

OREGON MEDICAL BOARD
Meeting of the Board • April 2 -3, 2015

The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, April 2 - 3, 2015, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Michael Mastrangelo, Jr., MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

Michael Mastrangelo, Jr., MD, Chair, Bend	James Lace, MD, Salem
Shirin Sukumar, MD, Vice Chair, West Linn	Lisa Lipe, DPM, Lake Oswego
George Koval, MD, Secretary, Lake Oswego	Roger McKimmy, MD, Eugene
Katherine Fisher, DO, Happy Valley	Terry Smith, Springfield*
Donald E. Girard, MD, Portland	Angelo Turner, Portland*
K. Dean Gubler, DO, Portland	W. Kent Williamson, MD, Portland

*Public Member

Staff, consultants and legal counsel present:

Kathleen Haley, JD, Executive Director	Theresa Lee, Executive Assistant
Joseph Thaler, MD, Medical Director	Mark Levy, Senior Software and Systems Administrator
Carol Brandt, Business Manager	Terry Lewis, Compliance Officer
Eric Brown, Chief Investigator	David Lilly, Investigator
Timothy Bonnette, Investigator	Netia N. Miles, Licensing Manager
Catherine Cook, Physician Assistant Committee Coordinator	Shayne Nylund, Acupuncture Licensing Specialist & EMS Committee Coordinator
Randy Day, Complaint Resources Officer	Michele Provinsal, Investigations Coordinator
Warren Foote, JD, Senior Assistant Attorney General	Jenette Ramsey, Administrative Affairs Committee Coordinator
Walter Frazier, Investigator	Michael Seidel, Investigator
Nicole Krishnaswami, JD, Operations & Policy Analyst	Vickie Wilson, Assistant Chief Investigator
Magnus Lakovics, MD, Psychiatric Consultant	

OMB Committee members and guests present:

Scott Gallant, Board Lobbyist	Laura C. Moss, MD, Medical Director, Hazelden Springbrook
Doug Kelly, Paramedic, EMS Advisory Committee Chair (via telephone)	Jennifer Van Atta, PA-C, Physician Assistant Committee Chair (via telephone)
Clifford Mah, DPM, Oregon Podiatric Medical Association	

Thursday, April 2, 2015

8:00 a.m. – CALL TO ORDER

Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., MD, Board Chair, announced that pursuant to ORS 192.660(1)(2)(a)(f)(k), the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as **BOARD ACTION:**). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECUSALS AND ABSTENTIONS – Where noted, Board members have **recused** themselves from discussion of any particular case or abstained from the final vote. To **recuse** means the Board member has actually left the room and not discussed or voted on the disposition of the case. To **abstain** means the Board member may have taken part in the discussion of the case, but chose to not cast a vote on its disposition.

PUBLIC SESSION

Dr. Mastrangelo took roll call. Dr. Williamson arrived at 9:15 a.m., by prior notice.

<i>Licensee</i>	<i>Case #</i>	<i>Complaint #</i>	<i>Investigator</i>	<i>Board Reviewer</i>
-----------------	---------------	--------------------	---------------------	-----------------------

PUBLIC SESSION

Swearing in of Newest Board Members	MM
--	-----------

Michael J. Mastrangelo, Jr., MD, Board Chair, swore in the newest Board members, James K. Lace, MD, and Lisa M. Lipe, DPM.

EXECUTIVE SESSION

FTC v. North Carolina Dental Board	MM
---	-----------

Warren Foote, JD, Senior Assistant Attorney General, updated the Board on the decision in the U.S. Supreme Court case, FTC v. North Carolina Dental Board, and its applicability to the Oregon Medical Board.

CLOSED SESSION

AMES, Stephan A., MD		#	MW	MM
-----------------------------	--	----------	-----------	-----------

Dr. Girard recused himself and left the room. Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Stephan A. Ames, MD, the Board issue an amended Proposed Final Order. Ms. Smith seconded the motion. The motion passed 8-0-2-1-1. Drs. Lace and Lipe abstained. Dr. Williamson was absent by prior notice.

GAMBEE, John E., MD		#	TL	MM
----------------------------	--	----------	-----------	-----------

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of John E. Gambia, MD, the Board issue a Final Order on Remand. Dr. McKimmy seconded the motion. The motion passed 9-0-2-0-1. Drs. Lace and Lipe abstained. Dr. Williamson was absent by prior notice.

EXECUTIVE SESSION

CHEN, Timothy T., DO		#	DL	SS
-----------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Timothy T. Chen, DO, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a) as defined in ORS 677.188(4)(a), and ORS 677.190(9). Dr. McKimmy seconded the motion. The motion passed 9-0-2-0-1. Drs. Lace and Lipe abstained. Dr. Williamson was absent by prior notice.

COLORITO, Anthony I., MD		#	VW	AT
---------------------------------	--	----------	-----------	-----------

Dr. Sukumar recused herself and left the room. Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Anthony I. Colorito, MD, the Board approve the Stipulated Order signed by Licensee on February 18, 2015. Dr. Girard seconded the motion. The motion passed 8-0-2-1-1. Drs. Lace and Lipe abstained. Dr. Williamson was absent by prior notice

Dr. Williamson joined the meeting at 9:15 a.m.

FOUTZ, Steven R., MD		#	VW	MM
-----------------------------	--	----------	-----------	-----------

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Steven R. Foutz, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), (b) and (c), ORS 677.190(13), and ORS 677.190(24). Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

HARBISON, Andrew R., MD	<i>Supervision</i>		TL	SS
--------------------------------	--------------------	--	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Andrew R. Harbison, MD, the Board approve the termination of Licensee's 2014 Consent Agreement. Dr. Koval seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

HOLUB, Ondria L., LAc		#	WF	AT
------------------------------	--	----------	-----------	-----------

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Ondria L. Holub, LAc, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(17). Dr. McKimmy seconded the motion. The motion passed 9-1-2-0-0. Dr. Fisher voted nay. Drs. Lace and Lipe abstained.

