Approved by the Board on October 9, 2015

OREGON MEDICAL BOARD
Meeting of the Board • July 9 - 10, 2015

The Oregon Medical Board (OMB or "Board") held a regular quarterly meeting on Thursday and Friday, July 9 - 10, 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 J. Mastrangelo, Jr., MD, Chair, Bend	James K. Lace, MD, Salem
Shirin R. Sukumar, MD, Vice Chair, West Linn	Lisa M. Lipe, DPM, Lake Oswego
George Koval, MD, Secretary, Lake Oswego	Roger M. McKimmy, MD, Eugene
Katherine Fisher, DO, Happy Valley	Terry Smith, Portland*
Donald E. Girard, MD, Portland	Angelo Turner, Portland*
K. Dean Gubler, DO, Portland	

*Public Member

Staff, consultants and legal counsel present:

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

OMB Committee members and guests present:

Stephan A. Ames, MD, Licensee	Chris Madden, Oregon Society of Physician Assistants
Erika Copperman, Medical Student	Karen Mainzer, Gallant Policy Advisors
Scott Gallant, Gallant Policy Advisors	Paul Silver, JD, Attorney
Brynn D. Graham, LAc, Acupuncture Advisory Committee Chair	Jennifer K. Van Atta, PA-C, Physician Assistant Committee Chair
Kara Kohfield, Paramedic, EMS Advisory Committee Chair (via telephone)	Mike Verkest, EMS Advisory Committee Member

Thursday, July 9, 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.

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Licensee	*Case #*	*Complaint #*	*Investigator*	*Board Reviewer*

PUBLIC SESSION

Dr. Mastrangelo welcomed and introduced Alexander Burt, MD, the Board's new psychiatric consultant. Dr. Mastrangelo took roll call. Dr. Gubler, by previous arrangement, arrived late and not present during roll call. Dr. Williamson was absent by prior notification.

EXECUTIVE SESSION

Public Records	***MM***

Warren Foote, JD, Senior Assistant Attorney General, provided a tutorial on what is public in terms of Board members' phone records, laptop information, texts and e-mails.

CLOSED SESSION

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

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

Stephan Ames, MD, and his attorney, Paul Silver, JD, joined the meeting to present oral exceptions to the Amended Proposed Final Order, and upon completion of the presentation, left the meeting.

The Board deliberated on the Amended Proposed Final Order and exceptions.

Dr. Gubler joined the meeting at 8:45 a.m., but excused himself immediately and left the room during deliberations as he had not been present for oral exceptions.

BOARD ACTION: Dr. Sukumar moved that in the matter of Stephan A. Ames, MD, the Board adopt the Amended Proposed Final Order as the Final Order. Dr. McKimmy seconded the motion. The motion passed 9-0-0-1-2. Dr. Gubler was absent from the vote. Dr. Williamson was absent by prior notice.

EXECUTIVE SESSION

BAILEY, Douglas D., MD		***#***	***VW***	***SS***

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

BOARD ACTION: Dr. Sukumar moved that in the matter of Douglas D. Bailey, 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 10-0-0-1-1. Dr. Williamson was absent by prior notice.

ALVAREZ, Lynn M., DO		***#***	***WF***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Lynn M. Alvarez, DO, the Board approve the Stipulated Order signed by Licensee on April 20, 2015. Mr. Turner seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

CROSS, Lorne M., MD	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Lorne M. Cross, MD, the Board modify Licensee's 2014 Stipulated Order. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

DYSON, Robert D., MD	***Supervision***	***TL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Robert D. Dyson, MD, the Board terminate Licensee's 2015 Corrective Action Agreement. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

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 issue a second amended Complaint & Notice of Proposed Disciplinary Action. Dr. Girard seconded the motion. The motion passed 10-0-1-0-1. Dr. Mastrangelo abstained. Dr. Williamson was absent by prior notice.

PUBLIC COMMENT	***MM***

No public comment was presented.

GREEDER, Glenn A., MD	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Glenn A. Greeder, MD, the Board terminate Licensee's 2011 Corrective Action Agreement. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

HASAN, Shagufta A., MD	***Supervision***	***TL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Shagufta A. Hasan, MD, the Board approve the Corrective Action Agreement signed by Licensee on May 7, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

BLACKBURN, Roy M., III, MD	***Supervision***	***TL***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Roy M. Blackburn, III, MD, the Board modify Licensee's 2014 Stipulated Order. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

MCDOUGALL, William E., DO	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of William E. McDougall, MD, the Board terminate Licensee's 2010 Stipulated Order. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

JOHNSON, Kevin R., MD	***Supervision***	***TL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Kevin R. Johnson, MD, the Board modify Licensee's 2014 Stipulated Order. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

MCCLUSKEY, Edward A., MD	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Edward A. McCluskey, MD, the Board modify Licensee's 2011 Stipulated Order. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

MCVEY, Douglas K., PA		***#***	***MS***	***TS***

Ms. Smith reviewed the case.

BOARD ACTION: Ms. Smith moved that in the matter of Douglas K. McVey, 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), ORS 677.190(10), ORS 677.190(17), and ORS 677.190(20), as defined by ORS 677.188(1). Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

THOMPSON, Albert P., MD	***#***	***#6***	***DL***	***DG***

Drs. Lipe and Sukumar recused themselves and left the room. Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Albert P. Thompson, 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), ORS 677.190(13), and ORS 677.190(17). Ms. Smith seconded the motion. The motion passed 9-0-0-2-1. Dr. Williamson was absent by prior notice.

MURPHY, James M., MD		***#***	***TL***	***KDG***

Dr. Sukumar recused herself and left the room. Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of James M. Murphy, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possibly violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(5), ORS 677.190(8), and ORS 677.190(17). Dr. Girard seconded the motion. The motion passed 10-0-0-1-1. Dr. Williamson was absent by prior notice.

PUBLIC SESSION

Deborah Eisenhut, MD, presented to the Board on Ebola Comes to ELWA (Eternal Love Winning Africa).

Dr. Deborah Eisenhut thanked the Board for inviting her to come and present on Ebola Comes to ELWA (*Attachment I*). Dr. Eisenhut is a missionary physician who works with SIM, a mission originally standing for Soudan Interior Mission, which was established in 1893. SIM established its first Liberian ministry in 1954 with a radio station. The original call letters for the radio station was 'ELWA', which stands for Eternal Love Winning Africa. Later in the 1960s SIM established a hospital that has grown into the present ELWA Hospital.

