OREGON MEDICAL BOARD
Meeting of the Board • October 2-3, 2014

The Oregon Medical Board (OMB or "Board") held a regular quarterly meeting on Thursday and Friday, October 2-3, 2014, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Donald Girard, MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

Donald Girard, MD, Chair, Portland	Clifford Mah, DPM, Portland
Michael Mastrangelo Jr., MD, Vice Chair, Bend	Roger McKimmy, MD, Eugene
George Koval, MD, Secretary, Lake Oswego	Shirin Sukumar, MD, West Linn
Katherine Fisher, DO, Happy Valley	Angelo Turner, Portland*
K. Dean Gubler, DO, Portland	W. Kent Williamson, MD, Portland

*Public Member

Staff, consultants and legal counsel present:

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

OMB Committee members and guests present:

Tom Burns, Oregon Health Authority	Doug Kelly, Paramedic, EMS Advisory Committee Chair (via telephone)
Jon Hersen, MHA, MBA, Legacy Health System	Jennifer Van Atta, PA-C, Physician Assistant Committee Chair (via telephone)

Thursday, October 2, 2014

8:00 a.m. – CALL TO ORDER
Donald Girard, MD; Chair of the Board

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

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

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

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

PUBLIC SESSION

Dr. Girard took roll call. Dr. Williamson and Ms. Smith were absent by prior notice.

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

EXECUTIVE SESSION

ABELLE, Mark S., LAc		*#*	*WF*	*SS*

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Mark S. Abelle, LAc, the Board approve the Stipulated Order signed by the Licensee on September 11, 2014. Dr. Koval seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

ANDERSON, Lance E., MD		*#*	*DL*	*DG*

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Lance E. Anderson, 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), ORS 677.190(17), ORS 677.190(22), ORS 677.190(23), ORS 677.190(24), and ORS 677.080(4). Mr. Turner seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

BOST, Dawn E., MD	*Supervision*	*TL*	*DG*

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Dawn E. Bost, MD, the Board approve the Licensee's request to terminate her 2013 Corrective Action Agreement. Dr. McKimmy seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

CROSS, Lorne M., MD		*#*	*DL*	*AT*

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Lorne M. Cross, MD, the Board approve the Stipulated Order signed by the Licensee on September 19, 2014. Dr. Koval seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

FRANCIS, Peter J., MD	*Supervision*	*TL*	*AT*

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

BOARD ACTION: Mr. Turner moved that in the matter of Peter J. Francis, MD, the Board approve the Licensee's request to terminate his 2014 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 8-0-0-1-2. Dr. Williamson and Ms. Smith were absent.

GAEKWAD, Satyajeet Y., MD	***Supervision***	***TL***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Satyajeet Y. Gaekwad, MD, the Board approve the Licensee's request to terminate his 2013 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

HASAN, Shagufta A., MD		***#***	***RD***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Shagufta A. Hasan, MD, the Board approve the Corrective Action Agreement signed by the Licensee on September 4, 2014, and terminate the Licensee's June 28, 2013, Interim Stipulated Order. Dr. McKimmy seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

Name Redacted	***14-0351***	***#***	***TL***	***AT***

Mr. Turner reviewed the case. The Board reports that no further action is necessary at this time. This case is forwarded to the consent agenda for closure.

HEITSCH, Richard C., MD		***#***	***DL***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy 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), (b) and (c) , and ORS 677.190(13). Dr. Sukumar seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

HLAVA, Nicole B., MD		***#***	***MW***	***AT***

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Nicole B. Hlava, MD, the Board approve the Stipulated Order signed by the Licensee on September 16, 2014. Dr. Koval seconded the motion. The motion passed 9-0-0-0-2. Dr. Williamson and Ms. Smith were absent.

Dr. Williamson joined the meeting at 9:18 a.m.

HUEBNER, Mary F., PA	***Supervision***	***TL***	***AT***

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Mary F. Huebner, PA, the Board approve the Licensee's request to terminate her 2010 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

CLOSED SESSION: Deliberations

SACHDEV, Naina, MD		***#***	***TL***	***WKW***

Drs. Koval and McKimmy recused themselves and left the room. Dr. Williamson reviewed the draft Final Order.

BOARD ACTION: Dr. Williamson moved that in the matter of Naina Sachdev, MD, the Board approve the Final Order. Mr. Turner seconded the motion. The motion passed 8-0-0-2-1. Ms. Smith was absent.

EXECUTIVE SESSION

HUTSON, Daniel B., PA	***Supervision***	***TL***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Daniel B. Hutson, PA, the Board approve the Licensee's request to extend the completion timeline for term 4.13 of his 2013 Stipulated Order with a Modification Order. Dr. Williamson seconded the motion. The motion passed 9-1-0-0-1. Dr. Koval voted nay and Ms. Smith was absent.

KAHANER, Nancy R., DO		***#***	***MW***	***AT***

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Nancy R. Kahaner, DO, the Board approve the Stipulated Order signed by the Licensee on August 7, 2014. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

LEE, Patrick Y., MD		***#***	***MW***	***MM***

Drs. Koval and Williamson recused themselves and left the room. Dr. Mastrangelo reviewed the case. The Board acknowledged the Interim Stipulated Order signed by Patrick Y. Lee, MD, effective September 22, 2014.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Patrick Y., Lee, 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 8-0-0-2-1. Ms. Smith was absent.

