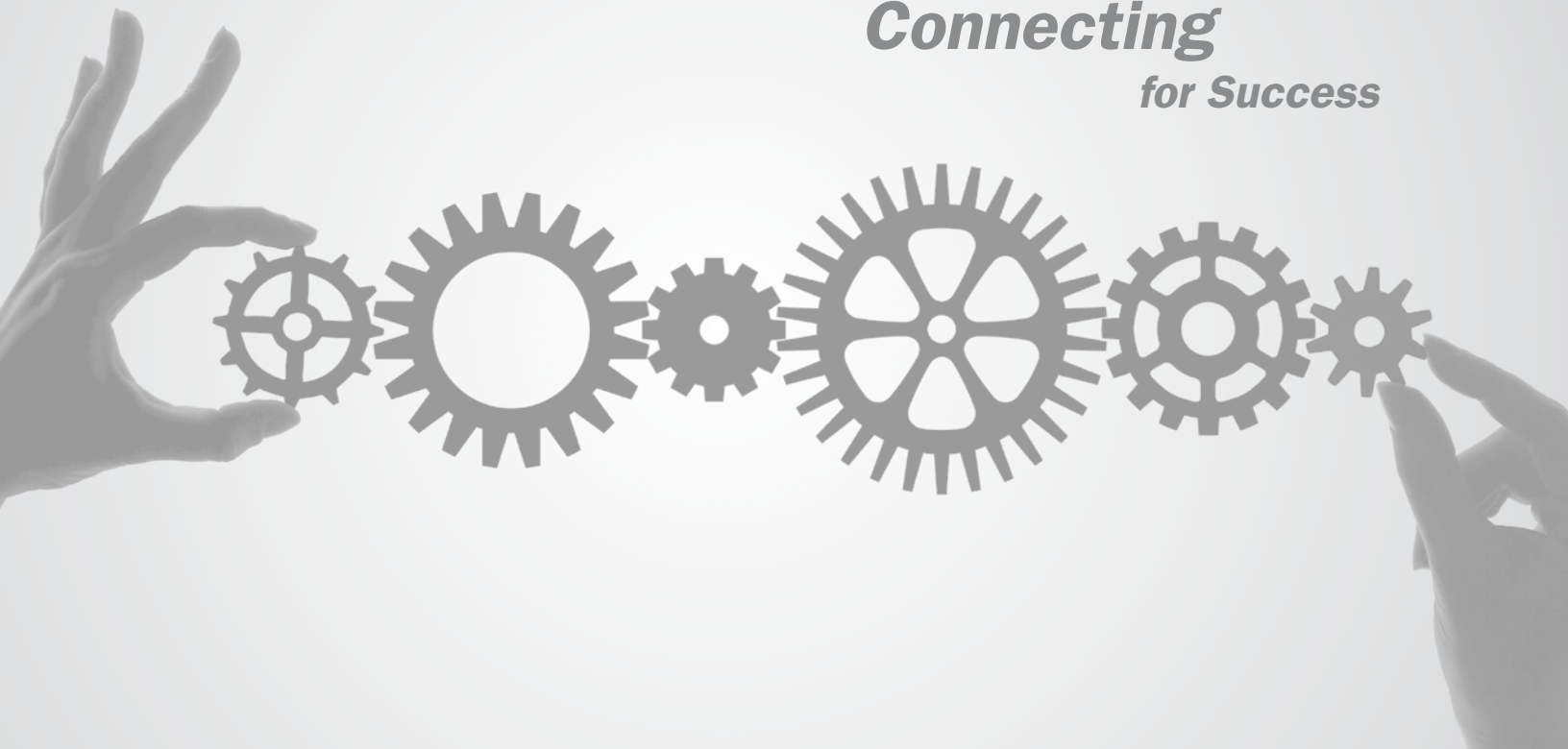


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A N N U A L
R E P O R T

Connecting
for Success



About the Federation of State Medical Boards

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety and general welfare of their citizens. To protect the public from the unprofessional, improper, unlawful or incompetent practice of medicine, each of the states and territories making up the United States has a Medical Practice Act that defines the practice of medicine within their borders and delegates the authority to enforce the law to a state medical board.

FSMB represents the 70 medical and osteopathic boards within the United States and its territories. It assists these boards as they go about their mandate of protecting the public's health, safety and welfare through proper licensing and disciplining of physicians and, in some jurisdictions, other health care professionals.

“When one tugs at a single thing in nature, he finds it attached to the rest of the world.”

— *John Muir*



Health care in the United States is changing rapidly. Our country faces many health care challenges, along with many opportunities. At this time of change and challenge, the Federation of State Medical Boards believes major organizations in health care must seek common ground, synergy and new ways of working together. It's all about ***connection*** — ***bringing stakeholders together innovatively to address common concerns and to seek new benefits.*** This annual report highlights examples of our efforts to connect over the last year — with partners new and existing — as we continue to pursue our strategic goals.

2	Letter to Stakeholders
4	About State Medical Boards
6	Advocacy
10	Licensure, Credentialing and Data
14	Education
18	FSMB Foundation
20	State Innovations
22	Communications
24	Members of the FSMB
25	FSMB Leadership
26	Committees and Workgroups

TO OUR STAKEHOLDERS

The FSMB begins 2014 moving rapidly into a new era of health care unlike any other we have seen in the recent history of the United States. Our system faces great challenges and uncertainty as dramatic policy changes, such as the Affordable Care Act, are implemented, demographic changes accelerate and new technological tools and infrastructure transform our work.

Never has change been so rapid and so fundamental to our lives.

And never has it been more essential for all stakeholders in our health care system to work together to find solutions to the many challenges we face. In a time of great volatility, we must learn to adapt—a process that is enhanced by our ability to connect and partner with others.

In this environment, organizations cannot expect to “go it alone”—there are simply too many moving parts in our health care system, and too much at stake in

our health care future, for anything other than integrated action.

Connecting is the key—and as the FSMB begins a new year of service to the nation, we find ourselves solidly connected in new ways, and on multiple levels.

That’s why we have chosen “Connecting for Success” as the theme for this year’s annual

report. 2014 represents a time of new partnerships, new synergies, and new outreach for the FSMB—and we believe these factors will accelerate our ability to meet the challenges ahead more effectively than ever in our history.

In this year’s report we have included special profiles in each major section that illustrate the many ways the FSMB and its member boards are partnering with others. On page 6 you will learn about the Interstate Medical Licensure Compact, one of the most important new developments in medical regulation in decades. On page 10 we introduce Data Commons, our new multi-organization-based approach to data

processing that will fundamentally change how physician information is made available to researchers and policy makers. Page 14 features a story about the FSMB’s updated policies on opioid prescribing and opioid addiction treatment—and how they were developed through the remarkable teamwork of a taskforce of more than 40 diverse reviewers.

These and other featured profiles tell the human story behind the work of the FSMB and its member boards.

As you read this report you will learn of many exciting new initiatives, as well as reports on the status of longstanding projects—some of which will take time to complete. We offer highlights of these activities in three major sections:

Advocacy: The last year has been a particularly busy one for our advocacy team, which has expanded in recent years and has rapidly achieved a strong presence in Washington, D.C. Much of our focus in 2013–2014 was on development of the Interstate Medical Licensure Compact—an effort to significantly deepen the impact of our long-term license portability programs. We also made great strides in utilizing the new Tri-Regulator Collaborative as a strong instrument for advancing public policy goals, in leading the health care community toward strong standards for medical care in telemedicine, and in moving our Maintenance of Licensure initiative forward. *Please see page 6.*

Licensure, Credentialing and Data: The FSMB’s significant investment in technology upgrades and information resources in recent years is yielding impressive results, including increased use of products such as the Federation Credentials Verification Service (FCVS) and the Uniform Application for Physician State Licensure (UA). A new, integrated-data architecture at FSMB headquarters has improved our Physician Data Center (PDC)—enhancing the flow and availability of disciplinary information. And we are extremely optimistic about the potential for Data Commons, our new cutting-edge data-sharing partnership with several peer organizations. *Please see page 10.*

Education: In the midst of the nation’s opioid abuse and misuse crisis, the FSMB is more engaged than ever as a prime provider of education to help physicians learn to prescribe safely and responsibly. In 2013, the House of Delegates updated its policies on opioids and the treatment in medical offices of opioid addiction. We also

“2014 represents a time of new partnerships, new synergies, and new outreach for the FSMB—and we believe these factors will accelerate our ability to meet the challenges ahead more effectively than ever in our history.”

brought forth timely new guidelines on the use of Electronic Health Records and social media for physicians and continued our improvements to the *Journal of Medical Regulation*. Please see page 14.

Also featured in this report are highlights of exciting progress being made by the **FSMB Foundation** as it educates physicians about opioid prescribing risks (page 18); noteworthy initiatives from **leading state medical boards** (page 20); and news from our **communications and branding program** (page 22).

This year we bring you a new section titled “**About State Medical Boards**” (page 4)—part of our renewed effort to strengthen public understanding of the role state medical boards play in the health care system.

The FSMB’s vision for the future is centered on six distinct goals: supporting state medical boards in the work they do, serving as an advocacy and policy leader, striving to establish consistent standards for the regulatory community, providing vital information for the public, enhancing our effectiveness as an organization, and building strong relationships with our member boards as a trusted and reliable partner. We remain steadfastly committed to each one.

During 2013–2014, the FSMB advanced its various initiatives with the confidence that comes as a result of strong financial footing, a clear and well-supported advocacy agenda and a closely connected community of members. We expect the same for 2014–2015.

The dedication of the regulators working at each of our 70 member boards—who are on the front lines of public protection—continues to inspire us. To them, and to all of our staff, elected leadership and volunteers, we say thank you for contributing to another year of success.



Jon V. Thomas, MD, MBA
Chair, FSMB Board of Directors



Humayun J. Chaudhry, DO, MACP
President and CEO



“ The FSMB advanced its various initiatives with the confidence that comes as a result of strong financial footing, a clear and well-supported advocacy agenda and a closely connected community of members. ”

“In nature we never see anything isolated, but everything in connection with something else which is before it, beside it, under it and over it.”

— *Johann Wolfgang von Goethe*

About State Medical Boards

A Heritage of Public Protection

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety and general welfare of their citizens. The practice of medicine falls within this category.

To protect the public from the unprofessional, improper and incompetent practice of medicine, each of the 50 states, the District of Columbia, and the U.S. territories have enacted laws and regulations that govern the practice of medicine and outline the responsibility of state medical boards to regulate that practice.

This guidance is outlined in a state statute, usually called a Medical Practice Act. Seventy state and territorial medical boards are currently authorized to regulate physicians.

All state medical boards issue licenses for the general practice of medicine. State licenses are undifferentiated, meaning physicians in the United States are not licensed based upon their specialty or practice focus, and certification in a medical specialty is not required in order to obtain a license to practice medicine.

In many states, other health care professionals are also licensed and regulated by medical boards in addition to physicians. Examples include physician assistants and acupuncturists.

In addition to licensing physicians, state medical boards investigate complaints, discipline those who violate the law, conduct physician evaluations and facilitate rehabilitation of physicians when appropriate.

State medical boards also adopt policies and guidelines related to the practice of medicine and designed to improve the overall quality of health care in the state.

Medical Board Structure

The structure and authority of medical boards vary from state to state. Some boards are independent and maintain all licensing and disciplinary powers, while others are part of a larger umbrella agency, such as a state department of health, exercising varied levels of responsibilities or functioning in an advisory capacity.

State medical boards are typically made up of volunteer physicians and members of the public who are, in most cases, appointed by the governor. In recent years, non-physician board members — often referred to as “public members” — have

become common. The vast majority of boards in the United States now have public members.

The state legislature determines the financial resources of most boards. Funding for medical board activities comes from physician licensing and registration fees. Most boards employ an administrative staff that includes an executive officer, attorneys, investigators and licensing specialists. Some boards share staff — such as investigators and attorneys — with other state regulatory agencies.

How Physicians Gain Licenses to Practice Medicine

Obtaining a license to practice medicine in the U.S. is a rigorous process. Through licensing, state medical boards ensure that all practicing physicians have appropriate education and training, and that they abide by recognized standards of professional conduct while serving their patients.