Liberia has been severely traumatized by two long civil wars. The second civil war ended about eleven years ago.

Dr. Eisenhut stated that even today a large number of people in the capital city do not have running water or electricity.

In March of 2014, there were six reports of Ebola in the northern Liberian city of Foya. At that time, Dr. Eisenhut and Dr. Jerry Brown, the Medical Director at ELWA, began to train ELWA Hospital staff on how to care for patients in an Ebola unit. All staff participated in the Ebola training. After the training Dr. Eisenhut saw an increase in hand washing and glove use.

In order to prepare to treat Ebola patients, staff converted their chapel into an Ebola isolation unit and a triage tent was built to evaluate suspected Ebola patients.

ELWA had very limited supplies until a pallet of supplies arrived from Samaritan's Purse (SP). SP supplied ELWA very generously throughout the entire Ebola outbreak.

Doctors Without Borders, or Médecins Sans Frontières (MSF), normally responds to Ebola outbreaks, but they were overwhelmed by the needs in Guinea and Sierra Leone. MSF had also not been invited into the country by the Liberian government. Despite this, MSF sent three people to survey ELWA and the area's needs. MSF provided lots of useful advice and training to ELWA. MSF demonstrated on how to properly put on personal protective equipment (PPE).

ELWA's first five bed Ebola treatment unit was known as ELWA 1. ELWA got their first Ebola patient on June 12, 2014.

Once an Ebola patient was admitted to ELWA 1, staff were able to give fluids, pain medication and provide care. Many patients were incontinent and needed basic nursing care. In ELWA 1, staff were often inside taking care of patients for three to four hours at a time. When finished staff would come outside to be decontaminated.

The decontaminating procedure included rinsing gloves in a chlorine solution and then staff were sprayed off, front and back. Aprons were put into a large garbage cans full of bleach, then staff were sprayed off again. After taking off each PPE item, staff washed their hands in chlorine solution. Their boots got sprayed off before stepping over the line into the clean zone. The last step was to walk through a foot bath of bleach.

ELWA provided all the functioning Ebola treatment beds in Monrovia up until the middle of August. MSF set up a well-designed, 25 bed unit at the JFK Medical Center downtown, where MSF trained staff and then left to return to Guinea and Sierra Leone.

An epidemiologist from MSF predicted that the Ebola epidemic would explode and that ELWA needed a bigger Ebola treatment unit and a large tent hospital. SP began to convert one of the new hospital buildings into an Ebola treatment unit. This became ELWA 2. SP also began to build a tent hospital for 60 patients on the ELWA compound. It was to become ELWA 3.

The number of Ebola patients continued to increase.

Dr. Eisenhut stated that triage of Ebola patients is challenging because Ebola can mimic many other diseases. Patients suspected of having Ebola were initially treated in the triage tent. Triage was difficult because many patients denied that they could have Ebola. Some patients were reluctant to say they might have Ebola because then it might make it true. This complicated triage of patients.

The death rate was very high. Six weeks into the outbreak, they only had three survivors, one man and two young boys.

SP had to stop working on ELWA 3, the big tent hospital, due to threatening violence from members of the surrounding community. The Liberian National Police were deployed on the compound. The United Nations military and the Liberian Army responded to the protests, all while the number of patients were increasing.

The new ELWA 2 unit was completed and ready on July 20th. All Ebola care in the Monrovia area was then consolidated at ELWA 2. Dr. Kent Brantly, an American doctor with SP, took over as medical director. Dr. Brantly spoke at the Federation of State Medical Boards annual meeting this year.

Two days later on July 22, Nancy Writebol, SP's personnel director, developed a fever. The next day Dr. Brantly developed a fever. On July 26th, both of their blood tests for Ebola came back positive. Staff were stunned as everyone had been so careful.

SP leadership met with the President and Vice President of Liberia requesting that the government appeal to the international community for help. The Liberian President was then informed that SP and SIM were pulling out of Liberia. SP and SIM began to evacuate their workers from Liberia.

Those who stayed behind turned their attention to the care of Dr. Brantly and Nancy Writebol. Soon their homes looked like Ebola units.

Dr. Eisenhut stated that before the Ebola response began, Nancy explained that their travel insurance company would not be able to medically evacuate anyone should they contract Ebola; however, SIM began to make phone calls once Dr. Brantly and Nancy became ill.

SIM was able to obtain a specially equipped private plane that was outfitted for transporting patients with highly infectious diseases, such as Ebola.

While waiting to be evacuated, a U.S. Ebola researcher visited Liberia to inform Dr. Brantly and Nancy about some experimental Ebola treatments. The researcher told them about a treatment called 'Zmapp', an antibody cocktail. Scientists with a Canadian company were going back and forth to Sierra Leone to do research and had positioned some doses there in case one of their scientists got sick. The Canadian company got permission to fly some doses to Liberia so that Dr. Brantly and Nancy could start the experimental treatment.

Dr. Brantly was evacuated first. He was admitted to a hospital in Atlanta upon his arrival in the U.S. Nancy followed three days later.

As the remaining SIM staff prepared for their departure from Liberia, they received a call from SIM the night before stating that David Writebol, Nancy's husband, was on a 'no-fly' list as he was in contact with Nancy while she was ill. Most of the SIM team left the next morning; however, Dr. Eisenhut, David Writebol, and Dr. John Fankhauser stayed behind.

Initially it was decided that the three left behind would wait out their quarantine in Liberia, but later SIM leadership decided to evacuate them on a private plane.

They were met at the Charlotte, North Carolina airport by a nurse wearing PPE, and were served with court-ordered quarantine papers.

The suffering in Liberia continued.

The Liberian government did appeal to the international community for help. On August 8th the World Health Organization (WHO) declared the Ebola outbreak to be an international emergency. The Liberian government invited MSF into the country and construction on ELWA 3 restarted.

ELWA 2 and 3 became overwhelmed and staff had to turn patients away. Patients wandered the grounds in and around the ELWA compound because there were not enough beds.

