



# forum

N C M E D I C A L B O A R D

Board Adopts Proposed Rules on  
New Physician Profile  
Page 5

## President's Message

### Medical Orders for Scope of Treatment



Janelle A. Rhyne, MD

Decisions about care at the end of life are among the most personal and deeply considered our patients make. To help ensure those wishes are followed, the North Carolina Medical Society led efforts to create a new form that allows patients to clearly communicate their preferences regarding such interventions as CPR, artificial nutrition, hydration and transfer to a hospital.

The form, called Medical Orders for Scope of Treatment or MOST, received statutory recognition in

2007 (NC Gen. Stat. § 90-21.17). Later that year, the Department of Health and Human Services adopted an official MOST form.

The form enables patients to make informed choices about end-of-life care protocols and to formalize them in a way that authorizes health care providers to act in accordance with those choices.

Legal instruments such as Living Wills and Health Care Powers of Attorney already play a role in informing physicians and other health care providers about the level and type of care desired in situations when the patient no longer can make or communicate decisions. The MOST form differs significantly in that it alone functions as medical orders.

Since 1991, six states have used documents similar to the

MOST form and 10 other states are developing their own versions. The movement towards such resources for patients and their physicians is partially driven by Physician Orders for Life-Sustaining Treatment or POLST, which advocates the right of patients to set the terms of end-of-life care. For more information, visit [www.polst.org](http://www.polst.org).

Some parts of North Carolina have tested a version of the MOST form for years. Buncombe County began preliminary use of a MOST-like form with more than 200 residents of four long term care facilities and providers from hospice and hospital care. In Greenville, four other long term care facilities use the same form as a tool to better communicate with patients upon admission to Pitt County Memorial Hospital. The form has received positive reviews in both pilot programs.

The state-sanctioned MOST form also has been well received. In fact, interest in it has been far broader than anticipated.

The Medical Society's Ethics and Judicial Affairs Committee, which developed the MOST form, expected it to be used mainly by patients with an advanced, chronic progressive illness and life expectancy of less than one year. However, many patients have used the MOST form to indicate their wishes well in advance of the end-of-life situation originally envisioned.

The MOST form is completely voluntary, but patients or their representatives may not use it until and unless he or she participates in in-depth discussions about the choices available. To be binding, the form must bear the signature of both the physician or physician assistant or nurse practitioner, and the

#### In This Issue of the FORUM

Item	Page	Item	Page
President's Message		NCMB Amends Administrative Rules .....	7
<i>Medical Orders for Scope of Treatment</i> .....	1	Project Lazarus: Overdose Prevention and	
*Janelle A. Rhyne, MD		Responsible Pain Management .....	8
Update on USMLE Step Attempt Limits .....	2	* Nabarun Dasgupta, MPH; Fred Wells Brason, II;	
Prevent Prescription Misuse .....	2	Su Albert, MD, MPH; Kay Sanford, MSPH	
Governor Names William A. Walker, MD,		NC Medical Board Releases 2007	
Thomas R. Hill, MD, and Janice E. Huff, MD,		Annual Board Action Report .....	12
to NC Medical Board .....	3	Board Actions: 11/2007 - 01/2008 .....	14
New Method for Selecting Board Members .....	4	Change of Address .....	24
*Nancy H. Hemphill, JD		NCMB Panel of Outside Reviewers Being Updated .....	24
Board Adopts Proposed Rules on New Physician Profile .....	5	Board Calendar .....	24
*Thomas W. Mansfield, JD			

*Primum Non Nocere*

# forum

N C M E D I C A L B O A R D

Raleigh, NC

Vol. XIII, No. 1, 2008

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.

## North Carolina Medical Board

Janelle A. Rhyne, MD  
President  
Wilmington  
*Term expires*  
October 31, 2009

H. Arthur McCulloch, MD  
Charlotte  
*Term expires*  
October 31, 2008

George L. Saunders, III, MD  
President Elect  
Shallotte  
*Term expires*  
October 31, 2009

Peggy R. Robinson, PA-C  
Durham  
*Term expires*  
October 31, 2009

Ralph C. Loomis, MD  
Secretary  
Asheville  
*Term expires*  
October 31, 2008

William A. Walker, MD  
Charlotte  
*Term expires*  
October 31, 2010

Donald E. Jablonski, DO  
Treasurer  
Etowah  
*Term expires*  
October 31, 2008

R. David Henderson, JD  
Executive Director

### Publisher

NC Medical Board

### Editor

Jean Fisher Brinkley

### Associate Editor

Dena M. Konkel

### Editor Emeritus

Dale G Breaden

### Street Address

1203 Front Street  
Raleigh, NC 27609

### Mailing Address

PO Box 20007  
Raleigh, NC 27619

### Telephone / Fax

(919) 326-1100  
(800) 253-9653  
Fax (919) 326-0036

### Web Site:

[www.ncmedboard.org](http://www.ncmedboard.org)

### E-Mail:

[info@ncmedboard.org](mailto:info@ncmedboard.org)

Thomas R. Hill, MD  
Hickory  
*Term expires*  
October 31, 2010

Janice E. Huff, MD  
Charlotte  
*Term expires*  
October 31, 2010

Thelma Lennon  
Raleigh  
*Term expires*  
October 31, 2008

John B. Lewis, Jr, LLB  
Farmville  
*Term expires*  
October 31, 2010

patient or patient representative.

Many groups provided valuable input that shaped the final version of the MOST form. They include the North Carolina Hospital Association, the North Carolina Health Care Facilities Association, the North Carolina Bar Association, the North Carolina Nurses Association, the Association of Home and Hospice Care of North Carolina, the Carolinas Center for Hospice and End-of-Life Care, Emergency Medical Services and others from public and private interest groups.

The North Carolina Medical Board has reviewed and endorsed use of the MOST form. We believe it may yield an unanticipated benefit – a reduction in complaints arising from miscommunications among doctors and patients. Miscommunications are a major source of complaints to the Board.

The Office of Emergency Medical Services, Department of Health and Human Services makes the MOST form available on its web page at [www.ncd-lhs.gov/dhsr/EMS/dnrmost.html](http://www.ncd-lhs.gov/dhsr/EMS/dnrmost.html). The form, along with frequently asked questions, can also be found on the Medical Board's Web site at [www.ncmedboard.org](http://www.ncmedboard.org).

## Update on USMLE Step Attempt Limits

The United States Medical Licensing Examination (USMLE) now allows examinees up to four attempts in 12 months to pass computer-delivered examinations, including Step 1, Step 2 Clinical Knowledge and Step 3. Previously, examinees were limited to no more than three attempts. One exception is Step 2 Clinical Skills, where the attempt limit will remain at no more than three in any 12-month period.

For more information on this or any other USMLE question, contact David Johnson, Director of Examination Services for the Federation of State Medical Boards. He can be reached at [djohnson@fsmb.org](mailto:djohnson@fsmb.org) or by telephone at (817) 868-4081.

## Prevent Prescription Misuse

**Reminder:** The N.C. Division of Medical Assistance's tamper-proof prescription pad mandate took effect April 1, 2008. Handwritten prescriptions for Medicaid fee-for-service patients now must use at least one method to discourage tampering, such as a feature to prevent erasure or modification of information written by the prescriber. Beginning October 1, 2008, prescription pads must have all three elements outlined by federal and state regulation to prevent prescription fraud and abuse. For more information, visit: [www.dhhs.state.nc.us/dma/TamperResistantPrescriptionPads.pdf](http://www.dhhs.state.nc.us/dma/TamperResistantPrescriptionPads.pdf)

## Governor Names William A. Walker, MD, of Charlotte, Thomas R. Hill, MD, of Hickory, and Janice E. Huff, MD, of Charlotte, to the North Carolina Medical Board

R. David Henderson, executive director of the North Carolina Medical Board, has announced that Governor Easley has appointed William A. Walker, MD, of Charlotte, Thomas R. Hill, MD, of Hickory, and Janice E. Huff, MD, of Charlotte, to the North Carolina Medical Board. Mr. Henderson said: "Dr. Walker, Dr. Hill and Dr. Huff are fully committed to the work of the Board and to the health and safety of the people of North Carolina. We look forward to working with them."

### William A. Walker, MD



*Dr. Walker*

William A. Walker, MD, of Charlotte, earned his BA in chemistry and psychology and his MD from the University of North Carolina, Chapel Hill. He completed his internship and residency training in general surgery and a fellowship in gastrointestinal physiology at the University of Michigan in Ann Arbor. He also completed

a fellowship in colon and rectal surgery at the University of Minnesota in Minneapolis.

A native of Goldsboro, Dr. Walker currently practices at Charlotte Colon and Rectal Surgery Associates and is a community faculty member in the Department of Surgery at Carolinas Medical Center in Charlotte. Throughout his career, he served in a number of administrative and professional positions, including as chairman of the Endoscopy Committee at Presbyterian Hospital, board member of the Mecklenburg County Chapters of the American Cancer Society and American Lung Association and president of the Mecklenburg County Medical Society. He currently serves on the North Carolina Physician Advisory Group for North Carolina Medicaid and the Surgical Specialties Quality Improvement Committee at Mercy Hospital in Charlotte. He is Chief of Staff at Presbyterian Hospital, also in Charlotte, and president of Charlotte Colon and Rectal Surgery Associates.

Dr. Walker is a fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons. He is an active member of the Mecklenburg County Medical Society, the North Carolina Medical Society and the Society for Surgery of the Alimentary Tract. He is the recipient of the President's Award from Mecklenburg County Medical Society. He has coauthored numerous publications and given pre-

sentations across the United States.

### Thomas R. Hill, MD



*Dr. Hill*

Thomas R. Hill, MD, of Hickory, earned his BS degree in athletic training and his MS degree in exercise physiology from Pennsylvania State University's College of Health and Physical Education. He went on to complete the physician assistant program, earning a BS degree, at Hahnemann University's College of Allied

Health Professions in Philadelphia. He earned his MD from what is now Wake Forest University School of Medicine in Winston-Salem. He completed an internship in internal medicine at New Hanover Regional Medical Center in Wilmington, NC, and residency and fellowship training in anesthesiology at Massachusetts General Hospital and Tampa General Hospital, respectively. He also completed a medical executive fellowship in perioperative echocardiography at the University of Utah School of Health Sciences.

Dr. Hill currently practices at Western Piedmont Anesthesia, PA, in Conover, NC. He also serves as a clinical assistant professor in the Department of Anesthesiology and Critical Care Medicine at Wake Forest University Baptist Medical Center in Winston-Salem.

From 1989-1998, Dr. Hill served in the United States Naval Reserves Medical Corp. He is an active member of numerous professional societies, including the Catawba County Medical Society, the American Society of Anesthesiologists, the North Carolina Medical Society, the American Medical Association and the American Society of Pediatric Anesthesia. In the past, he has served as chairman of the Anesthesia Department at Scotland Memorial Hospital, president of the Scotland County Medical Society, as a member of the Committee on Simulation Training for the American Society of Anesthesiologists and as president of the North Carolina Society of Anesthesiologists. He is certified in Advanced Cardiac Life Support and Advanced Pediatric Life Support.

### Janice E. Huff, MD

Janice E. Huff, MD, of Charlotte, graduated with honors from Michigan State University, earning a BS degree in physiology. She earned her medical degree from Saint Louis University School of Medicine,



*Dr. Huff*

where she was inducted into the Alpha Omega Alpha medical honor society. She completed her internship and residency training in the Department of Family Medicine at Carolinas Healthcare System in Charlotte, formerly Charlotte Memorial Hospital and Medical Center.

Dr. Huff is a part-time faculty member of the Family Medicine Residency Program at Carolinas Medical Center in Charlotte and is a clinical instructor in the Department of Family Medicine at the University of North Carolina, Chapel Hill. She also practices part-

time at Presbyterian Urgent Care, McLeod Addictive Disease Center, Mecklenburg Health Care Center, and Cascade Services in Charlotte.

Dr. Huff is a member of the North Carolina Medical Society's Managed Care and Access to Health Care Committees and also serves on the Board of Directors of the Mecklenburg County Medical Society and the Presbyterian Hospice and Palliative Care Advisory Board. She is a fellow and member of the American Academy of Family Physicians. She is also a member of the North Carolina Medical Society, the Mecklenburg County Medical Society, the North Carolina Academy of Family Physicians, the Society of Teachers of Family Medicine, the American Medical Association and the American Society of Addiction Medicine. She is a diplomat of the American Board of Family Medicine and the National Board of Medical Examiners.

## New Method for Selecting Board Members

*Nancy H. Hemphill, JD*

*Special Projects Coordinator, NCMB*



*Ms. Hemphill*

The way most members of the North Carolina Medical Board are chosen has been changed.

Last summer, the NC legislature enacted N.C. Gen. Stat. § 90-3, which creates a new body charged with screening applicants and recommending candidates to the Governor. The Review Panel will advertise available Medical Board positions, interview candidates and make at least two recommendations to the Governor for each available position.

