



ALABAMA Board of Medical Examiners Medical Licensure Commission

Newsletter and Report

www.albme.org

July 2017

A Message from the Executive Director **Rescheduling selected drugs**

by Norris Green

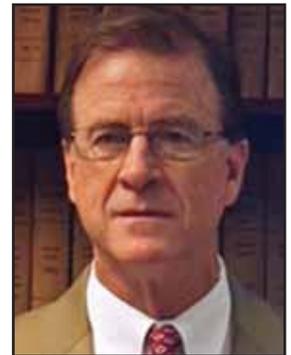
Recently, the State Committee of Public Health, upon a recommendation from the State Board of Medical Examiners, agreed via administrative rule amendment to reschedule four different medications. Pursuant to state law, the scheduling of controlled substances is the duty of that Committee.

The proposed administrative rule amendment went through the Administrative Procedures process, and under that process, a public hearing was called before the Legislative Joint Committee on Administrative Regulation Review. The Joint Committee has the authority to approve, amend or reject a proposed administrative rule amendment.

Alprazolam

It was apparent at the hearing that there was considerable opposition to the proposed rule. All of the debate centered on the rescheduling of alprazolam (Xanax) from a Schedule IV controlled substance to a Schedule II controlled substance. The Board of Medical Examiners made a decision to attend the hearing so questions concerning why the Board supported this change could be addressed. Four Board members, three of whom practice pain management and all of whom are extremely knowledgeable about the effects of controlled substances and the results of combining different prescriptions, testified before the Joint Committee about the addictive potential of alprazolam and the need to make it more difficult to obtain.

recognizing not only their extremely addictive potential, but also the danger to patients when taking multiple classes of medications



Norris Green

(polypharmacy). Patients who need these medications would still have access to them. Those patients who obtain drugs for the purpose of diversion would be slowed down. Physicians would be more cognizant of the addictiveness and possibly harmful interactions of these medications. This was a small step but one of many that will ultimately need to be taken in order to solve the tremendous problem affecting our population.

Opposition's Position

Opponents of the rescheduling stated at the hearing that how to prescribe these medications should be within a physician's discretion. Another argument was that the scheduling or rescheduling of controlled substances should be up to the Legislature, not the State Committee of Public Health (a committee of mostly physicians). The fact is the Legislature has already spoken on the matter of scheduling

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Board welcomes new members

Alabama Board of Medical Examiners

Howard J. Falgout, MD, Chairman
Tuscaloosa

Mark H. LeQuire, MD, Vice Chairman
Montgomery

Gregory W. Ayers, MD
Birmingham

Eli L. Brown, MD
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Michael T. Flanagan, MD
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Boyde J. Harrison, MD
Haleyville

David P. Herrick, MD
Montgomery

Beverly F. Jordan, MD
Enterprise

Gary F. Leung, MD
Auburn

Ronnie L. Lewis, MD
Albertville

John S. Meigs Jr., MD
Centreville

Dick Owens, MD
Haleyville

Bradley S. Rice, MD
Huntsville

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Mobile

F. Darlene Traffanstedt, MD
Birmingham

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Craig H. Christopher, MD
Birmingham

Gary R. Hill, DO
Auburn

Mr. L. Daniel Morris
Montgomery

George C. Smith, Sr., MD
Lineville

Pamela D. Varner, MD
Birmingham



Beverly F. Jordan, MD

Beverly F. Jordan, MD, is a family physician in Enterprise where she has practiced for more than 10 years. She is a graduate of the University of Alabama School of Medicine and completed her family medicine residency at the Tuscaloosa Family Medicine Residency program. Dr. Jordan completed a primary care sports medicine fellowship at the American Sports Medicine Institute in Birmingham and is board certified in both sports medicine and family medicine.

Dr. Jordan, who has been active in organized medicine on the county, state and national levels, is president of the Coffee County Medical Society, an At-large member and past speaker and vice speaker of the Board of Censors of the Medical Association of the State of Alabama and past president of the Alabama Academy of Family Physicians, just to name a few.