ELWA 3 is the largest Ebola Management Center that MSF has ever built. It has 250 beds, admitted over 1,300 patients, and 1,128 confirmed Ebola cases as of October 2014. Of the 1,128 confirmed cases, 301 patients have recovered.

Dr. Eisenhut stated that the death rate continues to drop and is now about 40%. ELWA 3 was turned over to the Ministry of Health and now has only 30 beds. ELWA 2 was decommissioned. ELWA Hospital is still taking precautions. Everyone who enters the hospital must wash their hands in a 0.5% chlorine solution. All those who enter the hospital are triaged by nursing staff and must have their temperature taken.

Liberia was declared Ebola-free in May 2015; however, Liberia is not safe while any Ebola cases exist in any part of West Africa.

Dr. Eisenhut stated she has been invited to work at Mbingo Baptist Hospital in Cameroon teaching young African doctors to become surgeons. She hopes to leave in August.

Dr. Girard thanked Dr. Eisenhut for her informative presentation. Dr. Girard inquired whether there are signs in the early stages of Ebola that may indicate the severity of the illness. Dr. Eisenhut stated that if a patient has hemorrhagic or neurologic symptoms such as confusion or mental status changes, the patient almost never survives without treatment. With treatments that are now available, patients with these symptoms probably would survive. Only about one-third of the patients had hemorrhagic symptoms and most often the symptoms were very mild.

Dr. Sukumar expressed her thanks to Dr. Eisenhut and commended her for the services she has provided.

Dr. Mastrangelo thanked Dr. Eisenhut for her dedication and for her wonderful presentation.

EXECUTIVE SESSION

Name Redacted	**15-0126**	***#2***	***TL***	***TS***

Ms. Smith reviewed the case.

This case is forwarded to the Consent Agenda for closure.

TILLETT, Steven G., DPM	***Supervision***	***TL***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Steven G. Tillett, DPM, the Board terminate Licensee's 2014 Corrective Action Agreement. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

KETCHAM, John P., MD		***#***	***MS***	***SS***

Dr. Koval recused himself 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 approve the Stipulated Order signed by Licensee on June 15, 2015. Dr. Girard seconded the motion. The motion passed 10-0-0-1-1. Dr. Williamson was absent by prior notice.

WOODWORTH, Christopher S., MD		***#***	***DL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Christopher S. Woodworth, MD, the Board approve the Corrective Action Agreement signed by Licensee on June 24, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

MOORE, Gregory A., MD		***#***	***VW***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Gregory A. Moore, MD, the Board approve the Corrective Action Agreement signed by Licensee on June 25, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Name Redacted	**14-0258**	***#6***	***VW***	***MM***

Dr. Mastrangelo reviewed the case.

The Board took no official action.

HOLUB, Ondria L., LAc	**14-0409**	***#1***	***WF***	***AT***

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Ondria L. Holub, LAc, the Board approve the Stipulated Order signed by Licensee on June 24, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Name Redacted	***Entity ID 1021863***	***GK***

Dr. Girard reviewed the case.

The Board took no official action.

Name Redacted	***Entity ID 1028814***	***MM***

Dr. Mastrangelo reviewed the case.

The Board took no official action.

FRIDINGER, William C., MD	***Entity ID***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of William C. Fridinger, MD, the Board issue an unlimited license contingent upon Applicant signing a Consent Agreement. Ms. Smith seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Name Redacted	***Entity ID 1029322***	***GK***

Dr. Koval reviewed the case.

The Board took no official action.

LAWS, Craig R., MD	***Entity ID 1029078***	***TS***

Ms. Smith reviewed the case.

BOARD ACTION: Ms. Smith moved that in the matter of Craig R. Laws, MD, the Board issue Applicant an unlimited license. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

LEFER, Theodore B., MD	***Entity ID***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Theodore B. Lefer, MD, the Board grant Applicant an unlimited license. Dr. Koval seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Name Redacted	***Entity ID 1024128***	***GK***

Dr. Koval reviewed the case.

The Board took no official action.

PROLER, Meyer L., MD	***Entity ID***	***GK***

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of Meyer L. Proler, MD, the Board approve the Applicant's request to withdraw application for licensure without report to the Federation of State Medical Boards (FSMB). Ms. Smith seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

SPERTUS-MARADIE, Arlene P., MD	***Entity ID***	***TS***

Ms. Smith reviewed the case.

BOARD ACTION: Ms. Smith moved that in the matter of Arlene P. Spertus-Maradie, MD, the Board issue a Civil Penalty fine in the amount of $195.00 and grant Applicant an unlimited license. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Name Redacted	***Entity ID 102133***	***MM***

Dr. Mastrangelo reviewed the case.

The Board took no official action.

CLOSED SESSION

Probationer Interviews

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

Board Member	Licensee	Room No.
Roger McKimmy, MD *Observer: Lisa Lipe, DPM*	***Name Redacted***	**1**
George Koval, MD	***Name Redacted***	**2**
Donald Girard, MD *Observer: James Lace, MD*	***Name Redacted***	**3**
Ms. Terry Smith	***Name Redacted***	**4**

The Investigative Committee held a meeting at 3 p.m., adjourning at 5:06 p.m.

The Board adjourned at 4 p.m.

Board Recessed until 8 A.M. Friday, July 10
6:00 p.m. – Working Board Dinner

Friday, July 10, 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.

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Approved by the Board on October 9, 2015

PUBLIC SESSION
Dr. Mastrangelo took roll call. Dr. Williamson was absent by prior notification.

CLOSED SESSION

Probationer Interview Reports

The Board members reported on probationer interviews.

EXECUTIVE SESSION

Investigative Committee (IC) Consent Agenda	***SS***

The Board reviewed Investigative Committee Consent Agendas from May 7, 2015, June 4, 2015, and July 9, 2015.

BOARD ACTION: Dr. Koval moved that the Board approve the Investigative Committee Consent Agendas from May 7, 2015, June 5, 2015, and July 9, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Mr. Turner is recused on case 14-0767. Dr. Williamson was absent by prior notice.

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

The Board reviewed the May 7, 2015, IC meeting and Full Board Conference Call minutes and the June 4, 2015, IC meeting minutes.