The new process applies only to eight of the 12 positions on the Board: seven of the physician members, and one position reserved for either a physician assistant or a nurse practitioner. Previously, the seven physician members were nominated to the Governor by the North Carolina Medical Society. The Governor appointed the PA/NP member without any outside input.

The Board also includes three public members and one position for a Doctor of Osteopathy, a member of the Old North State Medical Society or a full-time faculty member of one of the state's

medical schools who uses integrative medicine in his or her clinical practice. The Governor will continue to make direct appointments to the Board for those positions.

The Review Panel is made up of four physicians named by the NC Medical Society, one physician assistant named by the NC Academy of Physician Assistants, one nurse practitioner chosen by the North Carolina Nurses Association Council of Nurse Practitioners and one current public member of the Medical Board. The Review Panel held its first organizational meeting March 29 and will meet at least once more this year.

There are two Medical Board positions open this year: Arthur McCulloch, MD, past president of the Board, will complete his second term and is not eligible for reappointment. Also, Ralph Loomis, MD, will complete his first term and is eligible for reappointment.

Any licensed physician in the state who is interested in becoming a member of the Medical Board is encouraged to apply.

For more information about the Review Panel and Board member selection process, including the names of Review Panel members, the date and location of future meetings, a copy of the application form and the deadline for applying, please contact David Feild at [dfeild@FirstPointResources.com](mailto:dfeild@FirstPointResources.com) or visit [www.ncmedboardreviewpanel.com](http://www.ncmedboardreviewpanel.com).



Web Site  
[www.ncmedboard.org](http://www.ncmedboard.org)

North Carolina Medical Board

E-mail  
[info@ncmedboard.org](mailto:info@ncmedboard.org)



# Board Adopts Proposed Rules on New Physician Profile

Thomas W. Mansfield, JD  
Director, NCMB Legal Department



Mr. Mansfield

The Medical Board has taken a significant step towards providing more public information about physicians and physician assistants.

At its March 2008 meeting, the Board approved proposed rules to implement N.C. Gen. Stat. § 90-5.2(a), which went into effect October 1, 2007. It requires all physicians and

physician assistants to report to the Board information including, but not limited to, the following:

1. *The names of any schools of medicine or osteopathy attended and the year of graduation.*
2. *Any graduate medical or osteopathic education at any institution approved by the Accreditation Council of Graduate Medical Education, the Committee for the Accreditation of Canadian Medical Schools, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.*
3. *Any specialty board of certification as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.*
4. *Specialty area of practice.*
5. *Hospital affiliations.*
6. *Address and telephone number of the primary practice setting.*
7. *An e-mail address or facsimile number which shall not be made available to the public and shall be used for the purpose of expediting the dissemination of information about a public health emergency.*
8. *Any final disciplinary order or other action required to be reported to the Board pursuant to G.S. 90 14.13 that results in a suspension or revocation of privileges.*
9. *Any final disciplinary order or action of any regulatory board or agency including other state medical boards, the United States Food and Drug Administration, the United States Drug Enforcement Administration, Medicare, or the North Carolina Medicaid program.*
10. *Conviction of a felony.*
11. *Conviction of certain misdemeanors, occurring within the last 10 years, in accordance with rules adopted by the Board.*
12. *Any medical license, active or inactive, granted by another state or country.*

13. *Certain malpractice information received pursuant to G.S. 90 14.13 or from other sources in accordance with rules adopted by the Board.*

Failure to report the information within 30 days from a change in the information or a request for the information by the Board may constitute unprofessional conduct and could subject the licensee to disciplinary action. Also, providing false information to the Board shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the Board.

The full text of the proposed rules follows this article.

The Board voted on March 26 to approve proposed rules. Among other things, they provide for the posting of all medical malpractice payments or judgments within the preceding seven years. The Medical Board will note whether disciplinary action was taken based on the Board's review of the care that led to the payment. No information that identifies a patient will be posted. The proposed rules also provide for the posting of all felony criminal convictions and misdemeanor convictions involving offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol and violations of public health and safety codes.

Although the new law did not go into effect until October 1, 2007, the Board's rationale for posting information about licensees dates back to November 2006 when then Board President H. Arthur McCulloch, MD, appointed a task force known as Consumer Access to Physician Information (CAPI Task Force). The Task Force included two Board members, two representatives from the North Carolina Medical Society and a delegate from the North Carolina Academy of Trial Lawyers.

Creation of the CAPI Task Force followed sustained criticism of the paucity of public information about North Carolina licensed physicians, particularly on the Board's Web site. In 2006, Public Citizen, a national consumer advocacy organization, scored the Board's Web site at 45 points out of a possible 100 and ranked the Web site 27th out of 65 state medical board Web sites. Out of the eight categories considered, NC scored a zero in four: information regarding hospital disciplinary actions, information regarding criminal convictions, information regarding federal disciplinary actions (such as Medicare, FDA, DEA) and information regarding malpractice payments and judgments.

In addition, Public Citizen chastised the Board for failing to follow the recommendations of the Federation of State Medical Boards (FSMB), which since 2000 has recommended providing comprehensive

*“Providing false information to the Board shall constitute unprofessional conduct and shall subject the licensee to disciplinary action”*

physician profiles. The FSMB is a national organization made up of 70 medical and osteopathic licensing boards of the United States and its territories, including the NC Medical Board. The Federation serves as the national voice of its member boards and is a nationally recognized authority on issues related to medical licensure and discipline.

When FSMB issued its recommendations on physician profiling, the Board's Web site offered little of the suggested information. Posting detailed information about medical malpractice payments and judgments was among the Federation's priorities. Today at least 22 other state medical boards have physician profiling systems consistent with FSMB recommendations, including border state Virginia.

At the January 2007 Board meeting, members of the CAPI Task Force recommended unanimously that the Board create Web profiles for each physician to include some information about all malpractice payments during the past 10 years. The Task Force recommended that no dollar amounts or information that would tend to identify patients be included, and also suggested that physicians be allowed to post a written explanation for each payment made in his or her name. In keeping with FSMB recommendations, the Task Force also suggested the Board display information on certain criminal convictions, suspension or revocation of hospital privileges and federal disciplinary actions (DEA, Medicare, FDA). The Board adopted all of the Task Force's recommendations in early 2007.

In the year following the CAPI Task Force's report, the Board continued to meet with stakeholders, solicit input and exhaustively discuss how best to provide enhanced information about licensees to the public. These discussions led the Board to support the legislation that became N.C. Gen. Stat. § 90-5.2 (page 5). Since that time, the Board has continued to meet with interested parties to discuss the language of the proposed rules.

The rules have been filed for publication and public comment. Anyone wishing to make written comments can send them to the Board at [rules@ncmedboard.org](mailto:rules@ncmedboard.org) or PO Box 20007, Raleigh, NC, 27619-0007. Comments will be accepted up to June 30th, when a public hearing will take place at the Board's office at 1203 Front Street, Raleigh. After the public hearing, all comments will be reported to the Board, which will then make a final decision on the content of the rules.

### Subchapter 32W – Practitioner Profile Information

#### 21 NCAC 32W .0101 Required information.

A. Pursuant to N.C. Gen. Stat. § 90-5.2, all physicians and physician assistants licensed by the Board shall provide the following information on an application for licensure and annual registration. Additionally, all physi-

cians and physician assistants shall provide the following information within 30 days of any change in the information on the profile:

- (1) The names of all medical, osteopathic, or physician assistant schools attended and the year of graduation.
- (2) Any graduate medical or osteopathic education at any institution approved by the Accreditation Council of Graduate Medical Education, the Committee for the Accreditation of Canadian Medical Schools, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada or any graduate physician assistant training.
- (3) Any specialty board certification and whether that board is approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.
- (4) Specialty area(s) of practice.
- (5) Current hospital affiliation(s).
- (6) Address and telephone number of the primary practice setting.
- (7) An e-mail address or facsimile number which shall not be made available to the public and shall be used for the purpose of expediting the dissemination of information about a public health emergency.
- (8) Any final disciplinary order or other action required to be reported to the Board pursuant to G.S. 90 14.13 that results in a suspension or revocation of privileges.
- (9) Any final disciplinary order or action of any regulatory Board or agency including other state medical Boards, the United States Food and Drug Administration, the United States Drug Enforcement Administration, Medicare, the North Carolina Medicaid program, or another state's Medicaid program.
- (10) Any felony convictions including the date of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed.
- (11) Any misdemeanor convictions other than minor traffic offenses. The report must include the nature of the conviction, the jurisdiction in which the conviction occurred, and the punishment imposed. A person shall be considered convicted for purposes of this rule if they pled guilty, were found guilty by a court of competent jurisdiction, or entered a plea of nolo contendere. Certain convictions will be published pursuant to 21 NCAC 32W .0104.
- (12) Any medical license, active or inactive, granted by another state or country.
- (13) Malpractice payment information as described in 21 NCAC 32W .0103.

#### 21 NCAC 32W .0102 Voluntary information.

Physicians and Physician Assistants may provide additional information on hours of continuing education earned, subspecialties obtained, academic appointments, volunteer work in indigent clinics, and honors or awards received.

#### 21 NCAC 32W .0103 Reporting of medical malpractice judgments and settlements.

*“Today at least 22 other state medical boards have physician profiling systems”*

A. Pursuant to N.C. Gen. Stat. § 90-5.2 and 90-14.3, all physicians and physician assistants licensed by the Board shall report all medical malpractice judgments and settlements affecting or involving the physician or physician assistant on an application for licensure and annual registration. Additionally, all physicians and physician assistant licensed by the Board shall report all medical malpractice judgments and settlements affecting or involving the physician or physician assistant within 30 days of the initial payment or the date of the judgment. A judgment or settlement shall include a lump sum payment or the first payment of multiple payments, a payment made from personal funds, or payment made by a third party on behalf of a physician or physician assistant.

B. Each report of a settlement or judgment shall indicate:

- (1) The date the judgment or settlement was paid.
- (2) The specialty in which the doctor was practicing at the time the incident occurred that resulted in the judgment or settlement.
- (3) The total amount of the judgment or settlement in United States dollars.
- (4) The city, state, and country in which the judgment or settlement occurred.
- (5) The date of the occurrence of the events leading to the judgment or settlement.

C. For each physician or physician assistant, the Board shall publish all payments made or judgments entered within the past seven years along with the date of the occurrence associated with the payment or judgment and the date of the payment or judgment. Additionally, the Board shall publish whether public disciplinary action was taken based on the Board's review of the care that led to the malpractice payment. The Board shall not release or publish the individually identifiable numeric values of reported judgments or settlements or the identity of the patient associated with the judgment or settlement.

D. For each malpractice payment or judgment that is published, the physician or physician assistant will be given the opportunity to provide a brief statement explaining the circumstances that led to the payment or judgment. The physician or physician assistant shall not publish identifiable numeric values of reported judgments or settlements or disclose the patient's identity, including information relating to dates and places of treatment or any other information that would tend to identify the patient. In the event the statement provided by the licensee does not conform to the requirements of this rule, the Board will edit such statements to ensure conformity.

#### **21 NCAC 32W .0104 Publishing Misdemeanor Convictions**

The Board will only publish those misdemeanor convictions involving offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, and violations of public health and safety codes. The Board will publish such convictions for a period of ten years from the date of conviction.

#### **21 NCAC 32W .0105 Noncompliance or falsification of profile information.**

A. Pursuant to N.C. Gen. Stat. §90-5.2(d), failure to provide the information required by 21 NCAC 32W .0101 and 21 NCAC 32W .0103 within 30 days of the request for information by the Board or within 30 days of a change in the information on the profile may constitute unprofessional conduct and may subject the licensee to disciplinary action by the Board.

B. Pursuant to N.C. Gen. Stat. §90-14(a)(3) and 90-5.2(d), providing false information to the Board for the physician profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the Board.

---

## **NCMB Amends Administrative Rules**

The North Carolina Medical Board recently amended or created rules in several subchapters of the North Carolina Administrative Code. A full version of the rules and dates they become effective can be found on the Board's Web site at [www.ncmedboard.org](http://www.ncmedboard.org), or you may access a copy through the Rules Division of the North Carolina Office of Administrative Hearing's Web site at <http://www.oah.state.nc.us>.

Selected changes to the rules include:

- **21 NCAC 32 V .0115 Fees** - To establish fees for perfusionists
- **21 NCAC 32 U .0101 Administration of Vaccines by Pharmacists** - To add zoster vaccines to list that may be administered by pharmacists
- **21 NCAC 32M .0107 Continuing Education** - To clarify CE requirements for Nurse Practitioners
- **21 NCAC 32W .0101 - .0115** - To establish new rules for Anesthesiologist Assistants

- Definitions (.0101)
- Qualifications for Licensure (.0102)
- Inactive License Status (.0103)
- Annual Renewal (.0104)
- Continuing Medical Education (.0105)
- Student Anesthesiologist Assistants (.0106)
- Exemption From License (.0107)
- Scope of Practice (.0108)
- Supervision of Anesthesiologist Assistants (.0109)
- Limitations on Practice (.0110)
- Title and Practice Protection (.0111)
- Identification Requirements (.0112)
- Fees (.0113)
- Violations (.0114)
- Practice During a Disaster (.0115)

Repealed Rules include: 21 NCAC 32B .0206, 21 NCAC 32B .0207, 21 NCAC 32B .0209, 21 NCAC 32B .0210, 21 NCAC 32B .0211, 21 NCAC 32B .0212, 21 NCAC 32B .0213, 21 NCAC 32B .0214.

