MINUTES

North Carolina Medical Board

November 17-20, 1999

1201 Front Street, Suite 100
Raleigh, North Carolina

Minutes of the Open Sessions of the North Carolina Medical Board Meeting November 17-20, 1999.

The November 17-20, 1999, meeting of the North Carolina Medical Board was held at the Board's Office, 1201 Front Street, Suite 100, Raleigh, NC 27609. The meeting was called to order at 5:08 p.m., Wednesday, November 17, 1999, by Wayne W. VonSeggen, PA-C, President. Board members in attendance were: Elizabeth P. Kanof, MD, Vice President; Walter J. Pories, MD (absent November 17), Secretary/Treasurer; Kenneth H. Chambers, MD; John T. Dees, MD (absent November 20); John W. Foust, MD (absent November 20); Hector H. Henry, II, MD; Stephen M. Herring, MD (absent November 20); Mr. Paul Saperstein; Charles E. Trado, MD; and Ms. Martha K. Walston.

Staff members present were: Mr. Andrew W. Watry, Executive Director; Ms. Helen Diane Meelheim, Assistant Executive Director; Mr. James A. Wilson, Board Attorney; Mr. R. David Henderson, Board Attorney; Mr. William H. Breeze, Jr., Board Attorney; Ms. Wanda Long, Legal Assistant; Lynne Edwards, Legal Assistant; Mr. John W. Jargstorf, Investigative Director; Mr. Don R. Pittman, Investigative Field Supervisor; Mr. Edmond Kirby-Smith, Investigator; Ms. Donna Mahony, Investigator; Mr. Fred Tucker, Investigator; Mrs. Therese Dembroski, Investigator; Ms. Barbara Brame, Investigator; Edith Moore, Investigator; Mrs. Jenny Olmstead, Senior Investigative Coordinator; Ms. Michelle Lee, Investigative Coordinator/Malpractice Coordinator; Ms. Myriam Hopson, Investigative Coordinator; Mr. Dale Breaden, Director of Communications and Public Affairs; Ms. Jennifer L. Deyton, Public Affairs Assistant; Mrs. Joy D. Cooke, Licensing Director; Mr. Jeff A. Peake, Licensing Assistant; Ms. Erin Gough, PA/NP Coordinator; Mr. James Campbell, Licensing Assistant; Tammy O'Hare, Licensing Assistant; Mrs. Janice Fowler, Operations Assistant; Ms. Petra Harris, Receptionist (Temp.); Mr. Peter Celentano, Controller; Ms. Rebecca L. Manning, Information Specialist; Ms. Sonya Darnell, Operations Assistant; Ms. Ann Z. Norris, Verification Secretary; Jesse E. Roberts, MD, Medical Coordinator; Ms. Judie Clark, Complaint Department Director; Mrs. Sharon Squibb-Denslow, Complaint Department Assistant; Ms. Deborah Hill, Complaint Department Assistant; Mr. Jeffery T. Denton, Administrative Assistant/Board Secretary; Mr. Scott A. Clark, Operations Assistant; and Ms. Christine K. Rowe, Operations Assistant (Temp.). Absent was Mr. Dale E. Lear, Investigator.

MISCELLANEOUS

Presidential Remarks

Mr. VonSeggen commenced his inaugural meeting as President with comments about knowledge gained from performance of past Board presidents. He also discussed the new committee composition list which will be effective January 2000.

Felicia A Washington Mauney, JD; Resignation Of

It was noted that Ms. Washington Mauney tendered her resignation as a Board Member effective October 31, 1999 and that Governor Hunt had acknowledged her resignation.

Board Agents

Several Board Agent terms expired in August of 1999 and they have not specifically requested to serve additional terms. The Board referred the question of "whether the Board wants to limit terms of Board Agents" to the Policy Committee for a recommendation.

Ethics - A Presentation by Mr. Perry Newson, Executive Director, North Carolina Board of Ethics

Mr. Newson gave a presentation to Board Members regarding ethics and North Carolina Executive Orders No. 1 and 127 which established the North Carolina Board of Ethics. He explained the orders and how they affect the North Carolina Medical Board; specifically the issue of recusals for conflicts of interest. Specifically, "it is the duty of every Board Member to avoid both conflicts of interest and appearances of conflict." In addition, he explained the four main functions of the Board of Ethics: prospective screening, education, complaints/sanctions, and opinions function.

Awards Presentation

Several awards were presented by the President with formal thanks from the staff and Board Members. Mr. Saperstein received a plaque for his recently completed tour as President of the Medical Board. Mrs. Walston, Dr. Henry and Dr. Trado received commemorative trophies for their six-year tours on the Board.

MINUTE APPROVAL

Motion: A motion passed that the July 20-24, the August 18, the September 15 and the October 20 and 21, 1999, Board Minutes be approved as presented.

EXECUTIVE DIRECTOR'S REPORT

Andrew W. Watry, Executive Director, presented the following information:

- **Legislation:** With regard to the Board's Bill (House Bill 1049) we have contacted Representative Miller several times. He has assured us that this bill is viable for the "Short Session" which should start some time in May. Several contacts are being made to help this bill remain viable and to deal with concerns of another regulated profession. Dr. Bryant Galusha made an important contact on behalf of the Board with the Speaker of the House of Representatives. Mr. Miller has also contacted the Speaker and we anticipate working with him closely in the coming weeks. I will keep you posted.

  We have also taken action regarding two other pieces of legislation which passed in the last session. The Clinical Pharmacist Practitioner Bill, House Bill 1095, provides for a joint committee structured similarly to the NP Joint SubCommittee. This committee was appointed and was scheduled to meet at the September Meeting but unfortunately had to be canceled due to the hurricane. It has been rescheduled for November. Also, Senate Bill 951 requires physicians and other health care practitioners to wear a badge or other form of identification which also includes the license certification or registration held by the practitioner. I have asked Jim for interpretation of this statute and we plan to get direction from the Board through the Policy Committee as to implementation strategy.

- **End-of-Life Conference:** One the main recommendations that came from the attendees at this conference was that the Medical Board, Pharmacy Board, and Nursing Board issue a joint statement on pain management in end-of-life care. This has been done and the Board adopted this joint statement in October. The medical component of this joint statement reflects the work of the Policy Committee which drafted the Board's own position statement. As far as I can tell this joint position statement has been well received. A copy of both position statements was sent to Board Members in advance of the October Board Meeting

under my memo of October 13, 1999. There has also been some good press coverage of this joint effort, and this joint effort will be the topic of a national meeting of consumer board members hosted by the Citizen's Advocacy Center.

- **Office Automation:** The Board Book automation on CD has worked well. Several other states have expressed an interest in doing this with their boards, and the contractor we engaged to design our project has been visiting with several other states for that purpose.

  We have engaged the contractor who regularly provides our network maintenance to check all of our systems for Y2K compliance. Additionally, the new platform provides much more flexibility for adaptation and future growth. Part of the plan is to provide internet service providers for all Board Members and investigators so that these individuals can be connected to each staff member via e-mail. All of our staff now have internet access and e-mail capabilities. We have worked with another contractor to improve the DataLink service. DataLink is a mechanism for high volume querying entities, like UNC, to check on their physicians through a custom built program. These clients periodically check hundreds of licensees. This is now on line and is being favorably received by customers. The old system was modem based and had suffered rather significant mechanical problems as a result. The new system is internet based and is therefore unaffected by volume. The big advantage of this improvement is to pull-off, to the extent possible, the huge number of verification requests that would otherwise come into this office via paper or telephone.

- **Sheps Project:** As you know, the Cecil G. Sheps Center takes data from our registration system and presents a useful report summarizing physician demographic data. This data has several applications including resource information when potential legislation is considered, determining underserved areas of the State and distribution of specialties. We have been in contact with the Sheps Center about a special project which would involve analyzing our public data to determine if there are markers or indicators which have statistical validity as predictors for future problems. If these data exist and have validity, they would be of great benefit to the Board. We could use these data to help focus resources effectively on prevention, assessment and remediation.

- **Meeting With the Deans:** The meeting with the deans is scheduled for the March 2000 Board Meeting. Per direction from the Board, we will generate an analysis of pros and cons of changing the post graduate training requirements. Another subject broached by the Board is a discussion concerning minor surgeries with major complications.

- **Federation Credentials Verification Service (FCVS):** Dr. Chambers, Ms. Cooke and I visited the FSMB headquarters to review the FCVS, per Board direction. A recommendation will be forthcoming through your Licensing Committee. A majority of states accept FCVS.

- **Internet Prescribing**: We continue to monitor this area. A recent article in the New England Journal of Medicine highlights the fact that there are at least 77 sites offering to deliver Viagra directly to consumers without a visit to a physician, and 55 of these are in the United States. Forty percent of these sites did not offer a physician evaluation as part of this drug purchase. 49% of the sites asked whether the respondent had ED. We are working with the Federation, through the Executive Director Advisory Council to develop recommendations on dealing with this problem.

- **Alternative Medicine:** A prominent insurer in this State was advertising alternative medicine services, including a listing of Naturopaths and Homeopaths. These individuals are

not licensed to practice medicine in North Carolina. In the process of investigating this matter to develop a report to the Board, the insurance company was contacted and indicated it would withdraw these individuals from its advertising and from its website.

- **Physician Registration:** A major insurer in this State is requiring physicians to demonstrate that they have reregistered their licenses with this Board by sending a copy of our certificate within 30 days of their birth date. This window is inadequate, causing a lot of physicians to be unnecessarily dropped from coverage. This has put significant stress on our registration system. We have contacted this insurer to request a more reasonable enforcement cycle. The problem is that registrations do not expire on predictable dates, so some sort of temporal window has to be created to validate registration. We are shooting for a more reasonable window. In the mean time, the registration system is being streamlined to offer quicker turnaround. We are exploring other options such as credit card registration and internet registration which we will present to the Board at a later date. These processes will make the reregistration process for both physicians and the Board much simpler.

- **BLS Training:** It was recommended at an earlier Board Meeting that a BLS course be put together and tailor-made for Board Members and staff. We contacted Mr. Browning at the Office of EMS who was glad to put something together for us. We had originally discussed doing this during the November Board Meeting. Unfortunately, this business, like a lot of other business, needs to be postponed as a result of the hurricane. The November Board Meeting has too much business still carried over from the missed September meeting for us to work in any significant optional items.

- **Cancellation of the September Board Meeting:** Staff and Board Members are to be commended for triaging the important work of the Board as a result of missing the September Board Meeting. The triaging process involved handling most urgent business immediately through a teleconference, less urgent business to be picked up at the October Committee meeting, and the remainder to be picked up at the November Meeting. As far as I can tell, this has worked smoothly.

