

Approved by the Board on October 7, 2016

OREGON MEDICAL BOARD
Meeting of the Board • July 7-8, 2016

The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, July 7-8, 2016, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Shirin R. Sukumar, MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

Shirin R. Sukumar, MD, Chair, West Linn	James K. Lace, MD, Salem
Donald E. Girard, MD, Vice Chair, Portland	Lisa M. Lipe, DPM, Lake Oswego
Angelo Turner, Secretary, Portland*	Michael J. Mastrangelo, Jr., MD, Bend
Paul Chavin, MD, Eugene	Jennifer L. Lyons, MD, Portland
Katherine L. Fisher, DO, Happy Valley	Melissa Peng, PA-C, Portland
K. Dean Gubler, DO, Portland	Dana Rasmussen, Portland*

*Public Member

Staff, consultants and legal counsel present:

Kathleen Haley, JD, Executive Director	David Lilly, Investigator
Joseph Thaler, MD, Medical Director	Laura Mazzucco, Executive Support Specialist
Eric Brown, Chief Investigator	Netia N. Miles, Licensing Manager
Carol Brandt, Business Manager	Katherine Moreland, Licensing Specialist
Alexander Burt, MD, Psychiatric Consultant	Shayne Nylund, Acupuncture Licensing Specialist & EMS Advisory Committee Coordinator
Warren Foote, JD, Senior Assistant Attorney General	Michele Provinsal, Investigations Coordinator
Nicole Krishnaswami, JD, Operations & Policy Analyst	Jenette Ramsey, Administrative Affairs Committee Coordinator
Theresa Lee, Investigative Assistant	Michael Seidel, Investigator
Mark Levy, Senior Software and Systems Administrator	Shane Wright, Investigator
Terry Lewis, Compliance Officer	

OMB Committee members and guests present:

Robbie Bahl, MD, Reliant Behavioral Health, HPSP	Mary McCarthy, MD
Len Bergstein, Zoom+	Mary Moffit, PhD, OHSU
Christopher Hamilton, PhD, Reliant Behavioral Health, HPSP	Elizabeth Remley, Oregon Association of Physician Assistants
Kara Kohfield, EMS Advisory Committee Chair (<i>via telephone</i>)	

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Thursday, July 7, 2016

8:00 a.m. – CALL TO ORDER

Shirin R. Sukumar, MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Shirin Sukumar, MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l), 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.

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<i>Licensee</i>	<i>Case #</i>	<i>Complaint #</i>	<i>Investigator</i>	<i>Board Reviewer</i>
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PUBLIC SESSION

Dr. Sukumar took roll call. Drs. Gubler and Cahn were absent by prior notification. Dr. Gubler joined the meeting at 8:01 a.m.

Swearing in of New Board Members	SS
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Dr. Sukumar swore in the newest Board members Jennifer Lyons, MD, and Ms. Dana Rasmussen.

EXECUTIVE SESSION

ADAMS, Justin R., MD		#	TB	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Justin R. Adams, MD, the Board issue an Amended Complaint & Notice of Proposed Disciplinary Action to include recently obtained information. Dr. Chavin seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

BACKMAN, Jennifer L., DO		#	MS	DG
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Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Jennifer L. Backman, 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), ORS 677.190(13), and ORS 677.190(24). Dr. Fisher seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

BATTEY, Richard R., MD	Supervision		TL	AT
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Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Richard R. Battey, MD, the Board terminate Licensee's 2013 Stipulated Order. Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

BUCKLER, Robert E., MD		#	RD	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Robert E. Buckler, MD, the Board approve the Stipulated Order signed by Licensee on June 10, 2016. Dr. Chavin seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

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<i>Name Redacted</i>	15-0619	#3	TB	LL
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Dr. Lipe reviewed the case.

The Board took no official action.

BYRNES, Timothy A., MD		#	TB	KF
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Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Timothy A. Byrnes, MD, the Board approve Applicant's request to withdraw license application with a report to the FSMB. Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

CHEN, Poly, MD		#	WF	DG
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Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Poly Chen, MD, the Board approve the Stipulated Order signed by Licensee on May 17, 2016. Mr. Turner seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

GREGORY, Sylvia J., PA	<i>Supervision</i>		TL	LL
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Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Sylvia J. Gregory, PA, the Board terminate Licensee's 2012 Corrective Action Agreement. Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

HEITSCH, Richard C., MD		#	TL	AT
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Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Richard C. Heitsch, 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(17). Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

HUDSON, Peter C., MD		#	DL	LL
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Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Peter C. Hudson, 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 677.490(13), and ORS 677.190(17). Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

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KAHN, Heather A., MD		#	DL	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Heather A. Kahn, 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). Mr. Turner seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

MCQUEEN, Robert J., MD		#	TL	DG
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Dr. Lipe recused herself and left the room. Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Robert J. McQueen, MD, the Board approve the Stipulated Order signed by Licensee on June 2, 2016. Dr. Gubler seconded the motion. The motion passed 11-0-0-1-1. Dr. Cahn was absent by prior notice.

MCWEENEY, Thomas P., MD	<i>Supervision</i>		TL	KDG
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Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Thomas P. McWeeney, MD, the Board modify Licensee's 2016 Stipulated Order. Dr. Girard seconded the motion. The motion passed 11-1-0-0-1. Dr. Mastrangelo voted nay. Dr. Cahn was absent by prior notice.

NUESCA, Joyce, MD		#	TB	DG
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Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Joyce Nuesca, MD, the Board approve the Applicant's request to withdraw license application with a report to the FSMB. Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

PUBLIC SESSION

Public Comment				SS
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No public comment was presented.

Dr. Sukumar noted the Board received a thank you card from Randy Day who recently retired from the Board.

Dr. Sukumar initiated introductions of the new Board members, Board members and staff.