Those entering the profession must meet predetermined qualifications that include medical school graduation, postgraduate training, and passage of a comprehensive national medical licensing examination that tests their knowledge of health and disease management and effective patient care. Applicants must submit proof of their education and training and provide details about their work history. They also must reveal information that may affect their ability to practice, such as health status, malpractice and criminal convictions. Only those who meet a state’s qualifications are granted permission to practice medicine in that state.

After physicians are licensed, they must renew their license periodically, usually every one or two years, to continue their active status. During this license renewal process, physicians must demonstrate that they have maintained acceptable standards of ethics and medical practice and have not engaged in improper conduct. In nearly all states, physicians must also show that they have participated in a program of continuing medical education.

How State Medical Boards Regulate Physicians

In addition to licensing and re-registration of physicians, boards also have the responsibility of determining when a physician’s professional conduct or ability to practice medicine warrants modification, suspension or revocation of a license to practice medicine.



Through licensing, state medical boards ensure that all practicing physicians have appropriate education and training, and that they abide by recognized standards of professional conduct while serving their patients.

In addition to licensing physicians, state medical boards investigate complaints, discipline those who violate the law, conduct physician evaluations and facilitate rehabilitation of physicians when appropriate.

In recent years, state boards have become more interconnected than ever before, working in new ways to share information, expedite the licensing of physicians, and develop policies.

Boards review and investigate complaints and/or reports received from patients, other state medical boards, health professionals, government agencies, and health care organizations about physicians who may be incompetent or acting unprofessionally, and take appropriate action against a physician's license if the person is found to have violated the law. State laws require that boards assure fairness and due process to any physician under investigation.

Board members devote much time and attention to overseeing the practice of physicians. When a board receives a complaint about a physician, the board has the power to investigate, hold hearings, and impose discipline, including suspension, probation or revocation of a physician's license, public reprimands and fines.

While medical boards find it necessary to suspend or revoke licenses when appropriate, some problems can be resolved with remediation, additional education or training. Boards may place restrictions on a physician's license or put a physician on probation to protect the public while a physician receives special training or rehabilitation aimed at an existing issue.

Working Together to Protect the Public

While state medical boards are independent agencies, serving the needs of individual states and territories, they are connected in a variety of ways that extend the impact of their work across state borders — adding an additional layer of protection for the public.

For more than 100 years, the nation's state medical boards have shared information and coordinated their activities as members of the Federation of State Medical Boards — an organization that helps ensure best practices and higher standards of quality in the regulation of physicians.

The FSMB serves as a convening forum for the boards, with a formal House of Delegates that shapes policy, facilitates the sharing of information, and provides education to help boards operate at the highest levels of effectiveness.

A key focus of the national networking of state medical boards is the exchange of vital data about physicians. All state medical boards engage in an ongoing, cooperative effort to share

licensure and disciplinary information with one another by regularly contributing data to the FSMB's Physician Data Center — a comprehensive data repository that contains information about the more than 870,000 actively licensed physicians in the United States, as well as board disciplinary actions dating back to the early 1960s.

Medical boards use the Physician Data Center in several ways. Boards query the Data Center when new applicants apply for licensure in a state. The Data Center alerts boards if an applicant has been disciplined in another jurisdiction. The Data Center's Disciplinary Alert Service proactively alerts all states in which a disciplined physician is licensed within 24-48 hours after a disciplinary action taken by one of those states has been reported to the Data Center. This service helps prevent disciplined doctors from practicing undetected across state lines.

In recent years, state boards have become more interconnected than ever before, working in new ways to share information, expedite the licensing of physicians, and develop policies to address topics ranging from improper prescribing of opioids by physicians to the use of social media in medicine. In 2013, state medical boards launched an ambitious new effort to streamline physician licensing even further, modeling a new licensing process that would help facilitate multi-state practice (see highlights on page 6.)

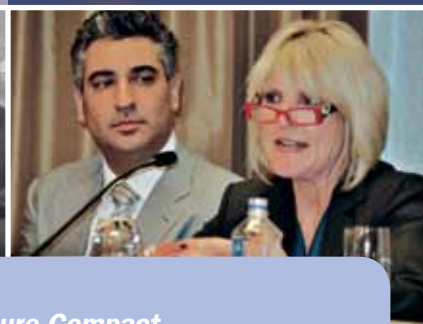
Through the FSMB, this closely coordinated network of state boards has built strong new partnerships with a wide variety of national health-related organizations and government agencies. Examples range from the Tri-Regulator Collaborative — formally aligning the FSMB with the National Association of Boards of Pharmacy and the National Council of State Boards of Nursing — to our work as a member of the Coalition for Physician Accountability, which includes organizations such as the American Medical Association, American Osteopathic Association and the Association of American Medical Colleges.

This unique heritage of state autonomy, combined with national interconnection through a formal federation of state boards and engagement with national health-care partners, has created a system of regulation that meets local needs while ensuring high standards of patient protection throughout the United States.

“There are two questions that we have to ask ourselves. The first is *Where am I going?* and the second is *Who will go with me?*”

— Howard Thurman

Advocacy



Connecting with ... *The Interstate Medical Licensure Compact*

State boards join together in ambitious effort to streamline multi-state physician licensing

In one of the most significant developments in medical regulation in decades, state medical boards are joining together to create a new model for physician licensing that would significantly reduce barriers for physicians who wish to practice in multiple states—thus helping facilitate the use of telemedicine and increasing access to care throughout the United States.

Organized by the FSMB in 2013, a team of state medical board representatives and experts from the Council of State Governments is developing the framework for an Interstate Medical Licensure Compact—a new licensing option under which qualified physicians seeking to practice in multiple states would be eligible for expedited licensure in all states participating in the Compact. Under the new system, participating state medical boards would retain their licensing and disciplinary authority, but would agree to share information and processes essential to the licensing and regulation of physicians who practice across state borders. Participation in the Compact would be voluntary, for both states and physicians.

After several summit meetings in 2013, an Interstate Compact Taskforce is now drafting final language for the proposed Compact, which is expected to be sent to state medical boards for their review and consideration during 2014. Support is growing among legislators and health policymakers for the Compact, which is expected to significantly reduce barriers to the process of gaining licensure in multiple states at a time when telemedicine is growing and millions of new patients are likely to enter into the U.S. health care system. Media coverage has been positive, and a bipartisan group of 16 U.S. Senators recently publicly commended the FSMB for its efforts.

“We are delighted by the response to this effort, which is being carefully developed in a way that meets the needs of patients, physicians and state medical boards—while ensuring, above all, the safe practice of medicine,” said Jon V. Thomas, MD, MBA, a member of the Interstate Compact Taskforce and Chair of the FSMB.

With the implementation of the Affordable Care Act fully underway, accompanied by fast-moving trends and developments changing the face of medicine, the need for a unified voice for the nation's medical regulators has never been greater. The FSMB provides that voice.

HIGHLIGHTS

- Facilitated development of groundbreaking Interstate Medical Licensure Compact
- Advanced new policies for safe practice of telemedicine
- Published joint position statements with nurse and pharmacy regulators
- Continued to oppose FTC intrusions into medical regulation

The FSMB had a productive year advocating for state medical boards in 2013–2014 on many issues, ranging from the regulation of telemedicine to the nation's continuing crisis with opioid abuse. Our advocacy team in Washington, D.C. ensured that the voice of the regulatory community was heard—articulating the inherent value of the state-based medical licensure system and state medical boards' unyielding commitment to patient protection. Among our advocacy highlights over the last year:

Congressional Outreach: During its annual Day on Capitol Hill, held October 9, 2013, the FSMB advocacy team coordinated visits between FSMB leaders and more than 30 Members of Congress and/or senior staff. Our ongoing efforts to familiarize Congress with the FSMB's agenda for license portability and the Interstate Medical Licensure Compact (see story on page 6) resulted in bipartisan support for this proposal. In addition, the FSMB promoted the efforts of the State Medical Boards Appropriate Regulation of Telemedicine (SMART) Workgroup, ensuring that the Workgroup's proposed policies for the safe practice of telemedicine were incorporated into pending legislation in Congress. The FSMB continued to voice strident opposition to legislation that would undercut states' authority to regulate physicians—including several initiatives proposing a "one-state" medical license model to practice anywhere in the United States.

Testimony, Meetings and Presentations: Members of the FSMB Board of Directors and FSMB staff made hundreds of presentations during the last year, and met with senior officials for agencies such as the Centers for Medicare and Medicaid Services, the Food and Drug Administration, and the Agency for Healthcare Research and Quality. FSMB leaders represented state medical boards at the White House and the National Institutes of Health, and before organizations such as the American Medical Association and the American Osteopathic Association.

Grassroots Advocacy: Traditional grassroots activity—ranging from telephone calls to letter writing and coalition building—is the hallmark of effective advocacy, and the FSMB continued to expand its grassroots strategies in 2013–2014. The FSMB coordinates the activities of the Grassroots Advocacy Network, an action team that now numbers well over 200 committed volunteers. During the year, the FSMB sent letters to Congressional leaders on a range of issues, including the physician workforce shortage, graduate medical education, and prescription drug abuse among service members and veterans.

MOL Initiative Moves Forward with New Recommendations

The FSMB, consistent with policy adopted by its House of Delegates, continued its efforts in 2013–2014 to introduce a new system of ensuring the continued competence of licensed physicians through its Maintenance of Licensure (MOL) framework. A vital step on the path to MOL in the United States is determining what professional development training tools—both new and existing—could be used to meet a state's requirement for MOL. The FSMB's MOL Task Force on Continuous Professional Development (CPD) Activities convened in 2013 to address this topic, submitting recommendations in a formal report to the House of Delegates for consideration in early 2014. Meanwhile, a variety of pilot projects that will advance the understanding of the MOL concept are underway in nine states. A survey to obtain input from physicians about their CPD needs, completed in the fall of 2013, will aid this ongoing effort.



The FSMB is engaging with international regulators as other countries develop their own versions of MOL. In October 2013, the FSMB and the General Medical Council of the UK co-hosted the 2nd International MOL/Revalidation Symposium in Washington, D.C., above.

Tri-Regulator Collaborative Launches Joint Position Statement, Meeting and Webinar

The FSMB's participation in an effort to bring together the three organizations that oversee the licensing of the nation's physicians, nurses, and pharmacists has raised the profile of state medical boards significantly. Made up of the FSMB, the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN), the Tri-Regulator Collaborative provides a collective voice for the interests of various state member-boards regulating a combined five million physicians, pharmacists and nurses in the United States.

The Collaborative gained momentum and visibility in its third full year of operation with new activities and initiatives. Among them:

Joint Position Statement on Patient Care: In its early stages, the Collaborative worked to identify key areas of mutual interest—including professionalism, patient safety and team-based care—which will form the basis of the group's future advocacy efforts. In 2012, the Collaborative began developing a series of joint position statements which will more sharply define its advocacy on these topics. The

first of these statements, released in 2013, formally affirms that all members of a health care team must place the best interests of the patient first and endorses “a team-based approach to patient care that utilizes the education, training, expertise and abilities of individual team members in order to deliver health care that is efficient, inter-professional, cost-effective, and evidence-based.”

‘The spirit of connecting with others in order to gain greater success is amply demonstrated in the Tri-Regulator Collaborative.’

—Humayun J. Chaudhry, DO, MACP
FSMB President and CEO



NCSBN CEO Kathy Apple, MS, RN, spoke during a recent Tri-Regulator Collaborative meeting. The three Tri-Regulator organizations lead state boards that license more than five million health care professionals in the United States.



The Tri-Regulator Collaborative “Joint Position Statement on Interprofessional, Team-based Patient Care” endorses a team-based approach to care that puts the interests of the patient first and utilizes the full capabilities of team members.

Joint Board Meeting and New Areas for Advocacy: An historic meeting of the governing boards of the FSMB, NABP and NCSBN was held during a meeting of the Collaborative in Dallas on February 5, 2014. The meeting covered a range of agenda items and continued ongoing efforts supporting greater cooperation and dialogue among the three groups. During the meeting, Collaborative leaders extended work begun at the first Tri-Regulator Symposium, held in October 2012, on a variety of issues, including health care workforce planning, licensure portability, telemedicine, Maintenance of Licensure, the value of interprofessional communication, education, professionalism and team-based care. The Collaborative also plans to host a second Tri-Regulator Symposium, to be held October 6–7, 2015 in Washington, D.C.

