



Newsletter and Report

www.albme.org

April – June 2011

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Best of Boards Award

The Alabama Board of Medical Examiners is the proud recipient of the Administrators in Medicine's 2011 Best of Boards Award for developing and presenting the seminar developed by the Board in partnership with the Medical Association of the State of Alabama (MASA), *Ensuring Quality in the Collaborative Practice: Working Together to Deliver Quality Healthcare*.

In 1996, the Board of Medical Examiners and the Board of Nursing developed administrative rules that regulate collaborative practices between physicians and Certified Registered Nurse Practitioners (CRNPs) or Certified Nurse Midwives (CNMs). The rules detail how a collaborative practice is established and what is required for medical direction, oversight and quality monitoring.

In the early 2000s, the Board created a program of inspections to monitor physicians' compliance with the rules, including the required oversight and quality monitoring documentation. Violations of the collaborative practice rules, especially those requiring documented quality monitoring, were found in about 80 percent of the collaborative practices. As time progressed and common violations continued to be found, the Board decided to implement a series of presentations for physicians, nurse practitioners and other staff involved in collaborative practices to assist practitioners in understanding and conforming with the rules.

The seminar was developed as an educational program to plainly present the "dos and don'ts" for ensuring quality and compliance with the rules in collaborative practices. There are times for question and answer sessions and one-on-one time with the presenters, and attendees are encouraged to schedule a courtesy visit by a Collaborative Practice Inspector to ensure they are in compliance with the rules.

The number of attendees at the seminars and the number of requests for courtesy visits indicates that these seminars have been helpful and beneficial. The practitioners are provided information and assistance in complying with the rules, and the Board has the opportunity to be proactive in ensuring the quality and safety of medical care rendered to the patients of the state of Alabama.



Pictured are Cheryl Thomas and Pat Enfinger, inspectors of Collaborate Practices.

Attention dispensing physicians*:

When you discontinue dispensing controlled substances from an office or add a new dispensing site, you should inform the Board you are no longer dispensing or complete a new Dispensing Physician Registration form if you add sites.

*Dispensing means ordering and then providing to the patient controlled substances for consumption off premises; this does not include samples or starter packs.

On the net:

Dispensing physician requirements and registration form: <http://www.albme.org>

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A Message from the Executive Director AQAF membership could be good for practicing physicians

by Larry Dixon

Alabama Quality Assurance Foundation (AQAF) is unique to this state because it is a physician-sponsored organization, and physician involvement is essential to its success as the state's Medicare Quality Improvement Organization (QIO). All practicing Alabama physicians with staff privileges in a healthcare facility on a regular basis are allowed to become members. Becoming a member puts you under no obligation and membership is free.

AQAF is a private non-profit organization that contracts with the Centers for Medicare & Medicaid Services (CMS) to provide direct technical assistance to Alabama physicians, hospitals and nursing homes to improve the value of healthcare services that are paid for by Medicare. AQAF does this by helping healthcare providers align care processes with national standards that are clearly linked to better patient outcomes. Because AQAF's work focuses on many common diagnoses and procedures, and on healthcare providers who are in greatest need of improvement, it benefits all patients regardless of insurance status.

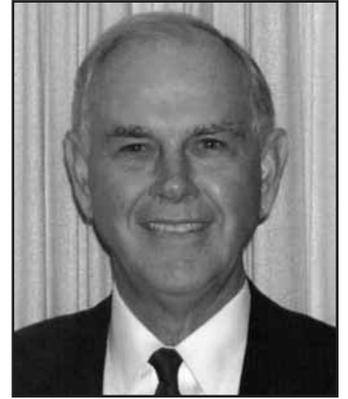
AQAF staff offer healthcare providers a wide range of expertise that helps them build the internal capacity to sustain and expand quality improvement initiatives. This expertise encompasses quality improvement techniques like root cause and failure mode effects analysis, as well as intra-team communication, clinical data collection, intervention design, survey administration and statistical analysis.