MASTERSON, Larry L., PA		***#***	***MS***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Larry L. Masterson, PA, the Board approve the Applicant's request to withdraw his license application with a report to the FSMB. Dr. McKimmy seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

MAYS, Maureen E., MD		***#***	***DL***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Maureen E., Mays, MD, the Board approve the Stipulated Order signed by the Licensee on September 15, 2014. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

MORISHITA, Megumi, MD	***Supervision***	***TL***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Megumi Morishita, MD, the Board approve the Licensee's request to terminate her 2013 Corrective Action Agreement. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

PUBLIC SESSION

Electronic Medical Records	***RM***

Dr. Girard thanked Dr. McKimmy for taking the time to present to the Board. Dr. McKimmy presented to the Board on electronic medical records (EMR) and their effect on medical practices. Dr. McKimmy expressed his concerns regarding the pitfalls of physicians utilizing EMRs and computerized physician order entry. He believes these issues have the potential to hurt the physician's ability to provide effective and adequate patient care.

Drs. Fisher, Koval, and Mastrangelo expressed their frustration with the current use of EMR and gave some examples of issues they have experienced.

Dr. Williamson suggested the Board establish a small workgroup to create a Statement of Philosophy to address some of the EMR issues. Dr. Thaler believes the Board could publish language in the newsletter stating that the Board is working towards developing a Statement of Philosophy.

The Board agreed to work on publishing an article in the newsletter in regards to EMRs. Drs. McKimmy, Girard, Mastrangelo, and Gubler will work together in an ad-hoc committee to develop a Statement of Philosophy.

EXECUTIVE SESSION

Name Redacted	**12-0176**	***#***	***DL***	***DG***

Dr. Girard reviewed the case. No official action was taken.

MAURAS, Kessa, DPM		***#***	***RD***	***SS***

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

BOARD ACTION: Dr. Sukumar moved that in the matter of Kessa Mauras, DPM, the Board approve the Stipulated Order signed by the Licensee on September 18, 2014. Dr. Mah seconded the motion. The motion passed 9-0-0-1-1. Ms. Smith was absent.

Name Redacted	**12-0664**	***#***	***VW***	***MM***

Dr. Mastrangelo reviewed the case. No official action was taken.

OVERS, Shannon N., MD		***#***	***MS***	***AT***

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Shannon N. Overs, MD, the Board approve the Stipulated Order signed by the Licensee on August 9, 2014. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

PARK, Jae O., MD		***#***	***MW***	***DG***

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Jae O. 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) and (b), ORS 677.190(13), ORS 677.190(23), and ORS 677.190(24). Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

Name Redacted	**13-0109** **13-0349** **13-0618**	***#***	***TL***	***RM***

Dr. McKimmy reviewed the cases. No official action was taken.

PUBLIC SESSION

WORKING LUNCH	**Mr. Jon Hersen, FACHE, MHA, MBA, Vice President of Legacy Health Care Transformation, presented to the Board.**

Mr. Turner welcomed and introduced Mr. Jon Hersen, FACHE, MHA, MBA, and Vice President of Legacy Health Care Transformation. He is responsible for positioning Legacy to thrive in a value based health care system that aligns care transformation with financial sustainability. The Health Care Transformation program is responsible for overseeing and coordinating all Legacy Health activities and initiatives aimed at accomplishing that vision. Mr. Hersen presented to the Board (*attachment 1*).

Mr. Hersen discussed inflection points and the difference between volume-driven and value-driven health care. Health care costs are increasingly unaffordable for people and an estimated 80% of health care dollars go to 20% of patients, mostly for chronic care. Legacy Health's strategy is a value-based growth: expand covered lives, compete on outcomes, minimize total cost, assemble a network, offer convenience, and expand access.

PUBLIC COMMENT		***DG***

No public comment was presented.

EXECUTIVE SESSION

SELBY, David W., DO	***Supervision***	***TL***	***DG***

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of David W. Selby, DO, the Board approve the Licensee's request to terminate his 2012 Stipulated Order. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

TEPLICK, Stanley B., MD	***Supervision***	***TL***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Stanley B. Teplick, MD, the Board approve the Licensee's request to terminate his 2012 Stipulated Order. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

TILLETT, Steven G., DPM		***#***	***MS***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Steven G. Tillett, DPM, the Board approve the Corrective Action Agreement signed by the Licensee on September 25, 2014. Dr. Mastrangelo seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

Name Redacted	**11-0265** **13-0343** **13-0570** **13-0679**	***#***	***MW***	***DG***

Dr. Girard reviewed the cases. No official action was taken.

Name Redacted	**14-0208**	***#***	***WF***	***RM***

Dr. McKimmy reviewed the case. The Board reports that no further action is necessary at this time. This case is forwarded to the consent agenda for closure.

