Newsline

Federation of State Medical Boards of the United States, Inc. May/June/July 2011

Momentum Building in Uniform Application Initiative

Interest in the FSMB's Uniform Application for State Physician Licensure (UA) continues to grow among state medical and osteopathic boards. Pressure to make the licensing process more convenient for applicants is, in part, driving the interest, along with a desire to improve staff productivity by streamlining the licensing process.

"Large and small states have expressed interest, from Texas and New York to Guam and Rhode Island," said Ingo Hagemann, FSMB UA Director.

To date, 39 state boards are engaged in the UA program in some manner, more than half of FSMB's 70 member boards. Fourteen boards currently use the UA, eight are actively working with the FSMB to develop a state-specific addendum to the UA, and 17 boards are assessing the benefits of the UA for their licensing operation. As of May 31, nearly 20,000 physicians had successfully submitted their application for licensure using the UA.

The UA is a Web-based application designed to standardize, simplify, streamline and improve processing times for state medical and osteopathic boards' licensure applications. Since each state board has unique questions and requirements of license applicants, the UA includes a state-specific addendum that boards can use to customize the application.

User feedback drives enhancements

Recently, the FSMB created a new UA service unit to support current UA users and boards considering the UA. In addition, the unit evaluates user suggestions for enhancements to determine the potential value and benefits for all boards.

"Our goal is to quickly put into production and implement suggested enhancements that can benefit a large number of boards," Hagemann said.

The UA team worked directly with board executives during the FSMB Annual Meeting to gather feedback and suggestions. In addition, user satisfaction is monitored regularly by UA staff and through regular follow-ups with boards that have implemented the application.

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"The wider the adoption of the UA, the more feedback we receive, enabling us to increase the benefits of the UA for boards and physicians," Hagemann said.

Recent enhancements to the UA

In recent months, FSMB has implemented several enhancements to the UA. These include:

- **UA Web Service:** This service enables fully automated transfer of applicant data from the FSMB database to state board databases. When a board's licensing staff logs on to the UA Web Service, data is automatically pulled into the UA, making manual data entry obsolete.

- **Licensing software:** To further enhance the usage of the UA, FSMB teams are developing means to integrate the UA with licensing software currently used by state boards.

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Maine Medical Board Adds Exam Requirement for License Renewal

The Maine Board of Licensure in Medicine now requires all active licensees seeking renewal to take and pass an exam on the rules, policies and laws related to the practice of medicine in that state. Appropriate review materials are provided for the open-book exam, which consists of 30 questions and can be taken online or on paper via mail.

"Our intent is to use the exam as an information dissemination device," said Randal Manning, M.B.A., Executive Director of the Maine Board of Licensure in Medicine and a member of the FSMB Board of Directors. "The exam reflects information the board feels important for renewing licensees to understand regarding the board's expectation of their performance."

A step toward ensuring continued competence

New applicants for a license to practice medicine have long been required to pass an exam covering rules, policies and laws governing the practice of medicine. For many years, applicants were required to travel to the board to take an oral exam. To make it more convenient for applicants, the board moved to a written exam 12 years ago. Approximately 80 pages of review materials were provided to applicants for study prior to and reference during the open-book exam.

"Applicants reported significant educational value in the experience," Manning said. "It became clear by the nature of complaints we received that there was an educational need among current licensees."

According to Manning, complaints in recent years regarding prescribing practices and inappropriate boundaries have demonstrated a lack of understanding among some licensees of laws that are critically important to the medical profession. The board wanted to find an avenue to refresh knowledge and awareness of these requirements during the license renewal process.

The new exam requirement is fully aligned with the concept of Maintenance of Licensure, specifically that ongoing demonstration of competence should be

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New Policy on Physician Impairment Promotes Stakeholder Collaboration

At the 2011 Annual Meeting, the FSMB House of Delegates adopted an updated "Policy on Physician Impairment" that provides guidance to state medical and osteopathic boards for including physician health programs (PHPs) as part of their efforts to protect the public. Based on current best practices, the policy offers a vision for boards and PHPs to effectively assist impaired licensees and licensees with potentially impairing illnesses.

"The policy was conceptualized and written with excellent participation and cooperation between the FSMB and the Federation of State Physician Health Programs (FSPHP) representatives serving on the workgroup committee," said James Bolton, Ph.D., chair of the FSMB Impaired Physician workgroup.

"Both parties combined their interests and knowledge to produce a policy that functions within the legislated authority of state medical boards while recognizing the value of practicing a cooperative relationship between both agencies," he said.

New policy versus the 1995 policy

The 2011 Policy on Physician Impairment supersedes the 1995 "Report of the Ad Hoc Committee on Physician Impairment," which offered medical and osteopathic boards strategies for the regulation and management of impaired physicians. Among the updates and revisions to the 1995 policy, the new policy:

- Underscores the regulatory authority of state boards and provides guidance for including PHPs in their work with impaired physicians.
- Introduces the concept of potentially impairing addiction illnesses.
- Presents up-to-date, evidence-based physician impairment policies and practices.
- Expands the list and definition of terms associated with physician impairment.
- Presents a new impairment model program with expanded goals, including prevention, diagnosis, treatment, appropriate legal intervention, follow up evaluation and re-entry support.