- **Flexible Sigmoidoscopy:** I was tasked to contact the Nursing Board again to obtain copies of any protocols for nurses to do this procedure. The advanced practice nurses do not have to turn in a protocol to the Nursing Board for FlexSig provided they have put this on their protocol with their supervising physician and it has been approved. Other nurses would require a protocol which would be submitted to the Nursing Board and the Nursing Board has no record of any such protocols. This information has been reported back to the Policy Committee.

- **American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) Accreditation Manual:** Per direction from the Policy Committee this manual has been obtained.

- **Licensee Interviews:** I was directed by the Board to do a white paper on the pros and cons of electronic interviews (telemedicine, etc.) and to suspend such interviews pending the results of this paper. We have found in the interim period we have not experienced any significant problems as a result of not making these interviews available anymore. We had one applicant who wanted a telemedicine link from Saudi Arabia, and we asked him to wait for his interview until he returned to North Carolina. This, it seems to me, obviates the need for a white paper. We are accomplishing the wishes of the Board, preserving the importance of this interview. It would appear that no further action is indicated.

- **Speeches and Meetings:** These are being reported in the event you identify any topical areas for which you would like further follow-up.

July 29:	Speech ECU PA Program
August 12:	Physician Health Program Meeting
August 19:	Wake County Medical Society Speech with Mr. Saperstein
August 24:	End-of-Life Joint Meeting with Pharmacy and Nursing Boards
August 26:	Meeting with Dr. Stratas concerning continuing relationship with Psychiatric Association
August 27:	Meeting with Dental Board exec on mutual issues of concern. An area of common concern is physicians who hold both MD and DDS or DMD degrees and who do facial plastic surgery or conscious sedation. The Dental Board feels it has certain regulations concerning these individuals which their licensees can avoid by claiming to operate under their MD degrees instead of their dental licenses. We will continue to explore these and other issues with the Dental Board.
September 2:	Meeting with Arthur Osteen, Ph.D., who is the director of the AMA Office of Physician Credentials and Qualifications. His office has responsibility for the Physician Recognition Award (PRA) and we met to discuss the Board's concerns about the PRA and to explore changes contemplated by the AMA for the PRA.
September 4:	Annual Meeting North Carolina Osteopathic Medical Association. This association seems to be growing and thriving and represents over 200 osteopaths who practice medicine in North Carolina. Our continued working relationship with this organization is important.
September 8:	Dr. Chambers, Ms. Cooke, and I visited FSMB headquarters to evaluate the FCVS. This service is accepted by a majority of states. A recommendation will be forthcoming.
September 23:	Duke program on Post Licensure Assessment and Remediation. Also attended by Dr. Roberts and Mr. Breaden.
September 30:	Bowman Gray Medical Students - presentation with Mr. Saperstein and Mr. Wilson.
October 1:	Meeting in Board Office with all of the resident training coordinators. This meeting, hosted by Mrs. Cooke, is very useful for facilitating the licensure and registration of residents.
October 7:	Meeting with the NCMS Medical Education Committee, which continues to express its concern that CME be practice relevant.

October 12: Meeting with several regulatory agencies in Chapel Hill concerning "lessons learned" from Floyd. Meeting was hosted by the Pharmacy Board.

October 13: Meeting with Pharmacy and Nursing Execs concerning End-of-Life Conference and our presentation to national audience at the Citizens Advocacy Center.

October 16 : Administrators In Medicine (AIM) Annual meeting to discuss significant public protection issues affecting medical boards. Diane and I met with our colleagues from most of the state boards east of the Mississippi.

October 27: Executive Advisory Council. This is a quarterly meeting of an advisory council to the FSMB consisting of medical board executives.

November 5: Presentation to annual meeting of the Citizen's Advocacy Center on the joint effort of the North Carolina Medical, Pharmacy and Nursing Boards on end-of-life care.

November 11: Beginning of the NCMS Annual Meeting

November 12: Special FSMB committee on developing physician profiles. This is an important topic of national interest; there is a trend in many states to pass legislation requiring the medical board to develop and post physician profile information, similarly to what was done in Massachusetts. I missed the first meeting due to a conflict with Board business so I have nothing to report yet on where this committee is headed.

PUBLIC AFFAIRS/COMMUNICATIONS PROGRAM REPORT

Dale Breaden, Communications Director, presented the following information:

Forum

I would like to begin by again urging Board members and committees that have topics they wish to see addressed in the *Forum* to outline their ideas in as much detail as possible and suggest potential authors, either Board members or others. And I am sure your contacts in our medical schools, colleges, universities, professional groups, and state agencies could be rich sources for useful material. I would appreciate knowing about them.

The third number of the *Forum* for 1999 was out on November 8. Articles include an excellent piece on correctional health care by Barbara Pohlman, MD, of the Department of Correction's Division of Prisons; a look at due process by Mr Wilson; a demographic article on the age, sex, and distribution of physicians in North Carolina from 1979 to 1998; a detailed review by Mr Henderson of the changes recently made to the PA and NP prescribing rules; an item from Medical Mutual on the importance of chaperones; our first e-mail letter to the editor; a book review by Dr Pories; and articles by Mr Saperstein and Mr Watry. Publication was delayed due to several articles being late, but this allowed us time for Mr Watry to develop a special piece related to Hurricane Floyd and for Mr Saperstein to add a comment on the hurricane to his president's message.

As you know, the *Forum* is now on our Web site. The most recent numbers are posted. They can be read in their regular published form by use of the Adobe Acrobat Reader, which anyone can load free from the Internet, and can be printed in full. Because of this, anyone with

access to the Internet can now have a copy of the *Forum*. This will also make it possible for us to reduce our mailing list to some extent. We have an article in the most recent number of the *Forum* stressing that anyone with access to the Internet can print out the *Forum* and noting that certain classes of recipients will be removed from the mailing list as of the first number of 2000. This article will also run in the next two numbers of the *Forum*. We will also be contacting libraries to ask that they use the Internet as a source for the *Forum* rather than receive a regular print copy. This will reduce our expense a bit further. These and related efforts are particularly useful because the size of our regulated community is steadily growing and we must focus on maintaining a reasonable print run.

As I have noted previously, we plan to add a full *Forum* index to the Web site reasonably soon.

An archive of the *Forum* will be placed on our own system as a permanent record, which will be available for printing at any time and will make it possible for us to respond easily to requests for specific numbers or articles. This is a labor-intensive effort, needless to say.

Informational Brochure

Now that the General Assembly has adjourned, we are only awaiting final action on the CME rule in order to move ahead with final revision and printing of the revised Board brochure. A relatively small run will be ordered because we expect some legislative changes during the General Assembly's 2000 session.

Other Publications

An article titled A Medical Practice's Responsibility to Service Animals, by Felicia Washington, appears in the September number of the *Mecklenburg County Medical Society Bulletin*. She is also preparing an article for the *Forum*. The *Bulletin* of the FSMB recently republished Dr Roufail's article on ethics as one of its lead editorials. A letter from Mr Watry to the editor of the Raleigh *News and Observer* appeared on November 11. It addressed that paper's editorial comments on the Board's recent adoption of the position statement on End-of-Life Responsibilities and Palliative Care.

Radio/TV Broadcast Activities

As noted previously, I have been in touch with the NC Agency for Public Telecommunications, which is still seeking funding for a continuation of its Health Connections series, about the possibility of developing a program reasonably soon on end-of-life decisions/palliative care. As usual, the Agency is positive in its response and I will be meeting with its staff about this.

We have sold over 35 copies of our End-of-Life Decisions Forum audio tape--which runs four hours and two minutes. Because demand continues, we ordered an extra supply in June. We will continue to run notices of this tape and of our videos. We hope to do an audio version of our ethics video by Dr Pellegrino in the near future.

[Video tapes available:
Pain Management
Patient-Doctor Boundaries
The Magic Kiss: Sexual Misconduct and Boundary Issues in Medicine
NCMB Presents Edmund D. Pellegrino in "Why Do We Speak of Responsibility?"]

PA/NP Materials

We have an article of PA/NP prescribing in the current *Forum*. We will soon add a PA/NP section to our Web site, which will focus on matters of interest to both of those professions.

Presentations to Public and Professional Groups

Over the past year, the following presentations have been made or scheduled and reported to Public Affairs.

Andrew Watry
1999
UNC/CH students--March 8
UNC/CH students--April 5
Wake County Medical Society--August 19
NC Association Medical Staff Services (at Board offices)--August 20
Wake Forest U School of Medicine (MAAP program)--September 30
Cabarrus Co Medical Society--November 4

Diane Meelheim
1999
NC Academy of Family Physicians 1998 Winter Meeting--December 3
Wake Forest University School of Medicine PA Program students--February 24
PA Program, Fayetteville--March 23
PA Program, Duke University School of Medicine--April 29
PA Program, East Carolina University School of Medicine--July 6
Womack Army Hospital (NP)--August 18
Regulatory Update, Duke University Medical Center PA/NP Program--September 25

James Wilson
1999
Wake Forest U School of Medicine (MAAP program)--March 3
East Carolina University School of Medicine (Medical Jurisprudence--Intro to NCMB)--March 9
East Carolina University School of Medicine Health Law Forum (Challenges for NCMB)--September 15
Wake Forest U School of Medicine (MAAP program)--September 30

Bill Breeze
1999
Durham Bar Luncheon speaker--April 14
Durham/Orange County Medical-Legal Committee Meeting--April 14
Dr Trado
1999
Hickory Book Club--Jan 8
Symposium, NCAPA, Controlled Substances--February 26
Wake Forest U School of Medicine--March 3

Mr VonSeggen
1999
Moderator, Symposium, Controlled Substances, NCAPA--February 26
Speaker, NCAPA Health Committee--February 26
NCCPA Open Forum--June 2
Winston-Salem Medical Group Managers Meeting--November 10
Physician Assistant Section, North Carolina Medical Society Meeting--November 13
Board Meeting, North Carolina Academy of Physician Assistants--November 14
2000
Cape Fear PA Regional Meeting, Wilmington--February 22

Mr Saperstein
1999
Highpoint Medical Society--February 11

Greensboro Medical Society--May 6
Wake County Medical Society--August 19
Wake Forest U School of Medicine (MAAP program)--September 30

Mrs Walston
1999
Book Club, Wilson--May 18

As always, I would appreciate it if members of the Board who have the appropriate contacts would speak with their local civic groups/clubs to determine if they would be interested in a presentation on the work of the Board. I shall be happy to make the arrangements once the initial contact is made.

Board Action Report

The detailed bimonthly disciplinary report continues to generate good press coverage of the Board's disciplinary activities. It is sent to all health care institutions and media in the area of subject licensees' practices and to organizations and agencies with statewide responsibilities. A full year of reports now appears on our Web site. This use of the Web site, combined with our new e-mail facility, will soon make it possible to reduce the number of print copies of the report needed for mailing. We are now collecting the e-mail addresses of the state's news media and will be communicating with as many of them as possible electronically for future reports--simply letting them know by e-mail that the new report has been mounted on our Web site. As you know, a cumulative report also appears in the *Forum*, and special notices concerning revocations, summary suspensions, suspensions, and surrenders are sent out when the information is received by Public Affairs. These are posted on the Web site for two months under "What's News" and "Immediate Releases." These will also be sent to the media electronically in the near future.