VALENZUELA, Eduardo R., PA	***Supervision***	***TL***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Eduardo R. Valenzuela, PA, the Board approve the Licensee's request to terminate terms 4.2 and 4.3 of his 2013 Stipulated Order. Mr. Turner seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

WELKER, Kenneth J., MD		***#***	***TL***	***WKW***

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

BOARD ACTION: Dr. Williamson moved that in the matter of Kenneth J. Welker, MD, the Board approve the Default Final Order. Dr. Koval seconded the motion. The motion passed 9-0-0-1-1. Ms. Smith was absent.

GALLANT, James D., MD		***#***	***TL***	***WKW***

Dr. Williamson reviewed the case.

BOARD ACTION: Dr. Williamson moved that in the matter of James D. Gallant, MD, the Board approve the Stipulated Order signed by the Licensee on September 24, 2014. Mr. Turner seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

DYSON, Robert D., MD		***#***	***DL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Robert D. Dyson, MD, the Board withdraw the Licensee's current Complaint & Notice of Proposed Disciplinary Action and issue a new, modified Complaint & Notice of Proposed Disciplinary Action. Dr. Gubler seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

One-time DUII/DWII Applicant Evaluations	***GK***

Dr. Koval discussed removing the need for applicants to undergo evaluations for one-time DUII/DWII charges if the applicant has already completed another diversion program. The Board's Medical Director will interview the applicant in order to determine if an evaluation is actually needed.

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

The Board reviewed the September 4, 2014, Investigative Committee Consent Agenda.

BOARD ACTION: Dr. Mastrangelo moved that the Board approve the September 4, 2014, Investigative Committee Consent Agenda. Dr. Koval seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

Dr. Girard and Ms. Netia N. Miles, Licensing Manager, introduced Ms. Jenette Ramsey, the new Administrative Affairs Committee Coordinator.

MCNABB, Earl D., DPM		***#***	***VW***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Earl D. McNabb, DPM, the Board approve the Corrective Action Agreement signed by the Licensee on October 1, 2014. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

Name Redacted	***Entity ID 1016088***	***Application***	***GK***

Dr. Koval reviewed the case. No official action was taken.

CARISIO-FARBER, Renee M., MD	***Entity ID 1027052***	***Application***	***KF***

Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Renee M. Carisio-Farber, MD, the Board approve the Applicant's request for an unlimited active license. Dr. McKimmy seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

KHAN, Ahsan M., MD	***Entity ID 1019219***	***Application***	***KF***

Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Ahsan M. Khan, MD, the Board approve the Applicant's request for an unlimited active license. Dr. Koval seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

CLOSED SESSION

Probationer Interviews

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

Board Member	Licensee	Room No.
Dr. Mastrangelo	***Name Redacted***	**1**
Dr. Sukumar *Observer: Dr. Gubler*	***Name Redacted***	**2**
Dr. Williamson	***Name Redacted***	**3**
Dr. McKimmy	***Name Redacted***	**4**

Probationer Interview Reports

The Board members reported on probationer interviews.

Board Recessed until 8 A.M. Friday, October 3

Friday, October 3, 2014

Dr. Girard took roll call. Dr. Mastrangelo and Ms. Smith were absent by prior notification.

Dr. Mastrangelo joined the meeting at 8:07 a.m.

PUBLIC SESSION

Medical Marijuana	***DG***

Dr. Girard and Ms. Kathleen Haley introduced Tom Burns, Director of Pharmacy Programs at the Oregon Health Authority (OHA). Mr. Burns also heads the Prescription Drug Monitoring Program (PDMP). Mr. Burns stated that House Bill 3460, establishing medical marijuana dispensaries, was passed 15 months ago. Medical marijuana has been in the state of Oregon since 1998 when it was passed by a voters' initiative. The law that allows an individual in Oregon to possess up to 24 ounces of marijuana, which is a very large amount of marijuana, at any one time.

Under Oregon law, a person cannot be prosecuted for a possession charge; however, this does not apply to federal law. This requires physician involvement in that there is a requirement for a physician to say it is, in their expert opinion, the particular patient may benefit from the use of medical marijuana. There must be an exam, charting, and a diagnosis of one of the diseases that the law allows the use of medical marijuana.

Currently in the state of Oregon there are 65,000 medical marijuana card holders and 33,000 care givers. A care giver is somebody who can transport up to the 24 ounces of medical marijuana to a medical marijuana patient who is unable to get the marijuana themselves due to their health condition. There are currently 45,000 grow sites; 26,000 of those sites are growing for just one patient.

Oregon currently has 1,000 medical marijuana patients that are under the age of 21. For patients under the age of 18, there must be active parental involvement throughout the process. The highest concentration of patients are between the ages of 55 and 65, making up 35% of medical marijuana patients and in that age group, 61% are male.

Mr. Burns reported there are 62,000 diagnosis' for pain, 16,000 for muscle spasms, 9,000 for nausea, 3,000 for cancer, 1,500 for PTSD, 700 for AIDS, and 85 for Alzheimer's.

In 2013, House Bill 3460, stated the OHA shall register dispensaries if they meet five criteria: they are not within 1,000 feet of a school; they are not within 1,000 feet of another dispensary; they are located on land that is zoned as industrial, commercial, agricultural, or mixed use; the dispensary must have a security system; and the product the dispensary is dispensing must be tested for pesticides, mold, and mildew. If all five conditions are met, the OHA **must** register the dispensary.