Ronnie L. Lewis, MD

Ronnie L. Lewis, MD, is also a family physician and has practiced at Rapid Care, Inc., in Fort Payne for 29 years. Following medical school at the University of Alabama at Birmingham, Dr. Lewis completed an internship and residency at the University of Alabama Huntsville.

Dr. Lewis has served as Chief of Staff at DeKalb Regional Medical Center, on the Board of Disease Prevention of the Public Health Department, as Medical Director of FCI Talladega and is a life counsellor and member of the Board of Censors of the Medical Association of the State of Alabama. In addition, the citizens of DeKalb County have voted Dr. Lewis "Best Physician in DeKalb County" numerous times.



C.M.A. Rogers IV, MD

After earning a Bachelor of Arts degree in Economics from Virginia Military Institute in Lexington, Virginia, **C.M.A. (Max) Rogers, IV, MD, FACOG**, served in the U.S. Marine Corps for seven years as a helicopter pilot. He completed medical school at the University of Alabama School of Medicine and a residency in Obstetrics and Gynecology at University of Alabama Hospital.

Dr. Rogers opened Obstetrics and Gynecology Associates in Mobile in 1998 and is now a managing partner. He serves on the Alabama Section of the American College of Obstetrics and Gynecology (ACOG) Committee for Quality and Patient Safety, Pro-Assurance Claims and Underwriting Committee, the Board of Directors at Mobile Infirmity Medical Center and Chairman-elect of the Alabama section of ACOG.

Board says farewell



William E. Goetter, MD

The Board and staff bid a fond farewell to **William E. Goetter, MD**, whose term on the Board expired in April 2017. Dr. Goetter became a member of the Board in May 2008 and served on the Board's Credentials Committee from May 2013 until April 2017.

Dr. Goetter graduated from Emory University School of Medicine and completed postgraduate training at the University of Alabama. He then practiced internal medicine in Fairhope from 1988 to 2012.

While on the Board, Dr. Goetter was instrumental in focusing the Board's attention on the issues surrounding the provision of medicine via telehealth. He leaves a legacy that will not soon be forgotten.



George C. Smith Jr., MD

The term on the Board of **George C. (Buddy) Smith, Jr., MD**, has also expired. Dr. Smith was first elected to the Board in July 2005 and was a member of the Credentials Committee from 2006 to 2015. In addition, he served as Board chairman from May 2010 to May 2014. Dr. Smith's leadership and sense of fairness led to the deep respect of his fellow Board members and the Board staff.

Dr. Smith received his medical degree from the University of Alabama School of Medicine and completed residency at the Northeast Alabama Regional Medical Center in Anniston. Dr. Smith has practiced family medicine at Clay County Medical Clinics, PC, in Lineville, for 31 years.



Joseph A. Falgout, MD, Board chair (left), with Timothy A. Stewart, MD.

In December 2016, **Timothy A. Stewart, MD**, tendered his resignation on the Board of Medical Examiners and the Board of Censors of the Medical Association of the State of Alabama. He also retired from Huntsville Pediatric Associates where he practiced for approximately 30 years. As a result, Dr. Stewart now has plenty of time to pursue his passion of traveling the world. We sincerely appreciate Dr. Stewart's time and contribution to the Board over the past eight years and wish him all the best in the days ahead.

Medical Association Board chair elected to FSMB committee

Congratulations

to **Howard**

J. (Joey)

Falgout,

MD, chair of

the Medical

Association's

Board of

Censors,

who was

elected by the

Federation of

State Medical Boards House of

Delegates to the Nominating

Committee during the FSMB's

annual meeting in April.



Howard J. Falgout, MD

Rescheduling drugs, cont.

drugs. They enacted a law codified in Ala. Code § 20-2-20 that grants authority to classify controlled substances to the State Board of Health. The Board of Medical Examiners is of the opinion it is a proper public health decision to make a medication more difficult to obtain in order to protect the patients and public. It should not be a Legislative decision that would make any attempts at change subject to opposition by those whose primary concern might not be public safety. Patient safety and wellness is the primary mission of the Board of Medical Examiners. This Board of 16 practicing physicians is in the best position to recognize issues that affect patient safety and to take or recommend action to mitigate harm to the public health.

The vote to reject the rule was 16-1.

