The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, January 5 - 6, 2017, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Shirin R. Sukumar, MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

<table>
<thead>
<tr>
<th>Shirin R. Sukumar, MD, Chair, West Linn</th>
<th>Rebecca Hernandez, PhD*</th>
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<tbody>
<tr>
<td>Donald E. Girard, MD, Vice Chair, Portland</td>
<td>James K. Lace, MD, Salem</td>
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<td>Robert M. Cahn, MD, Portland</td>
<td>Lisa M. Lipe, DPM, Lake Oswego</td>
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<td>Paul Chavin, MD, Eugene</td>
<td>Jennifer L. Lyons, MD, Portland</td>
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<td>Katherine L. Fisher, DO, Happy Valley</td>
<td>Michael J. Mastrangelo, Jr., MD, Bend</td>
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<tr>
<td>K. Dean Gubler, DO, Portland</td>
<td>Melissa Peng, PA-C, Portland</td>
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*Public Member

Staff, consultants and legal counsel present:

<table>
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<tr>
<th>Kathleen Haley, JD, Executive Director</th>
<th>Mark Levy, Senior Software and Systems Administrator</th>
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<tr>
<td>Joseph Thaler, MD, Medical Director</td>
<td>David Lilly, Investigator</td>
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<tr>
<td>Carol Brandt, Business Manager</td>
<td>Laura Mazzucco, Executive Support Specialist</td>
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<td>Eric Brown, Chief Investigator</td>
<td>Netia N. Miles, Licensing Manager</td>
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<tr>
<td>Alexander Burt, MD, Psychiatric Consultant <em>(Thursday only)</em></td>
<td>Shayne Nylund, Acupuncture Licensing Specialist &amp; EMS Advisory Committee Coordinator</td>
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<tr>
<td>Matt Donohue, Investigator</td>
<td>Jenette Ramsey, Administrative Affairs Committee Coordinator</td>
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<tr>
<td>Warren Foote, JD, Senior Assistant Attorney General <em>(Thursday only)</em></td>
<td>Michael Seidel, Investigator</td>
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<tr>
<td>John Hoover, Licensing Assistant</td>
<td>Michele Sherwood, Investigations Coordinator</td>
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<td>Kristina Kallen, Executive Assistant</td>
<td>Chad Steele, Investigator</td>
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<tr>
<td>Nicole Krishnaswami, JD, Operations &amp; Policy Analyst</td>
<td>Shane Wright, Investigator</td>
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<tr>
<td>Theresa Lee, Investigative Assistant</td>
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*Public Member

Updated March 21, 2017
Thursday, January 5, 2017

8:00 a.m. – CALL TO ORDER
Shirin R. Sukumar, MD; Chair of the Board

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

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

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

RECUSALS AND ABSTENTIONS – Where noted, Board members have recused themselves from discussion of any particular case or abstained from the final vote. To recuse means the Board member has actually left the room and not discussed or voted on the disposition of the case. To abstain means the Board member may have taken part in the discussion of the case, but chose not to cast a vote on its disposition.
PUBLIC SESSION
Dr. Sukumar opened with wishing everyone a Happy New Year. She thanked Ms. Haley, Dr. Thaler, and staff for their hard work putting the meeting together. She especially thanked Senior Assistant Attorney General, Warren Foote, and Chief Investigator, Eric Brown, for their negotiation skills. Dr. Sukumar thanked her fellow Board members for their many hours of reading over the Holidays in preparation for the meeting, which spoke to their service and dedication in protecting Oregon’s citizens.

Dr. Sukumar read a poem by Rabindranath Tagore, the 1913 Nobel Laureate in Literature, regarding service being joy.

Dr. Sukumar took roll.

Dr. Sukumar stated, with regret, that public member, Ms. Charlene McGee, decided to resign as a Board member as of January 5, 2017, due to her many commitments. Dr. Sukumar thanked her for her service thus far on the Board and the Investigative Committee (IC) and wished her all the best.

Selection of Nominating Committee
Dr. Sukumar said the Nominating Committee would be comprised of her and Dr. Girard. They will be meeting later to discuss the selection of the new Board officers and the new 2017 Committee members, with report at the conclusion of the Board meeting on Friday, January 6, 2017. Dr. Girard said they were honored to be in this role and to have this responsibility.

EXECUTIVE SESSION

BASKERVILLE, Mark J., MD
Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Mark J. Baskerville, MD, the Board terminate Licensee’s 2009 Stipulated Order and terminate the 2013 Order Modifying Stipulated Order. Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

BUNCKE, Geoffrey H., MD
Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Geoffrey H. Buncke, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a). Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

CLOTHIER, Brian D., MD

Updated March 21, 2017
Approved by the Board on April 7, 2017.

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Brian D. Clothier, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate his 2015 Corrective Action Agreement. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-0.

**DREW, Daniel E., MD**

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Daniel E. Drew, MD, the Board approve the IC's recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

**GIRI, Satyendra N., MD**

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Satyendra N. Giri, MD, the Board approve the IC's recommendation to 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. Cahn seconded the motion. The motion passed 11-1-0-0-0.

**GORDON, Matthew S., MD**

Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Matthew S. Gordon, MD, the Board approve the Stipulated Order signed by Licensee on October 19, 2016. Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

**GRUCELLA, Christina M., MD**

Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Christina M. Grucella, MD, the Board approve the Stipulated Order signed by Licensee on December 21, 2016. Dr. Chavin seconded the motion. The motion passed 12-0-0-0-0.

**GUSCHWAN, Nora C., DO**

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Nora C. Guschwan, DO, the Board approve Applicant's request to withdraw her license application with a report to the Federation of State Medical Boards (FSMB). Dr. Sukumar seconded the motion. The motion passed

*Updated March 21, 2017*
Approved by the Board on April 7, 2017.
12-0-0-0-0.

**HARP, Kristina E., MD**

Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Kristina E. Harp, MD, the Board approve the IC's recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Chavin seconded the motion. The motion passed 12-0-0-0-0.

**HATLESTAD, Christopher L., MD**

Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Christopher L. Hatlestad, MD, the Board approve the Stipulated Order signed by Licensee on November 15, 2016. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-0.

**BOARD ACTION:** Dr. Girard moved that in the matter of Christopher L. Hatlestad, MD, the Board approve the termination of Licensee’s Stipulated Order of January 10, 2013. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-0.

**HICKEN, Michael P., MD**

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Michael P. Hicken, MD, the Board approve the IC's recommendation to 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. Chavin seconded the motion. The motion passed 12-0-0-0-0.

**JAPPAY, Elisabeth L., MD**

Dr. Girard reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Elisabeth L. Jappay, MD, the Board will approve the Corrective Action Agreement signed by Licensee on December 16, 2016. Dr. Chavin seconded the motion. The motion passed 12-0-0-0-0.

**LAIRD, Ashley R., MD**

Dr. Girard reviewed the case.

*Updated March 21, 2017*
BOARD ACTION: Dr. Girard moved that in the matter of Ashley R. Laird, MD, the Board approve the Stipulated Order signed by Licensee on December 14, 2016. Dr. Fisher seconded the motion. The motion passed 12-0-0-0-0.

MANESS, Steven D., MD  
WF  SS  
Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Steven D. Maness, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

MERIN, Jan M., MD  
Supervision  TL  SS  
Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Jan M. Merin, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate her 2016 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

PUBLIC SESSION  
Public Comment  SS  
No public comment was presented.

EXECUTIVE SESSION  
(Name Redacted)  15-0295  EB  DG  
Dr. Girard reviewed the case.

The Board tabled the case.

MOORE, Gregory A., MD  
Supervision  TL  SS  
Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Gregory A. Moore, MD, the Board approve the IC's recommendation to terminate Term 4.2 of Licensee's 2015 Corrective Action Agreement. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-0.

PARKER, Gregory J., MD  
MS  KDG  
Dr. Gubler reviewed the case.

