

# Newsline

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



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## Prescription Monitoring Program Activities Increase Nationally

States continue to implement and enhance Prescription Monitoring Programs (PMPs) to address the growing nationwide problem of prescription drug abuse. The programs have proven to be a valuable tool for state medical boards and physicians in their efforts to protect legitimate medical uses of controlled substances for pain management while minimizing opportunities for drug diversion and abuse.

Most states have taken steps toward implementing a PMP. Recent developments include:

- Passage of a new law in Florida in June establishing a PMP and enabling greater regulation of pain clinics, making it the 39th state to enact legislation requiring a PMP.



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*– Mike Rodman,  
Assistant Executive Director, Kentucky  
Board of Medical Licensure*

six border states, making it easier for physicians to more effectively recognize cases of “doctor shopping” drug seekers.

- Congressional approval in March of funding for the National All Schedules Prescription Electronic Reporting Act (NASPER) for the first time since the law was enacted in 2005.

### Florida PMP Legislation

As one of the 12 states without a PMP, Florida became a magnet for individuals involved in prescription drug abuse across the eastern United States. Freestanding pain clinics, which were able to operate with little oversight by accepting only cash, facilitated widespread

drug diversion.

This growing problem prompted the recent near unanimous passage by the Florida legislature of the law requiring a PMP. The law also requires certain pain management clinics to register with the Department of Health and be subject to annual inspections or be nationally certified.

“We consider the new law a big step forward for patient safety,” said Larry McPherson, executive director of the Florida Board of Medicine. “However, the big challenge lies in implementing the bill.”

...continued on page 2

## Alternate Members Help Boards Better Manage Case Workloads

Scheduling constraints and potential conflicts of interest can make it difficult for state medical boards to convene board panels in a timely manner with the required number of members. The Wyoming Board of Medicine and the Iowa Board of Medicine have recently taken steps to enable alternate members to serve on hearing panels for disciplinary cases when regular board members are unavailable or unable to serve.

### Wyoming: Appointing alternate members on a case-by-case basis

In March 2009, the Wyoming legislature passed a bill containing several provisions modifying the Medical Practice Act. Among them is a statute that permits the board president to submit a written request to the governor for the appointment of one or more temporary board members for the sole purpose of hearing a specifically named disciplinary case. Only former members of the board are eligible for temporary appointment.

“Wyoming is a small state; about 1,000 physicians practice here and everyone knows everyone,” said Kevin Bohnenblust, J.D., executive director of the Wyoming Board of Medicine. “There’s a very reasonable chance that we might be unable to raise a quorum to hear a disciplinary case and until this law was passed, we had no clear-cut way to deal with that possibility.”

Limiting eligibility for temporary board members to former board members helps streamline the approval process. The governor can appoint temporary board members without state senate approval because all former board members gained senate confirmation at the time of their appointment. In addition, former members are familiar with the board’s processes, which enables them to get up to speed quickly.

“We haven’t had to seek appointment of an alternate member yet, but I can foresee cases later this summer that may require us to do so,” said Bohnenblust.

...continued on page 3

### Inside this Issue:

Page 2: FCVS Enhancements

Page 3: FDA Shares LASIK Info

Page 4: USMLE Seeks Physician Board Members

- An announcement by Colorado in April of the availability of its electronic PMP, making it one of the 32 states to have an operational PMP, according to the Drug Enforcement Administration.
- The addition by Kentucky on its PMP website of links to the PMP sites for

## Prescription Monitoring Programs – continued from page 1

The Florida Office of Drug Control is working to obtain non-state funding to implement the PMP, as the law requires. The Florida Boards of Medicine and Osteopathic Medicine are planning public meetings to develop rules for regulating the practice of physicians in pain clinics.

### Enhancing a well-established PMP in Kentucky

The Kentucky All Schedule Prescription Electronic Reporting system (KASPER) has been operational since 1999 and was one of the first state PMPs to convert to a self-service, Web-based system. Approximately 2,000 reports are generated each day by KASPER and 94 percent of those reports are generated for physicians.