IAMRA: New Guidelines for Global Regulators

As the Secretariat of the International Association of Medical Regulatory Authorities (IAMRA), the FSMB plays a key role in helping build strong relationships among international regulatory authorities. The organization now consists of 74 organizations, including the FSMB, from 37 countries.

In 2013, FSMB staff helped facilitate IAMRA's development and completion of an important new set of guidelines designed to improve the sharing of data between international medical regulators. Titled the *Statement of Intent on Proactive Information Sharing*, the guidelines protect patients and the public by encouraging the sharing of disciplinary information about physicians who move from one country to another. The statement stresses the importance of medical regulators sharing information more consistently, defining the circumstances in which information should be shared and the timing of when information should be shared. The statement also underscores the importance of due process and security of information exchanged.

The FSMB is helping organize the next international meeting of IAMRA, to be held in London in September 2014.

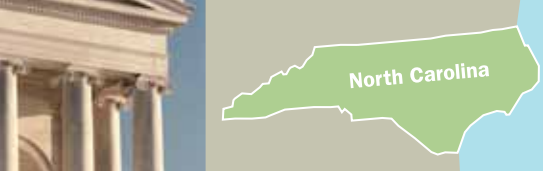
Setting Standards for the Use of Telemedicine

The FSMB continued its efforts over the last year to create new policies in alignment with fast-moving changes in the use of telemedicine in the United States. In addition to a major initiative aimed at streamlining the process of licensure for physicians who wish to practice in multiple states (see story

on page 6), the FSMB completed work on a comprehensive review and overhaul of its 2002 policy, *Model Guidelines for the Appropriate Use of the Internet in Medical Practice*. The State Medical Boards Appropriate Regulation of Telemedicine (SMART) Workgroup, appointed by FSMB



Dr. Thomas leads a session of the SMART Workgroup, right.



The U.S. Supreme Court agreed to hear the case of *North Carolina Board of Dental Examiners vs. Federal Trade Commission* on the role of state licensing boards in regulating a profession. The FSMB supported the dental board in the case over the last year, including filing an amicus brief with the Court.

FSMB Takes Strong Stand Against FTC in Case Headed for Supreme Court

For the last three years, the FSMB has been a leader in challenging Federal Trade Commission's (FTC) intrusion into medical regulation—a trend that threatens state medical boards' effectiveness in protecting the public.

At the heart of the issue is *North Carolina Board of Dental Examiners (NCBDE) vs. FTC*—a legal case that is now headed to the United States Supreme Court. The question before the Court is whether the FTC has the legal authority to restrict the board's regulation of certain dental practices, which the FTC deemed to be in violation of the Sherman Act.

In a doctrine developed out of several key cases that expanded the Supreme Court's seminal decision in the 1943 case, *Parker v. Brown*, federal interference with decisions of legislatively-created state regulatory agencies has been found to be outside the purview of federal antitrust laws. The FSMB has steadfastly defended this precedent in meetings with stakeholders and in public forums over the last year.

The FSMB joined forces with the American Medical Association, the American Osteopathic Association, American Dental Association and other major health care organizations as a supporter of the NCBDE by filing an amicus brief with the court that argues that the FTC does not have oversight over matters that have historically been decided by state regulatory boards.

License Portability: Multiple FSMB Initiatives Are Helping Long-term Effort to Lower Barriers to Licensure

The FSMB continued its role over the last year as the national leader in advocating for license portability and streamlining the process of licensure for physicians. Since receiving its third three-year grant from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) in 2012 to develop portability innovations, the FSMB made substantial progress in expanding two initiatives supported by the grant: the Uniform Application for Physician State Licensure (UA), which streamlines state-license applications, and the Federation Credentials Verification Service (FCVS), which speeds up the process of credentials verification for physicians.

The majority of new U.S. physician licenses are now accompanied by an FCVS profile, and the UA licensure applications have nearly doubled in the last two years.

During 2013–14, the FSMB moved aggressively forward in fulfilling a third component of the HRSA grant: working with state medical boards to develop and test licensure models to facilitate multi-state practice. Beginning with a historic meeting of state regulators in Dallas in early 2013 to discuss a broad array of models that would facilitate multi-state medical practice and telemedicine, the medical regulatory community reached consensus to explore the feasibility of an Interstate Medical Licensure Compact.

Under the proposed system, participating state medical boards would retain their licensing and disciplinary authority, but would share information and processes essential to the licensing and regulation of physicians who may wish to practice across state borders.

With language now being drafted for the proposed Compact, the FSMB's advocacy team has begun a coordinated effort of outreach and engagement with diverse stakeholders in both the public sector and private sector to build support. In late 2013 and early 2014, the FSMB met with organizations such as the Alliance for Connected Care, Health IT Now, American Telemedicine Association, American Medical Association, the National Governor's Association and others, and provided regular updates to federal lawmakers and Administration policy makers.



The FSMB's advocacy team in Washington, D.C. serves as the liaison for state medical boards as they seek engagement with legislators and policy makers in order to raise awareness of key issues. Among the many services provided by the FSMB for state regulators are spokesperson training sessions, above, which help sharpen their messages on policy issues during visits to Capitol Hill.

Chair Jon V. Thomas, MD, MBA, began its work in May 2013 and sent a proposed policy, titled *Model Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, to the House of Delegates for consideration at the FSMB's 2014 Annual Meeting in Denver. The pro-

posed policy offers guidance for state boards as they regulate the use of telemedicine technologies and educates health care providers on the appropriate standards of care in the delivery of medical services using telemedicine. New language in the policy better reflects current terminology in

telemedicine and provides definitions and guidelines for key concepts such as informed consent, privacy, prescribing and more. The SMART Workgroup's policy recommendations have been well received by diverse stakeholders in health care, including telemedicine advocacy groups.

Licensure, Credentialing and Data

“I am a part
of all I
have met.”

— Lord Tennyson



Connecting with ... Data Commons

Innovative online tool from FSMB and partners is reshaping the data collection process

In an era of ever-increasing complexity and expanding knowledge in health care, the need for accurate, accessible data is critical. But as the volume of health-care-related information continues to grow in the United States, its accessibility is lagging behind—with much of the nation's valuable data fragmented and largely organized into silos of limited use to a broader community. In 2013, the FSMB joined with several partners to address this disconnect by introducing Data Commons, LLC, an innovative new data-accessibility system that makes data available from multiple organizations through a shared and secure data-hub.

Joined by the American Board of Pediatrics, the Association of American Medical Colleges, the American Board of Family Medicine, the Educational Commission for Foreign Medical Graduates, and the National Board of Medical Examiners, the FSMB is promoting Data Commons as a new model that could radically change the way health care information is accessed in the future. The system's technology platform allows each participating organization to retain control and security over its own data, while making selected data available to researchers, policy analysts and others who retrieve it at a virtual, online “commons.” Data users pay only for the data they need, and are able to combine data sets from multiple organizations in a one-stop-shopping experience with lowered cost and faster performance.

“Data Commons is a classic example of the synergy that comes from partnership. The new system has the power to dramatically improve results for anyone who needs to synthesize information from multiple sources,” said Michael Dugan, MBA, FSMB Chief Information Officer and Senior Vice President for Operations. “And this will be particularly valuable as we seek to better gauge U.S. physician workforce trends and needs.”



Benefits of the System

- Faster data access
- More sources of information
- Less expense for researchers
- New options for data use

One of the FSMB's highest strategic priorities is strengthening and expanding its data collection and information processing capabilities. In 2013–14 it made important progress in this effort, bolstering its standing as an essential data-source in the U.S. health care system.

HIGHLIGHTS

- Completed major data and technology integration initiative
- Worked to advance adoption of a Minimum Data Set to be captured during license renewal
- Grew user base of key FSMB products, including FCVS and UA
- Implemented improvements to United States Medical Licensing Examination (USMLE)

FSMB's Strategic Data and Technology Initiative Takes Major Steps Forward

The FSMB's strategic, multi-year initiative to improve the infrastructure and impact of its data operations moved forward significantly during the past year, with important progress in several key areas. Our goal: Find new, better ways of using FSMB data to enhance the work of state medical boards, while at the same time leveraging it to benefit the overall U.S. health care system. Among the highlights:

Master Data Management System. Four years into the strategic data initiative, which began with the hiring of FSMB's first Chief Information Officer in 2010 and has included major investments in technology, the FSMB has completed one of its most important tasks: moving from a multi-system data architecture environment to one in which all data systems are part of a single, integrated enterprise. The new Master Data Management system encompasses multiple software tools, which load, analyze, audit and match incoming data transmissions from medical boards and other entities.

Physician Data Center improvements. In early 2014, the FSMB launched its new Physician Data Center (PDC) processing application, which is designed to improve the experience of external users who engage with the FSMB's database. The new and improved PDC is an example of FSMB's enhanced application-development capability, which was achieved through staff realignments over the last several years in order to eliminate reliance on multiple external vendors for new applications. Formerly known as the Federation Physician Data Center, the new PDC has improved the flow of information from FSMB services such as DocInfo, which provides information about the credentials and disciplinary history of physicians.

Board Action Data Bank (BADB) reporting. The FSMB was the first organization to publish and distribute the names of the country's disciplined physicians as a means of protecting the public. Fulfilling this important role via its Board Action Databank (BADB) has become one of its top priorities. Technology enhancements completed in 2013 enabled processing, auditing and analysis improvements to the BADB, increasing its value as a public protection tool. FSMB staff worked closely with a variety of peer organizations and government agencies in 2013 to extend the use of BADB, including a project with the Emergency System for Advance Registration of Volunteer Health Professionals designed to

strengthen national capabilities to provide volunteer physicians in disasters and public health emergencies.

The BADB processed 318,325 queries in 2013, and received 5,750 new actions from state medical boards to be archived. Queries to the FSMB's DocInfo service totaled 4,212 during the year.



The FSMB's work in building and maintaining strong technology infrastructure ensures the depth, robustness and interconnectivity necessary to meet the future with capacity for continual growth.

FSMB's Second U.S. Physician Census Distributed Widely

The FSMB's Census of Actively Licensed Physicians in the United States, first published in 2010, continues to gain visibility as a resource for both public sector and private sector organizations seeking the most accurate and comprehensive data about licensed physicians. FSMB published results of its expanded 2012 Census last year in the *Journal of Medical Regulation* and distributed it to all members of the U.S House of Representatives and Senate, Congressional health staff, and to other policy makers and health care leaders.

USMLE: Steady Focus on Quality Improvement Yields Results

For 22 years, the FSMB and its partner, the National Board of Medical Examiners (NBME) have made steady enhancements to the United States Medical Licensing Examination (USMLE), creating a continuous improvement process that today serves as a model for other professional examinations.

Through licensing, state medical boards ensure that all practicing physicians have appropriate education and training, and that they abide by recognized standards of professional conduct while serving their patients.



Members of the FSMB and NBME gathered in Texas recently to discuss USMLE's strategic future.

The USMLE is an essential element in the careers of U.S. physicians, delivering more than 130,000 test administrations of USMLE Step 1, 2 and 3 examinations to medical students and graduates each year. USMLE administrators constantly assess the three Step examinations to ensure the programs are clinically relevant and evolving as the environment for the practice of medicine changes.

The USMLE has continued to improve the Step 2 Clinical Skills (CS), including a new communications construct for the examination and refinements to the patient note drafted by examinees after their interaction with the standardized patient. It also finalized enhancements to

the Step 3 exam, set to launch in November 2014, that will increase the exam's focus on foundational medical sciences and increased assessment of examinees' skills in interpreting medical literature.

The changes to Step 2 and Step 3 are an outgrowth of the Report of the Committee to Evaluate the USMLE Program, adopted unanimously by the FSMB House of Delegates in 2009. This strategic review of the program is providing the USMLE with a competencies schema and framework that explicitly orients the examination along the lines of the key decisions made by medical boards when issuing resident/training licenses and later full, unrestricted licenses.