## Project Lazarus: Overdose Prevention and Responsible Pain Management

*Nabaran Dasgupta, MPH; Fred Wells Brason, II; Su Albert, MD, MPH; Kay Sanford, MSPH*

There are more than 900 unintentional opioid poisoning (“overdose”) deaths in North Carolina each year. Public health officials agree most of these fatal poisonings could be prevented. State and national statistics over the past decade indicate that little is being done to prevent these deaths<sup>1</sup>. Wilkes County has a rate of accidental opioid poisoning deaths nearly *five* times greater than the national average, and three times higher than the state average. (The *Forum* will publish a more complete description of the epidemic of drug overdoses in North Carolina in its next issue.)

Recently there have also been changes in attitudes about pain management – primarily regarding the use of opioids – and the number of individuals with pain concerns has increased as the population ages. Nationally, poisoning deaths exceed firearm deaths<sup>2</sup>. If rates continue to increase in this manner, drug poisoning deaths will overtake motor vehicle accidents as the number one cause of injury death within a decade.

Wilkes County, in response to the high mortality rate from prescription opioid overdose and the high number of related emergency department visits, is developing an innovative and comprehensive response. It includes efforts to reduce supply, reduce demand and mitigate harm. One such effort is *Project Lazarus*, a pilot program for distributing intranasal naloxone by medical care providers to patients who are at risk for opioid poisoning. Goals include promoting appropriate pain management while reducing the adverse (and unintentional) consequences associated with these essential medicines. Achieving those aims could potentially save tens of millions of dollars in medical costs and lost productivity in North Carolina each year<sup>3,4</sup>.

Our evidence suggests that those dying from opioid poisoning are a mix of pain patients taking opioids incorrectly, as well as nonmedical opioid users (“abusers”). Most of those who died from prescription opioid poisoning in North Carolina had received a prescription for the medication in the months prior to death<sup>5</sup>. Project Lazarus therefore acknowledges and responds to the overlapping issues of patient safety and preventing fatalities among psychoactive substance users.

Death from opioid poisoning often occurs over one to three hours after exposure to opioids<sup>6</sup>, and the majority occur in the presence of others<sup>7</sup>. Under these circumstances, peer- or family-administered interventions should be considered. Naloxone is the antidote used in emergency medical settings to reverse respiratory depression due to opioid poisoning.

It is a prescription medication that is not a controlled substance, and has no abuse potential. In areas with high heroin overdose rates, naloxone has been given to drug users (along with education) to prevent deaths; no systematic increase in risk taking or drug use has been documented in 12 years of international and domestic experience, and survivors were more likely to reduce injection frequency and enter drug treatment in some studies<sup>8,9</sup>, although these are secondary benefits.

Overdose is the single greatest cause of death among injection drug users, far exceeding AIDS or hepatitis<sup>10</sup>. There are more than 40 prescription naloxone programs operating in 10 states targeting injection heroin users; most programs receive state funding. Since the mid-1990s in the US, 20,950 people have been trained on naloxone and 2,642 reversals have been reported<sup>10,11</sup>. We have modified the program model to fit Wilkes County by expanding the indication to include pain patients with certain comorbidities and risk factors (see Table 1 on page 12) and to administer the naloxone intranasally instead of by intramuscular injection. Based on scientific literature and clinical experience, we identified 14 subpopulations that we suspect to have elevated risk, all of whom will be eligible to receive naloxone as a rescue medication. The naloxone will be administered by trained peers and family members, so education beyond the patient will be emphasized.

The Chronic Pain Initiative (CPI) is being developed by the Northwest Community Care Network (NCCN) in response to persistent prescription drug-related overdoses. The NCCN is one of 15 state networks, with 70 primary care practices, 500 primary care practitioners and approximately 58,000 Medicaid enrollees in Davie, Forsyth, Stokes, Surry, Wilkes, and Yadkin counties. The CPI includes steps to more appropriately treat chronic pain through education, distribution of a pain management toolkit, modifying emergency department opioid use, case management, utilization of the controlled substances reporting system and other means of limiting diversion and/or improving medical care. Project Lazarus is one component of the CPI. It is being implemented in Wilkes County as a pilot program and will be evaluated for expansion.

A review of North Carolina statutes by legal scholars confirmed that prescribing naloxone to prevent an opioid-induced overdose is fully consistent with state and federal laws<sup>12</sup>. After favorable review by the Policy Committee of the North Carolina Medical Board in November 2007, Project Lazarus will move forward with a targeted launch date of summer 2008.

*“Drug poisoning deaths will overtake motor vehicle accidents as the number one cause of injury death within a decade”*

## Pain and Public Health

The Centers for Disease Control and Prevention report that 30 percent of Americans ages 45-64 reported problems with pain lasting more than 24 hours in the previous month<sup>13</sup>. Arthritis, osteoarthritis, fibromyalgia, lupus and other intractable conditions without many therapeutic options will increase in prevalence as the population ages. There are more than 10 million people living with or recovered from cancer. Pain control is vital to the daily functioning of these individuals. As more patients present with chronic pain complaints, it is unavoidable that some will have or have had substance abuse problems. While there are clinical tools to differentiate the “legitimate patient” from the “drug seeker,” these distinctions may be difficult to ascertain in any given patient or individuals may change their behavior over time. Further complicating medical care is that those with abuse/dependence disorders frequently suffer from severe pain at higher rates than the general population, thus necessitating strategies for addressing both conditions simultaneously. Patients with substance use disorders deserve appropriate pain management, and effective strategies (including opioid therapy) have been elaborated<sup>14, 15</sup>. Addressing the general suspicion that there is too much opioid prescribing in general, particularly for acute and mild pain, is a broader societal issue that the CPI aims to influence, but is ultimately driven by physician practice and patient demands. In the meantime, we believe that secondary prevention through prescription naloxone will save lives in North Carolina.

It is recognized that chronic pain is often difficult to treat, particularly in the outpatient setting. While prescribers may follow the pain management recommendations published by the NC Medical Board<sup>16</sup> and posted on its Web site, it does not guarantee that even properly selected patients will follow instructions. Incorrect use of pain medication can put patients at elevated risk for respiratory depression, manifesting as the patient taking too much medicine to control breakthrough pain, taking methadone *pro re nata* (taking extra doses), and sometimes resulting in abuse. A study in North Carolina found that 32 percent of patients in a pain clinic at an academic center exhibited behaviors of misuse<sup>17</sup>. While illicit drugs (e.g., heroin, cocaine, methamphetamine) may be involved in a prescription opioid poisoning, it is just as likely that legal prescription medications (e.g., benzodiazepines, anti-depressants and other non-opioid controlled substances) are implicated<sup>18</sup>. For these reasons, we have decided to target prescription naloxone to both medical and nonmedical users of prescription opioids.

Complicating the issue further, patients may not understand the differences between short-acting/immediate release opioid formulations and long-acting/controlled-release analgesics, especially when faced

with breakthrough pain. The use of methadone in pain also has increased dramatically in recent years, possibly due to it being cheaper than branded opioids. The methadone implicated in North Carolina deaths comes overwhelmingly from tablets used for pain management, and not methadone maintenance programs<sup>5</sup>. Based on case reviews, it appears that some decedents took extra doses of methadone after their pain was inadequately controlled. In these situations, opioid poisoning is a patient safety concern. Reflecting this reality, Project Lazarus is just as much a health education campaign as it is a harm reduction program.

For those with substance use disorders, harm reduction interventions aimed at preventing mortality associated with substance use, such as prescription naloxone, do not aim to change the trajectory of substance use progression instantaneously. Rather, the programs are intended to support the more immediate goal of preventing deaths, in the hope that the individual is alive long enough to realize the future goal of recovery. Project Lazarus is consistent with this approach, while maintaining patient safety as the core principle.

Other states and countries have enacted various responses to elevated opioid overdose problems. In addition to prescription naloxone programs, New Mexico enacted a Good Samaritan law in 2007 that encourages bystanders to call 911 by providing temporary and limited immunity from drug possession charges. In Italy, naloxone has been available over-the-counter since 1998<sup>19</sup>. Between 1996 and 2003, France expanded access to buprenorphine maintenance and implemented comprehensive harm reduction strategies in response to significant problems with heroin overdoses and crime. These programs are credited with reducing the total number of heroin deaths from 465 to 89 per year, accompanied by a four-fold reduction in heroin-related arrests<sup>20</sup>. Similar measures have brought Baltimore’s overdose problem under control<sup>21, 22</sup>. Drawing upon these experiences, expanding access to buprenorphine in Wilkes County is a goal of the Initiative.

Naloxone is a mu-opioid receptor antagonist and is not effective against non-opioid drugs. Naloxone has a half-life of 40-90 minutes; return of respiratory depression may require subsequent administrations. Therefore, two doses of naloxone are included in each kit, and the educational message stresses the importance of continued monitoring of the victim, as well as properly distinguishing opioid poisoning. Similar messaging among injection drug users has been shown to be effective<sup>23</sup>.

## Costs

In North Carolina inpatient hospitalization costs to treat opioid overdoses *alone* were greater than \$20 million in 2005<sup>3</sup>. Each hospitalized victim kept

*“A study in North Carolina found that 32 percent of patients in a pain clinic at an academic center exhibited behaviors of misuse”*

overnight in North Carolina results in costs between \$20,000 and \$30,000, including lost productivity, emergency medical and inpatient hospitalization expenditure<sup>3,4</sup>. A visit to the ED itself costs approximately \$1,800<sup>3</sup>, and half of all hospitalizations in the state occur among Medicaid, Medicare and uninsured patients<sup>3</sup>. Preventing even a few hospitalizations would quickly lead to a beneficial benefit-cost ratio in support of Project Lazarus.

In Wilkes County, physician's offices, hospitals, pharmacies, the detox clinic, prison health directors and emergency medical personnel will be provided with free naloxone kits, to be dispensed in accordance with pharmacy laws. Project Lazarus is partially funded through a grant from the Drug Policy Alliance. Additional support in personnel, materials and logistics is provided by the North Carolina Harm Reduction Coalition and the Northwest Community Care Network. The material cost of one intranasal naloxone kit is approximately \$25. Our goal is to distribute 2000 kits over a three-year period.

### Structure of Project Lazarus

There are no well-articulated methods for outreach to prescription drug abusing populations, nor are there comprehensive clinical guidelines for identifying prescription opioid patients at elevated risk for respiratory depression. The etiology of exposure leading to fatal opioid poisoning is poorly articulated. The list of subpopulations described above was crafted to identify points of encounter with the medical system which could be exploited to reach those at greatest risk. These indications are intended to reduce stigma associated with receiving prescription naloxone and provide room to exercise clinical judgment.

Following the paradigm for simplified record keeping used for influenza vaccination, a one page intake form will record basic identifying information, risk factors for overdose and medication allergies. Health care providers will be instructed on the appropriate prescribing of naloxone and record keeping, incentivized through continuing education credits. Patient education will be primarily conducted through video education in the clinic/hospital using portable DVD players provided for this project. The video we are developing will be available online, and a copy of the DVD is included with the kit for patients to show their family. Follow-up will be provided in advance of expiration dates and to reinforce education.

The educational component consists of six learning objectives. The first message on the video covers patient responsibilities in receiving opioid therapy. This includes proper storage and disposal, monitoring for hypersensitivity, the use of pain contracts and stresses the need for honesty with the physician. This section will be scripted by national experts in pain management who are adept at managing patients with substance abuse problems. The second component de-

tails how to recognize signs of opioid intoxication and poisoning (and differentiating them from other poisonings), risk factors and dispels myths about dealing with an overdose. The third section discusses the importance of calling 911 and the fourth section teaches rescue breathing. Naloxone administration is covered in the fifth part of the video. The final portion offers resources for local substance abuse/dependence treatment.

Education of peers and family members is of critical importance and will be encouraged in the physician's office, and at home. Community-based education campaigns using public service announcements and media coverage will be considered. Simple written and illustrated instructions will be included with the kit, in English and Spanish.

Other prescription naloxone programs in the United States distribute vials of naloxone with intramuscular syringes. Following experiences from New Mexico and Massachusetts, we have opted for an intranasal delivery system since the target population is believed to include mostly non-injection drug users and pain patients without injection history. Intranasal naloxone has been evaluated<sup>24</sup> and is routinely used in Australia, with increasing use in the United States to prevent needle-stick injuries among emergency care personnel. Consistent with other programs, two doses of naloxone are provided in case multiple administrations are required after metabolism of the antagonist.