JENSEN, Robert M., MD		#	RD	KDG
------------------------------	--	----------	-----------	------------

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Robert M. Jensen, MD, the Board approve the Corrective Action Agreement signed by Licensee on March 3, 2015. Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

KENNY, Rose J., MD		#	VW	SS
---------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Rose J. Kenny, MD, the Board amend the Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and (c), ORS 677.190(13), and ORS 677.190(24). Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

PUBLIC COMMENT				MM
-----------------------	--	--	--	-----------

No public comment was presented.

KORT, Daniel D., MD		#	MW	RM
----------------------------	--	----------	-----------	-----------

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Daniel D. Kort, MD, the Board approve the Stipulated Order signed by Licensee on February 4, 2015. Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

LAIRD, Sheri L., MD		#	TL	WKW
----------------------------	--	----------	-----------	------------

Dr. Williamson reviewed the case.

BOARD ACTION: Dr. Williamson moved that in the matter of Sheri L. Laird, MD, the Board approve the Stipulated Order signed by Licensee on February 24, 2015. Dr. Sukumar seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

BOARD ACTION: Dr. Williamson moved that in the matter of Sheri L. Laird, MD, the Board terminate Licensee's 2012 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

LEVANGER, Nathan B., DO	<i>Supervision</i>		TL	SS
--------------------------------	--------------------	--	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Nathan B. Levanger, DO, the Board terminate Licensee's 2011 Stipulated Order. Dr. Koval seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

LINDBERG, John F., MD	<i>Supervision</i>		TL	AT
------------------------------	--------------------	--	-----------	-----------

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of John F. Lindberg, MD, the Board terminate Licensee's 2013 Stipulated Order. Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

MENTZER, Richard L., Jr., MD	<i>Supervision</i>	<i>TL</i>	KDG
-------------------------------------	--------------------	-----------	------------

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Richard L. Mentzer, Jr., MD, the Board terminate Licensee's 2007 Corrective Action Agreement. Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

RYSENGA, Juliet C., MD		<i>#</i>	<i>MS</i>	SS
-------------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Juliet C. Rysenga, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Girard seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

SASICH, Randy L., MD	<i>Supervision</i>	<i>TL</i>	SS
-----------------------------	--------------------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Randy L. Sasich, MD, the Board modify the completion date for term 4.2 of Licensee's 2013 Consent Agreement. Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

TURNER, Lisa S., PA		<i>#</i>	<i>WF</i>	AT
----------------------------	--	----------	-----------	-----------

Dr. Mastrangelo recused himself and left the room. Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Lisa S. Turner, PA, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 766.190(1)(a) as defined in ORS 677.188(4)(a), ORS 677.190(17), ORS 677.190(22). Dr. Girard seconded the motion. The motion passed 9-0-2-1-0. Drs. Lace and Lipe abstained.

STRINGHAM, Charles H., MD		<i>#</i>	<i>RD</i>	SS
----------------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Charles H. Stringham, MD, the Board amend Licensee's July 16, 2014, Complaint & Notice of Proposed Disciplinary Action. Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

HEEN, Kimo K., PA	<i>Supervision</i>	<i>TL</i>	<i>TS</i>
--------------------------	--------------------	-----------	-----------

Ms. Smith reviewed the case.

BOARD ACTION: Ms. Smith moved that in the matter of Kimo K. Heen, PA, the Board terminate Licensee's 2013 Stipulated Order. Dr. Sukumar seconded the motion. The motion did not pass 3-7-2-0-0. Drs. Fisher, Girard, Gubler, Koval, McKimmy, Mastrangelo, and Mr. Turner voted nay. Drs. Lace and Lipe abstained.

HELMAN, Edward A., MD	<i>Supervision</i>	<i>TL</i>	<i>DG</i>
------------------------------	--------------------	-----------	-----------

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Edward A. Helman, MD, the Board terminate Licensee's 2014 Corrective Action Agreement. Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

JACKSON, Larry A., MD	<i>Supervision</i>	<i>TL</i>	<i>SS</i>
------------------------------	--------------------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Larry A. Jackson, MD, the Board terminate Licensee's 2010 Stipulated Order. Dr. Koval seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

KETCHAM, John P., MD		<i>#</i>	<i>MS</i>	<i>SS</i>
-----------------------------	--	----------	-----------	-----------

Drs. Koval and Williamson recused themselves and left the room. Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of John P. Ketcham, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Girard seconded the motion. The motion passed 8-0-2-2-0. Drs. Lace and Lipe abstained.

PUBLIC SESSION

<i>Laura C. Moss, MD, Medical Director and Health Care Professional Program Director of Hazelden Springbrook, presented to the Board on Standards and Components of Health Care Professional Programs.</i>	
---	--

Dr. Mastrangelo welcomed and introduced Laura C. Moss, MD, Medical Director and Health Care Professional Program Director, of Hazelden Springbrook.

Dr. Moss thanked the Board for having her. Dr. Moss provided some background information about herself. She was trained at the University of Washington and she is a psychiatrist. She completed a fellowship at the Washington Veterans Administration (VA) in addiction psychiatry. While she was at the VA, Dr. Moss was the Director of a clinic that treated co-occurring addiction and trauma in women. After working at the VA for eight years, the opportunity to work for Springbrook presented itself.

Dr. Moss presented to the Board on Standards and Components of Health Care Professional Programs (*See Attachment I*). The prevalence of addiction in healthcare professionals is similar to that of the general population; however, physicians use less nicotine, but consume five times more opioids and sedatives than the general population. Substance use is highest in emergency room physicians; anesthesiologists are frequent users of highly potent opioids.

There are numerous reasons for higher rates of opioid and benzodiazepine substance use disorders among physicians and other healthcare professionals. Those reasons can include lack of a primary care physician, easier access, stressful work environment, and personality factors such as feeling of omnipotence and intellectualization.

Healthcare professionals enter treatment at Hazelden through a variety of avenues. The majority of healthcare professionals enter through a physician health program. Others enter treatment through a licensing board, self-referral, family intervention, or the criminal justice system.

