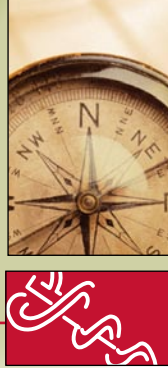


Newsline

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



Sept./Oct. 2008

Ohio Educational Outreach Program Opens Board Proceedings to First-Year Medical Students

This fall, the State Medical Board of Ohio and the Ohio University College of Osteopathic Medicine (OU-COM) began the second year of their collaborative effort to educate first-year medical students on the responsibilities of licensure and the role of the medical board. Entitled *Partners in Professionalism*, the program uses an experiential format to instill a sense of personal and professional ethics in medical students and make them aware of problematic behaviors that could put their future careers at risk.

"I believe it serves the medical profession as well as the general public for medical boards to form a relationship

within the existing OU-COM Clinical and Community Experiences (CCE) program in fall 2007. First-year medical students spend 50 to 100 hours in structured clinical and community settings as part of the CCE program.

"Observing disciplinary procedures at a board meeting firsthand has proven to be a very valuable experience for our students."

"A program that addresses professionalism, ethics and the laws and regulatory bodies governing the practice of medicine fits well with our CCE program," said Dr. Brose. "Observing disciplinary procedures at a board meeting firsthand has proven to be a very valuable experience for our students."

Following an interactive session in August explaining the regulatory environment and the role of medical boards, students were scheduled to attend one monthly board meeting in groups of 10 to 20. Prior to the meeting, students reviewed an outline of scheduled activities for the meeting and attended a videoconference with board staff to explain specific topics on the agenda.

Because the Ohio board deliberates in public session, students were able to sit in the board meeting and observe actions addressing eligibility for licensure issues, suspension of licenses, revocation of licenses, settlement agreements, licensees on probation and other matters. Firsthand observation puts a personal face on the physicians appearing before the board and on board members as they wrestle with tough issues.

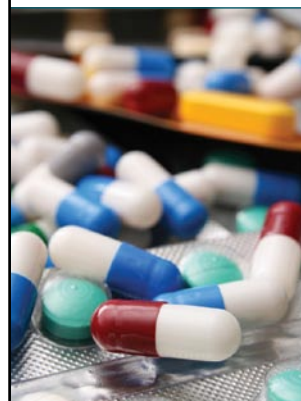
"We've had many unscripted teaching moments at board meetings," Whitehouse said. "Individuals appearing before the board address the students

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New Study Finds Little Evidence of Physician Sanctions for Prescribing Pain Medications

A new study suggests physician concerns over publicized prosecutions for prescribing pain medications are disproportionate to actual numbers of legal and regulatory actions. The study, conducted by the FSMB, the National Association of Attorneys General (NAAG) and the Center for Practical Bioethics, was published in the Sept. 9, 2008, edition of the journal *Pain Medicine*.

According to its authors, the study is the most comprehensive and systematic attempt to gather information on the



numbers and types of physicians who actually have been tried and convicted for offenses involving improper prescribing or handling of

controlled-substance pain medications. The study incorporated data and records from 1998 to 2006, including disciplinary data from state medical boards. Findings included:

- 725 physicians were identified as having been prosecuted or sanctioned for such violations during the eight-year time frame, or only about 0.1 percent of nearly 700,000 practicing patient care physicians in the United States.
- Only a small percentage of the actions brought (10.1 percent) by state medical boards involved prescribing to addicts or endangering addiction. Most of the 545 doctors sanctioned by state medical boards instead were charged with misprescribing, violating accepted standards of care or sloppy record-keeping.
- Among the 725 physicians

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with medical students at the start of their careers," said Richard Whitehouse, J.D., executive director of the State Medical Board of Ohio. "Educational outreach programs that seek to address behaviors that can result in adverse outcomes are best approached before there are opportunities for patient harm."

Unscripted Teaching Moments Hit Home

Partners in Professionalism was conceived by Whitehouse and Jack Brose, D.O., dean of OU-COM, and launched

Sixth Summit Continues Progress of Physician Accountability for Physician Competence Initiative

Participants at the sixth Physician Accountability for Physician Competence (PAPC) Summit in July in Baltimore, Md., continued the national dialogue on how the health care community will define, measure and assure the public concerning physician competence over the career of the physician.

Initiated by the FSMB in March 2005, the summits have included more than 70 organizations from across the health care continuum. Participants include representatives from medical licensure authorities, certifying bodies, accreditation organizations, physician groups, hospitals, payers and the public.

