



Alabama Board of Medical Examiners

Newsletter and Report

www.albme.org

April – June 2009

Volume 24, Number 2

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Using controlled substances for the treatment of pain

In 1995, the Board adopted as administrative rules its guidelines for the use of controlled substances for the treatment of pain. The Board recognized that the people of the state of Alabama should have access to appropriate and effective pain relief and that inadequate or inappropriate pain control may result from physicians’ lack of knowledge about pain management, an inadequate understanding of addiction, or fears of investigation or sanction by federal, state and local regulatory agencies. Accordingly, the Board developed the guidelines to clarify the Board’s position on pain control, specifically as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

see Controlled Substances, page 3

Obtaining CME – a Board member’s thoughts

*by George C. Smith Jr., MD**

Lately, the Board of Medical Examiners has filed several disciplinary cases due to physicians failing to obtain sufficient CME to maintain licensure in the state of Alabama. The current rule is that a physician is required to earn or accrue *12 AMA PRA Category 1 Credits™* during each calendar year. All licensees, however, should be aware that the Board recently voted to raise this number to *25 AMA PRA Category 1 Credits™* annually. This will become effective in 2010 (earn 25 credits in calendar year 2010 for 2011 renewal), and there will be no carryover of credits to the following year. This number will be more in line with current speciality society requirements.

Although the Board makes allowances for physical hardship or special circumstances, this disposition is a rare event and should be avoided. CME is a vital and integral part of the professional growth of all physicians no matter their stage of practice.

A Google search of the term “online CME” reveals 3,150,000 hits. As this easily shows, CME is widely available in a variety of forms. Because one traditional avenue of CME (credits acquired via hospital activities) is becoming less available in Alabama due to recent accreditation rule changes, the other forms of CME gathering have become more important. In addition, the recent changes in marketing by drug companies have reduced that source of CME. Of course, there is still the traditional way of registering

see Obtaining CME, page 4

**Dr. Smith practices family and emergency medicine in Lineville and Anniston. He is board certified in family medicine and has been a member of the Board of Medical Examiners since 2005.*

The Board recently voted to raise the CME requirement to 25 AMA PRA Category 1 Credits™ annually beginning in 2010.

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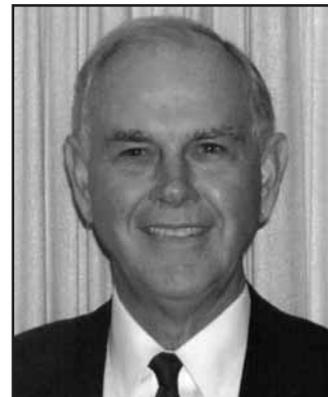
Larry Dixon, Executive Director
Patricia Shaner, General Counsel

Carla Kruger, Staff Editor

A Message from the Executive Director Act expands PA prescribing

by Larry Dixon

At the request of the Alabama Board of Medical Examiners and the Alabama Physician Assistants' Association, Representative Ronald Johnson (R-Sylacauga), a practicing pharmacist who serves in the State House of Representatives, introduced and passed House Bill 484, enacted as Act No. 09-489, which for the first time allows the prescribing of drugs listed in Schedules III, IV and V by a physician assistant (PA). The Act provides for a Qualified Alabama Controlled Substances Certificate (QACSC) to be issued by the Alabama Board of Medical Examiners to qualified PAs with approved registration agreements with Alabama



Larry Dixon

physicians. The bill does not restrict the number of registrations to a physician in which a PA may be actively involved. In addition to a QACSC, PAs who prescribe controlled substances will have to obtain certain registrations from the U.S. Drug Enforcement Administration, and interested persons are encouraged to visit DEA's Web site (<http://www.deadiversion.usdoj.gov/drugreg/index.html>) to review their regulations and procedures.