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EXECUTIVE SESSION

PARK, Sangkun, MD		#	WF	LL
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Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Sangkun Park, 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). Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

REDFERN, Craig C., DO		#	TL	SS
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Dr. Fisher recused herself and left the room. Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Craig C. Redfern, DO, the Board approve the Stipulated Order signed by Licensee on May 26, 2016. Dr. Lipe seconded the motion. The motion passed 11-0-0-1-1. Dr. Cahn was absent by prior notice.

RUSSELL, Jill R., DO		#	MS	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Jill R. Russell, 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), ORS 677.190(13), and ORS 677.190(24). Dr. Lipe seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

RYSENGA, Juliet C., MD		#	TL/MS	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter Juliet C. Rysenga, MD, the Board approve the Stipulated Order signed by Licensee on June 6, 2016. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

SOLDEVILLA, Francisco X., MD		#	MS	DG
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Dr. Gubler recused himself and left the room. Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Francisco X. Soldevilla, 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 (b), and ORS 677.190(13). Mr. Turner seconded the motion. The motion passed 11-0-0-1-1. Dr. Cahn was absent by prior notice.

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TEGLASSY, Zoltan, MD		#	RD	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Zoltan Teglassy, MD, the Board approve the Corrective Action Agreement signed by Licensee on May 18, 2016. Mr. Turner seconded the motion. The motion passed 12-0-0-1. Dr. Cahn was absent by prior notice.

TILLEY, Robert J., MD		#	TB	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Robert J. Tilley, 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. Chavin seconded the motion. The motion passed 12-0-0-1. Dr. Cahn was absent by prior notice.

Name Redacted	15-0406	#11	TB	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Case 15-0406, the Board issue an Order for Evaluation. Dr. Lipe seconded the motion. The motion passed 12-0-0-1. Dr. Cahn was absent by prior notice.

WHITE, Kirstin N., PA		#	TB	KDG
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Ms. Peng recused herself and left the room. Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Kirstin N. White, PA, 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 10-1-0-1-1. Dr. Sukumar voted nay. Dr. Cahn was absent by prior notice.

BOARD ACTION: Dr. Gubler moved that in the matter of Kirstin N. White, PA, the Board rescind the previous motion to issue a Complaint & Notice of Proposed Disciplinary Action. Dr. Girard seconded the motion. The motion passed 11-0-0-1-1.

BOARD ACTION: Dr. Gubler moved that in the matter of Kirstin N. White, PA, 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). Mr. Turner seconded the motion. The motion passed 11-0-0-1-1. Dr. Cahn was absent by prior notice.

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PUBLIC SESSION

Health Professionals' Services Program Update

Christopher Hamilton, PhD, and Robbie Bahl, MD, of Reliant Behavioral Health (RBH), presented to the Board. The Health Professionals' Services Program (HPSP) currently has four participating boards: Dentistry, Medical, Nursing and Pharmacy.

Dr. Hamilton stated there are approximately 220 licensees currently enrolled in HPSP. The largest population are from the Medical and Nursing boards. Since the inception of HPSP in 2010, 763 licensees from the participating boards have been enrolled in HPSP. Of the enrolled licensees, 325 have completed the program and 228 were terminated.

In regards to HPSP outcomes, 85% of Medical Board licensees (188 out of 221) have completed, or are on target to complete, HPSP. During the earlier years of HPSP, nearly 50% of the Medical Board licensees enrolled were terminated. Today's numbers show that only around 10% are terminated, meaning about 90% of Medical Board licensees complete HPSP. This is a drastic improvement over the last few years.

Dr. Hamilton stated that of the 221 Medical Board licensees that enrolled in HPSP, 47 were self-referred.

There have been several changes in HPSP over the last couple of years. One change made by HPSP was based on feedback received from participants stating that they felt they needed more interpersonal interactions and one-on-one connections while in the program. HPSP implemented an in-person on-boarding meeting where the licensee comes in and meets with their Agreement Monitor face-to-face. Additionally, the licensee can come in for an annual review. This does not work for all licensees due to geographical location.

HPSP has licensees who are unemployed or in under-employed situations. For those licensees, sometimes it isn't necessary to test them for certain substances such as fentanyl since they lack access to the drug. So when a licensee is not working, HPSP may be able to reduce the cost of toxicology testing by adjusting the testing panels.

Dr. Hamilton reported that Soberlink is a new tool implemented by HPSP this year. Soberlink is a portable breathalyzer that offers a modern approach to alcohol monitoring. Soberlink provides reports to HPSP regarding the user's compliance. The device takes photos of the person while the person is utilizing the device.

Additionally, a nurse has been added to the team to assist the program with medication management. The nurse assists licensees who are taking multiple medications for chronic health conditions. Dr. Bahl stated a physician always reviews the medications that a licensee is taking, but having a nurse review the medications adds a second check. The nurse is able to enter medications into a database program that helps keep the management of medications more organized.

Dr. Bahl discussed additional outreach efforts taken, most recently, Grand Rounds at OHSU in the psychiatry department.

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Dr. Hamilton stated that 71% of the licensees enrolled in HPSP (from all four boards) have completed, or are on target, to complete HPSP. Of the 43 self-referred licensees who became known to their boards, 36 have completed or are still active in the program. Dr. Hamilton stated that when entering HPSP, many self-referred licenses have concerns about being reported to their boards.

In terms of recidivism, 95% of Medical Board participants have had no subsequent board action after completing HPSP, and 98% are still practicing, or are eligible to practice.

Dr. Sukumar stated that the data presented is very impressive. She asked whether HPSP checks in with licensees after they have completed the program to see how they are doing. Dr. Hamilton stated that follow-up is extremely difficult without authorization to follow-up. HPSP just recently updated their exit form in hopes to better understand what is and is not working for participants. Dr. Bahl mentioned that several licensees have expressed interest in extending their monitoring period.