Social media and electronic communication with patients

A recent paper published in *BJU International*, “Unprofessional content on Facebook accounts of U.S. urology residency graduates,” found a “substantial proportion” of recent residency graduates’ Facebook pages contained unprofessional content posted by the physicians. The researchers identified the publicly accessible Facebook profiles of graduates of U.S. urology residency programs in 2015 and assessed the profiles for unprofessional content based on professionalism guidelines of the American Urological Association, the American Medical Association, and the Accreditation Council for Graduate Medical Education. The authors of the content (whether it was the recent graduate or someone else) were determined, and the profiles were reviewed for self-identification as a urologist. Forty percent of the profiles included unprofessional or potentially objectionable content, including 13 percent reflecting behavior such as depictions of intoxication, profanity, unlawful behavior, and confidential patient information. The unprofessional content was found to be self-authored in 82 percent of categories. Among those graduates who self-identified as a urologist, nearly half contained concerning content. No differences were found between men and women, MD and DO degree holders, or those who did or did not identify as a urologist. The researchers concluded that approximately half of the subjects identifying as urologists on Facebook violated published professionalism guidelines, and that greater awareness of trainees’ online identities is needed.

FSMB social medical guidelines

The Federation of State Medical Boards has published social media guidelines that discourage physicians from interacting with current or past patients on personal social networking sites such as Facebook. Online interaction with patients should be limited to discussing the patient’s medical treatment within the physician-patient relationship, and this should never occur on personal social networking or social media websites. Patient confidentiality must be protected at all times, and social networking sites have the potential to be viewed by many people. Any breaches in confidentiality could be harmful to the patient and in violation of privacy laws.

AMA professionalism guidelines

The American Medical Association’s ethics opinion concerning professionalism in the use of social media cautions physicians to maintain standards of patient privacy and confidentiality in all environments, including online,

and refrain from posting identifiable patient information online. Physicians should use privacy settings to safeguard personal information and to realize that once on the Internet, content is likely there permanently. Additionally, if they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship just as they would in any other context.

Patient privacy issues

Similarly, if physicians interact with patients via email, the American Medical Association has guidelines including informing the patient about privacy issues, establishing the types of transactions and sensitivity of subject matter to be permitted over email, not sending group mailings where recipients are visible to each other, and avoiding anger, sarcasm, harsh criticism, and libelous references to third parties in messages. The AMA also has guidelines concerning the confidentiality of computerized patient records, which include emails between physicians and patients.

Use caution texting patients

Another area where caution is paramount is texting with a patient. A recent article by Robert Nagler Miller in the *AMA Wire* discusses a hypothetical patient who has been treated for dermatitis and wants to text a picture of his hands to his physician because he will be out of town the next week. First, the physician must determine if it is appropriate to respond to the patient’s query through text. Then, if it is appropriate, the text must meet various transmission requirements. Physicians should talk with their legal counsel and IT experts to conduct a risk assessment concerning the privacy and security of health information when communicated electronically. The Department of Health and Human Services provides information and guidelines concerning the use of a mobile device and how to protect and secure health information. Before communicating via text (or email), physicians may choose to obtain written consent from patients, acknowledging the risks associated with the transmission of electronic messages. Miller also recommends maintaining a cordial yet businesslike tone, carefully proofing texts, setting texting limits and keeping text records.

The use of electronic media in physician practices continues to expand. Physicians are encouraged to carefully consider the benefits, risks, and pitfalls associated with these modes of communication.

See resources on page 5

Social media and Electronic Communication Resources

AMA Code of Medical Ethics Opinion 9.124, Professionalism in the Use of Social Media

<http://journalofethics.ama-assn.org/2015/05/coet1-1505.html>

AMA Code of Medical Ethics Opinion 5.07, Confidentiality: Computers

<http://journalofethics.ama-assn.org/2011/03/coet1-1103.html>

AMA Guidelines for Patient-Physician Electronic Mail H-478.997

<https://policysearch.ama-assn.org/policyfinder> (Search for H-478.997)

Department of Health and Human Services, Your mobile device and health information privacy and security

<https://www.healthit.gov/providers-professionals/your-mobile-device-and-health-information-privacy-and-security>

