



FORUM

ISSUE NO. 1 | SPRING 2017

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FROM THE PRESIDENT

Making the new controlled substances CME requirement as painless as possible

Eleanor E. Greene, MD, MPH

I was pleasantly surprised with the many positive comments I received in response to my first President's Message, in which I described the lifestyle changes I have made to prevent professional burnout. A few readers were moved to point out the apparent contradiction of the Board President expressing concerns about burnout even as NCMB prepares to implement a new continuing medical education (CME) requirement for controlled substances prescribers. More than one individual who commented opined that medical boards and the rules and requirements they impose are one of the reasons so many physicians are burned out.

This is a reasonable point and not one that is lost on the Board, although I must disagree that the new controlled substances CME (CS

CME) requirement is an example of oppressive overregulation. We are all aware of the grave public health threat the overabundance of opioids poses to patients, as evidenced by the steady rise in overdose deaths in NC in recent years. In nearly half of opioid overdose deaths in the U.S., the medications implicated were prescribed by a licensed medical professional (though often not directly to the decedent). NCMB has a responsibility to educate prescribers about the problem and to encourage them to get the education and training they need to provide appropriate care. That is why the Board embraced a 2015-2016 state budget provision that called on all boards that license controlled substances prescribers to adopt CME requirements related to the abuse of controlled substances. NCMB's approach to the new requirement, which will be in effect as of July 1, shows its commitment to being thoughtful when it imposes new mandates.

First, NCMB decided to make the new CME hours required for controlled substances prescribers part of the total CME requirements for physicians and PAs, not in addition to the total number of hours

Continued on pg 2

SPOTLIGHT

About 9.1 percent of physicians are currently in Year 3 of their CME cycles and will end that cycle on or after July 1, when a new CME requirement for controlled substances (CS) prescribers takes effect. These physicians will need to complete three hours of CS CME by the time they renew this year, if they prescribe controlled drugs. NCMB emailed all physicians with information about the new CME requirement in March and April.





Panelists needed for CS CME

NCMB and Wake AHEC recently received a grant to support many more controlled substances CME panel discussions across North Carolina. If you have expertise in this area and are interested in serving as a panelist, please email NCMB at PrescribingCME@ncmedboard.org. Clinicians with relevant experience in the following areas are needed:

- Primary care
- Addiction medicine
- Psychiatry
- Pain management

required. That is, physicians who prescribe controlled substances do not need to earn hours over and above the 60 total hours required during each three year CME cycle – they simply need to ensure that three of their 60 hours cover topics related to controlled substances. Similarly, PAs need only ensure that two of the 50 total CME hours required during each two year cycle cover the requisite topics.

Second, NCMB is allowing physicians and PAs the freedom to decide for themselves which CME courses they complete in order to satisfy the new requirement, not dictating that they complete a specific program. It's pretty simple – if a CME course covers one or more of the required education topics AND is **AMA PRA Category 1** certified, it can be counted. NCMB hopes that this flexibility will enable licensees who may already have completed relevant CME courses to avoid duplicating their efforts. Also, NCMB recognizes that some prescribers hold licenses in other states that already have a CS CME requirement. These licensees may claim credit for courses completed for other states, as long as the CME covered the required topics and was completed during the current NC CME cycle. As is the case with all other CME, NCMB licensees are

not required to submit CME certificates to the Board. NCMB recommends that physicians and PAs keep documentation for six years in case they are selected for a CME compliance check.

Finally, NCMB supported the new CME requirement by partnering with Wake AHEC to develop controlled substances CME that was provided at no cost to licensees. The CME included a webinar and a related series of four 2-hour live panel discussions that were held in rural areas of the Triangle region in April and May. Completion of the webinar (still available online) and attendance at one panel discussion equals three total hours of controlled substances CME – enough to meet the new requirement.

The collaboration, which was supported by a grant from NC AHEC, was so successful that NCMB and Wake AHEC requested additional funding to offer more panel discussions across the state. This grant was recently approved.

The vast majority of licensees who have contacted the Board with questions or comments about the new requirement have been more than ready to do what they need to do to comply – Your professionalism is much appreciated. NCMB understands how busy its licensees are and has tried to make meeting this new requirement easy. If you still have questions about how the new CME requirement may apply to you, I hope you'll take advantage of the resources available at www.ncmedboard.org/prescribingcme, or pick up the phone to call the Board's staff.

Be well,

Eleanor E. Greene, MD, MPH
Board President

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Ralph A. Walker, LLB | Greensboro
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Have something for the editor?

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The *Forum* of the North Carolina Medical Board is published four times a year. Articles appearing in the *Forum*, including letters and reviews, represent the opinions of the authors and do not necessarily reflect the views of the North Carolina Medical Board, its members or staff, or the institutions or organizations with which the authors are affiliated. Official statements, policies, positions, or reports of the Board are clearly identified.

We welcome letters to the editor addressing topics covered in the *Forum*. They will be published in edited form depending on available space. A letter should include the writer's full name, address, and telephone number.

Checking for accuracy and completeness of online licensee information

NCMB's licensee search tool, *Look up a doctor or PA*, is the most-used resource on the Board's website.

Since fall 2015, NCMB has conducted random compliance checks to ensure that physicians and PAs accurately report all required information on their NCMB information pages. Here are some highlights of what NCMB has learned to date through these reviews:

- About six percent of licensees reviewed had incorrect required information (out of date practice address or telephone, inaccurate hospital privileges) that needed to be corrected
- Up to 80 percent of licensees reviewed currently provide no supplemental content (such as non-English languages spoken or practice philosophy)
- Between 10 and 20 percent of licensees reviewed provided complete required AND supplemental information

NCMB conducted market research in Fall 2016 that suggests patients value a thorough and accurate information page when reviewing medical professionals' credentials and experience, including supplemental information such as whether the provider is accepting new patients or participates in Medicare. To encourage more physicians and PAs to maintain a comprehensive profile with NCMB, the Board will add a new screen to the annual renewal questionnaire later this year to allow licensees to add content to their information pages more easily. Please look for this new screen and add information to your profile!

Enhancing your licensee information page: add a "practice philosophy"

Every physician and physician assistant who holds an active NC license has an individual information page accessible via the Board's website. These pages include a variety of information that must be posted under NC law, including but not limited to name, license issue date, licensure status, current practice address, medical education and postgraduate training information. NCMB encourages licensees to supplement their information pages with optional content to make the pages more useful to current and prospective patients and to others, such as referring physicians or health care organizations.

One category of optional information that, anecdotally, NCMB knows to be popular among patients who view licensee information pages is "practice philosophy." It is also one of the categories of optional information least used by licensees. Practice philosophy is a way for licensees to communicate their basic approach to medicine to the public. Here are a couple of examples:

"I employ a team based approach to my Emergency Medicine practice working with physician extenders and nursing staff to provide emergency and acute medical care at several area hospitals..."