### Concerns

Those who have experienced or witnessed an overdose know that it is a traumatic event that elicits complex emotional reactions, including remorse and self-reflection on a destructive behavior. Those surviving overdoses are more likely to discuss substance abuse/dependence treatment options with family and spouses<sup>25</sup>. Project Lazarus offers referrals to drug abuse/dependence treatment, but in rural areas of the state, the availability of such services is severely limited.

Nevertheless, we recognize there will always be risk-takers. It is possible that some nonmedical opioid users would feel more comfortable experimenting with higher doses because naloxone is available. In programs specifically targeting heroin users, this has been the view of relatively small subsets of participants. In Wilkes County we believe that the medical importance of this medicine in preventing deaths is not diminished by the unhealthy behaviors of the few. Prescription naloxone in the pain management setting is a novel strategy for preventing opioid poisoning and until the etiology of opioid poisoning is better understood, secondary prevention programs like Project Lazarus serve lifesaving functions. There are remarkably few overdose prevention program paradigms, and we hope that the pilot data we collect will

*“Preventing even a few hospitalizations would quickly lead to a beneficial benefit-cost ratio”*

lead to a more thorough evaluation in a larger population. Evaluation will be conducted in conjunction with researchers in the Department of Epidemiology at the UNC School of Public Health in Chapel Hill.

Federal officials have expressed concern that only trained medical professionals should administer naloxone<sup>26</sup>, but have not provided a rationale or evidence to support their assertion. More than a decade of experience has shown that drug users are capable of identifying overdose signs and appropriately reacting<sup>23</sup>. In some instances rescue breathing was sufficient and program participants correctly did not administer naloxone<sup>9</sup>. Since Project Lazarus also includes those receiving prescription opioids legitimately and their families, there is lessened concern about impaired/intoxicated judgment during an emergency. As family members are trusted to administer epinephrine to reverse anaphylactic shock, naloxone can be used to prevent opioid poisoning fatalities.

### Conclusion

Project Lazarus is a pilot program that changes the paradigm for opioid prescribing in a local community. This is the first naloxone program in the South, the first prescription naloxone program to target pharmaceutical opioids and the first time naloxone has been incorporated into pain management. The results of the pilot will inform decisions on expanding the program to other areas. Prescription naloxone hopefully will reduce apprehension for prescribing opioids leading to more appropriate pain management, and fewer preventable opioid poisonings.

Full documentation and scientific rationale for Project Lazarus are available upon request.

Please contact Fred Brason at (336) 903-7731, or [fbrason@wilkesregional.com](mailto:fbrason@wilkesregional.com).

### References

- Hudson P, Barringer M, McBay AJ. Fatal poisoning with propoxyphene: report from 100 consecutive cases. *South Med J*. Aug 1977;70(8):938-942.
- Centers for Disease Control and Prevention. QuickStats: Age-Adjusted Death Rates for Leading Causes of Injury Death, by Year – United States, 1979–2004. *MMWR Morb Mortal Wkly Rep*. Feb 9 2006;55(50):1363.
- Agency for Healthcare Research and Quality [AHRQ]. Healthcare Cost and Utilization Project, State Inpatient Databases, 2005. Accessed January 28, 2008.
- Corso P, Finkelstein E, Miller T, Fiebelkorn I, Zaloshnja E. Incidence and lifetime costs of injuries in the United States. *Inj Prev*. Aug 2006;12(4):212-218.
- Sanford K. Findings and Recommendations of the Task Force to Prevent Deaths from Unintentional Drug Overdoses in North Carolina, 2003. In: N.C. Injury and Violence Prevention Branch - North Carolina Department of Health and Human Services, ed: [www.ncpublichealth.com](http://www.ncpublichealth.com); 2004.
- Sporer KA. Strategies for preventing heroin overdose. *Bmj*. Feb 22 2003;326(7386):442-444.
- Latkin CA, Hua W, Tobin K. Social network correlates of self-reported non-fatal overdose. *Drug Alcohol Depend*. Jan 7 2004;73(1):61-67.
- Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths. *J Addict Dis*. 2006;25(3):89-96.
- Seal KH, Thawley R, Gee L, et al. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. *J Urban Health*. Jun 2005;82(2):303-311.
- Sporer KA, Kral AH. Prescription naloxone: a novel approach to heroin overdose prevention. *Ann Emerg Med*. Feb 2007;49(2):172-177.
- Knox R. *Overdose rescue kits save lives*: All Things Considered, National Public Radio; January 2 2008.
- Burris S. Legality of Prescribing Take-Home Naloxone to Treat Opiate Overdose in North Carolina: a Memorandum. 2007:13. Located at: Project on Harm Reduction in the Health Care System, Philadelphia, PA.
- Centers for Disease Control and Prevention. Chartbook on Trends in the Health of Americans, Health: Department of Health and Human Services; 2006.
- Schnoll SH, Weaver ME. Addiction and pain. *Am J Addict*. 2003;12 Suppl 2:S27-35.
- Nicholson B, Passik SD. Management of chronic non-cancer pain in the primary care setting. *South Med J*. Oct 2007;100(10):1028-1036.
- Trado CE. Addressing pain management and palliative care: the official position of the *North Carolina Medical Board*. *N C Med J*. Jul-Aug 2004;65(4):236-241.
- Ives TJ, Chelminski PR, Hammitt-Stabler CA, et al. Predictors of opioid misuse in patients with chronic pain: a prospective cohort study. *BMC Health Serv Res*. 2006;6:46.
- Dasgupta N, Brownstein JS, Jonsson Funk M. Geographic Variation in Unintentional Opioid Poisoning Deaths 1999-2003. In: Thomas Y, Richardson D, Cheung I, eds. *Geography and Drug Addiction*: Springer; 2007.
- Simini B. Naloxone supplied to Italian heroin addicts. *Lancet*. 1998;352:967.
- Emmanuelli J, Desenclos JC. Harm reduction interventions, behaviours and associated health outcomes in France, 1996-2003. *Addiction*. Nov 2005;100(11):1690-1700.
- Baltimore City Health Department. Drug Treatment in Baltimore: 2005. Vol Data Snapshot: Baltimore Substance Abuse Systems; 2006.
- Baltimore City Health Department. Intoxication Deaths Associated with Drugs of Abuse Or Alcohol, Baltimore, Maryland, January 1995 through September 2007: Office of Epidemiology and Planning; 2008.
- Green TC, Heimer R, Grau LE. Distinguishing signs of opioid overdose and indication for naloxone: an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction*. Apr 16 2008.
- Barton ED, Colwell CB, Wolfe T, et al. Efficacy of intranasal naloxone as a needleless alternative for treatment of opioid overdose in the prehospital setting. *J Emerg Med*. Oct 2005;29(3):265-271.
- Pollini RA, McCall L, Mehta SH, Celentano DD, Vlahov D, Strathdee SA. Response to overdose among injection drug users. *Am J Prev Med*. Sep 2006;31(3):261-264.
- Hurley D. Emergency Antidote, Direct to Addicts. *The New York Times*. December 11, 2007.

*“As family members are trusted to administer epinephrine to reverse anaphylactic shock, naloxone can be used to prevent opioid poisoning fatalities”*

Table 1

### Target Populations

The fourteen (14) following subpopulations have been identified as potentially benefitting from prescription naloxone in North Carolina.

	Potential Indication/Patient population	Risk Factor for Overdose
1	Recipient of emergency medical care for acute opioid poisoning	Increased risk for subsequent accidental poisoning and self-harm
2	Suspected illicit or nonmedical opioid user	Risk for polydrug use; continued polydrug use; reduced opioid tolerance among inpatients
3	High-dose opioid prescription (> 100 mg of morphine equivalence/day)	Patient incorrectly administers opioid resulting in higher risk of toxic levels
4	Any methadone prescription to opioid naïve patient	Low threshold for overdose; inexperience with long-acting opioids
5	Any opioid prescription and smoking/COPD/emphysema or other respiratory illness or obstruction	Increased risk of respiratory depression due to comorbidities
6	Any opioid prescription for patients with renal dysfunction, hepatic disease	Prolonged and/or increased serum concentrations of opioid due to decreased metabolism and/or excretion
7	Any opioid prescription and known or suspected concurrent alcohol use	Additive effect of multiple CNS depressants
8	Any opioid prescription and concurrent benzodiazepine prescription	Additive effect of multiple CNS depressants
9	Any opioid prescription and concurrent SSRI or TCA anti-depressant prescription	Increased toxicological risk for opioid poisoning; higher risk for substance use and self-harm
10	Released prisoners from correctional facilities	Relapse to/initiation of nonmedical opioid use; reduced opioid tolerance; risk for multiple substance use
11	Release from opioid detoxification or mandatory abstinence program	Relapse to nonmedical opioid use; reduced opioid tolerance; risk for multiple substance use
12	Voluntary request	Perceived risk for opioid exposure
13	Patients entering methadone maintenance treatment programs (for addiction or pain)	Increased risk for poisoning in first month; risk for multiple substance use
14	Patient may have difficulty accessing emergency medical services	Emergency medical services may have difficulty reaching residents of remote areas quickly

## NCMB Releases 2007 Annual Board Action Report

R. David Henderson, executive director of the North Carolina Medical Board, recently released the Board's Annual Board Action Report for 2007. "The Report we have released provides a clear view of an important facet of Board work in 2007 and continues to illustrate the Board's commitment to protecting the public," he said.

Mr. Henderson pointed out the Board took disciplinary actions related to 174 individual physicians in 2007, as compared to 171 in 2006. While most of the disciplinary data remained consistent with 2006, the Board did see a significant increase in cases relating to incompetence, failure to meet standards, and quality of care (45 in 2007 compared to 37 in 2006) and in surrenders (34 in 2007 compared to 29 in 2006). The Board also saw an expected increase in the number of public letters of concern issued (46 in 2007 as compared to 2 in 2006), as new legislation granting the Board the ability to issue letters of concern went into effect in late 2006. The total number of consent orders and public letters of concern, actions similar in nature, also increased in 2007 (168 in 2007 compared to 143 in 2006).

Mr. Henderson noted that 2006 was a record year for actions taken by the Board, and he is pleased that in 2007 the Board continues to maintain a high level of actions in most categories. He added that for all Board actions, both prejudicial actions\* and non-prejudicial actions\*\* (which are not negative in character), 216 related to individual physicians in 2007 compared to 220 in 2006.

"The Board is dedicated to pursuing the problems that are reported to it and that it identifies from its oversight of medical practice," he said. "That effort is the source of these Board action numbers. It is important to stress that the Board's work in protecting the health and safety of the people of North Carolina includes a number of activities not covered by the action figures we have released."

The Board's Report also covers actions concerning physician assistants and nurse practitioners and contains general information and data on licensing, complaints and information received and causes of action.

To view the full report, visit [www.ncmedboard.org](http://www.ncmedboard.org).

## Summary: Prejudicial/Non-Prejudicial Board Actions

*[Comparative figures for 2006 appear in brackets and italics]*

### PREJUDICIAL ACTIONS\*

**License Denied: 6 Actions (6 Physicians)**

*[2006: 7 Actions (6 Physicians, 1 PA)]*

**Annulments: (NONE)**

*[2006: NONE]*

**Revocations: 9 Actions (7 physicians, 1 PA, 1 NP)**

*[2006: 11 Actions (8 physicians, 3 PAs)]*

**Suspensions: 55 Actions [43 via Consent Order] (43 Physicians, 10 PAs, 2NPs)**

*[2006: 66 Actions (40 via Consent Order) 55 Physicians, 8PAs, 3NPs]*

**Summary Suspensions: 4 Actions (2 Physicians, 2PAs)**

*[2006: 3 Actions (3 physicians)]*

**Miscellaneous Actions: 2 Actions (2 Physicians)**

*[2006: 3 Actions (3 Physicians)]*

**Denials of Reconsiderations/Modification: NONE**

*[2006: NONE]*

**Surrenders: 34 Actions [via Consent Order] (28 Physicians, 6 PAs)**

*[2006: 29 Actions [4 via Consent Order] (20 Physicians, 7 PAs, 2 NPs)]*

**Public Letters of Concern: 46 Actions (43 Physicians, 2 PAs, 1 NP)**

*[2006: 2 Actions (2 Physicians)]*

**Temporary/Date Licenses Issued (Via a Consent Order): 14 Actions (11 Physicians, 3 PAs)**

**[2006: 5 Actions (5 Physicians)]**

**Temporary/Date Licenses Allowed to Expire: NONE**

*[2006: NONE]*

**Consent Orders: 122 Actions [6 mod, 7 N-D] (100 Physicians, 18 PAs, 4 NPs)**

*[2006: 141 Actions [8 mod, 18 N-D] (121 Physicians, 18 PAs, 2 NPs)]*

[Note that CO's limit, restrict, reprimand, or otherwise affect the practitioner in some way. In certain cases, they may result in revocation, suspension, or surrender of a license, the dismissal of charges as a result of other action taken, and/or the issuance of a temporary/dated license, which results are reflected in the appropriate sections of this report. In some instances, a CO may simply modify a previous CO.]

