Board members recognized

Boyde J. “Jerry” Harrison, MD, was one of the new members inducted into the Alabama Healthcare Hall of Fame Class of 2018. The Alabama Healthcare Hall of Fame was founded in 1997 to recognize those persons, living or deceased, who have made outstanding contributions to, or rendered exemplary service for health care in the state of Alabama. Dr. Harrison’s contributions to the healthcare field recognized by the Hall of Fame include his abiding interest in biochemical research, participation in clinical trials, and assistance in developing the Board’s prescribing course. [http://alabamamedicine.org/six-association-members-inducted-into-alabama-healthcare-hall-of-fame-for-2018/]

Beverly F. Jordan, MD, was presented with the Martha Myers Role Model Award at UAB School of Medicine’s White Coat Ceremony welcoming first-year medical students. The awards are presented annually and are intended to inspire generations of medical students by highlighting the accomplishments of physician alumni whose lives epitomize the ideal of service to their communities. The award was first introduced in 2007 by former Medical Licensure Commission member, Neil E. Christopher, MD. [http://alabamamedicalalumni.org/index.php?src=gendocs&ref=Role%20Model&category=About&submenu=Nominations]

Recent physician survey responses highlight issues with EHRs

The Physicians Foundation conducted a 2018 Survey of America’s Physicians ([https://physiciansfoundation.org/wp-content/uploads/2018/09/physicians-survey-results-final-2018.pdf]) to gain insight into physician burnout, physician compensation, and other aspects of the medical profession. Researchers found that rates of physician burnout are rising, with varying rates according to physician type. Physicians were asked to choose the most significant source of workplace dissatisfaction from a list of three “primary pain points,” and EHR design and interoperability was named as the number one cause of dissatisfaction. Provider frustrations with documentation are increased by poor EHR usability. A majority of respondents felt that EHR use has detracted from the patient-provider relationship. [Continued on page 4]
Medical conditions/controlled substances and operating vehicles

The National Transportation Safety Board investigates many accidents in all passenger transportation modes in which the use of a licit medication by a vehicle operator has been causal or contributory. As a result, one of the recommendations made by the Safety Board is that licensed health care providers and pharmacists routinely discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation.

A Governors Highway Safety Association report from 2016 states that opioids (and marijuana) are the most common drugs found in fatally injured drivers (http://www.safehomealabama.gov/SafetyTopics/DriverIssues/ImpairedDriving.aspx). However, many people operate under the false belief that opioids and marijuana don’t impair their ability to drive. Destroying this myth requires campaigns to show drivers that impairment is impairment, regardless of substance. It also requires health care providers discussing the effects of medication use on the ability to safely operate a vehicle.

There is no mandatory requirement for health care providers to report suspected or known unfit drivers; however, § 32-6-45 of the Code of Alabama provides immunity from civil liability for making a report to the Department of Public Safety in good faith and without negligence or malicious intent.

Clarence Neal ‘Buddy’ Canup, MD, in memoriam

Dr. Clarence Neal Canup, known to friends and family as “Buddy,” passed away on Aug. 6, 2018, at the age of 84. A native of Gainsville, Ga., Dr. Canup graduated from North Georgia College with a bachelor of science degree and from the Medical College of Georgia in 1964 with a doctor of medicine degree. Dr. Canup served with the U.S. Navy and with the U.S. Army Reserve during which he was called to Desert Storm. From 1995-1996 he served as president of the Medical Association of the State of Alabama.

Memorials may be made to St. Michael’s Community Health Clinic, 1005 West 18th Street, Anniston, AL 36201.
Important information for mid-level practitioners

by Pat Ward, RN, and Amy Wybenga, CRNP, Nurse Consultants

Laser skill requests for collaborative practice

Advanced practice nurses have a standard protocol for their national certification listing all the skills that can be performed without an additional request to either the Board of Nursing or the Board of Medical Examiners. One of those skills is “Laser Protocols for non-ablative treatment.” The only specialty certification for which this skill is not listed is the psychiatric mental health nurse practitioner.

