

# Newsline

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



Sept./Oct. 2009

## FSMB Names Humayun J. Chaudhry, D.O., As New CEO and President

The Federation of State Medical Boards named Humayun J. Chaudhry, D.O., M.S., FACP, FACOI, as the organization's new president and chief executive officer. Dr. Chaudhry assumed leadership of the FSMB in mid-October.

"We are very fortunate to have someone of Dr. Chaudhry's exceptional talents, experience and passion for public protection to lead our organization," said Martin Crane, M.D., chair of the FSMB board of directors. "He brings an outstanding combination of leadership, health policy and administrative skills to the FSMB as we move forward in supporting state medical boards in fulfilling their mission of public protection."

Dr. Chaudhry previously served as commissioner and chief executive officer of the Suffolk County, N.Y., Department of Health Services, the ninth largest health department in the United States, serving more than 1.5 million residents in an area encompassing 912 square miles.

As commissioner, Dr. Chaudhry directed a broad array of services providing high-quality, accessible health care to the county's residents. Overseeing 1,500 employees and a budget of \$400 million, Dr. Chaudhry directed the county's patient care services, environmental quality, preventive medicine, public health, children with special needs programs, emergency medical services, community mental hygiene, the medical examiners office, an office of minority health, and a 264-bed skilled nursing facility.

During his tenure as commissioner, Dr. Chaudhry created a new Division of Preventive Medicine to raise public awareness of preventable diseases and promote healthier lifestyles. When the Influenza A virus subtype H1N1 flu pandemic broke



out in Suffolk County in April 2009, Dr. Chaudhry was praised for taking a proactive public health approach to the new virus, closing schools as needed and providing hundreds of local, state and federal health officials with daily public health guidance via advanced communication technologies such as Blackberry and Twitter. *New York's Newsday*

commended Dr. Chaudhry for "intently but calmly... (steering) the public on a better middle course between apathy and alarm."

### Medical Educator

Dr. Chaudhry served as clinical associate professor of Preventive Medicine at Stony Brook University School of Medicine and an adjunct clinical associate professor of Medicine at the New York College of Osteopathic Medicine of New York Institute of Technology (NYIT). From 2001 to 2007, he served as the full-time chairman of the Department of Medicine at NYIT, where he also served from 2003 to 2005 as assistant dean for Pre-Clinical Education, supervising all undergraduate medical education delivered to first and second year medical students, and from 2005 to 2007 as the assistant dean for Health Policy.

From 1999 to 2007, Dr. Chaudhry served in the U.S. Air Force Reserves as a physician and medical educator, rising to the rank of major and serving as a flight surgeon with the 732nd Airlift Squadron and as the medi-

...continued on page 2

## License Portability Efforts Advance with New Federal Grant

In September, the FSMB received a three-year grant from the U.S. Health Resources and Services Administration (HRSA) to continue work on license portability initiatives that began in 2006. Nineteen state medical boards have agreed to participate in the grant along with the FSMB, Administrators in Medicine (AIM) and The Four Corners Telehealth Consortium.

This is the second HRSA grant awarded to the FSMB to support work by state medical boards to enhance state licensing processes and facilitate the ability of physicians to obtain and maintain licenses in multiple states. Achieving greater license portability can help address significant issues facing the health care profession, including the need to lower costs, provide health care to underserved populations, facilitate telemedicine and support greater mobility among physicians.

First-year funding of the latest grant is set at \$350,000 and will support ongoing efforts to:

- Expand implementation of the Uniform Application
- Centralize credentialing
- Support expedited licensure processing

### Expand Implementation of the Uniform Application

The Uniform Application (UA) consists of one primary form common to all states with state-specific addendums and instructions capturing unique state requirements. With the UA, state boards can maintain autonomy while gaining the processing efficiencies and cost savings associated with a standard, electronic application.