The individual who is the manager or person responsible for (PRF) the dispensary must be an Oregon resident and the individual must not have been convicted of a drug crime in the last five years, or twice in their lifetime. Many PRFs have been convicted of a drug related crime in their lifetime.

House Bill 3460 is in place to protect the dispensary. By passing this law, an individual can bring pounds of the marijuana product together in one location and have different kinds of product. The law specifically allows for a cash-conversation. A patient may now come into a dispensary and pay cash, whereas in the past, paying cash was a bit of a gray legal area.

Mr. Burns stated the OHA often receives phone calls from patients stating their physician will not see them because the patient holds an OMMP card or that their physician will not prescribe OxyContin because the patient is using medical marijuana. Patients are informed that this is the physicians right.

Mr. Burns' concern today is that physicians who are writing medical marijuana prescriptions may be abusing the system.

The Board moved into Executive Session to discuss specific licensees and upon completion returned to Public Session.

Mr. Burns believes that the OHA and the Oregon Medical Board (OMB) need a partnership so data can be shared in order for the OMB to conduct investigations, if needed.

There are currently 193 dispensaries approved in Oregon, with another 41 pending approval in the next three to four weeks. The OHA receives an average of five new dispensary applications per week. It is Mr. Burns' belief that by the end of 2015, Oregon will have about 400 approved dispensaries.

Dr. Mastrangelo thanked Mr. Burns for his presentation and asked if medical marijuana is listed in the PDMP and if it isn't, should it be. Mr. Burns replied that medical marijuana is not listed in the PDMP, but believes it should be; however, this would require the Legislature to change the law as the OMMP laws are strongly written to protect the identity of medical marijuana patients.

Mr. Burns stated that the OHA has not seen a decline in OMMP card applications. The OHA is receiving about 1,000 applications per month ahead of where they were last year and it has been that way for the last six to seven months. Colorado saw an *increase* in medical marijuana cards after Colorado legalized recreational marijuana.

Dr. Mastrangelo inquired whether the OHA was working with employers on the issues surrounding the use medical marijuana by employees. Mr. Burns responded that the OHA is not currently working with employers. He stated that during a recent court case, it was found that despite legalization of medical marijuana, an employment policy forbidding the use of marijuana trumps a state law. For instance, if an employer has a zero drug tolerance policy and an employee is caught using medical marijuana, the OMMP card does not protect the employee from the employer's policy.

Mr. Turner inquired on the dollar amount of revenue this business is currently generating in Oregon. Mr. Burns responded that the OHA has the authority to do financial audits during an investigation, but the OHA does not maintain dispensary financials.

Dr. Sukumar asked how a physician could find out if their new patient has an OMMP card should the patient choose to not disclose their OMMP status. Mr. Burns replied that a physician would only be able to obtain that information from the patient. Dr. Koval stated in cases such as this, a physician should require a urine analysis in order to determine if the patient is currently utilizing marijuana.

Dr. Koval inquired about the cost to obtain a medical marijuana card and does the patient have to pay any costs to the state of Oregon. Mr. Burns stated that physicians charge different amounts in order for a patient to be seen, but the average is about $150. The state of Oregon charges a sliding fee based on a patient's income. If a patient is above poverty level, the patient is responsible for paying a $200 fee to the State for their OMMP card, and should a patient receive assistance such as SSI or food stamps, the patient may only be required to pay as little as $50 for the OMMP card.

Dr. McKimmy states he shares Mr. Burns' concern that there are physicians issuing medical marijuana cards to patients with dubious medical evaluations. While there are physicians issuing cards to patients with valid diagnosis under the law, Dr. McKimmy has witnessed struggling physicians certifying patients for medical marijuana who should not be doing so. The Board, unless someone complains, has its hands tied. The patients receiving medical marijuana cards under false pretenses are not likely to lodge a complaint with the Board.

Mr. Turner directed a question to the physicians in the room and asked when operating a vehicle, whether a car, plane, or snowmobile, what impact does getting high on marijuana have on a person operating a vehicle? He inquired whether there are warning labels on the cards for marijuana. Mr. Burns stated that he is not an expert, but believes that marijuana is detectable in the blood for up to 30 days. The current ballot measure requires OLCC and the Oregon State Police to work together to come up with a number, similar to a blood alcohol content (BAC), that can be submitted to Legislature for review in the 2017 session.

Dr. Girard thanked Mr. Burns for his informative presentation.

The Board moved into Executive Session to discuss specific licensees and upon completion returned to Public Session.

PUBLIC SESSION

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

Via telephone, Doug Kelly, Paramedic and Emergency Medical Services (EMS) Advisory Committee Chair, presented to the Board. Mr. Kelly reviewed the EMS Advisory Committee meeting of August 22, 2014.

Mr. Kelly stated the Committee completed a final review of OAR 847-035-0030 in regards to the rule amendment that would expand the Emergency Medical Responder (EMR) scope of practice to allow the preparation and administration of Naloxone via intranasal device or auto-injector for suspected opioid overdose. The rule amendment would clarify that Advanced EMTs may obtain only peripheral venous blood specimens and expands the Paramedic scope of practice to allow them to obtain peripheral arterial blood specimens.