"The summits offer a rare opportunity for participants from all segments of the health care community to come together and discuss common interests regarding assuring physician competence," said Carol Clothier, vice president of Strategic and Physician Competence Initiatives for the FSMB. "The level of engagement by participants in this ongoing conversation has been extraordinary."

At the latest summit, tangible progress was made in advancing specific products, including *Guide to Good Medical Practice – USA*, a document describing the desirable characteristics of competent physicians licensed to practice medicine in the United States. In addition, significant progress was made in developing the infrastructure needed to support a National Alliance for Physician Competence, which would offer a formal mechanism for continuing the conversations that have occurred during the summits.

Guide to Good Medical Practice – USA Document Approved

Writing of *Good Medical Practice – USA* began at the third PAPC summit in Philadelphia in June 2006, and has since involved dozens of individuals from many organizations across the medical education and practice



The PAPC Summit participants included (left to right) Patty Skolnik, Colorado Citizens for Accountability; Ed Susank, AARP; Ajit Sachdeva, M.D., American College of Surgeons; Carol Aschenbrener, M.D., Association of American Medical Colleges; and Clara Adams-Ender, R.N., Virginia Board of Medicine.

communities. In considering version 1.0 of the document at the July summit in Baltimore, participants agreed that the intent of the document is not to set the standard for how competence is defined and measured, but rather to provide common language and a common framework for how organizations responsible for educating, training and regulating physicians think about competence.

The working title of the document was changed to *Guide to Good Medical Practice – USA*. As its framework, the document uses the six core competences developed by the Accreditation Council for Graduate Medical Education and embraced by the American Board of Medical Specialties. At the end of the summit, Version 1.0 of *Guide to Good Medical Practice – USA* was approved for broad dissemination in fall 2008.

"The publication of *Guide to Good Medical Practice – USA* is an important step forward," said Robert Rhodes, M.D., associate executive director of the American Board of Surgery. "It represents a tangible, physician-led effort to describe standards for education and practice and it has the support of representatives from a broad array of physician and patient groups. Now the hard work of agreeing on standards lies ahead."

Added Frederick Finelli, M.D., J.D., chair of the District of Columbia Board of Medicine: "The *Good Medical Practice* document is something that has been needed by medical boards and other

regulators for a long time. It sets out how doctors should perform – not only in school but throughout their careers. There's been a real void for people like me in medical regulation for a consensus document like this."

In conjunction with this effort, preliminary work began at the summit on a document describing the system conditions that must exist in order for physicians to provide good medical care. This "conditions" document is positioned as a possible

appendix to *Guide to Good Medical Practice – USA*.

"The new work streams that emerged at the summit are a perfect example of how dialogue can focus the attention of participants on areas of need," said Edward Susank of the AARP Virginia Chapter. "The PAPC effort needs to continue so that its profile can expand and health care quality continues to be discussed and quantified."

Summit Recognizes Dynamic Nature of Physician Competence

Another new work stream that emerged at the latest summit is an effort to summarize the patterns of change taking place in how the medical profession views competence. A first draft of this document was created at the summit. Participants agreed that when finalized, this "shift" document could be commissioned for publication in a national medical journal.

"For the PAPC effort, the shift document is an attempt to describe the change that seems to be occurring in how the profession thinks about competence in response to evolving societal and professional expectations," said Clothier. "Identifying and describing these shifts and, more importantly, understanding their implications, will help stimulate dialogue about the roles and responsibilities of medical professional organizations in the future."

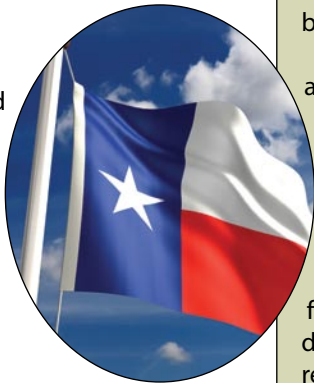
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Texas Medical Board Solicits Stakeholder Input in Town Hall Meetings

In an effort to inform its stakeholders and improve its processes, the Texas Medical Board held a series of 13 town hall meetings with medical professionals and members of the public in cities across Texas this past summer. After the last scheduled meeting in mid-September, the board will review a summary of key findings from the meetings as well as recommended plans of action.

"At this point we are focused on gathering information on ways we can better accomplish our mission of protecting the public," said Mari Robinson, acting interim executive director for the Texas Medical Board. "At the same time, we're using the meetings to educate people on the roles and rules of the board."

