



ALABAMA State Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

January 2015

Inside:

- Disruptive Physicians – page 2
- FDA Approval – page 3
- Prescribing Book – page 3
- CME – page 4
- Staff Update – page 6
- PA Corner – page 6
- Public Actions – page 7

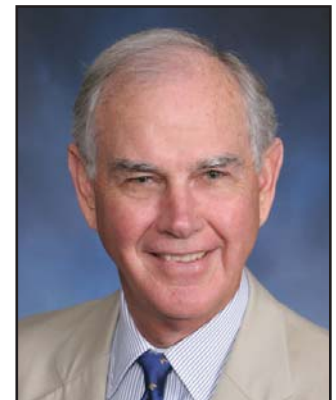
A Message from the Executive Director What you need to know about Limited Purpose Schedule II Permits for NPs and PAs

I have learned that the only constant in life is change, and, that change is generally brought about by evolution. I bring these “scientific facts” to your attention because of the emergence of new prescribing privileges for nurse practitioners (NPs) in a collaborative practice and physician assistants (PAs) in a supervised practice with a licensed physician here in the state of Alabama.

The Limited Purpose Schedule II Permit (LPSP) will be a separate certificate required for C-II prescribing by an NP/PA in practice with a collaborating/supervising physician. An NP/PA must have a Qualified Alabama Controlled Substances Certificate (QACSC) to prescribe Schedules III, IV and V in the approved formulary. The LPSP was allowed for in the passage of the QACSC legislation due to upcoming drug schedule changes and to benefit an NP/PA’s ability to prescribe C-II drugs based on the LPSP application and approved protocol. The applications are currently available on the Board’s website (www.albme.org), and the Board will be issuing the LPSP from applications containing protocols agreed upon by the physician and NP/PA in the practice.

The LPSP is another big evolutionary change in the ability to prescribe for NP/PA’s in Alabama. This change is a direct result of the cooperative effort between the Nurse Practitioner Alliance of Alabama (NPAA), the Alabama Society of Physician Assistants (ASPA) and the Alabama Board of Medical Examiners (ABME), which allows the prescribing of certain C-II drugs by NPs/PAs while in practice with a licensed physician. The LPSP will not allow an NP/PA to prescribe all C-II drugs, only those contained in the approved protocol. The Board has the discretion to deny requests of certain drugs based upon the specialty practice of the physician and NP/PA.

The physicians and the NPs/PAs serving on the Collaborative Practice Advisory Committee are also working toward additional changes, again designed to enhance both practitioners in a collaborative or supervised practice. Those will be forthcoming in 2015.



Larry Dixon

The LPSP ... is a direct result of the cooperative effort between the Nurse Practitioner Alliance of Alabama, the Alabama Society of Physician Assistants and the Alabama Board of Medical Examiners, which allows the prescribing of certain C-II drugs by NPs/PAs while in practice with a licensed physician.

ALERT

Because of variations in compounded substances, dosing, issues concerning informed consent regarding hormone pellet placement, and the potential adverse effects of compounded hormone pellet insertions, the Board of Medical Examiners is undertaking a review of the use of hormonal pellet therapy. In this process of review, the Board is requesting that **all medical practices performing pellet insertion be aware of possible new rules regarding hormone pellet therapy.** The Board is concerned about hormone pellet use and possible public safety issues associated with their use.

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2015 Meeting Schedule

January 20-21
February 17-18
March 17-18
April 15-16
May 19-20
June 16-17
July 14-15
August 18-19
September 15-16
October 20-21
November 17-18
December 15-16

Q&A: Disruptive behavior among physicians

by Eric B. Hedberg, MD – Alabama Physician Health Program

Who or what is a disruptive physician?

Concerns regarding the “disruptive physician” have been reported in medical literature for at least the past 30 years. Disruptive behavior can have a significant impact on care delivery, which can adversely affect patient safety and quality outcomes of care. Disruptive behavior occurs across all disciplines, but is of particular concern when it involves physicians and physician assistants (PAs) who have primary responsibility for patient care. Disruptive behavior causes stress, anxiety, frustration and anger that can impede communication and collaboration, which can result in avoidable medical errors, adverse events and other compromises in quality care. A report from 2006 estimated that 3-5 percent of physicians had demonstrated behavior that interfered with patient care or the process of delivering quality care¹. Starting in 2009 the joint Commission Standard LD.03.03.01 required hospitals to define a code of conduct that includes acceptable as well as inappropriate behaviors and a process for managing these behaviors².