“Physicians love the system – they can pull reports to make sure a drug is being used as intended and discuss usage patterns with their patients,” said Dave Sallengs, branch manager

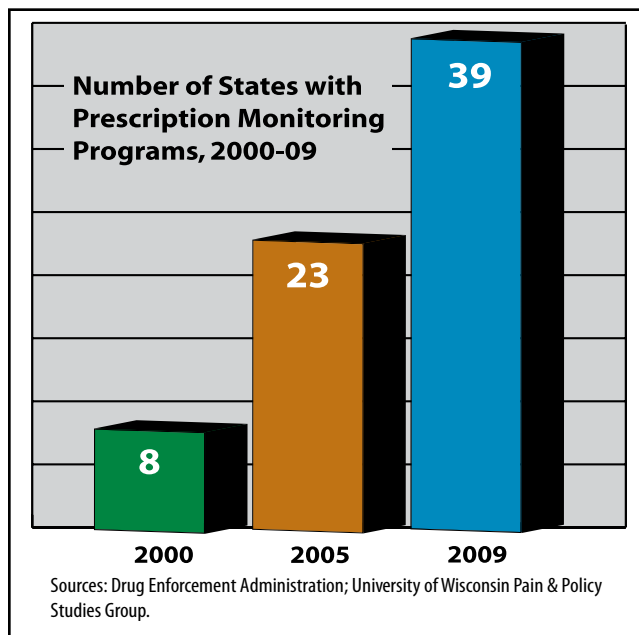
for Drug Enforcement and Professional Practice, which has oversight responsibility for KASPER.

Sallengs estimates that of the nearly 1,900 KASPER reports pulled by physicians daily, only 10 percent are cases of suspected prescription drug abuse. Instead, physicians are using the reports

as a matter of due diligence in the evaluation and periodic review of patients being treated with controlled substances. The Kentucky Board of Medical Licensure cited KASPER reports in its *Opinion Regarding the Use of Controlled Substances in Pain Treatment* as a tool that physicians should use in evaluating patients and reviewing their treatment plans.

“KASPER is one of the best tools physicians have to combat doctor shopping and protect patient safety, and it’s been a tremendous help to the board in conducting timely investigations,” said Mike Rodman, assistant executive director of the Kentucky Board of Medical Licensure.

As part of its ongoing efforts to enhance KASPER, the Office of Drug Enforcement and Professional Practice is working with the state of Ohio to test live sharing of PMP data by year-end. The test is part of broader effort to establish standards for transmitting PMP data between states via a shared hub server.



## FCVS Introduces Enhancements to Increase Efficiencies and Improve User Interface

The Federation Credentials Verification Service (FCVS) recently introduced new product and service enhancements intended to decrease credentials verification processing times and enhance the user experience.

### GMEConnect

In May, FCVS released GMEConnect, which is designed to increase the speed and efficiency of graduate medical education (GME) credentialing verifications. GME program directors can now submit participant verification in a secure, Web-based environment, eliminating the need to mail forms. The password-protected service also offers greater security in the transfer of verification documents. During a one-year period of beta-testing



of GMEConnect, FCVS saw reductions of 12 percent in the average processing times for institutions using the service.

“We received a great deal of positive feedback from programs who have signed up for the service,” said Tracy Bevers, manager of FCVS. “Programs are finding

the service to be a time-saver for staff and are pleased with the efficiencies the service provides.”

### Enhanced FCVS Application

In July, FCVS released an enhanced online application designed to improve the applicant experience by enhancing the look and feel of the application while employing auto-data validation functionalities. The enhanced application will auto-populate certain data elements currently housed within the FCVS database, making the ap-

plication process less time-consuming.

In addition, the application performs data-validation functions behind the interface, preventing applicants from performing data entry errors such as a graduation date that is earlier than a birth date.

“By ensuring application data is as accurate as possible at the point of data entry, we can process files more efficiently, which translates into reduced processing times,” said Kevin Caldwell, senior director of FCVS. “We are very excited to implement these enhancements knowing we will be better positioned to meet the future needs of our member boards and applicants.”