"I treat a significant number of patients with painful spinal conditions. I emphasize conservative treatment of these conditions using medications, physical therapy, and spinal injections..."

Ready to add a practice philosophy to your page?

Visit NCMB online at www.ncmedboard.org and select "Update my licensee information page" (bottom left of home page, under Resources) to login.

Proposed position statement on the use of photography in the examination room

NCMB's Policy Committee has drafted a proposed position to establish expectations for the use of photography or videography by licensees in the examination room.

The Board decided there was a need for such a statement after encountering some issues with photography and video that came to attention through the Board's review of enforcement cases.

NCMB will accept licensee feedback on the proposed position statement through June 16. Comments may be emailed to todd.brosius@ncmedboard.org.

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. The informed consent should be documented in the medical record 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;
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. 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.



Need to register for NC CSRS? Our step-by-step guide makes it easy

Physicians and PAs licensed by NCMB can register online for the NC Controlled Substances Reporting System (NCCSRS) via the Board's website. The online registration portal must be accessed from the individual's Licensee Information page. To help licensees navigate to the right place, the Board has developed a digital registration guide. Before you

register, have the following information handy: NCMB File ID number (this can be recovered via the NCMB website), DEA registration number and a valid email address. Registrants will also be asked to create an eight-character password to use when logging in to NCCSRS. Download the registration guide at www.ncmedboard.org/safeopioids.

Durham PA appointed to NCMB

Ms. Varnell McDonald-Fletcher, PA-C, was appointed by Gov. Roy Cooper to fill the Board Member seat dedicated to a physician assistant member, effective March 6.

Ms. McDonald-Fletcher is a surgical physician assistant (PA) specializing in colorectal surgery. She currently practices at the VA Hospital in Durham, where she has both clinical and administrative responsibilities. Ms. McDonald-Fletcher is also a physician assistant educator who has served as a guest lecturer with the Duke University Physician Assistant Program. Her prior clinical experience includes neurosurgery, orthopedics, neuro-oncology and pain management.

Ms. McDonald-Fletcher completed training as a PA at Duke University, where she also earned a Master's degree in Health Sciences. Ms. McDonald-Fletcher went

on to achieve certification in surgery after completing a residency with Norwalk Hospital/Yale University's PA Surgical Residency program. Most recently, Ms. McDonald-Fletcher earned a Doctorate in Education with an emphasis in Health Occupations Education, from North Carolina State University. She also completed a teaching fellowship with the Duke University Physician Assistant Program.

Ms. McDonald-Fletcher is a member of the North Carolina Medical Society, where she serves on the Education Committee, and is a recent former board member of the National Commission on Physician Assistant Certification, ending her term in 2016.



Varnell McDonald-Fletcher, PA-C

Walker elected as President of national DO regulatory association

Congratulations to Board Member Barbara Walker, DO, who was recently elected President of the American Association of Osteopathic Examiners (AAOE). The AAOE is the organization that supports the “distinctiveness and integrity” of osteopathic medical licensure. It is the unified authority in matters that affect osteopathic medical licensure and discipline.

Walker currently practices as a contracted family physician with New Hanover Regional Medical Center in Wilmington. Over the course of her career, Walker has been a vocal advocate for the osteopathic medical profession. She has been an active member of the American Osteopathic Association, of which she is currently a trustee, as well as the American Academy of Osteopathy and American College of Osteopathic Family Physicians, since 1980. She has been active in the North Carolina Osteopathic Medical Association since 1990 and in the North Carolina Osteopathic Family Physicians since 2004.



Barbara Walker, DO

Walker was appointed to the North Carolina Medical Board in November 2013. She is the second DO ever to be appointed to the North Carolina Medical Board and currently serves as the Board's Secretary/Treasurer.

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Physician applicants needed

As of Nov. 1, the Board will have three vacancies for physician Board Members. One of these must be either an osteopathic physician, a member of the Old North State Medical Society or a full-time faculty member of an NC medical school who uses integrative medicine in practice. This Board seat is appointed directly by the Governor. Interested physicians may apply at <https://governor.nc.gov/application-boards-and-commissions> There is no established deadline to apply. However, applications for Board seats nominated by the Review Panel of the NC Medical Board are due by July 1. NCMB recommends that applicants for this seat observe the same deadline.

What is MACRA and why should you care?

Questions and answers about the changes coming to Medicare's payment model

The Medicare Access and CHIP Reauthorization Act (MACRA) is a sweeping piece of legislation passed by Congress in 2015 with strong bipartisan support. While it currently only applies to Medicare Part B, MACRA is intended to gradually transform the way you are reimbursed for the care you provide all patients. The North Carolina Medical Society (NCMS) recently asked its current President, Paul R.G. Cunningham, MD, and NCMS Foundation President and former North Carolina Medical Board President Janice Huff, MD, to explain the significance of the Quality Payment Program authorized by MACRA, and outline some key decisions providers will likely face related to it.



Paul R.G.
Cunningham, MD



Janice
Huff, MD

What did MACRA replace, or is it something completely new?

Huff: For two decades Congress struggled with whether and how to implement the scheduled reductions in Medicare payments set out in this broken formula. Each year, physicians would hold their breath as legislators debated double digit reductions in Medicare payments. Finally in April 2015, Congress overwhelmingly repealed the SGR and replaced it with MACRA. This is more than just a 'fix' for the SGR, however. It fundamentally changes the way the government views physician reimbursement – from a fee-for-service to a value-based model – and brings some of the previous programs, such as meaningful use and the physician quality reporting system, under one umbrella called the Quality Payment Program.

Cunningham: MACRA is the mechanism that will gradually shift how we think about caring for our patients by offering reimbursement rewards or reductions based on where you are on the spectrum of change. Rather than focusing on each individual test, diagnosis or treatment provided, MACRA is pushing us toward a more holistic, data-driven approach to determine how to provide the best possible care for our patients.

Why should I care about MACRA?

Cunningham: If you ignore the framework for change set out in MACRA, there are likely to be financial penalties. Those who are part of a large system probably won't be burdened by the nitty-gritty of reporting data deadlines, acquiring an EHR or even reimbursement issues because the health system will likely deal with that. For an independent, and particularly a small independent

practice, the efforts to adjust will likely be far greater. In addition, regardless of whether you participate, your performance will be reported on the Centers for Medicare & Medicaid Services' (CMS) "Physician Compare" website.