Dr. Girard asked whether success rates differ among those who are board-referred and self-referred. Dr. Bahl believes that licensees who are board-referred have a tendency to do a little better in HPSP; however, he does not believe there is a substantial difference in the overall success rate.

Dr. Girard inquired whether treatment is part of the program since HPSP is a monitoring program. Dr. Hamilton specified that by statute the program cannot provide or mandate treatment; however, all of HPSP's agreement monitors are Masters-level counselors with addiction backgrounds. As treatment goes, every licensee is receiving some kind of treatment that is determined by a third-party evaluator. HPSP does not provide the treatment.

Dr. Hamilton stated that funding for HPSP comes from the participating boards; however, licensees in the program that are board-referred are responsible for their on-going costs of toxicology testing and they are responsible for any treatment they receive. In some instances, licensees are able to get their medical insurance to cover some of the expenses. Licensees that are self-referred are responsible for the cost of toxicology testing, treatment and the cost for HPSP's investigator to complete an investigation into the licensee's ability to practice safely. This is to ensure there has not been patient harm or impairment in the workplace.

Dr. Lipe inquired about the meaning of "terminated from the program." Dr. Hamilton stated that HPSP cannot terminate licensees from HPSP. Terminated means that a licensee is separated from the program; either the board makes that decision or the licensee leaves the program voluntarily.

Mr. Turner asked about the average cost for a licensee to complete HPSP. Dr. Hamilton explained that licensees in HPSP for mental health issues are likely to be enrolled in HPSP for around two years. Licensees with a substance use disorder, or more serious issues, will likely be enrolled for five years. Toxicology expenses (36 tests per year) for the first year is around \$3,000, reducing to around \$2,200 the second and subsequent years. The safe practice

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investigation for self-referred licensees costs \$1,500, and treatment costs will vary depending on factors such as the chosen treatment provider and whether a licensee's medical insurance covers any portion. The toxicology testing is really the biggest out-of-pocket expense for licensees. Dr. Bahl mentioned that the toxicology testing is up to Department of Transportation (DOT) standards. It includes collection, chain of custody, screening and confirmation testing.

Dr. Sukumar inquired about the use of Soberlink. Dr. Hamilton stated that HPSP has created a guideline for the use of Soberlink and it is available on their website. Prior to HPSP having this tool, treatment providers would use Soberlink and some providers would charge for the service; HPSP does not charge for this service. Dr. Hamilton feels that licensees use Soberlink to help themselves stay on track and Soberlink is just one of the tools that HPSP utilizes.

Dr. Sukumar thanked Dr. Hamilton, PhD, and Dr. Bahl, MD, for their update on HPSP.

EXECUTIVE SESSION

WILBUR, Benjamin S., MD		#	VW	AT
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Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Benjamin S. Wilbur, MD, the Board approve the Stipulated Order signed by Licensee on March 16, 2016. Dr. Girard seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

WONG, Charles M., MD	Supervision		TL	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Charles M. Wong, MD, the Board terminate Licensee's 2016 Corrective Action Agreement. Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

WEISENSEE, Fredrick W., MD		#	WF	DG
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Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Fredrick W. Weisensee, MD, the Board approve the Corrective Action Agreement signed by Licensee on June 22, 2016. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

Name Redacted	15-0289	#3	WF	SS
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Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Case 15-0289, the Board issue an Order for Evaluation. Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Dr. Cahn was absent by prior notice.

Dr. Gubler left the meeting at 1:35 p.m.

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GALLANT, James D., MD		#	TL	DG
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Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of James D. Gallant, 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(17). Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Cahn and Gubler were absent by prior notice.

Name Redacted	Entity ID 1033713	MP
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Ms. Peng reviewed the case.

This case is referred to the Investigative Committee.

Name Redacted	Entity ID 1030801	PC
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Dr. Chavin reviewed the case.

The Board referred the case to the Investigative Committee.

DUDIY, Yuriy, MD	Entity ID	KF
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Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Yuriy Dudy, MD, the Board approve the waiver of OAR 847-020-0170 (4)(a)(E) and grant Applicant an unlimited license. Dr. Girard seconded the motion. The motion passed 11-0-0-0-2. Drs. Cahn and Gubler were absent by prior notice.

Name Redacted	Entity ID 1032650	SS
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Dr. Sukumar reviewed the case.

The Board referred the case to the Investigative Committee.

HATFIELD, Lon M., MD	Entity ID	DG
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Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in matter of Lon M. Hatfield, MD, the Board allow Applicant to withdraw his license request with report to the FSMB. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Drs. Cahn and Gubler were absent by prior notice.

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MURPHY, Kristen S., AC	<i>Entity ID</i>	<i>KF</i>
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Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Kristen S. Murphy, AC, the Board grant Applicant a license with a Consent Agreement for Re-entry to Practice. Dr. Girard seconded the motion. The motion passed 11-0-0-2. Drs. Cahn and Gubler were absent by prior notice.

PANKRATOVA, Tatyana, MD	<i>Entity ID</i>	<i>PC</i>
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Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved that in the matter of Tatyana Pankratova, MD, the Board grant Applicant an unlimited license. Dr. Girard seconded the motion. The motion passed 11-0-0-2. Drs. Cahn and Gubler were absent by prior notice.

<i>Name Redacted</i>	<i>Entity ID</i> 1032382	<i>DG</i>
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Dr. Girard reviewed the case.

The Board referred the case to the Investigative Committee.

<i>Name Redacted</i>	<i>Entity ID</i> 1032049	<i>SS</i>
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Dr. Sukumar reviewed the case.

The Board took no official action.

Center for Personalized Education for Physicians (CPEP) Evaluation Presentation by Joseph Thaler, MD, Medical Director	<i>KF</i>
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Dr. Thaler and the Board discussed the use of CPEP for re-entry to practice and specific investigative cases.