Mr. Kelly reported that the Committee reviewed the Board's response regarding the use of Levalbuterol (Xopenex) as an alternative to Albuterol. The Board had determined Levalbuterol is an accepted substitute for Albuterol and is considered the same medication. The recommendation of deleting the word "sulfate" from OAR 847-035-0030(9)(D) in order to keep Albuterol consistent within the entire scope. It was also recommended lowering the case letter "A" in Albuterol because it is not a trade medication.

Mr. Kelly stated Dr. Poulsen led the discussion on placement of urinary catheters at the Committee meeting. The Committee agreed that the discussion needed to be brought back to the Board. Ms. Haley asked the OHA whether any complaints or discipline had arisen because of catheters and the OHA responded that they were not aware of any. The EMS Committee recommended changing OAR 847-035-0030(12)(j) to read: *Initiate and maintain urinary catheters.*

The EMS Committee also reviewed an inquiry from a registered nurse in regards to the application of Kinesio tape and whether the application falls outside of the EMR and EMT scope of practice. An EMT was recently disciplined by the Board of Athletic Trainers because the EMT applied Kinesio tape to an injured student at a school sporting event. The Board expressed their concern regarding the Board of Athletic Trainers disciplining an EMT that is not licensed with the Board of Athletic Trainers. The EMS Committee and the Board determined that the application of Kinesio tape does fall within the EMR scope of practice.

Dr. Mastrangelo inquired on the type of discipline the EMT received. Mr. Kelly stated the letter that was received by the OHA stated the EMT was disciplined and there was a fine issued in the amount of $3,000. Ms. Haley stated that it is possible that the EMT was fined for unlicensed practice. Dr. Girard stated that the Board would look into this issue.

Mr. Kelly reported the Committee reviewed an inquiry from Dr. Rostykus. Dr. Rostykus requested clarification on the following inquiries regarding the application of calcium gluconate:

> 1)Whether or not the EMS provider scope of practice for non-paramedics allows for the use of first aid or over the counter medications beyond what is specifically listed in the scope of practice and;
>
> 2) Can EMS Supervising Physicians authorize non-paramedics via standing orders the use of over the counter medications not specifically listed in the scope of practice?

After a long discussion, the Committee agreed that further research was needed and that the Committee should look at what other states are currently doing.

Mr. Kelly stated that at the Committee meeting, Dr. Schmidt inquired why OAR 847-035-0030(9)(j), *Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician* is only at the EMT level and not at the EMR level. Dr. Schmidt stated that in certain emergency situations there is no distinction between the EMT and EMR level when under the direct visual supervision of a physician. Dr. Schmidt suggested that OAR 847-035-0030(9)(j) be moved to the EMR level. The Committee

agreed moving OAR 847-035-0030(9)(j) as written to the EMR scope of practice session in 847-035-0030(8).

Dr. Girard thanked Mr. Kelly for his presentation and his attention to detail.

BOARD ACTION: Dr. McKimmy moved that the Board adopt OAR 847-035-0030: Scope of Practice, as written. Dr. Williamson seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

BOARD ACTION: Dr. McKimmy moved that the Board approve the August 22, 2014, Emergency Medical Services Advisory Committee meeting minutes as submitted. Dr. Williamson seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

Dr. Williamson stated he would like to see the Board issue a letter that somehow reverses the $3,000 fine that was issued to the EMT for treating an injury with Kinesio tape. Ms. Haley stated she would call the Director of the OHA program to discuss the discipline.

Administrative Affairs Committee (AAC) Minutes ***GK***

Dr. Koval reviewed the September 10, 2014, Administrative Affairs Committee meeting minutes.

BOARD ACTION: Dr. Koval moved that the Board approve the September 10, 2014, Administrative Affairs Committee meeting minutes as submitted. Dr. Fisher seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

Board Meeting Minutes ***DG***

The Board reviewed the minutes from the July 10-11, 2014, Board meeting.

BOARD ACTION: Dr. Koval moved that the Board approve the July 10-11, 2014, Board meeting minutes as submitted. Dr. McKimmy seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

Physician Assistant Committee ***GK***

Via telephone, Jennifer Van Atta, PA-C, Physician Assistant Committee Chair, presented to the Board. Ms. Van Atta reviewed the Physician Assistant Committee tele-conference meeting of September 11, 2014.

Ms. Van Atta reported that the Committee reviewed and discussed OAR 847-050-0036: Supervising Physician Organizations. The proposed new rule is a collective rule for all requirements for establishing and maintaining a supervising physician organization (SPO). The proposed rule amendments remove substantive provisions regarding supervising physician organizations from the definitions rule and the rule governing the approval process for supervising physicians.

There was a lengthy discussion at the Committee meeting regarding this new rule. The proposed rule states that the services provided by a physician assistant (PA) must be within the scope of

practice and competency of the primary and acting supervising physician within the SPO. The PA Committee recommended that an article in the newsletter would help generate some discussion regarding this proposed rule. Nicole Krishnaswami, Operations & Policy Analyst, stated that this rule is written to meet stipulations as required by statute. The PA Committee recommended forwarding the rule, as written.