Huff: Through the NCMS Foundation's Rural Health Initiative, we are hearing that small independent practices are struggling to understand and adapt to these changes. Luckily, there are many resources to help this group, including becoming part of a Practice Transformation Network (PTN). Through this program, the government has provided funding to offer training to help physicians, PAs and other clinicians adapt. Quality Innovation Networks (QIN) and Quality Improvement Organizations (QIO) in your community can help with data reporting. The NCMS' website offers connections to these free resources, in the Practice Help section. Or you can call NCMS's Solution Center (919-833-3836 x142), and get some guidance.

Will MACRA affect me?

Cunningham: Medicare will let you know if you meet the low volume threshold (defined as less than or equal to 100 Medicare patients or less than or equal to \$30,000 in Part B allowed charges) and therefore are exempt from the QPP for the 2017 performance year. For most everyone else, it makes sense to begin planning now. You need to submit your data for 2017 by March 31, 2018. The first payment adjustments will go into effect on Jan. 1, 2019 and could mean up to a 4 percent increase or 4 percent reduction in fees depending on what you do. For 2017 only, CMS allows you to submit a minimum amount of data to avoid a penalty. If you do nothing, you will get a 4 percent reduction in fees.

Huff: If you do your homework now, there is no reason you should see any decrease in your payments in 2019. Since this program is designed to be budget neutral, future year payments will be maintained only if you perform at least as well as average providers.

Can I be exempt from the data reporting requirements associated with merit-based payment if I start participating in an Advanced Alternative Payment Model?

Cunningham: Some independent practices and even individual physicians may find an advantage to participating in an Alternative Payment Model such as the Next Generation ACO model or Medicare Shared Savings Program Model Track 1+. However, this does not necessarily ensure exemption from Merit-based Incentive Payment System (MIPS) requirements. Participants in an Advanced Alternative Payment Model may be exempt from MACRA reporting if certain volume criteria are met.

Huff: Making the decision to participate with an Advanced Alternative Payment Model is a very serious matter and should include advice from medical,

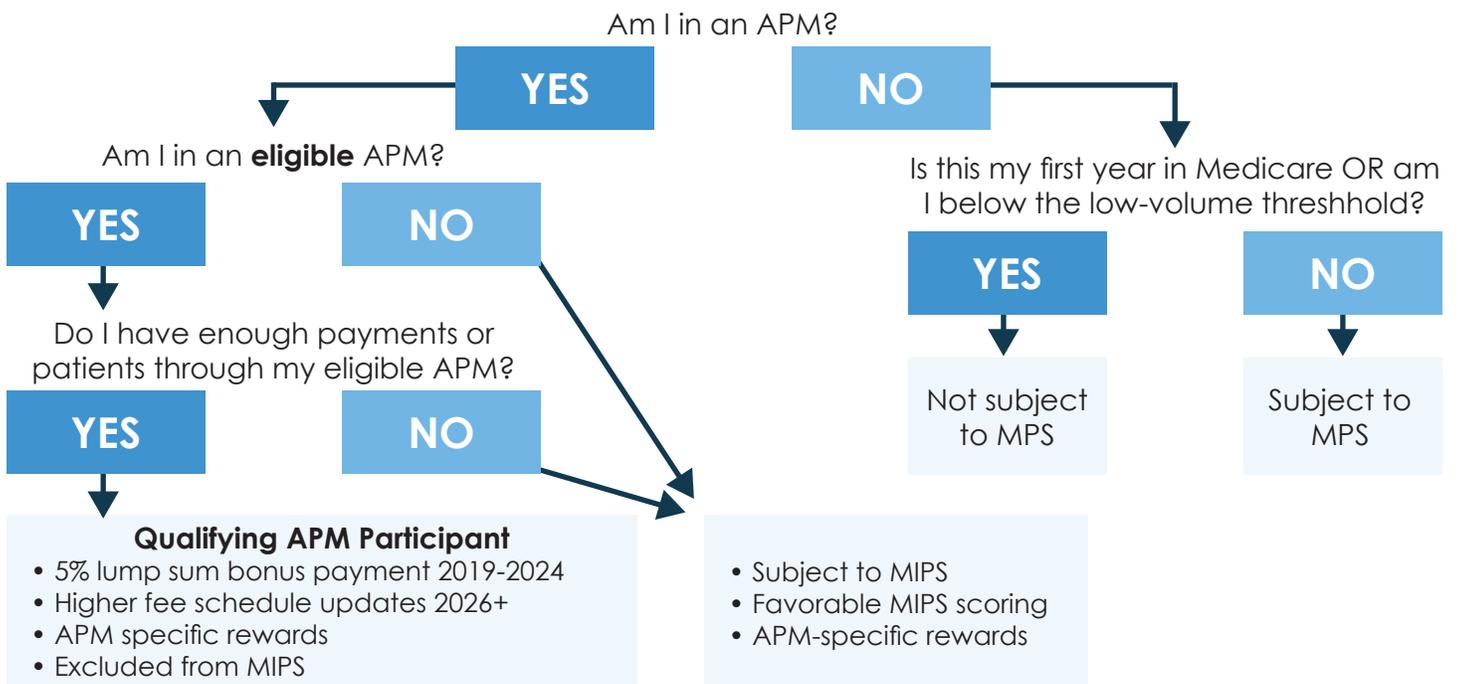
business and legal perspectives. I'll add that deciding to join one of these arrangements does not have to mean losing independence or selling one's practice to a health system – it can mean collaborating to build a Clinically Integrated Network designed to fulfill patient's needs.

I'm overwhelmed by all this. Where do I start?

Huff: First, I'd educate myself by going to the CMS website: www.qpp.cms.gov. They have information sheets and FAQs for wherever you may be in the learning process. Make sure to take a look at the guidance on obtaining additional CMS-funded assistance: https://qpp.cms.gov/docs/QPP_Where_to_Go_for_Help.pdf.

Cunningham: CMS has great resources. The NCMS has also put together the first 'Six Steps to Take to Prepare for MACRA's Quality Payment Program.' It's on our website: <http://www.ncmedsoc.org/practice-help/macra>. National specialty societies also are excellent resources. Remember, every journey begins with a single step, and it will pay to take your first step now.

How will MACRA affect me?



APM (Alternative Payment Models): New approaches to paying for medical care of Medicare patients that incentivizes quality and value

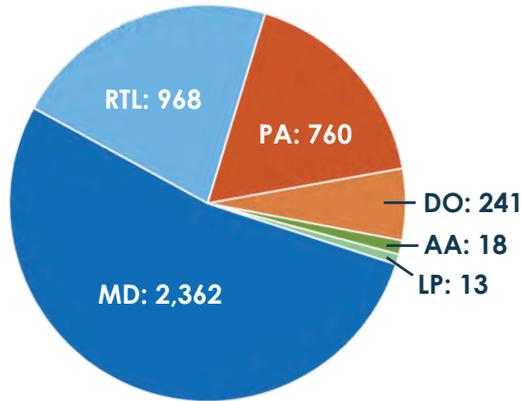
MIPS (Merit-based Incentive Payment System): If you select this path your Medicare Part B Payments will be based on quality, technology, resource use (cost) and practice improvement.