Hazelden's Health Care Professional (HCP) Program options include a three-day evaluation, direct admission (intensive residential for 30 days), extended care (residential for 30 – 60 days), and relapse evaluation.

The HCP Program has a multi-disciplinary team knowledgeable about addiction and treatment of healthcare professionals. Evaluations are completed by medical, psychology, psychiatry, and with addiction, family, and spiritual counselors. The treatment also includes a HCP group for peer and staff support/feedback that meet two times per week. Longer treatment of 60 to 90 days is also available.

Five-year sustained abstinence rates for physicians range from 75 – 92%, compared to less than 50% at one year in the general population. About 25% of physicians have at least one relapse; however, of those physicians, 74% had only one episode of alcohol or drug use. Positive outcomes are less impressive for lower levels of care, shorter lengths of stay, and when no monitoring program is involved.

The Board thanked Dr. Moss for her very informative presentation.

At lunch, the Board recognized Magnus Lakovics, MD, for his 20 years of service to the Board. Dr. Mastrangelo stated that during his tenure on the Board, he has always looked to Dr. Lakovics as a barometer. He stated that Dr. Lakovics has an uncanny ability, as you would expect from a psychiatrist and counselor, to ferret out and get to the real meat of issues when things are unclear. Dr. Mastrangelo stated he looks forward to continuing working with Dr. Lakovics as a colleague in Bend.

Dr. Lakovics stated that his service to the Board has been a wonderful and memorable experience, and that he has greatly enjoyed working with the Board members and staff. He stated this has been a once in a lifetime experience and it is very difficult for him to leave. Dr. Lakovics stated that Ms. Haley makes an atmosphere that is friendly and positive.

Dr. Lakovics expressed his gratitude to everyone in their support of Oregon patients and Board licensees. He stated that the Board and staff show their professionalism and humanity by the way cases are handled.

EXECUTIVE SESSION

LEE, Patrick Y., MD		#	RD	MM
----------------------------	--	----------	-----------	-----------

Drs. Koval and Williamson recused themselves and left the room. Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Patrick Y. Lee, MD, the Board amend the Licensee's Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Girard seconded the motion. The motion passed 8-0-2-2-0. Drs. Lace and Lipe abstained.

TYLER, Jeffrey R., MD		#	MW	DG
------------------------------	--	----------	-----------	-----------

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Jeffrey R. Tyler, MD, the Board approve the Stipulated Order signed by the Licensee on February 4, 2015. Dr. McKimmy seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

LUTY, Jeffrey A., MD	Supervision		TL	SS
-----------------------------	--------------------	--	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Jeffrey A. Luty, MD, the Board terminate the Licensee's 2013 Consent Agreement. Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

LOGAN, Jacqueline S., MD	Supervision		TL	MM
---------------------------------	--------------------	--	-----------	-----------

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Jacqueline S. Logan, MD, the Board terminate Licensee's 2007 Corrective Action Order. Dr. Williamson seconded the motion. The motion passed 9-0-2-0-1. Drs. Lace and Lipe abstained. Ms. Smith was absent.

MATZ, Paul D., MD		#	WF	SS
--------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Paul D. Matz, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

BERNARDO, Peter A., MD	<i>Supervision</i>	<i>VW</i>	SS
-------------------------------	--------------------	-----------	-----------

Dr. Mastrangelo recused himself and left the room. Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Peter A. Bernardo, MD, the Board modify Licensee's 2014 Stipulated Order. Dr. Girard seconded the motion. The motion passed 9-0-2-1-0. Drs. Lace and Lipe abstained.

YEAKEY, Patrick C., MD		<i>#</i>	<i>WF</i>	SS
-------------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Patrick C. Yeakey, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

REYES, Vincent P., MD		<i>#</i>	<i>RD</i>	DG
------------------------------	--	----------	-----------	-----------

Dr. Williamson recused himself and left the room. Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Vincent P. Reyes, MD, the Board approve the Corrective Action Agreement signed by Licensee on March 9, 2015. Mr. Turner seconded the motion. The motion passed 9-0-2-1-0. Drs. Lace and Lipe abstained.

GALLANT, James D., MD	<i>Supervision</i>	<i>TL</i>	DG
------------------------------	--------------------	-----------	-----------

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of James D. Gallant, MD, the Board approve the Modified Stipulated Order signed by Licensee on April 1, 2015. Dr. McKimmy seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained.

KEMPLE, Kip L., MD		<i>#</i>	<i>WF</i>	SS
---------------------------	--	----------	-----------	-----------

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Kip L. Kemple, MD, the Board approve the Stipulated Order signed by Licensee on March 12, 2015, and terminate Licensee's 2015 Interim Stipulated Order. Dr. Koval seconded the motion. The motion passed 10-0-2-0-0.

GOLDBERG, Uri Z., DO		<i>#</i>	<i>WF</i>	MM
-----------------------------	--	----------	-----------	-----------

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Uri Z. Goldberg, MD, the Board approve the Corrective Action Agreement signed by Licensee on March 20, 2015. Dr. Williamson seconded the motion. The motion passed 10-0-2-0-0.

CLOSED SESSION

Probationer Interviews

The Board members conducted interviews of the following Board licensees/probationers:

Board Member	Licensee	Room No.
George Koval, MD	<i>Name Redacted</i>	1
Mr. Angelo Turner	<i>Name Redacted</i>	2
Donald Girard, MD	<i>Name Redacted</i>	3
K. Dean Gubler, DO	<i>Name Redacted</i>	4
Shirin Sukumar, MD	<i>Name Redacted</i>	5

Probationer Interview Reports

The Board members reported on probationer interviews.

EXECUTIVE SESSION

Investigative Committee (IC) Consent Agendas

MM

The Board reviewed the February 5, 2015, and March 5, 2015, Investigative Committee Consent Agendas.

