

Newsline



Federation of State Medical Boards of the United States, Inc.

Dec. 2010/Jan. 2011

New online module teaches Michigan health care professionals about medical regulation and licensing

The Michigan Bureau of Health Professions recently launched a web-based training module entitled "Licensing, Professionalism and the Regulatory Process" for medical students, newly licensed and established physicians and other health care professionals. The three-part slide presentation, which is narrated by four bureau staff members, details how the bureau and boards operate, explains how to get through the licensing process as smoothly as possible and describes the importance of professionalism and ways to prevent disciplinary action.

"We'd talked about creating this type of resource for years," said Steve Creamer, M.A., manager of the Professional Practice Section of the Michigan Bureau of Health Professions. "Then along came the FSMB template in 2009 and we were able to use it as a great starting place."

Meeting a recognized need

The webcast had approximately 50 visitors each month in September and October with essentially no promotion. Twice as many physicians viewed the webcast in October compared to September and many viewed the entire presentation, which includes 103 slides. According to Creamer, anecdotal feedback from physicians and non-physicians who have accessed the webcast has been positive. The Michigan training module is available at the "Check out the new Physician Training Module" link at www.michigan.gov/healthlicense.

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mation in medical school on professionalism, licensing and regulation," Creamer said. "We want to inform health care professionals in these areas before issues arise."

In 2009, as part of its Medical Professionalism Project, the FSMB Foundation issued a variety of materials, including three customizable PowerPoint slide

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presentations covering licensing, discipline and professionalism. The objective was to provide essential information to help raise awareness of the work medical boards do in each of these areas.

The Michigan bureau used the slide

template as an organizational tool, adding slides specific to its operations. For example, a discussion of the Michigan Automated Prescription System is included in the licensing section of the training module and each section details the specific information resources available to licensed physicians in Michigan. The final three-part draft presentation was reviewed and edited by the licensing, investigation and regulatory divisions of the bureau before it was finalized.

"While it took some months to develop the final slide presentation, the feedback we received from staff members who work every day on regulatory issues provided a unique perspective," Creamer continued. "We are delighted with the end product."

Raising awareness

The slide presentation was posted online as a webinar on Aug. 27. To date,
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'Ryan's law' helps shut down rogue online pharmacies

Q&A with Francine Haight

In February 2001, Ryan Haight, 18, died after overdosing on Vicodin he purchased from an Internet pharmacy. Ryan learned about purchasing drugs online from an Internet chat room.

After Ryan's death, his mother, Francine Haight, R.N., started RYAN's Cause – RYAN stands

for Reaching Youths Abusing Narcotics – to raise awareness and educate people on the danger of prescription drug abuse (www.ryanscause.org). She advocated for legislation in memory of her son to improve regulation of online pharmacies. The "Ryan Haight Online Pharmacy Consumer Protection Act" became law in 2008. FSMB and state medical and osteopathic boards worked to mobilize support for the Act. Newsline recently spoke with Mrs. Haight about the impact of "Ryan's law" and what's next in the fight to stop rogue Internet pharmacies.



What are the key elements of the Ryan Haight Online Pharmacy Consumer Protection Act?

The Ryan Haight Act cracks down on Internet pharmacies. Congress passed the Act precisely because of the increasing use of prescription-controlled substances by adolescents and others for non-medical purposes, which has been exacerbated by drug trafficking on the Internet. The Act prohibits U.S. online pharmacies from dispensing controlled substances to anyone without a valid prescription. Valid prescriptions are those written for a legitimate medical purpose after at least one in-person medical examination of the patient.

The Act also makes the registration requirements for online pharmacies dispensing controlled substances much more stringent. Online pharmacies must be registered in each state where they

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the bureau has sent e-mails to a number of professional associations inviting them to include an article on the training module in their newsletters. The bureau plans to promote the training module in 2011 by sending letters to residency directors and the deans of the four medical schools in Michigan, and by including inserts in mailings related to license renewals.

"We're also looking for opportunities to present the training module to medical students and residents at brown-bag lunches and other venues, and to explore incorporating it in course work," Creamer said.

The bureau has the ability to track the number of visitors to the site and the percent of the webinar that they view. By December 2011, Creamer hopes to have an idea of the audience they can reach with the training module.

Creamer believes that the FSMB template can be a valuable tool for any state medical board. The template provides direction and organization, and can be readily customized for board-specific programs and resources.

"I really commend the FSMB for putting out a template that includes much of what we had talked about including in a resource," Creamer said.

