/22/2016

Schoen, Martin William MD
Relief of Consent Order Obligations executed 10/18/2016

Shumway, David Lucius MD
Relief of Consent Order Obligations executed 10/18/2016

Steiner, Drew John MD
Relief of Consent Order Obligations executed 10/18/2016

Stonecipher, Karl Gene MD
Consent Order executed 9/19/16

Suhr, Christopher MD
Public Letter of Concern executed 10/28/16

Viscardi, Jeffrey Joseph MD
Relief of Consent Order Obligations executed 10/4/16

Wells, Wendell D'Alton MD
Consent Order executed 09/26/2016

Wilson, Wayne Vincent MD
Entry of Revocation executed 9/13/16

Zeller, Kathleen Elizabeth MD
Non-Disciplinary Consent Order executed 9/8/16

NCMB Committee Reports

EXECUTIVE COMMITTEE REPORT

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

Strategic Plan

a. Strategic Goals Update

The Committee reviewed the updated Strategic Goals Tracker.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. Proposed Changes to Strategic Priorities (2017-2018)

The committee reviewed proposed changes to the Strategic Priorities.

Committee Recommendation: Approve proposed changes to the Strategic Priorities.

Board Action: Accept Committee recommendation. Approve proposed changes to Strategic Priorities.

Financial Statements

a. Monthly Accounting

The committee reviewed the compiled financial statements for August and September 2016. September is the eleventh month of fiscal year 2016.

Committee Recommendation: Accept the financial statements as reported.

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

b. Investment Account Statements

The committee reviewed the investment account statements for September and October 2016.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Old Business

a. Litigation Update

A motion passed to close the session pursuant to N.C. Gen. Stat. § 143-318.11(a)(3) in order to preserve the attorney-client privilege and permit Board members to consult with its employed attorneys and consider and give instructions concerning the handling of three pending lawsuits.

Mr. Thomas Mansfield, NCMB Chief Legal Officer, met with the committee in closed session to provide legal advice regarding pending litigation.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

New Business

a. Proposed Changes to Key Performance Indicators

Currently, NCMB staff reports on key performance indicators that measure the time to process various activities. Staff will continue tracking these measurements but

recommends adjusting the focus to measure quality. The committee received an update on efforts to identify quality measures. A final draft will be presented at the March Board meeting.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

b. PHP Compliance Committee Appointment

The NC Physicians Health Program (PHP) Compliance Committee (1) reviews new cases, and (2) reviews new information on current (anonymous) cases to decide if anonymity should be broken. The Committee also makes recommendations to PHP staff relative to treatment options, PHP Monitoring Contracts and recommendations to the NCMB.

The PHP Compliance Committee has nine members. Five members are PHP Directors and are appointed by the NC Medical Society. One member is a Director appointed by the NC Academy of Physician Assistants. Three members are appointed by the NCMB.

The term of the Honorable John B. Lewis, Jr., former member of the NC Medical Board, will expire on December 31, 2016. He is eligible for reappointment and is willing to serve another term.

Staff Recommendation: Reappoint Judge Lewis for another term on the PHP Compliance Committee.

Board Action: Accept Staff recommendation. Reappoint Judge Lewis for another term on the PHP Compliance Committee.

c. Proposed Changes to Rules and Memorandum of Understanding

House Bill 74 (HB74), passed in the 2013 Session of the North Carolina Legislature, requires the Medical Board to review, classify and readopt its rules every ten years. Rules 21 NCAC 32A .0104 (Meetings), 21 NCAC 32A .0111 (Request for Declaratory Ruling), and 21 NCAC 32M .0111 (Method of Identification) are “necessary with substantive public interest” and, therefore, must be readopted.

The committee reviewed proposed changes to rules governing PHP. These changes will align PHP rules with recent changes to the PHP enabling statute and will incorporate recommendations made by the State Auditor.

The committee reviewed proposed changes to the Memorandum of Understanding (MOU) between the Medical Board, the North Carolina Medical Society, the North Carolina Academy of Physician Assistants, and PHP. These changes will align the MOU

with recent changes to the PHP enabling statute and proposed changes to the PHP rules, and will incorporate recommendations made by the State Auditor.

Committee Recommendation:

- (1) Readopt Rules 21 NCAC 32A .0104 (Meetings), 21 NCAC 32A .0111 (Request for Declaratory Ruling), and 21 NCAC 32M .0111 (Method of Identification),
- (2) Approve proposed changes to rules governing PHP, and
- (3) Approve proposed changes to the MOU between the Medical Board, the North Carolina Medical Society, the North Carolina Academy of Physician Assistants, and PHP.

