BOARD MEETING MINUTES

May 15-17, 2024

3127 Smoketree Court
Raleigh, North Carolina

and

Virtual

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held May 15-17, 2024.

The Ma15-17, 2024, meeting of the North Carolina Medical Board was held in person at 3127 Smoketree Court, Raleigh, NC 27604 and virtual. Christine M. Khandelwal, DO, President, called the meeting to order. Board members in attendance were Devdutta G. Sangvai, MD, MBA, President-Elect; Anuradha Rao-Patel, MD, Secretary/Treasurer; Candace A. Bradley, DO, MBA; W. Howard Hall, MD; N. Melinda Hill-Price, MD, JD.; Sharona Y. Johnson, PhD, FNP-BC; Joshua D. Malcolm, JD; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C; Robert Rich, Jr., MD; David P. Sousa, JD, MBA.

PRESIDENTIAL REMARKS

Dr. Christine M. Khandelwal reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. Reported conflicts were included within individual committee reports.

ANNOUNCEMENTS and UPDATES

Dr. Khandelwal recognized new staff, staff promotions and staff with a milestone anniversary since the March 2024 Board meeting, as they were introduced by their perspective manager.

PRESENTATION(S)

Lt. Reed and Ofc. Tatum, Raleigh Capital Police provided a security briefing for the Board members and staff.

Dr. Robyn Jordan, University of North Carolina, School of Medicine gave a presentation on Addiction Medicine in North Carolina.

Judge Fred Morelock provided Hearing training to Board members.

NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Dr. Joseph Jordan, NCPHP gave the NCPHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

NCMB ATTORNEYS' REPORT

Mr. Brian Blankenship, Chief Legal Officer, gave the Attorneys' Report on Friday, May 17, 2024.

Mr. Blankenship updated the Board on the schedule of the upcoming hearings and hearing assignments.

Additionally, Pamela Smykal, PhD, the Board's Victim Service Coordinator, presented information to the Board about the Board's Victim Service Program

The Board accepted the report as information.

NCMB COMMITTEE REPORTS

Executive Committee Report

Members present were Christine M. Khandelwal, MD, MHPE, Chair; Devdutta G. Sangvai, MD, MBA; Anuradha Rao-Patel, MD; and W. Howard Hall, MD. and Miguel A. Pineiro, PA-C, MHPE

Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through March 31, 2024 with the Board Controller: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept the Committee recommendation. Accept the financial information as reported.

b. Investment Account Update

The Committee reviewed the investment statements for March and April 2024 with the Board Controller.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept the Committee recommendation. Accept the investment statements as reported.

c. Semi-annual Report from Investment Advisor

Mr. Leonard Lopez, CFA, CIMA, with Fifth Third Bank, provided an update on the equity and bond markets and the Board's investment account.

Committee Recommendation: Accept the report as information.

Board Action: Accept the Committee recommendation. Accept the report as information.

Old Business:

a. 2024 Retreat Update

The Board previously agreed to hold a Board Retreat on August 2-4, 2024. Mr. Thomas Mansfield discussed working with Dr. Christine Khandelwal, Board President regarding creating an agenda. Ms. Loney Johnson spoke about her site visit and the various amenities the property offers.
Committee Recommendation: Accept the 2024 Retreat update as information.

Board Action: Accept the Committee recommendation. Accept the 2024 Retreat update as information.

New Business:

a. Rule Discussion - Medication Access and Training Expansion (MATE) to Satisfy Board's Targeted CME Requirement for Controlled Substances Prescribing

Mr. Marcus Jimison explained that the purpose for amending rules 21 NCAC 32R .0101, 32S .0216, and 32M .0107 is to make clear that licensees who complete the federally required MATE training will have also satisfied the state-mandated controlled substance prescribing CME for that reporting cycle. These rules were initially approved by the Board on September 22, 2023.

The proposed amended rules have progressed through the first stage of the rulemaking process. The proposed amendments were published in the NC Register, and a public hearing was held on March 18, 2024. The Board did not receive any public comments, and no one attended the March 2024 public hearing to comment. The rules are now back before the Board for final approval. (Appendix A)

Committee Recommendation: Approve all proposed amended rules as written.