BOARD ACTION: Dr. Koval moved that the Board approve the February 5, 2015, and March 5, 2015, Investigative Committee Consent Agendas. Dr. McKimmy seconded the motion. The motion passed 10-0-2-0-0. Drs. Lace and Lipe abstained. Dr. Gubler and Mr. Turner are recused on case #14-0541.

Investigative Committee (IC) Meeting and Full Board Conference Call Minutes

SS

The Board reviewed the February 5, 2015, Investigative Committee meeting minutes and Full Board Conference Call minutes.

BOARD ACTION: Dr. Mastrangelo moved that the Board approve the February 5, 2015, Investigative Committee meeting and Full Board Conference Call minutes. Dr. Sukumar seconded the motion. The motion carried with a voice vote. Drs. Lace and Lipe abstained.

PUBLIC SESSION

Wound Care by Podiatrists

MM

The Oregon Podiatric Medical Association (OPMA) has requested the Board's opinion regarding podiatrists treating venous wounds on the distal one third of the leg.

Dr. Williamson stated that the wound management strategy for venous stasis disease is different than most strategies that would be used for an incision or wound that is related to an operative approach for an ankle. He believes that it is possible for a podiatrist to adopt venous stasis wound management; however, Dr. Williamson stated that ideally this should be done in coordination with the patient's primary care provider who can take on the management of associated medical conditions such as congestive heart failure or renal disease.

Approved by the Board on July 10, 2015

Dr. Williamson stated that other interventions for venous disease are also available; however, these are outside a podiatrist's scope of practice. He believes that if the Board expands the scope of practice for podiatrists to allow for these treatments of venous stasis ulcers, the Board would need to do so with the expectation that the podiatrist has training in the management of venous stasis ulcers.

Dr. Lipe stated that she agrees with Dr. Williamson's opinion. She believes that coordination with the primary care physician is vital in treatment of venous stasis disease as podiatrists cannot treat patients for related diseases and conditions.

The Board adjourned at 4:56 p.m.

Board Recessed until 8 A.M. Friday, April 3
6:00 p.m. – Working Board Dinner

Updated July 10, 2015

Friday, April 3, 2015

8:00 a.m. – CALL TO ORDER

Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., MD, Board Chair, announced that pursuant to ORS 192.660(1)(2)(a)(f)(k), the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as **BOARD ACTION:**). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECUSALS AND ABSTENTIONS – Where noted, Board members have **recused** themselves from discussion of any particular case or abstained from the final vote. To **recuse** means the Board member has actually left the room and not discussed or voted on the disposition of the case. To **abstain** means the Board member may have taken part in the discussion of the case, but chose to not cast a vote on its disposition.

PUBLIC SESSION

Dr. Mastrangelo took roll call. Dr. Williamson was absent by prior notice.

Emergency Medical Services (EMS) Advisory Committee
--

<i>RM</i>

Via telephone, Doug Kelly, Paramedic and Emergency Medical Services (EMS) Advisory Committee Chair, presented to the Board. Mr. Kelly reviewed the EMS Advisory Committee meeting of February 20, 2015.

Mr. Kelly reported that the EMS Advisory Committee reviewed the proposed changes to OAR 847-035-0030: Scope of Practice. The proposed rule amendment makes four changes. First, the amendment clarifies that the scope of practice is the maximum protocols that may be assigned to EMS providers; it is not standing orders, protocols, or curriculum. Second, the amendment moves the provision allowing an EMT to perform other tasks under visual supervision as directed by the physician to the scope of practice for an Emergency Medical Responder. Third, the amendment corrects “Albuterol sulfate” to “albuterol.” Fourth, the amendment expands the Paramedic’s ability to initiate and maintain urinary catheters. The motion unanimously passed at the Committee meeting.

Mr. Kelly stated the Committee acknowledged the reappointment of Kara Kohfield, Paramedic, for a second term on the Committee.

The EMS Advisory Committee reviewed a scope of practice change request from Jefferson County, which asked that the administration of Naloxone via intramuscular (IM) injection return to the Advanced EMTs scope of practice. The Committee recommended adding the word Naloxone under 847-035-0030(10)(g) and a new letter (G) for Naloxone. The Committee further recommended alphabetizing 847-035-0030(10)(g) by category, then by medication.

Mr. Kelly reported that the EMS Advisory Committee reviewed an inquiry from Mark Hornshuh, BS, EMTP, who asked for clarification in regards to BiPAP and CPAP being within the paramedic scope of practice. The Committee agreed that BiPAP and CPAP falls under the EMT scope of practice. BiPAP and CPAP will be added to the next Committee agenda to see where it falls under the national scope.

The EMS Advisory Committee next reviewed an inquiry from Daniel Phillips, MD, who asked if administering Albuterol via inhaler is within EMT scope of practice. After review, the Committee recommended removing the word nebulized from 847-035-0030(9)(D).

Mr. Kelly stated the Committee reviewed the upcoming open EMS Advisory Committee seats. Mr. Kelly and Dr. Schmidt’s terms will expire on June 30, 2015. The Committee is accepting letters of interest that will be reviewed at the May Committee meeting.

During the public comment section of the Committee meeting, Mr. Kelly reported that the full Board requests periodic updates from the EMS Committee in regards to medical shortages and urinary catheters. Specifically, the Board would like to know if any concerns or complaints regarding catheter placements have been brought to the attention of the Oregon Health Authority as a result of recent rule language changes. The Committee members stated they were not aware

of any complaints or issues. In regards to medication deficiencies, overall shortages continue, but the rate has declined over the last couple of years.

An inquiry from a fire chief and physician was reviewed in which the Committee was asked where the authority lies in deciding who a district utilizes for air flight patients. The Committee clarified the Oregon Medical Board does not have jurisdiction over air industries used for transporting patients, and recommends each district either inquire with the Oregon Health Authority and/or their local county commissioners.

Dr. McKimmy thanked Mr. Kelly for his excellent informative presentation.

Board staff that were not present at the Board meeting on Thursday, introduced themselves to the new Board members, Drs. Lace and Lipe.