### NON-PREJUDICIAL ACTIONS\*\*

**Dismissals: 4 Actions (4 Physicians)**

*[2006: 10 Actions (9 Physicians, 1 PA)]*

**Temporary/Dated Licenses Extended: 19 Actions (19 Physicians)**

*[2006: 34 Actions (27 Physicians, 7 PAs)]*

**Temporary/Dated Licenses Became Full and Unrestricted: 10 Actions (6 Physicians, 4 PAs)**

*[2006: 12 Actions (10 Physicians, 2 PAs)]*

**Consent Orders Lifted: 24 Actions (18 Physicians, 6 PAs)**

*[2006: 23 Actions (20 Physicians, 2 PAs)]*

**Reentry Agreements: 25 Actions (15 Physicians, 10 PAs)**

*[2006: 23 Actions (14 Physicians, 9 PAs)]*

**\*Prejudicial Action:** A "prejudicial action" is disciplinary in nature and reflects a violation of the Medical Practice Act by the practitioner.

**\*\*Non-Prejudicial Action:** A "non-prejudicial action" reflects either the Board's determination of satisfactory performance by the practitioner following a previous disciplinary action or the dropping of charges.

# NORTH CAROLINA MEDICAL BOARD

## Board Orders/Consent Orders/Other Board Actions

### November—December 2007—January 2008

#### DEFINITIONS:

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

**Conditions:**  
A term used in this report to indicate restrictions, requirements, or limitations placed on the practitioner.

**Consent Order:**  
An order of the Board stating an agreement between the Board and the practitioner regarding the annulment, revocation, suspension, or surrender of the authorization to practice, or the conditions placed on the authorization to practice, or other action taken by the Board relative to the practitioner. (A method for resolving a dispute without a formal hearing.)

**Denial:**  
Final decision denying an application for practice authorization or a request for reconsideration/modification of a previous Board action.

**Dismissal:**  
Board action dismissing a contested case.

**Inactive Medical License:**  
To be "active," a medical license must be registered on or near the physician's birthday each year. By not registering his or her license, the physician allows the license to become "inactive." The holder of an inactive license may not practice medicine in North Carolina. Licensees will often elect this status when they

retire or do not intend to practice in the state. (Not related to the "voluntary surrender" noted below.)

**NA:**  
Information not available or not applicable.

**NCPHP:**  
North Carolina Physicians Health Program.

**Public Letter of Concern:**  
A letter in the public record expressing the Board's concern about a practitioner's behavior or performance. Concern has not risen to the point of requiring a formal proceeding but should be known by the public. If the practitioner requests a formal disciplinary hearing regarding the conduct leading to the letter of concern, the letter will be vacated and a formal complaint and hearing initiated.

**Reentry Agreement:**  
Arrangement between the Board and a practitioner in good standing who is "inactive" and has been out of clinical practice for two years or more. Permits the practitioner to resume active practice through a reentry program approved by the Board to assure the practitioner's competence.

**RTL:**  
Resident Training License. (Issued to those in post-graduate medical training who have not yet qualified for a full medical license.)

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

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

**Summary Suspension:**  
Immediate withdrawal of the authorization to practice prior to the initiation of further proceedings, which are to begin within a reasonable time. (Ordered when the Board finds the public health, safety, or welfare requires emergency action.)

**Suspension:**  
Withdrawal of the authorization to practice for a stipulated period of time or indefinitely.

**Temporary/Dated License:**  
License to practice for a specific period of time. Often accompanied by conditions contained in a Consent Order. May be issued as an element of a Board or Consent Order or subsequent to the expiration of a previously issued temporary license.

**Voluntary Surrender:**  
The practitioner's relinquishing of the authorization to practice pending or during an investigation. Surrender does not preclude the Board bringing charges against the practitioner. (Not related to the "inactive" medical license noted above.)

For the full text version of each summary and for public documents, please visit the Board's Web site at [www.ncmedboard.org](http://www.ncmedboard.org)

#### ANNULMENTS

NONE

#### REVOCATIONS

##### **RIOS, Gustavo Ernesto, MD**

Location: Jacksonville, NC (Onslow Co) | DOB: 9/13/1967  
License #: 2006-01305 | Specialty: PD (as reported by physician)  
Medical Ed: Faculty of Medicine, Autonomous Univ of Guadalajara (1998)  
Cause: Dr Rios was convicted of a felony in the General Court of Justice, Superior Court Division for Onslow County, on 6/26/2007. He requested no Board hearing on this matter within the time period allowed by law.  
Action: 12/20/2007. Entry of Revocation issued declaring the revocation of Dr Rios' North Carolina medical license by operation of law as of 10/04/2007.

#### SUSPENSIONS

##### **CRUMMIE, Robert Gwinn, MD**

Location: Rutherfordton, NC (Rutherford Co) | DOB: 4/09/1938  
License #: 0000-14636 | Specialty: P/GP (as reported by physician)  
Medical Ed: Duke University School of Medicine (1965)  
Cause: In March 2006, Dr Crummie was arrested for DWI in Anson County. The criminal charge of DWI was dismissed, but he was driving while intoxicated. In January 2007, he was arrested by a Fayetteville officer for DWI. At that time, he rear-ended another

car. Though the criminal charge of DWI was again dismissed, he was, in fact, driving while intoxicated. The Board finds Dr Crummie committed unprofessional conduct but does not find he is unable to practice safely within the meaning of the statute.

Action: 11/20/2007. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 10/18/2007: Dr Crummie's North Carolina medical license is suspended for six months beginning 12/08/2007; suspension is stayed on 1/06/2008 on conditions related to alcohol abuse; conditions shall continue after the period of suspension and as long as he holds a North Carolina medical license or until the Board orders otherwise.

##### **HARRON, Ray A., MD**

Location: Bridgeport, WV | DOB: 6/26/1932  
License #: 0000-17826 | Specialty: R/NM (as reported by physician)  
Medical Ed: New York Medical College (1957)  
Cause: The Texas Board entered an agreed order with Dr Harron in which it found he was no longer in active practice in Texas and that he was the subject of allegations related to his actions pertaining to silica/silicosis litigations. He worked for a screening firm whose owners admitted their main purpose was to serve law firms bringing silicosis litigation. He denied any violation of the Texas Medical Practice Act. He was ordered not to practice in Texas and not to seek reinstatement.  
Action: 12/14/2007. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 12/14/2007: Dr Harron's North Carolina medical

license is indefinitely suspended.

**JELLINEK, Lawrence Roger, MD**

Location: Santa Barbara, CA | DOB: 9/29/1947  
 License #: 0098-00919 | Specialty: EM (as reported by physician)  
 Medical Ed: University of California, San Francisco (1974)  
 Cause: California suspended Dr Jellinek's California medical license in November 2006.  
 Action: 11/20/2007. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 10/17/2007: Dr Jellinek's North Carolina medical license is indefinitely suspended.

**LOWERY, Gary Lynn, MD**

Location: Phoenix, AZ | DOB: 5/05/1952  
 License #: 0096-00420 | Specialty: OSS/SRS (as reported by physician)  
 Medical Ed: University of Southern California (1982)  
 Cause: The Arizona Board entered a Consent Order with Dr Lowery in 2006 accepting surrender of his license based on his failure to comply with a Consent Order of 2004 directing him to fulfill certain CME requirements. In another Consent Order of 2006, it censured him for incompetence resulting in a patient's death..  
 Action: 12/14/2007. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 12/14/2007: Dr Lowery's North Carolina medical license is indefinitely suspended.

**SMITH, Gregory Eugene, Physician Assistant**

Location: Rockingham, NC (Richmond Co) | DOB: 1/20/1957  
 License #: 0001-03971  
 PA Education: Cuyahoga Community College (1989)  
 Cause: The Board previously issued a notice indicating Mr Smith is delinquent in court-ordered child support. The Board has not received any notification from the designated representative of the North Carolina Department of Health and Human Services to stay these proceedings.  
 Action: 1/31/2008. Order of Suspension issued. Mr Smith's PA license is suspended indefinitely. Suspension is immediately stayed for 30 days from the date of service of the Order. If within 30 days Mr Smith produces notification certifying he is in compliance with his child support order or has entered into an acceptable agreement with the child enforcement agency to meet his obligations, then this Order of Suspension will be dissolved. If, after 30 days, he fails to produce notification he is in compliance with his child support order then the stay of suspension will be lifted, and Mr Smith's PA license will become inactive.

*See Consent Orders:*

**AUGUSTINE, Santhosh, MD**  
**BALENTINE, Kerry Layne, MD**  
**GLAESNER, Edward Julian, Nurse Practitioner**  
**MANGUNDAYAO, Felizardo Hocbo, MD**  
**McGHEE, James Ernest, MD**

**McINTOSH, Margaret Gloria, MD**  
**SMITH, Stephen Keith, MD**

**SUMMARY SUSPENSIONS**

**GASTON, Johnny Eugene, MD**

Location: Fayetteville, NC (Cumberland Co) | DOB: 8/09/1948  
 License #: 0000-2212 | Specialty: PD (as reported by physician)  
 Medical Ed: Medical College of Ohio (1974)  
 Cause: The Board received a complaint about unsanitary conditions at Dr Gaston's office and a complaint about his prescribing. His medical records also demonstrate problems with documentation and with treatment of chronic pain patients. He has also admitted self-treating and self-medicating. Based on evaluation by the NCPHP, he was ordered to obtain a neuropsychological evaluation. Evaluation indicated evidence of cognitive impairment.  
 Action: 12/04/2007. Order of Summary Suspension of License issued.

**CONSENT ORDERS**

**ALFORD, Glen Ernest, MD**

Location: Wilkesboro, NC (Wilkes Co) | DOB: 11/12/1947  
 License #: 2002-00002 | Specialty: FP (as reported by physician)  
 Medical Ed: Texas Tech (1991)  
 Cause: Dr Alford wrote prescriptions for family members and sometimes took prescription medicines from his office stock home for use by family members. He used some of these drugs himself.  
 Action: 12/14/2007. Consent Order executed: Dr Alford is reprimanded.

**AUGUSTINE, Santhosh, MD**

Location: Lumberton, NC (Robeson Co) | DOB: 5/30/1960  
 License #: 0096-00445 | Specialty: NA  
 Medical Ed: Trivandrum Medical College, India (1985)  
 Cause: During an EGD procedure in March 2007, Dr Santhosh commented to nurses that he could perform the procedure with his eyes closed and appeared to do so, then asking nurses to put sponges in front of his eyes to assure he could not see. Following that incident, he surrendered his North Carolina medical license in July 2007. He has been evaluated at the Professional Renewal Center in Kansas and has entered a contract with the NCPHP and has complied with that contract to date.  
 Action: 12/14/2007. Consent Order executed: Dr Augustine's North Carolina medical license is suspended indefinitely; must comply with specified conditions.

**BALENTINE, Kerry Layne, MD**

Location: Shelby, NC (Cleveland Co) | DOB: 5/03/1962  
 License #: 2005-00514 | Specialty: P (as reported by physician)  
 Medical Ed: University of Oklahoma (2001)  
 Cause: Dr Balentine began a romantic relationship with a patient before clearly terminating the physician-pa-

tient relationship. She also continued to prescribe psychiatric medications for the patient after the romantic relationship began and did not document those prescriptions. She has been assessed by the NCPHP and has agreed to follow its recommendations.

Action: 12/14/2007. Consent Order executed: Dr Balentine's North Carolina medical license is indefinitely suspended; must comply with specified conditions.

#### **BASILI, Richard Louis, Jr, MD**

Location: Kinston, NC (Lenoir Co) | DOB: 10/06/1967  
License #: 0097-00464 | Specialty: AN (as reported by physician)

Medical Ed: East Carolina University School of Medicine (1993)  
Cause: Application for reinstatement. The Board suspended his license in July 2006 due to his suffering from bipolar disorder. He has entered a contract with the NCPHP and has been under treatment since September 2006. He appears stable and compliant with treatment. He has not practiced since June 2005 and will require a reentry program in order for the Board to issue him a license.

Action: 12/14/2007. Consent Order executed: Dr Basili is issued a license to expire on the date shown on the license [6/30/2008]; he is placed on probation on terms and conditions related to his compliance with his NCPHP contract and on his satisfactory completion of the requirements of his reentry program.

#### **BETHEL, Bradley Hutch, MD**

Location: Laurinburg, NC (Scotland Co) | DOB: 2/03/1954

License #: 0000-33616 | Specialty: IM (as reported by physician)

Medical Ed: University Autonoma Guadalajara (1981)  
Cause: Dr Bethel performed annual colonoscopies on a patient from 1996 to 2000. His medical records for 1996 and 1997 did not record the appropriate level of detail for the extent of the examinations performed. A malpractice payment was made on Dr Bethel's behalf as a result of his care of the patient.

Action: 1/25/2008. Non-Disciplinary Consent Order executed: Dr Bethel will not perform colonoscopies unless he receives prior approval from the Board; he shall meet with the Board on request to discuss his practice and clinical skills.