EXECUTIVE SESSION

KATANCIK, Cynthia A., PA	***Entity ID 1024294***	***Application***	***GK***

Dr. Koval and Ms. Van Atta reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of Cynthia A. Katancik, PA, the Board approve the Applicant's proposed re-entry plan. Dr. Gubler seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

PUBLIC SESSION

BOARD ACTION: Dr. Koval moved that the Board approve the September 11, 2014, Physician Assistant Committee meeting minutes as submitted. Dr. Sukumar seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

BOARD ACTION: Dr. Koval moved that the Board adopt OAR 847-050-0023: Limited License, Pending Examination, as written. Dr. Williamson seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

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

Division 17 Rules on Office-Based Surgery and Invasive Procedures	***GK***

Dr. Koval stated that the Administrative Affairs Committee (AAC) recently reviewed a letter from Kaiser regarding the use of "surgery" and "invasive procedure" wording in the office-based surgery rules. The office-based surgery definition includes invasive procedures and that is the terminology that the Board uses throughout. Anytime the word surgery is used, invasive procedures is to be included in the definition.

Dr. Thaler stated that the Board has received information indicating that Kaiser now has an accredited facility to do out-patient surgery. Ms. Krishnaswami stated that it is her understanding that Kaiser has been accredited since August 2014.

No official action was taken.

EXECUTIVE SESSION

Name Redacted	***Entity ID 1026343***	***Application***	***KF***

Dr. Fisher reviewed the case. No official action was taken.

JENNINGS, Randall W., MD	***Entity ID 1025553***	***Application***	***CM***

Dr. Mah reviewed the case.

BOARD ACTION: Dr. Mah moved that in the matter of Randall W. Jennings, MD, the Board grant the Applicant an unlimited active license. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

PUBLIC COMMENT	***DG***

No public comment was presented.

Name Redacted	***Entity ID 1023132***	***Application***	***CM***

Dr. Mah reviewed the case. No official action was taken.

STAGGENBORG, Richard K., MD	***Entity ID 3452***	***Application***	***GK***

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of Richard K. Staggenborg, MD, the Board allow the Applicant to withdraw his application without report. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

YATES, Shawnte M., AC	***Entity ID 1027028***	***Application***	***GK***

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of Shawnte M. Yates, AC, the Board grant the Applicant an unlimited active license. Mr. Turner seconded the motion. The motion passed 10-0-0-0-1. Ms. Smith was absent.

PUBLIC SESSION

International Association of Medical Regulatory Authorities Annual (IAMRA) Meeting	***DG***

Dr. Girard presented highlights of the 11th annual International Association of Medical Regulatory Authorities (IAMRA) meeting in London.

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

Dr. Mah reviewed OAR 847-010-0073: Reporting Requirements. This new rule adds clarity to the mandatory reporting requirements under ORS 676 and 677 and adds a civil penalty for licensees who fail to report.

The Board moved into Executive Session to discuss specific licensees and upon completion returned to Public Session.

No official action was taken.

OAR 847-023-0005; 847-023-0010; 847-023-0015: Volunteer Emeritus Licensure	***FIRST REVIEW***	***KF***

Dr. Fisher reviewed OAR 847-023-0005; 847-023-0010; 847-023-0015: Volunteer Emeritus Licensure. These rules reference the complete list of acceptable licensing examinations, allow MOC as a SPEX/COMVEX waiver, and make general housekeeping updates to the Volunteer Emeritus rules.

No official action was taken.

OAR 847-026-0000: Expedited Endorsement Qualifications	***FIRST REVIEW***	***GK***

Dr. Koval reviewed OAR 847-026-0000: Expedited Endorsement Qualifications. This rule clarifies the requirement for one year of practice prior to qualification for Expedited Endorsement.

No official action was taken.

OAR 847-070-0005; 847-070-0007; 847-070-0015; 847-070-0016; 847-070-0019; 847-070-0022; 847-070-0045: Acupuncture	***FIRST REVIEW***	***CM***

Dr. Mah reviewed OAR 847-070-0005; 847-070-0007; 847-070-0015; 847-070-0016; 847-070-0019; 847-070-0022; 847-070-0045: Acupuncture. These rules distinguish clinical supervisor from mentor and make housekeeping changes and updates.

No official action was taken.

OAR 847-008-0010; 847-008-0040; 847-008-0058: Fraud or Misrepresentation	***FINAL REVIEW***	***KF***

Dr. Fisher reviewed OAR 847-008-0010; 847-008-0040; 847-008-0058: Fraud or Misrepresentation. These new rules increase the civil penalty fines for subsequent violations of fraud or misrepresentation on any application, affidavit or registration.

BOARD ACTION: Dr. Fisher moved that the Board adopt OAR 847-008-0010; 847-008-0040; 847-008-0058, as written. Dr. Williamson seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

OAR 847-020-0182; 847-020-0183; 847-023-0005; 847-080-0021: SPEX or COMVEX Requirements	***FINAL REVIEW***	***KF***

Dr. Fisher reviewed OAR 847-020-0182; 847-020-0183; 847-023-0005; 847-080-0021: SPEX or COMVEX Requirements. These rules clarify when an applicant may be required to demonstrate clinical competency and allows applicants with ongoing maintenance of certification the ability to request a waiver.