The new legislation also establishes the qualifications required for a PA to apply for a QACSC and requires that applications be approved by the Board of Medical Examiners, which is responsible for the licensing and registration of PAs. The qualifications are completion of a course or courses approved by the Board in the areas of advanced pharmacology and controlled substances prescribing trends and a minimum of 12 months of active clinical employment with a supervising physician. The new law allows the Board of Medical Examiners to establish rules concerning the application procedures, fees, fines, punishments and the conduct of any disciplinary hearings held relative to the alleged improper use of a QACSC. The Board will also promulgate rules providing for grounds for the denial of an application and grounds for disciplinary action against a QACSC.

Under the Act, a PA registered to an approved Alabama physician may be authorized to prescribe medications in Schedules III, IV and V, and formularies and medical regimens may be approved by the Board. It will require much thought on the part of those in existing PA/supervising physician relationships and those in the process of establishing new relationships to make certain that both the physician and the PA are in agreement on prescribing authority. PA prescribing authority will provide for the call-in or written prescription of any of the drugs in the approved formulary.

The Board is in the process of formulating its rules under this new law, which becomes effective Oct. 1, 2009. Proposed rules will be posted at the Board's Web site, www.albme.org.

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.

Controlled Substances continued from page 1

The Board recognizes that inappropriate prescribing of controlled substances may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use, and physicians should be diligent in preventing the diversion of drugs for illegitimate purposes. Physicians should not fear disciplinary action from the Board or other state regulatory or enforcement agencies for prescribing, dispensing or administering controlled substances for a legitimate medical purpose and in the usual course of professional practice.

The Board will consider prescribing, dispensing or administering controlled substances for pain to be for a legitimate medical purpose if based on accepted scientific knowledge of the treatment of pain or if based on sound clinical grounds. All such prescribing must be based on clear documentation of unrelieved pain and in compliance with applicable state or federal law.

Each case of prescribing for pain will be evaluated on an individual basis. The Board will not take disciplinary action for failing to adhere strictly to the provisions of the guidelines, if good cause is shown for such deviation. The physician's conduct is evaluated to a great extent by the treatment outcome, taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs – including any improvement in functioning – and recognizing that some types of pain cannot be completely relieved.

The Board judges the validity of prescribing based on the treatment of the patient and on available documentation, rather than strictly on the quantity and chronicity of prescribing. The goal is to control the patient's pain for its duration while effectively address-

ing other aspects of the patient's functioning, including physical, psychological, social and work-related factors. The guidelines are not intended to define complete or best practice, but rather to communicate what the Board considers to be within the boundaries of professional practice.

Guidelines

Evaluation of the patient:

- Complete medical history and physical examination must be conducted and documented in the medical record
- Medical record should document:
 - ♦ nature and intensity of the pain
 - ♦ current and past treatments for pain
 - ♦ underlying or coexisting diseases or conditions
 - ♦ the effect of the pain on physical and psychological function
 - ♦ history of substance abuse
 - ♦ presence of one or more recognized medical indications for the use of a controlled substance

Written treatment plan:

- State objectives that will be used to determine treatment success, such as pain relief/improved physical/psychosocial function
- Indicate if any further diagnostic evaluations or other treatments are planned
- After treatment begins, adjust drug therapy to the individual medical needs of each patient
- Other treatment modalities/rehabilitation program may be necessary depending on etiology of the pain and extent to which it is associated with physical and psychosocial impairment

Informed consent and agreement for treatment:

- Discuss risks and benefits of use of controlled substances with patient, person designated by patient, surrogate or guardian
- Employ written agreement between

you and the patient outlining responsibilities, including:

- ♦ urine/serum medication levels screening when requested
- ♦ number and frequency of all prescription refills
- ♦ reasons for which drug therapy may be discontinued (i.e., a violation of the agreement)

Periodic review:

- Review course of treatment and any new information about etiology of pain
- Perform review at reasonable intervals based on individual circumstances of patient
- Consultation or modification of therapy should depend on your evaluation of progress toward stated treatment objectives, such as:
 - ♦ improvement in pain intensity
 - ♦ improved physical/psychosocial function (ability to work)
 - ♦ need of health care resources
 - ♦ activities of daily living
 - ♦ quality of social life
- If treatment goals are not being achieved, despite medication adjustments, reevaluate appropriateness of continued treatment
- Monitor patient compliance in medication usage and related treatment plans