#### **BOYD, William Scott, Physician Assistant**

Location: Siler City, NC (Chatham Co) | DOB: 2/11/1975

License #: 0001-02927

PA Education: NA

Cause: Application for license reinstatement. Mr Boyd has had a problem with substance abuse. He signed a Consent Order with the Board related to that problem on 3/22/2007. He violated that Consent Order by taking prescription medications from a cabinet at the clinic where he worked and inappropriately obtaining hydrocodone syrup. He surrendered his PA license on 10/16/2006. He has been a participant with the NCPHP and has completed inpatient treatment for his substance abuse problem.

Action: 1/03/2008. Consent Order executed: Mr Boyd is issued a PA license to expire on the date shown on the license [7/03/2008] and is placed on probation on specific terms related to his substance abuse.

#### **BROADHEAD, Daniel David, MD**

Location: Virginia Beach, VA | DOB: 10/24/1943

License #: 0000-16325 | Specialty: P (as reported by physician)

Medical Ed: Bowman Gray School of Medicine (1969)

Cause: Review of several of Dr Broadhead's charts found his record keeping for patients and his utilization of benzodiazepines were below acceptable standards. Deficiencies were also found in his simultaneous use of two benzodiazepines in high doses for anxiety and their use in patients with a history of substance abuse.

Action: 1/08/2008. Consent Order executed: Dr Broadhead is reprimanded; must comply with other conditions.

#### **GIORDANO, Stephen Robert, DO**

Location: Mooresville, NC (Iredell Co) | DOB: 7/06/1974

License #: 2007-01965 | Specialty: IM (as reported by physician)

Medical Ed: Lake Erie College of Osteopathic Medicine (2002)

Cause: On license application. As a resident in 2004, Dr Giordano diverted fentanyl for personal use. He was discovered and entered residential treatment. He has been monitored by the Ohio Board since that time and attends Caduceus meetings. He has been sober since September 2004 and has been assessed by the NCPHP, which had no reservations about his ability to practice.

Action: 12/19/2007. Consent Order executed: Dr Giordano is issued a North Carolina medical license under terms and conditions related to his substance abuse history; he must provide the Consent Order to current and prospective employers; must comply with other conditions.

#### **GLAESNER, Edward Julian, Nurse Practitioner**

Location: Raleigh, NC (Wake Co) | DOB: 2/28/1966

Approval #: 0002-01867

NP Education: NA

Cause: One of Mr Glaesner's patients was arrested and a search of the patient's residence revealed boxes and bags full of empty bottles for controlled substances, a significant number from Mr Glaesner. The patient had a history of five failed back surgeries and Mr Glaesner was treating him for pain. Despite knowing the patient had served time in a Maryland jail and had a history of alleged criminal activity that would indicate drug seeking behavior, Mr Glaesner continued to prescribe for him. He also knew the patient had diverted narcotics to a girlfriend and yet began prescribing for her as well. Inspection of Mr Glaesner's NP documents showed deficiencies in various areas. He authorized a refill of a controlled substance prescription on 12/04/2007 at a time he did not have current NP approval. He refrained from practice for all but two days from 10/12/2007 to 1/18/2008.

Action: 1/18/2008. Consent Order executed: Mr Glaesner's

NP approval is suspended for 12 months; suspension is stayed and he is placed on probation for 12 months on terms and conditions related to his improper prescribing of controlled substances; he must attend a prescribing course; must comply with other conditions.

**HENSLER, Rachel Hurst, Physician Assistant**

Location: Wilmington, NC (New Hanover Co) | DOB: 4/01/1978

License #: 0010-00107

PA Education: Nova Southeastern University (2004)

Cause: Application for reinstatement. Ms Hensler developed a problem with substance abuse and surrendered her license in August 2006. Her license was indefinitely suspended in late August 2006. She has participated in the NCPHP and completed inpatient treatment.

Action: 12/13/2007. Consent Order executed: Ms Hensler is issued a PA license to expire on the date shown on the license [6/30/2008]; she is placed on probation on terms and conditions related to her substance abuse.

**LARSON, Michael Joseph, MD**

Location: Raleigh, NC (Wake Co) | DOB: 3/17/1951

License #: 0000-28661 | Specialty: P (as reported by physician)

Medical Ed: Faculty of Med and Srgy, Univ of Santo Tomas, Philippines (1979)

Cause: Application for license reinstatement. In 2001, Dr Larson had a sexual relationship with a patient at Albemarle Mental Health Center. He also falsified the patient's record on one occasion to indicate she was seen on an office visit when, in fact, they had sexual intercourse. He left Albemarle Mental Health Center in August 2001 to work for the Department of Corrections in Raleigh without telling the subject patient. Dr Larson's North Carolina medical license was suspended on 10/19/2005. He has received an assessment and has signed a contract with the NCPHP. He is in compliance with his NCPHP contract. He understands the Board's position on substance and alcohol abuse.

Action: 1/04/2008. Consent Order executed: Dr Larson is issued a license to expire on the date shown on the license [5/04/2008]; he is placed on probation limiting his practice to male patients in the prison system and requiring him to abide by specific terms and conditions related to drug and alcohol abuse.

**MANGUNDAYAO, Felizardo Hocbo, MD**

Location: Denton, NC (Davidson Co) | DOB: 8/10/1942

License #: 0000-21999 | Specialty: FP/GM (as reported by physician)

Medical Ed: University of St Tomas, Philippines (1967)

Cause: His prescribing of controlled substances was reviewed following receipt of information from law enforcement. It was found his prescribing for chronic pain consistently fell below the standard of care in eight cases reviewed. He surrendered his DEA certificate in February 2006 following questioning by the Board's investigators.

Action: 11/16/2007. Consent Order executed: Dr Mangundayao's North Carolina medical license is suspended for 30 days; suspension is stayed on terms and conditions; he shall not apply for DEA registration without Board permission; he shall not oversee, supervise, direct chronic pain treatment; must comply with other conditions.

**McGHEE, James Ernest, MD**

Location: Charlotte, NC (Mecklenburg Co) | DOB: 4/25/1953

License #: 0094-00578 | Specialty: FP (as reported by physician)

Medical Ed: Emory University (1988)

Cause: Dr McGhee engaged in a sexual act with a patient on 6/25/2007. He surrendered his North Carolina license on 7/23/2007.

Action: 1/18/2008. Consent Order executed: Dr McGhee's North Carolina medical license is suspended indefinitely. He may not make application for reinstatement before 7/23/2008; must comply with other requirements.

**McINTOSH, Margaret Gloria, MD**

Location: Charlotte, NC (Mecklenburg Co) | DOB: 8/05/1955

License #: 0000-36117 | Specialty: NA

Medical Ed: State University of New York, Buffalo (1981)

Cause: From June 2004 through April 2005, Dr McIntosh, as an independent contractor, provided medical services and wrote prescriptions for weight-loss medication through an Internet Web site based in Florida; in that period she authorized prescriptions without physical examinations or any physician-patient relationship; she permitted the Pillnetwork to bill patients for her services and was paid \$5 per medical questionnaire she reviewed; she issued prescriptions to less than half those who submitted questionnaires and required they have a primary provider who would send her the results of a routine physical.

Action: 1/18/2008. Consent Order executed: Dr McIntosh's license is suspended for 90 days; suspension is stayed on terms and conditions; she shall comply with the Board's position statements on prescribing; she shall attend a prescribing course; she shall not split or share medical fees with a business corporation; must comply with other conditions.

**MOCLOCK, Michael Anthony, MD**

Location: Dubois, PA | DOB: 11/18/1951

License #: 2007-01013 | Specialty: FP (as reported by physician)

Medical Ed: Medical College of Pennsylvania (1990)

Cause: To amend his Consent Order of 6/14/2007.

Action: 1/25/2008. Amended Consent Order executed: the indefinite suspension contained in the second paragraph of the June Consent Order is lifted.

**NASH, Will Light, MD**

Location: Sylva, NC (Jackson Co) | DOB: 4/30/1930

License #: 0000-15672 | Specialty: FP (as reported by physician)

Medical Ed: University of Texas, Dallas (1958)  
 Cause: The Board believes Dr Nash practiced below the standard of care with regard to Patient A, failing to locate an abdominal mass later identified as cancer.  
 Action: 12/14/2007. Consent Order executed: Dr Nash is reprimanded; he agrees not to engage in the practice of obstetrics or pediatrics and not to read EKGs; he will attend required CME courses; he will set up an EMR system in his office; he shall work with a clinical preceptor who shall review five of his physical examination charts per month for a year and who shall report on the accuracy of the physical examinations; must comply with other conditions.

**RAPPAPORT, Richard Alan, Physician Assistant**

Location: Greensboro, NC (Guilford Co) | DOB: 4/30/1974  
 License #: 0001-03970  
 PA Education: Emory University (2003)  
 Cause: To reinstate medical license. The Board received complaints from Mr Rappaport's employer that he had a manner that made some of his female patients uncomfortable. He surrendered his PA license in May 2007 to address this issue. He attended the Vanderbilt University Medical Center CME course on proper boundaries and has been assessed by the NCPHP.  
 Action: 12/12/2007. Consent Order executed: Mr Rappaport will be issued a PA license on terms of probation on completion of certain conditions; he shall maintain and abide by an NCPHP contract, continue his counseling, and have staff where he practices complete and send the NCPHP for report to the Board a surveillance form related to his practice each quarter; must comply with other conditions.

**RICARD, Denis Philip, Physician Assistant**

Location: Pembroke, NC (Robeson Co) | DOB: 6/15/1956  
 License #: 0001-01360  
 PA Education: Bowman Gray (1990)  
 Cause: Mr Ricard requested termination of his Consent Order based on steps he took to address his failure to appropriately prescribe and record prescriptions for controlled substances. Examination found that two prescriptions were still missing from the log he maintained.  
 Action: 11/14/2007. Amended Consent Order issued: Mr Ricard shall continue to keep a log of all controlled substances prescribed, ordered, or administered and submit the log to the Board for one year; he shall obtain approval from the Board for engaging in practice with any additional primary supervising physician; he shall provide of copy of this Amended Consent Order to current and prospective primary and back-up supervising physicians; must comply with other conditions.

**RUSSELL, Anthony Otis, MD**

Location: High Point, NC (Guilford Co) | DOB: 5/07/1961  
 License #: 0000-35491 | Specialty: AN/APN (as reported by physician)  
 Medical Ed: New York University School of Medicine (1987)

Cause: To reinstate medical license. Dr Russell surrendered his license in July 2006 following his arrest on three felony charges related to purchase of chemicals that could be used to make methamphetamines. He entered a Consent Order with the Board in January 2007 through which his license was indefinitely suspended and he was required to undergo random drug testing and comply with an NCPHP contract. He has been in compliance with the requirements placed on him and he has been evaluated at the Farley Institute, which found him safe to practice. The felony charges were dismissed and expunged by the Guilford Country District Attorney's office. He admits he engaged in unprofessional conduct and abused drugs.  
 Action: 12/11/2007. Consent Order executed: Dr Russell is issued a license to expire on the date shown on the license [6/10/2008]; he is placed on probation on terms related to his substance abuse.

**SIROIS, Cindy Nguyen, MD**

Location: Pompano, FL | DOB: 12/5/1973  
 License #: 2006-01680 | Specialty: DR (as reported by physician)  
 Medical Ed: George Washington University School of Medicine (1998)  
 Cause: On 3/23/2007, Dr Sirois entered into a Memorandum of Agreement with the State Medical Board of Alaska because she submitted an application indicating she had never been under investigation by any medical licensing authority. She failed to disclose that in 2005 she was the subject of investigation conducted by the Florida Department of Health Agency for Health Care Administration in which, as a result of a complaint, she was issued a capital letter of Caution and a Uniform Non-Disciplinary Citation imposing a civil fine in the amount of \$1,000 for failure to submit continuing medical education required by law. She stated at the time she did not view this citation as an investigation into her Florida license. She acknowledges she should have indicated that she had been under investigation by a medical licensing authority. The Alaska Board placed a reprimand on Dr Sirois' license file.  
 Action: 1/21/2008. Consent Order executed. Dr Sirois is reprimanded.

**SMITH, Michael Lantry, MD**

Location: Nags Head, NC (Dare Co) | 4/13/1944  
 License #: 2003-01293 | Specialty: GS/SO  
 Medical Ed: Medical College of Wisconsin (1972)  
 Cause: Dr Smith treated several family members for conditions the Board considers non-minor and non-emergent. He did not keep a record of prescriptions written and treatment given. It does not appear prescriptions or treatment were inappropriate for the conditions at issue.  
 Action: 12/18/2007. Consent Order executed: Dr Smith is reprimanded.