Year in Review: A look back at data from 2016

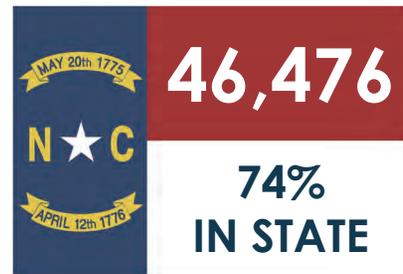
Data reflects information for the calendar year beginning Jan. 1, 2016 and ending Dec. 31, 2016

ABBREVIATIONS: MD: Physicians, DO: Osteopathic Physician, RTL: Resident Training License, PA: Physician Assistants, CPP: Clinical Pharmacist Practitioner, LP: Licensed Perfusionist, AA: Anesthesiology Assistant

TOTAL LICENSES ISSUED



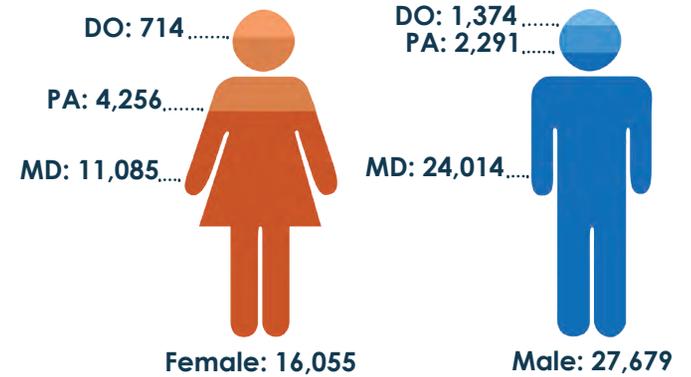
TOTAL LICENSEE POPULATION



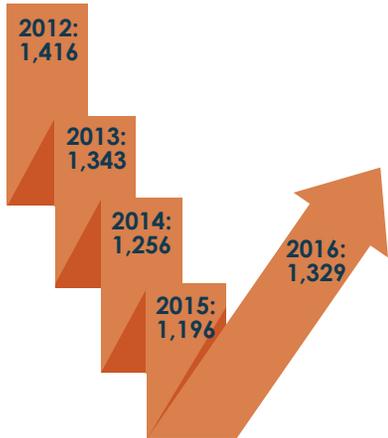
MD: 35,060 | PA: 6,391 | RTL: 2,761
DO: 2,074 | LP: 148 | AA: 42

TOTAL BY SEX

*Data reflect active licensees as of March 2017



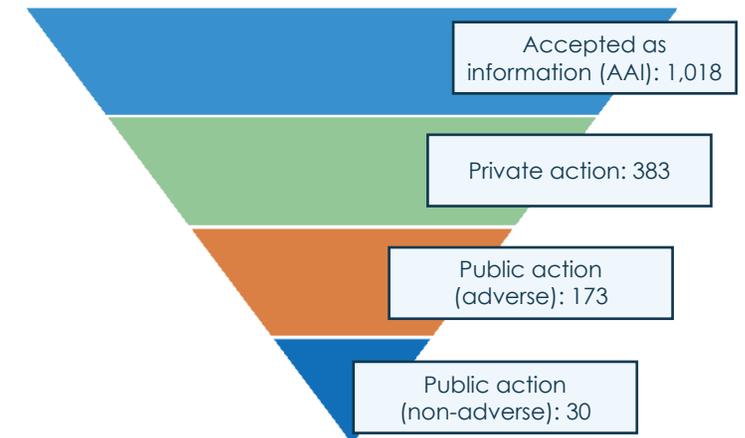
COMPLAINTS BY YEAR



CASES OPENED BY PRIMARY ALLEGATION



ENFORCEMENT CASE OUTCOMES, 2016



TOP CAUSES OF PUBLIC ACTION



79
Quality of Care



36
Issues with Prescribing



22
Unprofessional/unethical conduct



21
Alcohol/substance use



18
Sexual misconduct/boundary

BUDGET OVERVIEW

**\$9
Million**

NCMB's total revenue for the 2016 budget year. The primary sources of revenue are license application and renewal fees.

**\$8.9
Million**

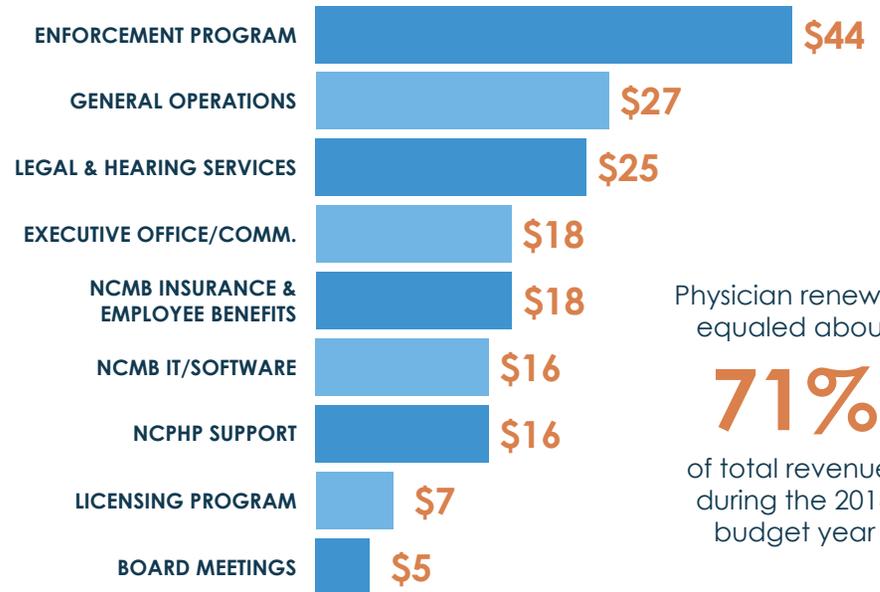
The annual budget distribution covers all expenses incurred as part of NCMB's work as well as general operations and expenses such as insurance and employee benefits.