Consultation:

- Be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives
- Special attention should be given to pain patients at risk for misusing their medications and those whose living arrangements pose a risk for misuse or diversion
- Management of pain in patients with history of substance abuse or with comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients
see Controlled Substances, page 4

Obtaining CME

continued from page 1

for and attending a meeting of interest. There are also home study courses and audio digest courses through the mail. For those of you with XM radio, ReachMD is channel 160 and serves an interesting and varied collection of CME that you can listen to on the radio or online and receive CME credit through their Web site:

www.ReachMD.com.

Although the Web has some CME offerings that require a fee, the vast majority do not. Thus, the complaint that CME is expensive to get does not have a place in this discussion. Our local medical schools offer excellent CME through Web-based courses, and many specialty societies also offer this kind of CME.

As you can see, there is a myriad of places to obtain CME. Please remember that it has to be *AMA PRA Category 1 Credits™*. We have had numerous physicians who thought that CME granted for things such as teaching and proctoring was Category 1 and it is not. See "CME Update – What is and is not Category 1 credit" this issue, page 5.

Please pay close attention to the Board newsletters for information about changes in the CME rules and the

increased requirement. We are always happy at the Board to answer your questions regarding this and any other issue involving the practice of medicine in the state of Alabama.

On the Net:

Online CME opportunities:

- American Medical Association <http://cmejama-archives.ama-assn.org/>
- www.cmeweb.com
- Emory University www.med.emory.edu/CME/course/specialty.htm
- Mayo Clinic www.mayo.edu
- www.freecme.com
- Yale School of Medicine http://transact.med.yale.edu/online_courses/welcome.html
- www.medmatrix.org
- www.cme.medscape.com
- Mobile CME from Epocrates.com: <http://www.epocrates.com/products/mcme/>

For pediatricians:

- www.pedialink.org

What are a
physician's
obligations
when closing
or leaving
a medical
practice?
Find helpful
information at
www.albme.org

Controlled Substances

continued from page 3

Medical records:

- Keep accurate and complete records to include:
 - ♦ medical history and physical exam
 - ♦ diagnostic, therapeutic and laboratory results
 - ♦ evaluations and consultations
 - ♦ treatment objectives
 - ♦ discussion of risks and benefits
 - ♦ treatments
 - ♦ medications (including date, type, dosage, quantity prescribed)
 - ♦ instructions and agreements
 - ♦ periodic reviews
- Keep records current
- Maintain records in an accessible manner

- Records should be readily available for review

Compliance with controlled substances laws and regulations:

- Must be licensed to practice medicine in Alabama
- Must maintain Alabama Controlled Substances Certificate
- Must comply with applicable federal and state regulations

Physicians are referred to the *Physicians Manual of the U.S. Drug Enforcement Administration* and the MASA/BME seminar, *Prescribing Controlled Drugs*.

On the Net:

Board of Medical Examiners' pain management rules:

<http://www.alabamaadministrativecode.state.al.us/docs/mexam/MicrftWrd4MEXAM.pdf>

DEA Physicians Manual:

<http://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>

MASA/BME *Prescribing*

Controlled Drugs seminar:

<http://www.masalink.org/news.aspx?id=1981&linkidentifier=id&itemid=1981>

CME Update – What is and is not Category 1 credit

Now is the time to review your CME records and see if you will meet the requirement for relicensure in 2010 (currently 12 *AMA PRA*

Category 1 Credits[™]

earned or accrued during calendar year (2009). You

should confirm that you have obtained certificates from those activities you have attended and keep them in a file.

The Board is finding that some physicians are unaware that precepting a nurse does not confer *AMA PRA Category 1 Credits*[™]. Teaching (unless at an activity accredited to confer *AMA PRA Category 1 Credits*[™]) also does not confer Category 1 credit.