Board Action: Accept Committee recommendation.

- 1) Readopt Rules 21 NCAC 32A .0104 (Meetings), 21 NCAC 32A .0111 (Request for Declaratory Ruling), and 21 NCAC 32M .0111 (Method of Identification),
- 2) Approve proposed changes to rules governing PHP, and
- 3) Approve proposed changes to the MOU between the Medical Board, the North Carolina Medical Society, the North Carolina Academy of Physician Assistants, and PHP.

d. Legislative Update

Mr. Mansfield, NCMB Legislative Liaison, met with the committee to give a report regarding the upcoming 2017 Legislative Session.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

POLICY COMMITTEE REPORT

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

Old Business:

a. CDC Guidelines for Prescribing Opioids for Chronic Pain (Appendix A)

The Board had previously started a workgroup to study the recent adoption of the CDC Guidelines for Prescribing Opioids for Chronic Pain. At the July 2016 Board meeting, the Board voted to adopt the CDC Guidelines and instructed staff to provide a brief position statement announcing the Board's adoption of the CDC Guidelines. A draft of a statement was considered at the September 2016 Board meeting and changes were suggested to be considered at the November 2016 Board meeting. The Committee discussed the current status of the Board's position statement. The Committee also discussed the creation of an FSMB statement on the same topic.

Committee Recommendation: Table consideration until January 2017 meeting.

Board Action: Accept Committee recommendation. Table consideration until January 2017 meeting.

b. End-of-life Responsibilities and Palliative Care (Appendix B)

At the September 2016 Board meeting, the Committee discussed the current position statement and the proposed changes made to the Committee for the position statement by Drs. Golding and Norins. The Committee asked staff to prepare a red-line version of the position statement with suggested changes. The Committee reviewed the edited position statement and made one suggested change.

Committee Recommendation: Accept proposed position statement.

Board Action: Accept Committee recommendation. Accept proposed position statement.

c. Use of Photography in the Examination Room (Appendix C)

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 Committee considered the position statement including the practical implications of the policy. The Committee suggested several changes to the proposed position statement.

Committee Recommendation: Submit for review by potential stakeholders and bring back for consideration at the January 2017 Board Meeting.

Board Action: Accept Committee Recommendation. Submit for review by potential stakeholders and bring back for consideration at the January 2017 Board Meeting.

New Business

a. Drug Overdose Prevention (Appendix D)

The Committee discussed the additional efforts that the Board is undertaking regarding drug overdose prevention and it was suggested that the position statement should reference those efforts.

Committee Recommendation: Staff to make edits and bring back position statement at the January 2017 Board Meeting.

Board Action: Accept Committee recommendation. Staff to make edits and bring back position statement at the January 2017 Board Meeting.

LICENSE COMMITTEE REPORT

Members present were: Timothy E. Lietz, MD, Chairperson, Barbara E. Walker, DO, Cheryl L. Walker-McGill and Ralph A. Walker

Old Business:

a. Interstate Licensure Compact

Update from FSMB regarding current progress of the Interstate Licensure Compact and Power Point Presentation

Committee Recommendation: Defer to January license committee for further discussion.

Board Action: Accept Committee recommendation. Defer to January license committee for further discussion.

New Business

a. Key Performance Indicators (KPI)

Data from June – September, 2016.

Committee Recommendation: Add column to KPI report reflecting number of full time employees.

Board Action: Accept Committee recommendation. Add column to KPI report reflecting number of full time employees.

b. Mercedes Englehart, LP and Robert Kyle, DO have been reappointed for a second three year term on the Perfusionist Committee.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

c. Minutes from the May, 2016 Perfusionist Advisory Committee (PAC)

Committee Recommendation: Accept as information

Board Action: Accept Committee recommendation. Accept as information.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 90-21.22 of the North Carolina General Statutes and not considered a public record

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

The License Committee reviewed eight cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

LICENSE INTERVIEW REPORT

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

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

A motion passed to return to open session.

PERFUSIONIST ADVISORY COMMITTEE

The November 1, 2016 meeting of the Perfusionist Advisory Committee was held via conference call at the office of the NC Medical Board. The meeting was called to order at 4:35 p.m. by Mercedes Englehart, CCP, LP and Chairperson. The following PAC members attended by teleconference: Stephen Hoadley, CCP, LP, Jayne Byrd, RN, Gretta Evans, CCP, LP, and Thomas Draper.