\$825,900

About 9 percent of NCMB's budget for 2016 was dedicated to direct support of the NC Physicians Health Program

PHYSICIAN RENEWAL REVENUE

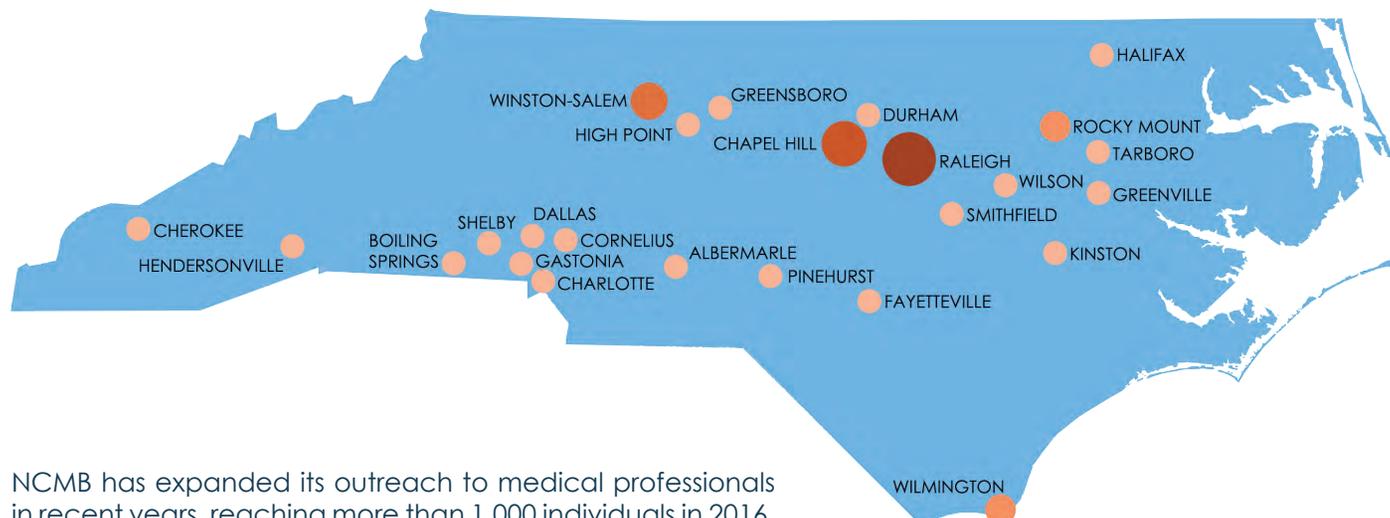
Assuming renewal revenue is split evenly among all budget priorities, for every \$175* renewal, a physician paid:



Physician renewals equaled about
71%
of total revenues during the 2016 budget year

*The physician renewal rate was \$175 until October 1, 2016, when it increased to \$250. Total exceeds \$175 due to rounding.

THE REACH OF NCMB'S OUTREACH



NCMB has expanded its outreach to medical professionals in recent years, reaching more than 1,000 individuals in 2016.

GROUPS PRESENTED TO

Professional Groups.....	20
Hospital/health system.....	10
Residency Programs.....	9
PA Program.....	6
Medical Schools.....	1

*Excludes presentations given in out of state locations or held online.

Board to begin collecting National Provider Identifier numbers

The Board voted in March to begin collecting National Provider Identifier (NPI) numbers, as well as information about sliding fee scale participation, for all primary care physicians and psychiatrists licensed by NCMB. The Board approved this change at the request of the NC Office of Rural Health and Community Care, which needs NPI numbers

to determine areas of the state that qualify as federal Health Professional Shortage Areas (HPSA) – parts of the state that have shortages of primary care physicians, psychiatrists or dentists. Up-to-date NPI data will help ensure the state's continued participation in the federal National Health Service Corp (NHSC) loan repayment

program, which awarded \$5.6 million in loan repayments to physicians and other medical and dental professionals who provide care to underserved populations in the state.

NCMB will collect NPI numbers via the online annual renewal questionnaire beginning in late May.

GETTING TO KNOW THE PEOPLE OF THE NC MEDICAL BOARD Five Questions: Bryant A. Murphy

ANESTHESIOLOGY | UNC HEALTH CARE, CHAPEL HILL | APPOINTED 2014 | BOARD MEMBER

Q: What is the best lesson you have learned from your personal or professional life experiences?

A: I try to live life according to my favorite quote by Abraham Lincoln: *“If I were to try to read, much less answer, all the attacks made on me, this shop might as well be closed for any other business. I do the very best I know how - the very best I can; and I mean to keep doing so until the end. If the end brings me out all right, what's said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right would make no difference.”*

Q: What is the biggest challenge facing medicine or medical regulation?

A: Mounting political pressure on our profession. Most physicians enter the profession truly wanting to help people, but without sufficient knowledge of all of the external forces that will impact them. As physicians, it is imperative that we are represented in board rooms and legislative sessions so that we have a voice in decisionmaking. Otherwise, we risk having our future defined for us by forces that may not share our goals.

Q: What do you wish the public or other medical professionals understood about the Board?

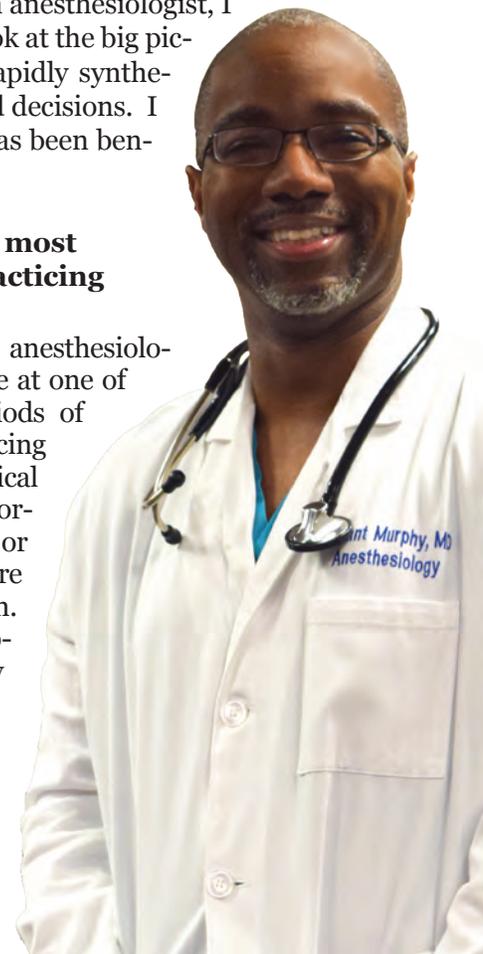
A: I wish that they knew that we are “regular doctors” who understand the challenges and obstacles that they face. We are not just a group of nameless, faceless bureaucrats. We have practices and families and call schedules and we understand what it is like to take care of patients. We use this human element in every deliberation and decision.

Q: What do you find most rewarding about your service on the Board?

A: The opportunity to grow as a physician. I have been able to become more thoughtful and deliberate, and I know that this has translated into improved care for my patients. I have also enjoyed bringing my unique perspective to the Board. As an anesthesiologist, I have been trained to look at the big picture, and am able to rapidly synthesize data to make sound decisions. I hope this perspective has been beneficial to the Board.