Federation of State Medical Boards, Model Policy Guidelines for the Appropriate Use of Social Medical and Social Networking in Medical Practice

<https://www.fsmb.org/Media/Default/PDF/Publications/pub-social-media-guidelines.pdf>

Koo, K., Ficko, Z. and Gormley, E. A. (2017), Unprofessional content on Facebook accounts of US urology residency graduates. *BJU Int.* doi:10.1111/bju.13846

<http://onlinelibrary.wiley.com/doi/10.1111/bju.13846/full>

Miller, R. (April 17, 2017), When patients want to text: HIPAA, OMG! See you L8R, privacy? *AMA Wire*

<https://wire.ama-assn.org/delivering-care/when-patients-want-text-hipaa-omg-see-you-l8r-privacy>

Notices and Reminders

Ala Prescription Drug Monitoring Program

by Nancy Bishop, RPh, State Pharmacy Director

The Prescription Drug Monitoring Program (PDMP) will be changing formats this year. Please watch your email for dates and instructions related to this change. The new software, Appriss Health PMP AWARe, will have additional features to help prescribers and dispensers make the most informed clinical decisions for their patients.

FSMB releases updated guidelines for chronic use of opioid analgesics

An FSMB workgroup, led by former FSMB chair, J. Daniel Gifford, MD, has identified its own recommendations as well as those included in recent advisories released by the FDA and the CDC. On May 17, 2017, the FSMB released its updated “Guidelines for the Chronic Use of Opioid Analgesics.”

CDC offers FREE download of opioid guideline mobile app

CDC’s new Opioid Guideline App is designed to help providers apply the recommendations of CDC’s Guideline for Prescribing Opioids for Chronic Pain into clinical practice, putting the entire guideline, tools and resources in the palm of your hand. Included on the app is a **Morphine Milligram Equivalent (MME) calculator**, summaries of key recommendations, a link to the full Guideline, and an interactive motivational interviewing feature.

The new CDC Opioid Guideline App is available for free download on Google Play for Android devices and in the Apple Store for iOS devices.

AMA Code of Medical Ethics modernized

This uniform code of ethics, the first of its kind, was adopted at the first AMA meeting in 1847. “The comprehensive update to the *Code*’s ethics guidance keeps pace with emerging demands physicians face with new technologies, changing patient expectations and shifting health care priorities,” said AMA president Steven J. Stack, MD, upon its approval June 13, 2016. It accomplished three primary objectives:

1. To improve relevance, the *Code* has language that applies to contemporary medical practice.
2. To improve clarity, the *Code* has an improved structure and formatting to ensure foundational ethical principles and specific physician responsibilities are easy to find, read and apply.
3. To improve consistency, the *Code* has harmonized guidance that consolidates related issues into a single, comprehensive statement.

To download the new *Code*, visit ama-assn.org.

IMLCC processing applications for expedited licensure

On April 6, 2017, the Interstate Medical Licensure Compact Commission (IMLCC) began processing expedited licensure applications. The IMLCC was created to streamline the process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license. Only board certified physicians who hold a full, unrestricted license in at least one state of principal licensure (currently seven states, including Alabama), and are a resident, have at least 25 percent of their medical practice or are employed by an entity in one of the principal licensure states, can apply to be licensed by one or more of the other medical and osteopathic boards participating in the compact.

For more information, visit the IMLCC website at imlcc.org.

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CME requirement for ACSC registrants FAQs

I hold an ACSC but I am exempt from the annual 25-credit requirement for license renewal. Do I still have to obtain these credits?

Yes. ACSC holders who are otherwise exempt from the CME requirement (residents, fellows, initial licensure year, military service) must still obtain the two credits every two years.

Does the Board have to pre-approve the courses I take? Does it have to be a live activity? Does it have to be obtained in Alabama?

No. You do not need to obtain pre-approval from the Board for the course you choose. Just be sure the course confers *AMA PRA Category 1 Credit™* and is in one of the required areas. The course may be live, through the internet or any other method as long as the activity confers Category 1 Credit. It does not have to be obtained from a CME activity in Alabama.

If I obtain the CME in 2017, will that meet the new requirement?