BOARD ACTION: Dr. McKimmy moved that the Board approve the February 20, 2015, EMS Advisory Committee meeting minutes as written. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

BOARD ACTION: Dr. McKimmy moved that the Board adopt OAR 847-035-0030: Scope of Practice. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

EXECUTIVE SESSION

BAKER, Ryan C., AC	<i>Entity ID</i>	<i>Applicant</i>	TS
---------------------------	------------------	------------------	-----------

Ms. Smith reviewed the case.

BOARD ACTION: Ms. Smith moved that in the matter of Ryan C. Baker, AC, the Board grant the Applicant an active acupuncture license. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

JAIN, Kiren S., MD	<i>Entity ID</i>	<i>Applicant</i>	KF
---------------------------	------------------	------------------	-----------

Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Kiren S. Jain, MD, the Board issue a civil penalty and grant Applicant an active license. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

MENKES, Alan L., DO	<i>Entity ID</i>	<i>Applicant</i>	GK
----------------------------	------------------	------------------	-----------

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of Alan L. Menkes, DO, the Board allow the Applicant to withdraw application for licensure without report to the Federation of State Medical Boards. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

LOEHDEN, Otto L., MD	<i>Entity ID</i>	<i>Applicant</i>	MM
-----------------------------	------------------	------------------	-----------

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Otto L. Loehden, MD, the Board approve the Voluntary Limitation signed by Applicant for Emeritus license status. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

PUBLIC SESSION

Physician Assistant Committee	GK
--------------------------------------	-----------

Via telephone, Jennifer Van Atta, PA-C, Physician Assistant Committee Chair, presented to the Board. Ms. Van Atta reviewed the Physician Assistant Committee minutes of March 12, 2015.

Ms. Van Atta stated that Eric Brown, Chief Investigator, updated the Committee in regards to physician assistants currently under Board investigation.

The Committee recommended the reappointment of Melissa Peng, PA-C, for a second term on the Physician Assistant Committee.

Ms. Van Atta reported that the Committee reviewed a supervising physician request to reduce the required on-site supervision hours for a physician assistant. The Committee requested to re-evaluate supervisory requirements of part-time physician assistants, as well as re-evaluation and/or delineation of expectations of the eight hours of on-site supervision of physician assistants practicing at remote/rural locations, and research the supervision levels of physician assistants nationally for discussion at the June Committee meeting.

The Committee reviewed whether practice agreements should be made available to the public via the Board's website. The Committee recommended including practice agreements on the physician assistant's license verification page along with the other existing public information.

Ms. Van Atta stated that the Physician Assistant Committee reviewed Dr. Koval's Hearing Officer Report on the rules hearing regarding OAR 847-050-0010; 847-050-0027; 847-050-0036: Supervising Physician Organizations.

Dr. Koval provided some background information regarding the physician assistant in which the supervising physician is requesting a reduced number of on-site supervision hours. He stated the physician assistant does in-home evaluations and she is extremely experienced.

Dr. Sukumar stated she feels that on a practical level it may be hard for a supervising physician and a physician assistant to meet or have face-to-face interaction, but there is still great value in having telephonic or electronic communication, even in remote geographical areas. She feels that instead of reducing the number of on-site supervision hours, alternative means of communication should be considered. Ms. Van Atta stated she agrees and the Committee does not want to remove contact between the supervising physician and physician assistant, especially in remote and rural locations.

Dr. Koval stated that a robust discussion about these supervising issues will take place at the July Board meeting.

Dr. Girard thanked Ms. Van Atta for her concise presentation.

BOARD ACTION: Dr. Koval moved that the Board approve the Physician Assistant Committee meeting minutes of March 12, 2015, and the Physician Assistant Committee teleconference minutes from March 30, 2015. Dr. McKimmy seconded the motion. The motion passed 10-0-0-0-2. Dr. Lipe was absent and Dr. Williamson was absent by prior notice.

BOARD ACTION: Dr. Koval moved that the Board approve the Supervising Physician (Pamela R. Miner, MD) request for reduction of required on-site supervision hours for Physician Assistant (Georgina B. Scott, PA). The modification is to reduce the monthly supervision to four hours. The supervision is to be divided into two hours of on-site supervision, one hour of face-to-face supervision with case review, and one hour of chart review per month. Dr. Girard seconded the motion. The motion passed 10-0-1-0-1. Dr. Lipe abstained. Dr. Williamson was absent by prior notice.

Dr. Koval stated the Hearing Officer Report on Supervising Physician Organizations predominantly reflects the information that was gathered at the hearing. The hearing was attended by several individuals. The predominant request is that the Board more clearly define the role of the primary supervising physician.

BOARD ACTION: Dr. Mastrangelo moved that the Board accept the Hearing Officer Report on OAR 847-050-0010; 847-050-0027; and 847-050-0036: Supervising Physician Organizations. Dr. Girard seconded the motion. The motion carried with a voice vote. Dr. Williamson was absent by prior notice.

BOARD ACTION: Dr. Mastrangelo moved that the Board reappoint Melissa Peng, PA-C, to the Physician Assistant Committee for a second term. Dr. Girard seconded the motion. The motion carried with a voice vote. Dr. Williamson was absent by prior notice.

The Board recognized Mr. Angelo Turner for his career achievements including quadrupling Legacy Health Systems' development of private donations and increasing physician donations. In addition to his achievements at Legacy, Mr. Turner also serves as a member of the Portland Police Department's Citizen Review Committee.

The Board congratulated Mr. Turner on completing one term on the Oregon Medical Board and for being confirmed by the Oregon Senate for a second term.

EXECUTIVE SESSION

ROULEAU, Keith D., PA	<i>Entity ID</i>	<i>Reactivation Applicant</i>	GK
------------------------------	------------------	-------------------------------	-----------

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of Keith D. Rouleau, PA, the Board approve the reactivation of Applicant's license status to active and issue a civil penalty fine for application omission. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

PUBLIC SESSION

Wound Care by Podiatrists	MM
----------------------------------	-----------

Clifford Mah, DPM, Scientific Chair of the Oregon Podiatric Medical Association (OPMA), stated he was before the Board to inquire whether Oregon podiatrists are allowed to treat venous stasis wounds. The current law in Oregon allows podiatrists to treat ailments of the foot, ankle, and tendons directly attached to and governing the function of the foot and ankle.