Q: What do you find most rewarding about practicing medicine?

A: As a cardiothoracic anesthesiologist, I often meet people at one of the most stressful periods of their lives. They are facing large, complicated surgical procedures such as coronary bypass surgery or lung transplant, where the outcome is unknown. Being able to meet people at this time, rapidly develop a rapport with them or their family members, and get them through this period is extremely rewarding.



North Carolina Medical Board

Quarterly Board Actions Report | November 2016 - January 2017

The Board actions listed below are published in an abbreviated format. The report does not include non-prejudicial actions such as reentry agreements and non-disciplinary consent orders. A complete listing of recent Board actions is available at www.ncmedboard.org/BoardActions.

Name/license #/location	Date of action	Cause of action	Board action
ANNULMENTS			
NONE			
SUMMARY SUSPENSIONS			
NONE			
REVOICATIONS			
DRAGO , Paul Carl, MD (009700531) Cayce, SC	01/05/2017	MD was convicted of a felony Domestic Violence 1st degree, in State of South Carolina vs. Paul C. Drago, case number 2015A2320602538.	Entry of revocation
LATTERNER , Kim Marie, PA (001003471) Matthews, NC	12/15/2016	PA was convicted in State of North Carolina vs. Kim Marie Latterner, case numbers 15CR244077 and 15CRS244078, for two felony counts of Indecent Liberties with a Child.	Entry of revocation
WARD , David Townsend, MD (009500473) Greensboro, NC	11/15/2016	MD was convicted of two counts of felonious serious injury by vehicle.	Entry of revocation
SUSPENSIONS			
BECERRA , Gonzalo Daniel, MD (201101599) Goldsboro, NC	11/03/2016	Arrests for DWI in February 2016 and July 2016; the July DWI occurred while MD was under a monitoring agreement with NCPHP.	Indefinite suspension of NC medical license
KEYES , (Jr.), Booker T., MD (000032127) Jacksonville, NC	01/13/2017	MD prescribed controlled substances to patients in violation of his 2010 consent order with the Board, which restricted him from prescribing controlled substances for the treatment of pain. A review of MD's prescribing between May 2015 and May 2016 found MD's prescribing of controlled substances to be inappropriate and excessive.	MD's license is suspended, immediately stayed. MD is limited such that he may not prescribe controlled substance medications in Schedules 2, 2N, 3, 3N, 4 and 5, except that he may prescribe testosterone for the treatment of hypogonadism and Zolof for the treatment of premature ejaculation.
NGUYEN , Tuong Dai, MD (200000566) Charlotte, NC	01/24/2017	Professional sexual misconduct. MD conducted an in appropriate physical examination, during which MD committed a boundary violation.	Indefinite suspension of NC medical license; MD may not apply for reinstatement for 18 months after the date of the order.
PAMINTUAN , Grace Cruz, MD (009700121) Charlotte, NC	11/30/2016	MD failed to meet professional obligations to patients upon deciding to close her Charlotte medical practice. When the Board attempted to contact MD about this, MD failed to respond.	Indefinite suspension of NC medical license
SUTTON , Jeremy Hunter, MD (201402368) Alabaster, AL	01/04/2017	MD violated his 2015 consent order, which required him to attend the Problem-based Ethics Course (ProBE) after he was criminally charged with possessing a concealed weapon while consuming alcohol and cyberstalking, which are both misdemeanor charges. MD failed to complete the course. He attempted to participate in one session, during which his speech was slurred and he appeared unable to keep track of his thoughts.	Indefinite suspension of NC medical license
TEOTONIO , Jean Felipe, MD (RTL) Winston-Salem, NC	11/23/2016	MD exchanged personal and sexually suggestive message via social media with a patient. At a subsequent medical appointment, MD inappropriately touched the patient in a manner that had no legitimate medical purpose.	Indefinite suspension of NC resident training license
PROBATION/CONDITIONS			
DANFORTH , Wendell Calvin, MD (009801628) Honolulu, HI	12/06/2016	History of substance use	MD's medical license is reinstated; MD must refrain from the use of all mind and mood-altering substances and must maintain a contract with NCPHP.

BOARD ACTIONS

Name/license #/location	Date of action	Cause of action	Board action
GIORDANO , Stephen Robert, DO (200701965) Huntersville, NC	11/28/2016	History of substance use disorder; DO has successfully completed inpatient treatment.	DO's NC medical license is reinstated; DO must refrain from the use of mind- or mood-altering substances and maintain NCPHP contract.
MOORE , Gary Arlan, MD (200901362) Bryson City, NC	11/16/2016	MD entered into an agreement with the Tennessee medical board that placed him on probation and prohibited him from practicing pain management, based on findings that MD inappropriately prescribed controlled substances for the treatment of pain.	MD is placed on probation for a period to run concurrent with the probation imposed by the Tennessee board. While practicing in NC, MD must abide by all conditions contained in the Tennessee order.
ROSS , Travis Sanders, PA (001000298) Hope Mills, NC	11/29/2016	PA wrote several prescriptions for controlled substances for his supervising physician between June 2013 and December 2015. Several of these prescriptions were not documented in the supervising physician's medical record. Having a supervisee prescribe to a supervisor is a form of self-treatment. PA had been privately cautioned by the Board in 2011 not to write prescriptions for his supervising physician.	PA is placed on probation for six months.
REPRIMANDS			
CLANCY , Kerry Lee, PA (000102790) Fayetteville, NC	11/29/2016	Between December 2011 and September 2012, PA prescribed testosterone, a controlled substance, to his supervising physician. Having a supervisee write prescriptions for a supervisor is a form of self-treatment. Administrative rules specifically prohibit self-prescribing of controlled substances. PA was confidentially cautioned not to prescribe to his supervising physician in November 2011.	Reprimand
COTTEN , Aaron Rodney, MD (009500330) Kinston, NC	11/23/2016	MD failed to appropriately supervise medical care provided by PAs and NPs working in practice locations operated by the company he was employed with. When MD became aware of improper practices, such as an NP issuing a controlled substance pain medication prescription to a patient after a FaceTime consultation) MD intervened. MD ultimately decided to close the practice locations. This was done abruptly and resulted in disruption of care for the clinics' patients, some of whom were unable to obtain medical records in a timely manner.	Reprimand; \$1,000 fine
CRACKER , Andrew John-Edward, MD (000035305) Raleigh, NC	12/05/2016	MD accepted part time employment with a business that treats patients in Durham and in Asheville for opioid addiction with Suboxone, and engaged in unethical fee splitting. MD was paid \$50 per patient visit, while the non-physician owner of the business kept the balance of the patient visit fee. MD did not provide adequate patient evaluations, and generally followed a pattern of quickly moving patients to high doses of buprenorphine, typically with insufficient monitoring. MD failed to respond to clinical evidence obtained via urine drug screening that patients engaged in illicit drug use or took non-prescribed opiates or benzodiazepines.	Reprimand; Within 30 days of the date of this order, MD shall cease treating patients for drug addiction and shall surrender his Drug Addiction Treatment Act (DATA) waiver. Within 60 days of the date of the order, MD shall pay a fine of \$5,000.
DANA , Michael Paul, PA (001003909) Asheville, NC	01/04/2017	PA engaged in inappropriate text messages of a flirtatious nature with a female patient. After the patient texted PA that she had been involved in a car crash and requested that he prescribe medications for pain, PA agreed to meet the patient and performed a brief examination, which he did not document. PA declined to prescribe pain medication to the patient.	Reprimand; within six months of the date of the order, PA shall attend the Maintaining Proper Boundaries course at Vanderbilt Medical Center's Center for Professional Health.
LAWRENCE , Michael Avandale, MD (200200393) Greenville, NC	01/27/2017	MD prescribed controlled substances to family members in violation of administrative rules that prohibit this. MD also prescribed controlled substances for an acquaintance he knows through work without properly conducting or documenting a patient visit.	Reprimand; within six months of the date of the order, MD must complete the ProBE ethics course and provide proof of completion to the Board.
MCLEOD , Thomas Allen, MD (200100743) Spartanburg, SC	12/20/2016	Quality of care; MD's care of a patient who underwent laparoscopic nissan fundoplication was below accepted standards of care.	Reprimand