To learn more about the development of the Michigan module, contact Steve Creamer at CreamerS1@michigan.gov or (517) 335-3294. To access the FSMB Foundation Medical

Professionalism Project slide templates on licensing, discipline and profession-

alism, go to the "Projects" section at www.fsmbfoundation.org.

Arizona medical students attending board meetings get first-hand experience of regulatory issues

At the School of Osteopathic Medicine in Arizona (SOMA), medical students are required to attend a state medical board meeting to view firsthand the regulatory issues that physicians can face. The requirement was the idea of Stan Brysacz, D.O., who spent 10 years on the Arizona Board of Osteopathic Examiners in Medicine and Surgery and is currently an assistant professor for SOMA and an adjunct professor of medicine at Midwestern University.



"From my time on the board, it seems to me that it's really a lack of professionalism in record-keeping and communications that often gets physicians into trouble," Dr. Brysacz said. "We want to give our students a firsthand experience of the issues."

The recently added requirement builds on a program begun by the board more than a decade ago when medical students from Midwestern University Arizona College of Osteopathic Medicine and A.T. Still University College of Osteopathic Medicine began attending board meetings. The program was the idea of

former board member Paul Steingard, D.O.

"The medical students have been both interested and, more often than not, surprised at the issues raised during the board meeting," said Scott Steingard,

D.O., president of the board and a member of the FSMB Board of Directors. "It is our hope that this exposure to the board reminds them about the importance of professionalism in the practice of

medicine. As we tell the students before they leave the meeting, 'We don't want to see you here again!'"

SOMA students spend three of their four years of training in community health care centers located in underserved communities across the country. The school partners with community health centers and other organizations for community campuses in Arizona, Alabama, South Carolina, California, Washington, Ohio, Oregon, New York and Hawaii. In each state, the school has arranged for students to sit in on board meetings.

For more information, contact Dr. Brysacz at sbrysacz@atsu.edu.

New editor of *Journal of Medical Regulation* named



Susan Johnson, M.D., M.S.

The FSMB Editorial Committee recently named Susan R. Johnson, M.D., M.S., to serve as the Editor-in-Chief of the *Journal of Medical Regulation*.

Dr. Johnson, who joined the committee as a member in 2005, has served the medical regulatory community in numerous capacities for many years. Dr. Johnson was a member of the Iowa Board of Medical

Examiners from 2000-2007, serving over the course of her term as Chair of the Probation and Monitoring Subcommittee, Secretary, and as a member of the Executive Committee. She has served on various USMLE and Post-Licensure Assessment System committees, chaired the FSMB 2003 Annual Meeting Reference Committee, and served on the 2004 workgroup that updated the FSMB's policy on sexual boundaries. Additionally, Dr. Johnson has been a member of the National Board of Medical Examiners since 1997 and is currently a member of the NBME's Executive Board, where she has served as Treasurer and is currently

Vice Chair. Dr. Johnson received her M.D. from the University of Iowa. She completed residency training in Obstetrics and Gynecology at the University of Iowa Hospitals and Clinics and then joined the faculty of the Department of Obstetrics and Gynecology, where she is now professor. Dr. Johnson has been an investigator in several NIH-sponsored studies and she is the author of more than 100 publications related to menopause and other clinical topics. She previously served on the editorial board of the major journal in her field, *Obstetrics and Gynecology*, and the publication *Academic Physician and Scientist*.

operate or sell controlled substances and must modify their existing Drug Enforcement Administration (DEA) registrations to include the ability to dispense controlled substances online.

Finally, the Act makes the penalties for violation of the law much more severe. Health care professionals or Internet companies that profit from the operation of rogue Internet pharmacies can face substantial fines and jail time.

When was the Act fully implemented and what's been the impact so far?

The Act was signed into law in October 2008, but it wasn't fully implemented until February 2010. In the 10 months since the Act was implemented, it's had a definite positive impact.

I've heard from one watchdog group that more than 10,000 rogue Internet pharmacies have been shut down this year. I also happened to meet the head of IT for a major hospital who told me the Act has changed how they operate. Anyone who sells drugs online now has certain rules to follow to ensure consumers are protected. I participated in a prescription drug abuse epidemic training conference sponsored by the Bureau of Narcotics Enforcement and they see the Act as a great tool to deal with the abuse of legal drugs.

For the first time, Internet search engines such as Google and Yahoo, and Go Daddy – a leading website registrar – have demonstrated a willingness to get on board with efforts to protect people using online pharmacies. These Internet companies understand that rogue pharmacies are breaking the law and there are now penalties if they knowingly profit from rogue pharmacies.