It is less pejorative and more accurate to use the term disruptive behavior than disruptive physician. Disruptive behavior typically involves a **pattern** of behavior characterized by one or more of the following actions:

- Threatening or abusive language directed at nurses, hospital personnel or other physicians (e.g., belittling, berating and/or threatening another individual)
- Degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel or the hospital
- Profanity or other offensive language while in a professional setting
- Threatening or intimidating physical contact
- Derogatory comments or communications made publicly (including newspaper, radio, etc.) about the quality of care provided by other physicians, nursing personnel or the hospital
- Inappropriate medical records’ entries concerning the quality of care being provided by the hospital or any other individual

Note that we are talking about a **pattern of behavior** that *may or may not* overlap a psychiatric diagnosis and/or other impairment such as chemical dependence, major depression or personality disorder. The presence or absence of a diagnosis is important for many reasons, including the ability of the Alabama Physician Health Program (APHP) to help. The presence of a pattern is also very important. APHP usually does not (and generally should not) receive referrals for an isolated incident or very minor instances of disruptive behavior.

When can APHP be of help?

APHP is best able to help the physician and the referring agency when the following are true:

- **A pattern of behavior has been established and documented.** The pattern should be clearly documented with examples and consequences to the hospital or clinic. The examples can be used to explore the problem with the physician and look for underlying triggers and issues that can be addressed. Typically, the physician has little or no insight into the effect he or she has on others, or how often the behavior has been a problem.

see *Disruptive Physicians*, page 5

FDA approves new, hard-to-abuse hydrocodone pill

by Edwin Rogers

Purdue Pharma, LP, announced that the FDA approved Hysingla ER (hydrocodone bitartrate) extended-release tablets CII, a once-daily, single entity medication formulated using Purdue's proprietary extended-release solid platform, RESISTEC™. It is the first and only hydrocodone product to be recognized by the FDA as having abuse-deterrent properties that are expected to deter misuse and abuse via chewing, snorting and injection. However, abuse of Hysingla ER by the intravenous, intranasal and oral routes is still possible.

Purdue Pharma's Hysingla is only the fourth drug ever approved by the agency with claims that it discourages abuse and tampering. Purdue markets two of

the other drugs, including a crush-resistant version of its oxycodone pill, OxyContin, and a combination pill, Targiniq, which includes an extra ingredient designed to block the effects of oxycodone if the tablet is crushed. These drugs, along with Hysingla, can still be abused when swallowed intact - the most common method for abusing painkillers.

Hysingla could potentially be more dangerous than Zohydro since the maximum dose per pill is 120 milligrams of hydrocodone, more than twice the dose contained in a 50-milligram pill of Zohydro. Drug abusers have developed various methods of unlocking the time-release formulations of prescription pain relievers and releasing the entire dose at once. San Diego-based Exogenous

is working on its own harder-to-abuse version of Zohydro which, if approved, could replace the current version by next spring. The only other opioid with FDA-approved labeling indicating that it can limit painkiller abuse is Pfizer's Embeda.

While FDA officials highlighted their commitment to approving harder-to-abuse pain relievers, the agency's critics questioned why regulators didn't bring the new drug before a public advisory meeting. The FDA's approval of Zohydro was widely criticized, in part, because it came despite a 11-2 vote against the drug by its outside experts.

Purdue expects to launch Hysingla ER in the United States in early 2015 in dosage strengths of 20mg, 30mg, 40mg, 60mg, 80mg, 100mg and 120mg to be taken once every 24 hours. Hysingla ER does not contain acetaminophen, which is the leading cause of acute liver failure in the United States.



FSMB Foundation releases third edition of "Responsible Opioid Prescribing: A Clinician's Guide"

The Federation of State Medical Boards (FSMB) Foundation has published the 2014 updated and expanded book, "Responsible Opioid Prescribing: A Clinician's Guide", that offers clinicians new information on FSMB Model Guidelines, FDA labeling and effective strategies for reducing the risk of addiction, abuse, overdose and diversion of opioids that they prescribe for their patients in pain. The new edition, updated in September 2014, is especially important given the rise of opioid abuse and related deaths in the U.S.