Name/license #/location	Date of action	Cause of action	Board action
RAHULAN , Vijil Komanthakkal, MD (201202216) Chennai, India	12/28/2016	Action taken by the state medical board in Michigan related to concerns about quality of care	Reprimand
RUMLEY , Richard Lee, MD (000023874) Greenville, NC	12/08/2016	Concerns about quality of care, following a review of patient records. Among other concerns, an independent expert medical reviewer was of the view that MD's controlled substances prescribing was inappropriate and lacked adequate pharmacovigilance.	Reprimand. MD must obtain a practice monitor; Six months after the date of this order, MD must submit five patient records for review by an independent expert reviewer.
YOUNG , Anthony O'Chell, PA (000102694) Oak Grove, LA	11/18/2016	PA wrote prescriptions for controlled substances to his supervising physician, which is a violation of administrative rules. Having a supervisee write prescriptions to a supervising physician is a form of self-prescribing.	Reprimand
DENIALS OF LICENSE/APPROVAL			
NONE			
SURRENDERS			
HOWARD , Chad Daniel, MD (200200125)	12/19/2016		Voluntary Surrender of NC medical license
LONG , James Randall, MD (000033456) Lexington, NC	12/01/2016		Voluntary Surrender of NC medical license
OVERTON ,(III), Dolphin Henry, MD (000039313) Smithfield, NC	01/05/2017		Voluntary Surrender of NC medical license
PUBLIC LETTERS OF CONCERN			
BAULE , Raymond Michael, MD, (200400101) Rocky Mount, NC	12/06/2016	The Board is concerned that MD's care of a patient who underwent spinal surgery to address compression of the spinal cord from the C4 to the C6 vertebral body may have been below accepted standards.	Public Letter of Concern
BEBB , Gregory Gerard, MD (009700857) Wilmington, NC	11/16/2016	MD created a colovaginal anastomosis in a patient who underwent a bowel resection. MD promptly informed the patient of the error and an independent expert medical reviewer noted that MD's care following discovery of the error was "exemplary".	Public Letter of Concern
BERK , Carl Warren, MD (009400416) Pinehurst, NC	11/15/2016	The Board is concerned that MD performed a left thyroid lobectomy on a patient when the patient's needle biopsy and gene expression tests indicated that a right thyroid lobectomy or a total thyroidectomy would have been the appropriate procedure, according to an independent expert medical reviewer. It appears that MD failed to review the results of the needle biopsy and gene expression tests and instead proceeded based on results of his physical examination.	Public Letter of Concern
BOLGER , Paul Matthew, MD (201501325) Davenport, IA	01/23/2017	Action taken by Iowa medical regulatory board; MD prescribed to patients via telemedicine solely based on Internet requests and without obtaining information sufficient to base an appropriate diagnosis upon. MD was issued a citation and warning, required to pay a \$10,000 fine , prohibited from practicing telemedicine, and required to complete an ethics course.	Public Letter of Concern
CANINO , (Jr.), Anthony Carmine, MD (201602489) Washington, NC	12/05/2016	In reviewing materials included in MD's NC license application, the Board reviewed information that raised concerns about an obstetric patient.	NC medical license issued, with a Public Letter of Concern
GASKINS ,(Jr.), Raymond Albert, MD (000020544) Fayetteville, NC	01/04/2017	The Board is concerned with MD's management of a patient's chronic back pain. Specifically, MD managed the patient's pain by prescribing large amounts of oxycodone over an extended period. At one point, MD was prescribing 1500 tablets of oxycodone per month, equivalent to 50 tablets (300 mg) per day. While the Board recognizes dosing, in many respects, is a discretionary decision made by the prescriber based on the best medical information at the time the prescription is issued, the Board has concluded that, in this case, these dosages exceeded recognized dosing standards and placed the patient at risk of addiction and potentially harmful overdose. The prescribing also placed the public at risk, for example, with the patient driving while on that dosage. The Board is also concerned that MD failed to regularly employ means to determine compliance such as urine drug screens.	Public Letter of Concern