Board Action: Accept the Committee recommendation. Approve all proposed amended rules as written

b. Artificial Intelligence (AI) and Regulation

Dr. Janelle Rhyne attended a six-week course sponsored by Massachusetts Institute of Technology, Sloan School of Management to Get a better understanding of Artificial Intelligence (AI) in healthcare. Dr. Rhyne presented some of the uses of AI in healthcare including how it is being used in North Carolina.
Some physicians with medical schools and private practices are using generative AI in pilot studies to create clinical notes. Other uses include responding to patient messages, improving surgical scheduling, predicting adverse clinical events in the hospital, and more. AI guardrails, like highway guardrails, promote safety and guide positive outcomes. Health care leaders are having difficulty keeping pace with changes in technology and regulatory guardrails to use AI-based solutions safely, effectively, and equitably.

Committee Recommendation: Accept report as information.

Board Action: Accept the Committee recommendation. Accept the Artificial Intelligence (AI) and Regulation report as information.

c. Legislative Update

The Committee discussed the following legislative updates.

H681. Interstate Med. Lic. Compact/Mil. Licensure. A proposed committee substitute (PCS) was brought up for discussion only in Senate Health on May 15 and it includes the following provisions:

- Part I. Interstate Medical Licensure Compact.
- Part II. Standards for supervision agreements
  - O Supervising Physician required to meet with PA/NP in person or via real-time video for at least one hour/week
  - O Supervising Physician reviews a sample of charts – 10% or 20, whichever is less of patients seen by PA or NP
  - O Any fee for supervision shall not exceed $10K/year
  - O Anesthesiologist cannot supervise more than one anesthesiology assistant (AA), one student AA or one other qualified anesthesia provider at one time
- Part III. Full unsupervised practice authority for NP with at least 3 years and 2,000 hours and no discipline in the last 5 years
- Part IV. Surprise Billing
- Part V. Facility Fees

H1056/S879. PA Licensure Interstate Compact was filed. Creates a pathway for out of state physician assistants to obtain the privilege to practice in NC if they are licensed in Compact state.

H938. GSC Moral Turpitude/Occupational License was filed. Makes a substantive change to 93B that requires an OLB to consider certain factors before revoking a license based on a criminal conviction (e.g. the seriousness of the crime, nexus with duties as a licensee, rehabilitation, etc.). It also makes technical changes to NCGS 90-14(a)(7), removes the reference to crimes involving moral turpitude; retains violation of law involving the practice of medicine and the conviction of a felony.

S789. State Bar Review Committee Recommendations. 2023 Budget established a review committee to look at the State Bar and its grievance process. After being heard in Senate Judiciary, the recommendations now include: providing any evidence to the licensee prior to being considered in the Grievance Committee; allowing the licensee to address the Grievance Committee when determining probable cause for misconduct; allowing licensee to hear the presentation from the State Bar's Counsel to Grievance Committee; designating individuals as vexatious complainants, who may ask for review of designation; limiting standing of individuals who can file grievances/complaints; and expungement of public disciplinary actions

Committee Recommendation: Accept the legislative update as information.

Board Action: Accept the Committee recommendation. Accept the legislative update as information.

Closed Session:

a. CEO Performance Review

A motion passed to go into closed session pursuant to Section 143-318.11(a) of the North Carolina Statutes to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee.

As per Article V, Section 2 of the NCMB Bylaws, the Executive Committee met with Mr. Mansfield to conduct the annual CEO performance review.

A motion passed to return to open session.

Policy Committee Report

Members present were: David P. Sousa, JD, MBA, Chair; W. Howard Hall, MD; N. Melinda Hill-Price, MD, JD; Joshua D. Malcolm, JD; Mark A. Newell, MD, MMM; and Anuradha Rao-Patel, MD.

Old Business:

a. 2.2.4: Conflicts in the Healthcare Setting (Appendix B)

The Committee reviewed the additional revisions favorably. Staff was directed to adopt and publish the new position statement.