PAC members absent: Robert Kyle, DO and Vice Chairperson and Laura Mavretic, J.D.

NCMB staff members present were: Mr. Marcus Jimison, Board Attorney and Ms. Mary Rogers, Licensing Section

Ms. Englehart read the conflict of interest statement and thanked the members and guests for their participation in the meeting.

Motion: A motion was made to go into Open Session.

Motion: Passed

Member Terms

Mercedes Englehart, LP and Robert Kyle, D.O. were reappointed for a second three year term.

Recommendation: For information only

Approval of Minutes

The minutes from the May 3, 2016 meeting were reviewed by the PAC members.

Motion: A motion was made to approve the PAC minutes of the May 3, 2016 meeting.

Motion: Passed.

Licenses Issued

Seven perfusionists were licensed since the last PAC meeting.

Recommendation: For information only.

Next Committee Meeting

The next PAC meeting will be held January 3, 2017 at 4:30 at the Medical Board.

Motion: A motion was made to adjourn the meeting.

Motion: Passed.

ALLIED HEALTH COMMITTEE REPORT

Committee Members present were: Jerri L. Patterson, NP, Chairperson, Timothy E. Lietz, MD, A. Wayne Holloman.

New Business

a. Committee Name Change

The Chairperson opened discussion on a name change for the committee. The name change issue was suggested by a former committee member. Further discussion concerning the issue will continue at the January, 2017 committee meeting.

b. Physician Assistants

The committee received an update on the process for naming a new physician assistant board member to fill the seat recently vacated by the PA-C Board member. The vacancy has been posted on both the NCMB and Review Panel web sites. The Review Panel will be accepting applications until 12/31/2016 at 4:45pm. Recommendations to fill the seat will be sent to the Governor's office by January 28, 2017.

c. PA Yearly Compliance Report

A NCMB Sr. Investigator provided a report to the committee regarding the 2016 compliance reviews for physician assistants. He presented statistical information to the committee and emphasized the importance of the annual compliance reviews.

d. NP Joint Subcommittee

The subcommittee received a report on the 2016 nurse practitioner compliance reviews.

Board of Nursing staff member, Bobby Lowrey, Ph.D, FNP-BC, provided an update on the proposed controlled substances CME rules for nurse practitioners.

A Board member was elected incoming Chairperson of the NP Joint Subcommittee.

e. Clinical Pharmacist Practitioners

CPP Compliance Program. A Senior Board Investigator provided an overview of the CPP compliance review program. The Investigator recommended the Board of Pharmacy solely conduct CPP annual compliance reviews going forward.

Committee Recommendation: Going forward the North Carolina Board of Pharmacy (NCBOP) will solely conduct CPP compliance reviews. The NCBOP will submit the results of its compliance reviews in November of each year.

Board Action Accept Committee recommendation. Going forward the North Carolina Board of Pharmacy (NCBOP) will solely conduct CPP compliance reviews. The NCBOP will submit the results of its compliance reviews in November of each year.

f. Midwifery Joint Committee

An update was provided regarding the status of the proposed controlled substances CME rules for certified nurse midwives.

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

The committee reviewed the Key Performance Indicators (KPI) and Quality Assurance (QA) measures for the Complaint Section and Office of Medical Director.

Committee Recommendation: Accept as information

Board Action: Accept Committee recommendation. Accept as information.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, 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 twenty-seven 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: 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, 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 thirty-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: 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, 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 sixteen 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, 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.

Seven 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, 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-nine 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, JD, Pascal O. Udekwu, MD, and Barbara E. Walker, DO

Old Business

a. Overview of Outreach Activities (Presentations)

The Communications Director reviewed activity to date for the year. So far NCMB has completed 40 presentations, and an additional six presentations are scheduled between now and the end of the year. The Communications Department will strive to maintain this

level of activity in 2017. The Communications Department is stepping up its efforts to schedule presentations to public groups and has scheduled two talks so far.

Committee recommendation: Accept as information

Board action: Accept committee recommendation. Accept as information.

- b. Recap of 2015-2016 Initiatives
 - i. Overview of past initiatives
 - ii. Preview of 2017 initiatives

The Committee briefly discussed Outreach Committee accomplishments for the prior year and discussed priorities for 2017. Plans include continuing the professional group presentations program, expanding the presentations program to include more community (non-professional) groups, continuing to expand the Board's social media activity and expand its reach, working with partners and stakeholders to distribute information about Board initiatives and policy, developing controlled substances CME Webinar with WakeAHEC and developing a viable medical student internship program.