The collaborating physician is required to register the laser with the Board of Medical Examiners and must have written protocols in place for use of the laser by the advanced practice nurse. When the nurse practitioner and physician complete the standard protocol for the Board of Nursing, it is an option to check this skill as “permitted” or “not allowed” and to enter the type of education and competency validation for the skill.

If the contemplated laser treatment is ablative, then the physician is required to write a letter to the Board of Medical Examiners requesting permission to train the nurse practitioner to perform the ablative laser procedure and to submit detailed protocols for the training and performance of the skill by the nurse practitioner. Additionally, the nurse practitioner must submit a New Skill Request to the Alabama Board of Nursing. The form can be found on the ABN website, www.abn.alabama.gov. Click on Licensing, then Advanced Practice Nursing, then CRNP, then New Skill Request and then Application for Privilege to Perform Skill.

Prescribing controlled medications for weight loss

The Alabama Board of Medical Examiners’ Rules, Chapter 540-X-17, Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction, state: “Only a doctor of medicine or doctor of osteopathy licensed by the Medical Licensure Commission of Alabama may order, prescribe, dispense, supply, administer or otherwise distribute a controlled substance in Schedule III, IV or V to a person for the purpose of weight control, weight loss, weight reduction or treatment of obesity, except that a Physician Assistant (PA), Certified Registered Nurse Practitioner (CRNP) or Certified Nurse Midwife (CNM) may prescribe Belviq® or Qsymia™ for such purpose. If a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife prescribes Belviq® or Qsymia™, the prescriber shall comply with the guidelines and standards of this Chapter which apply to M.D.s and D.O.s."

A physician assistant (PA), certified registered nurse practitioner (CRNP) or certified nurse midwife (CNM) must have a Qualified Alabama Controlled Substance Certificate (QACSC) in place before prescribing Qsymia™, however, Belviq® is a legend drug. Qsymia™ is a Schedule III medication and, therefore, requires a QACSC in order to prescribe, and it is reported to the Prescription Drug Monitoring Program (PDMP). Specific prescribing rule, Chapter 540-X-17 (6) states, “For the prescribing of only the drugs, Qsymia™ and Belviq®, the following applies: (a) Refills of Qsymia™ and Belviq® are allowed after an initial Qsymia™ or Belviq® prescription and one follow up visit for an in-person re-evaluation. For Qsymia™ and Belviq®, five (5) refills are allowed. The five (5) refills shall not extend past a period of six (6) months from the date of issue of the original prescription. (b) Continued prescribing/refills of Qsymia™ must be in accordance with the Risk Evaluation and Mitigation Strategies (REMS) required by the Federal Food and Drug Administration (FDA) for Qsymia™. (c) Refills allowed pursuant to this rule are specific for the brand name drugs Qsymia™ and Belviq®, and refills are not allowed for generic substitutes or for individual prescriptions of phentermine.”

Medical Association launches new online, OnDemand Education Center

In mid-October 2018, the Medical Association announced its new online, OnDemand Education Center that features seven Alabama opioid prescribing courses produced by the Medical Association. There are also more than 20 additional categories of courses available for “...physicians who are busy and have little time to spare, but who want to continue expanding their educational prospects to the best of their abilities,” said Medical Association Executive Director Mark Jackson.

The courses, contributed by medical associations and societies from across the country, include addiction, billing and coding, ICD-10, legal and medico-legal, practice management, obesity, risk management and many more. All online CME courses confer AMA PRA Category 1 Credit™ and those who purchase and complete the courses have the option of printing their own CME certificates.