Currently, 20 states are in some phase of UA implementation. Six states are using the electronic version of the

...continued on page 2

#### Inside this Issue:

Page 2: Call for Nominations

Page 3: California Promotes Telemedicine

Page 4: Regional Pain Management  
Seminars

cal operations flight commander for the 514th Aeromedical Staging Squadron of the 514th Air Mobility Wing.

Dr. Chaudhry is the principal author of *Fundamentals of Clinical Medicine* (4th edition, published in 2004), a textbook designed primarily for medical students. He has led, or participated in, clinical research in several areas of public health, preventive medicine, medical education and infectious diseases.

### Health Policy Leader

Dr. Chaudhry has been active in helping craft effective health policy on the state and national level for many years. He has served as the principal author of resolutions adopted by the American Medical Association, the Medical Society of the State of New York, the New York State Chapter of the American Society of Internal Medicine and the New York Chapter of the American College of Physicians. Policy issues addressed by Dr. Chaudhry include the promotion of warning labels on herbal supplements, support for state funding of cancer prevalence mapping in New York, physician education about prevailing screening guidelines, medical resident duty hours and supervision, managed care principles and practices,

physician workforce predictions, and the training of physicians in women's health.

Dr. Chaudhry is the 2008-2009 president of the American College of Osteopathic Internists and served as the 2007-2009 president of the Association of Osteopathic Directors and Medical Educators. He is the recipient of a Laureate Award from the American College of Physicians and has been inducted into the American Osteopathic Association's Mentor Hall of Fame.

### Education and Board Certification

Dr. Chaudhry received a bachelor's degree in Biology and a master's degree in Anatomy from New York University, and a Doctor of Osteopathic Medicine degree from the New York College of Osteopathic Medicine of New York Institute of Technology in 1991. In 2001, Dr. Chaudhry received a master's degree in Health Care Management from the Harvard School of Public Health. He is a diplomate in Internal Medicine, American Osteopathic Board of Internal Medicine; a diplomate of the National Board of Osteopathic Medical Examiners; and was a diplomate in Internal Medicine, American Board of Internal Medicine, from 1996 to 2006. 🇺🇸

## Call for Nominations for FSMB Elected Positions

FSMB member boards are encouraged to begin identifying individuals they wish to nominate for the organization's elective offices. Positions available for election in 2010 include: Chair-elect (one position, serves for three years: a one-year term as chair-elect, one year as chair, and one year as immediate past chair); Board of Directors (three positions, three-year terms); and the Nominating Committee (three positions, two-year terms). Nominees may include physicians and non-physicians who are Fellows of the FSMB.

For instructions for recommending candidates, including eligibility requirements and the responsibilities of elected positions, please contact Pat McCarty at [pmccarty@fsmb.org](mailto:pmccarty@fsmb.org). Nominations should be sent to Nominating Committee Chair Regina Benjamin, M.D., M.B.A., by Jan. 2, 2010, c/o Pat McCarty at [pmccarty@fsmb.org](mailto:pmccarty@fsmb.org) or to FSMB, P.O. Box 619850, Dallas, TX 75261-9850. 🇺🇸



## License Portability Efforts – continued from page one...

application. Three states are using a paper version. Eleven states are in the process of transitioning to either the electronic or paper version. Several other state medical boards have expressed interest in learning more about implementing the UA.

Under the 2009 HRSA grant, technical infrastructure enhancements are planned at several medical boards to accommodate the UA. Additionally, AIM will devote resources to increase state medical board participation.

### Centralize Credentialing

Centralizing credentials verification is an important step in improving the licensure process. Since 1996, the Federation Credentials Verification Service (FCVS) has enabled physicians to establish a lifetime portfolio of verified credentials that can be forwarded at their request to any state medical

board, hospital or health care entity. To date, more than 100,000 physicians have used FCVS.

For physicians participating in FCVS, 70 percent of the UA is automatically populated with data from FCVS files, further expediting the licensure application process.

Under the 2009 HRSA grant, the Four Corners Telehealth Consortium will devote resources to increase participation in FCVS among their providers.