BOARD ACTION: Mr. Turner moved that the Board approve the May 7, 2015, Investigative Committee meeting and Full Board Conference Call minutes, and the June 4, 2015, Investigative 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.

PUBLIC SESSION
Dr. McKimmy introduced Erika Copperman, a senior medical student attending Western University in Lebanon, Oregon, who is interning in his office.

Mr. Turner stated that Eric Brown, Chief Investigator, and the Investigations Department have done a wonderful job. He stated that most people do not realize there are between 5,000 to 10,000 pages of documents that are compiled for each meeting. Mr. Turner stated that transitioning these paper documents into an electronic e-book that is uploaded to the Cloud is a huge accomplishment. The e-book format is very helpful to the Board members.

Mr. Turner reported that he serves on the Portland Police Bureau's Citizen Review Committee and the files for Committee are in paper format. Mr. Turner asked Eric Brown if he would be willing to meet with the Captain of Internal Affairs at the Portland Police Bureau to discuss how the Oregon Medical Board made the transition from paper to electronic files for the Board. Mr. Brown has agreed to meet with the Captain.

Mr. Turner believes that transitioning the Police materials to an electronic format will greatly enhance the Citizen Review Committee's ability to review cases in a timely and fair manner.

Dr. Mastrangelo stated that Ms. Haley and the staff at the Medical Board have done an incredible job assisting the Board members.

Emergency Medical Services (EMS) Advisory Committee	***RM***

Via telephone, Kara Kohfield, Paramedic and Emergency Medical Services (EMS) Advisory Committee Chair, presented to the Board. Dr. McKimmy congratulated Ms. Kohfield on being selected as the new EMS Advisory Committee Chair.

Ms. Kohfield provided an overview of the EMS Advisory Committee meeting of May 22, 2015. At the meeting the Committee held elections for two seats on the Committee. The Committee recommended Mike Verkest for a paramedic seat and Mohamud Daya, MD, for the physician seat.

The Committee conducted a first review of OAR 847-035-0030: Scope of Practice. The proposed rule amendment clarifies that EMTs may prepare and administer albuterol treatments and are not limited to only nebulized albuterol.

The propose rule amendment further clarifies that Advanced EMTs may continue to administer Naloxone by any method of delivery, which is distinct from the ability of Emergency Medical Responders to administer naloxone only via intranasal device or auto-injector for suspected opioid overdose. The proposed rule amendment also alphabetizes the medications or categories of medications that an Advanced EMT may prepare and administer under specific written protocols or direct orders.

The Committee recommended forwarding the proposed rule amendment to the Full Board. It was confirmed that the proposed amendments would not fiscally impact the Oregon Health Authority.

Ms. Kohfield reported that Wayne Endersby, EMT-Intermediate, was reappointed for a second term on the EMS Advisory Committee.

The EMS Advisory Committee reviewed the BiPAP/CPAP Scope of Practice. The Committee reviewed the national scope of practice and discussed where Oregon's scope lies.

At the February 20, 2015, Committee meeting, the Committee determined that BiPAP and CPAP fall under the Oregon EMT scope of practice, but was it not compared to the national scope. Both the Committee and the public attendees agreed that BiPAP and CPAP are acceptably placed in the current EMT scope of practice. The Committee affirmed that BiPAP and CPAP fall under the EMT Scope of Practice under OAR 847-035-0030(9)(D). Dr. Gubler stated that BiPAP and CPAP use in inappropriate settings have risks.

Ms. Kohfield stated that a public attendee, Mark Stevens, addressed the Committee during the meeting. Mr. Stevens stated that his agency recently received legal opinions regarding the paramedic's non-emergency clause under OAR 847-035-0001(11). He requested that the Committee come up with a statement regarding the interpretation of community paramedicine until more clarifying language is put in place.

Ms. Haley, Executive Director, asked Mr. Stevens to provide the Board with the legal opinions he received and requested his assistance in responding to them. The determination will be brought to the next Committee meeting.

The next EMS Advisory Committee meeting will be held on August 21, 2015, at 9 a.m.

Dr. Gubler stated that he is unclear regarding the protocols around BiPAP and whether it is limited or unlimited. He stated he has specific concerns regarding patients who have already had BiPAP and the level of consciousness.

Ms. Kohfield replied that based on her experience, the individual agency and medical director are responsible for writing the protocols and determining whether BiPAP or CPAP is appropriate. Dr. Gubler believes the protocols around the use of BiPAP should be vigorous and cautious.

Dr. Girard thanked Ms. Kohfield for her excellent presentation. Dr. Girard stated the Board greatly appreciates Mr. Doug Kelly and Dr. Terri Schmidt's investment in the EMS program. He stated that Mr. Kelly was always very articulate in bringing EMS program related matters to the Board. Dr. Girard stated the Board would like to express their thanks to Mr. Kelly and Dr. Schmidt for their hard work.

BOARD ACTION: Dr. McKimmy moved that the Board approve the May 22, 2015, EMS Advisory Committee meeting minutes as written. Dr. Sukumar 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 appoint Mike Verkest, Paramedic, and Mohamud Daya, MD, to the EMS Advisory Committee. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Dr. Mastrangelo welcomed and congratulated Mr. Mike Verkest on his appointment to the EMS Advisory Committee. Dr. McKimmy thanked Ms. Kohfield for her presentation and stated the Board greatly appreciates her service.

Physician Assistant Committee	***GK***

Jennifer Van Atta, PA-C, Physician Assistant Committee Chair, presented to the Board. Ms. Van Atta provided an overview of the Physician Assistant Committee teleconference meeting of June 11, 2015.

The Physician Assistant (PA) Committee reviewed the supervisory requirements of a physician assistant by a physician. The current OAR requirement is eight hours of onsite supervision per month for a full-time PA, regardless of the amount of time the PA spends in clinical practice.

Ms. Van Atta reported that in the past year there have been several cases that have come to the Committee's attention for consideration in which it has been extremely difficult for a PA and physician to accomplish the required eight hours per month. The PA Committee believes there

are some situations where it is a significant burden for the physician and PA to have eight hours of onsite supervision per month.

The PA Committee recommends removing 'onsite' language within the rule. The Committee would like the Board to consider alternative language such as telemedicine, online chart review, telephone consult, or specifying a minimum number of face-to-face contact time, or consider a percentage of hours that would be required. A percentage would give a part-time PA adequate supervision for time the spent in clinical practice.