This approach will also allow media throughout the state, not just in counties where subject practitioners live, to receive full listings of Board actions on a regular basis.

Media Day/Annual News Conference

Because our goal is to get out information we believe is important to the public, we will now build on our past success by using focused interviews with key reporters around the state. This approach frees the reporter from having to travel a significant distance, allows us to deal with a larger group of reporters, gives them material to study in advance, and lets us set the tone more effectively by being one-on-one. (I have spoken with several key reporters about this approach and they have responded very positively. Only the medical reporter of the Raleigh News and Observer has asked if it would be all right if he stopped by the Board's office to have his interview in person. He has been assured he would be welcome.) This will require reasonable advance notice to the reporters, giving them adequate lead time, and scheduling calls for the president and executive director throughout one day. Separate TV contacts can also be arranged. Timing would remain the same, the intent being to release information prior to reports from the FSMB.

Joel Obermeyer, medical reporter of the Raleigh N&O is the most recent reporter to spend a half day (November 2) at the Board to get a better understanding of its operation and to meet staff.

News Clippings

We continue to make the regular weekly packet of clippings available to you on disk. This approach allows us to send you the full package of material as well as an edited selection. Jennifer Deyton places these on disk in WordPerfect for you. (Some clippings, such as those from local papers and the FSMB clippings, are not scannable and must still be provided on paper.)

Jennifer and I always appreciate any feedback you might have on this system.

800 Telephone Number

We continue to promote our 800 number in the *Forum* and in other ways. Our Web site and the media distribute the number effectively. In July, we had about 1,321 calls via the 800 number. That number rose to 1,400 in September.

Web Page

As you know, one of Jennifer Deyton's key activities is maintenance and refinement of the redesigned NCMB Web site. She has done a remarkable job making it look good and handle easily. She has now completed work on the "slide show" segment of the site, which is up and running. (The "slide show" springs from a set of slides originally developed by Mr Wilson.)

Among its many advantages, the site contains virtually all the Board's publications, documents, and statements; and they are easily available for printing from the site, some exactly as published by using the Adobe Acrobat Reader. The site is rich in content and very well organized. I'm sure you have noticed we have added a section called "What's News" for posting recent news releases, disciplinary notices, etc. We have also added a section on the new registration system and inactive status and will soon open a section related to PAs and NPs.

To deal with questions about annual registration, we have added a system to the registration segment of the Web site by which licensees can inquire if their registration forms have been received by the Board. If they are concerned about receipt of the material, the system allows them to send an automatic e-mail inquiry to the Board and to request a registration form via e-mail.

Because some users have had difficulty downloading/printing the map to our offices that is on the Web site, the map is now being redone in a simplified form and should be remounted shortly.

Finally, in the last few weeks, we have added the Hospital Staff Privilege Report Form to the Web site, including instructions on how to file the form, thus making reporting of privileging actions to the Board much easier and quicker for hospitals.

Jennifer and I look forward to any comments you might have on the site.

[The above is not intended to be a report on all activities of the PA/C department or director.]

ATTORNEY'S REPORT

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to sections 90-8, 90-14, 90-16, 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 to preserve attorney/client privilege.

The Legal Department reported on 69 cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

CASES EXECUTED

ANDERSON, Lorenzo James, PA
Consent Order executed 9/7/99

BORISON, Richard Lewis, MD
Consent Order executed 7/24/99

BRETT, John Montgomery, MD
Consent Order executed 8/6/99

BREWER, Thomas Edward, Jr., MD
Consent Order executed October 29, 1999

BROOKS, Michael Lee, MD
Notice of Charges executed 7/22/99

BUNN, David Glenn, Jr., MD
Terminate of Consent Order executed 8/25/99

BYRD, Lelan Clinton, MD
Consent Order executed 8/4/99

BYRUM, Christopher Edwards, MD
Consent Order executed 9/24/99

CARMICHAEL, Fletcher, EMT
Consent Order executed 11/3/99

CHARTIER, Stanley Earl, MD
Notice of Dismissal executed 7/22/99

DIAMOND, Patrick Francis, MD
Consent Order executed 8/4/99

GALEA, Lawrence Joseph, MD
Consent Order executed 8/23/99

GIRGIS, Sobhi Anis, MD
Tolling Agreement executed 7/22/99

GOODWIN, William Pierce, MD
Order rescinding denial executed 8/13/99

HALL, Jesse McRae, PA
Consent Order executed 8/20/99

JUBERG, Breton Chester, MD
Consent Order executed 9/8/99

MIJANOVICH, James Robert, MD
Consent Order executed 10/21/99

PAGE, Catherine Marie, MD
Consent Order executed 10/21/99

POWELL, John Gary, MD

Revocation executed 8/4/99

POWELL, John Gary, MD
Revocation executed 8/4/99

RANGASWAMY, Avvari, MD
Notice of Charges executed 7/22/99

RIDDLE, William Mark, MD
Consent Order executed 10/1/99

SHEAR, Morris, MD
Consent Order executed 8/3/99

TANKSLEY, Marion Hollis, DO
Findings of Fact and Conclusions of Law executed 8/24/99

TATE, Denny Cook, MD
Consent Order executed 8/30/99

THOMPSON, Robert Bruce, MD
Consent Order executed 7/7/99

WASHINGTON, Clarence Joseph, III, MD
Consent Order executed 8/27/99

WORIAX, Frank, MD
Consent Order executed 10/28/99

OTHER MATTERS

LITIGATION

Resisting Discovery of Board Investigative Information

When the Board receives subpoenas for its non-public licensing or investigative information, unless issued pursuant to supreme federal authority that overrides state law, we resist the production of the information sought. Occasionally, this includes appearing in court for a judge to decide whether the Board must produce the requested information.

We attended such a hearing on the Board's behalf in Superior Court in Charlotte on December 2, 1998. In that case, A. Ron Virmani, M.D., a physician licensed by the Board, sued his former lawyer, Bill Sitton, and Mr. Sitton's firm, for legal malpractice. To aid in their defense, Mr. Sitton and his firm subpoenaed the Board to testify and produce documents from the Board's investigative file on Dr. Virmani. We moved to quash, but the court denied our motion.

The court stayed its action to allow an appeal, and, at the Board's instruction, we appealed. Mr. Sitton and his firm moved to dismiss our appeal and we replied to this motion, we petitioned for Writ of Certiorari, to which Mr. Sitton and his firm replied, and we both have

filed Briefs. All these documents are available.

The case was calendared for Tuesday, September 21, 1999. On the eve of the Court of Appeals' consideration of our arguments, the underlying lawsuit was dismissed, ending our appeal without a decision.

POLICY COMMITTEE REPORT

John Foust, MD, Chair; Elizabeth Kanof, MD; Hector Henry, MD; Charles Trado, MD; Stephen Herring, MD

The Policy Committee was called to order at 2:00 p.m., Wednesday, October 20, 1999, at the office of the Board. Present: John W. Foust, MD, Chair; Hector H. Henry, II, MD; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Felicia A. Washington, JD; Andrew W. Watry, Executive Director; H. Diane Meelheim, Assistant Executive Director; James A. Wilson, JD, Director, Legal Department; Jesse Roberts, MD, Medical Coordinator; Dale G Breaden, Director, Public Affairs (PC Staff); and Jeffery T. Denton, Board Recorder (PC Staff).

Review of Minutes

The minutes of the August 18, 1999, Policy Committee were reviewed and accepted.

Closing or Dissolving a Medical Practice - A Draft Position Statement

It was previously decided to prepare a proposed position statement on closing a physician's practice. Mr Wilson presented a draft position statement on that subject for review. After discussion, some changes were recommended and it was decided to make it clear that the position statement would also apply to "physicians leaving groups."

Action: Incorporate discussed changes and bring back to next committee meeting.

What Are the Position Statements of the Board and to Whom Do They Apply?

At the August committee meeting, Mr Wilson presented a proposed definition of the Board's position statements that could accompany the printed compilations of the statements. Titled What Are the Position Statements of the Board and to Whom Do They Apply? it essentially describes what the position statements are and what they are not, assuring they will be read in the correct context. During discussion, Mr Wilson reviewed his concerns about the Board's position statements and it was noted that the proposed definition addressed many of those concerns. Several suggestions for minor wording changes were made and it was decided to table final consideration of the revised definition until the next meeting.

Action: To be reworked and brought back to the next committee meeting.

Office-Based Surgery/anesthesia: Report on Progress of Draft Position Statements

The AAAASF accreditation material was recently received. Dr Herring is in the process of reviewing this lengthy reading assignment.

Action:(1) After review Dr Herring will compile a list of components essential for adequate office care.

(2) Mr Watry will obtain copies of policies recently adopted on the subject by other state boards.

Review of Previously Approved Position Statements

Corrected copies of the previously adopted position statements on end-of-life responsibilities and on prescribing on the Internet were presented for information only. One modification was made to the statement related to Internet prescribing. Both statements appear below in final form.

Recommendation to Board: That the two following statements be adopted.

END-OF-LIFE RESPONSIBILITIES AND PALLIATIVE CARE

Assuring Patients

Death is part of life. When appropriate processes have determined that the use of life-sustaining or invasive interventions will only prolong the dying process, it is incumbent on physicians to accept death "not as a failure, but the natural culmination of our lives."*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Palliative Care

There is no one definition of palliative care, but the Board accepts that found in the *Oxford Textbook of Palliative Medicine*: "The study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life." This is not intended to exclude remissions and requires that the management of patients be comprehensive, embracing the efforts of medical clinicians and of those who provide psychosocial services, spiritual support, and hospice care.

A physician who provides palliative care, encompassing the full range of comfort care, should assess his or her patient's physical, psychological, and spiritual conditions. Because of the overwhelming concern of patients about pain relief, special attention should be given the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some cases, there are inherent risks associated with effective pain relief in such situations.

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the Management of Chronic Non-Malignant Pain for an outline of what the Board expects of physicians in the management of pain.) Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

Selected Guides

To assist physicians in meeting these responsibilities, the Board recommends *Cancer Pain Relief: With a Guide to Opioid Availability,* 2nd ed (1996), *Cancer Pain Relief and Palliative Care* (1990), *Cancer Pain Relief and Palliative Care in Children* (1999), and *Symptom Relief in Terminal Illness* (1998), (World Health Organization, Geneva); *Management of Cancer Pain* (1994), (Agency for Health Care Policy and Research, Rockville, MD); *Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain*, 4th Edition (1999)(American Pain Society, Glenview, IL); *Hospice Care: A Physician's Guide* (1998) (Hospice for the Carolinas, Raleigh); and the *Oxford Textbook of* Palliative *Medicine* (1993) (Oxford Medical, Oxford).

*Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

CONTACT WITH PATIENTS BEFORE PRESCRIBING

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not personally examined is usually inappropriate. Before prescribing a drug, a physician should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience . Ordinarily, this will require that the physician personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

It is the position of the Board that prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate, unprofessional, and may be illegal.

Consideration of Draft Joint Statement (Medical, Pharmacy & Nursing Boards) End-of-Life Responsibilities and Palliative Care

Mr Watry has been working with the executive directors of the Pharmacy and Nursing Boards to follow-up on the End-of-Life Conference. One of the main elements requested as a result of that conference was a joint position statement by all three boards, which has now been drafted and appears below. It was noted that the medical component of the statement reflects the previously adopted position statement of the NCMB Policy Committee. The executives of the three boards have been invited to discuss their work on this issue at a national conference to be held by the Citizen's Advocacy Center. A key component of the conference is to highlight these cooperative efforts of the three boards in North Carolina.

Recommendation to Board: That the following position statement be approved.

JOINT STATEMENT ON PAIN MANAGEMENT IN END-OF-LIFE CARE

Through dialogue with members of the healthcare community and consumers, a number of perceived regulatory barriers to adequate pain management in end-of-life care have been expressed to the Boards of Medicine, Nursing, and Pharmacy. The following statement attempts to address these misperceptions by outlining practice expectations for physicians and other health care professionals authorized to prescribe medications, as well as nurses and pharmacists involved in this aspect of end-of-life care. The statement is based on:

- the legal scope of practice for each of these licensed health professionals;
- professional collaboration and communication among health professionals providing palliative care; and
- a standard of care that assures on-going pain assessment, a therapeutic plan for pain management interventions; and evidence of adequate symptom management for the dying patient.

It is the position of all three Boards that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians, nurses and pharmacists should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Because of the overwhelming concern of patients about pain relief, the physician needs to give special attention to the effective assessment of pain. It is particularly important that the physician frankly but sensitively discuss with the patient and the

family their concerns and choices at the end of life. As part of this discussion, the physician should make clear that, in some end of life care situations, there are inherent risks associated with effective pain relief. *The Medical Board will assume opioid use in such patients is appropriate if the responsible physician is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan.* Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

With regard to pharmacy practice, North Carolina has no quantity restrictions on dispensing controlled substances including those in Schedule II. This is significant when utilizing the federal rule that allows the partial filling of Schedule II prescriptions for up to 60 days. In these situations it would minimize expenses and unnecessary waste of drugs if the prescriber would note on the prescription that the patient is terminally ill and specify the largest anticipated quantity that could be needed for the next two months. The pharmacist could then dispense smaller quantities of the prescription to meet the patient's needs up to the total quantity authorized. Government-approved labeling for dosage level and frequency can be useful as guidance for patient care. Health professionals may, on occasion, determine that higher levels are justified in specific cases. However, these occasions would be exceptions to general practice and would need to be properly documented to establish informed consent of the patient and family.

Federal and state rules also allow the fax transmittal of an original prescription for Schedule II drugs for hospice patients. If the prescriber notes the hospice status of the patient on the faxed document, it serves as the original. Pharmacy rules also allow the emergency refilling of prescriptions in Schedules III, IV, and V. While this does not apply to Schedule II drugs, it can be useful in situations where the patient is using drugs such as Vicodin for pain or Xanax for anxiety.

The nurse is often the health professional most involved in on-going pain assessment, implementing the prescribed pain management plan, evaluating the patient's response to such interventions and adjusting medication levels based on patient status. In order to achieve adequate pain management, the prescription must provide dosage ranges and frequency parameters within which the nurse may adjust (titrate) medication in order to achieve adequate pain control. Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the patient's needs. *The nurse has the authority to adjust medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the agency's established protocols.* However, the nurse does not have the authority to change the medical pain management plan. When adequate pain management is not achieved under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication. Only the physician or other health professional with authority to prescribe may change the medical pain management plan.

Communication and collaboration between members of the healthcare team, and the patient and family are essential in achieving adequate pain management in end-of-life care. Within this interdisciplinary framework for end of life care, effective pain management should include:

- thorough documentation of all aspects of the patient's assessment and care;
- a working diagnosis and therapeutic treatment plan including pharmacologic and non-pharmacologic interventions;
- regular and documented evaluation of response to the interventions and, as appropriate, revisions to the treatment plan;
- evidence of communication among care providers;
- education of the patient and family; and
- a clear understanding by the patient, the family and healthcare team of the treatment

goals.

It is important to remind health professionals that licensing boards hold each licensee accountable for providing safe, effective care. Exercising this standard of care requires the application of knowledge, skills, as well as ethical principles focused on optimum patient care while taking all appropriate measures to relieve suffering. The healthcare team should give primary importance to the expressed desires of the patient tempered by the judgment and legal responsibilities of each licensed health professional as to what is in the patient's best interest.

Registration Form: Request for Modification of Certain Wording

The Board recently began asking questions on its registration form that were recommended by the Federation of State Medical Boards. These questions are now asked by a number of Boards. One question asks: "Have you been told that you were impaired as a result of your use of alcohol or drugs since you last registered?" This question, as written, forces anonymous PHP participants to break anonymity and should probably be reworded.

Recommendation to Board: Change the above wording to: "Have you been told that you were impaired as a result of your use of alcohol or drugs by anyone other than an employee or agent of the North Carolina Physicians Health Program?" (one abstention)

Advertising and Publicity: Review of Draft Position Statement

At the August committee meeting concern was expressed regarding physicians who advertise they are specialists in fields in which they have little or no formal training and are not board certified. The AMA policy on physician "advertising and publicity" was reviewed and it was suggested that the Board might want to adopt it with several minor changes. Dr Trado suggested handling these matters on a case-by-case basis instead of stating the obvious in a position statement. If a clear case of false advertising can be made, present it at a hearing and let the resulting action speak for the Board. Dr Kanof and Dr Herring were asked to develop ideas on what a possible position statement regarding physician advertising might contain and present them at the next Committee meeting. After a review of their proposal, several suggestions for modification were made and accepted.

Recommendation to Board: That the following position statement be approved (as amended).

ADVERTISING AND PUBLICITY

It is the position of the North Carolina Medical Board that physician advertising or publicity that is deceptive, false, or misleading is unprofessional conduct. If patient photographs are used, they should be of the physician's own patients and demonstrate realistic outcomes. The key issue is whether advertising and publicity, regardless of format or content, are true and not materially misleading.

Information conveyed may include:

a) the educational background of the physician;
b) the basis on which fees are determined, including charges for specific services;
c) methods of payment;
d) any other non-deceptive information.

Advertising and publicity that create unjustified medical expectations, that are accompanied by deceptive claims, or that imply exclusive or unique skills or remedies must be avoided. Similarly, a statement that a physician has cured or successfully treated a large number of patients suffering a particular ailment is deceptive if it implies a certainty of results and/or creates unjustified or misleading expectations.

Consistent with federal regulations that apply to commercial advertising, a physician who is preparing or authorizing an advertisement or publicity item should ensure in advance that the communication is explicitly and implicitly truthful and not misleading. Physicians should list their names under a specific specialty in classified telephone directories and other commercial directories only if they are board certified or have successfully completed a training program in that specialty accredited by the Accreditation Council for Graduate Medical Education or approved by the Council on Postdoctoral Training of the American Osteopathic Association.

Malpractice Review Process

Dr. Roberts presented a document outlining the malpractice pathway development, review process and definition of pathways and criteria for inclusion.

Recommendation to Board: That the following malpractice process be approved.

HISTORY: Following a nationwide movement focusing attention on malpractice actions as potential identifiers of problem physicians, the NC Legislative Oversight Committee instigated legislation in 1981, modified to the present time, requiring all malpractice judgments and settlements be reported to the Medical Board. Actions to be taken have been left to the discretion of the Board.
NC Medical Board has investigated each report in detail with few identifications of licensees of concern (LOC).
In order to devote an appropriate amount of time, resources and personnel to the malpractice process this is an effort to redesign the process.

CONCERNS: 1. Is malpractice (report) an indicator of quality of care?
2. Do malpractice reports identify licensees of concern who should be investigated, monitored or disciplined?
3. How useful are malpractice reports in support of Board's mission?
a. Role in tort reform?
b. Role in learning for Board members
c. Role in issues for discussions with Deans in shaping education programs.

OBJECTIVE: 1. Receive reports from all sources in fulfillment of legislative mandate.
2. Identify LOC to the Board.
a. Integrate malp pattern into all other Board information to identify LOC practicing below the minimum standard of care by reason of chemical, intellectual, emotional, physical, educational impairment
b. Development of identifiers or markers of LOC
1) High specificity
2) High sensitivity
3. Revise current system to increase efficiency of process.
a. Filter cases into pathways:
I. Full Committee evaluation prior to presentation to Board in detail with course of action recommended to Board
II. Committee person review with staff with course of action recommended to Board, case presented in group with extraction for discussion as needed.
III. Cases handled by staff, reviewed by committee or committee person in group with course of action recommended to Board in group with extraction for discussion as needed.
4. Not to retry the case.
5. Advise options for action.
6. Develop database for collection, correlation and analysis of data
a. Basis for continuous improvement of process
b. Provide information and data to assist Board in development of policy and position regarding tort reform.
c. Provide information and data to assist Board in development of policies and positions regarding education initiatives for discussions with Deans.

OBSERVATIONS: 1. Malpractice information provides low investment: benefit outcome
a. Ohio Medical Board identified 2 LOC leading to action out of

6366 malpractice reports filed 1987 to 1998 based on malpractice report alone. 19 served as a partial basis for action, 37 are currently under active investigation and 69 involved licensees already subjects of disciplinary action.

2. Cases are generally years old.
3. Few LOC have been identified through this information source. Competency problems are being identified by other means.
4. These cases have been litigated, mediated or settled with the stress, education and expense attendant to that process
5. The legislative mandate does not require any Board action
6. No consistent evidence that any aspect of malpractice data identifies LOC.
7. Board Members reviewing these cases are often distressed by the circumstances and details of the case to the point of feeling that some action is required by the Board.
8. Violation of the Medical Practice Act thru Malpractice is rare.