FCVS has recently introduced new product and service enhancements intended to decrease credentials verification processing times and enhance the user experience.

### Support Expedited Licensure

Expedited licensure streamlines the licensure process for physicians in good standing in another state, while still maintaining state-specific safeguards

to protect the public. Several states already use some form of expedited licensure, including Michigan, Nevada, New Mexico, Idaho and Rhode Island. Although the process varies from state to state, typical requirements include practice in another state, certification by the American Board of Medical Specialties or American Osteopathic Association, primary source verification of all licenses, and primary source verification of education and training credentials.

Under the new grant, the FSMB and AIM will work with participating state boards to gain consensus on core credentials required for expedited licensure.

For more information on the Uniform Application, please contact Tony Rutigliano, director of FSMB Government Affairs at [trutigliano@fsmb.org](mailto:trutigliano@fsmb.org). 🇺🇸

# California Medical Board Promotes Telemedicine to Improve Access to Quality Care and to Reduce Health Care Disparities in Underserved Areas

The Medical Board of California (MBC) is funding a three-year telemedicine program at the University of California, Davis, in response to legislation (AB 329) authorizing MBC to establish a pilot program utilizing this technology to improve access to care for patients with chronic illnesses. A component of the MBC's mission statement includes a commitment "to promote access to quality care" and, accordingly, the two major goals of the telemedicine pilot are to improve health outcomes and to evaluate cost-effectiveness.

The project seeks to reduce health care disparities in underserved communities, primarily in Hispanic and African-American patients who receive care for Type II Diabetes in the U.C. Davis Health System. The project also intends to improve access to diabetes care management resources for patients and primary care providers in rural, underserved communities in northern California.

The U.C. Davis team, headed by James Nuovo, M.D., intends to develop and distribute quarterly primary care provider registry and action reports of patients with diabetes that will allow them to expand their diabetes self-management training and support resources to include culturally competent, linguistically appropriate, and patient-centered resources for Hispanic and African-American patients. They also will be conducting an annual Mini Medical School program for community organizations and members interested in supporting individuals striving to manage their diabetes in everyday life, and will develop and provide educational programs and academic detailing for providers and clinic staff on strategies to reduce health care disparities, including cross-cultural education and patient-provider communication skills.

Finally, Dr. Nuovo and his colleagues will test the effectiveness of providing patient self-management and provider education via interactive telemedicine to at least four to six primary care practices in Northern California as a precursor to designing a larger outreach program.

The target populations for this project are Hispanic and African-American patients with diabetes, the two largest racial/ethnic groups of patients with diabetes seen in the University of California, Davis Health System.

Large areas of Northern California have been designated as medically underserved. Compared to their urban counterparts, rural residents are more likely to be elderly, poor, and in fair or poor health, and to have chronic conditions. Access to health professionals and health care resources are more limited and transportation needs are more pronounced. Two other issues are important with regards to this target population – a lack of insurance coverage and a high incidence of clinical depression, both of which have been examined in previous

studies at U.C. Davis.

The telemedicine project team expects to see an expansion of infrastructure resources available to patients and providers that will improve the quality of care and outcomes of Hispanic and African-American patients with diabetes. The MBC is hopeful that the long-term strategy for delivering continuing education on chronic disease management for rural patients via telemedicine will be able to be replicated nationally as a best practice model.

For more information, please visit [www.mbc.ca.gov/licensee/telemedicine.html](http://www.mbc.ca.gov/licensee/telemedicine.html) or contact MBC Executive Director Barb Johnston at [bjohnston@mbc.ca.gov](mailto:bjohnston@mbc.ca.gov).

*By Barb Johnston, Executive Director, Medical Board of California*



## Naturopathic and Osteopathic Boards to Merge in California

In August, the California legislature enacted a budget bill with a provision that merged the Bureau of Naturopathic Medicine (BNP) into the Osteopathic Medical Board of California (OMBC). The legislation creates a Naturopathic Doctors Committee within the OMBC and calls for the addition of two naturopathic doctors as seated members of the OMBC.