In addition to those activities designated to confer Category 1 credit, physicians may claim Category 1 credits directly from the AMA only for the following activities*:

- **Publishing articles** (publishing, as a lead author, an article in a journal included in the MEDLINE bibliographic database).
 - Documentation: a reprint or copy of the article's first page.
 - Credit assignment: 10 *AMA PRA Category 1 Credits*[™] per article.
- **Poster presentation** (preparing a poster presentation, which is also included in the published abstracts, for a conference designated for Category 1 credit).
 - Documentation: a copy of the page in the conference proceedings that lists the poster abstract and identifies the presenter.
 - Credit assignment: 5 *AMA PRA Category 1 Credits*[™] per poster.
- **Medically related advanced degrees** (obtaining a medically related advanced degree, such as a master's in public health). Not available if the academic program certified

Some physicians are unaware that precepting a nurse does not confer *AMA PRA Category 1 Credits*[™].

individual courses for Category 1 credit.

- Documentation: a copy of the diploma or final transcript.
- Credit assignment: 25 *AMA PRA Category 1 Credits*[™].
- **ABMS member board certification and maintenance of certification** (recognizes the educational effort associated with successfully completing an ABMS board certification process).
 - Documentation: a copy of the initial certificate, maintenance of certification certificate or the specialty board notification letter.
 - Credit assignment: 25 *AMA PRA Category 1 Credits*[™].

Only those ACLS and PALS programs accredited to confer *AMA PRA Category 1 Credits*[™] are acceptable for Board requirements.

- **Accreditation Council for Graduate Medical Education (ACGME) accredited education** (recognizes the educational effort associated with successful participation in an ACGME accredited residency or fellowship program).
 - Documentation: confirmed through the national graduate medical education census.
 - Credit assignment: 20 *AMA PRA Category 1 Credits*[™] per year (up to three years).
- **Independent learning** (AMA may award Category 1 credit in recognition of exceptional learning experiences that physicians pursue independently. If you seek credit for an independent learning activity, you must obtain approval well in advance. The procedure for this is listed in the AMA's *The Physician's Recognition Award and credit system*).
- **International conference recognition program** (a small number of

events is approved each year, see *The Physician's Recognition Award and credit system*).

To apply for credit for these alternate activities, see *The Physician's Recognition Award and credit system*. There are forms in the booklet to use to apply for credit.

Activities NOT designated as Category 1 or equivalent:

- Category 2 credits (24 Category 2 credits do not convert to 12 Category 1 credits, for example)
- Consultation with peers and medical experts
- Small group discussions
 - Self assessment activities
 - Medical writing
 - Preceptorships
 - Research
 - Non-accredited providers of

ACLS and PALS programs (only courses given by those providers who have been accredited by the AMA to confer Category 1 credits are acceptable for Board requirements).

**Information taken from AMA's The Physician's Recognition Award and credit system, 2006 revision.*

On the Net:

AMA's *The Physician's Recognition Award and credit system*: <http://www.ama-assn.org/ama1/pub/upload/mm/455/pr2006.pdf>

Board's Web page concerning CME: <http://www.albme.org/Default.aspx?Page=CME>

Beware of CME scams:

All legitimate *AMA PRA Category 1 Credits*[™] activities must contain the following:

1. Official wording of CME credits awarded – *AMA PRA Category 1 Credits*[™],
2. An accreditation statement by the ACCME or MASA, and
3. A designation statement by the AMA.

PDMP Zero Based Reporting

The Alabama Department of Public Health's Prescription Drug Monitoring Program (PDMP) has added a feature for dispensing physicians to submit a "zero report" when no controlled substances have been dispensed within a seven day period. PDMP rules require weekly reporting, whether or not any controlled substances have been dispensed. The zero based reporting will assist registered dispensers with complying with the rules.

Detailed instructions on how to submit a zero based report are available on the PDMP Web site listed below. The instructions can be located by clicking on the *Dispenser Packet* link located on the left hand column of the Web page. If further clarification is needed, licensed dispensers can contact the PDMP technical support desk at (800) 225-6998 (option 8).