As a co-sponsor of USMLE, the FSMB strives to keep the state medical boards' perspectives appropriately represented at all levels of the examination, encouraging state board participation in activities ranging from helping develop content to program governance. In the last year, staff from more than 30 state medical boards throughout the nation made valuable contributions to the USMLE process, serving on a USMLE committee, advisory panel, task force or standard-setting panel. Since the USMLE program's inception, 179 members and staff from 56 state medical boards have participated at some level.

Strong Growth for FCVS, New Services Launched

The FSMB's Federation Credentials Verification Service (FCVS), which establishes a permanent repository of primary-source verified credentials for physicians and physician assistants, had a strong year, demonstrated by improved performance metrics and customer satisfaction scores.

The total number of physicians who have utilized FCVS climbed to more than 175,000 during the past year, from a previous mark of 159,000. A total of 35,860 FCVS profiles were sent to medical boards in 2013—also a high mark for the service. More than half of all new physician licenses issued in the United States last year were accompanied by an FCVS profile.

Having completed a multi-year transition to a new technology base, FCVS is now offering the fastest cycle times for document processing in its 18-year history.

Following up on its introduction of a new electronic signature last year, which eliminates the need for physicians to sign and mail forms, the FCVS introduced Pro-Active Reporting—a new feature of FCVS that will significantly streamline the process of verifying records from medical schools and graduate medical education programs. Pro-Active Reporting allows medical schools or graduate medical education programs to send a student's credentials directly to FCVS upon graduation from medical school or completion of a graduate training program at the end of each academic year—eliminating the need for FCVS to seek out credentials information, significantly streamlining the verification process and cutting costs.

FCVS also made gains over the last year in adding new state users, with three new state medical licensing boards now affiliated: the Commonwealth of the Northern Mariana Islands Health Care Professions Licensing Board, the Nebraska Board of Medicine and Surgery, and the Pennsylvania State Board of Osteopathic Medicine.

FSMB Data Partnerships Thrive in 2013–2014

In pursuing its strategic goal of expanding its data capabilities, the FSMB is working in creative ways and combining resources with other organizations. As the FSMB's longtime USMLE partner, **National Board of Medical Examiners (NBME)**, prepares to observe its 100th Anniversary in

2014–2015, the two organizations continued their close coordination with several other partners on Data Commons (see story on page 10) and other projects related to licensing and data. Staff from the FSMB and NBME played key leadership roles in 2013–2014 on various data-

NBME and FSMB leaders gathered during NBME's 2013 annual meeting.



FSMB Research Team: New Staff, Expanded Scope

The FSMB added personnel and expanded the scope of its research enterprise over the last year as a part of its long-term strategic data plan. Recent highlights of the team's work include:

Complaints research: In collaboration with the North Carolina Medical Board, the FSMB studied the prevalence of communication-based complaints in North Carolina. Preliminary results show that communication issues are a top cause of complaints in the state. Final results of the survey will be published later in 2014.

SPEX analysis: FSMB's research and assessment teams joined forces to study characteristics of physicians who take the Special Purpose Examination (SPEX), a tool that helps assess the competence of those who return to medical practice after a leave of absence. The study was published in the *Journal of Medical Regulation*.

Joint research: The FSMB is working with researchers at the American Board of Internal Medicine and the National Board of



FSMB's research activities provide critical data that is helping the regulatory community better understand and respond to new trends and issues.

Medical Examiners on separate projects examining practice and performance characteristics of various physician groups.

Customized surveys: During 2013–2014, the FSMB conducted surveys measuring perceptions of the *Journal of Medical Regulation* and FSMB's Physician Data Center, and provided surveys for the Workgroup on Innovations in State-based Licensing to help determine how extensively special-purpose licenses are used by medical boards. Survey results, which showed that 53 percent of survey respondents issue special purpose licenses, were used to help shape the Workgroup's final policy recommendations.

U.S. Regulatory Trends and Actions Report Released

In early 2014, the FSMB released its new *U.S. Medical Regulatory Trends and Actions* report, which provides the most comprehensive compendium of information available about the make-up, policies and work of state medical boards.

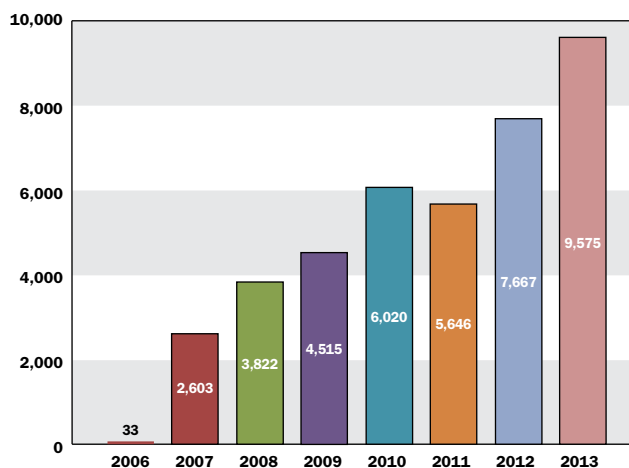
Detailed information about state boards provided in the report ranges from their composition and size to their key policies, reporting requirements, funding structure and much more.

The report, which was distributed to an extensive list of health care organizations, government agencies, and consumer groups, also includes physician licensure information from the FSMB's most recent Physician Census and aggregated national disciplinary data. Special sections in the report are aimed at helping

consumers better understand the work of their state medical board, how to check the background of physicians and how to file complaints. The report can be viewed at www.fsmb.org.



Annual UA Submissions 2006–2013



Uniform Application: Steady Growth, New State Users

The FSMB's recent effort to streamline the licensure process and improve license portability with the Uniform Application for Physician State Licensure (UA) made substantial progress in 2013–14. Twenty-two boards now utilize the UA, with many others in various stages of implementation. In total, more than 40,000 applications have been submitted since the UA launched, with 9,575 in the last year. The FSMB received a substantial grant to support the UA in 2013 from the U.S. Health Resources and Services Administration (HRSA), which considers the UA an important tool in meeting national physician workforce needs.

oriented committees and task forces administered by both organizations. In recent years, the FSMB has built a strong relationship with the **National Center for Health Workforce Analysis**, a department of the U.S. Health Resources and Services Administration. Heading the list of projects

is the FSMB's collaboration with the Center in developing the framework for a Minimum Data Set (MDS) for physicians—which would provide national information about medical workforce trends and needs, gathered by state medical boards during their licensure cycles. In October 2013,

the FSMB was awarded a grant by the Center to advance the MDS concept. With the help of the grant, the FSMB has launched a pilot project aimed at establishing a functional and secure MDS initiative and implementing it, state by state.

Education

“If we are together nothing is impossible. If we are divided all will fail.”

— Winston Churchill



Connecting with...FSMB's Opioid Policy Workgroup

Diverse viewpoints considered as House of Delegates updates opioid policies

Perhaps no other recent effort by the FSMB illustrates better the importance of working collaboratively than its role in addressing the dual issues of inappropriately treated pain and opioid abuse and misuse. Since its first major initiative related to pain and opioid prescribing in 1997, the FSMB and its state medical board partners have sought to balance efforts to ensure patient access to appropriate pain care with efforts to reduce the potential for prescription drug misuse, abuse and diversion. These multi-pronged efforts have included close coordination with dozens of other organizations and government agencies and funding from the U.S. Substance Abuse and Mental Health Services Administration.

The FSMB's work in raising awareness has included policy making, book publishing, seminars and online courses, and public advocacy. At the heart of all of these activities—which have reached hundreds of thousands of physicians—are the FSMB's formal policies on the use of opioids in controlling pain and the treatment of opioid addiction in medical offices. Originally published in 1998, and updated in 2004, the model policies were updated again in 2013 to reflect the considerable body of research and experience about opioids that has accrued since the last revision.

The updating process—which took more than a year to complete—was coordinated by the FSMB Work Group on the Appropriate Use of Opioid Analgesics in the Treatment of Chronic Pain, chaired by former FSMB Board Chair Janelle A. Rhyne, MD, MACP. In total, the workgroup included 44 policy experts, content reviewers, academics, researchers and representatives of government and health care organizations—with connections to virtually every major organization addressing opioid prescribing or pain treatment in the United States. “The group's diversity ensured multiple perspectives were examined,” said Dr. Rhyne. At its 2013 Annual Meeting, the FSMB House of Delegates adopted the Workgroup's revised *Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office* and *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*—and the policies are now being adopted rapidly by state medical boards across the U.S. Two free online educational modules about the new policies were launched by the FSMB in early 2014.

As medicine continues to change, state regulators need information to help them stay ahead of trends and developments. The FSMB provided education through a variety of channels in 2013–14, focusing attention on issues ranging from telemedicine to the use of Electronic Health Records.

HIGHLIGHTS

- Updated model policies on opioid prescribing and addiction treatment
- Created new guidelines to help ensure patient safety in the practice of telemedicine
- Developed new educational programs on opioid prescribing for clinicians
- Published major guidelines with American College of Physicians on use of social media by physicians

JMR Celebrates a Birthday: A Century of Keeping Medical Regulators Well Informed

The *Journal of Medical Regulation*, the FSMB's scholarly publication, celebrated its 100th year of continuous publishing in 2013, marking its centennial with a series of historical features to coincide with the launch of an expansive website archive that includes more than 50 years of articles.

Since its launch in 1913 as the *Quarterly of the Federation of State Boards*, *JMR* has played a central role in the FSMB's mission of education for regulators, physicians and the public. Through more than a thousand issues, virtually every facet of medical regulation has been explored and illuminated, benefiting readers around the world. Today, *JMR* serves an audience of more than 5,000 regulators, policy makers, researchers, physician leaders and others, qualifying as "authoritative medical literature" for AMA PRA Category 2 Credit™

JMR continued to make strong progress over the last year in implementing its newly adopted strategic plan, which calls for increased content, new ongoing features, and more cutting-edge research and analysis of trends of importance to medical regulators.

In 2013 the FSMB expanded *JMR*'s Editorial Committee, adding new members with deep experience in scholarly publishing, and installing Ruth Horowitz, PhD, of New York University as its Editor in Chief.

In January 2014, *JMR* published its first single-topic issue, titled "Health Care Workforce in Transition: The Impact of Changing Demographic Trends and Delivery Models on Medical Regulation." The expanded-page issue featured a diverse range of articles, including a special FSMB report on the Minimum Data Set (MDS) — a proposal to unify physician data-collection processes within the health care community.

Other *JMR* content highlights during 2013–2014 included publication of the FSMB's second Census of Actively Licensed U.S. Physicians; data and survey opinions on age-based physician competency screening; and publication of the FSMB Foundation's recent survey "Medical Board Exposure to Threats of Violence."

"The *Journal* has been a core part of the FSMB's educational efforts for a century, and its new strategic plan will ensure that it meets the needs of its readers for many years to come," said FSMB President and CEO Humayun J. Chaudhry, DO, MACP.

100 Years of JMR: Many Names, Just One Mission

Soon after its founding in 1912, the FSMB began publication of a journal. Over the years, the publication has undergone multiple changes, including name, formatting and publication schedule. First published in 1913 as the *Quarterly of the Federation of State Boards of the United States*, the publication was renamed in 1915 as the *Monthly Bulletin*, when the Federation adopted a monthly publication schedule. In 1921, the name was shortened to the *Federation Bulletin*, which it retained until 1999 when it again became a quarterly publication and was renamed the *Journal of Medical Licensure and Discipline*. In 2010, the name was revised again to the *Journal of Medical Regulation*.

The *Journal of Medical Regulation* celebrated its centennial in 2013 by publishing historical excerpts from its archives — stretching back to its earliest issues and eras when it had a different title.



New FSMB Policy Proposal: Guidelines for the Ethical and Professional Obligations of Physicians Using EHRs

As the health care system continues to move toward widespread adoption of Electronic Health Records (EHRs) in physicians' offices, hospitals and other settings, the FSMB is working to identify and raise awareness of potential impacts they may bring to the work of medical regulators.

The FSMB's proposed policy on the use of EHRs in medical practice provides guidelines to protect patients and much-needed clarification of standards for confidentiality, security and other issues.



More than 70 percent of office-based physicians used electronic medical or health records in 2012, according to the U.S. government.

With 7 out of 10 practice-based physicians now using health and medical records electronically, a range of potential regulatory issues have begun to emerge. Recognizing this trend, in 2012 the FSMB House of Delegates adopted a resolution noting that state medical boards must stay informed as EHRs become an integral part of medical practice.