MARKERS/INDICATORS OF LOC

1. Field investigator reports resulting from prescription reviews, networking, community contacts
2. History with Board as reflected in investigative file
3. PHP reports
4. Patterns and content of behavior/outcomes as reflected in complaints
5. MDs reporting concerns about other MDs.
6. Reports from all other outside sources
7. Distressed Board Member Syndrome
8. Hospital credential/privilege reports--cancellation or reduction, limitation, denial
9. Age
10. Malpractice reports, settlements/judgments/cancellations, rate increases
11. Others

OBSERVATION:

1. One can suspect from the minor position that malpractice occupies in the list of markers that malpractice is not a highly specific nor sensitive indicator of LOC, correlating with the low yield of disciplinary action resulting from malp investigation.
2. Some licensees are more sueble than incompetent

MALPRACTICE MARKERS/INDICATORS OF LOC

1. Evidence of LOC from general indicators
2. Pattern, repetition of settlements or judgments
3. Facts behind the case--Board should focus on thought process, quality of LOC work, knowledge base, competence, judgment, technical skills, etc. -- Jury is focused on outcome
4. Coverage cancellation in association with settlements/awards
5. Hospital privilege actions based on quality of care/competence
6. Specialty: Less weight on occurrence of large settlements in OB for poor outcomes with neonates. More weight in multiple suits with ORS, NS, etc
7. Value of amounts of judgment as an indicator is diminished because jury is focused on outcome rather than quality, competence or malpractice.
8. Value of amount of settlement as an indicator is diminished because economic/business decisions are made to avoid the cost of litigation or for limitation of exposure.
9. Others

PROCESS:

1. Report is received in complaint/malp department
2. Report is logged in and questionnaire is mailed to licensee
3. Questionnaire, records, Licensee response tracked until received
4. Package organized and review begun.

CONCLUSIONS:

1. Board receives malpractice reports secondary to statute
2. Board mission: Identify incompetent LOC
   a. Integrate malp report into LOC database
   b. Require response from LOC
   c. Assign pathway
   d. Present for committee review
   d. Present for Board Action and follow thru

REVIEW PROCESS:

1. Investigative file review
2. Administrative data collection and coding:
   a. Medical Board Status Report
      -public record
      -investigative reports
      -privilege/credential changes
      -# of complaints
      -# of malpractice settlements/judgments
      -PHP
      -others
   b. Professional Status Report
      -age, yr of MD, Medical School, PG training and location
      -Board Certification/recertification
      -CME
      -specialty
      -Hospital privileges
      -HMO/Managed Care/Practice arrangement
      -Licensed in states, mechanism of licensure
      -others
   c. Personal Status Report
      -City/County location in the state
      -others

3. Administrative Review:
   a. Degree of involvement in case--peripheral, uninvolved at all, caught in net etc
   b. Initial analysis for indicators for LOC
      -pattern of multiple substantive complaints, settlements or judgments
      -pattern of prescribing irregularities or investigative reviews
      -adverse privilege or credentialing actions
      -public file, PHP
   c. ACTION--->Pathway III---Review with Medical Coordinator--Report to Committee/Board---extract, approve--Board Action
      --->Medical Review
4. Medical Review
   a. Review of Administrative Data and Review for indicators of LOC:
   b. Medical facts behind the malp settlement/judgment:
      1)Clinical presentation

2)Clinical course
3)Expert opinions
4)Basis for poor outcome or injury/damage and/or award
a)Natural history of disease
b)Obscure clinical situation understandable only in retrospect
c)Recognized complication of treatment/procedure
d)LOC at fault:
-impaired licensee
-incompetence
-negligence
e)Jury decision with no rational basis for award
f)Mediation/Deliberation reached agreement to settle.
g)No medical or legal basis for settlement made on a cost of defense basis

c. ACTION--->Pathway III
--->Pathway II
Reviewed by committee member--extract, approve-Board Action
--->Pathway I
Reviewed by committee--extract--approve--Board Action

DEFINITION OF PATHWAYS AND CRITERIA FOR INCLUSION

I Moderate level of concern from administrative or medical review. Review with committee--confirm pathway and recommended action-report to Board individually--extract-approve-Board action.

a. 3+ previous compl/malp actions
b. Public/PHP record
c. Investigative record relevant to malpractice settlement/judgment
d. Privilege/credential adverse action report
e. Medical facts review of substantive concern re incompetence/negligence
1. >1 wrong patient/side/level procedure
2. type and severity of complications outside of expected
3. Treatment below expected standard of care
4. Outcome not explained by expected natural course and response to treatment

II Low level concern from administrative or medical review. Review with committee member--confirm pathway and recommended action-report to Committee/Board as group--extract--approve-Board Action

a. 3+ previous compl/malp actions
b. no public/PHP record
c. investigative record irrelevant to malpractice settlement/judgment
d. no privilege/credential adverse action report
e. Medical facts review of some concern re incompetence/negligence
1. wrong patient/side/level procedure
2. technical error/mistake
3. type and severity of complications within expected for procedure/treatment
4. natural history of disease does not explain course/outcome

III No basis for concern from administrative or medical review. Precaution review with committee member--confirm pathway and recommended action--report to Committee/Board as group--extract--approve--Board Action

a. <3 previous compl/malp actions

b. no public/PHP record
c. no investigation record
d. no adverse privilege/credential reports
e. no incompetence/negligence on medical facts review
   1. natural history of disease explains course/outcome
f. no professional liability coverage cancellation

POSSIBLE BOARD ACTIONS:
1. Accept as information
2. Private letter of concern/advice
3. Disciplinary Actions
   a. Informal interview
   b. Evaluation
      -medical-including neurological, psychiatric
      -chemical
      -educational/intellectual
   c. Charge

Future Agenda Items

(1) It was noted by Dr Kanof that in Tennessee and Ohio the AMA Code of Ethics has the force of law. She requests possible exploration of how to accomplish the same in North Carolina. (Obtain a list of states and information from those that have this provision.)

(2) Dr. Herring requests that the subject of expert witnesses be returned to the active agenda. One question is, is acting as a professional witness the practice of medicine? (Dr. Herring will provide a copy of the Florida materials.)

There being no further business, the meeting adjourned at 3:15 p.m., Wednesday, October 20, 1999.

The Policy Committee was called to order at 12:20 p.m., Thursday, November 18, 1999, at the office of the Board. Present: John W. Foust, MD, Chair; Hector H. Henry, II, MD; Stephen M. Herring, MD; Elizabeth P. Kanof, MD; Charles E. Trado, MD; Andrew W. Watry, Executive Director; H. Diane Meelheim, Assistant Executive Director; James A. Wilson, JD, Director, Legal Department; Jesse Roberts, MD, Medical Coordinator; Ruth Horowitz, New York Disciplinary Board; Dale G Breaden, Director, Public Affairs (PC Staff); and Jeffery T. Denton, Board Recorder (PC Staff).

Review of Minutes

The minutes of the October 20, 1999, Policy Committee were reviewed and accepted.

Contact with Patients Before Prescribing

It was recommended to take out the words "and may be illegal" in the last paragraph of the previously approved position statement on Contact with Patients Before Prescribing. A motion passed to approve the position statement as modified below.

Action: That the following statement be adopted.

Contact with Patients Before Prescribing

It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has not personally examined is usually inappropriate. Before prescribing a drug, a physician should make an informed medical judgment based on the circumstances of the situation and on his or her training and experience . Ordinarily, this will

require that the physician personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan, a part of which might be a prescription. This process must be documented appropriately.

Prescribing for a patient whom the physician has not personally examined may be suitable under certain circumstances. These may include admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is taking call, or continuing medication on a short-term basis for a new patient prior to the patient's first appointment. Established patients may not require a new history and physical examination for each new prescription, depending on good medical practice.

It is the position of the Board that prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.

Closing or Dissolving a Medical Practice - A Draft Position Statement

It was previously decided to prepare a proposed position statement on closing a physician's practice. Mr Wilson presented a draft position statement on that subject for review. After discussion, some changes were recommended and it was decided to make it clear that the position statement would also apply to "physicians leaving groups." The position statement below reflects these changes.

Action: That the following statement be adopted.

MEDICAL PRACTICE BREAK-UPS OR CLOSINGS

Practice closings and break-ups (when one or more physicians leave and others remain) are trying times. They can be busy, emotional, and stressful for all involved: practitioners, staff, and patients. If mishandled, they can significantly disrupt continuity of care. It is the position of the North Carolina Medical Board that during such times practitioners must continue to consider how their actions affect their patients. In particular, practitioners have the following obligations.

Permit Patient Choice

It is the patient's decision from whom to receive care, not the practitioner's. Therefore, it is the responsibility of all practitioners to ensure that:

- patients are notified of changes in the practice, which is often done by newspaper advertisement and by letters to patients currently under care;
- patients are told how to access their medical records;
- patients are told how to reach any practitioner(s) remaining in the practice; and
- patients clearly understand that the choice of a health care provider is the patients'.

Provide Continuity of Care

Practitioners continue to have obligations toward patients during and after the closing or break-up of a practice. Except in case of the death or other incapacity of the practitioner, practitioners may not abandon a patient or abruptly withdraw from the care of a patient. Instead, patients should be given reasonable advance notice to allow their securing other care. Good continuity of care includes preserving, keeping confidential, and providing appropriate access to medical records.* Also, good continuity of care may often include making appropriate referrals.

No practitioner or group of practitioners should interfere with the fulfillment of these obligations. Practitioners must not put themselves in a position where they cannot discharge these duties.

*The Board's position statement on the Retention of Medical Records applies, even when practices close permanently due to the retirement or death of the practitioner.

(Adopted xx/xxx)

Board Action: Refer back to committee to reword encompassing coverage of HMO's, etc.

What Are the Position Statements of the Board and to Whom Do They Apply?

At the August committee meeting, Mr Wilson presented a proposed definition of the Board's position statements that could accompany the printed compilations of the statements. Titled What Are the Position Statements of the Board and to Whom Do They Apply? it essentially describes what the position statements are and what they are not, assuring they will be read in the correct context. During discussion, Mr Wilson reviewed his concerns about the Board's position statements and it was noted that the proposed definition addressed many of those concerns. Several suggestions for minor wording changes were made and it was decided to table final consideration of the revised definition until the next meeting. The following statement reflects the above changes and those of this date.

Action: That the following statement be adopted.

What Are The Position Statements of the Board and to Whom Do They Apply?

The North Carolina Medical Board's Position Statements are interpretive statements that attempt to define or explain the meaning of laws or rules that govern the practice of physicians,* physician assistants, and nurse practitioners in North Carolina, usually those relating to discipline. They also set forth criteria or guidelines used by the Board's staff in investigations and in the prosecution or settlement of cases.

When considering the Board's Position Statements, the following four points should be kept in mind.

1. In its Position Statements, the Board attempts to articulate some of the standards it believes applicable to the medical profession and to the other health care professions it regulates. However, a Position Statement should not be seen as the promulgation of a new standard as of the date of issuance or amendment. Some Position Statements are reminders of traditional, even millennia old, professional standards, or show how the Board might apply such standards today.
2. The Position Statements are not intended to be comprehensive or to set out exhaustively every standard that might apply in every circumstance. Therefore, the absence of a Position Statement or a Position Statement's silence on certain matters should not be construed as the lack of an enforceable standard.
3. The existence of a Position Statement should not necessarily be taken as an indication of the Board's enforcement priorities.
4. A lack of disciplinary actions to enforce a particular standard mentioned in a Position Statement should not be taken as an abandonment of the principles set forth therein.