The new OnDemand Education Center is easily accessed at www.alamedical.org/onlinecme.
New risk and abuse mitigation consideration

Effective Sept. 4, 2018, there is a new risk and abuse mitigation consideration for physicians prescribing controlled substances. The Board has added the following to the existing risk and abuse mitigation strategies: “Physicians should consider co-prescribing naloxone in patients deemed to be appropriate by the clinical determination of the treating physician.” Last year, the American Medical Association (AMA) issued a guidance encouraging co-prescribing the drug when appropriate for patients who are at risk for opioid overdose. AMA article: https://wire.ama-assn.org/delivering-care/new-guidance-who-can-benefit-naloxone-co-prescribing.

Increased collaborative practice commencement fee

Effective Sept. 4, 2018, the Board increased the collaborative practice commencement fee to $200 and discontinued renewal of collaborative practices. Collaborative practices will continue until terminated by the physician or nurse practitioner/nurse midwife. The Board also amended the rules to provide that either party can terminate a collaborative agreement, and the medical and nursing licensing boards will notify each other upon receiving a termination notice.

PAs and AAs who fail to renew licenses by Dec. 31

Effective Jan. 2, 2019, PAs and AAs who fail to renew their licenses by Dec. 31 will not have to submit CME documentation in order to renew from Jan. 1 through Jan. 31. Renewals after Jan. 31 still require submission of CME documentation.

Special registration for prescribing controlled substances via telemedicine

On Oct. 25, 2018, President Trump signed into law the “Special Registration for Telemedicine Act of 2018” that requires the Drug Enforcement Administration (DEA) to put into place a special registration allowing physicians and nurse practitioners to prescribe controlled substances via telemedicine without having had an in-person exam. The new law sets a one-year deadline for DEA to issue a final regulation providing for the special registration. DEA will issue proposed regulations, allow a public comment period, consider and respond to the comments, and then publish final regulations.

EHR issues, cont.

The Board has heard from many physicians about specific problems with EHRs. Varied EHR formats, a lack of intuitive interfaces, a lack of training and post-implementation testing, and incomplete lab results are all issues that ideally should be addressed before purchase and implementation of an EHR system, but too often are only recognized after the system has been purchased and installed.

Physicians who are considering an EHR for the first time or who are thinking of changing systems should conduct extensive research before choosing a system. There is a great deal of information available from healthcare organizations and agencies such as the American Medical Association, the National Center for Biotechnology Information (https://www.ncbi.nlm.nih.gov/), and the Office of the National Coordinator for Health Information Technology (https://www.HealthIT.gov), along with a large number of healthcare media organizations.

One extremely important issue is chart retrieval to comply with requests from payors, patients, the Board, and others. It can be especially difficult to retrieve EHR notes, as opposed to clinical data stored in structured fields, because it is contained in text files, which is more difficult to access for secondary purposes. Additionally, the EHR provider may consider the data to belong to it and charge the physician to retrieve the data. This can turn into a huge problem upon a physician leaving a practice or retiring. The Board is familiar with physicians who retired and were confronted with the choice of terminating the EHR contract but being charged an astronomical amount to convert the data to charts that can be retained for the required time period (generally ten years) or continuing to pay thousands of dollars a year for the company to maintain the records.

These are just a few of the considerations that must be contemplated when choosing an EHR system.
Distinguished Alabama physician David Satcher, MD

Three Alabama physicians have served as Surgeon General of the United States: Luther Terry, David Satcher, and Regina Benjamin.

Dr. Satcher is an Anniston native best known for his advocacy for health care in underserved communities and his civil rights activism in the field of medicine. A graduate of Morehouse College in Atlanta, Ga., he matriculated in the School of Medicine at Case Western University in Cleveland, Ohio. Dr. Satcher was one of four African American students in the entire school and the first to earn both an MD and PhD, with honors.

Dr. Satcher was interim dean of the Charles R. Drew Postgraduate Medical School in Los Angeles and directed the King/Drew Comprehensive Sickle Cell Center in Los Angeles before returning to Morehouse College to serve as professor and chairman of the Department of Community Medicine and Family Practice at the School of Medicine. In 1982, Dr. Satcher was appointed president of Meharry Medical College in Nashville, Tenn., and in 1993 he was appointed director of the Centers for Disease Control and Prevention.