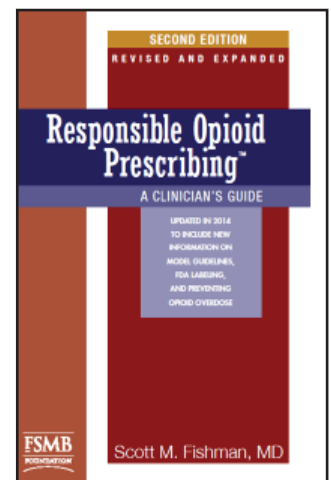
Written by pain medicine specialist Scott M. Fishman, MD, the Clinician's Guide translates best-practice guidelines from the FSMB and other leading pain medicine societies into pragmatic steps for risk reduction and improved patient care, including:

- Patient evaluation, including risk assessment
- Treatment plans with functional goals
- Informed consent and prescribing agreements
- Periodic review and monitoring of patients

- Referral and patient management
- Documentation
- Compliance with state and federal law
- Patient education on safe use, storage and disposal of opioid medication
- Termination strategies for chronic opioid therapy

The book in paperback only is \$16.95 for orders of 1-10 copies and includes a maximum of 7.25 AMA PRA

Category 1 Credits™ FREE through Oct. 1, 2016.



To order "Responsible Opioid Prescribing: A Clinician's Guide" or for more information, please visit www.fsmb.org/books or call (817) 868-5160.

PRESCRIBING OF CONTROLLED DRUGS AND ER/LA OPIOID REMS:

Achieving Safe Use while Improving Patient Outcomes

CME at the Beach | July 10-12, 2015 | The Grand Hotel, Point Clear

About the Courses

The Alabama Board of Medical Examiners, the Medical Association of the State of Alabama and the Alabama Board of Nursing are pleased to offer the second of three **NEW** and **UPDATED** 12-hour prescribing and pharmacology courses for 2015.

New topics include

- Geriatric Pain Management and Palliative Care
- Sleep: For Better or Worse
- Office-Based Opioid Dependence Treatment with Buprenorphine
- ADHD in Children and Adults
- I Am Here from the DEA

Who Should Attend and Why

- Physicians in all specialties
- Physician Assistants – required to obtain QACSC
- Certified Nurse Practitioners and Nurse Midwives – required to obtain QACSC
- Other Healthcare Professionals

Registration is now available

Go to www.masalink.org/prescribing to register online or to print the brochure with registration form to fax, email or mail in with payment.

UAB School of Nursing offers Ebola course for healthcare providers

UAB School of Nursing has launched an online course, “**Ebola: What Every Healthcare Professional Should Know.**” The course is offered free for those wishing to obtain the information or for a nominal fee for nurses and physicians who desire CME credits (2.75 *AMA PRA Category 1 Credits*[™] for \$25).

To register, go to: <http://www.uab.edu/nursing/home/office-of-professional-development>.

Once registered, participants will receive an email from UAB Online that will contain the course link as well as the assigned username and password. The course can be accessed for two weeks once the participant is registered.

Coming in November 2015

Medical Ethics, Prescribing of Controlled Drugs and ER/LA Opioid REMS

Nov. 20-22 at the Westin Hotel – Huntsville

Attend all 3 days to earn 18.75 *AMA PRA Category 1 Credits*[™]. Registration to be available late-summer.

MASA Annual Session – Navigating the Rough Waters of Healthcare Reform

April 16-18, 2015 | Renaissance Montgomery Hotel

Concurrent Pre-conference Activities

Thursday, April 16

- Medical Records – NEW
- Ensuring Quality in the Collaborative Practice

MASA Annual Session – Navigating the Rough Waters of Healthcare Reform

Friday and Saturday, April 17 and 18

The CME sessions offered at the 2015 Annual Session are designed to address a few of the most important issues of the day: exploring team-based care, value-based reimbursement, effective practice models from both the employer and employee perspective, the status of Medicaid RCOs and the legislative issues of our state.

A total of 11.5 hours of instruction will be offered.

Physicians of all specialties, MASA members and non-members, are invited to attend.

Disruptive physicians cont.