**SMITH, Michael Lantry, MD**

Location: Nags Head, NC (Dare Co) | DOB: 4/13/1944

License #: 2003-01293 | Specialty: GS/SO (as reported by physician)  
 Medical Ed: Medical College of Wisconsin (1972)  
 Cause: To amend Consent Order of 12/18/2007, adding a requirement that he attend a prescribing and ethics course. Had prescribed for and treated two family members.  
 Action: 1/22/2008. Amended Consent Order executed: Dr Smith is reprimanded and shall attend a prescribing and ethics course.

**SMITH, Stephen Keith, MD**

Location: Morganton, NC (Burke Co) | DOB: 12/02/1959  
 License #: 0000-33146 | Specialty: FP (as reported by physician)  
 Medical Ed: Medical University of South Carolina (1986)  
 Cause: Dr Smith continued to provide refills of pain medication, including controlled substances, for a patient being managed for chronic pain even though the patient repeatedly missed or canceled appointments. Further, Dr Smith failed to maintain appropriate medical records of his treatment and prescriptions for the patient. Dr Smith agreed with the Board that he should have been more diligent in ensuring the patient return for follow up visits as specified in their pain contract.

Action: 11/16/2007. Consent Order executed: Dr Smith's North Carolina medical license is suspended for four months; suspension is stayed on probationary terms and conditions; he shall take a CME course on prescribing controlled substances and shall have a physician colleague review and countersign the patient record whenever he issues prescriptions for scheduled substances until he meets again with the Board following completion of his CME course; he has assured the Board that mechanisms have been put in place to prevent this type of incident from occurring again in the future.

**VAUGHAN, Howell Anderson, Physician Assistant**

Location: Knightdale, NC (Wake Co) | DOB: 3/31/1958  
 License #: 0001-01513  
 PA Education: Wake Forest University (1992)  
 Cause: To reinstate PA license. Mr Vaughan has a history of substance abuse and surrendered his PA license in December 1993 and entered a Consent Order with the Board. Under Consent Orders of 1995 and 1997, his PA license was reinstated on conditions related to substance abuse. Having relapsed, he surrendered his license again in October 1999 and sought treatment. He entered another Consent Order in August 2000, relapsed again, and again surrendered his PA license in August 2001. In February 2003, he entered another Consent Order, which required a contract with the NCPHP. He agreed to surrender his DEA registration. In July 2003, he wrote several prescriptions for controlled substances and asked another PA to co-sign them, though that PA never examined the patients. He is under contract with the NCPHP until 2009 and has been involved in a recovery program. He has been sober since August 2001. He has not engaged in active practice since 2004.

Action: 12/11/2007. Consent Order and Reentry Agreement executed: Mr Vaughan is issued a PA license to expire on the date shown on the license [4/10/2008]; he is placed on probation on terms related to his substance abuse; he must practice under close observation by his supervising physician who shall report to the Board on Mr Vaughan's skills on a quarterly basis for six months; Mr Vaughan must comply with other conditions.

**MISCELLANEOUS ACTIONS**

**GERNERT, John O'Dell, MD**

Location: Orlando, FL | DOB: 12/07/1973  
 License #: 2003-00346 | Specialty: AN/APN (as reported by physician)  
 Medical Ed: Spartan Health Sciences University, St Lucia (1999)  
 Cause: In 2007, while neither admitting nor denying the allegations of the Florida Board that he had performed a wrong-side surgery, Dr Gernert agreed to a settlement with the Florida Board that included a public letter of concern and a fine. This was incorporated in the Florida Board's Final Order.

Action: 1/23/2008. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 10/17/2007: Dr Gernert shall be issued a Public Letter of Concern.

**MacKOUL, Paul Joseph, MD**

Location: McLean, VA | DOB: 8/11/1960  
 License #: 0093-00212 | Specialty: OB/GYN (as reported by physician)  
 Medical Ed: Tufts University School of Medicine (1998)  
 Cause: Dr MacKoul was reprimanded by the District of Columbia Board based on allegations he failed to disclose an adverse action when he filled out his annual registration with the DC Board.

Action: 1/28/2008. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 10/17/2007: Dr MacKoul is reprimanded.

**DENIALS OF RECONSIDERATION/MODIFICATION**

NONE

**DENIALS OF LICENSE/APPROVAL**

NONE

**SURRENDERS**

**BALENTINE, Kerry Layne, MD**

Location: Shelby, NC (Cleveland Co) | DOB: 5/03/1962  
 License #: 2005-00514 | Specialty: P (as reported by physician)  
 Medical Ed: University of Oklahoma Health Science Center (2001)

Action: 11/19/2007. Voluntary surrender of North Carolina medical license.

**BROOKS, Michael Lee, MD**

Location: Pembroke, NC (Robeson Co) | DOB: 11/24/1950  
 License #: 0000-28845 | Specialty: IM (as reported by physi-

Medical Ed: Bowman Gray School of Medicine (1979)  
 Action: 12/19/2007. Voluntary surrender of North Carolina medical license.

**COFFMAN, Donald Ralph, MD**

Location: Norlina, NC (Warren Co) | DOB: 4/13/1938  
 License #: 0000-16272 | Specialty: GP/P (as reported by physician)  
 Medical Ed: University of Illinois (1968)  
 Action: 12/28/2007. Voluntary surrender of North Carolina medical license.

**DUGLISS, Malcolm Andrew John, Physician Assistant**

Location: Asheville, NC (Buncombe Co) | DOB: 9/13/1964  
 License #: 0001-03305  
 PA Education: NA  
 Action: 11/30/2007. Voluntary surrender of North Carolina PA license.

**ROJO, Rodolfo, MD**

Location: Cary, NC (Wake Co) | DOB: 11/14/1959  
 License #: 0096-00131 | Specialty: GS/EM (as reported by physician)  
 Medical Ed: La Salle University, Mexico (1982)  
 Action: 12/15/2007. Voluntary surrender of North Carolina medical license.

**SMITH, David Lewis, Physician Assistant**

Location: Raleigh, NC (Wake Co) | DOB: 9/19/1951  
 License #: 0001-01503  
 PA Education: Alderson Broaddus College (1992)  
 Action: 10/26/2007. Voluntary surrender of North Carolina PA license.

**PUBLIC LETTERS OF CONCERN**

**CHAMBERLAIN, Steven Allison, MD**

Location: Kings Mountain, NC (Cleveland Co) | DOB: 1/22/1954  
 License #: 0000-28477 | Specialty: OB/GYN (as reported by physician)  
 Medical Ed: Medical University of South Carolina (1983)  
 Cause: In reviewing a malpractice claim payment made on Dr Chamberlain's behalf, the Board was concerned about his mistakenly performing irreversible endometrial ablative gynecologic surgery on a patient who expected and should have had another procedure. The incorrect procedure was also done without informed consent.  
 Action: 11/26/2007. Public Letter of Concern issued: Dr Chamberlain is admonished and cautioned that any repetition of such an incident may lead to formal disciplinary proceedings.

**GOYAL, Maheep Kumar, MD**

Location: Royersford, PA | DOB: 1/28/1964  
 License #: 2003-00605 | Specialty: DR (as reported by physician)  
 Medical Ed: Jefferson Medical College (1988)  
 Cause: In reviewing a malpractice claim payment made on Dr Goyal's behalf in 2007, the Board was concerned

he misinterpreted an ultrasound study without correlating that interpretation with a previous abnormal CT scan and without communicating properly with the patient's primary care physician. This led to delay in diagnosis and treatment of the patient's ovarian cancer.

Action: 1/11/2008. Public Letter of Concern issued: Dr Goyal is admonished and cautioned that any repetition of such an incident may lead to formal disciplinary proceedings.

**GREER, Gary Wayne, MD**

Location: Hickory, NC (Catawba Co) | DOB: 9/17/1953  
 License #: 0096-01621 | Specialty: EM (as reported by physician)  
 Medical Ed: Harvard Medical School (1979)  
 Cause: Dr Greer has prescribed for family members and himself for non-minor and non-emergent conditions. He has cooperated with the Board in investigating the matter and no one suffered harm as a result of his actions.  
 Action: 12/18/2007. Public Letter of Concern Issued: Dr Greer is encouraged to refrain from treating family members except in those few circumstances outlined in its Position Statement related to the issue; he is cautioned that a repetition of such an incident may lead to formal disciplinary proceedings.

**LEYTON, Matthew Neal, MD**

Location: Woodland Hills, CA | DOB: 1/07/1960  
 License #: 2005-00215 | Specialty: Pain Med (as reported by physician)  
 Medical Ed: Creighton University School of Medicine (1997)  
 Cause: Dr Leyton prescribed to himself and family members, but those prescriptions did not include controlled substances and no one suffered harm.  
 Action: 1/17/2008. Public Letter of Concern issued: Dr Leyton is encouraged to refrain from prescribing for family members and is cautioned that any repetition of such an incident may lead to formal disciplinary proceedings.

**MATHIS, William Frazier, MD**

Location: Patterson, NC (Caldwell Co) | DOB: 4/07/1952  
 License #: 0000-31873 | Specialty: FP/EM (as reported by physician)  
 Medical Ed: University of Tennessee (1977)  
 Cause: It is alleged Dr Mathis failed to provide quality care in the ER to a hiker whose knee was injured in a fall. The hiker returned to the ER six hours later with arterial insufficiency of the leg and required long-term rehabilitation. Dr Mathis' record on the patient lacks documentation of the leg examination, evidence of serial examinations, or discharge neurovascular status.  
 Action: 11/09/2007. Public Letter of Concern issued: The Board is concerned about allegations involving quality of care and cautions that any repetition of such an incident may lead to additional disciplinary proceedings; Dr Mathis is ordered to take 10 hours of Category I CME within six months.

**McCARTHY, William Golden, Jr, MD**

Location: Rock Hill, SC | DOB: 5/13/1955  
 License #: 0093-00754 | Specialty: OS (as reported by physician)  
 Medical Ed: Louisiana State University (1985)  
 Cause: In reviewing a claim payment made on Dr McCarthy's behalf, the Board noted he initiated a procedure on the wrong ankle, leaving 1cm wounds that had to be sutured. The procedure then was completed on the correct ankle without incident.  
 Action: 1/02/2008. Public Letter of Concern issued: Dr McCarthy is encouraged to implement systems to help prevent such errors in the future; he is cautioned that any repetition of this type of error may lead to formal disciplinary proceedings.

**NAVASERO, Marie Canaynay, MD**

Location: Henderson, NV | DOB: 12/17/1964  
 License #: 0097-01832 | Specialty: IM (as reported by physician)  
 Medical Ed: De LaSalle University, Philippines (1989)  
 Cause: A malpractice payment review indicated Dr Navasero did not provide adequate supervision of a mid-level practitioner.  
 Action: 12/27/2007. Public Letter of Concern issued: The Board admonishes Dr Navasero and cautions that any repetition of such an incident may lead to formal disciplinary proceedings.

**NORRIS, Clarence Eugene, MD**

Location: Matthews, NC (Mecklenburg Co) | DOB: 2/13/1948  
 License #: 0094-01288 | Specialty: FP/PhysMed-Rehab (as reported by physician)  
 Medical Ed: University of Guadalajara (1977)  
 Cause: Based on a patient's record, the Board finds Dr Norris did not provide timely evaluation of the patient's laboratory abnormalities and did not provide evidence to support the patient's diagnosis. The record shows that prior to the diagnosis of cancer, the patient refused further care. Dr Norris' contention that the patient indicated he would not consent to chemotherapy or radiation is not noted in the record.  
 Action: 11/13/2007. Public Letter of Concern issued: The Board cautions Dr Norris to take steps to ensure these actions are not repeated; any repetition of such practice may lead to formal disciplinary proceedings.

**WESTON, Jonathan Dunbar, MD**

Location: Winston-Salem, NC (Forsyth Co) | DOB: 3/09/1942  
 License #: 0000-23809 | Specialty: OB/GYN (as reported by physician)  
 Medical Ed: University of Rochester (1975)  
 Cause: The Board is concerned that a patient, at high risk for complications, got medication requiring an outpatient surgical procedure prior to his examination of the patient. If an examination and history been done, it is unlikely Dr West would have performed the procedure. Because office protocols allowed certain medications to be given before examination, you were forced to perform the procedure. Ultimately, a

complication required hospitalization. He did not have hospital privileges allowing him to provide care for patients with complications, nor did his clinic have an arrangement with another physician who could provide coverage for patients needing hospitalization.

Action: 11/19/2007. Public Letter of Concern issued: Dr Weston is cautioned to take steps to ensure these actions are not repeated. Future complaints of this kind may lead to formal disciplinary proceedings.

**COURT APPEALS/STATS**

NONE

**CONSENT ORDERS LIFTED****BLAIR, James Seaborn, III, MD**

Location: Surf City, NC (Pender Co) | DOB: 8/19/1956  
 License #: 0000-32636 | Specialty: FP (as reported by physician)  
 Medical Ed: East Carolina University School of Medicine (1987)  
 Action: 11/20/2007. Order issued lifting Consent Order of 8/17/2006.