In conjunction with these technological enhancements, FCVS also has implemented a revised electronic evaluation survey to be completed by applicants after the initial application process. The evaluation

...continued on page 4

## FDA Seeks to Share Information on LASIK with Medical Boards

The Food and Drug Administration’s Center for Devices and Radiological Health seeks to open communication channels between the FDA, clinicians, patients and state medical boards regarding issues related to laser-assisted in-situ keratomileusis (LASIK) procedures.

In April 2008, the FDA convened an advisory panel of outside experts to discuss patient experiences after LASIK procedures. The committee identified the following issues from public comments made at the meeting and submitted to a docket:

- Potential under-reporting of severe problems such as halos, glare, night vision and dry eye post-LASIK;
- Inadequate quality and availability of post-surgery patient follow-up;
- Inappropriate guarantees and effectiveness claims made in advertisements by certain LASIK practitioners;
- Inadequate practice of informed consent regarding likely side effects or the possibility of retreatment;
- Inadequate screening processes and patient selection criteria.

“We believe there are approximately 700,000 LASIK procedures performed each year, so even a small percentage of patients experiencing issues represents a large number of people,” said Eva Rorer, M.D., chief ophthalmic medical officer of FDA’s Division of Ophthalmic, Neurologic, and ENT Devices.

### Outreach to clinicians

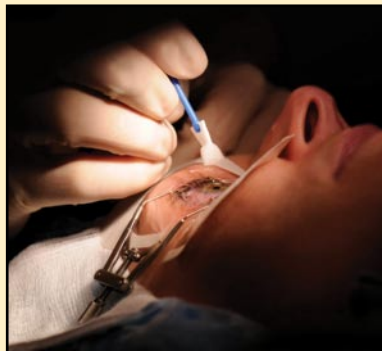
In response to these issues, the FDA sent a letter earlier this year to eye care professionals about issues related to advertising and promotion of LASIK. The American Academy of Ophthalmology, the American Society of Cataract and Refractive Surgery, the American Optometric Association, and the Optometric Council on Refractive Technology disseminated the letter to their members on behalf of the agency.

LASIK-related information has also been updated in SightNet, a program used by health care professionals at participating facilities to share concerns about ophthalmic medical devices with the FDA.

In addition, the FDA and the American Academy of Ophthalmology developed a patient information card that physicians can fill out with a patient’s eye measurements before a LASIK procedure. Patients can keep this card for use in the event of future cataract surgery.

### Outreach to patients

The FDA has made it easier for patients and clinicians to report problems related to a LASIK procedure to Med-



Watch, FDA’s voluntary adverse-event reporting program, by adding a link to the FDA’s LASIK website at [www.fda.gov/cdrh/lasik](http://www.fda.gov/cdrh/lasik).

Also, the online public docket for LASIK remains open for people to post comments or concerns. Postings are reviewed by FDA staff on a regular basis.

The docket can be found at [www.regulations.gov](http://www.regulations.gov) by typing the keyword “LASIK” into the search block.

### Outreach to state medical boards

“The FDA and state medical boards share a mission to protect public health,” said Dr. Rorer. “In addition to taking enforcement actions as appropriate, we would like to encourage state medical boards to share with their licensees the LASIK-related issues we’ve identified.”

The latest information related to LASIK is available on the FDA’s LASIK website. State medical boards are also encouraged to share relevant information on LASIK procedures with the FDA by contacting Dr. Jim Saviola, ophthalmic and ENT network leader, at (301) 796-5432 or [james.saviola@fda.hhs.gov](mailto:james.saviola@fda.hhs.gov).

## Iowa: Creating a pool of alternate members

The Iowa legislature passed a law in 2008 allowing the medical board to have a pool of up to 10 alternate members to substitute for board members on hearing panels. Alternate members may be physicians or members of the public and must be approved by the governor and state senate. Individuals may serve in the pool for up to nine years.

“While hearing panels must have at least three members under Iowa law, we always try to have a quorum or a six-member hearing panel as it greatly reduces the appeals process,” said Mark Bowden, executive director of the Iowa Board of Medicine. “We were finding it increasingly difficult to seat six-member panels.”