This information pertains to physicians who *dispense* controlled substances from their offices. Dispensing refers to ordering for and delivering to a patient a controlled substance for the patient's use. Physicians who dispense controlled substances are required to register with the Board and report to the PDMP. Dispensing rules do **not** apply to writing a prescription, distributing pre-packaged samples and starter packs, or administration in the office. For more information on this topic, please see the Board's Web page concerning dispensing physicians listed below.

The PDMP is not only for physicians to report medications they dispense. Any licensed physician can use the PDMP to look up individual patients and access information about controlled substances that have been prescribed or dispensed to the patient, including the prescriber/dispenser, date, medication and quantity dispensed. Instructions on registering to query the PDMP can be found at the PDMP Web site.

On the Net:

Dept. of Public Health PDMP: www.adph.org/pdmp

Board's Web page concerning dispensing physicians:

<http://www.albme.org/Default.aspx?Page=RegistrationDispensing>

OPINIONS OF THE
ALABAMA BOARD
OF MEDICAL EXAMINERS
can be found at
www.albme.org.

The screenshot shows the ADPH website interface. At the top, there's a search bar and navigation links. The main content area is titled 'Prescription Drug Monitoring Program' and includes a sub-header 'What Does a Drug Dealer Look Like?'. Below this, there's a section for 'Contact Information' with details for the Alabama Department of Public Health, Bureau of Professional and Support Services, Prescription Drug Monitoring Program, including a P.O. Box, address, phone numbers, and email addresses. The footer of the page contains various links like 'ADPH Privacy', 'ADPH Security', and 'ADPH Accessibility'.

Physician Assistants - you are required to keep a copy of your Registration Agreement for each physician to whom you are registered. In addition, you should provide copies to your employers and facilities where you work.



The Medical Association of the State of Alabama
and
Alabama Board of Medical Examiners
present

PRESCRIBING CONTROLLED DRUGS: CRITICAL ISSUES AND COMMON PITFALLS

Yesterday's newspaper headlines decry the under treatment of pain by physicians and we even hear of lawsuits against physicians who are accused of the under treatment of pain. Today's newspaper headlines bemoan the rampant abuse of prescription drugs. We increasingly hear of prescription drug overdoses and rumors that the DEA is in our neighborhood.

You wonder if your teenage patient who is a football star is on steroids since he suddenly bulked up and looks like he can bench press you. He has been acting somewhat aggressive.

Overweight and normal weight patients, whose definition of exercise is pulling the plug in the drain and fighting the current as the water goes out of the bathtub, are beating down your door demanding medication to help them lose weight.

This seminar will give you the opportunity to hear from experts that will hopefully help you be able to handle similar situations in an appropriate manner. You will learn some dos and don'ts as well as practical applications that you can use daily. We all want to prescribe appropriately so that we treat and do good for our patients and do no harm.

SEMINAR TOPICS

Basic and Advanced Pain Management

Dan Doleys, PhD, Director of The Doleys Clinic/Pain and Rehabilitation Institute

Hijacking the Brain: Understanding Addiction

Greg Skipper, MD, Medical Director of the Alabama Physician Health Program

URine Luck: All about Drug Testing

Greg Skipper, MD, Medical Director of the Alabama Physician Health Program

Current Trends: The Entrepreneurial Patient and Obtaining Controlled Substances by Deception

Jeff Grimsley, Alabama Board of Medical Examiners Investigator

Ed Munson, Alabama Board of Medical Examiners Investigator

Common Problems in the Medical Office: Mistakes and How to Avoid Them

Jeff Grimsley, Alabama Board of Medical Examiners Investigator

Ed Munson, Alabama Board of Medical Examiners Investigator

The Alabama PDMP: What it is, What it is For and How to Use it

Donna Jordan, MPA, PDMP Program Manager for the Alabama Department of Public Health

Prescribing for Obesity: Dos and Don'ts (Mostly Don'ts!)

Jamy Ard, MD, Assistant Professor of Nutrition Science and Medical Director of UAB's Eat Right Weight Management Program

Is There a Role for Androgenic Steroids in Medical Practice?

Shawn Harvey, MD, Partner, Grayson & Associates, PC

Polypharmacy and Overdose Deaths in Alabama: An Epidemic?