Dr. Mah stated a podiatrist can perform an open reduction and internal fixation of an ankle fracture. A podiatrist will need to create a wound to treat the fracture and that this would be at or above the ankle joint. Should a complication arise due to the wound such as an infection, scar, or nerve entrapment, the podiatrist can continue to treat the wound. This would be in a surgically induced wound. The question is what if the wound is not surgically induced, such as a venous stasis wound, can the podiatrist continue to treat? The OPMA would like the Board to have an official position on the matter.

Dr. Mah reported that podiatrists are trained to treat foot and ankle wounds and that treatment of venous wounds are very similar. He stated that podiatrists are not looking to expand surgical treatments such as venous ligation.

Dr. Lipe stated that generally if a podiatrist finds that a patient has not been to their primary care physician, the podiatrist will facilitate the redevelopment of the patient-primary care relationship.

Dr. Koval stated the podiatrist's scope of practice is defined in Oregon Statute. It includes the treatment of the foot, ankle, and attached tendons. He believes the treatment of venous stasis wounds would require a change in statutory language.

Dr. Lipe stated that not all podiatrists in Oregon are qualified or would want to care for venous stasis wounds. Podiatrists wanting to treat venous stasis wounds would need an ankle certificate in order to provide such treatment.

Dr. Mastrangelo stated while he understands practitioners such as Dr. Lipe and Dr. Mah are qualified to provide such treatment, the Board must protect the public from those who may take advantage of such situations. He feels this is a slippery slope and he would caution those who want to consider allowing this.

Dr. Koval stated under current statute, a podiatrist does have the right to treat wounds of the foot.

Dr. Mastrangelo stated that Dr. Williamson presented to the Board on this matter the day before. Dr. Williamson was in support of podiatrists treating venous stasis wounds, as he believes some podiatrists are currently providing such care. He relayed that these treatments should be done in conjunction with the patient's primary care physician in order to identify other health issues such as diabetes or venous stasis disease.

Dr. Mastrangelo stated that he believes that Dr. Mah should work with the Oregon Association of Orthopaedic Surgeons, Dr. Williamson, and other professional associations to discuss this matter further.

Dr. Girard stated he feels that the coordination of care between providers is vital and that podiatrists must coordinate care with the primary care physician and the vascular surgeon should the podiatrist treat a patient with a venous stasis wound.

Dr. Fisher stated that with the obesity epidemic only getting worse, physicians are going to see more venous stasis wounds and allowing podiatrists to care for venous stasis wounds would increase access to care. Dr. McKimmy agrees with Dr. Fisher, but believes, just as Dr. Koval, that it will take a change in statutory language to support this.

Dr. Gubler supports having podiatrists treat venous stasis wounds, but worries about the pressure that podiatrists may receive in treating other wounds that are above the ankle. He believes that new statutory language would need to be very clear so podiatrists cannot push the envelope in regards to wound care.

Dr. Mastrangelo stated he looks forward to having Dr. Mah return to the Board to report on his discussions with the professional associations. Dr. Mah thanked the Board for allowing him to come and speak.

Dr. Sukumar presented, as a token of the Board's appreciation, a plaque to Dr. Mah recognizing him for serving one term on the Board.

OAR 847-001-0020: Discovery	<i>REPEAL FINAL REVIEW</i>	<i>TS</i>
------------------------------------	---	------------------

Ms. Smith reviewed the Administrative Affairs Committee's recommendation to repeal OAR 847-001-0020. This rule is not needed because the Board has adopted the Attorney General's model rule on discovery in contested case hearings.

BOARD ACTION: Ms. Smith moved that the Board repeal OAR 847-001-0020: Discovery. Dr. Girard seconded the motion. The motion passed 11-0-0-1. Dr. Williamson was absent by prior notice.

OAR 847-010-0073: Reporting Requirements	<i>FINAL REVIEW</i>	<i>KF</i>
---	--------------------------------	------------------

Dr. Fisher reviewed the Administrative Affairs Committee's recommendation to adopt OAR 847-010-0073, as written. This rule adds clarity to the mandatory reporting requirements under ORS 676 and 677, and adds a civil penalty for licensees who fail to report.

The Board moved into Executive Session to discuss a specific case.

Dr. Mastrangelo suggested tabling this discussion and Ms. Haley stated this can be brought back to the Administrative Affairs Committee for further discussion. Dr. Koval expressed that he would like to move forward with this rule.

BOARD ACTION: Dr. Fisher moved that the Board adopt OAR 847-010-0073: Reporting Requirements, as written. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

PUBLIC COMMENT	<i>MM</i>
-----------------------	------------------

No public comment was presented.

2014 Agency Accomplishments and Staff Photo	<i>GK</i>
--	------------------

The Board reviewed the 2014 Agency Accomplishments and staff photo. Dr. Koval stated that the Board is impressed by the accomplishments and thanked Board staff for their dedication.

Oregon Medical Board – 2015 Board Best Practices Assessment	<i>MM</i>
--	------------------

Carol Brandt, Business Manager, presented the 2015 Board Best Practices Assessment. Dr. Girard commented that the Board has incredible leadership and staff. Carol stated the Assessment is submitted in the proposed budget, so the Legislature does have an opportunity review the Assessment.

Dr. Mastrangelo thanked Ms. Brandt for her report.

Legislative Session Update	<i>MM</i>
-----------------------------------	------------------

Scott Gallant, Board Lobbyist, updated the Board on the 2015 legislative session. He stated that one thing that he, Ms. Haley and Nicole have done both prior to and during the session is to set up appointments with Legislators that have brought up issues regarding licensees that have been disciplined. This gives the opportunity to discuss with the Legislator about why a licensee was disciplined.