The board has proposed nine individuals to the governor’s office for the pool. Three have been approved to-date and all happen to be former board members. Two of the alternate members have successfully served on three panels this year and another is scheduled to serve on a panel in July.

“Our alternate members did an exceptional job,” said Bowden. “They were prepared, engaged and made it a seamless experience for everyone involved.”

According to Bowden, having a pool of alternate members not only improves the board’s flexibility and efficiency. It also enables the board to engage individuals who are interested in serving the public but might not be able to commit to a more time-intensive role.

### For More Information about Alternate Members


For more information about the laws and processes related to alternate board members in Wyoming and Iowa, please contact Kevin Bohnenblust at [kbohne@state.wy.us](mailto:kbohne@state.wy.us) and Mark Bowden at [mark.bowden@iowa.gov](mailto:mark.bowden@iowa.gov). To reference the specific statutes enacted in those states, please see:

- Subsection (f) of Wyoming Statute 33-26-201
- Chapter 148.2A of Code of Iowa

## USMLE Seeks Physician Members of Boards to Serve on Test Development Committees

The United States Medical Licensing Examination® (USMLE®) seeks potential candidates to serve on USMLE test development committees and/or other related USMLE activities. The USMLE relies upon the work of nearly 300 physician and clinician volunteers in developing and maintaining this national examination. This “national faculty” draws upon physicians and clinicians from multiple backgrounds, including medical licensing boards, academia and private practice. Physicians wishing to learn more about the USMLE should inquire about the

annual item-writing workshop for state medical board members hosted by the FSMB. The next workshop is scheduled for spring 2010.


Because state medical boards are the primary users of USMLE scores, it is important that physicians with experience on state medical boards continue to offer their expertise to the program. For more information, contact David Johnson, M.A., vice president for Assessment Services, at [djohnson@fsmb.org](mailto:djohnson@fsmb.org) or (817) 868-4081. For more information about the USMLE, visit [www.usmle.org](http://www.usmle.org). 

### FCVS Enhancements – continued from page 2

will provide additional data regarding user satisfaction and serve as an indicator of where future service-oriented enhancements may be warranted.

“Greater insight into the experiences of our users will allow us to identify ways in which we can make future improvements,” said Deborah Reed, manager of FCVS.

The FSMB continues its commitment to making additional improvements to the FCVS product to ensure a high level of efficiency, effectiveness and user satisfaction. As a part of this initiative, FSMB is working closely with the Administrators in Medicine organization and other user groups to gather information regarding the credentialing and technological needs of state medical boards.

For more information, please contact Kevin Caldwell at [kcaldwell@fcvs.org](mailto:kcaldwell@fcvs.org) or (817) 868-5001 or visit [www.fsmb.org](http://www.fsmb.org). 

### Upcoming Events

**Sept. 24-25, 2009:** AIM Eastern and Southern Regional Meeting, Charleston, W.Va.

**Oct. 8-9, 2009:** AIM Western and Central Regional Meeting, Omaha, Neb.


**Oct. 8-10, 2009:** FSMB Board of Directors Meeting, Naples, Fla.

**Oct. 30, 2009:** FSMB Bylaws Committee Meeting, Washington, D.C.

**Nov. 5-6, 2009:** 2009 AIM Institute Physician Licensing, Profiles and Technology Workshops, Boston, Mass.

**Nov. 12-13, 2009:** FSMB Board Attorneys Workshop, Las Vegas, Nev.

**April 21, 2010:** AIM Annual Meeting, Chicago, Ill.

**April 22-24, 2010:** FSMB Annual Meeting, Chicago, Ill. 



Please send your questions, comments and article ideas to: Drew Carlson, *FSMB Newsline*, P.O. Box 619850, Dallas, Texas 75261, [dcarlson@fsmb.org](mailto:dcarlson@fsmb.org), (817) 868-4043. Visit the FSMB's website at [www.fsmb.org](http://www.fsmb.org).

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