"The Model Physician Health Program included in the new policy, along with guidelines adopted by the FSPHP, can serve as resources for boards in selecting and evaluating any particular PHP," Dr. Bolton said.

Drawing on expertise and research

In June 2010, FSMB Chair Freda McKissic Bush, M.D., established a workgroup to review the 1995 physician impairment policy and determine areas in need of revision. Among the areas that the workgroup considered were definition of terms, types of impairment, elements of an effective PHP, the value of PHPs, criteria for evaluating PHPs, regulatory issues involved in effectively utilizing a PHP, and education on physician impairment and potentially impairing illnesses to enhance public protection.

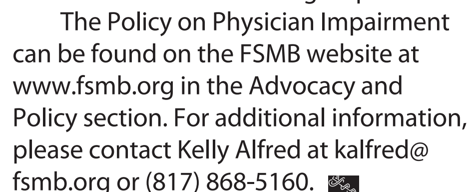
The workgroup drew on their own expertise and research to develop a policy that reflects best policies and practices, and presents the best possible ways for boards and PHPs to help impaired physicians while at the same time protecting the public. The policy was developed and written over several months beginning in the second half of 2010, and approved by the FSMB House of Delegates in April 2011.

Workgroup members included:

James A. Bolton, Ph.D., Chair
Michael R. Arambula, M.D., Pharm.D
Keith H. Berge, M.D.
Richard D. Fantozzi, M.D.
P. Bradley Hall, M.D.
Dianna D. Hegeduis, Esq.
Warren Pendergast, M.D.
Judy S. Rivenbark, M.D.
William Roeder, J.D.
Scott A. Steingard, D.O.

Gary D. Carr, M.D., and Norman T. Reynolds, M.D., Workgroup Vice-Chair, served as consultants to the workgroup. FSMB staff member Kelly C. Alfred served as staff liaison for the workgroup.

The Policy on Physician Impairment can be found on the FSMB website at www.fsmb.org in the Advocacy and Policy section. For additional information, please contact Kelly Alfred at kalfred@fsmb.org or (817) 868-5160.



Uniform Application Initiative

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- **Integrating UA with FCVS:** Work is underway to maximize the synergies between the UA and the recently revamped Federation Credentials Verification Service (FCVS), which provides a permanent repository of primary-source verified credentials for physicians and physician assistants. When an FCVS user utilizes the UA, FCVS data auto-populates more than 70 percent of the core UA application, saving physicians and physician assistants significant time during the application process.

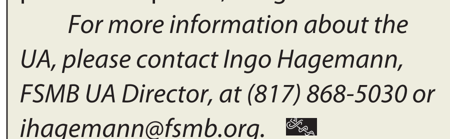
- **New UA service unit:** This dedicated team of staff supports current UA users, boards in the process of implementing the UA, and state boards considering the UA. In addition, the unit evaluates user suggestions for enhancements to determine the potential value and benefits for all boards.

The UA: A step toward license portability

The UA facilitates a standardized approach to medical licensure, which is an important step toward license portability across states. Currently, the FSMB is in the second year of a license portability project funded by a federal grant.

"The FSMB is collaborating with Administrators in Medicine (AIM) and other strategic partners to make it more convenient, less redundant and, therefore, more efficient for physicians to get licensed in different states while ensuring boards can properly monitor and screen applicants and protect the public," Hagemann said.

For more information about the UA, please contact Ingo Hagemann, FSMB UA Director, at (817) 868-5030 or ihagemann@fsmb.org.



Update on Buprenorphine Drug Products

The FSMB was recently asked by several of its member boards to clarify the appropriate prescribing by physicians of certain buprenorphine-containing drug products.

Currently, there are four different buprenorphine drug delivery systems available in the United States.[1] However, unlike most other groups of drug products that contain the same drug substance, there are significant differences in the indications for these individual products and, based on federal statute and regulation, restrictions on who can lawfully prescribe some of them for certain indications. States may also have further restrictions on which health care professionals can prescribe these various products. This article will clarify the similarities and differences among these products.

The buprenorphine drug products that are currently approved for clinical use by FDA, along with their corresponding indications and initial approval dates, are listed below. They are all classified by the Drug Enforcement Administration (DEA) in Schedule III ("CIII") under the federal Controlled Substances Act.[2]

The Drug Addiction Treatment Act of 2000 (DATA) codified at 21 U.S.C. 823(g), limits the use of certain buprenorphine-containing drug products for the maintenance or detoxification treatment of opioid dependence (i.e., opioid addiction) to physicians who a) meet certain qualifying requirements and b) have notified the Secretary of Health and Human Services (HHS) of their intent to prescribe the products for the management of opioid dependence. HHS processes the notification and contacts DEA. Once the waiver is approved, HHS notifies the physician that they have a waiver under DATA and informs them of their modified DEA registration number (the so-called "X" number).[7] At present, the only products that meet the criteria in DATA are the sublingual tablets and film (rows 2 and 3 in the table). It is important to note that for the prescription of these sublingual products, the federal Substance Abuse and Mental Health Services Administration interprets the word physicians literally, precluding the prescription of these products by any other type of health care professional for the management of opioid dependence.[8] The federal law and regulations do not address the off-label use of these products (e.g., prescribing sublingual tablets for the management of pain).