They are focused on clinical and/or systems' issues that may be real and significant, but they are approaching these issues in a destructive and unhealthy way. If APHP has no documentation of **specific** instances of disruptive behavior, it is difficult to help the physician develop any insight into his/her effect on others.

- **The referral is presented and intended as being for help rather than punishment.** APHP has no ability or authority to punish "bad behavior," nor is that the purpose. Some physicians will view the referral as punitive no matter how it is presented; however, a referral to APHP reflecting a positive, cooperative note will increase the chances of a good outcome. This tone should also be taken in the hospital or clinic's policy on handling of disruptive behavior.
- **The referring agency is willing and able to impose consequences if the behavior does not change.** APHP sometimes receives referrals of physicians who have been given "umpteen chances" to correct a problem. APHP will always help the physician or PA look at underlying causes of behavior and, ideally, they will make changes before consequences occur. But the needs of the referring source and the physician are best served if there are clear limits and consequences established and enforced.

APHP has resources at multiple levels of care to assist hospitals, medical groups and the identified disruptive physician. Generally, specialized treatment can be given with minimal disruption to the doctor's work schedule.

Other points:

- **It is crucial to have appropriate expectations.** The causes of disruptive behavior do not develop overnight, and it is unrealistic to expect the physician to change his or her behavior overnight with no slip-ups. This is one reason it is important to make the referral to APHP *before* the environment reaches the point of "zero tolerance" for minor infractions.
- **The physician with disruptive behavior is often a technically excellent clinician.** However, their self-assessment often exceeds reality.

How to document and refer:

Proper documentation is crucial in helping APHP reach a successful outcome, as well as for legal reasons. **APHP will require the following information from the referral source:**

- Problem behaviors with as many *examples of specific incidents* as possible.

- Source's disciplinary protocol and where the physician is in that process (e.g., verbal warning, written warning)
- Time frame for corrective action.
- Consequences of noncompliance with contract, either reoccurrence of behavior or lack of follow-through with treatment recommendations.
- An understanding of the need for physicians to sign a formal monitoring contract with APHP.

The referral source is also encouraged to do the following:

- Require the physician or PA to sign a release of information form to allow APHP to communicate basic findings and recommendations back to the referral source.
- Allow APHP to help set a time limit for the evaluation to occur.

Summary

- Disruptive behavior by a physician *may or may not* relate to a psychiatric diagnosis.
- The hospital, clinic or other referring entity should be prepared to impose consequences if the behavior continues unchanged. While it may be appropriate to "cut some slack" if the physician is working on underlying issues, few work settings will tolerate unabated disruptive behavior for very long.
- The physician with disruptive behavior is often unaware of their effect on others. It is common for the physician himself to be only vaguely aware of "a small problem," while nurses and other physicians around them are busy preparing their resumes.
- The Alabama Physician Health Program through its referral network has helped many physicians with disruptive behavior learn new, healthy means of communication.

¹ Leape LL, Fromson JA. "Problem Doctors: Is There a System-level Solution?" *ann Intern Med.* 2006;144 (2):107-115

² Joint Commission Hospital Accreditation Standards; *Leadership chapter, Standard LD.03.03.01: LD-18*

Your Medical License

As a physician, your license to practice medicine in the State of Alabama is one of your most important assets. It allows you to apply what you learned during years of school and post-graduate training to earn a livelihood to support your family. Exercise care to protect this asset.

BME/MLC Staff update

Farewell: James Nichols



James Nichols, better known as Nick to his friends, was honored by the Board of Medical Examiners during their October 2014 Board meeting

for his tenure with the BME.

Nick began his employment as an investigator for the Board in January of 1998 and ended his tour with the title of Chief Investigator, which he held for seven years. Nick was known for his quick wit, loyalty to this agency, his leadership, his tireless work ethic and his incredible Christian faith. The BME was very fortunate and honored to

have Nick as their representative to the physicians, other medical professionals and the general public of the state of Alabama. He will be greatly missed by all who knew him professionally and personally while with the BME.