The idea for a series of town hall meetings originated in April 2008 when members of the Texas Medical Board appeared before a legislative subcommittee to report on improvements made to its disciplinary processes. At that time, a state representative suggested the board hold a meeting in his district to educate constituents on the board's mission and processes. In response to this suggestion, the board decided to hold community meetings throughout the state.



Outreach Effort Includes Town Hall Meetings, Licensing Seminars

The community meetings consist of two parts: a town hall discussion and a licensing seminar.

Town hall discussions are open to all interested individuals, including licensed physicians, registered nurses, physician assistants, other medical professionals and members of the public. The board publicizes upcoming town hall meetings through press releases, media coverage and contacts with the Texas Medical Association, the Texas Hospital Association and other organizations.

Attendance at the evening town halls has ranged from eight to 65 participants.

"We use an informal format to solicit ideas, concerns and questions," said Robinson. "We project a blank Word document on the screen and as people offer suggestions, we write them in the document. That way we know we have heard exactly what was intended. Meeting notes are later posted on our website."

The licensing seminars are held the morning after the town hall meetings.

repeatedly ask the board to provide more information on ways to prevent getting in trouble in the first place," said Robinson.

As a result, board staff is considering the development of an educational platform that would address physicians at all stages of their careers – from third-year medical students to residents and licensed physicians. The educational sessions could take various forms including online sessions, Podcasts and live meetings. Board staff is also

An Opportunity to Update and Educate

Besides providing an opportunity to listen to stakeholders, town hall discussions also provide a forum for the Texas Medical Board to educate and update participants on their licensing and enforcement processes. In May, the board made two process improvements designed to better protect the public and reduce administrative burdens on licensees and applicants for licensure.

The board implemented a fast-track procedure for such administrative violations as failure to provide medical records in a timely manner, failure to file change of address with the board and failure to obtain continuing medical education. Under the fast-track system, licensees may agree to charges and pay a fine rather than undergo a full investigation. Licensees may opt for fast-track consideration for up to three administrative violations, but only once for a given violation.

Under the new procedure, administrative violations can be processed in as few as 60 days, compared to 180 days for a full investigation and another 180 days for litigation procedures, followed by a board hearing. As a result, physicians can dispose of minor violations relatively quickly and board staff can concentrate limited resources on more serious cases.

To expedite its licensing process, the board launched the Licensing Inquiry System of Texas (LIST). LIST is an online system enabling applicants to check on the status of their application 24 hours a day, access a detailed explanation of any outstanding items needed to process the application and communicate with board staff through a secure message center. As a result, applicants often can quickly

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Attendees are primarily physicians and individuals who assist physicians seeking licensure. More than 200 individuals have participated in the licensing seminars.

The seminar provides information on different types of licenses, license rules and requirements, and the most common errors made in licensing applications. Participants also learn of recent improvements made by the board to assist applicants and expedite the licensing process.

Early Findings Suggest a Desire for More Education

"While we are still in listening mode at this time, we have heard licensees

considering ongoing town hall meetings in cities across Texas, but at a less frequent rate of one meeting per month.

To other medical boards that may be considering embarking on this type of community outreach effort, Robinson offers the following suggestions: "The town hall meetings are just the first step. We've found you have to be patient and willing to listen. There's a lot of incorrect information out there and it takes time to understand people's concerns and in turn, educate them on what we do."

For more information, contact Patrick Shaughnessy, community outreach coordinator for the Texas Medical Board, at (512) 305-7173 or patrick.shaughnessy@tmb.state.tx.us.

Steps Taken to Build Infrastructure for a National Alliance

Work done at the July PASC summit continued to build momentum toward the formation of a National Alliance for Physician Competence.

"The Alliance has the ability to bring together a variety of stakeholders to share credible experience and knowledge regarding physician competence concepts and to do so in an ongoing manner," said Ardis Hoven, M.D., a board member of the American Medical Association. "As we move forward with health systems reform, the Alliance will have the capacity to help lay a foundation for defining good medical practice across all elements in the health care delivery system."

The following progress was made in July to develop the infrastructure needed to support a National Alliance:

- Participants approved an Alliance

participant agreement that articulates the mission, purpose, values and rules of engagement for organizations joining the Alliance. The agreement will be distributed this fall to organizations participating in the summits.

- A steering committee was formed to guide work between PASC summits.
- A framework for the Alliance website was approved and work to develop the site is expected to begin later this year.

Guide to Good Medical Practice – USA Input Requested

Participants in the Physician Accountability for Physician Competence summits are seeking feedback on the first version of *Guide to Good Medical Practice – USA*. For more information, please go to www.gmpusa.org.