Ms. Van Atta stated that Board staff researched supervision levels in Washington State and found that Washington has an exemption for rural clinics from their onsite supervisory requirement that allows them to supervise ten percent of the PA practice hours in remote clinics, unless their supervision is addressed by an alternate method. Washington State does not describe what an alternate method would be, but there is an assumption that this is done through telemedicine, online chart review, and some face-to-face and telephone contact.

The Committee members believe that a percentage approach is much more reasonable rather than an hourly approach. One idea that the Committee would like the Board to consider would be to require a minimum of five percent of onsite hours worked to be the review requirement that would include some remote chart review. In situations where a PA works in a severely remote clinic, the requirement could be two hours of face-to-face supervision per six months.

Ms. Van Atta stated that this would not address supervision requirements for Locum PAs. Locum and "fill-ins" have different requirements and it depends on what kind of filling in the PA is doing. This should be considered while addressing rule language.

Dr. Koval stated that Board members were provided an article by the National Governors Association, *The Role of Physician Assistants in Health Care Delivery*. He stated that it appears that many states do not have any onsite supervision requirements.

Nicole Krishnaswami, Operations & Policy Analyst, stated that while it appears most states do not require onsite supervision, she is unclear what exactly 'none' means in the 'on-site restriction' category in chart within the article. Ms. Krishnaswami stated that the Board will need to take a look at the other states' rules to determine exactly what 'none' specifies. For example, Alabama states 'none' for onsite supervision, but PAs in Alabama have prescription restrictions and there is a ratio restriction of 3:1. PAs in Alabama cannot prescribe Schedule II drugs. Oregon currently has a 4:1 ratio and the Supervising Physician Organization (SPO).

Dr. Koval stated that the eight hours of supervision is not in statute and that the Board has the ability to adjust the rule.

Dr. Sukumar thanked Ms. Van Atta for her thoughtful comments. Dr. Sukumar believes that despite a location being rural or remote, there is still a need for onsite supervision. Dr. Sukumar recommends 50% onsite and 50% offsite supervision, such as teleconference, Skype, or telephone. She stated that supervision of part-time PAs could be adjusted accordingly.

Dr. Girard stated he wanted to reinforce what Dr. Sukumar recommended. He believes there is great importance in having an onsite relationship.
Dr. Mastrangelo thanked Ms. Van Atta for her time and commitment to the Board. Dr. Mastrangelo suggested that PAs who work in rural and remote areas could have a weekly conference call together with the supervising physician to discuss cases.

Ms. Van Atta reported that the Committee discussed how to increase PA awareness of licensure and responsibilities. Ms. Van Atta and Ms. Krishnaswami will be collaborating on this issue further.

The Committee had a first review of the new Supervising Physician Organization (SPO) rule. Ms. Van Atta stated the Committee has the following recommendations:

- Add a statement about PA responsibility to ensure appropriate supervision.
- Change the term "supervising physician of the supervising organization" to "member supervising physician".
- Consider requiring all member supervising physicians of a SPO to apply and be approved by the Board as a supervising physician;.
- Draft a rule amendment to include a SPO within the requirement of eight hours onsite supervision.
- Draft a rule amendment to incorporate the language in proposed rule OAR 847-050-0036(8)(a), (b), and (c).

Ms. Van Atta stated that SPO member supervising physicians are not required to go through the same approval process with the Board as a supervising physician does. Dr. Koval strongly supports requiring all supervising physicians within a SPO to have the same competency requirements.

Ms. Krishnaswami said that if the Board required all member physicians of a SPO to apply to the Board, it would be a change that would require a lot of education and there would be a need to communicate thoroughly with providers before the Board could implement this change. This change would also require special consideration of those physicians who are already part of a SPO.

Dr. Gubler suggested that this discussion be brought back to the next full Board meeting with members of the PA Committee present to have physician assistant representation.

BOARD ACTION: Dr. Koval moved that the Board approve the Physician Assistant Committee teleconference meeting minutes of June 11, 2015. Mr. Turner seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Dr. Koval stated that Senate Bill 905 that adds a physician assistant to the Board has passed through the Legislature. This bill also abolishes the Physician Assistant Committee. Ms. Krishnaswami added that the Governor signed SB 905 into law and becomes effective January 1, 2016.

Acupuncture Advisory Committee	***DG***

Brynn Graham, LAc, Acupuncture Advisory Committee Chair, presented to the Board. Dr. Girard congratulated Ms. Graham on being appointed as the new Acupuncture Advisory Committee Chair. Dr. Girard stated that the Board appreciates Ms. Ellen Shefi's long term commitment and contributions to the Board.

Ms. Graham reviewed the Acupuncture Advisory Committee minutes of June 5, 2015.

Ms. Graham stated the Committee had a first review of the new proposed rule, OAR 847-070-0021. The proposed rule requires acupuncturists to follow clean needle technique and use only disposable, single-use acupuncture needles. The clean needle technique refers to standards found in the Clean Needle Technique manual established by the Councils of Colleges of Acupuncture and Oriental Medicine (CCAOM).

Ms. Graham reported that the Committee reviewed animal acupuncture. The International Academy of Animal Acupuncture, located in Oregon, wants the Medical Board to require certification from acupuncturists who wish to perform animal acupuncture. The Veterinary Board does not want to address the credentialing process and says the Veterinary Board cannot dictate what happens with acupuncturists. The Committee feels that acupuncture treatment of animals is not the Medical Board's responsibility to address.

Dr. McKimmy believes this issue is outside of the Medical Board's mission.

Dr. Girard stated that the Veterinary Board trumps the Medical Board in regards to treatment of animals. The Veterinary Board is the authority in respect to animal acupuncture. Dr. Mastrangelo stated he would like to reiterate Dr. Girard's comments that animal acupuncture is beyond the scope of the Medical Board.

Dr. Mastrangelo stated he appreciates the time the Committee has worked on this issue. He congratulated Ms. Graham on her new appointment and looks forward to working with her.

Dr. Koval inquired whether the Medical Board has the authority to preclude acupuncturists from practicing animal acupuncture. Eric Brown, Chief Investigator, replied that the Veterinary Board has a rule that states in order for an acupuncturist to perform acupuncture on an animal, a veterinarian must refer the animal for such treatment.