Meet the staff: Jane Wynn Hartley

Jane has been employed at the Alabama Board of Medical Examiners since 1995 as the Director of Accounting. She handles all accounting for the Board as well as being the coordinator of the Legal Compliance Audit and the Sunset Audit conducted by the Examiners of Public Accounts. She is the coordinator of insurance, fleet, telecommunications and out-of-state travel. Ms. Hartley is very familiar with Board procedures and is able to provide backup for many other

departments. Board members and staff confidently rely on Jane's knowledge and experience.

Welcome: Brandi Madderra

The Alabama Board of Medical Examiners and the Medical Licensure Commission would like to welcome **Brandi Madderra** as a new staff member. Brandi comes to our agency with a Bachelor of Science degree in Resource Management and 13 years of experience in the medical field. Brandi is married to Eric Madderra and has a two year old son, Mason. Brandi has taken over several responsibilities for both the Board and the Commission to include working as an assistant with Pain Management, CME Coordinator and Licensing Assistant. Brandi is a tremendous asset to our agency and we are excited to have her.

PA Corner

Requirements for Supervised Practice Amended

On Oct. 15, 2014, the Board voted to amend Rule 540-X-7-.23, Requirements for Supervised Practice, to require that a supervising physician in an approved registration agreement with a PA, who performs duties at a site away from the supervising physician (a "remote site"), visit the remote site, in person, 10% of the time during regular business hours that the PA is present in the remote site, and not less than quarterly, instead of the previous requirement of visiting the site, in person, at least once a week. The amended rule has an effective date of Jan. 15, 2015.

Want to earn your CME in one place at one time?

The Alabama Society of Physician Assistants (ASPA) will host its 2015 CME Conference March 12-15 at the Embassy Suites in downtown

Montgomery. The session on Sunday will include the four hours of pharmacology needed for QASCSC renewal every two years. Our student track on Saturday will feature hands-on workshops, contract negotiation tips and general CME sessions. Consider sponsoring a student you know for \$25. Registration forms are available for download from our website, www.myaspa.org.

Note: This program is not yet approved for CME credit. Conference organizers plan to request 25 hours of AAPA Category 1 CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.

It is time to renew your dues

Statements were mailed in December to your address of record with the association. If you did not receive one, please call Christi Long at 334.954.2575. Your dues help us help you in the following ways:

- APSA serves as the voice for PAs in the state.
- Members of the Board meet quarterly with the Alabama Board of Medical

Examiners to discuss issues that impact PA practice and the care of their patients.

- Board members work on reimbursement issues on your behalf throughout the year.
- Former ASPA President Paul Harrison serves on the PA/NP Advisory Committee to the ALBME, which is considering further revision to the PA/NP prescribing rules.

Shadowing requests increase

We frequently receive requests from individuals all across the state looking to shadow a PA. If you would like to help with this initiative, please contact the association at 334.954.2575 or via email. aspa@knology.net.

If you are not a member of ASPA, please consider joining. Membership applications are available at www.myaspa.org.

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

MLC – August 2014

◆ On Aug. 13, the Commission entered an order approving a practice plan submission by **Mark P. Koch, DO**, lic. no. DO.322, Monroeville, AL.

MLC – September 2014

◆ On Sept. 15, the Commission entered an Order indefinitely suspending the license to practice medicine in Alabama of **Sammie I. Long, MD**, lic. no. MD.4451, Nashville, TN.

BME – September 2014

◆ On Sept. 22, the Board issued an Order removing restrictions previously placed on the certificate of qualification of **Timothy M. Iloff, MD**, lic. no. MD.10759, Atmore, AL.

◆ On Sept. 17, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Otis Russell Harrison, MD**, lic. no. MD.19180, Mobile, AL.

◆ On Sept. 9, the Board issued an Order terminating the Voluntary Restrictions previously attached to the certificate of qualification and license to practice medicine in Alabama of **Jarrold Stewart Roberts, MD**, lic. no. MD.29094, Auburn, AL.

MLC – October 2014

◆ On Oct. 22, the Commission entered an Order revoking the license to practice medicine in Alabama of **John P. Hagler, Jr., MD**, lic. no. MD.6566, Montgomery, AL.

◆ On Oct. 10, the Commission entered an Order revoking the license to practice medicine in Alabama of **Tin Tin Win, MD**, aka Tin Tin Win Shwe, Tin Tin Chan, Tin Tin Win Soto, and Tin Tin Paksi, lic. no. MD.18963, Lake Havasu City, AZ.