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BOARD ACTION: Dr. Gubler moved that in the matter of Gregory J. Parker, MD, the Board approve the Stipulated Order signed by Licensee on December 12, 2016. Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

BOARD ACTION: Dr. Gubler moved that in the matter of Gregory J. Parker, MD, the Board terminate Licensee’s January 5, 2017, Stipulated Order. Dr. Cahn seconded the motion. The motion passed 7-5-0-0-0.

RESE, Susan L., MD
WF
LL

Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Susan L. Reese, MD, the Board approve the Stipulated Order signed by Licensee on November 21, 2016. Dr. Fisher seconded the motion. The motion passed 12-0-0-0-0.

Russe, Jill R., DO
Supervision TL DG

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Jill R. Russell, DO, the Board approve the IC’s recommendation to approve Licensee’s request to terminate her 2016 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

STAMPER, Suelynn, DO
SW LL

Dr. Lipe reviewed the case.

BOARD ACTION: Dr. Lipe moved that in the matter of Suelynn Stamper, DO, the Board approve the Applicant's request to withdraw her license application with a report to the FSMB. Dr. Fisher seconded the motion. The motion passed 12-0-0-0-0.

TEGLASSY, Zoltan MD
Supervision TL SS

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Zoltan Teglassy, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate his 2016 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

(Name Redacted)
14-0718 14-0583 #1 #3 WF SS

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Case Numbers 14-0718 and 14-0583, the Board approve Licensee's request for an additional extension to enroll in the Center for

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Personalized Education for Physicians (CPEP). Dr. Cahn seconded the motion. The motion passed 11-0-1-0-0. Dr. Lipe abstained.

TINGSTAD, Edwin M., MD  MS  KDG
Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Edwin M. Tingstad, MD, the Board approve the Stipulated Order signed by Licensee on December 23, 2016. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-0.

VANDERVEER, Elizabeth, MD  CS  DG
Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Elizabeth VanderVeer, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.085(1) and (5), ORS 677.190(12), and ORS 677.190(17). Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

PUBLIC SESSION
Ms. Dawn Morton-Rias, EdD, PA-C, President and CEO, National Commission on Certification of Physician Assistants (NCCPA), and Greg P. Thomas, Director of External Relations, NCCPA presented an organizational overview

Dr. Sukumar introduced Ms. Dawn Morton-Rias, EdD, PA-C, President and CEO of the National Commission on Certification of Physician Assistants (NCCPA), and Mr. Greg Thomas, PA-C Emeritus, MPH, Director of External Relations, NCCPA.

Ms. Morton-Rias shared the history of physician assistants in the United States and introduced the NCCPA, the only certifying body for the physician assistant profession (Attachment 1). She said the NCCPA has been in existence for 40 years as a not-for-profit organization located in Atlanta, Georgia with a staff of 60 onsite employees. The NCCPA is accredited by the National Commission on Accreditation of Certifying Bodies.

Ms. Morton-Rias explained the NCCPA’s Board of Directors is comprised of 11 PAs, 5 physicians, and 2 public members. The representatives are nominees of each respective organization who participate on the Board. They also have an FSMB representative on the Board in addition to representatives from other physician and PA organizations. According to Ms. Morton-Rias, the NCCPA is very proud to have two public members on their Board of Directors who contribute considerably and dedicate a number of hours to representing the interest of the public.

Updated March 21, 2017
According to Ms. Morton-Rias, there are 115,000 certified PAs in the United States, and over 30,000 PAs participated in the nationwide survey of PAs to examine their consideration of the recertification exam. Every five years, as a component of accreditation and also representative of best practices, Ms. Morton-Rias said the NCCPA conducts a practice analysis survey in which they examine the tasks and responsibilities that PAs perform in their daily practice. NCCPA aligns their certification process and recertification processes with real-world applications.

Attention was directed by Ms. Morton-Rias to the The Statistical Profile of Certified Physician Assistants by State handout. She highlighted Oregon currently has two PA programs which have helped populate and set the course for the PA profession in the state. NCCPA is very proud of the work that Oregon is doing to help shape the profession and educate the next generation of PAs. Because most graduate PAs chose to find employment either where they grew up or where they attended the PA program, Ms. Morton-Rias said it was reasonable to surmise that PAs who attended the PA program here would want to stay in Oregon to practice.

National demographics show, said Ms. Morton-Rias, the PA profession is now dominated by young females, with the average age of a PA being 38, with a continued focus on primary care and family medicine (with one third of the profession working in family medicine) with surgical subspecialties and emergency medicine following. Similarly, office-based practice and hospital practice are the two single largest employers.

While Oregon’s PA demographics are similar, Oregon leads the country in the number of PAs working in family practice, followed by surgical subspecialties. Office-based practices account for over 50 percent of PA employers. Regarding the salaries and hours that PAs are working, 35 percent are seeing patients who carry private insurance with 50 percent of the population being public health insurance recipients.

Ms. Morton-Rias introduced her colleague, Mr. Thomas, to discuss certification, certification maintenance, and recertification programs. Mr. Thomas said the NCCPA had designed a maintenance certification program which was more complex than today’s program, but now there is a simplified recertification process.

In order for a PA to be licensed, the PA must graduate from an accredited PA program and must pass the NCCPA’s computer-based initial certification exam which is available throughout the US. A new PA graduate is allowed six attempts within a six-year period to pass the exam. If the candidate fails to complete the exam successfully utilizing six attempts within six years, the only alternative is to begin PA school again.

Recertification or the certification maintenance process is primarily a Continuing Medical Education (CME) requirement of 100 CME credits every two years, 50 of which must be Category 1. PA CME credit is the same as physician CME credit, i.e., for any of the activities, conferences, online activities, etc., that a physician may earn Category 1 credit for, those credits automatically count for PAs.

Mr. Thomas said the initial certification exam is a general medical/surgical knowledge exam, and the recertification exam is a general medical knowledge exam which must be taken every 10
Approved by the Board on April 7, 2017.

years. Since most PAs are not working in general medical practice, the general medical knowledge recertification exam is very controversial. Currently, the PA-C credential is still seen as a generalist credential. Mr. Thomas added one point that he believes most PAs would agree with is the flexibility that the PA-C credential has allowed by being a generalist credential. Unlike physicians, most PAs have made significant changes to their specialty over the course of their career.

Mr. Thomas invited Ms. Morton-Rias to address the issue of NCCPA responsibility to the mission regarding certification and recertification programs which are meaningful and relevant.

According to Ms. Morton-Rias, the NCCPA’s first concern is to protect the public by ensuring processes are holding PAs to high standards. The NCCPA also wants to be responsive to PAs to ensure the recertification processes are affordable, accessible, and reflective of the profession as well as health care. With 70 percent of PAs practicing in specialty areas but with a generalist recertification, the NCCPA questioned how to reconcile this difference. Ms. Morton-Rias said the NCCPA embarked on a comprehensive study to explore different strategies and models. After much feedback from PAs as well as the public, the NCCPA realized the process of preparing for a test requires the PA to continue to review and revisit content that PAs may not be utilizing on a daily basis. Therefore, the educational and assessment literature support the notion that there are gains for sitting for comprehensive examinations. The NCCPA recognizes this is a controversial position and acknowledges the debate continues.

Regarding the recertification requirements of Performance Improvement (PI) and Self-Assessment (SA) CME, the requirement was relaxed due to lack of available activities in all practice areas. Additionally, the NCCPA realized there were things on the recertification exam that needed refinement of content. The NCCPA will be working on capturing the medical content that is essential for PAs as they move across disciplines, to include core knowledge elements on the new recertification exam.

Ms. Morton-Rias reported the NCCPA is committed to maintaining the credibility of the generalist credential, ensuring PAs have a baseline fund of knowledge that they demonstrate empirically every 10 years. The NCCPA is committed to ensuring the processes are not burdensome or onerous, but continue to reflect the high standards which has served the PA profession very well for 40 years.