Committee recommendation: Adopt and publish the new position statement.

Board Action: Accept Committee recommendation. Adopt and publish the new position statement.

b. 5.1.5: Licensee Use of Innovative or New Treatment (Appendix C)

The Committee noted that no comments were received after the revised position statement was emailed to stakeholders and posted to the website. Staff was directed to adopt and publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

Board Action: Accept Committee recommendation. Adopt and publish the revised position statement.

c. 4.1.1: Contact with Patients Before Prescribing

The Board requested that staff incorporate additional revisions to the position statement, after which the position statement can be adopted and published. However, the publishing of the revised position statement is tabled until the Committee has finalized the new proposed "Expedited Partner Care and Therapy" position statement.

Committee recommendation: Table until the Committee has finalized the new proposed "Expedited Partner Care and Therapy" position statement, after which time Staff will incorporate additional revisions and adopt and publish the revised "Contact with Patients Before Prescribing" position statement.

Board Action: Accept Committee recommendation. Table until the Committee has finalized the new proposed "Expedited Partner Care and Therapy" position statement, after which time Staff will incorporate additional revisions and adopt and publish the revised "Contact with Patients Before Prescribing" position statement.

d. 4.1.4: Expedited Partner Care and Therapy

The Committee discussed the proposed new position statement and concerns regarding documentation, reporting, and HIPAA compliance. As Board staff is still collecting information from other bodies, the Committee agreed to table the discussion until additional information is received. Staff was instructed to bring back any additional information and revisions at a later meeting, with an anticipated date of July 2024.

Committee recommendation: Staff to bring back any additional information and revisions at a later meeting, with an anticipated date of July 2024.

Board Action: Accept Committee recommendation. Staff to bring back any additional information and revisions at a later meeting, with an anticipated date of July 2024.

New Business:

a. Artificial Intelligence

The Committee discussed the emerging issue of the use of artificial intelligence in the medical community, including an overview of the Federation of State Medical Boards' "Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice" April 2024 publication. The Committee determined that while a position statement would be premature at this time, staff and Committee members should continue to track the emergence of artificial intelligence in the medical field, including publications and guidance from other boards and organizations.

Committee recommendation: Accept as Information.

Board Action: Accept Committee recommendation. Accept as Information.

Licensing Committee Report

Members present were: W. Howard Hall, MD, Chairperson; Candace A. Bradley, DO, MBA; Sharona Y. Johnson, PhD, FNP-BC; Joshua D. Malcolm, JD; Devdutta G. Sangvai, MD, MBA; David P. Sousa, JD, MBA

New Business:

At the January 2024 meeting, the Board approved a recommendation to submit the rules for Military Relocation Licensure with the modification to direct staff to insert language that a military relocation license based on spousal status will end when a marriage ends, and to notify the Board within 15 days of such marriage ending.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The License Committee reviewed five cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

License Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Eight licensure interviews were conducted. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Malpractice) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 35 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Investigative) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 34 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (Complaints) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 36 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Disciplinary (Compliance) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Compliance) Committee reviewed two investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Disciplinary (DHHS) Committee Report

Members present were: Anuradha Rao-Patel, MD, Chair; N. Melinda Hill-Price, MD, JD; Sharona Y. Johnson, PhD, FNP-BCN; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; David P. Sousa, JD, MBA

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (DHHS) Committee reviewed ten cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

Investigative Interview Report

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Seven interviews were conducted. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

Outreach Committee Report

Members present were: N. Melinda Hill-Price, MD, JD; Chair; W. Howard Hall, MD; Miguel A. Pineiro, PA-C, MHPE; Robert L. Rich, Jr., MD; Devdutt, G. Sangvai, MD, MBA

Old Business

a. Update on presentations
    i. Professional and public presentations
    ii. Regulatory Immersion Series events