AQAF's work builds on a growing base of scientific evidence about the most effective strategies for improving healthcare quality and efficiency. AQAF is expected to achieve results, and is held accountable by CMS for the performance of the healthcare providers that it assists. In the current three-year program with CMS, AQAF is focusing on the following priorities:

- Beneficiary protection. Protecting the rights of Alabama's more than 800,000 Medicare beneficiaries who are concerned about the quality of their healthcare.
- Patient safety. Improving the safety of care in Alabama's nursing homes and hospitals by decreasing rates of pressure ulcers, physical restraints and MRSA, and by improving inpatient surgical safety and hospital care for heart failure.
- Prevention. Increasing rates of screening mammography, colorectal screening, and flu and pneumonia vaccination by helping primary care physicians make effective use of electronic health records.
- Care transitions. Improving patient transitions from the hospital to home, skilled nursing care or home healthcare with the goal of reducing unnecessary hospital readmissions.

The physician members of AQAF elected me as an AQAF board member in a public member capacity. As the Executive Director of the Board of Medical

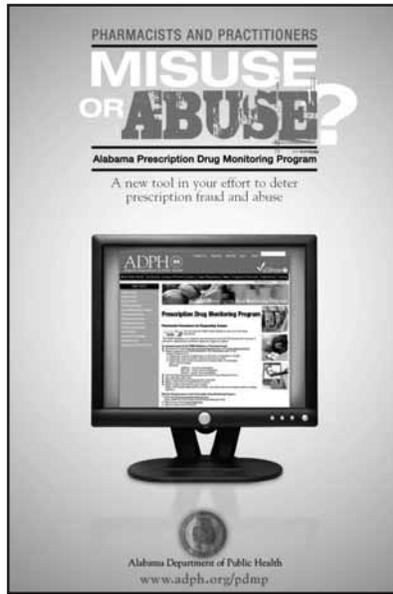
see *AQAF membership*, page 3



Larry Dixon

PDMP database system upgraded

Effective Feb. 1, 2011, the Alabama Prescription Drug Monitoring Program (PDMP) requires the use of the most recent version of the American Society for Automation in Pharmacy (ASAP 2007, 4.1) for submitting dispensing information. All physicians listed in the Board's database as dispensing physicians were sent a letter from the PDMP in November 2010 informing them of this required upgrade.



Dispensing physicians are those physicians who order quantities of controlled substances for repackaging and sale to the patient. All controlled substances dispensed must be reported to the PDMP, and the physician must be registered with the Board as a dispensing physician. Providing samples and starter packs to patients is not considered dispensing. If you received the letter from the

PDMP and do not think you should be registered as a dispensing physician, please contact Board Investigative Specialist Tammy Davis. If you are a dispensing physician but did not receive the letter, your information may not be correct in the Board's files. You can look yourself up in the Board's online licensee database to see if you are registered as a dispensing physician or not.

On the Net:

PDMP website:

<http://www.adph.org/pdmp/>

Board's website on dispensing:

<http://www.albme.org>

Board's licensee search website:

<http://www.albme.org>

AQAF membership

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Examiners, the agency responsible for patient health and safety, I quickly realized AQAF's ability to help its physician members with their patients. Let me encourage each Alabama physician committed to healthcare quality and the ability to foster positive change to consider AQAF membership. For those wishing to join, as I said earlier, there is never a fee or charge.

To join AQAF as a physician member, there is a membership form and fax/mailling instructions at the AQAF website: <http://www.aqaf.com>.

PAs controlled substances prescribing protocol

A standard protocol was adopted for PAs prescribing controlled substances pursuant to a Qualified Alabama Controlled Substances Certificate. The protocol states as follows:

1. The quantity of a controlled substance initially prescribed by a Physician Assistant (PA) shall be limited to a fourteen (14) day supply, and any refill must be authorized by the supervising physician. The supervising physician must see the patient before authorizing a refill.
2. If a prescription for a controlled substance is initiated by the supervising physician, the P.A. may authorize only one (1) refill for a thirty (30) day supply of the medication.
3. A PA may make a verbal order for a controlled substance under the circumstances stated in this protocol.