Committee recommendation: Accept as information

Board action: Accept committee recommendation. Accept as information

- c. Market Research for Licensees and Public
 - i. Review licensee responses
 - ii. Timing for public responses

The Committee deferred this discussion, noting that the Chief Communications Officer plans to give a report to the full Board on Friday, Nov. 18.

- d. Website Changes

The Committee discussed the Communications Departments efforts to evaluate Consumer Reports Magazine's recommendations for medical board websites. Some recommendations have implemented, such as giving the licensee look up tool to a more consumer-friendly name, "Look up a doctor or PA" and making information about the Board's complaint process more readily accessible on the home page. The Committee discussed the costs and potential benefits of live streaming (either video or audio only) and determined that, at this time, Web streaming offers too little benefit to justify the cost.

Committee recommendation: Decline to pursue Web streaming of NCMB proceedings at this time.

Board action: Accept committee recommendation. Decline to pursue Web streaming of NCMB proceedings at this time.

e. President's Initiative

The Committee discussed the Chief Medical Officer's progress in assessing medical school interest in participating in a Board-created internship for medical students. The Chief Medical Officer indicated that he has been in contact with individuals at three medical schools in the state and stated that individuals at all three schools expressed some level of interest. The Committee discussed the possibility of building an educational program for medical students around Board hearings, to include contact with both staff and Board Members. Committee members agreed that encouraging or requiring participants to share what they learn from the program with peers should be part of the program design.

Committee recommendation: Staff to continue to research options for medical student educational program and report back to the Outreach Committee.

Board action: Accept committee recommendation. Staff to continue to research options for medical student educational program and report back to the Outreach Committee.

New Business

a. Obtaining CME credit for NCMB presentations

The Chief Communications Officer indicated that she has been in contact with two different organizations regarding obtaining Category 1 CME certification for the general "Medical Board 101" presentation and, possibly, the NCMB opioid prescribing update presentation. She stated that the Federation of State Medical Boards appears to be the easiest and most cost effective option. NCMB would have to complete paperwork and FSMB staff process it and confer the credit, assuming NCMB meets all criteria.

Committee recommendation: Proceed with the process of obtaining CME credit for NCMB presentations, using FSMB as the CME provider.

Board action: Accept committee recommendation. Proceed with the process of obtaining CME credit for NCMB presentations, using FSMB as the CME provider.

b. Safe Opioid Prescribing Initiative updated graphic (draft)

The Committee reviewed a two-page infographic developed by the Communications Department to reflect progress of the Safe Opioid Prescribing Initiative (SOPI) so far. Staff shared that NCMB has received positive feedback on the infographic from individuals and groups that have seen it. The Committee discussed the possibility of capturing certain data points, such as Board certification and training of the licensee under investigation, about prescribers investigated through SOPI, to allow the Board to engage in data analysis and risk-based regulation in future.

Committee recommendation: Add agenda item on the value of capturing sufficient data through SOPI to the SOPI meeting scheduled for December.

Board action: Accept Committee recommendation. Add agenda item on the value of capturing sufficient data through SOPI to the SOPI meeting scheduled for December (date not yet determined).

DIVERSITY WORKGROUP

Members present were: Venkata R. Jonnalagadda, MD, Chairperson; Ralph A. Walker, JD; Cheryl L. Walker-McGill, MD

New Business

- a. The overall objective of the diversity effort is to create a culturally progressive and socially reflective organization that represents, supports and celebrates diversity at all levels.
- b. Three goals of the Diversity Workgroup are:
 - i. Have a diversity symposium internal – speakers; (as inclusive of diversity as possible, i.e., disabled; persons, orientation, team building exercises that bring awareness to the strengths individuals bring to the team)
 - ii. Legal intern the summer, consider a non-Caucasian
 - iii. Forum themed on Diversity of our staff, board members, interns, and cultural link on Cultural Competency training
- c. Update on Staffing
 - i. Recent hires
 - Marshall Tucker, Chief Investigations Officer (05/17/16)
 - Michaëlle Leslie, Credentialing Coordinator (08/01/16)
 - ii. Current open positions:
 - none
- d. Staff EEOC Census: This report presented a snapshot of our breakdown of race and age of staff at the Board. We are moving in the direction of becoming more diverse both racially and generational. Though we are moving in a positive direction, it is a slow process given our low staff turnover rate.
- e. Recently attended presentations: Shannon McGowan, HR Director, recently attended Diversity & Inclusion Conference & Exposition (SHRM) and Leveraging Multigenerational Diversity in the Workforce (SHRM)
- f. Upcoming events: Shannon, HR Director, will attend Awareness to Action Training Outline (HRCI)

ADJOURNMENT

This meeting was adjourned at 12:00 p.m., November 20, 2016.