A question and answer period followed the presentation. Mr. Foote asked about the criteria for revoking a PA’s license. Ms. Morton-Rias said there was a very extensive review and appeals process as well as a disciplinary process. The NCCPA has a relationship with FSMB so on a regular basis any PA or licensee to come before a state medical board and has been reported to the FSMB is communicated to the NCCPA. There are published policies and procedures that hold PAs to high standards of professional practice outlining the area of violation, penalties, etc. This is extensive and publicly available.

Dr. Gubler applauded Ms. Morton-Rias for keeping the exam generalist. Regarding re-entry plans for PAs who have been out of practice, Dr. Gubler asked Ms. Morton-Rias if the NCCPA is addressing that issue.
Ms. Morton-Rias said currently the NCCPA does not have a provision to address reentry. Although there is no process right now to assess a PA’s ability to reenter the practice on a practical level, they are in discussion with the PA Educational Association. For those who have lost certification, either because of failure to meet CME requirements or failure on the recertification exam, the NCCPA does have a published process for that. Regarding how PAs demonstrate or document their clinical acumen or technical ability to reenter the practice, to date the NCCPA has not developed a process independently to work on that, according to Ms. Morton-Rias.

Ms. Peng asked the reasoning behind changing the number of years between recertification. Ms. Morton-Rias said with the active learning educational elements required, it seemed it would be reasonable to extend testing over the 10-year period and was reflective of what the medical community at large was moving toward. What the NCCPA realized was the PI and SA educational activities for PAs are not as plentiful in all of the disciplines, and they did not want to hold PAs to a requirement that would require busy work. As the NCCPA works with PAs to document the learning activities in which they are participating, the hope is this would provide enough empirical evidence to support the maintenance of that 10-year period.

Dr. Girard thanked Ms. Morton-Rias for her very informative presentation and asked if PA programs throughout the country were growing. Ms. Morton-Rias shared the statistics and said it is a growing profession. PA graduates nationwide are usually employed within three months of graduation.

Dr. Gubler asked about shifting employment models affecting the education of PAs because he feels the loss of interaction with the supervising physician could potentially put the public at risk. Ms. Morton-Rias said she thought the educational programs are doing an excellent job keeping up with the changes in the health care landscape to orient students to the fact that they will work with a variety of providers across their careers. The traditional model of one PA working with one supervising physician is not likely to be the situation today or in the future, so PAs are educated to adapt to and work with a number of providers. From the PA side, the profession is prepared for that, and PAs have been oriented to the flexibility and nimbleness required to respond to divergent needs across the landscape. How the health care system is working with that is beyond the NCCPA’s scope, but it is something that the entire profession is examining.

Dr. Sukumar thanked Ms. Morton-Rias and Mr. Greg Thomas for their presentation.

Scott Gallant and Karen Mainzer of Gallant Policy Advisors presented on the 2017 Legislative Session

Dr. Sukumar introduced Mr. Scott Gallant and Ms. Karen Mainzer of Gallant Policy Advisors and thanked them for coming to present on the 2017 Legislative Session.

On behalf of Ms. Mainzer and himself, Mr. Gallant thanked the Oregon Medical Board for the invitation. Mr. Gallant stated the Presidential election will have a significant impact on the state
of Oregon. Mr. Gallant said Oregon is one of many states that has a significant budget deficit which will be a legislative challenge.

The defeat of Measure 97, according to Mr. Gallant, is a source of tension between labor and business as well as between Democrats and Republicans. Additionally, the ability to balance the budget in regular session is a recurrent topic of discussion in Salem, said Mr. Gallant, and a special session may be required.

The transportation infrastructure issues are still in need of being addressed. The federal repeal of the Affordable Care Act and its replacement is well underway, and Oregon continues to be optimistic about a slimmed down waiver request.

Mr. Gallant said Oregon is well positioned with Senator Wyden on the Senate Finance Committee as the ranking member. Representative Walden has been appointed as the Chair of the House Energy and Commerce Committee and Congressman Schrader is also on that committee. Mr. Gallant said there were significant changes in membership on the Ways and Means Committee, particularly on the Senate side with two new co-chairs, Senator Elizabeth Steiner Hayward, MD, and Daniel Rayfield, JD.

Regarding this coming session for the Oregon Medical Board, Governor Brown’s administration chose not to introduce the Semi-Independence bill so it will not move forward. The Emeritus Board Member legislation will be Senate Bill 60. The Interstate Compact Legislation was withdrawn due to it needing more work at the federal level.

Mr. Gallant and Ms. Mainzer will continue to educate people about the Wellness Grant decision package.

Ms. Mainzer raised the issue of Coordinated Care Organizations and the mental health collaborative being introduced this legislative session. Ms. Mainzer said that bills will be ready at 7:30 on Monday morning, January 9, 2017.

Dr. Sukumar asked if the Governor's office offered any explanation about not moving forward with the Oregon Medical Board’s Semi-Independence Legislative Concept (LC). Mr. Gallant said there have been multiple meetings with the legislative side and the Administration, but his impression was the budget cycle was obstructive to this LC moving forward.

Mr. Foote asked if every agency across the board was facing a budget cut, furloughs, etc. Ms. Mainzer said she does not anticipate that happening.

Dr. Sukumar thanked Mr. Gallant and Ms. Mainzer for their presentation and expertise.

EXECUTIVE SESSION

WALKER, Kent R., DO

Dr. Sukumar reviewed the case.
Approved by the Board on April 7, 2017.

**BOARD ACTION:** Dr. Girard moved that in the matter of Kent R. Walker, MD, the Board approve the IC’s recommendation to issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

 YEAKLEY, Patrick C., MD

| Supervision | TL | SS |

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Patrick C. Yeakey, MD, the Board approve the IC’s recommendation to approve Licensee’s request to terminate his 2015 Corrective Action Agreement. Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

 ZAHRA, Michael S., MD

| WF | SS |

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of Michael S. Zahra, MD, the Board approve Applicant’s request to withdraw the licensure request with a report to the FSMB. Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

 Department of Justice Opinion on Need for Administrative Medicine License

| SS |

Dr. Sukumar introduced this topic, and Mr. Foote reviewed the Department of Justice’s Opinion.

*(Summary redacted)*

The Board took no official action.

 CALCAGNO, John A., MD

| MS | SS |

Dr. Sukumar reviewed the case.

**BOARD ACTION:** Dr. Girard moved that in the matter of John A. Calcagno, MD, the Board approve the Stipulated Order signed by Licensee on December 26, 2016. Dr. Sukumar seconded the motion. The motion passed 12-0-0-0-0.

(Name Redacted)

| Entity ID 1035440 | MP |

Ms. Peng reviewed the case.

The Board took no official action.

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<th>Name</th>
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<th>Action</th>
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<tr>
<td>BUCHALTER, Ira H., MD</td>
<td>PC</td>
<td>Dr. Chavin reviewed the case.</td>
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</table>

**BOARD ACTION:** Dr. Chavin moved that in the matter of Ira H. Buchalter, MD, the Board approve the AAC’s recommendation to allow Applicant to withdraw the license request with report to the FSMB. Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>HABENICHT, Tei, PA</td>
<td>MP</td>
<td>Ms. Peng reviewed the case.</td>
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</table>

**BOARD ACTION:** Ms. Peng moved that in the matter of Tei Habenicht, PA, the Board approve Applicant’s request to withdraw the license application with report to the FSMB. Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

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<tr>
<td>(Name Redacted)</td>
<td>MP</td>
<td>Ms. Peng reviewed the case.</td>
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The case is referred to the Investigative Committee.

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<th>Name</th>
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<tbody>
<tr>
<td>(Name Redacted)</td>
<td>MP</td>
<td>Ms. Peng reviewed the case.</td>
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The Board took no official action.

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<th>Name</th>
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<tr>
<td>(Name Redacted)</td>
<td>SS</td>
<td>Dr. Sukumar reviewed the case.</td>
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The case is referred to the Investigative Committee.

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<th>Name</th>
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<tbody>
<tr>
<td>(Name Redacted)</td>
<td>KF</td>
<td>Dr. Fisher reviewed the case.</td>
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The Board took no official action.