State leaders in California considered the merger of several state licensing boards as cost-saving measures in their efforts to close a well-publicized budget gap. The BNP previously resided within the Department of Consumer Affairs and was scheduled to be sunset in July 2010.

### Unprecedented Structure Potentially Poses Issues

Fifteen states currently license naturopathic doctors, generally by boards that license complementary and alternative medicine practitioners. Naturopaths are primary care providers who combine a variety of natural

medicines and treatments with conventional medical diagnostics and standards of care.

By placing naturopathic doctors under alternative medicine regulatory boards rather than state medical boards, state legislatures have adhered to the belief that the public is best protected when board members are experienced in the discipline they oversee, said Martin Crane, M.D., chair of the FSMB. For the same reason, FSMB policy states that medical board composition should reflect the licensee population and include consumer representation.

In California, there are approximately 300 licensed naturopathic doctors compared to 5,000 licensed osteopathic physicians. Adding two naturopathic doctors to the existing seven-member OMBC will create a board that no longer reflects the licensee population and will require naturopathic board members to evaluate the professional practice of osteopathic physicians, potentially creating serious issues related to the board's ability to protect public health, said Jeff Bloom, D.O., president of the Osteopathic Physicians and Surgeons of California (OPSC).

continued on next page...

# FSMB Foundation, FSMB Co-sponsor Regional Pain Management Seminars with AAFP

The first in a series of regional seminars on pain management co-sponsored by the FSMB Foundation, the FSMB and the American Academy of Family Physicians (AAFP) was held in Greensboro, N.C., in October. The seminars are part of an AAFP program offering local, free CME to family physicians and primary care physicians from leading experts. Other sponsors include the Center for Practical Bioethics and the American Academy of Pain Medicine.

Seminar presenters include pain medicine specialist Scott Fishman, M.D., author of *Responsible Opioid Prescribing: A Physician's Guide*, which translates the FSMB model policy on pain management into practical, office-based pain management guidelines. Upcoming seminars include Minneapolis, Minn., Nov. 14, 2009; San Antonio, Texas, Jan. 9, 2010; Seattle, Wash., Feb. 20, 2010; and Atlanta, Ga., March 13, 2010. Medical boards are encouraged to advise their licensees of

the availability of the seminars. For more information, please visit [www.aafplive.org](http://www.aafplive.org).

## Naturopathic and Osteopathic Boards – continued from page 3...

### Seeking Support from Other Medical Boards

The FSMB has sent a letter to state executive and legislative leaders arguing that the combined regulatory structure has the potential to compromise the public protection provided by long-established medical regulatory guidelines. Written support from other state medical boards can help reinforce this message and lay the groundwork for appropriate legislative action in 2010. If you would like to support the OMBC in this effort, please contact Kathleen Creason, executive director of the OPSC, at [kathleen@opsc.org](mailto:kathleen@opsc.org) or Lisa Robin, senior vice president of FSMB Member Services, at [lrobin@fsmf.org](mailto:lrobin@fsmf.org).

### Upcoming Events

- 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.
- Nov. 16-18, 2009:** Joint AIM/FSMB Educational Institute, Chicago, Ill.
- Nov. 18, 2009:** FSMB Roundtable Conference Call, 2-3 p.m. CT
- Nov. 23, 2009:** USMLE Webinar on Step 2 Clinical Skills, 2 p.m. CT
- April 21, 2010:** AIM Annual Meeting, Chicago, Ill.
- April 22-24, 2010:** FSMB Annual Meeting, Chicago, Ill.
- Sept. 26-29, 2010:** International Association of Medical Regulatory Authorities 9th Conference, Philadelphia, Pa.



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

*Federation of*  
**STATE**  
**MEDICAL**  
**BOARDS**

Federation of State Medical Boards  
P.O. Box 619850  
Dallas, TX 75261-9850

Presorted STD  
U.S. Postage Paid  
Fort Worth, TX  
Permit 2282