The next PASC summit is scheduled for February 2009. For more information, please contact Carol Clothier at cclothier@fsmb.org or (817) 868-4042. 📞



FSMB Chair Regina Benjamin Receives MacArthur 'Genius Grant'

Regina Benjamin, M.D., M.B.A., chair of the FSMB, was named a recipient of a MacArthur Foundation Fellowship "Genius Grant." She is one of 25 people being recognized with the prestigious honor, which includes a \$500,000 grant awarded over a five-year period.

The MacArthur Fellows Program awards unrestricted fellowships to talented individuals who have shown extraordinary originality and dedication in their creative pursuits and a marked capacity for self-direction. There are three criteria for selection of Fellows: exceptional creativity, promise for important future advances based on a track record of significant accomplishment and potential for the fellowship to facilitate subsequent creative work.

Since 1990, Dr. Benjamin has been a solo family physician in the impoverished Gulf Coast town of Bayou la Batre, Ala. She is Founder and CEO of the Bayou La Batre Rural Health Clinic, which serves this small, Gulf Coast shrimping village of 2,500 residents. The clinic was severely damaged by Hurricane Katrina and later by a fire, but Dr. Benjamin has never stopped seeing patients or caring for the community. For more information, please visit www.fsmb.org. 📞

New Study Finds Little Evidence, continued from page one...

involved in these cases, only 25 have been pain medicine specialists or have self-identified as such. In contrast, General Practice/Family Medicine physicians accounted for 285.

- Demographically, significantly more of the study physicians were male, and were aged 55 or over, than those in the national physician workforce. Study physicians also were significantly less likely to be board certified.

The study's findings support the FSMB's model policy on pain management, which states physicians should not fear regulatory scrutiny for prescribing controlled substances, including opioid analgesics, for a legitimate medical purpose and in the usual course of professional practice, said Lisa Robin, FSMB senior vice president of Member Services.



"It is essential to address the problem, because this fear on the part of physicians can change prescribing behaviors and undermine the treatment of pain," said Myra Christopher, president and CEO of the Center for Practical Bioethics. "Physicians and law enforcement must resolve competing perceptions surrounding the need to treat patients for pain and the need to prevent the diversion of drugs for illicit purposes.

All sides must work to achieve a balance between aggressive pain treatment and legal/regulatory policies that support the greater needs of society." FSMB's participation in the study continues its support of the Balanced Pain Policy Initiative, an undertaking of the FSMB, the NAAG and Center for Practical Bioethics. For more information, please visit www.fsmb.org or contact Drew Carlson, FSMB director of Public Affairs, at dcarlson@fsmb.org or (817) 868-4000. 📞

The FSMB Capitol Rotunda

Senate Approves Ryan Haight Online Pharmacy Consumer Protection Act

The *Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (H.R. 6353)* was recently approved by the Senate, and signed by President Bush. The bill amends the *Controlled Substances Act* and will:

- bar the sale, distribution and delivery of a controlled substance via the Internet without a valid prescription;
- require online pharmacies seeking to deliver controlled substances via the Internet to display information identifying the business, the pharmacist and any physician associated with the website; and
- authorize states to apply for injunctions or obtain damages and other civil remedies against online pharmacies that are deemed a threat to state residents.

Since 2004, the FSMB, state medical boards and BKSJ, the FSMB's government relations firm, have worked to mobilize support to regulate Internet pharmacies by holding numerous meetings with key legislators, providing written testimony, and submitting letters of endorsement and support.

President Signs ADA Amendments Act of 2008

The *ADA Amendments Act of 2008 (S. 3406)* was recently signed into law by the president. The law corrects years of narrow judicial interpretation regarding the American with Disabilities Act's definition of disability, however it could pose significant consequences to the higher education and professional licensing communities who depend upon standardized testing as a way of evaluating applicants.

Unable to amend the bill before it was enacted, the FSMB, with the help of state medical boards, BKSJ and a number of other partners, worked successfully with key senators on floor statements addressing concerns specific to standardized testing. As part of the legislative record, the floor statements will be considered by the Department

of Justice as they proceed with rulemaking.

Senate to Consider National Pain Care Policy Act

The *National Pain Care Policy Act of 2008 (H.R. 2994)* passed the House on Sept. 24, and is being considered by the Senate Health, Education, Labor and Pensions Committee, which has been working on a similar bill (S. 3387)



since July. The act provides a much needed action plan aimed at ultimately improving the quality of life for those afflicted with chronic pain.