PA approval for joint injections

Reminder: Joint injections are not a part of the standard PA job description. This additional skill must be requested and approved by the Board.

Physician Monitoring Coordinator to retire



James B. "Jim" Hulett has announced his retirement effective July 6, 2011. Mr. Hulett was employed by the Board in 1990 to

monitor physician compliance with public or confidential agreements made with the Board, the Commission, and the Alabama Physician Health Program (APHP) and to report the physicians' compliance to the Board or Commission. He has served as the Board's liaison with the APHP and fostered a positive relationship with them as well as with physician health programs across the nation.

Jim will be succeeded by current Board Investigator Jeff Grimsley.

Activities misunderstood to confer Category 1 credit

The Board continues to see physicians disciplined for not meeting CME requirements because an educational activity was thought to confer *AMA PRA Category 1 Credit™* but it did not. This is especially common in PALS, ACLS and ATLS certifications. Just because you receive a wallet card, even from the American Heart Association, it does not mean the program was accredited to confer *AMA PRA Category 1 Credit™*.

Other activities commonly misunderstood to confer *AMA PRA Category 1 Credit™*:

- Teaching medical students
- Precepting nurses or other health-care providers
- Some Board certification exam review courses
- Journal quizzes that are not turned in for credit
- Many Botox, laser and aesthetic procedure workshops are not accredited

The AMA provides information about what activities are certified for *AMA PRA Category 1 Credit™*, including activities that do not occur under the auspices of an accredited CME provider, such as publishing articles or ABMS member board certification, that

may be considered the equivalent of *AMA PRA Category 1 Credit™*.

On the Net:

The Physician's Recognition Award and credit system - Information for accredited providers and physicians, 2010 revision: <http://www.ama-assn.org/resources/doc/cme/prabooklet.pdf>

Board web page concerning CME: www.albme.org

Board web page concerning medical records: www.albme.org

Excluded providers databases available online

The Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) database provides information to the healthcare industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all federal healthcare programs. Individuals and entities who have been reinstated are removed from the LEIE. The LEIE contains only exclusion actions taken by the OIG. There are many bases for an exclusion, including a conviction related to the Medicare or Medicaid program, a conviction related to patient abuse, or an action taken by a state licensing authority. The LEIE only reports exclusion actions taken by the OIG as a result of those other actions. The LEIE is not a clearinghouse for reporting actions taken by other agencies.

The U.S. General Services Administration (GSA) maintains a searchable database called the Excluded Parties List System (EPLS). The purpose of EPLS is to provide a single comprehensive list of individuals and firms excluded by federal government agencies from receiving federal contracts or federally approved subcontracts and from certain types of federal financial and nonfinancial assistance and benefits. The EPLS includes OIG exclusion information as well.

On the Net:

OIG's website on the exclusions program:

<http://oig.hhs.gov/fraud/exclusions.asp>

EPLS: <https://www.epls.gov>

Providing records of other physicians

The Board receives questions about the appropriateness of including copies of medical records not generated by the physician when providing copies requested by the patient to the patient, another physician or an attorney. There is no clear cut precedent to provide guidance, and there is a difference of opinion on this.

The majority view is a physician should transfer any **medical** information in the patient's record that is pertinent to the patient's medical history and/or to any ongoing course of treatment. Some types of records should not be routinely forwarded, such as confidential financial information concerning the patient, records concerning sexually transmitted or other notifiable diseases, or drug/alcohol or psychiatric treatment. Except for those categories mentioned, there is no reason why a physician should not transfer medical records of other treatment providers.

On the other hand, there is no statute or regulation that requires the forwarding of this information. In most circumstances, including the records of other treatment providers is a benefit to the patient who does not have to arrange for the transfer of records from past providers, which may or may not be available.