The FSMB subsequently launched a project to develop a model policy to guide state boards in ensuring consistency of usage and protection of patients as EHRs are developed.

The draft policy, titled "Framework on Professionalism in the Adoption and Use of Electronic Health Records (EHRs)," is intended to help state boards educate

physicians and other health care providers about their ethical and professional obligations when using EHRs.

The proposed policy includes a comprehensive legal review of individual state statutes and regulations related to EHRs, and it helps define clear standards for what constitutes a "medical record."

The draft policy is structured around five core areas likely to pose challenges for physicians and other care providers: the impact of

adopting EHRs on the patient-physician relationship; privacy, confidentiality and security issues related to EHRs; ethical behavior by EHR users; the proper use of EHRs in court cases and for evidentiary purposes; and general patient safety.

After being drafted by the FSMB's Ethics and Professionalism Committee in 2013, the new policy was shared with a range of stakeholders, including experts in EHRs. It is scheduled for review by the House of Delegates at the 2014 Annual Meeting in Denver.

FSMB Authors Advance Knowledge

FSMB staff and board members help advance knowledge and understanding of regulatory trends and issues through their research and writing activities.

A sampling of 2013–2014 publishing includes:

- Greysen SR, Johnson DA, Kind T, Chretien KC, Gross CP, Young A and Chaudhry HJ. Online Professionalism Investigations by State Medical Boards: First, Do No Harm. *Annals of Internal Medicine*. 158(2):124-130. January 15, 2013.
- Johnson, DA, "In the Public Interest": A book review. *J Med Regulation*. 99 (2): 33-34. 2013.
- Young A, Davignon P, Hansen M, and Eggen MA. State Medical Boards' Perceptions of a Minimum Data Set and Current Practices for Collecting Physician Information. *J Med Regulation*. 99 (4): 40-45. 2013.
- Alfred KC, Turner T, and Young A. State Medical Board Exposure to Threats of Violence. *J Med Regulation*. 99 (3): 11-17. 2013.
- Young A, Chaudhry HJ, Thomas JV, and Dugan M. A Census of Actively Licensed Physicians in the United States, 2012. *J Med Regulation*. 99 (2): 11-24. 2013.
- Cain FE, Davignon P, Henzel TR, Ciccone A, and Young A. The Special Purpose Examination: An Evaluation of Physicians Taking SPEX and their Pass Rates. *J Med Regulation*. 100 (1): 2014.
- Fish E, Hickman SA, Chaudhry HJ. State Licensure Regulations Evolve to Meet Demands of Modern Medical Practice. *The SciTech Lawyer*, Spring 2014: 14-21.

Promoting Ethical Use of Social Media by Physicians

The FSMB captured major media attention and generated widespread public discussion on the topic of the use of social media by physicians in 2013 with its policy paper "Online Medical Professionalism: Patient and Public Relationships," developed and written with the American College of

Physicians (ACP). Published in the *Annals of Internal Medicine*, and released during ACP's 2013 Annual Meeting, the policy paper provides guidance to help physicians make good decisions as they increasingly incorporate social media as a part of their daily lives. Included are discussions of how

FSMB President and CEO Humayun J. Chaudhry, DO, MACP, far right, joined representatives of ACP at a news conference about the new social media guidelines.





Annual Meeting Success: One of the centerpieces of the FSMB's educational efforts is its Annual Meeting, which each spring draws leaders from the regulatory community, health care organizations and federal and state government. The FSMB's 101st Annual Meeting, held in Boston, drew 430 attendees, despite taking place just days after the Boston Marathon bombing. A variety of new sessions were held and the FSMB continued its increasingly popular annual webcast of the meeting's opening session. Members of the FSMB Education Committee, above, gathered in Texas in June 2013 to plan the 2014 meeting.

2013 Board Attorneys Workshop Breaks Attendance Record

The FSMB held its seventh annual Board Attorneys Workshop in November 2013, attracting record attendance with 76 attendees from 27 states—a 28 percent increase over 2012.

Designed specifically for attorneys and legal staff of state medical boards, including individuals involved with the investigation and prosecution of physician licensure and disciplinary cases, the Board Attorneys Workshop provides participants with the opportunity to share and exchange information on case experiences, best practices and current legal issues.

This year's workshop, held in Portland, Oregon, offered a variety of sessions for attendees, including updates on the FSMB's Interstate Medical Licensure Compact and its recently proposed draft policy on telemedicine.

Special sessions were also offered on challenging legal topics, including substandard care in alternative medicine, the use of correction action agreements in disciplinary cases, disruptive physician behavior, and abandoned medical records.

Workgroup on State Innovations Drafts Policy Guidelines on Temporary and Special Medical Licenses

Addressing the need for states to provide temporary medical licenses for limited circumstances—such as providing voluntary care for the uninsured at traveling medical clinics—the FSMB's Work Group on Innovations in State-based Licensure completed a final report in 2013 with recommended guidelines to help states facilitate physician access while ensuring patient protections. The report will be considered by the FSMB House of Delegates at its 2014 Annual Meeting.

social media can influence the patient-physician relationship and a guide to potential benefits and dangers of various online activities, along with recommended safeguards for physician behavior. The guidelines recommend that physicians should separate their professional and

personal lives online and avoid any blurring of the two. (For example, physicians should avoid making or accepting "friend" requests with current or former patients through social networking sites.) Major media outlets covering the release of the guidelines included *CBS News*, *Forbes*,

New FSMB Online Resource Is Aimed at Improving Physician-Patient Communications

Many of the complaints state medical boards receive can be linked at some level to a breakdown in communications between physicians and patients—a little known fact that prompted the FSMB to launch a new Physician-Patient Communications Resource Center in late 2013 aimed at helping address the issue.

The new resource center provides a wide range of materials that state boards can use in educating physicians about the kinds of communication issues that lead to complaints from their patients—including articles and studies from state medical board newsletters, health care publications, medical societies, academic studies and blogs. The new site can be accessed at www.fsmb.org/physician_patient_communications_resource_center.html.

New Opioid Education Program Provides Online Training and Live Seminars for ER/LA Prescribers

As a part of their ongoing effort to address the problem of opioid abuse and misuse by educating physicians, the FSMB and the FSMB Foundation partnered in 2013–2014 with the University of Nebraska Medical Center, The France Foundation, and CME provider CE City to develop a new educational program to reduce the prescribing risks of extended-release (ER) and long-acting (LA) opioid analgesics.

Titled "Extended Release and Long-Acting Opioids: Assessing Risks, Safe Prescribing," the program offers six online educational modules on assessing risks vs. benefits of opioids, identifying patients' risk for abuse, understanding state and federal prescribing regulations, strategies for managing therapy as well as discontinuing use, and counseling of patients and families about opioids.

FSMB and state medical board leaders played a key role in developing the curriculum for the course, which was developed with the input of leading experts in opioid prescribing.

In addition to developing the six online modules, the FSMB received special funding to provide grants for free live seminars, to be hosted by state medical boards. The FSMB has approved grants for programs in Alabama, Arizona, California, the District of Columbia, Illinois, Nevada, Oklahoma, Pennsylvania, Rhode Island, South Dakota and Texas. To access these online activities or for more information, please visit www.fsmb.org/safeprescribing.



USA Today, and many others. The policy paper was developed jointly by ACP's Ethics, Professionalism and Human Rights Committee; ACP's Council of Associates; and the FSMB's Committee on Ethics and Professionalism.

“We do not find the meaning of life by ourselves alone — we find it with another.”

— Thomas Merton

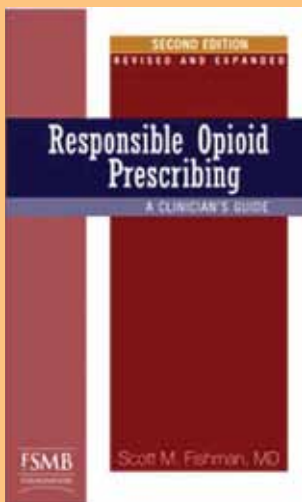


Connecting with ... *‘Responsible Opioid Prescribing’*

FSMB Foundation extends impact and reach of opioid-prescribing efforts through partnership

The power of networks and partnerships is well-illustrated by the continued success of the book “Responsible Opioid Prescribing: A Clinician’s Guide,” which the FSMB Foundation helped develop in 2007. Written by pain medicine expert Scott Fishman, MD, “Responsible Opioid Prescribing” offers clinicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids, including best-practice guidelines from leading pain medicine societies and policies from the FSMB.

Since its original release, the book has become a central building block of educational efforts by a wide variety of regulatory boards and other organizations, who have worked in collaboration with the FSMB Foundation to extend distribution channels and maximize its impact. Through special bulk-purchase discounts and customized printing, state boards have been able to reach targeted audiences at a reasonable cost with the book, which has now been distributed to more than 185,000 clinicians. Thirty state medical boards in 23 states have helped extend the distribution network and raise visibility for “Responsible Opioid Prescribing: A Clinician’s Guide” and the FSMB’s opioid-prescribing educational efforts—which, in turn, has helped the FSMB Foundation develop new partnerships with other organizations.



Over the last year, the FSMB and FSMB Foundation have connected with the Boston University School of Medicine, the Council of Medical Specialty Societies, the University of Nebraska Medical Center, The France Foundation and others to develop and promote new online educational materials aimed at reducing opioid abuse and misuse. “In all of our partnership-building on the issue of opioid abuse and misuse, ‘Responsible Opioid Prescribing: A Clinician’s Guide’ has played a key role as a resource and a discussion starter,” said FSMB Foundation President Janelle A. Rhyne, MD, MACP.

As the FSMB's philanthropic arm, the FSMB Foundation supports research and education initiatives that strengthen the medical regulatory system and help state medical boards become more effective. The Foundation continued its strategic expansion in 2013–2014.

HIGHLIGHTS

- Launched educational programs intended to address opioid abuse and misuse, working with new partners
- Distributed new educational grants for SMBs
- Published results of research about violent threats against state medical board staff and members
- Increased fundraising efforts, including launch of new special event
- Provided online resources designed to raise awareness of the role of state medical boards

Foundation Research Raises Awareness of Violent Threats As an Issue for Medical Boards

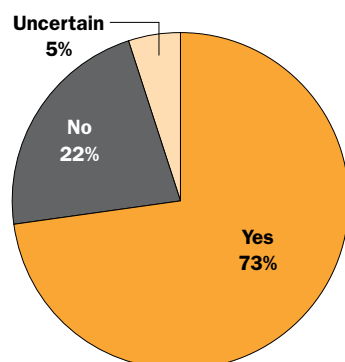
A survey conducted by the FSMB Foundation, published in the Fall 2013 edition of the *Journal of Medical Regulation*, revealed that many state medical boards have had to deal with threats of violence directed against board members and support staff as they go about their work.

Nearly three of four state medical boards who responded to the FSMB Foundation survey, conducted between 2010 and 2012, said that their board members and/or staff had experienced either explicit or implied threats of violence at some point in their board's history.

Thirty-seven of the nation's 70 state and territorial boards responded to the survey, which was conducted by authors Kelly C. Alfred, Timothy Turner, and Aaron Young, PhD.

Many of the threats directed at board members occurred after board meetings or hearings and were made by either a physician or a family member of a physician. Most of the threats were verbal, including threats of death.

Any threats (ever) of violence against board members or staff?



Research by the FSMB Foundation indicates that violent threats against state medical board members and staff do occur and that state regulators should formulate policies as a precaution.

"The stressful conditions that often accompany state medical board investigations and disciplinary actions can create highly contentious and emotionally charged environments — which could be considered precursors to violence or violent threats," the authors stated.

The survey represents an example of the Foundation's new emphasis, since its re-launch in 2009, on funding research projects that highlight unique issues and trends faced by medical regulators.



New Focus on Fundraising: The FSMB Foundation launched a new fundraising campaign in 2013 by hosting its first annual Foundation Luncheon during the FSMB's Annual Meeting in Boston. Generous donations to the event helped the Foundation reach its funding goal. After the luncheon, members of the Foundation's Board of Directors were joined by keynote speaker Scott Fishman, MD (fourth from left, above), author of "Responsible Opioid Prescribing: A Clinician's Guide."