BOARD ACTION: Dr. Fisher moved that the Board adopt OAR 847-020-0182; 847-020-0183; 847-023-0005; 847-080-0021, as written. Dr. Williamson seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

OAR 847-070-0037: Acupuncture, Limited License Pending Examination	***FINAL REVIEW***	***CM***

Dr. Mah reviewed OAR 847-070-0037: Acupuncture, Limited License Pending Examination. This rule revises the effective term of the license from one year to six months.

BOARD ACTION: Dr. Mah moved that the Board adopt OAR 847-070-0037, as written**.** Dr. Williamson seconded the motion. The motion carried with a voice vote. Ms. Smith was absent.

Personal History Questions, Category II	***CM***

Dr. Mah reviewed the proposed Personal History Questions, Category II.

BOARD ACTION: Dr. Mah moved that the Board approve the amended Personal History Questions, Category II, as written. Dr. Williamson seconded the motion. The motion carried with a voice vote. Dr. Girard and Ms. Smith were absent.

Semi-Independent State Agency Status Update	***GK***

Dr. Koval updated the Board on the Board's semi-independent state agency status. By the Board securing semi-independent status, the Board will be able to serve the public more efficiently, lower costs, and provide greater transparency. The Board has been in discussion with the Board's designated legislative counsel, the Oregon Medical Association (OMA), and the Board's lobbyist to develop the current language for the Legislative Concept. The Board is continuing to seek the OMA's support.

Cultural Competency CME Administrative Rules	***KF***

Dr. Fisher updated the Board on the cultural competency CME administrative rules. These rules will require the Oregon Health Authority to do two things: maintain a list of approved CME opportunities and create structure for the boards to report on the training taken by their licensees. Ms. Haley stated that she commented at the rules committee that the Board does not want to have to ask audited licensees if the course was from the list.

Home Health Licensure	***KF***

Dr. Fisher updated the Board on home health licensure. Currently only licensed Oregon physicians can order home health from Oregon home health agencies. The state of Washington allows Oregon physicians to order home health in Washington.

Dr. Sukumar stated this is a valid issue as Oregon patients do require home health care or hospice and care is delayed due to their physician not being licensed in Oregon. Ms. Krishnaswami stated that this is an Oregon Health Authority (OHA) rule.

Group Monitoring Consultant (GMC)/Periodic Monitoring Consultant (PMC)	***GK***

Dr. Koval presented to the Board a memo from Christopher Hamilton, MPA, of Reliant Behavioral Health. Highlights of the memo included that licensees are required to attend two years and a minimum of 94 weekly groups with a group monitoring consultant (GMC) during the first two years of Health Professionals' Services Program (HPSP) participation. Upon the completion of their group requirement, licensees will transition to quarterly individual sessions

with the periodic monitoring consultant (PMC), who is often the same person who provided group monitoring.

Licensees with a mental health diagnosis without substance use disorders are not required to participate in group or have a periodic monitoring consultant unless there is a unique circumstance where the licensee's primary care provider cannot provide HPSP with the information needed for monitoring, or if there is a specific Board request.

2015-2016 Board and Committee Meeting Dates	***DG***

The Board reviewed the proposed 2015-2016 Board and Committee meeting dates. Mr. Turner, suggested that a future Board meeting be held in Eugene or Bend. Dr. McKimmy questioned the May 2015, EMS Advisory Committee meeting date. The date should reflect May 22nd. Dr. Mastrangelo inquired about second monthly Investigative Committee (IC) dates. Ms. Haley responded that at this time, no second IC dates would be scheduled.

The Board adjourned at 12:04 p.m.

ADJOURN

Attachment I

Healthcare Transformation

Jon Hersen, MHA/MBA, FACHE
Vice President Care Transformation
Legacy Health

Oregon Medical Board
October 2, 2014

A Patient Experience

Inflection Point

- An inflection point is "An event that results in a significant change in the progress of a company, industry, sector, economy or geopolitical situation. An inflection point can be considered a turning point."
- Andy Grove, Intel's co-founder, described a strategic inflection point as "an event that changes the way we think and act."

Inflection Point

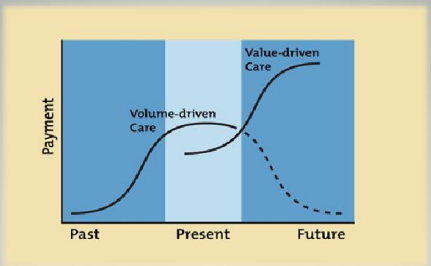
intel
Microsoft
PEOPLExpress
SOUTHWEST AIRLINES
Kodak
Gateway
GE

Inflection Point

- The healthcare business model has reached its own inflection point—from inpatient to outpatient, fee-for-service to value
- The implications of this shift are massive, requiring a complete change in mindset
- Areas affected include: organizational structure, service distribution, care management, resource allocation, technology support, partner relationships, and payer contracting