The Communications Director updated Committee Members on public and professional outreach efforts, including the Board's Regulatory Immersion Series (RIMS) mock disciplinary course. Since March, NCMB has presented multiple non-RIMS talks to professional audiences. Opioid prescribing, including an overview of the NC STOP Act, continues to be the most frequently requested topic. NCMB executive staff and Board Members held a town hall with members of the Robeson County Medical Society and met with Lumbee Indian tribal leaders. In addition, staff have resumed outreach to residency programs in the state and are planning to pilot a new presentation format for NCMB that will have residents view a prerecorded webinar and then participate in a virtual meeting for discussion and Q & A with a Board Member or staff. This new project has helped staff identify PA residencies, a group the Board has not previously engaged with. Staff have resumed participation in community health fairs and are actively seeking more opportunities to reach large public audiences. In addition, efforts to reach a wide range of previously under or unserved audiences are progressing; NCMB has scheduled a virtual talk with an organization made up of groups that serve NC residents who speak primarily Spanish. The Communications Director also provided an update on the RIMS program, noting that the didactic potion has been significantly revised based on feedback from participants.

Committee recommendation: Accept as information.

Board action: Accept Committee recommendation. Accept as information.

b. Feasibility of a mobile phone application

The Communications Director briefed Committee Members on the Communications staff's research into possibly developing a mobile phone app, noting that a traditional app would likely be costly and is not the only way to make it easier for licensees and others to access NCMB content on a mobile phone. One option explored as part of the staff's research into a possible app is creating an updated mobile version of NCMB's existing website that mimics the appearance and user experience of a traditional app. This option could be implemented working with the Board's current website developer and would likely cost significantly less than a traditional mobile app. Additionally, Communications staff compiled data that, since 2020, users of NCMB's website have increasingly accessed web content via a smartphone so this is now the way most users access the website. The data validates the need to pursue ways to optimize the mobile version of NCMB's website.

Committee recommendation: Direct staff to pursue improving the NCMB mobile website experience through an alternate mobile phone display version with a mobile app-like interface. Research into this approach should include interface requirements and development costs.

Board action: Accept Committee recommendation. Direct staff to pursue improving the NCMB mobile website experience through an alternate mobile phone display version with a mobile app-like interface. Research into this approach should include interface requirements and development costs.

New Business:

a. Opportunities for developing original CME

The Communications Director gave Committee Members a brief history of NCMB's efforts to develop continuing medical education (CME) content for licensees. The Board's initial foray into CME began in 2017 when staff obtained grant funding to develop a statewide training initiative to support the controlled substances CME requirement implemented in July of the same year. That project results in a series of live, in person panel sessions as well as a recorded webinar. Since then, NCMB has worked with partners to develop CME in specific areas, including recognizing and responding to elder and domestic partner abuse. Most recently, NCMB partnered with WakeAHEC and the Addiction Medicine Fellowship program at UNC-Chapel Hill to create a series of eight modules on the diagnosis, treatment and management of opioid use disorders. Committee Members shared ideas for additional CME modules that could be developed by NCMB. Ideas include appropriate supervision of APPs (content to outline expectations for both supervisor and supervisee), strategies for defusing tense or potentially violent situations, communicating with patients during and regarding sensitive examinations, clinician wellness and self-care, expectations regarding pharmacovigilance, and more.

Committee recommendation: Direct staff to compile a full list of suggested CME topics and poll Board Members to identify the top two ideas; Once topics are identified, research feasibility of developing CME, considering funding sources, possible partners and content experts.

Board action: Accept Committee recommendation. Direct staff to compile a full list of suggested CME topics and poll Board Members to identify the top two ideas; Once topics are identified, research feasibility of developing CME, considering funding sources, possible partners and content experts.

Advanced Practice Providers & Allied Health Committee Report

Members present were: Miguel Pineiro, PA-C, MHPE, Chairperson; Candace A. Bradley, DO, MBA; Sharona Y. Johnson, PhD, FNP-BC; Robert L. Rich, Jr. MD; David P. Sousa, JD, MBA

Old Business:

a. Update on Supervisory/Intent to Practice Project – Malinda Sink, APP Supervisory Coordinator

Committee Recommendation: Accept as information.