PUBLIC SESSION

During the CPEP discussion, Dr. Girard stated there are not very many programs available like CPEP. There are a number of expenses associated with going to CPEP including the cost of the program and travel to and from the program. The Florida Comprehensive Assessment and Remedial Education Services Program (Florida CARES) at the University of Florida's College of Medicine is another program available; however, Dr. Girard is unsure what their data looks like and their program is relatively new.

Dr. Girard feels that an assessment program could be created in Oregon. There are professional societies and medical schools in place. Dr. Girard stated that the PEER program was not perfect, but it is a good example for a starting place.

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Dr. Mastrangelo stated that CPEP has expanded to North Carolina. Dr. Mastrangelo suggested that the Board approach CPEP to see if they would be interested in adding a location to the Pacific Northwest in order to better serve physicians in the west.

Dr. Sukumar stated representatives from CPEP were at the annual FSMB meeting in April. She believes the representatives were very receptive and had a great deal of information available. Dr. Mastrangelo stated that in the fall, CPEP offers a visitation program for new Board members.

Dr. Sukumar inquired about the Physician Assessment and Clinical Education Program (PACE) at UC San Diego. Dr. Thaler stated the Board is not currently utilizing PACE.

CLOSED SESSION

Probationer Interviews

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

Board Member	Licensee	Room No.
Dr. Lace <i>Observer: Dr. Chavin</i>	<i>Name Redacted</i>	1
Dr. Mastrangelo <i>Observer: Dr. Lyons</i>	<i>Name Redacted</i>	2
Dr. Fisher	<i>Name Redacted</i>	3

The Board adjourned at 3:45 p.m. The Investigative Committee held an abbreviated meeting.

Board Recessed until 8:32 A.M. Friday, July 8

6:00 p.m. – Working Board Dinner

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Friday, July 8, 2016

8:32 a.m. – CALL TO ORDER

Shirin Sukumar, MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Shirin Sukumar, MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l) 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.

Approved by the Board on October 7, 2016

PUBLIC SESSION

Dr. Sukumar took roll call. Dr. Mastrangelo was absent and Mr. Turner was absent by prior notification.

Dr. Mastrangelo joined the meeting at 8:35 a.m.

CLOSED SESSION

Probationer Interview Reports

The Board members reported on probationer interviews.

EXECUTIVE SESSION

TORRES, Mario, MD

<i>Entity ID</i>

SS

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Mario Torres, MD, the Board grant the Applicant an unlimited license. Dr. Chavin seconded the motion. The motion passed 11-0-0-2. Dr. Cahn and Mr. Turner were absent by prior notice.

Investigative Committee Consent Agendas
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DG

The Board reviewed the following Consent Agendas: April 7, 2016, May 5, 2016, June 2, 2016, and July 7, 2016.

BOARD ACTION: Dr. Girard moved that the Board approve the Investigative Committee Consent Agendas from April 7, 2016, May 5, 2016, June 2, 2016, and July 7, 2016. Dr. Gubler seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice. Dr. Lipe is recused on Case 15-0581 and 15-0103; Dr. Mastrangelo is recused on Case 15-0486; Ms. Peng is recused on Cases 16-0097 and 16-0098; and Dr. Williamson is recused on Case 15-0601.

Investigative Committee Meeting and Full Board Conference Call Minutes

DG

The Board reviewed the following Investigative Committee meeting minutes: April 7, 2016, May 5, 2016, and June 2, 2016. The Board reviewed the May 5, 2016, Full Board Conference Call minutes.

BOARD ACTION: Dr. Girard moved that the Board approve the Investigative Committee meeting minutes from April 7, 2016, May 5, 2016, June 2, 2016, and the May 5, 2016, Full Board Conference Call minutes. Dr. Gubler seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

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OAR 847-001-0024; 847-001-0045; 847-008-0003; 847-020-0183; 847-050-0043; 847070-0045; 847-080-0021: Consent Agreements for Re-entry to Practice	<i>FIRST REVIEW</i>	<i>DG</i>
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The Board reviewed the AAC's recommendation to move the rule forward as written.

The proposed rule amendments memorialize the Board's decision to change the name of "Consent Agreements" to "Consent Agreements for Re-entry to Practice."

The Board took no official action.

OAR 847-002-0000; 847-002-0005; 847-002-0010; 847-002-0015; 847-002-0020; 847-002-0025; 847-002-0030; 847-002-0035; 847-002-0040; 847-002-0045: Criminal Background Checks [For Employees]	<i>REPEAL AND FIRST REVIEW</i>	<i>KF</i>
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The Board reviewed the AAC's recommendation to repeal and amend the rule as written.

The proposed rulemaking repeals existing procedural rules on criminal background checks of employees, volunteers and applicants; references new statewide rules adopted by the Department of Administrative Services (DAS); and retains the fees that may be charged. This rulemaking is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave DAS the authority to adopt statewide administrative rules for criminal records checks and required other agencies to repeal or amend existing rules.

The Board took no official action.

OAR 847-008-0068: State and Nationwide Criminal Records Checks, Fitness Determinations [For Applicants and Licensees]	<i>FIRST REVIEW</i>	<i>KF</i>
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The Board reviewed the AAC's recommendation to move the rule forward as written.

The proposed rule amendment references new statewide rules on criminal records checks recently adopted by the Department of Administrative Services (DAS) and includes language specific to the Oregon Medical Board that is consistent with ORS chapter 181A and the DAS rules.

The Board took no official action.

Approved by the Board on October 7, 2016

OAR 847-005-0005: Fees	<i>FIRST REVIEW</i>	<i>PC</i>
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The Board reviewed the AAC's recommendation to move the rule forward as written.