◆ On Oct. 3, the Commission entered an Order removing all restrictions from the license to practice medicine in Alabama of **Mario V. Davila, MD**, lic. no. MD.17830, Gardendale, AL.

BME – October 2014

◆ On Oct. 29, the Board issued an Order reinstating the Alabama Controlled Substances Certificate of **William T. Hall, Jr., MD**, lic. no. MD.8930, Birmingham, AL.

◆ On Oct. 15, the Board accepted the Voluntary Surrender of the certificate of qualification and license to practice medicine in Alabama of **Stanley Clark Newhall, MD**, lic. no. MD.31774, Salt Lake City, UT.

MLC – November 2014

◆ On Nov. 10, the Commission entered an Order indefinitely suspending the license to practice medicine in Alabama of **Thomas R. Syverson, MD**, lic. no. MD.29808, Pensacola, FL.

MLC – December 2014

◆ On Dec. 1, the Commission entered an Order terminating the

probationary status of the license to practice medicine in Alabama of **Scott Hull Boswell, MD**, lic. no. MD.16975, Jasper, AL.

◆ On Dec. 1, the Commission entered an Order permitting installment payments of administrative costs previously assessed against **Jimmy Maxwell Carter, MD**, lic. no. MD.7222, Dothan, AL.

◆ On Dec. 1, the Commission entered an Order generally continuing the hearing on a request to reinstate the license to practice medicine in Alabama of **Gregory A. Johns, MD**, lic. no. MD.17135, Dothan, AL.

BME – December 2014

◆ On Dec. 2, the Board issued an Order denying the petition of **E. Mattatha Brunson, MD**, lic. no. MD.11237, Homewood, AL, to terminate the restriction on his Alabama Controlled Substances Certificate.

Actions for CME (reprimand, fine, additional CME required):

- **Adam M. Alterman, MD**, lic. no. MD.28495, Rainbow City, AL
- **Garry S. Grayson, MD**, lic. no. MD.8021, Birmingham, AL
- **James K. Hurson, MD**, lic. no. MD.23218, Orange Beach, AL
- **Michele L. Jordan, MD**, lic. no. MD.18368, Trussville, AL
- **Sharon P. Lawrence, MD**, lic. no. MD.18717, Mobile, AL
- **Gregory K. Parker, MD**, lic. no. MD.11523, Mobile, AL

Recent public actions are posted on the Alabama Board of Medical Examiners' website: <http://www.albme.org/actions.html>.

NY physician sentenced for manslaughter, criminal sale of prescriptions

A New York pain management physician was convicted in July 2014 on 198 charges including two counts of Manslaughter in the Second Degree and multiple counts of Criminal Sale of Prescription for a Controlled Substance, Scheme to Defraud, Grand Larceny, Falsifying Business Records and Offering a False Instrument for Filing. In December he was sentenced to a minimum prison term of 10 2/3 years and a maximum term of 20 years, followed by a term of post-release supervision.

The jury found the doctor recklessly caused the deaths of two patients and recklessly endangered six, to whom he sold painkillers and other controlled substances. He was also convicted for selling prescriptions to a total of 20 patients, scheming to defraud insurance companies and submitting altered medical records to the Office of Professional Medical Conduct, the state's Department of Health's medical oversight agency.



Look inside for important news
from the Board of Medical Examiners
that pertains to your license to practice
medicine in Alabama.



Follow the Board
on Twitter

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Receive alerts for new public actions,
agendas, newsletters and rules.

www.albme.org

The following forms are available on the
BME's Website:

- Retired Senior Volunteer license application
- Request for waiver from CME due to retirement
- Address change form
- Application for replacement of lost or destroyed license
- Malpractice payment report form for insurance companies
- Dispensing physician registration form
- Office-based surgery registration form
- Office-based surgery adverse event reporting form
- Laser/pulsed light device procedures registration form
- Laser/pulsed light device procedures adverse event reporting form

All current licensees receive the Board of Medical Examiners *Newsletter and Report* at their address of record at no charge. Licensees may also choose to receive the newsletter by e-mail. Non-licensee subscriptions to the newsletter are by e-mail only. If you would like to receive the newsletter by e-mail, please send a request to albmenews@yahoo.com.