Foundation Assists New SCOPE of Pain Program

As a part of its organization-wide efforts to advocate for safer opioid prescribing practices among physicians, the FSMB Foundation provided educational content and promotional support for the Boston University School of Medicine and the Council of Medical Specialty Societies in 2013 as they kicked off their SCOPE of Pain program — an innovative new online and live training educational resource to help prescribers learn about the safe use of opioids.

The program, which launched in the spring of 2013, focuses on safe prescribing in the use of Extended-Release Long-Acting (ER/LA) opioids. The SCOPE (Safe and Competent Opioid Prescribing Education) program addresses many key elements of the physician component of the Obama Administration's prescription drug abuse prevention plan on prescriber education, and is closely aligned with the FSMB's overall strategies and initiatives to lower opioid prescribing risks. The FSMB Foundation's book, "Responsible Opioid Prescribing: A Clinician's Guide," was distributed via the SCOPE program.

“Invisible threads are the strongest ties.”

— Friedrich Nietzsche

State Innovations



Connecting with...Local Workforce Data

D.C. Board of Medicine survey: Identifying local issues strengthens community engagement

The role of state medical boards as a source of data critical to health care policy-planning in cities, states and regions is growing in importance, as new data-gathering and retrieval methods by boards yield valuable demographic information about the nation's 878,000 physicians. Such information about physicians, gathered during licensure renewal, can help identify various issues in health care delivery—including potential workforce shortages.

Recognizing the positive impact its data-gathering activities could have on protecting the public and informing local health care policy decisions, the District of Columbia Board of Medicine (D.C. Board) embarked in 2010 upon a three-phased project to collect demographic and practice characteristic information on licensed physicians and physician

The D.C. Board's six-year project to gather demographic data and practice characteristics about local physicians has provided valuable information for the Washington, D.C. health care community. The D.C. Board's surveys have already yielded impactful results.



assistants. The D.C. Board used the National Center for Workforce Analysis Minimal Data Set as a guide in developing survey questions measuring physician characteristics such as race/ethnicity, educational background, and practice location.

Completing data-analysis of the second phase of its project in 2013, the D.C. Board made a remarkable discovery: Of the 4,790 physicians who completed the survey, only 453 (9.4%) are primary care physicians who spend more than 20 hours a week treating patients in Washington, D.C. The D.C. Board's

data release led to media coverage and renewed discussion of the lack of primary care physicians and maldistribution of physicians in the District—bringing greater public awareness to the issue and strengthening the D.C. Board's engagement and connection with the local health care community. “Seamlessly integrating the workforce capacity initiative into our biennial licensure renewal cycle provided the perfect platform for us to gather critical data useful to local policy decision makers here,” said Jacqueline A. Watson, DO, MBA, Executive Director of the D.C. Board.

The FSMB is made up of a diverse network of state and territorial medical boards — whose innovations help the medical regulatory profession grow and adapt as medicine changes. Here are a few highlights of successful programs from 2013–2014.

California: Medical Board Video Helps Spread Statewide Opioid-Abuse Message That ‘One Pill Can Kill’

With opioid abuse and misuse continuing to be a major problem in California, the Medical Board of California (MBC) has stepped up its efforts to educate physicians about opioid risks — including distribution of a special video aimed at educating physicians. The California Legislature designated March as Prescription Drug Awareness Month in California, urging organizations and individuals to help promote the theme “spread the word — one pill can kill.” The MBC responded with a short video, available through YouTube, featuring Michael Bishop, MD, an anesthesiologist and Co-Chair of the MBC’s Prescribing Task Force. The video provides basic background for physicians and refers them to guidelines and other resources at the MBC website, www.mbc.ca.gov.

Florida: Adding Safeguards to Lower the Incidence of Wrong Patient/Wrong Site Issues

Ten years ago, the Florida Board of Medicine, like many states in the nation, instituted new regulations aimed at reducing the incidence of wrong patient/wrong site surgeries. The Board adopted the so-called “pause rule,” which stipulates that before the first incision, surgeons are required to take a timeout, confirming that they have the right patient, the right procedure and the right surgical site. Despite requiring a “pause,” however, the Board noted that it was continuing to see cases in which the required “pause” had been performed but surgery was still performed on the wrong patient, wrong site or using the wrong procedure. In an effort to reduce the incidence of wrong patient/wrong site surgeries, the Board heard public testimony and reviewed its rules, resulting in new rules that require physicians to confirm the patient’s identity, the procedure being performed and the correct surgical site with another health care practitioner. In addition, a “pause” must be performed again if the physician leaves the room at any time during the procedure or surgery.

Oregon: Website Redesign Puts the Emphasis on Simplicity

In recent years, the Oregon Medical Board (OMB) faced a dilemma: In fulfilling its responsibility to provide public information online, its website was growing larger and larger — but the site’s expanding content and proliferating pages were making it more difficult to provide a simplified web experience for site visitors. The OMB’s solution was to launch a website redesign effort that placed a strong emphasis on reducing website page count. In the end, OMB reduced the total number of web pages at its site by 50 percent, reduced information categories and streamlined content. The new site also incorporates features for smart phone and tablet users — adding value for busy physicians and consumers. A key building block in the website’s successful makeover, according to OMB, was conducting in-person usability studies with Oregonians to help make the design more functional and relevant. To see the new website, visit www.oregon.gov/omb.



FSMB leaders make formal visits to state boards each year, providing the opportunity to share information and discuss trends and issues. FSMB President and CEO Humayun J. Chaudhry, DO, MACP, and FSMB Board of Directors member Gregory B. Snyder, MD (left to right, second row), visited the Massachusetts Board of Registration in Medicine in May 2013.

Colorado: Multiple Regulatory Boards Unite in Cross-Discipline Effort to Fight Opioid Abuse

In an effort to address opioid abuse and misuse in Colorado more effectively, the Colorado Medical Board is partnering in a project that is bringing four of the state’s major health-regulatory boards together to forge integrated policies aimed at the problem. Colorado Medical Board members joined representatives of the state’s nursing, pharmacy and dental boards at a “quad-regulator” summit meeting in October 2013 to discuss opioid abuse and misuse, seek commonalities in policy and better coordinate their prescribing-education efforts across health disciplines. The new multi-board opioid prescribing initiative is one of a variety of cross-disciplinary measures that Colorado is facilitating through the Nurse-Physician Advisory Task Force for Colorado Healthcare (NPATCH).

Oklahoma: Distributing *Journal of Medical Regulation* Helps Build Communication With Legislators

Ensuring that state legislators understand the purpose and scope of work of state medical boards can be a challenge — especially when new lawmakers are elected to office. The Oklahoma State Board of Medical Licensure and Supervision has found a resource that can help — the FSMB’s *Journal of Medical Regulation*. The Board regularly sends copies of the *Journal* to all state legislators and the governor as a way of keeping them up to speed on various issues and trends in medical regulation. “Our distribution of the *Journal* is a key link in our communications program,” said Executive Director Lyle R. Kelsey, MBA, who began distributing copies of the *Journal* in 2011. “It’s a great resource, available to all state boards, and builds awareness of the work we do.”

Communications

“We are like islands in the sea, separate on the surface but connected in the deep.”

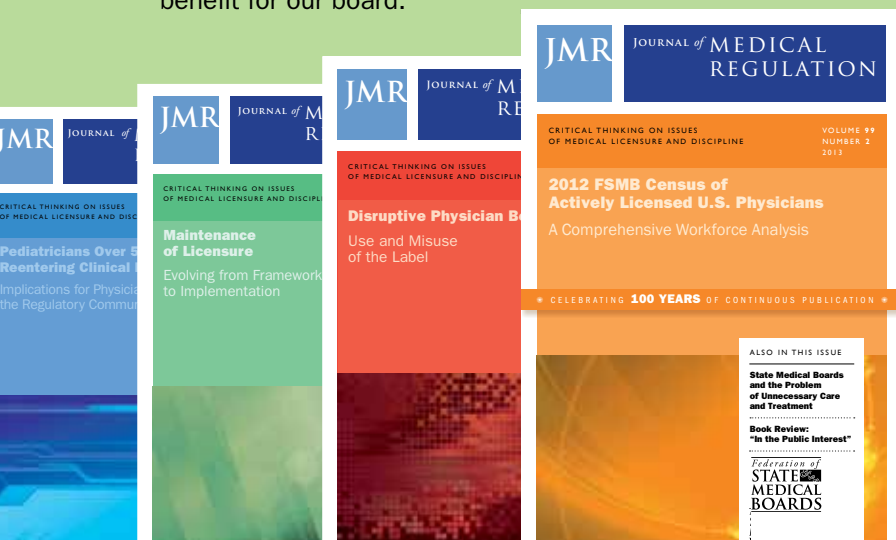
— William James



Connecting with ... State Medical Board Media Outreach

Communications staff helps boards build positive relationships with the media

Just about every state medical board executive has experienced the pressure of fielding calls from reporters—whose questions about tough issues and complicated legal matters can sometimes come without any advance warning. No one wants to slip up and say the wrong thing, or lose an opportunity to advance an important message. That's why the FSMB offers communications counsel and assistance to state medical board staff who have been contacted by the media. Over the last year, FSMB staff assisted state boards from throughout the nation in responding to reporter requests for information, fielding difficult questions, and preparing communications strategies for public outreach. “FSMB communications staffers understand the dynamics and challenges of interacting with the media, and are able to provide sound advice on short notice,” said Kansas Board of Healing Arts Executive Director Kathleen J. Selzler Lippert, JD. “That's a very useful resource that has been of great benefit for our board.”



Satisfied Readers: One of the core activities of FSMB communications staff is managing the design and production of the *Journal of Medical Regulation*. Since the redesign of *JMR* in 2010, readership has increased and satisfaction levels are high. More than 90% of readers who responded to a recent survey ranked *JMR* content as excellent or good.

As the voice of state medical boards, the FSMB communicates through a variety of mediums with a diverse range of audiences.

HIGHLIGHTS

- Launched new Apps and expanded social media channels
- Increased frequency and reach of electronic newsletters, adding new features and richer content
- Promoted key FSMB initiatives with major U.S. media

New Progress in FSMB Effort to Raise Public Understanding

FSMB Communications staff made strong steps forward during 2013–2014 in raising the profile of state medical boards and the work they do in protecting the public.

Electronic communications.

The FSMB is transitioning steadily toward the use of more electronic-based communications channels, now offering five periodic eNewsletters for various audiences (*FSMB eNews*, *Advocacy eNews* and *Advocacy Alert*, *Annual Meeting News*, and *MOL Update*). Distribution of *FSMB eNews*, the FSMB's twice-weekly summary of news and developments for the regulatory community, has grown rapidly and circulation now stands at more than 4,000 readers. The FSMB website continues to grow as a vital tool for communications, with a major redesign and re-launch scheduled for 2014. The new website will provide enhanced user navigation and improved access to data and other content.

The FSMB expanded its use of social media in 2013–2014, notably with the use of Twitter as a platform for fast communication with stakeholders. As our audiences move increasingly to their mobile phones for information, the FSMB is keeping pace by developing new Apps and strategies for mobile communications.

Print publications. The FSMB's print publications serve as a cornerstone for communications, beginning with the *Journal of Medical Regulation*, published quarterly. *JMR* provides both scholarly articles and practical "news you can use" for busy state regulators. In 2013–2014, *JMR* published its first single-topic issue, devoted to studying the physician workforce (see story on page 15). *Newsline*, distributed by the FSMB for more than 30 years, provides updates on trends of interest to regulators, along with products and services from the FSMB.



FSMB Communications staff creates the theme and all support materials for the FSMB's annual meeting. A new marketing focus has helped bolster attendance and visibility.



FSMB President and CEO Humayun J. Chaudhry DO, MACP, left, confers with FSMB Communications Director Drew Carlson during an FSMB meeting. Promoting public visibility through media outreach is a top priority for the FSMB's communications team.

Public Outreach: FSMB Helps Speakers Craft Messages

One of the most effective channels of communication is the human voice—and the FSMB has an active program of public speakership that helps advance positive messages about the work state medical boards do. FSMB Communications staff provides presentation materials, training and support as our team of speakers travels the country—including visits to state and federal governmental agencies and health care organizations. Media Relations is a critical part of the FSMB's public outreach, and in the last year FSMB communications staff facilitated interviews with some of the nation's largest media outlets, including *The New York Times*, *Wall Street Journal* and *USA Today* as well as major broadcasters. The team also provided direct media relations assistance to various state boards.