Ms. Erika Copperman stated that she assumed when bringing her pet into the veterinarian, the veterinarian was certified to practice acupuncture.

Ms. Graham reported that the Committee discussed blood borne pathogens and whether acupuncturists should be required to wear gloves when removing needles. The CCAOM published a position paper stating that acupuncturists are not required to wear gloves upon the insertion or removal of needles; however, gloves should be available for use. This position is included in the Clean Needle Technique manual.

Dr. Sukumar inquired whether the use of gloves interfere inserting or removing the needles. Ms. Graham replied that the use of gloves can interfere with the insertion and removal of acupuncture needles because the needles can be extremely thin and light. It is exceptionally difficult to feel the needles between your fingers if one is wearing gloves.

Dr. Sukumar stated she has concerns regarding safety should a patient or an acupuncturist have Hepatitis C or HIV. Ms. Graham stated the thought behind this is that gloves are available should there be bleeding. In general, there is not much, if any, bleeding with acupuncture. Most acupuncturists do not use gloves.

Dr. Mastrangelo thanked Ms. Graham for her presentation.

BOARD ACTION: Dr. Girard moved that the Board approve the Acupuncture Advisory Committee meeting minutes of June 5, 2015. Ms. Smith seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Dr. Girard asked Ms. Graham to communicate the Board's gratitude to Ellen Shefi, LAc, for her years of service and commitment to the Board.

PUBLIC COMMENT	***MM***

No public comment was presented.

Legislative Advisory Committee Meeting Minutes	***DG***

Dr. Mastrangelo welcomed Scott Gallant and Karen Mainzer of Gallant Policy Advisors. Mr. Gallant and Ms. Mainzer presented to the Board on the 2015 legislative session.

Mr. Gallant stated that Senate Bill 279, the Board's semi-independence bill, largely did not pass out of Ways and Means because of Cover Oregon. There are concerns among legislators regarding IT services and contracts. Those concerns held up SB 279 from moving.

Mr. Gallant stated that there was an amendment to the bill to address the concerns. Unfortunately, this happened in the last few days of the legislative session and the bill did not move.

Ms. Mainzer stated that the legislative staff that worked on the amendment were also working on the marijuana bills so it took a lot longer than normal to get the amendment out.

Mr. Gallant stated the semi-independence bill will be reintroduced at the 2016 session by Senator Bates.

Mr. Gallant reported that Ms. Haley and Ms. Krishnaswami worked very hard during this session on a number of bills including SB 279. A considerable amount of time was spent working with the legislators on a number of issues.

Mr. Gallant stated that the Board's budget went up seven percent for the biennium and that the subcommittee members were very complimentary of Ms. Haley and the Board's work.

Senate Bill 905 adds a physician assistant to the Board. Ms. Krishnaswami worked very closely with the lobbyist from the Oregon Society of Physician Assistants to make sure the language on the bill was correct.

Senate Bill 144, which requires health benefit plan coverage for telemedicine services, was signed by the Governor, along with the OHSU bill, Senate Bill 684. SB 684 creates a new limited license for visiting professors. Mr. Gallant stated the Rep. Knute Buehler had concerns regarding the qualifications of the professors that would apply for this license.

Senate Bill 594 is the credentialing program bill. Most likely this will not become effective for physicians until 2017. A request for proposal (RFP) to date still has not been issued. Ms. Haley is involved in the credentialing workgroup.

Mr. Gallant reported there were several pieces of legislation that were introduced that carried a theme of establishing the standard of medical practice for particular diseases and conditions by statute. This included bills on adrenal insufficiency, Lyme disease, and E. coli testing. The bill on adrenal insufficiency passed with amendments. It requires the Oregon Health Authority to disseminate information related to adrenal insufficiency to health care professionals and the public.

Dr. Girard believes that taking the medical decision making away from the medical professional and putting it in statute makes no sense and is concerning.

Mr. Gallant stated that House Bill 2683 did not pass through. HB 2683 would require the Board of Dentistry to remove discipline from their website and other publications under certain conditions. Rep. Mitch Greenlick has requested that the health Boards work together to see if any policy modifications in regards to publication of discipline may be appropriate. The Medical Board will be involved in this workgroup.

Mr. Turner inquired if the Medical Board will be tapped in regards to marijuana legalization. Mr. Gallant replied that the Oregon Liquor Control Commission (OLCC) is the lead agency and there is considerable controversy around the legalization legislation. Oregon is taking into consideration the lessons learned by Colorado and Washington.

Drs. Mastrangelo and Girard thanked Mr. Gallant and Ms. Mainzer for their presentation.

BOARD ACTION: Dr. Girard moved that the Board approve the June 22, 2015, Legislative Advisory Committee meeting minutes as written. Mr. Turner seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

OAR 847-008-0058: Fraud or Misrepresentation	***TEMORARY & FIRST REVIEW***	***AT***

Mr. Tuner reviewed the IC's recommended amendments to OAR 847-008-0058: Fraud or Misrepresentation. The proposed rule amendment clarifies that the Board will not issue a license

application or renewal until an applicant or licensee has paid the civil penalty or is proceeding to a contested case hearing.

Dr. McKimmy inquired about the potential fiscal impact of implementing the proposed rule amendment. Ms. Krishnaswami stated that it would vary depending on the number of applications coming in. She anticipates with renewal coming up, the Board will issue more civil penalties than it would in a non-renewal year.

Ms. Krishnaswami stated the educational piece of this will be run again in the next newsletter and it is currently included on all the community outreach presentations. The information is included in several places on the Board's website and application.

Mr. Turner asked whether the Board can have the fine amount changed. Mr. Turner believes that a $195 fine may not get their attention. He feels the fine amount is not sufficient.

Ms. Krishnaswami stated that the Board could raise the amount of the fine, but the amount would have to be capped at $500 as it is an administrative fine.

Dr. Mastrangelo stated that the administrative fines are not for the most egregious offenders. For the more serious offenses, larger fines can be imposed after going through the Investigative Committee.

Ms. Haley stated that the discussion concerning the fine amount can be brought back to the Administrative Affairs Committee for further dialog.