No. This requirement is interpreted to encompass credits

earned in the calendar year 2018 and forward. Credits earned in 2017 or earlier may not be carried forward to be in compliance with the new rule.

I do not prescribe opioids at all. Does the CME requirement apply to me?

Yes. All physicians holding an ACSC are subject to the new CME requirement. The CME can be in the areas of prescribing controlled substances generally and recognizing signs of abuse and misuse. Activities in specific areas such as the use of controlled substances in the treatment of ADD or mental disorders, for example, would meet the requirement.

I am a physician assistant (or nurse practitioner) with a QACSC. Do I have to meet the new CME requirement in the Risk and Abuse Mitigation Strategies rule?

No. As a QACSC holder, you have an existing CME requirement to which you must adhere [see Rules 540-X-12-.05(3) and 540-X-18-.05(2)].

Notices and Reminders, cont.

Annual CME requirement

We are now entering the last half of 2017. Are you on track to complete the required CME credits? All physicians maintaining a current Alabama medical or osteopathic license are required to complete 25 *AMA PRA Category 1 Credits™* by December 31 of every calendar year. There is no grace period and credits cannot be carried over from one year to the next.

New RMS rule

Beginning Jan. 1, 2018, all licensed physicians who hold an ACSC must obtain two CME credits in controlled substance prescribing every two years per RMS Rule 540-X-4-.09. These credits may be used to meet the annual CME requirement for the year in which they are obtained.

QACSC renewal reminder

by Deana Bozeman, Physician Extender Services

As a requirement for renewing a Qualified Alabama Controlled Substances Certificate (QACSC), a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife holding a QACSC registration shall obtain every two years, 4 *AMA PRA Category 1 Credits™* through a Board-approved course or courses regarding the prescribing of controlled substances. **During the 2018 QACSC renewal process, PAs will be required to upload documentation of having met this requirement.**

For course information, see www.albme.org/cscme.html.

November 2017 CME

Last opportunity in 2017 to attend live activities sponsored by the BME, Medical Association of the State of Alabama, and Alabama Board of Nursing. Three days totaling 20 hours of instruction.

Three-day schedule

Fri., Nov. 17		
Collaborative Practice	New 4-hour course	7:30 a.m. - 11:45 a.m.
Medical Ethics	New 4-hour course	1:00 p.m. - 5:15 p.m.
Sat., Nov. 18		
Prescribing of Controlled Drugs*	8-hour course + 4 new topics	7:30 a.m. - 5:15 p.m.
Sun., Nov. 19		
Controversies of Pharmacology Prescribing*	4-hour course + 2 new topics	7:30 a.m. - 11:45 a.m.

For information and registration, go to www.alamedical.org/prescribing. You may register online or print the registration form located in the brochure and fax or mail it in with payment information.

*Physician Assistants and Nurse Practitioners must take the entire 12-hour Prescribing (Sat., Nov. 18) and Pharmacology course (Sun., Nov. 19) to apply for a QACSC.

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

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.

MLC – March 2017

◆ On Mar. 20, the Commission issued an Order staying the Commission's March 7, 2017, Order concerning **W. Ricardo Montiel, MD**, lic. no. MD.18168, Prattville, AL, pending further order of the Commission.

BME – March 2017

◆ On March 15, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Robert M. Ritchea, MD**, lic. no. MD.19887, Phenix City, AL.

◆ Effective March 17, the Alabama Controlled Substances Certificate of **Tao Chen, MD**, lic. no. MD.29601, Mobile, AL, is placed on probation, subject to certain terms and conditions.

MLC – April 2017

◆ On April 3, the Commission issued an order denying the application for reinstatement of license of **Paul M. Muratta, DO**, lic. no. DO.536, Gadsden, AL.

BME – April 2017

◆ Effective April 7, the Board and **Larry T. Bolton, MD**, lic. no. MD.5951, Scottsboro, AL, entered a Consent Order reinstating Dr. Bolton's Alabama Controlled Substances Certificate in Schedules II-V, with certain conditions.

◆ On April 13, the Board issued a Consent Order restricting the license to practice as a physician assistant in

Alabama of **Kristi N. Bane, PA**, lic. no. PA.273, Gadsden, AL.