Newsline, published periodically by FSMB's Communications department, keeps state boards and others apprised of key products, services and regulatory developments.



The Federation of State Medical Boards: Dedicated to Public Protection

Alabama Board of Medical Examiners	Nevada State Board of Osteopathic Medicine
Alaska State Medical Board	New Hampshire Board of Medicine
Arizona Medical Board	New Jersey State Board of Medical Examiners*
Arizona Board of Osteopathic Examiners in Medicine and Surgery	New Mexico Medical Board
Arkansas State Medical Board*	New Mexico Board of Osteopathic Medical Examiners
Medical Board of California	New York State Board for Medicine*
Osteopathic Medical Board of California	New York State Office of Professional Medical Conduct
Colorado Medical Board	North Carolina Medical Board
Connecticut Medical Examining Board	North Dakota State Board of Medical Examiners*
Delaware Board of Medical Licensure & Discipline	Commonwealth of the Northern Mariana Islands Health Care Professions Licensing Board
District of Columbia Board of Medicine	State Medical Board of Ohio*
Florida Board of Medicine	Oklahoma State Board of Medical Licensure and Supervision*
Florida Board of Osteopathic Medicine	Oklahoma State Board of Osteopathic Examiners
Georgia Composite Medical Board	Oregon Medical Board*
Guam Board of Medical Examiners	Pennsylvania State Board of Medicine*
Hawaii Medical Board	Pennsylvania State Board of Osteopathic Medicine
Idaho State Board of Medicine	Puerto Rico Board of Medical Licensure and Discipline
Illinois Department of Financial and Professional Regulation: Division of Professional Regulation*	Rhode Island Board of Medical Licensure and Discipline*
Medical Licensing Board of Indiana	South Carolina Board of Medical Examiners*
Iowa Board of Medicine	South Dakota Board of Medical and Osteopathic Examiners
Kansas State Board of Healing Arts	Tennessee Board of Medical Examiners
Kentucky Board of Medical Licensure	Tennessee Board of Osteopathic Examination
Louisiana State Board of Medical Examiners*	Texas Medical Board
Maine Board of Licensure in Medicine	Utah Osteopathic Physicians and Surgeons Licensing Board
Maine Board of Osteopathic Licensure	Utah Physicians Licensing Board*
Maryland State Board of Physicians*	Vermont Board of Medical Practice*
Massachusetts Board of Registration in Medicine*	Vermont Board of Osteopathic Physicians and Surgeons
Michigan Board of Medicine*	Virgin Islands Board of Medical Examiners
Michigan Board of Osteopathic Medicine and Surgery	Virginia Board of Medicine*
Minnesota Board of Medical Practice*	Washington Medical Quality Assurance Commission
Mississippi State Board of Medical Licensure	Washington Board of Osteopathic Medicine and Surgery
Missouri State Board of Registration for the Healing Arts	West Virginia Board of Medicine
Montana Board of Medical Examiners*	West Virginia Board of Osteopathic Medicine
Nebraska Board of Medicine and Surgery	Wisconsin Medical Examining Board*
Nevada State Board of Medical Examiners	Wyoming Board of Medicine

*Original charter member board of the FSMB



The Federation of State Medical Boards represents a community of dedicated public servants, spread throughout the United States. Their commitment to protecting the public and ensuring the highest standards of medical quality is the key to the successful operation of the nation's medical regulatory system. In this section of our annual report, we acknowledge the work of the many individuals who make up our committees, councils and boards. We thank them for their important contributions.

Officers, Board of Directors

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FSMB President and CEO

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Immediate Past Chair
Ohio

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Michael P. Dugan, MBA

Chief Information Officer and Senior
Vice President for Operations

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Chief Financial Officer

David A. Johnson, MA

Senior Vice President,
Assessment Services

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Louisiana

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Alabama

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New York PMC

Stephen E. Heretick, JD

Virginia

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North Carolina

Gregory B. Snyder, MD

Minnesota

Datta G. Wagle, MD

New York PMC

Michael D. Zanolli, MD

Tennessee Medical

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Oklahoma Medical

Blake T. Maresh, MPA

Washington Osteopathic

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Director
Virginia

Randal C. Manning, MBA, CMBE

Director
Maine Medical

Jon V. Thomas, MD, MBA

Director
FSMB Chair
Minnesota

2013–2014 FSMB Committees and Workgroups

Jon V. Thomas, MD, MBA
Chair 2013–2014

Standing Committees

Audit Committee

1-year term; 5 Fellows, 3 of whom shall be members of the BOD; FSMB Treasurer serves ex-officio without vote

Arthur S. Hengerer, MD (Chair)
FSMB BOD, New York PMC

Linda Gage-White, MD, PhD, MBA
FSMB BOD, Louisiana

Gregory B. Snyder, MD
FSMB BOD, Minnesota

Carmela Torrelli
New York PMC

William A. Walker, MD
North Carolina

Associate Member:
Blake T. Maresh, MPA
FSMB BOD, Washington Osteopathic

Ex-officio Members:
Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Galicano F. Inguito Jr., MD, MBA
FSMB Treasurer, Delaware

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

FSMB Support Staff:
Todd Phillips, Sandy McAllister

Bylaws Committee

1-year term; 5 Fellows

Anita M. Steinbergh, DO (Chair)
Ohio

C. Deborah Cross, MD
New York PMC

Ralph C. Loomis, MD
FSMB BOD, North Carolina

Richard G. Shugarman, MD
Florida Medical

Cheryl L. Walker-McGill, MD
North Carolina

Subject Matter Expert:
Neil L. Horsley, DPM
FPMB

Ex-officio Members:
Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

FSMB Support Staff:
Eric Fish, Pat McCarty

Editorial Committee

3-year term; eligible for 2 terms; not to exceed 12 Fellows

Ruth Horowitz, PhD (Editor-in-Chief)
New York PMC

Mohammed A. Arsiwala, MD
Michigan Medical

Larry J. Berg, JD
Washington Medical

Cheryl Graham Solomon, MA
Michigan Medical

Hon. J. William Graves, JD
Kentucky

Rebecca J. Hafner-Fogarty, MD, MBA
Minnesota

Michael K. Helmer
Michigan Medical

Patricia A. King, MD, PhD
Vermont Medical

Sindy M. Paul, MD
New Jersey

Wayne J. Reynolds, DO
Virginia

Leticia J. San Diego, PhD
Michigan

E. Scott Sills, MD
New York State

Subject Matter Expert:
Carl F. Ameringer, PhD, JD
VA Commonwealth University

Associate Member:
Mark Bowden
Iowa

FSMB Support Staff:
David Johnson, Drew Carlson

Education Committee

1-year term, 8 Fellows to include FSMB Chair as Chair, Chair-elect and Immediate Past Chair

Jon V. Thomas, MD, MBA (Chair)
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Lance A. Talmage, MD
FSMB Immediate Past Chair, Ohio

Dawn Morton-Rias, EdD, PA-C
New York State

W. Eugene Musser Jr., MD
Wisconsin

Lynda A. Smirz, MD, MBA
Indiana

Robert M. Vanecko, MD
Illinois

Barbara E. Yaroslavsky
California Medical

Ex-officio Member:
Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

FSMB Support Staff:
Lisa Robin, Kelly Alfred

FSMB Staff Advisor:
David Hooper

Ethics and Professionalism

1-year term; up to 5 Fellows and up to 2 subject matter experts

Janelle A. Rhyne, MD, MACP (Chair)
FSMB Past Chair, North Carolina

O. Richard Bowyer, MDiv
West Virginia Medical

Leslie M. Burger, MD
Washington Medical

Constance G. Diamond, DA
New York PMC

Gerald T. Kaplan, MA
Minnesota

Subject Matter Experts:
Kathleen Kinlaw, MDiv
Georgia; Center for Ethics, Emory Univ

Bruce D. White, DO, JD
Alden March Bioethics Institute

Ex-officio Members:
Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

FSMB Support Staff:
Lisa Robin, Shiri Ahronovich

Finance Committee

*1-year term; 5 Fellows to include
FSMB Treasurer as Chair*

Galicano F. Inguito Jr., MD, MBA
(Chair)
FSMB Treasurer, Delaware

J. Daniel Gifford, MD
FSMB BOD, Alabama

Frank M. Hensley, MBA
Washington Medical

Tammy L.H. McGee, MBA
Minnesota

Mark C. Watts, MD
Colorado

Associate Member:
Jacqueline A. Watson, DO, MBA
District of Columbia

Ex-officio Members:
Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

FSMB Support Staff:
Todd Phillips, Marie Bounheuangvilay

Nominating Committee

*2-year term; 7 Fellows including
FSMB Immediate Past Chair as Chair,
at least 1 Fellow to be a non-physician*

Lance A. Talmage, MD (Chair)
FSMB Immediate Past Chair, Ohio

Deeni Bassam, MD
Virginia

Tariq A. Butt, MD
Illinois

Mark A. Eggen, MD
Minnesota

Anna Z. Hayden, DO
Florida Osteopathic

Jerry G. Landau, JD
Arizona Osteopathic

Sheldon A. Wasserman, MD
Wisconsin

Ex-officio:
Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

FSMB Support staff:
Pat McCarty, Pam Huffman

FSMB Joint Committees with Other Organizations

**Post-Licensure Assessment System
Governing Committee**
3-year term; eligible for 2 terms

Harold J. Sauer, MD (Chair)
Michigan Medical

David R. Grube, MD
Oregon

Gregory B. Snyder, MD
FSMB BOD, Minnesota

NBME Appointees:
Yasyn Lee, MD

Graham T. McMahon, MD

Patricia N. Whitley-Williams, MD

Ex-officio Members (w/vote):
Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

Donald E. Melnick, MD
NBME President and CEO

FSMB Support Staff:
Frances Cain

**Post-Licensure Assessment System
Program Committee**
3-year term; eligible for 2 terms

John G. Gianopoulos, MD (Chair)
Individual Non-Member

Silvia Diego, MD
California Medical

Karen R. Gerancher, MD
North Carolina

Robert Hatch, MD
Individual Non-Member

James L. Levenson, MD
Individual Non-Member

Sharon L. Levine, MD
California Medical

Scott Manaker, MD
Individual Non-Member

George Mejicano, MD
Individual Non-Member

David J. Rydell, DO
Maine Osteopathic

Kristin A. Spanjian, MD
Montana

FSMB Support Staff:
Frances Cain

USMLE Composite Committee
*FSMB Members — 5 appointments
plus 1 alternate;
ECFMG representatives — jointly
appointed by FSMB and NBME;
3-year term; eligible for 2 terms;
term limitation waived for CEOs*

Steven I. Altchuler, MD, PhD
Minnesota

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

Cynthia S. Cooper, MD
New Hampshire

Lance A. Talmage, MD
FSMB Immediate Past Chair, Ohio

Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Alternate:
Janelle A. Rhyne, MD, MACP
FSMB Past Chair, North Carolina

FSMB Support staff:
David Johnson

USMLE Step 3 Committee
3-year term; eligible for 2 terms

Yasyn Lee, MD (Chair)
Iowa

James B. Alexander, MD
Individual Non-Member

W. Grady Carter III, MD
Individual Non-Member

Laurie K. Davies, MD
Florida Medical

John G. Gianopoulos, MD
Individual Non-Member

Sujatha Kailas, MD, MBA
Wisconsin

Peter Madras, MD
Massachusetts

David W. Munter, MD
Individual Non-Member

Janet K. Salomonson, MD
California Medical
(Deceased 09/13)

Danny M. Takanishi Jr., MD
Hawaii

Patricia N. Whitley-Williams, MD
Individual Non-Member

FSMB Support Staff:
David Johnson

**USMLE Budget Committee —
FSMB Members**

*Term is open-ended; 2 years
recommended; Chair alternates
between CEOs; 5 FSMB/5 NBME*

Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Galicano F. Inguito Jr., MD, MBA
FSMB Treasurer, Delaware