Dr. Girard believes that the current system in which administrative fines are being issued works well and that the $195 fine amount is appropriate in most situations. If the $195 fine is not appropriate, there are alternative routes that can be taken in which discipline and/or larger fines can be considered, up to including denial of licensure.

BOARD ACTION: Mr. Turner moved that the Board temporarily adopt the amendment to OAR 847-008-0058: Fraud or Misrepresentation. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

OAR 847-010-0073: Reporting Requirements	***FIRST REVIEW***	***MM***

Dr. Mastrangelo reviewed the Administrative Affairs Committee's recommended amendments to OAR 847-010-0073: Reporting Requirements.

The proposed rule amendment memorializes the Board's position that alcohol or other substances, including the legal use of recreational marijuana, should not be used while a licensee is on call, and allegations of such use will be reviewed for the potential to jeopardize patient safety.

The proposed rule amendment also removes section (10), which allows a civil penalty to be issued through an administrative process to licensees who fail to report as required by statute. The proposed amendments include an update to the name of the Board.

Dr. Mastrangelo questions whether medical marijuana is acceptable should the licensee be prescribed medical marijuana and whether that is a loophole that needs to be addressed.

Ms. Krishnaswami stated the AAC has additional amendments that they would like to see in another draft; therefore, the draft rule will be rewritten and brought back.

Vickie Wilson, Assistant Chief Investigator, stated that the Oregon Health Authority's position in regards to Heath Professionals' Services Program (HPSP) participants and the use of medical marijuana is that medical marijuana is an authorization, not a prescription; therefore, it cannot be used.

Dr. Mastrangelo stated he would like "on call" to be better defined as the term "on call" can have many different meanings.

OAR 847-026-0000: Qualifications for License by Endorsement	***FIRST REVIEW***	***TS***

Ms. Smith reviewed the AAC's recommendation to forward the new rule as written.

The proposed rule amendment clarifies that the preceding year of practice must be under a full, active, unlimited license. Therefore, if an applicant has been in an accredited clinical fellowship but under a Limited License, he or she will not qualify for License by Endorsement.

Medical Spa Regulation – Obligations of Spa Medical Directors	***GK***

Dr. Koval reviewed the AAC's recommendation to draft a Statement of Philosophy regarding the obligations of spa medical directors. Presently, the Medical Board does not have a Statement of Philosophy regarding the obligations and supervisory responsibilities of a Medical Director of a Spa, to which licensees or the public may refer.

The Medical Board and the Health Licensing Office have received numerous complaints of non-cosmetic services offered by non-physicians at medical spas. In addition, the Board regularly receives inquiries from the owners of medical spas and licensees regarding their obligations to staff and clientele. There have been questions regarding the Board's strategy for addressing prior and future complaints.

Dr. Lace inquired whether the use of the word "spa" is either too restrictive or too broad.

Dr. Mastrangelo stated this issue is very important. He stated that he has been approached by providers in the Bend community inquiring whether the Board is addressing medical spa matters.

Definition of "Sexual Misconduct" in OAR 847-010-0073	***TS***

Ms. Smith reviewed the AAC's recommendation to draft a rule expanding the definition of sexual misconduct.

On April 3, 2015, the Board discussed the potential need to revise the definition of "sexual misconduct" to include communications via electronic methods such as e-mail and text message. There was discussion around whether the Board should address other interactions as well.

Ms. Krishnaswami stated a draft rule will be presented next quarter after more work is completed on the impairment rule. The impairment and sexual misconduct language are both located within OAR 847-010-0073.

Physician/Physician Assistant Support and Professionalism Coalition Meeting Minutes	***DG***

Dr. Girard reviewed the June 11, 2015, minutes from the Physician/Physician Assistant Support and Professionalism Coalition meeting.

Dr. Girard stated that the participants in the Coalition are invested and positive about the goals of the Coalition.

In preparation for the next meeting in August, two Coalition members were assigned to create a list of pitfall scenarios that the providers of services could encounter while helping people. The hope is to identify these issues early on in order to prevent them from happening.

Two other members will collect guiding principles from organizations and present them at the August meeting.

Dr. Girard reported the fiscal issue is still in the planning phase. The Coalition will invite The Foundation for Medical Excellence (TFME) to join.

BOARD ACTION: Dr. Girard moved that the Board approve the June 11, 2015, Physician/Physician Assistant Support and Professionalism Coalition meeting minutes. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Statement of Philosophy: Electronic Medical Records	***MM***

Dr. Mastrangelo commended Dr. McKimmy for his work on the Statement of Philosophy and for the article published in an earlier edition of the *OMB Report*.

Dr. Mastrangelo stated that electronic medical records are a big issue for providers and they are changing the way health care is being delivered both on the clinical documentation side and on the computer order entry side for providers.

Dr. Mastrangelo stated that there are recommendations on follow up after the Statement of Philosophy is published. The first is to publish a follow up to Dr. McKimmy's article in the

OMB Report. The second is to have an electronic medical records page on the Board's Topics of Interest webpage that will have continuing education opportunities listed.

The Board discussed the AAC's recommended amendments to the draft Statement of Philosophy on electronic medical records.

Dr. McKimmy stated that electronic health records (EHR) are here to stay and the Board needs to be out front with this issue so providers know where the Board stands. He stated that the commercial EHR products available are designed with billing considerations in mind and do not work well for providers.

Dr. Sukumar stated that health systems need to provide better training to its providers in the use of EHR software.

Dr. Girard stated the EHR has the potential to disrupt the patient-provider relationship. He stated there is a reoccurring theme that a physician spends his or her entire time at the EHR and never examines the patient.

Dr. Koval agrees that the EHR can become an interference in the relationship. He suggests changing the title to Electronic Health Records (EHR), as EHR is a broader and more widely accepted term within the medical field. Dr. Koval stated he has concerns regarding providers inappropriately accessing patients' medical records. It is a violation of HIPAA to access records of non-patients.

Dr. Lace stated that his medical office uses Allscripts™. He stated that he is very pleased with the way Allscripts™ functions.

Ms. Copperman stated that she has learned how to use about ten different EHR systems while in medical school. She feels that because she grew up using computers, learning new software programs comes more naturally to her.