Name/license #/location	Date of action	Cause of action	Board action
HETTIARACHCHI , Janaka A, MD (200300480) N. Wilkesboro, NC	01/17/2017	The Board is concerned that MD's care of a patient upon whom MD performed a da Vinci robot assisted laparoscopic prostatectomy may not have met current accepted standards. The length of the patient's procedure was significantly longer than similar procedures and involved extensive blood loss. The patient was transferred to the ICU in critical condition and died the following morning.	Public Letter of Concern
HILL , John David, MD (200900449) Waxhaw, NC	12/06/2016	The Board is concerned that MD recommended carpal tunnel release surgery to a patient after a cursory examination and failed to recommend or first try recognized alternative treatment modalities, such as non-steroidal anti-inflammatory drugs, injection, or splinting before proceeding to surgery. The patient suffered an injury during the procedure that resulted in right median neuropathy.	Public Letter of Concern
HUNT , Mary Ruth, MD (200201263) Greensboro, NC	11/30/2016	The Board is concerned that MD wrote a prescription for a non-controlled medication to a family member under a colleague's name without the colleague's knowledge or permission.	Public Letter of Concern
KEELING , John Wayne, MD (000020812) Reidsville, NC	01/03/2017	The Board is concerned that MD failed to appropriately diagnose and treat a patient's "displaced lateral condyle fracture with non-union."	Public Letter of Concern
LOVATO , Frank James, PA (000102071) Jacksonville, NC	11/29/2016	In July 2015, PA wrote prescriptions for testosterone, a controlled substance, to his supervising physician, a violation of administrative rules. Having a supervisee prescribe for a supervising physician is a form of self-treatment.	Public Letter of Concern
REED , Derek M., DO (200800597) Stanley, NC	12/15/2016	Delay in diagnosis of lung cancer. The Board is concerned that DO failed to appropriately consider the possibility of lung cancer and seek timely consultation with/referral to a pulmonologist for a patient with worsening symptoms, radiologic findings, and a past history of smoking.	Public Letter of Concern
REID , Aubrey James Bernard, PA (000102277) Fayetteville, NC	11/29/2016	PA prescribed injectable testosterone, a controlled substance, to his supervising physician, a violation of administrative rules. It is a form of self-prescribing when a supervising physician has a supervisee write prescriptions for the supervisor's personal use.	Public Letter of Concern
RIPOLL , Emilia Aranda, MD (200601179) Boulder, CO	01/05/2017	Action taken by the Colorado medical regulatory board; The Board is concerned that the MD proceeded with a fourth implantation of testosterone before reviewing lab results, which showed that the patient had supra-therapeutic levels of testosterone and estrogen.	Public Letter of Concern
ROGERS , Bruce William, MD (000032563) Goldsboro, NC	01/03/2017	The Board is concerned that MD may have displayed irritable, aggressive and erratic behavior while practicing as a physician. Specifically, in June 2016, MD was scheduled to work and see patients. However, MD decided not to work after being informed that several staff members would not be available to assist him. The Board is also concerned that MD wrote multiple controlled substance medication prescriptions for two medications to a family member from 2013 – 2016. The Board is further concerned that MD wrote antibiotic and cardiac medication prescriptions to himself in 2016. The Board believes that self-treatment and treatment of family members is usually inappropriate; Prescribing controlled substances to oneself or to family members is prohibited by administrative rule 21 NCAC Rule 32B .1001.	Public Letter of Concern
STALLINGS , Leonard Alexander, MD (201301350) Greenville, NC	12/15/2016	The Board is concerned that MD prescribed a controlled substance in violation of Board rule 21 NCAC 32B .1001(c), which prohibits prescribing controlled drugs to oneself or to a member of one's immediate family.	Public Letter of Concern

Name/license #/location	Date of action	Cause of action	Board action
MISCELLANEOUS ACTIONS			
SHUCK, Linda Michele, DO (200500550)	12/06/2016	Inappropriate and excessive prescribing of controlled substances for the treatment of pain.	Interim Partial Non-Practice Agreement; DO agrees not to prescribe any controlled substances, effective Dec. 6, 2016.
CONSENT ORDERS AMENDED			
NONE			
TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES			
NONE			
COURT APPEALS/STAYS			
NONE			
DISMISSALS			
NONE			



Glossary of Terms

Annulment: Retrospective and prospective cancellation of the practitioner’s authorization to practice.

Conditions: Actions or requirements a licensee must complete and/or comply with as a condition of licensure.

Consent Order: An order of the Board that states the terms of a negotiated settlement to an enforcement case; A method for resolving a dispute without a formal hearing.

Denial: Decision denying an application for licensure, reinstatement, or reconsideration of a Board action.

Dismissal: Board action dismissing a contested case.

Inactive Medical License: Licenses must be renewed annually in NC. The Board may negotiate a provider’s agreement to go inactive as part of the resolution of a disciplinary case.

Public Letter of Concern (PubLOC): A public record expressing the Board’s concern about a practitioner’s behavior or performance. A public letter of concern is not considered disciplinary in nature; similar to a warning.

Revocation: Cancellation of authorization to practice. Authorization may not be reissued for at least two years.

Stay: Full or partial stopping or halting of a legal action, such as suspension, on certain stipulated grounds.

Summary Suspension: Immediate cancellation of authorization to practice; Ordered when the Board finds the public health, safety, or welfare requires emergency action.

Suspension: Withdrawal of authorization to practice, either indefinitely or for a stipulated period of time.

Temporary/Dated License: A License to practice for a specific period of time. Often accompanied by conditions contained in a Consent Order.

Voluntary Surrender: The practitioner’s relinquishing of authorization to practice pending or during an investigation. Surrender does not preclude the Board bringing charges against the practitioner.

Limitation: A restriction placed on a licensee’s practice. When practicing under a restriction, it is not lawful for the licensee to engage in the prohibited activity. Example: Dr. Smith is restricted from prescribing Schedule II and III medications.

Seat available on the Perfusionist Advisory Committee

The North Carolina Medical Board is seeking applicants to fill a vacancy for a licensed perfusionist on the Board’s Perfusionist Advisory Committee.

The appointment is for a three year term ending October 31, 2020. The appointed perfusionist will be eligible to serve an additional three year term after the completion of the first term.

Applicants must have an active, non-limited license to practice perfusion and no public disciplinary actions with the Board or any other professional licensing board within the past 10 years. Committee

members receive a per diem and reimbursement for travel and subsistence as provided in G.S. 93B 5.

Interested applicants should submit a cover letter expressing interest in serving on the Committee, a current curriculum vitae or resume, and two letters of recommendation from individuals familiar with the applicant’s practice of perfusion. Application materials should be submitted to:

mary.rogers@nemedboard.org

The deadline for submissions is August 15, 2017.

North Carolina Medical Board

1203 Front Street
Raleigh, NC 27609

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Applicants are needed for physician seats on the Board, for terms beginning Nov. 1

As of Nov. 1, NCMB will have three vacancies for physician Board Members. Two of these seats must be filled by the process set down in statute (N.C. Gen. Stat. 90-2 and 90-3), which requires interested parties to apply via the Review Panel. The Review Panel is an independent body that nominates candidates for consideration by the Gov. Roy Cooper. By law, the Review Panel must nominate two candidates for each open seat.

Applications will be accepted online through July 1. For more information visit:

<http://www.ncmedboardreviewpanel.com/>

The Review Panel will consider only physicians (MDs or DOs) who hold active, unrestricted NC medical licenses. Applicants must be actively practicing clinical medicine at least part time and must have no history of disciplinary action within the past five years.



BOARD MEETING DATES

June 15-16, 2017 (Hearing)
July 19-21, 2017 (Full Board)
August 17-18, 2017 (Hearing)
September 20-22, 2017 (Full Board)
October 19-20, 2017 (Hearing)

Meeting agendas, minutes and a full list of meeting dates can be found on the Board's website:

www.ncmedboard.org