Board Action: Accepted Committee recommendation. Accept as information.

New business:

a. Petition for Joint Rulemaking – Marcus Jimison, Deputy General Counsel

Committee Recommendation: Approve proposed amendments, 21 NCAC 32S .0213 and 21 NCAC 32M .0110

Board Action: Approved Committee recommendation. Approve proposed amendments, 21 NCAC 32S .0213 and 21 NCAC 32M .0110

c. External Appointments – Marcus Jimison, Deputy General Counsel

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

Health Equity Workgroup

Members present were: Sharona Y. Johnson, PhD, FNP-BC, Chair; Candace A. Bradley, DO, MBA; Miguel A. Pineiro, PA-C, MHPE;; Anuradha Rao-Patel, MD

New Business:

Health Equity Strategic Framework: Hearings and Discipline

a. Hearing Process

The Quality Improvement Report did not make any specific recommendations for the hearing process. However, staff identified a tool that will aid board members during the hearing process. The Equity Bench Card is a checklist to aid in decision-making and ensuring fairness and impartiality. It includes reminders to engage the licensee and applicant, to act consciously and deliberately, to be self-aware, and to create accountability processes.

Workgroup Recommendation: Publish the amended Equity Bench Care to the Board Book for board members to use when participating in hearings.

Board Recommendation: Accept Workgroup recommendation. Publish the amended Equity Bench Care to the Board Book for board members to use when participating in hearings.

b. Remediation:

The Quality Improvement Report recommends that the NCMB establish relationships with organizations experienced in addressing professional misconduct, including but not limited to bias and discrimination. There are two organizations that offer assessments and remediation services that the Board may utilize. The Center for Personalized Education for Professionals offers competency assessments and education services, including programs for enhanced patient communication, improving inter-professional communications, and the Professional Ethics and Boundaries Intervention. Acumen offers multidisciplinary fitness for duty assessments for health care

practitioners. The appropriate program for a licensee will depend on the underlying reason for discrimination and bias.

Workgroup Recommendation: Consider referring licensees demonstrating bias and discrimination to CPEP or Acumen Assessments for an assessment and/or remediation services and continue to identify additional organizations that offer similar services.

Board Recommendation: Accept Workgroup recommendation. Consider referring licensees demonstrating bias and discrimination to CPEP or Acumen Assessments for an assessment and/or remediation services and continue to identify additional organizations that offer similar services.

c. Next steps for Health Equity

The Workgroup discussed possible goals for the Workgroup once it completes the review of the Quality Improvement Report. The discussion primarily focused on educating licensees on issues identified in the Healthy North Carolina 2030 Report, including opioid overdoses, infant mortality, and life expectancy. Local health departments will be resources for county specific data to educate licensees practicing in that area. The NC Department of Health's advisory council may be an additional resource.

Workgroup Recommendation: Accept as information.

Board Recommendation: Accept Workgroup recommendation. Accept as information.

Board Meeting Workgroup

Members present were: Anuradha Rao-Patel, MD, Chair; Devdutta G. Sangvai, MD, MBA; David Sousa, JD.

Old Business:

a. Staff provided an overview of workgoup history to date, including surveying other medical and licensing boards, consideration of board member recruitment, and utilizing virtual components.

New Business:

a. The Workgroup discussed focusing on the problem we are trying to solve and the discussion primarily centered on the topic of the Disciplinary Committee and the volume of work.

b. The discussion moved to identifying methods to address the volume of work within Disciplinary Committee, including:

i. Increasing the number of board members on Disciplinary Committee (either additional members or to include all board members).
ii. Receiving the Board Book (or Disciplinary materials) earlier
iii. Increasing the number of seats on the Board
iv. Separate committee for AAI recommendations
v. Monthly disciplinary committee meetings

vi. Board member access to TSPAN or new method for board member access to cases

Workgroup Recommendation: Accept as Information.

Board Recommendation: Accept Workgroup recommendation. Accept as Information.

ADJOURNMENT

The Medical Board officially adjourned at 11:26 a.m. on Friday, May 17, 2024.