I also continue to get e-mails from people who say that because of Ryan's law they can't get the drugs they need. I'm a registered nurse and I've worked with pain patients so I understand the need for effective pain management. But I think physicians need to monitor any patient receiving pain medication. If you're not seeing patients in person, how can you be monitoring their medication usage? There is no way to tell if the patient is taking the drugs or if a family member is taking them or reselling them.

What would you like to see happen next to further improve regulation of rogue online pharmacies?

I think we need to address the huge amount of drugs being sold in the U.S. that originate outside the country. Many people are trying to save money by finding a low-cost source for expensive prescriptions, but they may not realize the risks they run by purchasing drugs online. Counterfeit drugs may not be the same strength or could be laced with dangerous ingredients.

There is talk of extending the Act to more than just controlled substances. For example, there are huge online sales of Viagra, Cialis and a number of sleeping pills.

I also think when someone tries to purchase drugs online without a valid prescription it should immediately trigger a pop-up window warning that this activity is illegal. It should also warn that many of these drugs are addictive, and can destroy your life or may cause death when not taken properly. Many Internet chat rooms encourage people, especially teens and children, to experiment with drugs and downplay the risks involved. A clear and intimidating warning could help educate young people and discourage them from purchasing drugs online.

I'm also in favor of a federal prescrip-

tion monitoring program administered by the DEA. Prescription drug abuse is such a huge problem. We need to know who is writing prescriptions, how many drugs are being dispensed and who is getting them. Doctors would be able to monitor their patients in "real time" and would know if the patient had recently gone to other doctors, clinics or emergency rooms to get drugs.

Do you have any suggestions specifically for state medical boards and their licensees?

I'd like to see every physician get on board with this problem by educating their patients more. Patients need to lock up their prescription medication and, when they get better, they need to destroy any medication that's left. By securing these meds it will decrease easy access and help prevent teens from abusing them.

Doing no harm to patients should always be every physician's first priority. Unfortunately, there are a few physicians who are in it for the money. We need to enforce the law and apply strict penalties, including taking the medical license away from physicians who are found guilty of prescribing drugs inappropriately. Doctors need to continue to support the Ryan Haight Act, which protects the sanctity and reputation of the profession. 📧

Journal of Medical Regulation seeks historical articles for FSMB Centennial

To help commemorate the FSMB's Centennial year in 2012, the *Journal of Medical Regulation (JMR)* is seeking manuscripts that highlight and celebrate the history and accomplishments of the FSMB and the important work of state medical and osteopathic boards during the last century. Published continuously since 1915, *JMR* is a quarterly peer-reviewed journal featuring a wide topical range of original articles of interest to state medical boards and organizations and individuals interested in medical licensing and regulation. Please send manuscripts and queries to editor@fsmb.org. 📧





FSMB's 2011 Annual Meeting **April 28-30, Seattle, Washington**

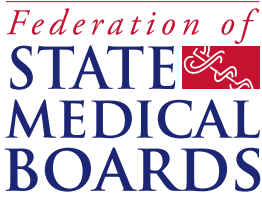
Please mark your calendar for the 99th Annual Meeting of the Federation of State Medical Boards, which is scheduled for April 28-30 at the Sheraton Seattle Hotel in downtown Seattle. You can make hotel reservations online at discounted conference rates by visiting www.fsmb.org. Please reference the FSMB Annual Meeting when booking your reservations to secure the conference rate. The number of discounted rooms available is limited, so please make your reservations early. The reservation cutoff date is April 4, 2011.



Calendar of Events

- Jan. 10, 2011:** FSMB Impaired Physicians Workgroup Meeting, Eules, Texas
- Jan. 13, 2011:** FSMB Roundtable Conference Call, 2-3 p.m. CST
- Jan. 25, 2011:** USMLE Composite Committee Meeting, Fort Worth, Texas
- Jan. 30, 2011:** FSMB Nominating Committee Meeting, Eules, Texas
- Feb. 9-12, 2011:** FSMB Board of Directors Meeting, La Jolla, Calif.
- April 28-30, 2011:** FSMB Annual Meeting, Seattle, Wash.

Please send your questions, comments and article ideas to: Drew Carlson, *FSMB Newsliner*, 400 Fuller Wiser Rd., Suite 300, Eules, TX, 76039, dcarlson@fsmb.org, (817) 868-4043. Visit the FSMB's website at www.fsmb.org.



Federation of State Medical Boards
400 Fuller Wiser Rd.
Suite 300
Eules, TX 76039

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