**PUBLIC SESSION**

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<tr>
<th>Name</th>
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<th>Action</th>
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<tbody>
<tr>
<td>Oregon Opioid Prescribing Guidelines Task Force</td>
<td>MP</td>
<td>Dr. Thaler provided an update to the Board from the Oregon Opioid Prescribing Task Force and considered supporting the guidelines.</td>
</tr>
</tbody>
</table>

*Updated March 21, 2017*
Approved by the Board on April 7, 2017.

BOARD ACTION: Dr. Girard moved that the Board support the Oregon Opioid Prescribing Guidelines. Dr. Lipe seconded the motion. The motion passed 12-0-0-0-0.

EXECUTIVE SESSION:

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<td>1033013</td>
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Dr. Girard reviewed the case.

The case was referred to the Investigative Committee.

<table>
<thead>
<tr>
<th>SHERMAN, Maurice, MD</th>
<th>Entity ID</th>
<th>PC</th>
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Dr. Chavin reviewed the case.

BOARD ACTION: Dr. Chavin moved in the matter of Maurice Sherman, MD, the Board approve the Administrative Affairs Committee’s (AAC) recommendation to deny Applicant’s request to retake the Special Purpose Examination (SPEX) and allow Applicant an opportunity to withdraw the license request with report to the FSMB. Dr. Girard seconded the motion. The motion passed 12-0-0-0-0.

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<tr>
<th>ZIMMERMAN, Amy K., MD</th>
<th>Entity ID</th>
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Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved in the matter of Amy K. Zimmerman, MD, the Board approve the AAC’s recommendation to allow Applicant to withdraw the license request with report to the FSMB. Dr. Gubler seconded the motion. The motion passed 12-0-0-0-0.

CLOSED SESSION

Probationer Interviews

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

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Licensee</th>
<th>Room No.</th>
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<tbody>
<tr>
<td>Dr. Mastrangelo</td>
<td>Name Redacted</td>
<td>1</td>
</tr>
<tr>
<td>Observer: Dr. Lyons</td>
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<td></td>
</tr>
<tr>
<td>Dr. Chavin and Ms. Peng</td>
<td>Name Redacted</td>
<td>2</td>
</tr>
<tr>
<td>Dr. Gubler</td>
<td>Name Redacted</td>
<td>3</td>
</tr>
<tr>
<td>Observer: Dr. Cahn</td>
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<tr>
<td>Dr. Lipe</td>
<td>Name Redacted</td>
<td>4</td>
</tr>
<tr>
<td>Observer: Dr. Hernandez, PhD</td>
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Updated March 21, 2017
Probationer Interview Reports
The Board members reported on probationer interviews.

Investigative Committee Consent Agendas
The Board reviewed the following Consent Agendas: August 4, 2016, November 3, 2016, and December 1, 2016.

BOARD ACTION: Dr. Girard moved that the Board approve the August 4, 2016, November 3, 2016, and December 1, 2016, Investigative Committee Consent Agendas. Dr. Lipe seconded the motion. The motion carried with a voice vote.

Investigative Committee Meeting Minutes
The Board reviewed the Investigative Committee Meeting Minutes of September 1, 2016, and November 3, 2016.

BOARD ACTION: Dr. Girard moved that the Board approve the September 1, 2016, and November 3, 2016, Investigative Committee Meeting Minutes, as amended. Dr. Gubler seconded the motion. The motion passed by a voice vote.

The Board adjourned at 4:43 p.m.

Board Recessed until 8 a.m. Friday, January 6
6:00 p.m. – Working Board Dinner

Approved by the Board on April 7, 2017.
8:00 a.m. – CALL TO ORDER
Shirin Sukumar, MD; Chair of the Board

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

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

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

RECUSALS AND ABSTENTIONS – Where noted, Board members have recused themselves from discussion of any particular case or abstained from the final vote. To recuse means the Board member has actually left the room and not discussed or voted on the disposition of the case. To abstain means the Board member may have taken part in the discussion of the case but chose to not cast a vote on its disposition.
PUBLIC SESSION
Dr. Sukumar took roll call. Dr. Hernandez, PhD, was absent by prior notice.

Specialty Certification Status, Performance Ratings, and Disciplinary Actions of Internal Medicine Residents; Lipner, Rebecca S., PhD; Young, Aaron, PhD; Chaudhry, Humayun J., DO, MS; Duhigg, Lauren M., MPH; Papadakis, Maxine A., MD

Informational Only

KF

Dr. Fisher presented an article that was published by the Association of American Medical Colleges. This item is informational only.

The Board took no official action.

Emergency Medical Services (EMS) Advisory Committee

Drs. Sukumar and Mastrangelo welcomed Kara Kohfield, Paramedic, Emergency Medical Services (EMS) Advisory Committee Chair, via telephone.

Ms. Kohfield shared the results of the EMS discussion regarding the final review of OAR 847-035-0030(9)(c): Scope of Practice, which would allow EMS personnel to use other devices on the market to allow blind insertion of the supraglottic airway. Currently, OAR 847-035-0030(9)(c) reads: Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

A) A single-lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or
B) A multi-lumen airway device designed to function either as a single-lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.

The EMS Committee’s proposed revision for final review would read: Insert the supraglottic airway device to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal airway.

Regarding the second part of the final review, EMS personnel propose being allowed to perform suctioning on a tracheostomy patient. Rather than the rule currently reading: Perform tracheal tube suctioning on an endotracheal intubated patient, the Committee proposed OAR 847-035-0030(9)(c) read: Perform tracheobronchial tube suctioning.

Regarding the paramedic section, Ms. Kohfield reported the Committee proposes to add a provision allowing paramedics to initiate and maintain ventilators during transport as long as the paramedic was trained on the specific device and was acting under written protocols or direct orders. Ms. Kohfield further stated the Committee would like the rule to read: Initiate and maintain mechanical ventilation during transport if trained on the particular equipment and if acting under specific written protocol.
Dr. Chavin asked if the data was clear regarding improving patient safety in relation to mechanical versus manual ventilation.

Ms. Kohfield said EMS personnel are focused on minimal trauma to the patient. She said this language addresses interfacility transfers since paramedics are taking patients on ventilators between hospitals. Ms. Kohfield further stated transferring physicians would like their patients taken on ventilators during transfers so this would be a continuation of good patient care in maintaining critical patients.

Dr. Mastrangelo invited Ms. Kohfield to speak to the Board regarding the EMS Advisory Committee Meeting Minutes from November 18, 2016. Ms. Kohfield said the Oregon Health Authority (OHA) supervising physician document was reviewed by Dr. Poulsen. Dr. Poulsen mentioned the document was outdated, so he suggested the Committee work with the OHA to try to keep the document up to date as well as send out a reminder to supervising physicians to update their information on the website.

Rebecca Long from the State of Oregon EMS Mobile Training Unit mentioned they identified wording issues, and people were questioning whether emergency medical responders (EMRs) were allowed to apply tourniquets. Currently, the Scope of Practice: OAR 847-035-0030(8)(f) reads: *Provide care for musculoskeletal injuries.* Ms. Long pointed out that under the national Scope of Practice, it states EMS providers can also provide a room in an emergency for endangered patients, allowing EMTs to provide rapid extrication. Therefore, said Ms. Kohfield, the Committee found it did not state in our language for Oregon how an EMR could really move a patient. Through the Committee’s discussion, it was decided to add language under (8)(f) to (8)(g) to read: *Provide trauma care including splinting for musculoskeletal injuries, assist with hemorrhage control, and emergency move for endangered patients.* Ms. Kohfield said the Committee would forward that proposed language to the Board for further discussion. Ms. Kohfield said the Committee feels this is not a big change but rather a change in language because providers are limiting EMS providers from giving certain care because the language did not specifically state they were allowed.

Dr. Sukumar asked for the EMS supervising physician list, questioned where the list was maintained, and if it was easily accessible or only available to the OHA.