The proposed rule amendment reduces the one-time supervising physician application fee to \$50 for physicians volunteering in free clinics or non-profit organizations and reduces the workforce data fee from \$5 per licensing period to \$2 per year.

The Board took no official action.

OAR 847-008-0055: Reactivation Requirements	<i>FIRST REVIEW</i>	<i>DG</i>
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The Board reviewed the AAC's recommendation to move the rule forward as written.

The proposed rule amendment corrects the grammatical structure of the sentence; there are no substantive changes.

The Board took no official action.

OAR 847-020-0150; 847-023-0010; 847-026-0015; 847-050-0025; 847-070-0019; 847-080-0013: Medical Practice Act Exams	<i>FIRST REVIEW</i>	<i>SS</i>
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The Board reviewed the AAC's recommendation to move the rule forward as written.

The proposed rule amendments remove references to the DEA exam and clearly state the attempt limitations on the open-book examination. The Expedited Endorsement rule has been updated and streamlined and allows for electronic fingerprint submission.

The Board took no official action.

OAR 847-015-0005; 847-015-0010; 847-015-0030: Controlled Substances	<i>FINAL REVIEW</i>	<i>MP</i>
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The Board reviewed the AAC's recommendation to approve the rule as amended.

The rule amendment replaces "physician" with "licensee" or "health care professional" to reflect that the rules apply to all Oregon Medical Board licensees who are authorized to prescribe controlled substances.

BOARD ACTION: Ms. Peng moved that the Board adopt OAR 847-015-0005; 847-015-0010; 847-015-0030: Controlled Substances, as amended. Dr. Girard seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

The Board moved into Executive Session to discuss specific investigative cases and licensees.

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PUBLIC SESSION

PUBLIC COMMENT	SS
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No public comment was presented.

Emergency Medical Services (EMS) Advisory Committee	MM
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Kara Kohfield, Paramedic, EMS Advisory Committee Chair, presented to the Board via telephone.

Ms. Kohfield reported at the May meeting of the EMS Advisory Committee, the Committee reviewed a proposed rule amendment to OAR 847-035-0030: Scope of Practice. The proposed rule amendment broadens the EMT scope of practice to allow blind insertion of any supraglottic airway device rather than limiting the scope to only cuffed pharyngeal airway devices.

Currently, many paramedics are taking on ventilators when transporting a patient from one facility to another. In order to address concerns regarding paramedics' ventilator training, the Committee is proposing a change to OAR 847-035-0030(12)(b) to read: *Maintain mechanical ventilation during transport if trained on the particular equipment and if acting under specific written protocols.*

Dr. Mastrangelo inquired whether there was any discussion regarding paramedics verifying the type of ventilator or the ventilator settings. Ms. Kohfield replied that the Committee had a heavy discussion regarding the ventilator topic. She stated that paramedics all have training on ventilators that do not have a lot of settings. In most scenarios, a more simple type of ventilator is being used; however, Ms. Kohfield's facility uses more complex ventilators with multiple settings. She stated that paramedics would just be maintaining a ventilator, not initiating ventilator use on a patient, and, in most cases, these patients are being transferred from one facility to another.

Dr. Mastrangelo stated he has some concerns regarding paramedics initiating ventilators, as there can be issues such as over-oxygenation and other complications that can arise. He believes it would be a good idea if a paramedic were to initiate ventilation, the paramedic should check with his or her supervising physician regarding the ventilator settings. Ms. Kohfield stated she would bring these concerns back to the Committee.

The Committee reviewed a Scope of Practice question regarding suction of a patient with a tracheostomy at the EMT level. Under the current rule, there is no specific reference to tracheostomy patients. After discussion, the Committee recommended amending the last sentence of OAR 847-035-0030(9)(d), to read: *Perform tracheobronchial tube suctioning.*

The Committee reviewed the proposed rule amendment requiring a physician member of the EMS Committee to have at least two years of experience actively practicing as an Oregon EMS supervising physician.

Ms. Kohfield reported that the Committee reviewed proposed rules OAR 333-250 from the Oregon Health Authority and a final Hearing Officer Report regarding ambulance service

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agencies providing secure transport. No action was taken by the Committee on this specific topic.

Dr. Gubler stated he has concerns with limiting EMS Committee makeup to physicians that are EMS supervising physicians. He feels the requirements need to be more broad, as there may be physicians who are better suited to sit on the Committee than EMS supervising physicians.

Dr. Gubler believes that this will make the candidate pool too small, and the Committee will be depriving itself of expertise that is available in the community.

Dr. Thaler stated it is not easy to find physicians to sit on the EMS Advisory Committee. It is an unpaid position that meets once per quarter in the middle of the day. Dr. Thaler believes if the Committee reviews topics that affect other emergency service providers, the Committee can reach out to the other groups for their input. He feels that working directly with emergency service providers is a real benefit in understanding the issues, but he understands that many topics discussed do affect others such as emergency room providers and trauma surgeons. Dr. Thaler stated the Committee meetings are very well attended by emergency service providers; however, no other physicians, other than the two sitting on the Committee, are in attendance.

Ms. Kohfield stated that the Oregon Medical Board sends out the newsletter and the Committee agenda to interested parties. She stated she can meet with Ms. Haley and Shayne Nylund, the Committee Coordinator, to discuss how the Committee can reach out to those who would be interested in the Committee meetings and the topics being discussed at the meetings.

Dr. Gubler stated the issue is that the Committee is made up of members on the initial transport end, such as a paramedics; however, those on the receiving end, such as trauma surgeons, are not represented on the Committee.

Dr. Sukumar stated that the Board would like the Committee to look at OAR 847-035-0011: EMS Advisory Committee, again and consider the Board's concerns. Dr. Mastrangelo would like the Committee to consider having two different sets of criteria for each of the physician members.