Mr. Gallant briefed the Board on the Board's budget (Senate Bill 5523) presentation and Senate Bill 279, the bill that will grant the Oregon Medical Board semi-independent state agency status. Currently SB 279 is with the Ways and Means subcommittee.

Mr. Gallant provided information regarding other bills related to the Oregon Medical Board and to health care in Oregon. House Bill 2933 would allow the Oregon Medical Board to issue civil

penalties to persons not licensed by the Board. The medical associations have had some concerns regarding HB 2933 and an amendment has been discussed.

House Bill 2683 would require the Board of Dentistry to remove discipline from their website under certain specific conditions.

Mr. Gallant stated that Senate Bill 905 would add a physician assistant seat on the Medical Board. This bill would also abolish the Oregon Medical Board's Physician Assistant Committee.

The Board moved into Executive Session to discuss a specific licensee.

Mr. Gallant reported on several other bills including Senate Bill 626, a Prescription Drug Monitoring Program (PDMP) bill. This bill would allow additional persons to access information from PDMP and require practitioners to access PDMP information before prescribing or dispensing schedule II through IV prescription medications.

Dr. Mastrangelo thanked Mr. Gallant for his presentation. Mr. Gallant stated he enjoys working with the Board, Ms. Haley, and staff.

Licensing Department Mission Statement	<i>TS</i>
---	------------------

Netia N. Miles, Licensing Manager, presented the Licensing Department's informational mission statement. Drs. Girard and Sukumar thanked Ms. Miles for her dedicated work.

Federation of State Medical Boards (FSMB) Proposed Policy Revision: Elements and Essentials of a State Medical and Osteopathic Board and Practice Act	<i>MM</i>
--	------------------

Dr. Mastrangelo reviewed the Federation of State Medical Board's (FSMB) proposed policy revision on the Elements and Essentials of a State Medical and Osteopathic Board and Practice Act.

BOARD ACTION: Dr. Mastrangelo moved that the Board approve the FSMB's proposed policy revisions to the Elements and Essentials of a State Medical and Osteopathic Board and Practice Act. Dr. Koval seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Support for Interstate Medical Licensure Compact	<i>GK</i>
---	------------------

Dr. Koval reviewed the Administrative Affairs Committee's recommendation to support the Interstate Medical Licensure Compact. The Interstate Medical Licensure Compact creates an expedited licensure process for eligible physicians that improves license portability.

BOARD ACTION: Dr. Koval moved that the Board support the Interstate Medical Licensure Compact. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Physician/Physician Assistant Support and Professionalism Coalition Meeting Minutes

DG

Dr. Girard updated the Board on the Coalition's recent activities. Dr. Girard stated that several groups are involved in the Coalition including OHSU, the Oregon Medical Association, the Medical Society of Metropolitan Portland (MSMP), and the Lane County Medical Society. MSMP is just beginning a wellness program and Lane County has a very well developed program that is up and running.

The Coalition exchanges ideas on how the wellness programs are being developed. Dr. Girard stated there has also been discussion within the group on whether the Coalition should petition Oregon health systems for funding.

BOARD ACTION: Dr. McKimmy moved that the Board approve the Physician/Physician Assistant Support and Professionalism Coalition meeting minutes from January 13, 2015, and March 12, 2015, as written. Dr. Girard seconded the motion. The motion passed 10-0-0-0-2. Dr. Gubler was absent and Dr. Williamson was absent by prior notice.

Federation of State Medical Boards (FSMB): Re-entry into Clinical Practice: Tips for Handling Inquiries from Physicians

GK

Dr. Koval reviewed the Administrative Affairs Committee's recommendation to add the Re-entry into Clinical Practice: Tips for Handling Inquires from Physicians document to the new Board member orientation manual. Ms. Smith stated this topic would be an excellent article for the newsletter.

Board Meeting Minutes

MM

The Board reviewed the January 8 – 9, 2015, Board meeting minutes.

BOARD ACTION: Dr. Sukumar moved that the Board approve the January 8 – 9, 2015, Board meeting minutes as written. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Administrative Affairs Committee (AAC) Meeting Minutes

GK

The Board reviewed the March 11, 2015, Administrative Affairs Committee (AAC) meeting minutes. Dr. Koval requested an amendment to the minutes to include a comment he made at the meeting.

BOARD ACTION: Dr. Sukumar moved that the Board approve the March 11, 2015, AAC meeting minutes as amended. Ms. Smith seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Interim Stipulated Order Acknowledgment

MM

The Board acknowledged the following Interim Stipulated Orders (ISO):

- Paul D. Matz, MD, effective March 18, 2015
- Patrick C. Yeakey, MD, effective March 27, 2015

Approved by the Board on July 10, 2015

Dr. Sukumar stated it is her belief that some licensees with mental health issues may have difficulty with the Board's initial or renewal application, specifically the Category II questions. Dr. Sukumar asked whether the Physician/Physician Assistant Support and Professionalism Coalition has ever discussed this issue in their meetings.

Ms. Haley stated that the Board has received numerous compliments regarding the questions on the application. Board staff review the questions periodically to discuss needed changes and updates to the application.

Dr. Girard said he would follow up with the external group, the health care professional community. He stated that the entry into wellness programs is extremely important. It needs to be easily accessed and confidential.

The Board adjourned at 12:21 p.m.