Ms. Kohfield said she believes the OHA has the list of supervising physicians and one would need to call the OHA for the list. As the EMS Director of Blue Mountain Hospital, Ms. Kohfield had received a list of supervising physicians at that time, but presently she is not sure how personnel could obtain that information.

Dr. Sukumar thanked Ms. Kohfield and said this was something the Board could suggest in its letter to the OHA now that more and more information is available electronically within minutes.

Ms. Haley shared that the list of supervising physicians was not available electronically, and she has spoken to the OHA about it.
Dr. Gubler asked if there was a plan to review the tourniquet application rule. Ms. Kohfield said the proposed change was only to clean up language to avoid ambiguity in the scope of practice. She further explained that EMTs have been fully trained on tourniquet application for a multitude of years.

Dr. Gubler said his question related to the appropriate placement of the tourniquets and asked if the Committee would like to review appropriate tourniquet placement to see how it is being implemented. Dr. Gubler remarked that he has seen inappropriate tourniquet placement not infrequently. Ms. Kohfield said she would take that under advisement.

**BOARD ACTION:** Dr. Mastrangelo moved that the Board approve OAR 847-035-0030: Scope of Practice, as written. Dr. Girard seconded the motion. The motion passed 11-0-0-0.

Dr. Hernandez, PhD, was absent by prior notice.

**BOARD ACTION:** Dr. Mastrangelo moved that the Board approve the EMS Advisory Committee Meeting Minutes of November 18, 2016. Dr. Girard seconded the motion. The motion passed with a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

Dr. Mastrangelo noted the EMS Committee will be meeting February 10, 2017, rather than February 17, 2017.

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**Acupuncture Advisory Committee**

Dr. Sukumar welcomed Acupuncture Advisory Committee Chair, Brynn Graham, LAc.

Ms. Graham reviewed the items that were discussed at the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) regarding the Board exams and the four attempts to pass the test. The NCCAOM allows five attempts to pass the boards. The Acupuncture Advisory Committee is asking the Oregon Medical Board to revise its rule of four attempts to pass the certification exam to five attempts to be in accordance with the national standard.

The Committee had a hearing on the definition of Oriental Massage, and Ms. Graham reported that the definition was accepted.

Additionally, Ms. Graham said the Committee moved forward with Dr. Lin’s reappointment to the Acupuncture Advisory Committee.

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**EXECUTIVE SESSION:**

(The Name Redacted)  

Entity ID 1035477

The Board discussed whether to allow Applicant to continue practicing under a Board-approved clinical supervisor until the Board amends the rule to allow an applicant a total of five attempts.
Approved by the Board on April 7, 2017.

to successfully pass a NCCAOM certification examination. If the Board does not adopt a rule change, then the applicant may no longer practice under the Board-approved clinical supervisor.

The Board took no official action.

PUBLIC SESSION
BOARD ACTION: Dr. Fisher moved that the Board approve OAR 847-070-0005: Oriental Massage Rule Amendment, as written. Dr. Girard seconded the motion. The motion passed by a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

BOARD ACTION: Dr. Fisher moved that the Board approve the Hearing Officer Report on OAR 847-070-0005: Oriental Massage Rule Amendment. Dr. Girard seconded the motion. The motion passed by a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

BOARD ACTION: Dr. Fisher moved that the Board approve the reappointment of Charlotte Lin, MD, to a second term on the Acupuncture Advisory Committee. Dr. Girard seconded the motion. The motion passed by a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

BOARD ACTION: Dr. Fisher moved that the Board approve the Acupuncture Advisory Committee Meeting Minutes from December 2, 2016. Dr. Girard seconded the motion. The motion passed by a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

Ms. Graham stated this would be Dr. Lena Kuo and her last meeting, as their six-year-terms had ended. Dr. Sukumar thanked both Ms. Graham and Dr. Kuo for their years of service.

Dr. Sukumar asked Ms. Hull, a guest in the audience, if she had any questions for Ms. Graham. None were offered.

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<thead>
<tr>
<th>Oregon Medical Board Licensure Count</th>
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<tr>
<td>Dr. Girard presented that between August and November, 2016, there were a total of 425 licenses issued. Dr. Girard said this number of health care providers represents a lot of work by the Oregon Medical Board as well as a lot of oversight. Dr. Girard asked Ms. Haley if this number was representative of the number of health care providers in the past. Ms. Haley said that the numbers were similar and were provided for contextual purposes only.</td>
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Dr. Chavin commented on the breakdown of the types of positions that physicians and doctors of osteopathy are going into due to the era of specialization and the ability to deal with primary care physicians. Dr. Chavin said the Board could ask the OHA about the physician count related to our population to ensure there was a physician or primary care provider for our population. Regarding team care, Dr. Chavin said for providers in the trenches doing the primary care, which may be physician assistants and nurse practitioners, the Board needs to see this in a global sense so as not to see numbers in isolation. Dr. Chavin said he feels the OMB could use more data by the OHA to help direct future courses of action.

The Board took no official action.

*Updated March 21, 2017*
Approved by the Board on April 7, 2017.

WILLIAMS, Kalaiselvi B., MD

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Girard moved in the matter of Kalaiselvi B. Williams, MD, the Board approve the AAC’s recommendation to terminate the Consent Agreement issued on January 20, 2016. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-0. Dr. Hernandez, PhD, was absent by prior notice.

BOARD ACTION: Dr. Girard moved in the matter of Kalaiselvi B. Williams, MD, the Board approve the AAC’s recommendation to grant the license reactivation request to an active unlimited status. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-0. Dr. Hernandez, PhD, was absent by prior notice.

OAR 847-010-0066: Visiting Physician Approval

Dr. Chavin reviewed the case.

Dr. Chavin read from OAR 847-010-0166: The proposed rule amendment allows physicians acting as expert witnesses to apply for visiting physician approval.

A physician is not practicing medicine if the physician only reviews records and provides an expert opinion; however, if the physician will perform a physical or mental examination in his or her role as an expert, this is the practice of medicine and requires Board approval. In that scenario, the Board may grant visiting physician privileges for up to 30 days in the year, which allows the physician to practice medicine only under the supervision of an actively licensed Oregon physician in good standing. Physicians with these privileges must meet the requirements of this rule. If the physician needs to act as an expert witness for more than 30 days in the calendar year, or needs to prescribe, administer or dispense medications, the physician must apply for a full license or a locum tenens license.

The proposed rule amendment also restrictures the rule on Visiting Physicians. It is now broken down into the following sections: (1) Preamble, (2) purpose/scope, (3) qualifications, (4) requirements, (5) public representation, and (6) limitations of the privileges.

Dr. Chavin said this rule was extremely well written and recommends it move forward. Dr. Sukumar thanked Ms. Krishnaswami for her changes made since the previous meeting. Dr. Girard asked Ms. Krishnaswami how many visiting physicians are in Oregon presently and their location. Ms. Krishnaswami summarized the history of visiting physicians, and Ms. Miles confirmed there are very few visiting physicians in a year’s time. Ms. Krishnaswami said there was an increasing number of requests for visiting physicians for expert witness capability. She stated this rule had oversight of those visiting physicians’ scope and duration and gives the Oregon Medical Board jurisdiction over them.

The Board took no official action.

Updated March 21, 2017
The Board reviewed the AAC’s recommendation to approve the rule as written.

Ms. Peng stated the rule amendment allows up to $100 in compensation for preparation for each Board meeting and Investigative Committee meeting that the Board member attends. The compensation amount will be in addition to the allowable reimbursement for travel expenses.

**BOARD ACTION:** Ms. Peng moved that the Board approve OAR 847-003-0200: Board Member Compensation, as written. Dr. Girard seconded the motion. The motion passed by voice vote. Dr. Hernandez, PhD, was absent by prior notice.

Dr. Sukumar presented an overview of the NavCentral Proposal.