The Board will continue to decide each case before it on all the facts and circumstances presented in the hearing, whether or not the issues have been the subject of a

Position Statement. The Board intends that the Position Statements will reflect its philosophy on certain subjects and give licensees some guidance for avoiding Board scrutiny. The principles of professionalism and performance expressed in the Position Statements apply to all persons licensed and/or approved by the Board to render medical care at any level.

*The words "physician" and "doctor" as used in the Position Statements refer to persons who are MDs or DOs licensed by the Board to practice medicine and surgery in North Carolina.

Office-Based Surgery/anesthesia: Report on Progress of Draft Position Statements

The AAAASF accreditation material was recently received. Dr Herring is in the process of reviewing this lengthy reading assignment. After review, Dr Herring will compile a list of components essential for adequate office care. Mr Watry will obtain copies of policies recently adopted on the subject by other state boards.

Status: A work in progress.

End-of-life Responsibilities and Palliative Care: Possible Modification

The question was asked "should the committee consider adding language to the position statement on end-of-life responsibilities making clear the statement is unrelated to the issue of physician assisted suicide?"

Recommendation to Board: No change at this time.

Legal status of AMA Code of Ethics

It was noted by Dr Kanof that in Tennessee and Ohio the AMA Code of Ethics has the force of law. She requests possible exploration of how to accomplish the same in North Carolina.

Action: Mr. Breaden will obtain a list of states that have this provision for review by the committee. Dr Kanof will obtain information from the AMA on the subject.

Expert Medical Witnesses: Are they practicing medicine?

Concern has been expressed regarding expert medical witnesses. The question was asked "is acting as a professional witness the practice of medicine?"

Recommendation to Board: A letter be prepared to the NC Medical Society indicating the Medical Board has discussed this issue and is concerned, that the Medical Board is available as a resource on the question, and that discussion between the Medical Society and the Board is encouraged. A draft of this letter should be brought back to the Committee for consideration.

Termination of Patient-Physician Relationship

Due to a recent complaint where an office manager handled the dismissal of a patient from the physician's practice without involvement of the physician and this office manager sent copies of medical records to another physician without permission to share, the position statement on The Physician-Patient Relationship was reviewed.

Action: Mr. Breaden and Dr. Kanof will review this position statement with a view to revising it in order to address these concerns.

Alternative Medicine

Dr Henry commented briefly on several issues related to alternative medicine. He will report further at future meetings of the Committee.

Future Agenda Items

Update on status of alternative medicine by Dr Henry.

Invitation to the NC Attorney General to visit and meet with the Board. Dr Henry and Dr Kanof will come up with possible agenda items for such a visit.

There being no further business, the meeting adjourned at 1:35 p.m., Thursday, November 18, 1999.

Motion: A motion passed to approve the above Policy Committee Meeting Reports as modified.

OPERATIONS COMMITTEE REPORT

Paul Saperstein; Elizabeth Kanof, MD; Charles Trado, MD; Wayne VonSeggen, PAC

The meeting was called to order at 12:15 PM by Mr. Paul Saperstein, Chairman. Mr. VonSeggen, Mr. Watry, Dr Elizabeth Kanof, Mr Peter Celentano and Diane Meelheim were present. Dr. Charles Trado was absent.

Financial statements for June, July and August 1999 were reviewed. The August statement was reviewed in detail. The investments were also reviewed. One CD was purchased at 4.%. Mr. Celentano was instructed to communicate with BB&T and renegotiate the rate. The cash flow plan was discussed and the need for an increase in fees was emphasized.

A motion was passed to close the session to consider the qualification, 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.

The Operations Committee reported on several personnel issues. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

The health insurance quote for 2000 was reviewed, it was noted that it had increased in cost by only 5%, a much lower amount than is the trend.
Each department has used the educational dollars budgeted by the Board.

Equipment: The telephone system continues to work well and the local and long distance service problems have diminished.

Office: The office copiers are working well as part of the LAN. The Board member fax machines are beginning to need to be replaced. This will be done on an individual basis. One office fax will need to be replaced soon, despite adding email, there is still quite a lot of fax traffic.

Computing: Software issues include replacing the SACO product with CAVU's product. CAVU has provided a solution for DATALINK as well. Since the CAVU product is compatible with MS Word, the change will be made at the time of conversion. An off the shelf accounting package will also be purchased. A new server has also been purchased.

The meeting was called to order at 11:15 PM by Mr. Paul Saperstein, Chairman. Dr. Charles Trado, Mr. VonSeggen, Mr. Watry, Dr Elizabeth Kanof, Mr Peter Celentano and Diane Meelheim were present.

Recommended salaries were discussed and approved.

Issues regarding the purchase of the CAVU product were discussed and it was recommended to adjust the budget for the increased cost of software.

The budget was amended to include the salaries and the increased cost of the software.

Motion: A motion passed to approve the above Operations Committee Reports.

EMERGENCY MEDICAL SERVICES (EMS) COMMITTEE REPORT

Wayne VonSeggen, PAC; Kenneth Chambers, MD; Hector Henry, II, MD; Walter Pories, MD; Stephen Herring, MD

Call to Order: The meeting was called to order at 9:30 am by Mr. Wayne VonSeggen. Present:

Mr. Wayne VonSeggen, Chairman, Dr. Kenneth Chambers, Dr. Stephen Herring, Dr. Walter Pories, Dr. Hector Henry, Mr. Ed Browning, Ms. Diane Meelheim, Ms. Erin Gough, Mr. James Campbell

A motion passed to close the session 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.

The EMS Committee reported on 5 investigative cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

Mobile Intensive Care Nurse Guidelines: Presented by Mr. Ed Browning for information only.

EMS Certification Report: Mr Ed Browning presented the EMS Certification Report for 7/1/99 - 8/31/99. Action: Approved.

Health Care Practitioner Identification: Mr. Ed Browning presented for information only.
Action: Allow EMS to define proper identification.

HIPPDA: Mr. Ed Browning reported to Committee that EMT information from 1992 to now needs to be reported to HIPPDA database. Mr. Browning offered to assist Board with gathering the information.

Epinephrine Report: Accepted.

Adjournment.

Motion: A motion passed approving the report as presented.

Call to Order: The meeting was called to order at 2:00 pm, November 17, 1999, by Mr. Wayne VonSeggen.

A motion passed to close the session 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.

The EMS Committee reported on 2 investigative cases. A written report was presented for the Board's review. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

Motion: A motion passed approving the report as presented.

MIDWIFERY JOINT COMMITTEE REPORT

Wayne VonSeggen, PAC; Hector Henry, II, MD; Walter Pories, MD

The MidWifery Joint Committee was called to order at 12:00 p.m., Wednesday, November 17, 1999. Present: Patricia Payne, RN, CNM, MPH (Chair); Maureen Darcey, RN, CNM; Ann Newman, RN; Karen Vetrone, RN; Ronald Granger, MD, Ph.D., OB; Wayne VonSeggen, PAC; Andy Watry. After call to order, and approval of minutes of March 17, 1999 meeting, the Joint Committee ratified those midwives previously approved via mail referenda (25), and approved the Treasurer's Report and Audit Report.

Chair Patricia Payne reviewed projects supported by the Midwifery Joint Committee:

Center for Nursing Survey: Nurse Midwives in North Carolina
Computerized Records
Hickory Project (outcomes)
Proposed statewide conference on Midwifery (Spring 2000)

It was brought to the attention of the Midwifery Joint Committee that midwives in military (federal) settings may possibly be supervised by physicians who do not hold a North Carolina medical license. This is an issue which is to be reviewed after more information is received.

The Midwifery Joint Committee is considering changes in forms and applications with regard to secondary physicians. This may require a rule change. With the advent of the January 2000 Multistate Nursing Compact, there will be an agreement between at least five states which allows RN reciprocity-like practice within those states without the requirement of needing to register the nursing license. Midwives and nurse practitioners would still be required to be processed by the usual procedures.

The Midwifery Joint Committee wants to delete the Standards of Nurse-Midwifery Practice for North Carolina but retain the American College of Nurse-Midwives "Standards for the Practice of Nurse Midwifery."

The resignation of Dr. Michael McNamara from the Midwifery Joint Committee has created a vacancy of one of the Midwifery appointments. The chair has nominated Dr. Valerie King. Reservations were expressed as to whether this candidate actually meets the NCGS 90-178.4 as to composition of this committee for "two obstetricians who have had working experience with midwives."

A motion was made and passed which removed the term limits for officers of the Midwifery Joint

Committee, and Patricia Payne was reconfirmed as Chair of the Midwifery Joint Committee.

The meeting was adjourned at 2:00 p.m.

PHYSICIAN ASSISTANT COMMITTEE REPORT

Wayne VonSeggen, PAC; Kenneth Chambers, MD; Hector Henry, II, MD; Walter Pories, MD; Stephen Herring, MD

Routine PA License Applications -

(***Indicates PA has not submitted Intent to Practice Forms)

Board Action: Approve full license and intent to practice applications.

PHYSICIAN ASSISTANT	PRIMARY SUPERVISOR	PRACTICE CITY
Anderson, Susan Marie	***	
Cohen, Joe Dexter	**Krakauer**, Joel	Raleigh
Harrison, Gabriela Denise	**Hearne**, Larry A.	Lumberton
Oakley, Lisa Marie	**Fletcher**, Robert G.	Fayetteville
Rejowski, Theresa Marie	***	
Spitler, Mary	***	

Routine PA Temporary License Applications -

(***Indicates PA has not submitted Intent to Practice Forms)

Board Action: Approve temporary license and intent to practice applications.