It specifically calls for a national campaign to improve education, research and training in the area of pain care and management.

For questions about the information in this update or other legislative matters, please contact FSMB Government Affairs Manager Tony Rutigliano at trutigliano@fsmb.org or (817)868-4023.

Ohio Educational Outreach Program, continued from page one...

directly, saying 'this is what happened to me; don't let it happen to you.' Board members also engage with the students directly during meeting breaks. Both interactions are very powerful."

Program Termed an "Eye-Opener" by Students

After attending a meeting, students later participated in a debriefing videoconference and provided their feedback on the experience.

"I think 'eye-opener' is the term we see used again and again by students to describe the experience. The response has been very positive," said Dr. Brose.

Here are other comments from students on their experience with *Partners in Professionalism*:

- "I thought this was a great experience. It opened my eyes in that unexpected life events can lead to addictions if not dealt with properly. I think attending this meeting as a first-year student is very beneficial because we are new to the profession and very open to learning."
- "This CCE helped me to more fully understand the function of the Ohio State Medical Board. I not only saw the strong enforcer side of the board, but also that they are there to help physicians as much as possible. Also, I think seeing the mistakes of the physicians before the board helps physicians-in-training to avoid similar pitfalls."
- "Overall, this was a very eye-

opening experience. It showed just how important professionalism and personal responsibility are to maintaining a good medical practice and a long career."

A First Step in Developing Long-Standing Relationships

Partners in Professionalism began again at OU-COM with the Class of 2012 this fall. The program will build on the relationships established with last year's students. Longer term, the board is interested in expanding the program to reach the other six medical schools in Ohio.

"We also want to offer other programs to reach students in between their first year and their application for licensure," said Whitehouse. "We want to develop long-standing relationships with students so they have the knowledge and support they need to become better physicians."

The board is evaluating programs on other topics such as impairment issues and licensure information. It is also considering other vehicles to reach students, including online training modules, webinars and development of content using new media.

For more information on *Partners in Professionalism*, contact Richard Whitehouse at richard.whitehouse@med.state.oh.us or Joan Wehrle, CPMSM, executive staff coordinator for the State Medical Board of Ohio, at joan.wehrle@med.state.oh.us.

FSMB Board Attorney Workshop Registration Underway

Registration is now underway for the upcoming FSMB Board Attorney Workshop, scheduled for Dec. 5-6, 2008, in New Orleans, La. The workshop registration fee is waived for medical board legal counsel and staff. For more information about the event, please go to www.fsmb.org. A limited number of rooms have been reserved at the workshop rate at the host hotel, the InterContinental New Orleans. Reservations must be made by Nov. 13, 2008. To make reservations, please go to <https://resweb.passkey.com/go/fsmb> or call (800) 235-4670.

Upcoming Events

Oct. 14-15, 2008: AIM Eastern and Southern Regional Meeting, Cleveland, Ohio

Oct. 22, 2008: FSMB Roundtable Conference Call, 2-3 p.m. CT

Nov. 6, 2008: AIM Western and Central Regional Meeting, Kansas City, Mo.

Nov. 7-8, 2008: AIM Institute Physician Licensing, Profiles and Technology Seminar, Kansas City, Mo.

Nov. 12, 2008: FSMB Roundtable Conference Call, 2-3 p.m. CT

Nov. 13-15, 2008: FSMB Board of Directors meeting, Atlanta, Ga.

Dec. 5-6, 2008: FSMB Board Attorney Workshop, New Orleans, La.

Feb. 23-24, 2009: Seventh Physician Accountability for Physician Competence Summit


April 30-May 2, 2009: FSMB 97th Annual Meeting, Washington, D.C.



Texas Medical Board sidebar,
continued from page 3...

and effectively resolve issues related to incomplete applications on their own without board staff involvement.

The two improvements will help the board increase the capacity of licensing and enforcement processes. That's especially important in Texas where the board has experienced significant increases in license applications and complaints about licensees from patients and family members. From 2003 to 2006, applications increased almost 60 percent and in the past two years, complaints have increased by more than 60 percent.

"We've been so focused on instituting new processes that we realized we hadn't focused on communications in general," said Robinson. "The town hall meetings gave us a big push to kick off our communication efforts." 

Federation of State Medical Boards of the United States, Inc.: James N. Thompson, M.D., President/CEO; Lisa A. Robin, M.L.A., Senior Vice President, Member Services; David G. Watt, M.D., Ph.D., Senior Vice President, Professional Services



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