Barbara E. Walker, DO; Secretary/Treasurer

PROPOSED POSITION STATEMENT:

Policy for the Use of Opioids for the Treatment of Pain

The Board believes that a fundamental component of good medical practice includes the appropriate evaluation and management of pain. Responsibly prescribed opioid medications may help North Carolina licensees treat their patients' pain safely and effectively, and improve their quality of life. It is the duty of any licensee prescribing opioid medications to be knowledgeable of both the therapeutic benefits, risks, and potential harm associated with opioid treatment. The Board expects any licensee prescribing opioids for the treatment of pain to provide diagnoses, treatments, and medical record documentation that are consistent with the standard of care in North Carolina. The Board notes that a failure to provide opioid treatment consistent with the standard of care in North Carolina may subject a licensee to disciplinary action by the Board.

The Board has previously attempted to provide guidance regarding opioid treatment of pain to its licensees through guidance documents generated and maintained by the Board. However, in order to provide its licensees with guidance that reflects the most current medical and scientific research and recommended practices, the Board has decided to adopt and endorse the CDC Guideline for Prescribing Opioids for Chronic Pain written and maintained by the Center for Disease Control and Prevention ("CDC"). While these guidelines do not constitute regulations or necessarily state the standard of care in North Carolina in every context, the Board's believes that these guidelines can provide useful information to licensees related to the appropriate considerations to be made prior to and during treatment plans involving opioids.

The CDC Guideline for Prescribing Opioids for Chronic Pain can be found at the following link: <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>. In addition to its Guideline, the CDC has also provided a number of useful clinician resources related to opioid treatment of pain covering topics such as Nonopioid Treatments, Assessing Benefits and Harms, Calculating Dosage, and Tapering. These documents can be found at the following link: <http://www.cdc.gov/drugoverdose/prescribing/resources.html>.

It is the Board's hope that familiarity with the concepts included in the documents above will help licensees provide safe and effective care for their North Carolina patients.

Palliative Care and End-of-life Responsibilities

Assuring Patients

When appropriate processes have determined that the use of life prolonging measures or invasive interventions will only prolong the dying process, it is incumbent on licensees to accept death “not as a failure, but the natural culmination of our lives.”*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, timely, comprehensive palliative care along the continuum of a chronic disease diagnosis up unto the end of life. Licensees should be knowledgeable regarding means to maximize quality of life and function, including effective and compassionate pain relief. Licensees should, for all patients, at age appropriate intervals, address Advanced Care Planning including the establishing of a Health Care Power of Attorney and Advanced Directives.** The Board recognizes there are times when a hospice patient needs medications to manage pain or other symptoms in an urgent situation. Under these circumstances a hospice physician who is an employee of, under contract with, or a volunteer with a Medicare-certified hospice may prescribe medications to a patient admitted to the hospice program who he has not seen when the needs of the patient dictate.

Palliative Care

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by healthcare providers who work together with a patient’s other caregivers to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.***

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.***

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible licensee is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that documents a palliative care diagnosis and details of any pain management plan. (See the Board's position statement on the Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of licensees in the management of pain.) Because the Board is aware of the inherent risks associated with effective symptom relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

** See also the Board's position statement on "Advance Directive and Patient Autonomy."

*** Taken from the Center to Advance Palliative Care (2012) <http://www.capc.org/building-a-hospital-based-palliative-care-program/case/definingpc>

**** Taken from the World Health Organization definition of Palliative Care (2002) <http://www.who.int/cancer/palliative/definition/en>

(Adopted October 1999; Amended May 2007; March 2008; January 2013; November 2014; November 2016)

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.~~

CURRENT POSITION STATEMENT:

Drug overdose prevention

The Board is concerned about the rise in overdose deaths over the past decade in the State of North Carolina as a result of both prescription and non-prescription drugs. The Board is encouraged by programs that are attempting to reduce the number of drug overdoses by making available or prescribing an opioid antagonist such as naloxone to someone in a position to assist a person at risk of an opiate-related overdose.

The prevention of drug overdoses is consistent with the Board's statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to cooperate with programs in their efforts to make opioid antagonists available to persons at risk of suffering an opiate-related overdose.