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Formulation Type	Brand (proprietary) Name	FDA-Approved Indication	Approval Date
Parenteral	Buprenex®, and generics	Relief of moderate to severe pain[3]	December 29, 1981
Sublingual Tablets	Suboxone® Subutex®, and generics	Treatment of opioid dependence[4]	October 8, 2002
Sublingual Film	Suboxone®	Maintenance treatment of opioid dependence[5]	August 30, 2010
Transdermal Delivery System	Butrans®	Management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time[6]	June 30, 2010

The other buprenorphine products (injectable and transdermal formulations) are approved for analgesic use *only* and are **not** approved by FDA for maintenance or treatment of opioid dependence, so the provisions of DATA *do not affect their legal status or use*.[9] Thus, a physician who does not have a DATA waiver or a non-physician health care professional–if they have both federal and state authority to prescribe CIII products–can prescribe either of these analgesic formulations containing buprenorphine.

In promulgating policies and guidances, it is important for policymakers to be cognizant of the differences in indications, formulations and legal framework related to these products to avoid confusion among licensees and to promote optimal care of the public.

1 http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm
2 http://www.justice.gov/dea/pubs/scheduling.html
3 http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=5889&CFID=42676267&CFTOKEN=a268a6a8a2a17ef7-DA8FEFF4-C883-1DC8-8BE92B3FA561BAA2&jsessionid=ca30c8f72877741474c3
4 http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=7840&CFID=42676267&CFTOKEN=a268a6a8a2a17ef7-DA8FEFF4-C883-1DC8-8BE92B3FA561BAA2&jsessionid=ca30c8f72877741474c3
5 http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=23815
6 http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=40386&CFID=42676267&CFTOKEN=a268a6a8a2a17ef7-DA8FEFF4-C883-1DC8-8BE92B3FA561BAA2&jsessionid=ca30c8f72877741474c3
7 http://buprenorphine.samhsa.gov/faq.html#A15 For Physicians, Question #2
8 http://buprenorphine.samhsa.gov/faq.html#A15 General Information, Question #1
9 http://buprenorphine.samhsa.gov/faq.html#A15 For Physicians, Question #1

Maine Medical Board Adds Exam Requirement – *continued from page one*

a condition of medical licensure renewal. This concept was formally adopted as policy by the nation's state medical and osteopathic boards in 2004.

Implementing the exam requirement

The exam and review materials for new applicants were reworked over a two-year period to fit the license renewal process. The review materials were condensed to 40 pages. Still open book in format and consisting of 30 questions, the exam is available online to support the board's online license renewal process. Answers to incorrect responses are immediately available online to enhance the learning experience.

"We also make the exam available on paper by request to those without Internet access or who are uncomfortable taking it online," Manning said.

Physicians whose licenses expired at the end of May 2011 were the first required to take the exam. The board will require all physicians seeking license renewal in the next two years to take the exam.

"After that, we will likely suspend the requirement for a renewal cycle so that physicians take the exam once every four years. During that time, we'll rework and enhance the exam based on feedback we receive," Manning said.

Surprisingly little post-exam criticism

Licensees were somewhat critical of the board when the new exam requirement was announced, calling it more bureaucracy. However, after taking the exam, feedback was more positive.

"A new requirement always creates concern. But there was surprisingly little post-exam criticism, especially when we remind physicians that new applicants take the exam," Manning said.

Manning reports there are no other new requirements the board is contemplating for license renewal.

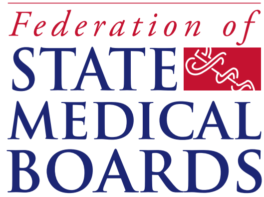
"Instituting new license renewal requirements has a significant impact on physicians. It is not something we undertake lightly," he said.

More information on the exam requirement for license renewal in Maine is available on the board's website at www.docboard.org/me/me_home.htm or by contacting Randal Manning at (202) 287-3605 or by email at randal.c.manning@maine.gov.

Calendar of Events

Aug. 11, 2011: FSMB Roundtable Conference Call, 2-3 p.m. Central Time
Aug. 19, 2011: FSMB Nominating Committee teleconference
Sept. 26, 2011: FSMB Bylaws Committee teleconference
Dec 5-6, 2011: FSMB Board of Directors Meeting, Philadelphia
Dec 6, 2011: FSMB/NBME Bi-lateral Board Meeting, Philadelphia
Dec. 7, 2011: ECFMG/NBME/FSMB Trilateral Board Meeting, Philadelphia
Jan. 28, 2012: FSMB Nominating Committee Meeting, Euless, Texas

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



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