BOARD ACTION: Dr. Mastrangelo moved that the Board reappoint Christopher Poulsen, DO, to a second term on the EMS Advisory Committee. Dr. Girard seconded the motion. The motion passed 11-0-0-0-2. Dr. Cahn and Mr. Turner were absent by prior notice.

BOARD ACTION: Dr. Mastrangelo moved that the Board approve the EMS Advisory Committee meeting minutes of May 20, 2016. Dr. Girard seconded the motion. The motion passed with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

Dr. Mastrangelo thanked Ms. Kohfield for her presentation.

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Acupuncture Advisory Committee

KF

Brynn Graham, LAc, Acupuncture Advisory Committee Chair, presented to the Board.

Ms. Graham reported the Acupuncture Advisory Committee reviewed a proposed rule amendment to OAR 847-070-0005: Oriental Massage. The proposed rule amendment adds a definition for Oriental massage and clarifies the definition for physician. This is being proposed because the way the rule is written is very vague and patients have been unable to receive insurance reimbursement for Oriental massage because of the vagueness of the rule.

The proposed amendment defines Oriental Massage as “methods of manual therapy, including manual mobilization, manual traction, compression, rubbing, kneading and percussion, with or without manual implements, for indications including limited range of motion, muscle spasm, pain, scar tissue, contracted tissue and soft tissue swelling, edema and inflammation, as described in instructional programs and materials of Oriental or Asian health care.”

Ms. Graham stated the Committee interviewed six candidates for the Acupuncture Advisory Committee. The Committee recommended Collin Stoll, Lac. Committee members felt he would be an excellent addition to the Acupuncture Advisory Committee.

The Committee discussed acupuncturists treating family members and friends and whether one should chart when providing limited treatment services outside of the normal office setting. The Committee also discussed the need to keep records in some format when providing treatment to family and friends.

Ms. Graham reported the Committee acknowledged the Hearing Officer’s Report on Rulemaking for OAR 847-070-0021, regarding acupuncturists using single-use, disposable acupuncture needles and following clean-needle techniques.

The Committee said farewell to Siamak Shirazi, LAc, who served on the Committee for six years.

BOARD ACTION: Dr. Fisher moved that the Board appoint Collin Stoll, LAc, to the Acupuncture Advisory Committee. Dr. Chavin seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

BOARD ACTION: Dr. Fisher moved that the Board approve the Acupuncture Advisory Committee teleconference meeting minutes of May 6, 2016. Dr. Girard seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notification.

BOARD ACTION: Dr. Fisher moved that the Board approve the Acupuncture Advisory Committee meeting minutes of June 3, 2016. Dr. Girard seconded the motion. The motion passed with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

Approved by the Board on October 7, 2016

OAR 847-050-0010; 847-050-0027; 847-050-0036; 847-050-0037; 847-050-0040: Supervising Physician Organizations

**FINAL
REVIEW**

MP

Ms. Peng reviewed the AAC's recommendation to approve the rule as written.

The new OAR 847-050-0036 is a collective rule for all requirements for establishing and maintaining a supervising physician organization. The rule amendments:

- (1) Remove substantive provisions regarding agents, supervising physician organizations and supervision from the definitions rule;
- (2) add a definition for primary supervising physician;
- (3) clarify that a supervising physician must be available for synchronous communication with the physician assistant;
- (4) require each supervising physician who is a member of a supervising physician organization to be approved by the Board as a supervising physician;
- (5) remove the requirement for the primary supervising physician of a supervising physician organization to attest that all member supervising physicians have reviewed the statutes and rules on PAs because all member physicians will have done this through the supervising physician application process;
- (6) require the Board to reduce the supervising physician application fee for physicians who volunteer in free or non-profit clinics;
- (7) clarify that the rules on supervision apply equally to supervising physician organizations, not just individual supervising physician-physician assistant teams;
- (8) require practice settings rather than locations to be listed in the practice agreements
- (9) allow the supervising physicians within a supervising physician organization to collectively provide the eight (8) hours of on-site supervision and chart review;
- (10) outline statutory requirements for appropriate delegation of medical services to a physician assistant; and
- (11) provide the statutory language that requires the supervising physician or supervising physician organization to ensure competent practice of the physician assistant.

The rule amendments also contain general grammar and housekeeping updates.

Dr. Sukumar welcomed comments from the public in attendance. No public comment was presented.

BOARD ACTION: Ms. Peng moved that the Board adopt OAR 847-050-0010; 847-050-0027; 847-050-0036; 847-050-0037; 847-050-0040: Supervising Physician Organizations, as written. Dr. Girard seconded the motion. The motion passed 11-0-0-0-2. Dr. Cahn and Mr. Turner were absent by prior notice.

Licensure Count

MP

The Board reviewed the Oregon Medical Board's licensure count from March 5, 2016, to May 17, 2016.

The Board took no official action.

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Agency Requested Budget	DG
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Carol Brandt, Business Manager, presented to the Board. Ms. Brandt summarized the 2017-2019 agency requested budget. The numbers presented to the Board are preliminary.

There are several policy packages included in the requested budget including a Board Membership package that would allow Emeritus Board Members to come back and serve in time of need, as well as a package to implement administrative efficiencies.

Drs. Sukumar and Girard thanked Ms. Brandt for her presentation.

Dr. Chavin inquired about the collective bargaining agreement. Ms. Brandt stated that the Union (SEIU 503) represents non-management staff at the agency. The Union negotiates step increases and cost of living (COLA) increases.

Dr. Mastrangelo inquired about the HPSP special payments and questioned whether there is any transparency in how HPSP is utilizing their budget. Ms. Haley stated she believes there is not much transparency in HPSP's budget. Right now the amount covers the 80 licensees who are in the program. Ms. Haley stated the Board will save around \$125,000 when the contracting transfers from the Oregon Health Authority to the Boards.