In February 1998, Dr. Satcher was appointed Surgeon General of the United States and Assistant Secretary for Health of the U.S. Department of Health and Human Services. Due to his efforts, the federal government began making a determined effort to eliminate all differences among various U.S. populations in death rates from disease and trauma. He also worked to remove the stigma of mental illness and fought for equitable health care and health outcomes for all Americans, a cause he continues to advocate for today. He left office in August 2002.

Dr. Satcher has received numerous awards and honors and is a member of the Institute of Medicine. In 2006, he established the Satcher Health Leadership Institute at the Morehouse School of Medicine.

Current Address Required

Alabama law requires every licensed physician to 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. To update name or address information, go to www.albme.org/nameaddchange.html

ANNOUNCING

Prescribing and Pharmacology of Controlled Drugs
Critical Issues and Common Pitfalls

March 2-3, 2019
Edward Via College of Osteopathic Medicine
(Meeting Host)
Auburn University Hotel & Conference Center
(Accommodations)

August 2-4, 2019
Sandestin Golf & Beach Resort

Nov. 23-24, 2019
Hyatt Regency Birmingham – The Wynfrey Hotel

Also in November ...

Friday, Nov. 22, 2019
• Collaborative and Supervisory Practice: Pearls, Pitfalls and Protocols
• Medical Ethics

Be on the lookout for brochure, agenda, and registration information.

www.alamedical.org/prescribing

Reminder: Deadline for ACSC holders to obtain 2 AMA PRA Category 1 Credits™ in prescribing controlled substances is December 31, 2019.
Mission: The Alabama Board of Medical Examiners and the Medical Licensure Commission are charged with protecting the health and safety of the citizens of the state of Alabama.

BME – August 2018
◆ On Aug. 15, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of Thomas R. Dempsey, MD, lic. no. MD.10008, Mobile, AL.

◆ On Aug. 15, the Board accepted the voluntary surrender of the Alabama Controlled Substances Certificate of Weston J. Welker, MD, lic. no. MD.13209, Huntsville, AL.

BME – September 2018
◆ On Sept. 7, the Commission entered an Order denying the petition of Amjad I. Butt, MD, lic. no. MD.29003, Valley Grande, AL, to lift the restrictions on his license to practice medicine in Alabama.

◆ On Sept. 12, the Commission entered an Order placing on probation the license to practice medicine in Alabama of James Davis Blake, MD, lic. no. MD.8072, Hoover, AL.

MLC – September 2018
◆ Effective Sept. 6, the Commission issued an Order Temporarily Suspending License and Setting Hearing concerning the license to practice medicine in Alabama of Robert J. Nicke, MD, lic. no. MD.35256, Trussville, AL.

◆ Effective Sept. 6, the Board issued an Order revoking the Alabama Controlled Substances Certificate of Robert J. Nicke, MD, lic. no. MD.35256, Trussville, AL.

◆ On Sept. 19, the Board accepted the Voluntary Surrender of certificate of qualification and license to practice medicine in Alabama of William R. Roddy, DO, lic. no. DO.541, Sheffield, AL.

MLC – October 2018
◆ On Oct. 7, the Commission entered an Order denying the request to lift the license suspension of Malachy Dehenre, MD, lic. no. MD.22722, Raleigh, MS.

◆ On Oct. 7, the Commission entered an Order denying the request for reinstatement of Mark P. Koch, DO, lic. no. DO.322, Monroeville, AL.

◆ On Oct. 7, the Commission entered an Order lifting the probation of the license to practice medicine in Alabama of Gary A. Moore, MD, lic. no. MD.27668, Oneonta, AL.

◆ Effective Oct. 11, the Commission temporarily suspended the license to practice medicine in Alabama of Michael D. Dick, MD, lic. no. 21873, Decatur, AL, until such time as the charges filed by the Board have been heard and a decision rendered thereon.