On the Net:

Board web page concerning medical records:

www.albme.org

Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

MLC – March 2011

◆ On March 10, the Commission entered an Order approving the practice plan of **George R. Storey, MD**, license number MD.15022, Talladega, AL.

◆ On March 20, the Commission entered an Order approving the practice plan of **Oscar V. Fadul, MD**, license number MD.9585, Huntsville, AL.

◆ On March 20, the Commission entered an Order removing all restrictions on the license to practice medicine in Alabama of **Vinit V. Patel, MD**, license number MD.21022, Birmingham, AL.

◆ On March 20, the Commission entered an Order indefinitely suspending the license to practice medicine in Alabama of **Michael O. Stick, MD**, license number MD.16190, Madison, FL.

◆ On March 31, the Commission entered an Order reprimanding the license to practice medicine in Alabama of **Brian E. Cressman, MD**, license number MD.19928, Jasper, AL, and assessing an administrative fine.

BME – March 2011

◆ On March 30, the Board entered an Order denying the request to remove the voluntary restrictions on the certificate of qualification and license to practice medicine in Alabama of **John J. Villaverde, MD**, license number MD.11177, Vestavia Hills, AL.

◆ On March 30, the Board entered an Order reinstating to full, unrestricted

status the Alabama Controlled Substances Certificate of **Christen A. Zuschke, MD**, license number MD.15546, Mobile, AL.

MLC – April 2011

◆ On April 11, the Commission entered an Order suspending the license to practice medicine in Alabama of **Bryant H. Hudson, III, MD**, license number MD.4228, Montgomery, AL.

◆ On April 21, on the stipulation of the parties, the Commission entered a Consent Order placing on probation the license to practice medicine in Alabama of **Daniel Blaine Williams, MD**, license number MD.26130, Fairfield, AL.

◆ Effective April 26, by Order of the Commission, the license to practice medicine or osteopathy in Alabama of **Christopher P. Gay, DO**, license number DO.687, Sheffield, AL, is summarily suspended until such time as the Administrative Complaint of the Board is heard and a decision rendered thereon.

BME – April 2011

◆ Effective April 21, the Alabama Controlled Substances Certificate of **Kenneth Eugene Roberts, MD**, license number MD.9562, Dothan, AL, was summarily suspended pending a hearing on the allegations of the Board.

◆ On April 29, the Board entered an Order removing all restrictions on the certificate of qualification of **James Curtis Dilday, MD**, license number MD.12437, Tuscaloosa, AL.

MLC – May 2011

◆ On May 4, the Commission entered an Order reinstating to full, unrestricted status the license to practice medicine in Alabama of **James A. McCain, MD**, license number MD.11595, Anniston, AL.

BME – May 2011

◆ On May 13, the Board entered an Order denying the application for reinstatement of certificate of qualification to practice medicine of **Kenneth N. Shannon, MD**, license number MD.10835, Montgomery, AL.

◆ On May 27, the Board denied the application for a certificate of qualification and license to practice medicine in Alabama of **Ousama Ghaibeh, MD**, Aurora, CO.

MLC – June 2011

◆ Effective June 2, by Order dated May 26, the Commission indefinitely suspended the license to practice medicine in Alabama of **Stephen Chalko Jacob, MD**, license number MD.18772, Marietta, GA.

Actions taken regarding failure to comply with 2010 CME requirements (reprimand and fine):

◆ **Lacey Richann Bowen, PA**, PA.638, Gardendale, AL, Consent Order dated April 20, 2011.

◆ **Mitchell S. Wilcutt, PA**, PA.131, Birmingham AL, Consent Order dated April 20, 2011.

Copies of public actions may be obtained by using the Board's license information search feature at its website, www.albme.org.

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If you would like to receive the newsletter by e-mail, please send a request to masa@masalink.org.

Change of Address

Alabama law requires that every licensed physician notify the Board of Medical Examiners in writing within **15 days** of a change of the physician's practice location address and/or mailing address.