Dr. Sukumar noted that this budget has two new items, the Wellness Coalition and the Interstate Compact. This reflects the Board's interest in physician wellness. Dr. Sukumar also noted that the Board received a \$10,000 grant from the Federation of State Medical Boards (FSMB) to assist the Board in implementing the Interstate Licensure Compact.

Dr. Fisher asked about the funds that will be going to the Coalition. Dr. Girard stated that those funds would go to assist implementing and maintaining the Wellness Coalition throughout the state. Ms. Haley stated that the Board would not be keeping these funds. The intention is that the funds will go to The Foundation for Medical Excellence.

Dr. Lace inquired whether the requested budget ever gets cut. Ms. Brandt replied that it is dependent upon the budget cycle. The governor's recommended budget tends to be pared down by the Legislature.

BOARD ACTION: Dr. Girard moved that the Board approve the Board's Agency Requested Budget. Dr. Lace seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

Approved by the Board on October 7, 2016

Administrators in Medicine - Best of Boards
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<i>KF</i>

Ms. Brandt presented to the Board. The Board received an Honorable Mention for technology improvement from the Administrators in Medicine's Best of Boards Awards.

Ms. Brandt stated the agency created a secure upload portal so applicants and licensees can log on and provide sensitive information to the Board through secure electronic means. The Board has been receiving very positive feedback from applicants and licensees.

Dr. Sukumar stated that it is very commendable that the Board received this award.

Physician Assistants as Chief Medical Officer
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<i>MP</i>

Ms. Peng reported that the Board received an inquiry from a physician concerning whether it was appropriate for a physician assistant (PA) to hold the position of Chief Medical Officer (CMO). The PA in question writes policies for the clinics and evaluates medical care provided by physicians; however, the clinic has a robust process in place that includes review and input of policies by other providers and Peer Review for quality of care concerns. The Administrative Affairs Committee felt that this was appropriate given the checks and balances that have been put in place.

Dr. Lipe asked if the PA in question had additional qualifications such as a MPH or MBA.

Ms. Peng stated she was unsure if the PA has additional qualifications, but the clinic stated that it is not a requirement for the position.

Ms. Peng commented that nurses or nurse practitioners are often in these leadership roles within a health care setting. Ms. Peng feels that this is acceptable if the organization has good checks and balances in place and if the PA is not directing his or her supervising physician in a clinical setting.

Dr. Sukumar questioned whether a PA in a case like this could inactive his or her license since the PA is not practicing clinically but still maintain the leadership position. Ms. Peng stated there is not an administrative license for physician assistants. Dr. Thaler stated that he believes, in this case, it is a requirement of the organization that the PA be licensed.

Ms. Peng stated that it is common in other states for PAs to be in leadership roles or to own clinics. Checks and balances are put into place to avoid any conflict of interest. Other states also offer administrative licenses that do not require a physician assistant to have a supervising physician.

The Board would like to bring this discussion back to the Administrative Affairs Committee to discuss the potential for an administrative license for physician assistants.

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“Seeking Doctor Information Online: A Survey and Ranking of State Medical and Osteopathic Board Websites in 2015,” Consumer Reports, March 29, 2016

PC

Dr. Chavin discussed the Consumer Reports article. In the article, 82 percent of Americans favor requiring physicians to disclose whether they are on probation, and 66 percent favor suspending physician licenses until the physician completes his or her probation.

The Consumer Reports article ranked the Board websites on specific criteria. California claimed the top spot and Oregon came in at number 11 out of 65 board websites.

Dr. Chavin suggested the Board discuss the Board’s website at a retreat to determine what other information the OMB should have on its website.

2017 Legislative Concepts

SS

Dr. Sukumar discussed the Board’s 2017 Legislative Concepts. There are three proposed Concepts: Administrative efficiencies, Interstate Medical Licensure Compact, and emeritus/public Board members.

The OMB’s resources are limited. Rising administrative costs and requirements directly impact the funding for programs and services. The administrative efficiencies concept will shift the Board to a semi-independent status as a state agency. State oversight and accountability to the Governor, Legislative and the public will remain the same. The concept allows a more streamlined budget process through a public rulemaking hearing and more flexibility in contract for goods and services. The budget would be subject to Legislative review and an audit through the Secretary of State. The Governor and Legislature will continue to appoint Board members, and Board staff will remain state employees.

Dr. Sukumar stated numerous associations including the Oregon Medical Association (OMA), the Osteopathic Physicians and Surgeons of Oregon, and the Oregon Society of Physician Assistants support the Board’s administrative efficiencies concept.

Dr. Sukumar reported the second concept is the Interstate Medical Licensure Compact. In order to address the growing need to support access to health care, this concept would allow Oregon to enter into the Interstate Compact for Medical Licensure. The Compact proposes to make it faster and easier for physicians to obtain licenses to practice medicine in multiple states, while at the same time, strengthening public protection by enhancing the ability of states to share investigative and disciplinary information with one another. The OMA, Representative Knute Buehler, and Senator Elizabeth Steiner Hayward support this concept.

The third concept is in regards to emeritus and public Board members. Dr. Sukumar stated that this concept would add a third public member to the Board, and it would allow past Board members to come back to serve in place of a currently appointed Board member in times of absence. This would give the Board greater assurance of having a quorum at any given Board or Committee meeting and allow the public members to lessen their Board-assigned duties by splitting committee meetings. The Board has the OMA’s support on this concept.

Approved by the Board on October 7, 2016

Federation of State Medical Boards – Interstate Medical Licensure Compact Grant Approval

DG

Dr. Girard reported that the Board received a \$10,000 grant from the Federation of State Medical Boards (FSMB) Foundation for the purpose of implementing the Interstate Medical Licensure Compact in Oregon.