**BYRD, Lelan Clinton, MD**

Location: Zirconia, NC (Henderson Co) | DOB: 10/30/1955  
 License #: 0000-34262 | Specialty: US (as reported by physician)  
 Medical Ed: Medical College of Georgia (1986)  
 Action: 11/02/2007. Order issued lifting Consent Order of 8/04/1999.

**HARDY, Stephen Carl, MD**

Location: Waxhaw, NC (Union Co) | DOB: 7/11/1957  
 License #: 0000-35911 | Specialty: NA  
 Medical Ed: University of Virginia (1985)  
 Action: 11/06/2007. Order issued lifting Consent Order of 1/09/2006.

**KUERS, Peter Friedrich, MD**

Location: Beaufort, NC (Carteret Co) | DOB: 2/15/1939  
 License #: 0000-23047 | Specialty: GP/GS (as reported by physician)  
 Medical Ed: University of Alabama (1967)  
 Action: 12/18/2007. Order issued lifting Consent Order of 9/14/1988.

**ONWUKWE, Augustine Nnana, MD**

Location: Charlotte, NC (Mecklenburg Co) | DOB: 8/28/1957  
 License #: 0095-01625 | Specialty: FP (as reported by physician)  
 Medical Ed: Lagos College of Medicine, Nigeria (1980)  
 Action: 11/09/2007. Order issued lifting Consent Order of 2/25/2000.

**OWEIDA, Sami Joseph, MD**

Location: Charlotte, NC (Mecklenburg Co) | DOB: 4/04/1954  
 License #: 0000-28788 | Specialty: OSM/ORS (as reported by physician)  
 Medical Ed: University of Pittsburg (1979)

Action: 12/18/2007. Order issued lifting Consent Order of 4/05/2007.

**PHILLIPS, Thomas Caldwell, III, MD**

Location: Sanford, NC (Lee Co) | DOB: 8/24/1957  
 License #: 0000-32830 | Specialty: NEP/IM (as reported by physician)  
 Medical Ed: Emory University (1982)  
 Action: 1/15/2008. Order issued lifting Consent Order of 9/23/2005.

**RUFF, Ronnie, Harry, MD**

Location: Lake Oswego, OR | DOB: 3/25/1957  
 License #: 0000-29386 | Specialty: AN (as reported by physician)  
 Medical Ed: University of California, San Diego (1982)  
 Action: 1/31/2008. Order issued lifting Consent Order of 4/3/2006.

**WADDELL, Roger Dale, MD**

Location: Aberdeen, NC (Moore Co) | DOB: 11/17/1954  
 License #: 0000-30105 | Specialty: NA  
 Medical Ed: University of Colorado (1981)  
 Action: 11/09/2007. Order issued lifting Consent Orders of 6/23/2004 and 10/21/2004.

**WOGLOM, Peter B., Physician Assistant**

Location: Windsor, NC (Bertie Co) | DOB: 7/28/1955  
 License #: 0001-01652  
 PA Education: George Washington University (1983)  
 Action: 1/16/2008. Order issued lifting Consent Order of 8/21/2006.

**TEMPORARY/DATED LICENSES:  
 ISSUED, EXTENDED, EXPIRED, OR REPLACED BY  
 FULL LICENSES**

**BARBER, Robert Anthony, DO**

Location: Morehead City, NC (Carteret Co) | DOB: 9/30/1954  
 License #: 2003-00222 | Specialty: FP (as reported by physician)  
 Medical Ed: Univ of Health Sciences Coll of Osteopathy, Kansas City (1989)  
 Action: 11/30/2007. Temporary/dated license issued to expire 5/31/2008.

**HAMBLETON, Scott Lewis, MD**

Location: Hattiesburg, MS | DOB: 4/15/1963  
 License #: 2000-00444 | Specialty: FP/EM (as reported by physician)  
 Medical Ed: University of Tennessee, Memphis College of Medicine (1994)  
 Action: 1/17/2008. Full and unrestricted license issued.

**HARRIS, John Joel, MD**

Location: Wilmington, NC (New Hanover Co) | DOB: 6/30/1958  
 License #: 0000-32114 | Specialty: AN (as reported by physician)  
 Medical Ed: University of Tennessee, Memphis (1984)

Action: 11/15/2007. Temporary/dated license issued to expire 11/30/2008.

**HUMBLE, Scott David, MD**

Location: Raleigh, NC (Wake Co) | DOB: 9/28/1970  
 License #: 2007-00897 | Specialty: Path (as reported by physician)  
 Medical Ed: Wake Forest University School of Medicine (1998)  
 Action: 11/15/2007. Temporary/dated license issued to expire 5/31/2008.

**JONES, Robert Glen, MD**

Location: Raleigh, NC (Wake Co) | DOB: 4/06/1959  
 License #: 0094-00536 | Specialty: OSM (as reported by physician)  
 Medical Ed: Emory University (1988)  
 Action: 11/15/2007. Full medical license issued.

**KPEGLO, Maurice Kobla, MD**

Location: Greensboro, NC (Guilford Co) | DOB: 1/04/1949  
 License #: 0000-29314 | Specialty: GP/PD (as reported by physician)  
 Medical Ed: University of North Carolina School of Medicine (1983)  
 Action: 1/17/2008. Full and unrestricted license issued.

**ROBINSON, Lindwood Allen, MD**

Location: Raleigh, NC (Wake Co) | DOB: 7/08/1971  
 License #: 2001-01126 | Specialty: EM (as reported by physician)  
 Medical Ed: University of North Carolina School of Medicine (1997)  
 Action: 1/17/2008. Temporary/dated license issued to expire 7/31/2008

**ROGERS, Bruce William, MD**

Location: Greensboro, NC (Guilford Co) | DOB: 8/11/1947  
 License #: 0000-32563 | Specialty: FP/EM (as reported by physician)  
 Medical Ed: Medical College of Pennsylvania (1982)  
 Action: 11/15/2007. Temporary/dated license issued to expire 5/31/2008.

**ROSNER, Michael John, MD**

Location: Hendersonville, NC (Henderson Co) | DOB: 12/04/1946  
 License #: 0000-26865 | Specialty: NS (as reported by physician)  
 Medical Ed: Virginia Commonwealth University School of Medicine (1972)  
 Action: 1/17/2008. Temporary/dated license issued to expire 9/30/2008

**WEED, Barry Christopher, MD**

Location: Raleigh, NC (Wake Co) | DOB: 7/06/1969  
 License #: 2002-00625 | Specialty: P (as reported by physician)  
 Medical Ed: East Carolina University School of Medicine (1998)  
 Action: 11/15/2007. Temporary/dated license issued to expire 5/31/2008.

**YOUNG, Jordon Terrell, MD**

Location: Goldsboro, NC (Wayne Co) | DOB: 3/06/1972  
 License #: 2007-01009 | Specialty: IM (as reported by physician)  
 Medical Ed: Medical University of the Americas, St Christopher-Nevis (2003)  
 Action: 11/15/2007. Temporary/dated license issued to expire 5/31/2008.

*See Consent Orders:*

**APPLING, Jon Scott, MD**  
**BOYD, William Scott, Physician Assistant**  
**BASIL, Richard Louis, Jr, MD**  
**HENSLER, Rachel Hurst, Physician Assistant**  
**LARSON, Michael Joseph, MD**  
**RUSSELL, Anthony Otis, MD**  
**VAUGHAN, Howell Anderson, Physician Assistant**

**DISMISSALS****HOWARD, Charles Dewayne, MD**

Location: Springfield, KY | DOB: 7/31/1935  
 License #: 0000-15746 | Specialty: NA  
 Medical Ed: University of Louisville (1961)  
 Cause: None cited.  
 Action: 1/22/2008. Notice of Dismissal, without prejudice, of charges dated 5/10/2004.

**WASHINGTON, Clarence Joseph, III, MD**

Location: Fayetteville, NC (Cumberland Co) | DOB: 1/11/1947  
 License #: 0000-32295 | Specialty: GYN (as reported by physician)  
 Medical Ed: University of Michigan (1974)  
 Cause: Review by the Board indicated Dr Washington only continued prescriptions previously issued by another physician for the patients cited in the Charges of 5/01/2007.  
 Action: 12/21/2007. Voluntary Dismissal, with prejudice, issued of charges dated 5/01/2007.

**REENTRY AGREEMENTS****APPLING, Jon Scott, MD**

Location: Kerrville, TX | DOB: 3/07/1956  
 License #: 0097-01223 | Specialty: FP (as reported by physician)  
 Medical Ed: University of Kansas School of Medicine (1992)  
 Cause: Dr Appling surrendered his North Carolina license in 2002. He has not practiced since that time.  
 Action: 11/16/2007. Reentry Agreement executed: Dr Appling is issued a license to expire on the date shown on the license [5/31/21008]; he shall either have a physician colleague observe his practice for one year and have the observer report to the Board on his skills on a quarterly basis, or he shall have a complete assessment by the PACE program, submitting all PACE reports to the Board, complying with PACE recommendations, and not resuming practice until

approved by the Board; must comply with other requirements.

**BLAIR, Ellen Kay, MD**

Location: Raleigh, NC (Wake Co) | DOB: 3/03/1957  
 License #: 2008-00079 | Specialty: IM (as reported by physician)  
 Medical Ed: Jefferson Medical College (1983)  
 Cause: Dr Blair has not practiced since January 2005.  
 Action: 1/22/2008. Reentry Agreement executed: Dr Blair is issued a license and shall practice under observation of a physician colleague for six months; the observer shall report to the Board on Dr Blair's skills at the close of the six-month period.

**GARTH, Gregory Allen, MD**

Location: Boone, NC (Watauga Co) | DOB: 3/09/1950  
 License #: 2003-00154 | Specialty: OTO/OT-Neuro/HNS (as reported by physician)  
 Medical Ed: Pennsylvania State University (1981)  
 Cause: Dr Garth suffered a stroke in March 2004. He has not practiced since then. After testing, rehabilitation, and evaluation, he is asking how best to reenter practice, though he still has an active license.  
 Action: 11/07/2007. Reentry Agreement executed: Dr Garth shall arrange to have a physician colleague observe his practice for at least six months; the observing physician shall report on Dr Garth's skills in monthly letters to the Board; Dr Garth shall meet with the Board after six months to determine if further proctoring or training or observation is needed.

**PFAFFENBERGER, Marta Ariel, MD**

Location: Miami, FL | DOB: 10/11/1946  
 License #: 2008-00046 | Specialty: FP (as reported by physician)  
 Medical Ed: National University Rosario, Argentina (1973)  
 Cause: Application for a retired limited volunteer license. Dr Pfaffenberger has not practiced since January 2005. She knows the limitations of a retired limited volunteer license and agrees to practice in accord with those parameters.  
 Action: 1/14/2008. Reentry Agreement and Order, Retired Limited Volunteer License: Dr Pfaffenberger is issued a retired limited volunteer license; she shall have a physician colleague observe her practice for six months; the observer shall report to the Board on her skills at the end of the six-month period.

Visit the Board's Web site at [www.ncmedboard.org](http://www.ncmedboard.org) to change your address online.

*The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted to the Board within 60 days of a move.*

## NCMB Panel of Outside Reviewers Being Updated

The North Carolina Medical Board evaluates a large number of quality of care issues each year. To accomplish this, the Board draws on the knowledge and experience of reviewers from all fields of medicine. These reviewers analyze medical records and report their opinions and conclusions to the Board for its consideration. On occasion, a reviewer may be asked to offer testimony at a formal hearing of the Board. Generally, these evaluations are confidential and are handled by mail. Because the issues involved must be dealt with in a timely manner, evaluation reports are required to be completed in four weeks. Although the time required to complete an evaluation report varies, a typical review may take two or three hours. Compensation is provided at the rate of \$150 per hour.

The Board began developing its panel of reviewers several years ago and recognizes the importance of updating its list from time to time. We would like to invite North Carolina licensed physicians and physician assistants and approved nurse practitioners who might be interested in assisting the Board as a part of its panel of reviewers to contact the director of the Board's Complaint Department by regular mail, and include a detailed CV. Direct correspondence to:

Judie Clark | North Carolina Medical Board |  
P.O. Box 20007 Raleigh, NC 27619 | 919-277-1834

## North Carolina Medical Board Meeting Calendar, Examinations

**Meeting Dates:** May 21-23, 2008; June 18-19, 2008; July 16-18, 2008;  
August 20-21, 2008; September 17-19, 2008

### Residents Please Note USMLE Information

#### United States Medical Licensing Examination

Computer-based testing for Step 3 is available on a daily basis. Applications are available on the Federation of State Medical Board's Web site at [www.fsmb.org](http://www.fsmb.org).

#### **Special Purpose Examination (SPEX)**

The Special Purpose Examination (or SPEX) of the Federation of State Medical Boards of the United States is available year-round. For additional information, contact the Federation of State Medical Boards at PO Box 619850, Dallas, TX 75261-9850, or telephone (817) 868-4000.

Prsr Std  
US Postage  
PAID  
Permit No. 1486  
Raleigh, NC

North Carolina Medical Board  
1203 Front Street  
Raleigh, NC 27609