Dr. Sukumar reported that NavCentral is a Texas-based company that provides 24-hour call center coverage primarily staffed by paramedics who are supervised by a Texas-based physician. NavCentral was hoping to expand their after-hours services to an orthopedic group in Portland. Dr. Sukumar explained NavCentral differs from traditional answering centers in that rather than paging the on-call provider, the calls would be received by a paramedic who would then consult with a Texas physician. According to NavCentral’s website, NavCentral claims to solve the patient’s problems in real-time, rarely involving the clinician after hours by using protocols and algorithms. The site states their advanced clinician will resolve the problem by phone 90 percent of the time. Dr. Sukumar questioned if the resolution was by the clinician or the paramedic or both. The website further claims these interactions will be documented within 24 hours.

Dr. Sukumar said the AAC had concerns about directing the care of patients via telephone as this would constitute the practice of medicine and would require an Oregon license. NavCentral proposed that their Texas-based physician would get an Oregon license with Telemedicine status and would oversee the call center and paramedics. The paramedics themselves would not get licensed, and they would not disclose to patients that they were paramedics. The paramedics would be serving as unlicensed professionals, however, they would have access to the Oregon Practices Electronic Medical Record to look up patient information and review it before documenting these calls.

Dr. Sukumar said the Committee had concerns around paramedics not having the clinical training or expertise to solve patients’ clinical problems as well as being unlicensed in Oregon. Delayed or inappropriate care for potentially frail or unstable patients when they develop postoperative complications was another concern of the Committee. Regarding the issue of documentation within 24 hours, the Committee felt if a patient were to go to the emergency room and needed to be admitted, that information would not yet be in the record. The Committee said records need to be in real time and 24 hours was not adequate.
With all those concerns brought to light, the AAC recommended denying the proposal. Dr. Sukumara opened the floor for discussion.

The Board will send a letter to NavCentral rejecting its proposal.

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Ms. Brandt presented the 2017-2019 Governor’s Recommended Expenditures Budget. This information was an update to the materials that were provided to the Board in July 2016. Ms. Brandt reported there was a current service level of $12.5 million for the 2017-2019 biennium. Ms. Brandt explained the current service level was the amount of funding that was estimated to provide the exact same services being provided at the present time.

Six policy packages were proposed by the agency, said Ms. Brandt. They were as follows: 1) Administrative Efficiencies; 2) Interstate Medical Licensure Compact; 3) Board Membership, intended to add an emeritus Board member and to provide additional compensation for the Board members for preparation time; 4) Physician Wellness, a seed fund for the Wellness Coalition project with The Foundation for Medical Excellence (TFME) initiative to be able to provide local delivery of support services for physicians dealing with stress, burnout, depression, etc.; 5) Investigative Staffing, added a 1.0 FTE Investigator position to accommodate the increased workflow in the Investigations department; 6) Licensing Staff Adjustment, changed a 0.79 FTE position to a full-time position. Ms. Brandt said the Licensing adjustment would accommodate increasing workload at the Oregon Medical Board and to recruit more effectively since part-time positions were difficult to recruit.

Ms. Brandt stated that all packages went to the Governor, and the Governor recommended all packages move forward except for the Administrative Efficiencies package. The Interstate Medical Licensure package has since been removed, which will be reflected as such during the legislative cycle. The movement on these packages gave the Oregon Medical Board a Governor’s Recommended Budget of $13.077 million. The Governor reduced the budget for estimated service charges and decreases to costs for the Department of Justice for attorney fees. This was a very good budget with a 4.3 percent increase from our current service level.

Dr. Girard asked if Board members could help by going to Salem. Ms. Haley answered she would very much welcome it and has appreciated it very much in the past.

The Board took no official action.

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Ms. Brandt reviewed the Revenue and Expenditure by License Type. Ms. Brandt said this was an analysis done periodically to ensure revenue and expenditure are aligned with each of our licensed professions, with physicians providing a bit more of both revenue and expenditure than their number of licensees would indicate. This means physicians are slightly subsidizing physician assistants and acupuncturists.
Dr. Lace asked what percentage of the budget was not paid for by licensees. Ms. Brandt said it was 1.9 percent which was revenue from the sales of data, fines, etc. Ms. Brandt said the Oregon Medical Board is 100 percent self-supporting.

The Board took no official action.

### Board Best Practices Assessment
Ms. Brandt presented the Board copies of the Best Practices Assessment Survey. She asked that Board members return the surveys to Ms. Kallen before leaving today.

Dr. Girard complimented Ms. Brandt and thanked her for all of her organized and clear work.

The Board took no official action.

### Medical Marijuana Workgroup Update
Dr. Lace presented the Board an update on the Medical Marijuana Workgroup.

Dr. Lace directed the Board’s attention to the three handouts he had provided. Dr. Lace shared that the clinical Workgroup is comprised of one patient advocate and several physicians from varying backgrounds.

Dr. Lace said at this time only MDs and DOs are authorized to sign off on medical marijuana cards. The Workgroup feels when medical marijuana cards are issued, the providers should be following some guidelines. With the passage of the law on recreational marijuana, users can obtain it themselves. There is a tax savings of 25 percent that users get by acquiring marijuana through a medical marijuana card.

There are currently about 68,000 active medical marijuana cards in Oregon. Dr. Lace was not sure how medical marijuana compared to other prescriptions in the state.

The Workgroup broke down marijuana use into the adult group and the minor group. Dr. Lace had concerns with the minor group, which potentially will have more long-lasting side effects and repercussions. The Workgroup would like to make clear that these statistics represent everyday chronic marijuana users.

The Workgroup is recommending the initial interview for a medical marijuana card be done in person and not via Telemedicine. They also recommended the physician interview the patient as to why the patient was presenting, the physician document the interview, and the physician ask the patient about previous marijuana use as well as other medications the patient has tried. Accessing the Prescription Drug Monitoring Program (PDMP) to check for co-prescribing and contraindications (or at least cross reactions) was also recommended.

There are currently 289 pediatric cases of medical marijuana use in the state. Ninety percent of medical marijuana cards are issued for severe pain. Severe pain is not the norm in pediatrics. Therefore, the pediatricians in the Workgroup take issue with medical marijuana use in pediatric...
patients. The Pain Center at OHSU does not use opiates or medical marijuana in pediatric patients. No one in the Workgroup is recommending medical marijuana for pain in pediatrics.

Regarding obtaining medical marijuana cards, the Workgroup said the patient must have a bona fide physician relationship with annual record. There are currently no handouts for medical marijuana. Colorado has a great handout on taking marijuana during pregnancy. At Corvallis Hospital, they reported that 12 percent of expectant mothers are using marijuana at varying degrees during their pregnancy. This marijuana use during pregnancy will be an evolving issue on developing brains. Their offspring will have a higher risk of potential issues with attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), and possibly with a relationship to autism. There is nothing out there at all right now that makes that connection with offspring in marijuana use during pregnancy. The Workgroup feels marijuana should be in the same category as alcohol with a warning. Dr. Lace said a lot of the work ahead deals with education moving forward so the Workgroup will be working with the Oregon Pediatric Society, the Oregon Academy of Family Practice, and hopefully, with OB/GYN groups.

Dr. Lace recommended physicians who are recommending chronic marijuana use in pediatric patients have conversations with parents to discuss marijuana risks regarding IQ points, increased rate of psychosis in a psychotic-prone child (family history), and the issue of ADD and ADHD, loss of potential concentration when driving, increased risk for school failure, and motor vehicle accidents. There is also a concern of toxicity in pediatric patients. In Colorado, they report three percent of emergency room visits in childhood are marijuana related.

Dr. Thaler asked if the OHA was testing medical marijuana currently available and if the OHA will be labeling medical marijuana.

Dr. Lace said the OHA was currently working on the issue of pesticides. Marijuana has different concentrations and two active ingredients, tetrahydrocannabinol (THC) and Cannabidiol (CBD). At the present time there is no real labeling of quality or concentration.

Dr. Mastrangelo asked if there was support for legislation to get marijuana out of gummy bears and other candies that might be an attractive nuisance to children and put it in a form that was more as a drug.