The next meeting of the Medical Board will be in-person, July 17-19, 2024.

Anuradha Rao-Patel MD

Anuradha Rao-Patel, MD, Secretary/Treasurer

21 NCAC 32R .0101 is proposed to be amended as follows:

21 NCAC 32R .0101 CONTINUING MEDICAL EDUCATION (CME) REQUIRED

(a) Continuing Medical Education (CME) is defined as education, training, and activities to increase knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public. The purpose of CME is to maintain, develop, or improve the physician's knowledge, skills, professional performance, and relationships a physician uses to provide services for his or her patients and practice, the public, or profession.

(b) A physician licensed to practice medicine in the State of North Carolina, except those physicians holding a residency training license, shall complete at least 60 hours of Category 1 CME relevant to the physician's current or intended specialty or area of practice every 3 years. Every physician who prescribes controlled substances, except those physicians holding a residency training license, shall complete at least 3 hours of CME from the required 60 hours of Category 1 CME designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule. Physicians who complete the federally required training under the Medication Access and Training Expansion Act (MATE) shall be deemed in compliance with the controlled substance prescribing requirements of this Rule for the three-year CME period in which the MATE training was completed.

(c) The three-year period described in Paragraph (b) of this Rule begins on the physician's birthday following the issuance of his or her license.

History Note: *Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-14(a)(15); S.L. 2015-241, s. 12F.16(b) and 12F.16(c);*
Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. April 1, 2024; April 1, 2020; September 1, 2016.

2.2.4: Conflicts in the Healthcare Setting

An emerging concern within the Board's licensee population is the potential for confrontations leading to physical violence and/or verbal abuse between healthcare providers, their patients, and/or third parties, such as patient families or caregivers. This position statement is intended to provide strategies to assist in de-escalating potentially volatile situations and prudent practices in the aftermath of such situations.

Strategies for De-escalation

When faced with a potential conflict in the health care setting, the following strategies may help to de-escalate the situation and/or foster a common understanding.

- Actively listening to the speaker and attempting to understand the nature of the speaker's concerns. Active listening entails remaining calm, encouraging the speaker's expression of concerns, asking follow-up questions for clarification, resisting interruptions unless necessary, being respectful towards the speaker, and/or employing attentive body language.
- If possible, it may be helpful to attempt to identify those areas where there could be common ground and potential solutions that are acceptable to all parties.
- Demonstrating empathy for the speaker and acknowledging their perspective. Empathizing with the speaker includes being open to the possibility that the speaker's concern is valid, and/or a mistake or error may have occurred.
- When appropriate, it may be helpful to apologize to, or accept an apology from, the speaker.
- If there is an agreeable resolution, working with the speaker to identify potential next steps and to clarify responsibilities.

Licensees faced with an emotional and/or physical confrontation with a patient should also consider whether the challenging behavior results from a medical condition and, if so, whether it is possible to treat the patient without putting oneself at risk of harm.

An Act or Threat of Violence

In instances where violence is threatened and/or occurs, the top priority of the licensee is to ensure the safety of patients, medical staff, and the licensee themself. If licensees find themselves in an unsafe situation, they should, if possible, immediately leave the physical area and call for help from security and/or law enforcement. Every threat of violence should be documented and reported through appropriate channels, even if efforts to de-escalate the situation have been, or appear to have been, successful.

The Aftermath

The Board is aware that there will be times when a licensee's efforts to de-escalate a conflict will be unsuccessful. In some instances, the confrontation may make it untenable to continue a licensee-patient relationship. If the licensee intends to terminate the licensee-patient relationship, they should do so consistent with the Board's expectations outlined in the position statement "Licensee-Patient Relationship." In the event the licensee feels it is unsafe to provide emergency treatment for 30 days following the termination of the licensee-patient relationship, this should be communicated in the termination letter and documented in the patient's medical record. The licensee should also ensure

that the patient has enough medication for 30 days following the termination and that appropriate referrals have been made to allow for continuity of care.