ADJOURN

Updated July 10, 2015

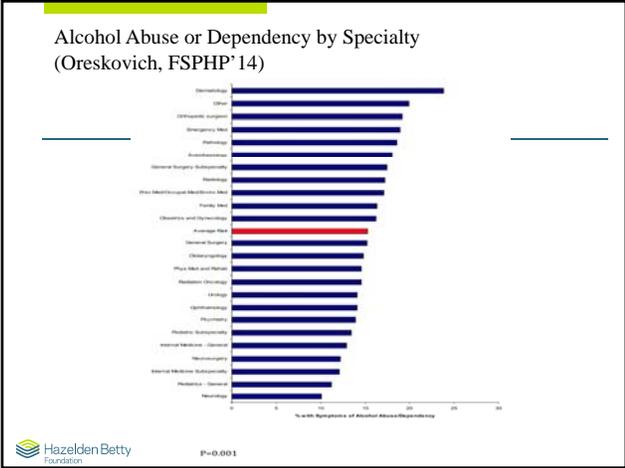
Standards & Components of Health Care Professional Programs

Laura Moss MD
Medical Director and HCP Program Director
Hazelden Springbrook, HBFF



Hazelden HCP Program

- The prevalence of addiction in health care professionals (HCPs) is similar to that of the general population (8-13%)
 - Physicians use less nicotine, but consume more opioids and sedatives (5x more likely than the general population)
- Substance use is highest in ER physicians
 - Family physicians maybe overrepresented (samples)
 - Anesthesiologists are overrepresented in treatment and are frequent users of highly potent opioids

Hazelden HCP Program

- TRENDS
 - Disease being recognized more among HCPs and being identified by coworkers
 - Higher abuse of tramadol and sedative/hypnotics than the general population
 - Use of potent IV drugs, including sufentanil and propofol
 - Need to examine criminal behavior in the course of an illness from a therapeutic, not legalistic, framework
 - Stimulated by frequent negative press, especially of addicted nurses who divert
 - Need for more affordable and realistic treatment options for nurses and other allied health professionals



Hazelden HCP Program

- The reasons for higher rates of opioid and benzodiazepine substance use disorders among physicians and other HCPs are multi-factorial:
 - Lack of PCP
 - Easier access
 - Frequently used in a physician's line of work
 - Stressful work environment
 - Personality factors
 - Perfectionism
 - Feelings of omnipotence
 - Intellectualization

Hazelden HCP Program

- Ways that HCPs enter treatment:
 - Physician Health Program (majority)
 - Licensing Board (less likely)
 - Self-referral
 - Family intervention
 - Work intervention
 - Criminal justice system (much less likely)

HCP Program Options at Hazelden

- 3-Day Evaluation
- Direct Admission
 - Intensive Residential (30 days)
- Extended Care
 - Residential (30-60 days)
- Relapse Evaluation

Hazelden HCP Program

- HCP treatment:
 - Multi-disciplinary team knowledgeable about addiction and Tx of HCPs, with programming specific to HCPs
 - Evals by medicine, psychology, psychiatry, and with addiction, family, and spiritual counselors
 - 2x/week HCP grps for peer and staff support/feedback
 - Reduce shame, grandiosity, intellectualization, perfectionism
 - Exploration of spirituality and 12-step approaches
 - Address compliance, covert acting-out, personality disorders
 - Longer treatment (60-90 days average)
 - Phased treatment: Residential→Supervised Living/Partial Hospitalization→Outpatient Treatment
 - Specific after care planning, including how to return to work
 - Enrollment in and communication with monitoring programs (Physician Health Programs)

HCP Concurrent Treatment

Trauma Track:

PTSD seen in 8% of population (DSM IV-TR)

2010-'12 found 11% of MD HCPs had h/o trauma and 9% met criteria for PTSD

Utilize skills development through individual and empirically validated group or individual therapies- Seeking Safety, CBT, CPT, EMDR

LGBTQ Track:

Group therapy and support around issues specific to GLBTQ clients

Family Week:

Family education about addiction, self care, and opportunities for counseling with loved one



Hazelden HCP Program

Differences in outcomes:

- Success rates are disputed, but most agree that outcomes are excellent in >80% of physicians treated
- 5-year sustained abstinence rates (rated as a "good outcome") range from 75-92% compared to ≤50% at 1 year in the general population
 - ~25% of physicians have at least one relapse
 - 74% of those had only one episode of alcohol or drug use
- Outcomes are less impressive for lower levels of care, shorter lengths of stay, and when no monitoring program is involved



FSPHP Standards for HCP Treatment

Recommended components:

- "A peer professional patient population and a staff accustomed to treating this population is highly desirable"
- "Must keep state PHP informed throughout the treatment process through calls from the therapists involved as well as written reports. Type and frequency of contact may be arranged with the state PHP but in all cases should occur no less than monthly."
- "Length of stay must be clinically driven and justified"
- "Extended treatment options when indicated."

http://www.fsphp.org/2005FSPHP_Guidelines.pdf



FSPHP Standards for HCP Treatment

Recommended components (continued):

- "Must have the medical, psychiatric, and addictions staff necessary to fully address all health issues, obvious and otherwise"
- "A multi-disciplinary team approach should be used and include psychological, psychiatric and medical stabilization"
- "Staff to patient ratio should be conducive to each patient receiving individualized attention"

http://www.fsphp.org/2005FSPHP_Guidelines.pdf



FSPHP Standards for HCP Treatment

▪ Recommended components (continued):

- "A strong family program is considered mandatory. Family program component should focus on disease education, family dynamics, and supportive communities for family members. Family/SO needs must be accessed early in the process and participation with family/SO programs and individual therapy encouraged.
- "Programs must use an abstinence-based model (appropriate psychoactive medication as prescribed). In rare cases that are refractory to abstinence-based treatment, alternative evidence-based approaches should be considered."

http://www.fsphp.org/2005FSPHP_Guidelines.pdf

Hazelden HCP Program

REFERENCES

- Domino, KB, et al., 2005. Risk factors for relapse in health care professionals with substance use disorders. JAMA 293:1453-1460.
- Dupont, RL, et al., 2009. Setting the standard for recovery: Physicians' Health Programs. J. Substance Abuse Treatment 36: 159-171.
- Dupont, RL, et al., 2009. How are addicted physicians treated? A national survey of physician health programs. J. Substance Abuse Treatment 37: 1-7.
- Oreskovich, MR, et al., 2012. Prevalence of alcohol use disorders among American surgeons. Arch Surg 147: 168-174.
- McLellan, AT, et al., 2008. Five year outcomes in a cohort study of physicians treated for substance use disorder in the United States. BMJ 337: a2038