PHYSICIAN ASSISTANT	PRIMARY SUPERVISOR	PRACTICE CITY
Boyd, William Scott	**Herman**, Sanford H.	Eden
Brennand, Michael David	***	
Bryson, Jennifer Schwallie	**Ohl**, Matthew D.	Charlotte
Gill, Sharon Miller	***	
Haworth, Mary Spencer	***	
Hubbard, Amy Renee	**Shah**, Ashish	Eden
McPeak, Maureen Ann	***	
Wright, Shaun Nicole	**Martin**, William J.	Winston-Salem

PA Intent to Practice Forms acknowledged -

PHYSICIAN ASSISTANT	PRIMARY SUPERVISOR	PRACTICE CITY
Beaman, Carlton Reid	**Mishra**, Seema Lynn	Stantonsburg
Beers, Charles Michael	**Del Do**, Shari Ann	Fayetteville
Biermann, Jennifer Alice	**Nadeau**, Denise Ann	Chapel Hill
Bradshaw, John Martin	**Covington**, Chris Allen	Gastonia
Caceres, Jorge Luis	**Zotti**, Robert David	Laurinburg
Caceres, Jorge Luis	**Guha**, Subrata	Smithfield
Camp, Chasitty Darlene	**Kornmayer**, John Daniel	Forest City
Chance, Jeffery Alan	**Kepp**, Edward Allen	Albemarle

Conover, Deidre Lee Horrocks	**Winegardner**, Linda Still	Concord
DeArmey, Stephanie Min-Ling	**Patel**, Kamini	Henderson
Del Vecchio, Teresa Marie	**Davis**, Robert Duane	Durham
Dickson, Veronica Ann	**Richardson**, David Lee	St. Pauls
Eley, Katina Marquinette	**Richardson**, Claudia Weaver	Ahoskie
Felicione, Emidio John	**Koffer**, Dennis Shelly	Raleigh
Ferri, Catherine Ann	**Kelly**, Thomas Andrew	Greensboro
Flowers, Richard Allen	**Mitchell**, Charles Kenneth	Pinehurst
Gill, Burgo Doyle	**Kimball**, Robert Roy	Statesville
Gocke, Thomas Vincent	**Rubino**, John	Raleigh
Green, Catherine Marie	**Dingfelder**, James Ray	Raleigh
Grove, Randall Paul	**Zotti**, Robert David	Laurinburg
Gurley, Christian Scott	**Hatharasinghe**, Roger Amal	Statesville
Gurley, Christian Scott	**Stout**, Elmer Hancock	Statesville
Haldeman, Alice Thomas	**Forstner**, James Robert	Southport
Hawkins, Stephen Ray	**Stamm**, Carl Peter	Hendersonville
Hemsath, Robert Neal	**Gunn**, Robert Bruce	Rutherfordton
Henderson, David Bowers	**Baker**, Mark Daniel	Lumberton
Hiester, Anne Marie	**Pimentel**, Gonzalo Ernesto	Scotland Neck
Hubbard, Amy Renee	**Shah**, Ashish Champaklal	Eden
Jezsik, Janet Ann	**Sues**, Anjali Mittra	Durham
Jiansakul, Thanavut James	**Jackson**, Alan Laurence	Wilmington
Johnson, Drew August	**Horan**, William John	Asheville
Klaaren, Kelly Hall	**Bryan**, William Alexander	Asheville
Klem, Miriam Jean	**Miller**, Mark Frederic	Burl
Langner, Bogdan Mark	**Ferguson**, Robert Lee	Fayetteville
Laton, Gregory Vincent	**McConville**, Robert Howard	Sanford
Lock, George Joseph	**Kalish**, Michael John	High Point
Marcoccia, Sheila Ann	**Parikh**, Rakesh Arvindbhai	Fayetteville
Mattera, Paul Anthony	**Nacouzi**, Michele Duval	Raleigh
Mounts, Wayne S.	**Phillips**, Danny Michael	Greenwood
Nottleson, Eliot Edward	**Young**, Richard Martin	Washington
Otterberg, Dustin Jay	**McKaraher**, Charles Wesley	Hickory
Pace, Shirley Diann	**Croskery**, Richard William	Greenville
Pasquarella, Stacy Lynn Parker	**Wu**, Elaine	Durham
Petry, Susan Lynn	**Sheppa**, Charles Michael	Raleigh
Recker, Steven Donald	**Richardson**, David Lee	St. Pauls
Reid, Aubrey James Bernard	**Smith**, Bernard Michael	Dunn
Sardella, John	**Saunders**, George LaCruise	Calabash
Sheaffer, Luanne Gardner	**Dambeck**, Allyn Benard	Faison
Shepherd, Jennifer Lynn	**Coryell**, Carolyn Margaret	Statesville
Shepherd, Jennifer Lynn	**Adams**, Richard Wesley	Statesville
Shepherd, Jennifer Lynn	**Wood**, Kenneth Ervin	Statesville
Signorini, William Michael	**Douglas**, Michael Gene	Asheville
Smith, Erica Michelle	**Westberg**, Milton Delin	Plymouth
Sterling, Anthony Keith	**Hamilton-Brandon**, Luredean	Raeford
Tanna, Gita	**Marrash**, Samir Elian	Rowland
Tomsett, Robert Mason	**Tonog**, Jose Tan	Fayetteville
Trent, Margie Helen	**Hsieh**, Stephen Szu-heng	Lexington
Varos, Donald Christopher	**Nicholson-Wilson**, Michelle	Raeford
Vincent, Cynthia Talbott	**Kubley**, James Daniel	Henrico

Wade, Angela Borden	**Little**, Alfred Boyd	Greensboro
Wagoner, Sarah Heath	**Nemeth**, George William	Nags Head
Weaver, Scott Thomas	**Pantelakos**, Constantine G.	Fayetteville
White, Steven William	**Ferguson**, Robert Lee	Maxton
Williams, Lynne Baheyeah	**Verrett**, Charlotte Inez	Fairmont
Williams, Kevin Rolando	**Callaway**, Clifford Kay	Charlotte
Wong, Melissa F.	**Jessup**, Pamela Kay Hendrick	Sanford
Wong, David Hing	**Parikh**, Rakesh Arvindbhai	Fayetteville
Wright, Shaun Nicole	**Martin**, William Joseph	Winston-Salem
Young, Scott Allen	**Staley**, Charles Anthony	Richfield

PA Temporary License Extensions -

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

> The Board reviewed two licensure applications. 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 as these actions are not public information.

A motion passed to return to open session.

NURSE PRACTITIONER COMMITTEE REPORT

Wayne VonSeggen, PAC; Kenneth Chambers, MD; Hector Henry, II, MD; Walter Pories, MD; Stephen Herring, MD

NP initial applications recommended for approval after staff review -

Board Action: Approve

NURSE PRACTITIONER	PRIMARY SUPERVISOR	PRACTICE CITY
Amoyt, Ann B.	**Adelman**, James	Greensboro
Bizzell, Aleecia R.	**White**, Ann	Winston-Salem
Bowers, Margaret T.	**Cuffe**, Michael S.	Durham
Crill, Carey D.	**Roberson**, Jill R.	Rockingham
Ellwood, Pamela A.	**Stallings**, Martin W.	Kings Mountain
Hayes, Cynthia H.	**Coin,** Wendy K.	Candler
Hitko, Yolanda	**Thomas**, M. Brady	Randleman
Mitchell, Penny L.	**Donatelli,** Frank	Hickory
Rogers, Janet W.	**Wright,** David O	Elizabeth City
Rose, Amanda C.	**Gorecki**, John P.	Durham
Shamek, Helen M.	**Baldwin**, Boyce D.	Asheville
Slatosky, Dana W.	**Lennon**, Yates A.	Asheboro
Smith, Sidni A.	**DeGreorio**, Peter A.	Jacksonville
Strayhorn, Martha D.	**Redding-Lallinger**, Rupa	Chapel Hill
Walker, Tonya R.	**Lauer**, Thomas	High Point

NP Subsequent Applications administratively approved -

Board Action: Approve

NURSE PRACTITIONER	PRIMARY SUPERVISOR	PRACTICE CITY
Bates, Richard D.	**Kirtley**, Thomas	Salisbury
Collie, Helen D.	**Horne**, Lillian R.	Rocky Mount
Dowell, Jo Ann	**Vallee**, Monique P.	Troy
Gais, Judith L.	**Winegardner**, Linda S.	Concord
Gilbert, Paula L	**Stalheim**, Rodney M.	Lenoir
Griffith, Roberta L.	**McManus**, John M.	Ronda
Kayye, Linda G.	**Howie**, John S.	Raleigh
Lewis, Karen S.	**Nickens**, Larry C.	Goldsboro
Minor, William S.	**Wright**, Patrick	Greensboro
Moore, Joleen C.	**Vallee**, Monique P.	Troy
Morrozoff, William G.	**Tonog**, Jose	Fayetteville
Shook, Cynthia S.	**Winegardner**, Linda	Concord

LICENSING COMMITTEE REPORT

Kenneth Chambers, MD; Paul Saperstein; Wayne VonSeggen, PA-C; Martha Walston, Stephen Herring, MD

Status of electronic transfer of interview materials

CATCHLINE: Dr. Herring inquired where we stand with these plans.

BOARD ACTION: Accept as information (Process is still under consideration).

Laser Printed Licenses

CATCHLINE: A motion was made to present to the Board redesign of the wall license for laser printing as opposed to hand drawn calligraphy

BOARD ACTION: Proceed with arrangements for laser printing of wall licenses. Modify "gender" so there is no distinction between he/she.

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board reviewed 9 licensure applications. 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 as these actions are not public information.

A motion passed to return to open session.

SPLIT BOARD LICENSURE INTERVIEWS

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board conducted 18 Split Board licensure application interviews. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report as modified. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session

FULL BOARD INTERVIEW

A motion passed to close the session to investigate, examine, or determine the character and other qualifications of applicants for professional licenses or certificates while meeting with respect to individual applicants for such licenses or certificates.

The Board conducted one Full Board licensure application interview. A written report was presented for the Board's review. The Board adopted the committee's recommendation to approve the written report as modified. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session.

APPLICANTS PRESENTED TO THE BOARD

Ihab Abdel-Aziz Abdel-Khalek
Anessa Dawn Alappatt
Chacko Jose Alappatt
Bienvenido Arciaga Alibudbud
Kenneth Anthony Andreoni
Murat Osman Arcasoy
Michael James Azrak
Russell Allen Ball
Bindu Bennuri
Margaret Bernhard
Annette Bey
Michele Noele Birch
Brian Alan Blue
Edgar Charles Boedeker
Terrance Breen
Sonya Wynee Buchanan
Wendi Mehler Carlton
Alexis L. Byrne Carter
Sadhana Vedavyasa Char
Jack Allan Cheek
Taylor Ping-Whee Chen
Joseph Brian Clark
Pamela Faye Cohen
Linda Sue Beavers Couch
Richard Michael Cowett
Harry Karrick Daugherty Jr.
Christie Carroll DaVanzo
Sherry Ellen David
Emily Gayle Dean
James Dwayne Dollar
James English Downing
Maria Christina Cruz Duran
Bernard Vincent Eden
Rita Renee Ellithorpe
Wagdy Abdelmonem Elmahdy
Noble Uwaoma Ezukanma
Amy Dawn Fairchild
Gabriel Ignacio Fernandez
Denise Rita Finck-Rothman
Richard Frederick Finkel
Cammie Jo Fulp
Roland Forrest Garretson Jr.
John Giusto
China Kondala Rao Goli
John-Paul Gomez
Paul Anthony N. Gordon
Susan Mary Green
Nichole Danniele Grier
Saijal Gupta
Valerie Nicole Hanft
Keith Davis Hanson
Thomas Pasteur Harden
Charul Gupta Haugan
Paul Andrew Haugan
James William Haynes
Steve James Hodges