Steve Boudreau, MD, FRCP, Director C.R. Rabren Laboratory, Department of Forensic Sciences, State of Alabama

Workshop One: Non-malignant Chronic Pain Management

Workshop Two: Other Prescribing Problems

For more information, visit www.masalink.org, click on Education then Meetings and Events.



SEMINAR REGISTRATION

Registration Fee: The \$225 fee includes all course materials and meals (if applicable). Please see below for registration deadlines. **Note: All registration fees must be paid at time of registration. Attendees will not be allowed to pay or register at the door.**

Cancellation/Refund Policy: If you cancel two weeks before seminar, you will be refunded half of your registration fee and course materials. If you cancel less than two weeks before seminar, you will receive **NO refund** and **NO course materials**.

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Other: _____

E-mail: _____

Please mark session:

_____ Two-Day Symposium
August 1, 2009 (8 a.m. - 3:15 p.m.)
August 2, 2009 (8 a.m. - 11:30 a.m.)

Sandestin Golf and Beach Resort - Destin, Florida
Registration Deadline: July 20, 2009
Room Block Deadline: June 30, 2009
For MASA's room block: Call (800) 320-8115
Group Code: 2274J2

_____ One-Day Symposium
November 20, 2009 (8 a.m. - 5:45 p.m.)

ProAssurance Building - Birmingham, Alabama
Registration Deadline: November 9, 2009

We accept Checks, MasterCard, Visa and American Express

Type of Card: Visa MasterCard American Express

Card Number: _____

Exp. Date: _____ 3- or 4-digit Security Code: _____ Amount: _____

Cardholder: _____

Billing Address: _____

Signature: _____

Your signature constitutes an agreement to pay.

Please return completed registration form and payment to:
Medical Association of the State of Alabama • Attn: Stephanie Fletcher
P.O. Box 1900 • Montgomery, AL 36102-1900 • Phone: 334-954-2500 • Fax: 334-269-5200

Meet the Board

John S. Meigs Jr., MD, was newly elected to the Board in 2009 and began his term in May. He is a board certified family physician in Centreville, Alabama, where he has practiced since 1982. Dr. Meigs received his bachelor's degree in science at the University of Alabama and his medical degree at the University of South Alabama School of Medicine. He completed his residency at the University of Alabama/Selma Family Practice Residency Program, serving as Chief Resident in his third year.

Dr. Meigs and his wife, Molly, are active members of Brent Baptist Church where she is the church pianist and Dr. Meigs is a deacon and has served as moderator for several years.

Dr. Meigs is currently serving as the vice-speaker for the American Academy of Family Physicians.



John S. Meigs Jr., MD

REMINDER:

The Board considers the injection of Botox, Mesotherapy, Restylane, collagen and other fillers to be the practice of medicine and as such, each procedure must be performed by a licensed physician. These procedures may not be delegated to a PA, CRNP or any other assistive personnel.

MLC member and BME director receive honors from FSMB

The Board and Commission are pleased and proud to announce that Commission member **Leon C. Hamrick Sr., MD**, has been awarded the Federation of State Medical Boards' (FSMB) Distinguished Service Award for 2009, and the Board's Executive Director, **Larry Dixon**, was awarded the Federation's Meritorious Service Award for 2009.

Leon C. Hamrick Sr., MD, is being honored for his nearly 40 years of service to the medical regulatory community of Alabama. Elected to the Alabama Board of Medical Examiners in 1972, Dr. Hamrick served on the Board for a decade, including a six-year term as chair.

In 1981, Dr. Hamrick was appointed to the Medical Licensure Commission, beginning a tenure of service that has extended through three decades and continues today. The Commission is responsible for issuing all medical licenses in Alabama, as well as holding administrative hearings and imposing disci-

pline based on complaints filed by the Board for improper medical conduct.

In addition to serving as a member, Dr. Hamrick chaired the Commission from 1981 to 1991.