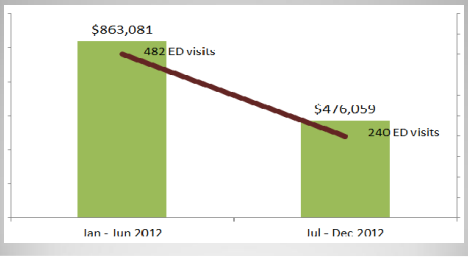
Source: Kaufman Hall

The Healthcare Inflection Point

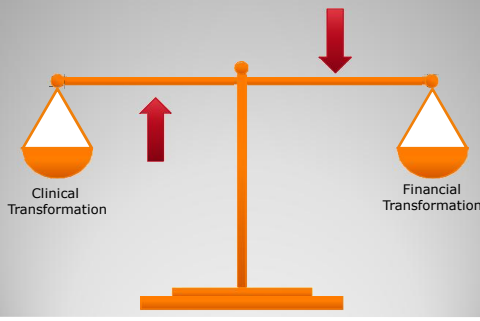


The Healthcare Inflection Point

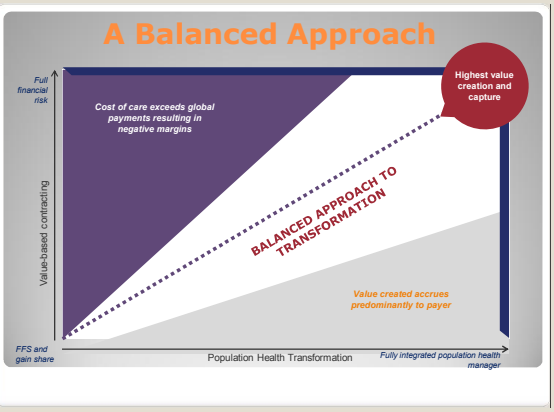
63 patients who had 7+ ED visits during January-June 2012 comparison to last half of year after clinic intervention



The Healthcare Inflection Point



A Balanced Approach



The Case for Transformation

Four realities of transformation

Status Quo Untenable
Faltering fee-for-service economics make inaction/delay incompatible with long-term success

Transition Calculus Complex
Not all combinations of target populations, revenue models, and care strategies yield viable results

Returns Not Immediate
Care model, financial model changes not instantaneous; return on investment lags behind initial outlays

Perseverance Required
Myriad potential pitfalls – financial, strategic, and reputational – lie aside the profitable path forward

The Case for Transformation

Strategic benefits of transformation

Clinical Advantage
Align financial incentives with mission
Support investments in better health

Market Advantage
Attract preferred physician partners
Secure attractive purchaser contracts

Financial Advantage
Move away from faltering fee-for-service economics
Capture greater share of premium dollar

What Transformation Looks Like

	Health System Strategy, c. 2003 "Price-Extractive Growth"		Health System Strategy, 2013-2023 "Value-Based Growth"	
Description	**Grow by being bigger:** Leverage market dominance to secure prime pricing, network status		**Grow by being better:** Leverage cost, quality, service advantage to attract key decision makers	
Key Success Factors	• Expand market share • Strengthen service lines • Exert pricing leverage	• Solidify referrals • Secure physicians • Increase utilization	• Expand covered lives • Compete on outcomes • Minimize total cost	• Assemble network • Offer convenience • Expand access
Target of Strategy	• Commercial payers • Government purchasers	• Physicians	• Employers • Individuals	• Population health managers
Performance Metrics	• Discharges • Service line share • Fee-for-service revenue	• Pricing growth • Occupancy rate • Process quality	• Share of lives • Geographic reach • Risk-based revenue	• Share of wallet • Outcomes quality • Total cost of care
Competitive Dynamics	• Service line competition • Centers of excellence	• Referral channels • Physician loyalty	• Comprehensive care • Patient engagement	• Clinical quality • Service quality
Critical Infrastructure	• Inpatient capacity • Outpatient imaging centers	• Clinical technology • Ambulatory surgery centers	• Primary care capacity • Care management staff and systems	• IT analytics • Post-acute care network
Key Leaders	• CEO • CFO • COO	• CMO • CNO • Board	• CEO • CFO • COO	• CMO • CNO • Board • CPE[1] • CTO[2] • CIO[3]

What Transformation Looks Like

Future Success Factors / Market Requirements

Health for Life	*Longitudinal relationship with consumer throughout each stage in their life and health*
Continuum of Care	*Key requirement for "health for life." Owning or partnering to provide care along each stage of continuum*
Consumer Experience	*Clinical and service excellence, convenient access to providers and information through traditional and new, innovative channels*
Value – Cost & Quality	*Affordability, transparency in price and clinical performance, quality excellence*
Innovation & Nimbleness	*Adaptability, demonstrated differentiation, anticipating and delivering ahead of market*

What Transformation Looks Like

	Today		Tomorrow
ZoomCare HEALTHCARE ON DEMAND	*"Healthcare on Demand"*	→	?
PROVIDENCE Health & Services	*"1 Health Plan for Life"*	→	?
KAISER PERMANENTE	*"Thrive"*	→	?
LEGACY HEALTH	*"Local"*	→	?
OHSU moda HEALTH	*"Partnership Brand"*	→	?

Thank you