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

Todd A. Phillips, MBA
FSMB Chief Financial Officer

FSMB Support Staff:
David Johnson

**Accreditation Council for Continuing
Medical Education (ACCME)**
3-year term

Galicano F. Inguito Jr., MD, MBA
FSMB Treasurer, Delaware

Kim Edward LeBlanc, MD, PhD
Louisiana

FSMB Staff Liaison:
Kelly Alfred

**ACCME Accreditation Review
Committee (ARC)**

*Initial 2-year term followed by
2nd term specified by the ACCME
Board, not to exceed a total of 6 years*

Linda Gage-White, MD, PhD
FSMB BOD, Louisiana

Ronald L. Johnson, MD
Illinois

Eric S. Wargotz, MD
Maryland

FSMB Staff Liaison:
Kelly Alfred

**Accreditation Council for Graduate
Medical Education (ACGME)**
4-year term

Martin Crane, MD
Massachusetts

FSMB Staff Liaison:
Pat McCarty

**American Board of Medical
Specialties (ABMS)**
4-year term

Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

FSMB Staff Liaison:
Frances Cain

**Educational Commission for Foreign
Medical Graduates (ECFMG)**
4-year term

Pamela Blizzard, MBA
North Carolina

Ram R. Krishna, MD
Arizona Medical

FSMB Staff Liaison:
David Johnson

**National Board of Medical
Examiners (NBME)**
4-year term; eligible for 2 terms

Freda M. Bush, MD
FSMB Past Chair, Mississippi

Arthur S. Hengerer, MD
FSMB BOD, New York PMC

Barbara S. Schneidman, MD
FSMB Past Chair, Washington Medical

Lance A. Talmage, MD
FSMB Immediate Past Chair, Ohio

Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

FSMB Staff Liaison:
David Johnson

**National Commission on Certification
of Physician Assistants (NCCPA)**
4-year term

Ellen J. Harder, PA [deceased, 09/13]
Washington Medical

Peggy R. Robinson, MS, PA-C
North Carolina

FSMB Staff Liaison:
Pat McCarty

**2013–2014 FSMB
Advisory Councils,
Panels and Workgroups**

Advisory Council of Board Executives

Robert C. Knittle, MS
West Virginia Medical

Robert L. Marier, MD
Louisiana

Mari Robinson, JD
Texas

Kathleen Selzler Lippert, JD
Kansas

Ex-officio Members:
LaSharn Hughes, MBA
President-AIM

Margaret B. Hansen, PA-C
Vice President-AIM

Lyle R. Kelsey, MBA
FSMB BOD, Oklahoma Medical

Blake T. Maresh, MPA
FSMB BOD, Washington Osteopathic

FSMB Support Staff:
Lisa Robin

FCVS Advisory Council

Nicole Weaver (Chair)
Ohio (Board Staff)

S. Paul Edwards, JD
AAOE (Nevada Osteopathic)

Liana Puscas, MD
Individual Non-Member (Young Physician)

Connie Riedel, CPMSM, CPCS
National Assoc of Medical
Staff Services

Kathleen Selzler Lippert, JD
Kansas (Associate Member)

Rose Stern, CPMSM
Individual Non-Member

Michelle Stultz, RN
Individual Non-Member

Patrick A. Woodard, MD
Individual Non-Member
(Resident Physician)

Ex-officio Members:
Jon V. Thomas, MD, MBA
FSMB Chair, Minnesota

Donald H. Polk, DO
FSMB Chair-elect, Tennessee Osteopathic

Humayun J. Chaudhry, DO, MACP

FSMB President and CEO

FSMB Support Staff:

Michael Dugan

Minimum Data Set Advisory Group**Mark A. Eggen, MD (Chair)**

Minnesota

William L. Gant, MEd

Washington Osteopathic

Margaret B. Hansen, PA-C

South Dakota (Associate Member)

Kimberly Kirchmeyer

California Medical (Associate Member)

Dinesh G. Patel, MD

Massachusetts

Ex-officio Members:

Jon V. Thomas, MD, MBA

FSMB Chair, Minnesota

Donald H. Polk, DO

FSMB Chair-elect, Tennessee Osteopathic

Lance A. Talmage, MD

FSMB Immediate Past Chair, Ohio

Humayun J. Chaudhry, DO, MACP

FSMB President and CEO

FSMB Support Staff:

Aaron Young

**State Board Advisory Panel
to the USMLE****Kevin J. Bohnenblust, JD (Chair)**

Wyoming (Associate Member)

Patricia A. King, MD, PhD

Vermont Medical

Robert C. Knittle, MS

West Virginia (Associate Member)

Wayne J. Reynolds, DO

Virginia

Kristin A. Spanjian, MD

Montana

Gregory B. Snyder, MD

FSMB BOD, Minnesota

Jean R. Sumner, MD

Georgia (Board Staff)

Amy van Maanen

Iowa (Board Staff)

Jacqueline A. Watson, DO, MBA

District of Columbia (Associate Member)

FSMB Support Staff:

David Johnson

Interstate Compact Taskforce**Kevin D. Bohnenblust, JD**

Wyoming (Associate Member)

Mark E. Bowden

Iowa (Associate Member)

Douglas C. Cooper

Nevada Medical (Associate Member)

Margaret B. Hansen, PA-C

South Dakota (Associate Member)

Worthe S. Holt Jr., MD

Indiana

Anthony Jusevitch

Florida Osteopathic (Associate Member)

Patricia A. King, MD, PhD

Vermont Medical

Lyle R. Kelsey, MBA

FSMB BOD, Oklahoma Medical

(Associate Member)

Robert C. Knittle, MS

West Virginia Medical

(Associate Member)

Randal C. Manning, MBA

Maine Medical (Associate Member)

Blake T. Maresh, MPA

FSMB BOD, Washington Osteopathic

(Associate Member)

Mari Robinson, JD

Texas (Associate Member)

Dan Rubin, JD

New Mexico Medical

Diana K. Shepard

West Virginia Osteopathic

(Associate Member)

Kristin A. Spanjian, MD

Montana

Danny M. Takanishi Jr., MD

Hawaii

Jon V. Thomas, MD, MBA

FSMB Chair, Minnesota

Lisa S. Wynn

Arizona Medical

Brian S. Zachariah, MD, MBA

Illinois

Ex-officio Member:

Humayun J. Chaudhry, DO, MACP

FSMB President and CEO

FSMB Support Staff:

Lisa Robin, Jonathan Jagoda,

Shiri Ahronovich, Eric Fish

Compact Drafting Team:

Kevin D. Bohnenblust, JD

Wyoming (Associate Member)

Mark E. Bowden

Iowa (Associate Member)

Blake T. Maresh, MPA

FSMB BOD, Washington Osteopathic
(Associate Member)

Mari Robinson, JD

Texas (Associate Member)

Technical Advisors to the

Drafting Team:

Crady deGolian

National Center for Interstate Compacts
Council of State Governments

Eric M. Fish, JD

FSMB Senior Director Legal Services

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MISSION

The FSMB leads by promoting excellence in medical practice, licensure and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.

VALUES

The FSMB, an organization of state medical boards, embraces these equally important values:

Public Protection: Promotes public health, safety and welfare through its member boards.

Leadership: Demonstrates innovation, cooperation and responsiveness.

Integrity: Incorporates honesty, ethical behavior, reliability and transparency in all its operations and services.

Excellence: Promotes and maintains high standards of performance and a commitment to continuous improvement, efficiency and effectiveness.

Commitment to Service: Provides support and high-quality service to its member boards.

STRATEGIC GOALS

Advocacy and Policy Leader: Enhance the role of state medical and boards in an evolving health care environment by leading, anticipating and responding to trends in medical regulation.

Consistent Standards: Effectively lead, assist and support state medical boards to develop and use consistent standards, language, definitions and tools.

Information Resource: Be recognized by the public and policymakers as a valued informational and educational resource for medical licensure and regulation.

Organizational Improvement: Enhance its organizational vitality and nimbleness, broaden its financial resources and provide a technology platform adequate for the evolving needs of the FSMB.

Partnerships: Engender greater participation and engagement among its member boards and more effective relationships with national and international organizations as a trusted and reliable partner.

Support for State Medical Boards: Offer relevant policy, programs, education and services to state medical boards that result in improved quality and safety of patient care through effective and fair medical regulation and discipline.

Eules, Texas Office

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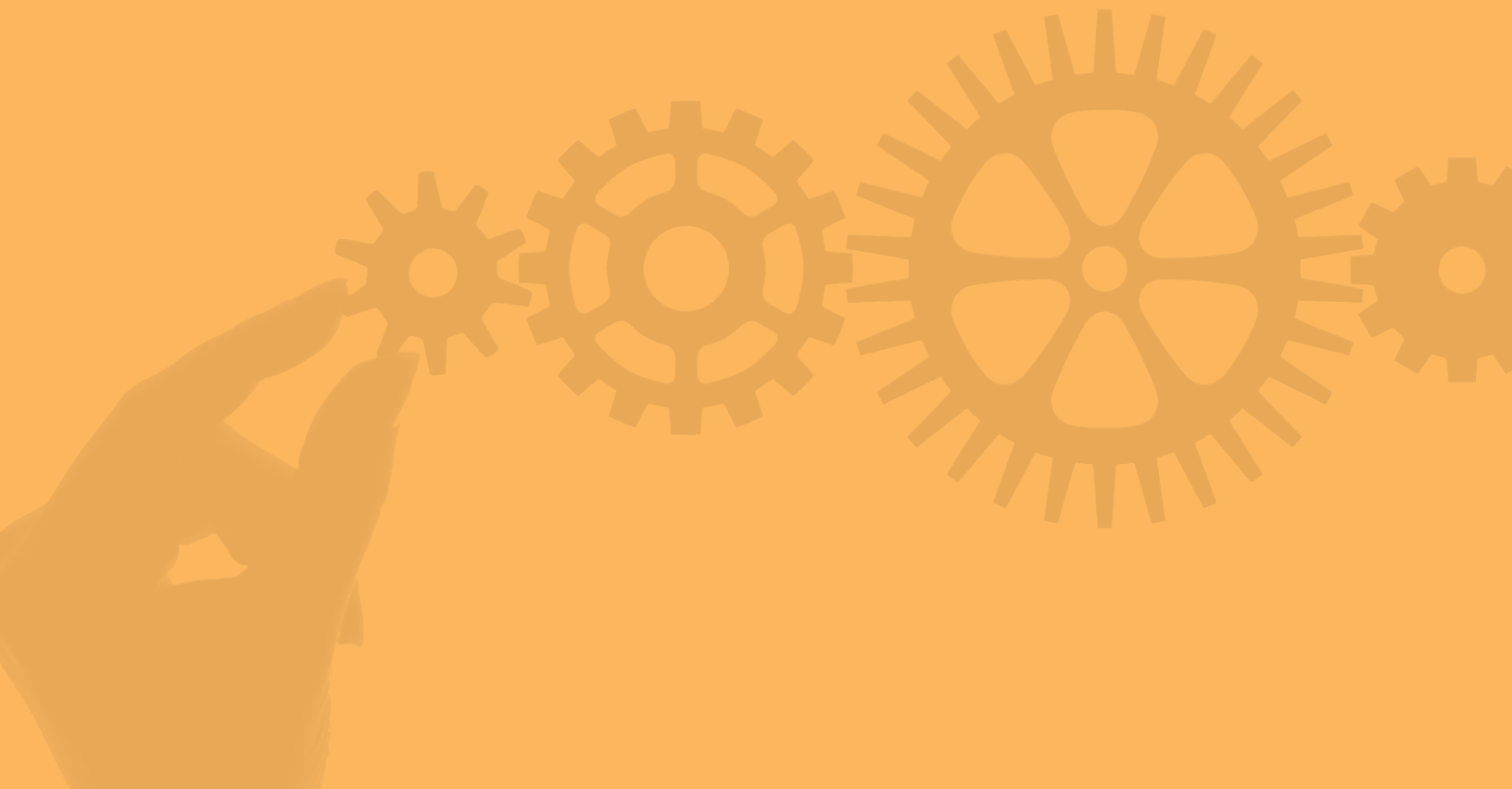
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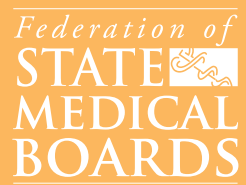
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