Dr. Hamrick has been a leader not only in improving the regulation of the medical profession, but also in improving patient care and helping

those who need health care the most. For the past 36 years, Dr. Hamrick has served as Chairman of the Lloyd Noland Foundation, a leading provider of services to the elderly and chronically ill. In 2004, Dr. Hamrick was honored by the Alabama Health Care Hall of Fame for his outstanding contributions to health care in the state.

Larry D. Dixon is being honored for his exceptional contributions to medical licensure and discipline during the last three decades. Since 1981, he has served as Executive Director of the Alabama Board of Medical Examiners.



Leon C. Hamrick Sr., MD

During his tenure with the Board, he has overseen numerous improvements to enhance Board processes and enhance patient safety in the state. Mr. Dixon's leadership abilities and experience have been invaluable to the national medical regulatory community for many years. He has served four terms on the FSMB Board of Directors, including terms in 1985-1986, 1990-1991, 1996-1997 and 2006-2008.

Mr. Dixon has been active in Administrators in Medicine since its inception 25 years ago, serving as the organization's first president from 1984-1986. He is a charter member of the FSMB Certified State Medical Board Executive program. Mr. Dixon also served on the steering committee for The National Clearinghouse on Licensure, Enforcement and Regulation, a national professional association for licensure agencies, and since 2002 he has served on the Advisory Committee for Alabama's Prescription Drug Monitoring Program.

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

MLC – April 2009

◆ On April 1, the Commission entered an Order placing on indefinite suspension the license to practice medicine in Alabama of **Anthony Lessa, MD**, license number MD.26315, Birmingham, AL.

◆ On April 8, the Commission entered an Order restoring to full, unrestricted status the license to practice medicine in Alabama of **Michael G. Gaines, MD**, license number MD.9386, Oxford, AL.

BME – April 2009

◆ On April 17, the Board entered an Order removing all restrictions attached to the certificate of qualification and license to practice medicine in Alabama of **Carolyn Mary Waldo, MD**, license number MD.19995. Rapid City, SD. Dr. Waldo now possesses a full, unrestricted certificate of qualification and license to practice medicine in Alabama.

MLC – May 2009

◆ On May 7, the Commission entered an Order revoking the license to practice medicine in Alabama of **Glen P. Wilcoxson, MD**, license number MD.5915, Daphne, AL, effective May 11, 2009. This action is on

appeal with the Alabama Court of Civil Appeals.

◆ On May 27, the Commission entered an Order removing the prohibition of the practice of obstetrics and restoring the license to practice medicine in Alabama of **Julian H. Fields, MD**, license number MD.23125, York, AL, to full, unrestricted status.

◆ On May 27, the Commission entered an Order summarily suspending the license to practice medicine or osteopathy of **Christopher P. Gay, DO**, license number DO.687, Sheffield, AL, until such time as the Administrative Complaint of the Board shall be heard and a decision rendered thereon.

◆ Upon the stipulation of the parties, on May 27, the Commission entered an Order reprimanding the license to practice medicine in Alabama of **William Edward Thomas, MD**, license number MD.23721, Montgomery, AL, and requiring completion of a continuing medical education course.

BME – May 2009

◆ Upon the stipulation of the parties, on May 20, the Board entered a Consent Order reprimanding the

license to practice as a physician assistant in Alabama of **Penny Simmons Boyett, PA**, license number PA.263, Winfield, AL.

MLC – June 2009

◆ On June 24, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **Rangarao V. Gummadapu, MD**, license number MD.7800, Selma, AL, until such time as the Administrative Complaint filed by the Board has been heard and a decision rendered thereon.

BME – June 2009

◆ On June 24, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Raed Ahmed Aqel, MD**, license number MD.22599, Birmingham, AL. Dr. Aqel is no longer authorized to practice medicine in Alabama.

◆ On June 24, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Donald Lew Bedney, MD**, license number MD.6146, Loma Linda, CA. Dr. Bedney is no longer authorized to practice medicine in Alabama.