Frank L. Holt Jr.
Fred Frisch Holt
Kenneth Albert Holt
Jack Charles Horowitz
Ronald Eugene Hubbard
Lara Rebecca Hume
Christopher Dennard Ingram
George Beasley Ingrish
David Bailey Jarrett
Barry Mohammad Javadzadeh
Jeremy Clyde Johnson
Paul Edward Johnson Jr.
Thomas Gary Johnson
Gregory Justin Joseph
Tareck Alec Kadrie
Saisree Kandala
Shehla Gul Khan
Habib Khoury
Elizabeth Lee King
Michelle Elizabeth Kingsbury
Krista Olson Kugajevsky
Jai Robert Kumar
Charles Jenkins Lane
Patricia Adele Lange
Jane Lawton LaRoche
Matthew Maxwell Laughon
Luan Elizabeth Lawson
Carlos Alberto Lecca
Susan Rae Levy
Andrew Jon Lewis
Bertram Austin Lewis Jr
Terri Gillis Lockhart
Jamie Alpern Lovdal
Philip Charles Lowry
Robert Paul Lutz
Jean-Marie Maillard
Sharon Marie Malotte
Daniel Grier Marshburn
Carol Ann Martin
Reg Christopher Martin
Charles Louis McCall Jr.
Huey Barrett McDaniel
Mony Surbhi Mehrotra
Marc Joseph Milia
Niraj Chimanbhai Mistry
Paul Richard Moncla
Valarie Faye Readus Moore
Amanda Lynn Moran
Kimberly Krepp Morris
Donna Browder Moyer
Yoshihiko Murata
Bennett Harrison Myers
Jonathan Brent Myers
James Reuben Nashold
Viviane Nasr
Julia Ann Nelson
Richmond Kwaku Nuamah
Nduka Francis Nwadiaro
Robert John O'Brian
Marco Pahor
Gilbert Field Palmer V
Ketan Mahendra Patel
Mark Leroy Plaster
Michael Eugene Poh
Alexandra Newlin Powell
James Clifton Pryor
Nancy LeCompte Radtke
Randall Louis Reinhardt
Robert Arthur Riehle Jr
Michelle Garris Roberson
John Welch Robinson
Austin Samuel Rose
Paula Virginia Ross
Alice Mauskopf Rothman
Steven Peter Rudis
Marla Lynn Saphira
Thomas Vincent Schalcosky
Kristin Nicole Schofield
John Robert Schultz
Brent Anthony Senior
Martin Jose Sepulveda
Malika Dalal Shah
Ravi Vijay Shamaiengar
Patricia Gale Moyer Shannon
William R.C. Shillinglaw
Stephanie Ann Cate Sittler
Thamotharampillai Sivaraj
Nebojsa V. Skrepnik
Sten Yngve Solander
Bassam Numan Smir
Georgette Frazer Somjen
Laura Lynn Spinelli
Jonathan Charles Squires
Christopher Scott Stanley
Rosemary Fernandez Stein
Harriett Rittenberg Steinert
Alexis Beran Strassburg
Eric Furman Strother
Veerappan Sundar
Burton McChesney Sundin
Robert Bruce Tannehill
Daniel Tesfaye

James Thomas Thompson
Christopher Gregg Tobin
Shannon Kincaid Tomlinson
Jerett Donald Tozzi
John Tsung-Long Tseng
Jeannine Robin Turner
Godwin Obinna Uzomba
Ada Maria Ventura-Braswell
David Anthony Wagar
Lawrence P. Wang
Paul Brent Watkins
David Randall White
Ameliann Bedenbaugh Williams
Kimberly Linnander Wood
Roy Alvin Wood
Michael Chao-Hwa Wu
Robert Louis Yacoub
Kathy Ka Kee Yu
Robyn Kim Zanard

LICENSES ISSUED BY ENDORSEMENT AND EXAM

Abdel-Khalek, Ihab Abdel-Aziz
Alappatt, Anessa Dawn
Alappatt, Chacko Jose
Andreoni, Kenneth Anthony
Arcasoy, Murat Osman
Azrak, Michael James
Ball, Russell Allen
Bennuri, Bindu
Bey, Annette
Birch, Michele Noele
Blue, Brian Alan
Boedeker, Edgar Charles
Buchanan, Sonya Wynee
Carlton, Wendi Mehler
Carter, Alexis L. Byrne
Char, Sadhana Vedavyasa
Chen, Taylor Ping-Whee
Clark, Joseph Brian
Cohen, Pamela Faye
Couch, Linda Sue Beavers
Cowett, Richard Michael
DaVanzo, Christie Carroll
Daugherty, Harry Karrick
Dean, Emily Gayle
Dollar, James Dwayne
Downing, James English
Duran, Maria Christina Cruz
Eden, Bernard Vincent
Ellithorpe, Rita Renee
Elmahdy, Wagdy Abdelmonem
Fairchild, Amy Dawn
Fernandez, Gabriel Ignacio
Finck-Rothman, Denise Rita
Fulp, Cammie Jo
Garretson, Roland Forrest
Giusto, John
Goli, China Kondala Rao
Gomez, John-Paul
Green, Susan Mary
Grier, Nichole Danniele
Gupta, Saijal
Hanft, Valerie Nicole
Hanson, Keith Davis
Harden, Thomas Pasteur
Haugan, Charul Gupta
Haugan, Paul Andrew
Haynes, James William
Hodges, Steve James
Holt, Frank L.
Holt, Fred Frisch
Hubbard, Ronald Eugene
Ingram, Christopher Dennard
Ingrish, George Beasley
Javadzadeh, Barry Mohammad
Johnson, Jeremy Clyde
Johnson, Paul Edward
Joseph, Gregory Justin
Kadrie, Tareck Alec
Kandala, Saisree
Khan, Shehla Gul
Khoury, Habib
King, Elizabeth Lee
Kingsbury, Michelle Elizabeth
Kugajevsky, Krista Olson
Kumar, Jai Robert
LaRoche, Jane Lawton
Lane, Charles Jenkins
Lange, Patricia Adele
Laughon, Matthew Maxwell
Lawson, Luan Elizabeth
Lecca, Carlos Alberto
Lewis, Andrew Jon
Lewis, Bertram Austin
Lockhart, Terri Gillis

Lovdal, Jamie Alpern
Marshburn, Daniel Grier
Martin, Reg Christopher
McCall, Charles Louis
McDaniel, Huey Barrett
Mehrotra, Mony Surbhi
Milia, Marc Joseph
Mistry, Niraj Chimanbhai
Moncla, Paul Richard
Moore, Valarie Faye Readus
Moran, Amanda Lynn
Murata, Yoshihiko
Myers, Bennett Harrison
Myers, Jonathan Brent
Nasr, Viviane
Nelson, Julia Ann
Nuamah, Richmond Kwaku
Nwadiaro, Nduka Francis
O'Brian, Robert John
Palmer, Gilbert Field
Poh, Michael Eugene
Powell, Alexandra Newlin
Radtke, Nancy LeCompte
Reinhardt, Randall Louis
Riehle, Robert Arthur
Roberson, Michelle Garris
Robinson, John Welch
Rose, Austin Samuel
Ross, Paula Virginia
Rothman, Alice Mauskopf
Rudis, Steven Peter
Saphira, Marla Lynn
Schalcosky, Thomas Vincent
Schofield, Kristin Nicole
Schultz, John Robert
Senior, Brent Anthony
Sepulveda, Martin Jose
Shah, Malika Dalal
Shamaiengar, Ravi Vijay
Shannon, Patricia Gale Moyer
Sittler, Stephanie Ann Cate
Smir, Bassam Numan
Spinelli, Laura Lynn
Squires, Jonathan Charles
Stanley, Christopher Scott
Steinert, Harriett Rittenberg
Strassburg, Alexis Beran
Strother, Eric Furman
Sundar, Veerappan
Sundin, Burton McChesney
Tesfaye, Daniel
Thompson, James Thomas
Tobin, Christopher Gregg
Tomlinson, Shannon Kincaid
Tozzi, Jerett Donald
Tseng, John Tsung-Long
Turner, Jeannine Robin
Ventura-Braswell, Ada Maria
Wagar, David Anthony
Wang, Lawrence P.
Watkins, Paul Brent
White, David Randall
Williams, Ameliann Bedenbaugh
Wood, Roy Alvin
Wu, Michael Chao-Hwa
Yu, Kathy Ka Kee
Zanard, Robyn Kim

INTERVIEW FORMS NOT RECEIVED YET
Hume, Lara Rebecca
Lane, Charles Jenkins
Patel, Ketan Mahendra

FACULTY LIMITED LICENSES
Pahor, Marco
Solander, StenYngve

REACTIVATION OF NC LICENSE
Cheek, Jack Allan
Ezukanma, Noble Uwaoma
Johnson, Thomas Gary
Levy, Susan Rae
Pryor, James Clifton
Tannehill, Robert Bruce

REINSTATEMENT OF NC LICENSE
Wood, Kimberly Linnander
Morris, Kimberly Krepp

NORTH CAROLINA PHYSICIANS HEALTH PROGRAM (NCPHP) COMMITTEE REPORT

John Dees, MD; Elizabeth Kanof, MD

A motion passed to close the session to prevent the disclosure of information that is confidential pursuant to section 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.

The Board reviewed 24 cases involving participants in the NC Physicians Health Program. 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 as these actions are not public information.

A motion passed to return to open session.

Additional Information:

- Staff changes discussed.
- Approved minutes from 8/20/99 meeting, which included budget, investment and spending, policy statement, policy on temporary and part-time employees, educational & training.
- Fees update - new fee structure as of 9/23/99 (approved 8/20/99) after study conducted by Don Wall, Mike Wilkerson, MD, and Warren Pendergast, MD.
- Change is staff vacation policy.
- Resource Committee - new chairman.

COMPLAINT COMMITTEE REPORT

Elizabeth Kanof, MD; John Dees; MD; Walter Pories, MD; Wayne VonSeggen, PAC; Martha Walston; John Foust, MD

A motion passed to close the session 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

The Complaint Committee reported on 70 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 as these actions are not public information.

A motion passed to return to open session.

INVESTIGATIVE COMMITTEE REPORT

Hector Henry, MD; John Dees; MD; Walter Pories, MD; Paul Saperstein

A motion passed to close the session 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.

The Investigative Committee reported on 45 investigative 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 as these actions are not public information.

A motion passed to return to open session.

INFORMAL INTERVIEW REPORT

A motion passed to close the session 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.

Thirty-three informal interviews were conducted. A written report was presented for the Board's review. The Board adopted the Split Boards' recommendations and approved the written report as modified. The specifics of this report are not included as these actions are not public information.

A motion passed to return to open session

MALPRACTICE COMMITTEE REPORT

Elizabeth Kanof, MD; John Dees; MD; Walter Pories, MD; Wayne VonSeggen, PAC; Martha Walston; John Foust, MD

A motion passed to close the session 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.

The Malpractice Committee reported on 81 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 as these actions are not public information.

A motion passed to return to open session.

ADJOURNMENT

This meeting was adjourned on November 20, 1999.

Walter J. Pories, MD
Secretary/Treasurer