◆ Effective Oct. 26, the Commission suspended the license to practice medicine in Alabama of John B. Slappey, MD, lic. no. MD.34055, Vestavia, AL.

BME – October 2018
◆ Effective Oct. 26, the Commission temporarily suspended the license to practice medicine in Alabama of Weston J. Welker, MD, lic. no. 13209, Huntsville, AL, until such time as the charges filed by the Board have been heard and a decision rendered thereon.

◆ Effective Oct. 17, the Board accepted the voluntary surrender of the Alabama Controlled Substances Certificate of David D. Schaffer, DO, lic. no. DO.421, Montgomery, AL, to become effective at 11:59 p.m. on Dec. 31, 2018.

MLC – November 2018
◆ Effective Nov. 1, the Commission temporarily suspended the license to practice medicine in Alabama of Vanessa Russell Thomas, MD, lic. no. MD.29849, Daphne, AL, with certain conditions.
of Scott B. Robbins, MD, lic. no. 21267, Santa Rosa Beach, FL, until such time as the charges filed by the Board have been heard and a decision rendered thereon.

◆ On Nov. 2, the Commission entered an Order restricting the license to practice medicine in Alabama of Julio Delgado, MD, lic. no. MD.21523, Bessemer, AL.

◆ On Nov. 2, the Commission entered an Order affirming the denial of the application for a certificate of qualification to practice medicine in Alabama of Gursheel Singh Dhillon, MD, Nashville, TN.

BME – November 2018
◆ Effective Nov. 5, the Alabama Controlled Substances Certificate of Mohammad Hazem Ibrahim Ahmad Sabry, MD, lic. no. MD.32057, McComb, MS, is restricted. Dr. Sabry may not prescribe controlled substances in Alabama until further order of the Board.

Actions for CME (reprimand, fine, additional CME required):
- Ian Hall Thorneycroft, MD, lic. no. MD.15135, Mobile, AL

Actions on ACSC for not being registered for PDMP (administrative fine):
None to date.

Actions on ACSC for prescribing controlled substances with expired ACSC (administrative fine):
- William J. Bose, MD, lic. no. MD.14196, Mobile, AL
- Zachary E. Clark, MD, lic. no. MD.35318, Birmingham, AL

Actions for not being registered for Office Based Surgery (administrative fine):
- Eugene K. Essandoh, MD, lic. no. MD.34303, Montgomery, AL

A doctor, like anyone else who has to deal with human beings, each of them unique, cannot be a scientist; he is either, like the surgeon, a craftsman, or, like the physician and the psychologist, an artist. This means that in order to be a good doctor a man must also have a good character, that is to say, whatever weaknesses and foibles he may have, he must love his fellow human beings in the concrete and desire their good before his own.

– W. H. Auden (1907-1973)
2019 BME Meeting Dates

January 16
February 20
March 20
April 11

The public portion of each meeting is scheduled for 10:00 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building located at 848 Washington Avenue, Montgomery, Ala.

Meeting agendas and a full list of meeting dates and times can be found on the Board’s website:

www.albme.org

2019 MLC Meeting Dates

January 23
February 27
March 29
April 17

Meetings are held in the Dixon-Parker Building, 848 Washington Avenue, Montgomery, Ala.

QUESTIONS OR ASSISTANCE

Alabama Board of Medical Examiners .............. (334) 242-4116

Acting Executive: Howard J. Falgout, MD
Directors: Mark H. LeQuire, MD
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Physician Assistants: Donna Jordan

Collaborative Practice: Patricia Ward, RN

Medical Licensure Commission ...................... (334) 242-4153

Executive Assistant: Karen Silas

Official publication of the Alabama Board of Medical Examiners and Medical Licensure Commission.

The Newsletter and Report is published four times per year – January, April, July and October.

Past issues are archived and available on the Board’s website: www.albme.org.