Meet the Staff

Jim Hulett has been the Board's Physician Monitoring Coordinator since 1990. Mr. Hulett is responsible for monitoring physician compliance with public or confidential agreements made with the Board, Commission and Alabama Physician Health Program (APHP) and reporting compliance or non-compliance to the Board or Commission. He acts the Board's liaison in communicating with the APHP.

An inquiring, analytical mind; an unquenchable thirst for new knowledge; and a heartfelt compassion for the ailing – these are prominent traits among the committed clinicians who have preserved the passion for medicine.

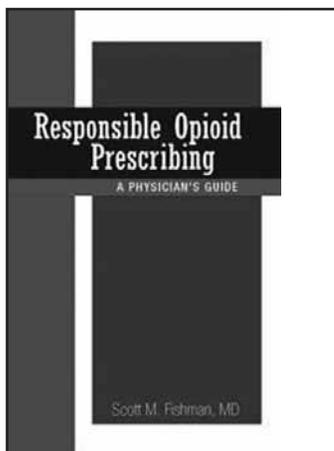
– Lois DeBakey, Ph.D.

News you can use from the Federation of State Medical Boards

Book translates FSMB's pain management policies into practical guidelines

A new CME-accredited version of

Responsible Opioid Prescribing: A Physician's Guide is now available with a related CME activity. Jointly sponsored by the FSMB Foundation, the



University of Wisconsin School of Medicine and Public Health, and the Alliance of State Pain Initiatives, the activity offers participants up to 7.25 *AMA PRA Category 1 Credits™* for reading the book and successfully completing an online test on the material. Written by Scott M. Fishman, MD, chief of the Division of Pain Medicine at the University of California, Davis, the book translates the FSMB's consensus policy on pain management into practical, office-based pain management guidelines. In an ongoing educational initiative, the FSMB Foundation is distributing the book to U.S. physicians via their state medical boards. Distribution of the Guide will soon surpass 100,000 copies to physicians in 16 states. For more information, please go to www.fsmb.org/Pain/default.html.

National organization issues screening tools for substance abuse

The National Institute on Drug Abuse on April 20 introduced a set of tools for medical professionals to screen patients for substance abuse issues. The Web-based toolkit includes an online screening tool for health care professionals to use with patients and a resource guide explaining how to use the tool, discuss results and make necessary referrals. The initiative stresses the importance of the physician-patient relationship in identifying unhealthy behaviors

before they evolve into life-threatening conditions. For more information, please visit www.drugabuse.gov/newsroom/09/NR4-20.html.

FSMB offers Web courses about pharmaceutical industry marketing techniques

A new educational module, "Pharmalyzer: Are you Prescribing Under the Influence?", was recently added to an FSMB-hosted Web portal (www.fsmb.org/re/open/default.html) providing access to free, accredited CME courses about pharmaceutical industry marketing techniques. The new course, developed by Georgetown University Medical Center, is designed to help prescribers assess their individual susceptibili-

ty to industry influence. For more information about the new course, please visit <http://explore.georgetown.edu/news/?ID=40986>. The portal is part of a national program educating health care professionals about the effect of pharmaceutical industry marketing techniques on prescribing practices. Most of the more than 30 courses are available free of charge and many may be taken for CME. Several courses have been designated for medical ethics and/or professional responsibility credit.

HHS updates family health history tool

The U.S. Department of Health and Human Services has released an updated version of the Surgeon General's Internet-based family health history tool. The new tool is designed to make it easier for patients to assemble and share family health history and can also help practitioners make better use of health history information. For more information, please go to <https://familyhistory.hhs.gov>.

The screenshot shows the 'My Family Health Portrait' website. At the top, it says 'A Tool from the Surgeon General'. Below that, it lists three main features: 'Enter your family health history', 'Create drawings of your family health history to share with family or health care worker', and 'Use the health history of your family to create your own'. There are two buttons: 'Create a Family History' and 'Open a Saved History File'. At the bottom, there is a navigation bar with links for 'Glossary', 'FAQ', 'Accessibility', 'Privacy & Security Policy', 'About This Site', 'Contact Us', and 'Site Updates'. There are also logos for the Department of Health and Human Services and the Surgeon General's Office.



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