Dr. Lace said it was recommended that marijuana be taken out of candies and cookies, but he was not sure about active legislation.

Dr. Sukumar told Dr. Lace this was a great start in providing guidelines and providing some direction as this issue becomes more prevalent. Dr. Sukumar asked Dr. Lace if the Medical Marijuana Workgroup had thoughts about going back to the statute and defining criteria. Dr. Lace shared that the Workgroup on HB 4014 only deals with standards of care of a given diagnosis, best practices, and guidelines, and by statute the Workgroup cannot prohibit the recommendation of using medical marijuana cards.

Ms. Peng asked if there was anything in the educational system about the use of marijuana.
Approved by the Board on April 7, 2017.

Dr. Lace said not yet, but the Workgroup was working with other states like Colorado which has an educational component in use. Medical marijuana is a Schedule I drug so no studies have been done in the United States. To have a study, special permission must be obtained. The only related drug one can obtain in the United States legally is Marinol.

The Board took no official action.

Public Comment

No public comment was presented.

Physician Assistant Preceptorships

Ms. Peng presented the case.

The Board discussed a request by the Oregon Society of Physician Assistants (OSPA) which asks the Board to reconsider the requirement for PA programs and preceptors to notify the Board of these students. The OSPA states that such notification was not required by statute or rule and was unknown to many out-of-state programs. Ms. Peng said the OSPA’s stand is it is an administrative burden and lacks evidence of need. Ms. Peng shared that the discussion around this issue at the AAC was to keep the Preceptorship rule as is but make it a statute. Ms. Peng said that because the Board exists for the safety of patients, she believes the Board needs a list of students and from which programs those students are associated with as a patient safety issue.

Dr. Cahn asked if they do this for medical students who are in visiting clerkships. Dr. Girard said yes, there is a list of the allopathic students at OHSU, although the Oregon Medical Board does not have a list. Discussion ensued.

Dr. Fisher asked if PA rotations were four weeks long.

Ms. Peng said PA rotations vary by specialty with family medicine or internal medicine rotation being the longest.

Dr. Girard invited Ms. Hull to come and speak to the issue of PA preceptorship lists. Ms. Hull identified herself as a physician assistant and a faculty member at the OHSU PA Program for over 10 years. Ms. Hull shared that her primary role was as the clinical coordinator in which she coordinates all the rotation and clinical courses for students. Ms. Hull shared that yearly she forwards the list of PA students who will be out on rotations at any clinical site in the state to the Oregon Medical Board. Ms. Hull believes that Pacific University follows that same practice. She stated it is tricky when there are out-of-state students because students are not required to notify the programs they are in that they are out of state. It is a professional courtesy but not a requirement. When Ms. Hull gets an inquiry, she sends the student the requirements including getting sponsorship from their home institution. They do list that they need to notify the OMB but there is no one to track that information. The vast majority of students who come from out of state are as preceptorships, and they do not notify the OMB or any other authority. Ms. Hull said she was not sure how to track the out-of-state students. She agrees this was a good idea to make

Updated March 21, 2017
Approved by the Board on April 7, 2017.

it a requirement, but she was not sure how easy it would be to enforce. Dr. Sukumar thanked her for her excellent comments.

Dr. Thaler asked Ms. Hull if it was the practice of the placement staff to check the Oregon Medical Board website to see if the licensee who will act as the mentor to the PA has any Board actions. Dr. Fisher stated that Western University does adhere to that practice. Ms. Hull said they do as well.

Dr. Sukumar said that this issue of PA Preceptorships would be forwarded back to the AAC.

Dr. Lipe asked about a set of preceptorships by OHSU that students can be placed in, and if out-of-state people were placed directly into a preceptorship. Ms. Hull said it was a combination of both, as professional courtesy, to notify the program from which they came. Dr. Lipe asked how hard it would be to ask preceptorships to send a list every month or length of rotation with a list of the students and their school. Ms. Hull said they have tried it, and some institutions do not like to share this information because it is a competitive process to place students. Oregon has fewer placement programs than across the country.

The Board took no official action.

<table>
<thead>
<tr>
<th>Memo on Medical Marijuana</th>
<th>Informational Only</th>
<th>DG</th>
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</thead>
</table>

Dr. Sukumar reviewed a Medical Marijuana Memo with the Board which Ms. Krishnaswami wrote. Dr. Sukumar said it was an important and timely approach to this topic given marijuana prescribing and its significant effect on patients.

Dr. Girard said there were two documents under this heading: Issues relating to marijuana credentialing process, problems, solutions, and methodology, and the FSMB position on medical marijuana. Dr. Girard said he had raised the question if it would be helpful to the OMB to have a rule in place. He said Ms. Krishnaswami did a wonderful job of laying out what was necessary in establishing such a rule. Dr. Girard asked Ms. Krishnaswami to share her work with the Board.

Ms. Krishnaswami directed the Board’s attention to the memo they were provided that was broken into issue areas. She said she had reviewed the medical marijuana program statute as well as the OHA’s administrative rules, the FSMB’s model document, and Colorado’s state guidelines. Based on those documents, Ms. Krishnaswami coordinated the common issues seen and shared that most things were covered through statute. However, she asked the Board if they would like to have all the information in one place, as Ms. Krishnaswami noticed there were a few things that could be clarified. For example, the medical marijuana program statute states that a physician to authorize must have an active Oregon Medical Board license, but it does not mention anything about administrative medicine, telemedicine, or locum tenens or other licensing status which could be clarified by statute. However, she does not want to conflict with the excellent work completed by the OHA.

The Board took no official action.

Updated March 21, 2017
EXECUTIVE SESSION
The Board moved into Executive Session to discuss a specific Licensee.

PUBLIC SESSION

Eight-Hour On-Site Supervision Waiver Request
Ms. Peng presented the case.

The Board will revisit this issue at Dr. Sukumar’s direction.

The Board took no official action.

Criminal Background Checks – Renewal
Dr. Chavin presented the case. The Board discussed a pilot project to run limited criminal background checks during medical license renewals.

Ms. Haley said she will report back to the Board following the Joint Dinner Meeting between the OSBN and the OMB.

The Board took no official action.

Team-Based Regulation
Dr. Chavin reported on the idea of team-based regulation through collaboration with other Oregon regulatory boards. A collaborative Oregon State Board of Nursing (OSBN) and OMB Joint Dinner Meeting will be scheduled with the intention of discussing opioids.

The Board took no official action.

Five-Year Rule Reviews
Dr. Sukumar reviewed the newly adopted rules from 2012.

1. Agency representative at hearings. This rule authorizes a Board employee to serve as the representative in Contested Case Hearings regarding civil penalties.
2. Declared emergency, delegation of authority. The rule gives authority to our Executive Director in a declared emergency. The Board recommended this rule stay in place, and it has no fiscal impact.
3. Comprehensive Osteopathic Medical Variable-Purpose Evaluation (COMVEX) Requirements. This rule was put into place so an applicant or a person who was reactivating his/her license could demonstrate clinical competency. The fiscal impact had a slight overestimation because there are only one or two physicians each year. The Board’s recommendation is to continue with this rule as is.

Updated March 21, 2017
The Board took no official action.

**WORKING LUNCH:** Stacey Schubert, Research & Data Manager, Health Analytics, Health Policy & Analytics Division

Dr. Sukumar welcomed Ms. Stacey Schubert, Research and Data Manager, Health Analytics for the Health Policy & Analytics Division of the Oregon Health Authority (Attachment II).

Ms. Schubert stated that the presentation today will be focused on the health care workforce reporting program. She recognized the two staff in this program, Suzanne Yousem and Vanessa Wilson, who helped with this presentation.

The Health Care Workforce Reporting Program was begun by the Legislature in 2009 at which time there were seven health care licensing boards who were named in the legislation that needed to participate in data collection. In 2011, there were three boards that voluntarily began reporting data, and in 2015 the law was opened up again, and 10 additional boards were added.