(Adopted September 2008; Amended March 2013)

Position Statement Review tracking chart:

1/2010 Committee Recommendation: (Loomis/Camnitz) Adopt a 4 year review schedule as presented. All reviews will be offered to the full Board for input. Additionally, all reviews will be documented and will be reported to the full Board, even if no changes are made.

1/2010 Board Action: Adopt the recommendation of the Policy Committee.

POSITION STATEMENT	ADOPTED	SCHEDULED FOR REVIEW	LAST REVISED/ REVIEWED/ ADOPTED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED	REVISED/ REVIEWED
Drug Overdose Prevention	Oct-99	Nov-16	Jan-13	Mar-08	May-07		
Professional Use of Social Media	Sep-08		Mar-13	Sep-08			
The Treatment of Obesity	Mar-13		Mar-13				
Contact With Patients Before Prescribing	Oct-87		May-13	Nov-10	Jan-05	Mar-96	
Medical Record Documentation	Nov-99		May-13	Jul-10	Feb-01		
Retention of Medical Records	May-94		May-13	May-09	May-96		
Capital Punishment	May-98		Jul-13	May-09			
Professional Obligations pertaining to incompetence, impairment, and unethical conduct of healthcare providers	Jan-07		Jul-13	Jul-09			
Unethical Agreements in Complaint Settlements	Nov-98		Sept-13	Mar-10	Nov-98		
Guidelines for Avoiding Misunderstandings During Physical Examinations	Nov-93		Sept-13	Mar-10	May-96		
Departures from or Closings of Medical	May-91		Jan-14	Jul-10	Oct-02	Feb-01	Jan-01

Policy for the Use of Controlled Substances for the Treatment of Pain	Jan-00		May-13	Jul-09	Aug-03		
Access to Physician Records	Sep-96		May-14	Jan-13	Sep-08	Jul-05	
Medical Supervisor-Trainee Relationship	Nov-93		May-14	Sep-10	Aug-03	Mar-02	Sep-97
Advertising and Publicity	Apr-04		Jul-14	Nov-10	Apr-04		
Telemedicine	Nov-99		Aug-14	Nov-10	Sep-05	Mar-01	
Medical, Nursing, Pharmacy Boards: Joint Statement on Pain Management in End-of-Life Care	May-10		Nov-14	May-10			
Writing of Prescriptions	Oct-99		Nov-14	Jan-11	Oct-99		
HIV/HBV Infected Health Care Workers	May-91		Jan-15	Mar-11	Mar-05	Jul-02	Mar-02
Laser Surgery	Nov-92		Mar-15	Jan-11	Jan-05	May-96	
Sale of Goods From Physician Offices	Jul-99		Mar-15	Jul-05	Jul-05	Aug-02	Mar-02
Competence and Reentry to the Active Practice of Medicine	Mar-01		Mar-15	May-11	Mar-06		
Prescribing Controlled Substances for Other Than Valid Medical or Therapeutic Purposes, with Particular Reference to Substances or Preparations with Anabolic Properties	Jul-06		May-15	Jul-06	May-15		
Referral Fees and Fee Splitting	Jul-07		Sep-15	Jul-07	Sept-15		

Physician Supervision of Other Licensed Health Care Practitioners	Jul-07		Nov-15				
Self- Treatment and Treatment of Family Members and Others With Whom Significant Emotional Relationships Exist	Nov-93		Nov-15	Jul-06	May-96		
Availability of Physicians to Their Patients	May-91		Jan-16	Sep-05	Mar-02	May-00	May 96
Office-Based Procedures	Sep-00	Mar-16	May-11	Jan-03			
Sexual Exploitation of Patients	Jul-93	Mar-16	May-12	Nov-11	Jul-06	Oct-03	Jan-01
Care of the Patient Undergoing Surgery or Other Invasive Procedure	May-91	Mar-16	May-12	Sep-06	Jan-01	Apr-96	
The Physician-Patient Relationship	Sep-91	May-16	Jul-12	Sep-06	Mar-01		
The Retired Physician	Jul-95	May-16	Jul-12	Sep-06	Aug-03	Mar-02	Jan-00
Advance Directives and Patient Autonomy	Mar-08	Jul-16	Sep-12	Mar-08			
Medical Testimony End-of-Life Responsibilities and Palliative Care	Jan-97	Jul-16	Jul-12	Sep-06	Sept-16		
	Jul-93	Sept-16	Nov-12	Mar-08	May-96	Nov-16	