Dr. McKimmy requested that the term 'Electronic Health Record' (EHR) be used instead of 'Electronic Medical Record' throughout the Statement of Philosophy. He also requested that the Statement of Philosophy be brought back for a vote at a future Full Board Conference Call. Dr. McKimmy would like the Statement of Philosophy to be published in the next *OMB Report*.

Dr. Mastrangelo stated the Board should look into what physicians are doing to work around the EHR and develop some best practices. He would consider obtaining input from younger physicians and medical students as they have strictly used EHR and do not yearn for the days of paper medical records.

Dr. McKimmy left the meeting at 12:20 p.m.

Electronic Prescribing: Joint Statement with the Board of Pharmacy	***GK***

Dr. Koval reviewed the Joint Statement with the Board of Pharmacy regarding the standards that need to be met for electronic prescribing.

The Board took no official action.

Board Meeting Minutes	***MM***

The Board reviewed the April 2 – 3, 2015, Board meeting minutes. Dr. Sukumar requested two case reviewer amendments.

BOARD ACTION: Dr. Girard moved that the Board approve the April 2 - 3, 2015, Board meeting minutes as amended. Dr. Sukumar seconded the motion. The motion passed 11-0-0-0-1. Dr. Williamson was absent by prior notice.

Oregon Medical Board (OMB): Statewide Board Meetings	***MM***

Dr. Mastrangelo discussed holding a meeting off-site to better communicate with physicians, other agencies, and the public. Dr. Mastrangelo suggested a meeting in Salem or Eugene where the Board could work with the county medical societies and the Oregon Medical Association.

Ms. Haley stated that although the budget package for an off-site meeting was not approved, there are sufficient funds to make this happen. She believes having a meeting close to Portland as a trial run would be best. Ms. Haley stated that Salem or Eugene in the spring would work well.

Dr. Fisher believes that Lebanon would be a suitable location for an off-site meeting as the medical school has available conference rooms and Lebanon is close to both Salem and Eugene.

Dr. Mastrangelo asked Dr. Fisher to spearhead the off-site meeting.

Administrative Affairs Committee Meeting Minutes	***GK***

The Board reviewed the June 10, 2015, Administrative Affairs Committee meeting minutes. Dr. Koval noted that he reviewed a couple of Dr. Mastrangelo's cases during the meeting and that Dr. Mastrangelo attended part of the meeting via telephone.

Dr. Sukumar noted that the minutes should reflect Ms. Haley's attendance at the AAC meeting. She noted a small typo on agenda item 2.

BOARD ACTION: Dr. Sukumar moved that the Board approve the June 10, 2015, AAC meeting minutes as amended. Ms. Smith seconded the motion. The motion passed 10-0-0-0-2. Drs. McKimmy and Williamson were absent by prior notice.

Interim Stipulated Order Acknowledgment	***MM***

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

- Rose J. Kenny, MD, signed Amended ISO effective May 5, 2015
- Peter S. Bogard, DO, signed ISO effective May 26, 2015
- Daniel S. Sullivan, MD, signed ISO effective June 1, 2015
- Maciej J. Druzdzel, MD, signed ISO effective June 4, 2015
- Peter S. Bogard, DO, signed Amended ISO effective June 25, 2015
- Raymond P. Tangredi, MD, signed ISO effective July 2, 2015

EXECUTIVE SESSION

BARONE, Christopher M., MD	***Supervision***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Christopher M. Barone, MD, the Board modify Licensee's 2013 Stipulated Order. Dr. Girard seconded the motion. The motion passed 10-0-0-0-2. Drs. McKimmy and Williamson were absent by prior notice.

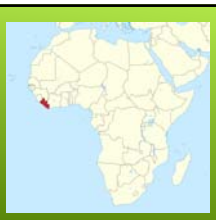
The Board adjourned at 1:17 p.m.

ADJOURN

Attachment I

EBOLA COMES TO ELWA

DEBBIE EISENHUT
AUGUST 2014



HEADLINE: 60 Deaths in Southern Guinea

I thought that you all would be interested in this. It is a bit close for comfort. We all need to be alert to the possibility of seeing something here.

Dr. Debbie

MARCH 22, 2014

MARCH 24, 2014

TBC

APRIL 9, 2014

ELWA 1

JUNE 12, 2014

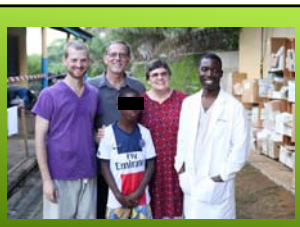
LATE JUNE

CONSTRUCTION ON ELWA 2
AND ELWA 3 BEGINS

Ebola Song #2 Symptom song:

Headache, vomiting, runny stomach;
Too much weakness, pain in tummy;
Pain in muscles, swallow hurts him,
Hiccups and can't breathe!

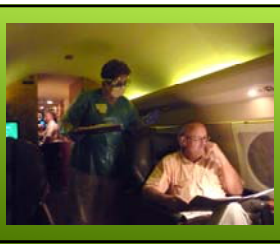
He wants to vomit; he can't eat;
He went to a funeral; touched the body.
Someone near him has just died;
Maybe he's a case!

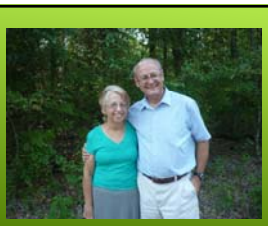


JULY 20, 2014—MOVING DAY

JULY 22, 2014

JULY 23, 2014





ELWA 3

PERSON OF YEAR
TIME

Deliver those who are being taken away to death, and those who are staggering to slaughter, O hold them back. If you say, 'See, we did not know this,' does He not consider it who weighs the heart? And does He not know it who keeps your soul? And will He not render to man according to his work?

Proverbs 24: 11 - 12

MBINGO BAPTIST HOSPITAL
BAMENDA, CAMEROON

PRAYER REQUESTS

That Liberia will stay Ebola-free; protection for ELWA staff members

Protection and wisdom for the Writebol's and other SIM leadership

That ELWA Hospital will be strong medical, spiritually, financially and physically

Discipleship and evangelism among ELWA staff and patients

God's equipping for working in Cameroon; all details to come together

That someday I can return to ELWA

SIM
By Prayer