Conflicts that take place in the context of providing medical care should be documented appropriately. Such documentation should include all factual details of confrontations or abusive situations, including, but not limited to, the following:

- Names of those involved;
- Location;
- Date and time;
- Nature of the situation;
- Steps taken in response to the situation; and
- The identity of any witnesses present.

The Board encourages licensees who experience a conflict within the healthcare setting to reflect on the event and its impact on the licensee's own mental health and self-care. Additionally, when appropriate, the licensee should debrief with any other medical staff involved. Doing so may help manage and reduce stress responses after an event, make sense of what happened, and identify areas for improvement.

Further, the Board urges licensees who have experienced conflicts or other stressors within the healthcare setting to engage with the North Carolina Professionals Health Program or other available mental health resources. A list of some available resources can be found at the Board's Clinical Wellness - Resources and Links.

(Adopted: May 2024)

5.1.5: Licensee Use of Innovative or Novel Therapies

The Board recognizes that progress in medical science, advances in patient care, and improved outcomes require exploration of innovative treatment and new technology. Likewise, new and innovative treatments are often requested by patients. While the Board supports licensee use of scientifically valid research and innovation, it is the Board's position that licensees must guard against compromising appropriate care by exaggerating or overpromising benefits of participation in research or use of novel or off-label treatment when there is insufficient data to support claims made for the treatment. If a licensee recommends the off-label use of an FDA-approved product, then the licensee has a responsibility to be well-informed about the product and to base its use on sound medical evidence, including, but not limited to, statistically significant randomized controlled trials published in peer-reviewed journal articles addressing the use, efficacy, and safety of the off-label treatment for the patient's condition. Other novel treatments, such as therapy modalities designed to treat conditions or behaviors should also be based on sound medical evidence published in peer-reviewed journal articles.

The Board acknowledges there are a wide variety of circumstances which may lead a licensee to recommend or be asked to provide new or innovative treatment. For example, there may be different considerations when a conventional treatment has failed and a patient wants to individually undertake off-label or novel use of an existing drug or therapy. Licensees must balance respect for patients' autonomy in seeking treatment options against the need to safeguard patients from the risks of novel, but often unproven (or off-label), treatment.

Licensees providing innovative or novel treatments should:

- Make treatment decisions in the best interest of the patient and use their knowledge and skill for the patient's benefit. Conflicting interests should be resolved to the benefit of the patient.
- Ensure all information, especially in terms of risks, benefits, efficacy, and financial costs, is presented in an objective and honest manner. Where information is absent or equivocal this should also be communicated to the patient. When practical, such information should be reduced to writing and patient consent should be obtained.
- Ensure clear communication regarding why the new treatment is recommended (or requested by the patient) and that the patient clearly understands why the new treatment is recommended, its purpose, and how it is different from current or conventional treatment.
- Refrain from using advertising that contains deceptive, false, or misleading claims.
- Avoid promotional "tokens of legitimacy" which might include patient or celebrity endorsements, marketing using various certifications, awards, or citations of licensee affiliation or membership in academic or professional societies connected with the service or product.
- Understand the relevant clinical issues of the treatment offered and have received sufficient education and training from qualified sources regarding the modality to provide treatment in a competent, safe, and effective manner.
- Maintain detailed, accurate documentation of the course of treatment and outcomes that includes adverse events, identified both during and after treatment, and which should be communicated to patients in a forthright and timely fashion. New information which may come to light following treatment should also be communicated to the patient as well as to applicable

and appropriate regulatory bodies (e.g., the FDA's Manufacturer and User Facility Device Experience (MAUDE) database).
- Recognize the licensee retains responsibility for patient care and management when using clinical decision-making support tools such as augmented or artificial intelligence.
- Comply with relevant federal, state, and agency laws and regulations.
- Inform patients that innovative or novel treatments may not be covered by certain third-party insurance plans.

These guidelines are important in maintaining mutual trust between patient and licensee, protecting patient autonomy, and obtaining meaningful informed consent. The Board's position statement on "The Licensee-Patient Relationship" may also be helpful to licensees as they consider these issues.

(Adopted: January 2020) (Amended: May 2021; May 2024)