Drs. Mastrangelo and Girard congratulated the Board on receiving the grant.

Federation of State Medical Boards - 2016 Annual Meeting

SS

Dr. Sukumar stated she attended the annual Federation of State Medical Boards (FSMB) meeting in San Diego with Ms. Haley and Warren Foote, Sr. Assistant Attorney General. Dr. Sukumar thanked the Board for allowing her to represent the Board at this meeting.

Dr. Sukumar reported that participants met with boards from across the country. The Oregon Medical Board is held in very high regard.

At the opening ceremony, the Surgeon General, Vice Admiral Vivek H. Murthy, MD, MBA, spoke about issues very pertinent across the country like opioid and substance abuse and physician burnout. Dr. Sukumar stated a wide range of topics were discussed at the meeting including opioids, medical marijuana, the Interstate Compact, and social media.

Dr. Sukumar stated the session on social media focused on how medical boards can utilize social media platforms such as Facebook and Twitter. Ms. Krishnaswami stated that this has been looked into several times. The biggest concerns around using social media platforms is that the Board will still have to comply with public records law. This would ultimately mean that the Board would have to retain all posting and comments.

Dr. Sukumar also attended the FSMB's House of Delegates meeting.

Dr. Sukumar stated that she took the opportunity to meet with representatives from CPEP who also attended the meeting. CPEP had a lot of information and feedback.

Dr. Chavin stated each Board seems to be very different from one another, comparing apples to apples or apples to oranges. For instance, the Montana Board has one staff member, while the OMB has close to 40. Dr. Chavin wants to make sure the Board is getting a fair exchange as the Board implements the Interstate Medical Licensure Compact because some states seem to have more relaxed requirements for licensure.

Dr. Mastrangelo commented that the Boards across the country are very different. The licensure process is very different Board to Board. The Interstate Medical Licensure Compact grew out of the concern of the telehealth industry wanting national licensure.

Dr. Mastrangelo stated that Ms. Haley is very well respected at the national level. She has worked with the North Carolina Board to assess their Board, and the Washington Board attends our Board meetings to observe our processes. Ms. Haley also went to Abu Dhabi with other members of the FSMB to consult with Abu Dhabi's Medical Board.

Updated August 11, 2016

2016 Citizen Advocacy Center Meeting

PC

Dr. Chavin report that the Citizen Advocacy Center (CAC) will be holding its annual meeting in conjunction with the Council on Licensure, Enforcement and Regulation's (CLEAR) educational conference in Portland. The meeting will focus on modernizing the regulatory framework for telehealth. The CLEAR conference is September 14 – 17, and the CAC meeting is September 17 and 18.

The CAC will be awarding its Shimberg Award to Ms. Haley at the meeting.

Dr. Chavin stated this meeting would be of particular interest to Board members as the Board needs to stay in the forefront of evolving social media and telemedicine. Ms. Haley stated if Board members are interested in attending CLEAR and/or CAC, please let her know.

Physician/Physician Assistant Support and Professionalism Coalition

DG

Dr. Girard stated the Coalition is a leadership group who have united to collectively provide wellness help. The Coalition is comprised of representatives from the Oregon Medical Association, the Medical Society of Metropolitan Portland, the Lane County Medical Society, OHSU, Kaiser Permanente, The Foundation for Medical Excellence, and some individual members.

The group shares outcomes and resources and wants to assist communities that are not well represented. The Coalition hopes to address the crisis of physician burnout and hopes to favorably impact adverse outcomes that are seen among colleagues.

Dr. Girard appreciates the Board in assisting with the development of the Coalition.

Dr. Sukumar thanked Dr. Girard for tackling this important issue.

Guidelines for Prescribing Opioids

SS

Dr. Sukumar reported the Oregon Opioid Prescribing Guidelines Task Force is building on the CDC Guideline for Prescribing Opioids for Chronic Pain to develop statewide opioid prescribing guidelines, with an initial focus on recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Representatives from numerous organizations are on the task force. Dr. Thaler represents the Board.

Board Meeting Minutes

SS

The Board reviewed the April 7-8, 2016, Board meeting minutes. Dr. Sukumar noted that Dr. William Long is from Legacy Emanuel and the minutes should reflect this.

BOARD ACTION: Dr. Girard moved that the Board approve the April 7-8, 2016, Board meeting minutes, as amended. Dr. Mastrangelo seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

Approved by the Board on October 7, 2016

Administrative Affairs Committee Meeting Minutes	SS
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The Board reviewed the June 8, 2016, Administrative Affairs Committee meeting minutes.

BOARD ACTION: Dr. Girard moved that the Board approve the June 8, 2016, Administrative Affairs Committee meeting minutes, as written. Dr. Lipe seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

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

- Brian L. Dossey, MD – *Effective May 26, 2016*
- Miguel Estevez, MD – *Effective May 26, 2016*
- Gregory J. Parker, MD – *Effective June 3, 2016*
- Susan L. Reese, MD – *Effective June 13, 2016*
- Daniel E. Drew, MD – *Effective July 6, 2016*
- Justin D. Sterett, MD – *Effective July 6, 2016*

2017-18 Board and Committee Meeting Dates	SS
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The Board reviewed the proposed 2017-18 Board and Committee meeting dates. The Board agreed to move the August Investigative Committee meeting to August 10, because the July Board meeting falls on the second week of July.

The Board discussed the option of holding a Board meeting off-site in a different city.

BOARD ACTION: Dr. Gubler moved that the Board approve the 2017-18 Board and Committee meeting dates, as amended. Dr. Girard seconded the motion. The motion carried with a voice vote. Dr. Cahn and Mr. Turner were absent by prior notice.

The Board adjourned at 12:07 pm

ADJOURN

Updated August 11, 2016