◆ On April 14, the Board entered a Consent Order placing on probation the Alabama Controlled Substances Certificate of **Farouk Y. Khan, MD**, lic. no. MD.21322, Dothan, AL.

MLC – May 2017

◆ On May 5, the Commission entered an Order affirming the denial of the application for certificate of qualification to practice medicine in Alabama of **Samuel Fillingane, DO**, Jackson, MS.

◆ On May 5, the Commission entered an Order reinstating to unrestricted status the license to practice medicine in Alabama of **Karen Paul Holley, MD**, lic. no. MD.23807, Metairie, LA.

◆ On May 5, the Commission entered an Order denying the motion of **W. Ricardo Montiel, MD**, lic. no. MD.18168, Prattville, AL, for rehearing and/or for stay. The Order of March 7, 2017, takes effect immediately.

◆ On May 24, the Commission entered an Order partially staying the Commission's Order of March 7, 2017, until midnight on June 23, 2017, concerning the license to practice medicine in Alabama of **W. Ricardo Montiel, MD**, lic. no. MD.18168, Prattville, AL.

◆ On May 31, the Commission entered an Order revoking the license to practice medicine in Alabama of **Rodney D. Rothstein, MD**, lic. no. MD.29863, Owens Cross Roads, AL.

BME – May 2017

◆ On May 24, the Board issued an Order summarily suspending the Alabama Controlled Substances Certificate of **Weston J. Welker, MD**, lic. no. MD.13209, Owens Cross Roads, AL, until such time as a hearing shall be held by the Board and a decision rendered thereon.

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

- **William K. Adkins, MD**, lic. no. MD.19629, Auburn, AL
- **Helena T. Pernia Buchalter, MD**, lic. no. MD.10378, Mountain Brook, AL
- **Sandra A. Ford, MD**, lic. no. MD.4492, Birmingham, AL
- **Michael L. Granberry, MD**, lic. no. MD.14921, Mobile, AL
- **Suzanne L. Herrin, PA**, lic. no. PA.719, Hoover, AL
- **Patrick F. Kelly, DO**, lic. no. MD.1531, Andalusia, AL
- **Radwan Mallah, MD**, lic. no. MD.18098, Birmingham, AL
- **Christopher D. Mullenix, MD**, lic. no. MD.23582, Mobile, AL
- **Michael S. Palmer, PA**, lic. no. PA.1059, Florence, AL

Actions on ACSC for not being registered for PDMP (administrative fine):

None at this time.

Actions on ACSC for prescribing controlled substances with expired ACSC (administrative fine):

- **William Roy Farmer, MD**, lic. no. MD.10163, Evergreen, AL
- **George L. Petty, MD**, lic. no. MD.34536, Tuscaloosa, AL
- **Frine T. Roca, MD**, lic. no. MD.16324, Fort Payne, AL



Alabama Board of Medical Examiners
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2017 BME Meeting Dates

August 16 November 15
September 20 December 13
October 18

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, minutes and a full list of meeting dates and times can be found on the Board's website:
www.albme.org

2017 MLC Meeting Dates

August 23 November 29
September 27 December 21
October 25

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

QUESTIONS OR ASSISTANCE

Alabama Board of Medical Examiners (334) 242-4116

- Administration:** Norris W. Green, *Executive Director*
Jane A. Wynn, *Director of Accounting, Office Manager*
- Legal:** Patricia E. Shaner, *General Counsel*
Wilson Hunter, *Assoc. General Counsel*
Rachel L. Riddle, *Assoc. Counsel for Board*
- Licensing:** Jacqueline B. Baskin, *Director (L-M)*
Mary Leigh Meredith (*IMLCC*)
Andi Silberman (*A-K*)
- Investigations:** Stan Ingram, *Chief*
- Pain Management Services:** Edwin Rogers, *Director*
- Physician Monitoring:** Jeff Grimsley, *Director*
- Physician Assistants:** Deana Bozeman, *Director*
- Collaborative Practice:** Patricia Ward, RN, *Nurse Consultant*
Amy Wybenga, CRNP, *Nurse Consultant*

Medical Licensure Commission (334) 242-4153

Executive Assistant: Karen Silas

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.