Ms. Schubert illustrated when a health care professional renewed his/her license on any of the various boards, he/she was automatically directed to a five-to-eight-minute questionnaire, and those data were instantaneously available to OHA with the exception of the Oregon Medical Board who administers its own survey. The collected data encompasses demographics, education, and practice information. Ms. Schubert said there are 17 boards, and some boards have been providing data since 2009.

Over the last few years, the OHA has been involved in a vigorous process of reviewing data collection mechanisms with each of the boards. Ms. Schubert said the OHA will not finish implementing Senate Bill 230 until November 2017 which is when the last board comes online.

A question arose about the surveys asking the same information. Ms. Schubert said they typically are not exactly the same, but they do strive for uniformity. Dr. Girard asked if job satisfaction and burnout were questions on the survey, and Ms. Schubert said those topics were not included on the surveys. Ms. Schubert said if there was an interest in including a question about job satisfaction or burnout, her office first would need to determine if it was important to collect that data for all the boards and ensure that her leadership was interested in that as well.

Dr. Chavin asked if all these health care licensing boards were supported by the state or if they were all completely self-funded by licensing fees or other resources. Ms. Schubert said she was unsure how all the boards were funded. Ms. Schubert clarified she was required by law to collect data from these boards, and the intention of the legislation was to collect data for planning and data-driven decisions on health care workforce policy, not collect provider numbers necessarily.

Ms. Schubert’s office works closely with the Health Care Work Force Committee which is a subcommittee of the Oregon Health Policy Board which meets every two months on the first Tuesday of the month. Ms. Schubert just met with them the previous Tuesday and showed them

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Approved by the Board on April 7, 2017.

a report on diversity in Oregon’s health care work force which was in draft form. Ms. Schubert stated the final draft of it will be submitted to them for their Oregon Health Care Policy Board January 19 board retreat.

Ms. Schubert’s work group also provides data to the legislature as requested for local government education programs and nonprofits. In particular, the OMB data are used to help calculate health care provider shortage areas.

Regarding OMB licensees specifically, 93 percent of physicians are MDs and the remaining are DOs. Thirty-five percent of physicians reported to be in primary care. Approximately 15 percent of physicians graduated in Oregon (she believes medical school but will check to be sure), and 96 percent of licensees reported providing patient care. Nearly half of the physicians spend between 60 to 100 percent of their time providing patient care. Research physicians account for 11 percent of the physician population in Oregon, while 31 percent report teaching or training, and 44 percent work in administration. Most physicians are employed full time, and almost 60 percent of physicians work up to a 40-hour week.

Ms. Schubert quoted from the Health Resources and Services Administration (HRSA): “Throughout the US, there are geographic areas, populations, and facilities with too few primary care, dental, and mental health providers and services. We work with state partners to determine which should be shortage designations, and therefore eligible to receive certain federal resources.” Ms. Schubert said she does not exactly know how the HRSA shortage areas will be used in the future, but they are being recalculated.

Ms. Schubert said the topic of the report that was going to the Oregon Health Policy Board was health care workforce diversity. The largest differences in racial and ethnic diversity were the proportion of the workforce that was Asian, which was somewhat overrepresented relative to the demographics of the underlying Oregon population. The inverse was true for the Hispanic and Latino population. This was hard data to show where improvements can be made, and, in particular, improvements need to be made in the low proportion of Hispanic and Latino health care providers.

Specific data representing the Oregon Medical Board was shared by Ms. Schubert, which was similar but with more pronounced disparities. Ms. Schubert asked if this seemed surprising to the Board.

The Oregon Public Health Division was also interested in their data. Specifically, they were interested in dental data because of a new type of licensee that they are trying to find out more information about. Ms. Schubert’s group was about to give data to the Center for Health Care Workforce Studies at the University of Washington. They have a grant to look at different data sources on Health Care Workforce to compare and contrast and evaluate which data sources are the best.

Ms. Schubert said it has been clear throughout that the OMB administers its own survey so it is a little bit of a different piece than the other boards that her workgroup deals with, but it still works
quite well as a very collegial partnership. Ms. Schubert stated the OHA and the OMB collaborated to update the questionnaire.

Dr. Sukumar asked about the ratio of 53 percent of physicians now spend less than 60 percent of their time providing patient care, what the number was 10 years ago and if physicians are now switching to more administrative roles because of electronic medical record.

Dr. Lyons asked Ms. Schubert how the patient care question was worded on the questionnaire. Ms. Schubert answered that it was fairly similar to the way it was stated on the questionnaire.

Ms. Schubert answered Dr. Sukumar’s question by stating that data collection began in 2009. She was unsure of the quality of the early years of data. She does not even necessarily know if they have the data since they were managed by a different entity early on. This data was something that her office could look at historically.

Dr. Sukumar said one of the reasons for her question tied into the issue of physician wellness, as Dr. Girard mentioned with physician burnout. Forty percent of providers are burned out according to national data, and our state confirms the same numbers. Dr. Sukumar said many physicians feel they can extend the longevity of their career by decreasing clinical work and doing nonclinical work such as administrative, academic, or research. She said this was especially true in primary care, as can be seen in the statistic Ms. Schubert provided that showed only 35 percent are doing primary care and 65 percent are doing specialty care. Dr. Sukumar said she was interested in how all these data tie together. Ms. Schubert said this would be very interesting to look at.

Dr. Fisher remarked on the patient care question that some physicians may not consider paperwork completion as patient care but only face-to-face patient time as patient care.

Ms. Brandt said there had been some question about satisfaction by practitioners on the survey which is required as a part of the licensee’s license renewal, as the statute was very specific about what type of information should be included. Ms. Brandt shared there was also another annual survey that was a joint survey between the OHA and the OMA in which the OMB partners with those two parties to do a voluntary survey that was more directed toward practitioner satisfaction. Licensees get a link via email to participate in the Physician Workforce Survey.

Dr. Gubler asked if the data regarding process and cost was available regarding the aspiring Master’s in Public Health (MPH) student who would like to go into a research project. Ms. Schubert said the data were available to any reasonable person who fills out the paperwork, and the process was listed on their website. Ms. Schubert said she would happily share a URL with the Board for any students looking to learn more about these data.

Ms. Haley asked Ms. Schubert to provide examples of how the data are used for planning and data-driven decisions. Ms. Schubert said she has not been engaged very long with the Oregon Health Care Workforce Committee, but they have been looking at these data consistently since they started. The data are reported to them, and that helps to move policy further along.
Approved by the Board on April 7, 2017.

Currently, during the last legislative session, House Bill 3396 essentially disbanded various different funding mechanisms and instructed the state to develop a simpler way to offset the cost of medical education in certain instances. For example, if someone practices in a rural area, he or she may be eligible for a particular program, but there are many programs available.

Ms. Schubert said this was confusing so the work on House Bill 3396 was a consequence of data shared with them. Ms. Schubert said she was not there to see the trajectory of the process, but hopefully next time she visits the OMB she can give more concrete examples.

The Board took no official action.

2016 Annual Report on the United States Medical Licensing Examination (USMLE) to US Medical Licensing Authorities

Dr. Sukumar reviewed an annual report on the United States Medical Licensing Examination (USMLE).

The Board took no official action.

National Board of Osteopathic Medical Examiners (NBOME) National Center for Clinical Skills Testing

Dr. Sukumar invited Dr. Fisher to report on her tour on November 7, 2016, of the new National Board of Osteopathic Medical Examiners (NBOME) National Center for Clinical Skills Testing in Chicago.

Dr. Fisher thanked the Board for the opportunity to visit. Previously the only other site in the country was located in Philadelphia. Dr. Fisher reported this new center was very high tech. She stated that in the 1970s there were only 9 osteopathic schools in the country, and now there are 30 schools with 10 additional branch sites, such as the site in Lebanon, Oregon. Dr. Fisher said many of these 30 schools were built within the last five to seven years.

The Board took no official action.

2017-2018 Board and Committee Meeting Schedule

The Board will approve the updated 2017-2018 Board and Committee Meeting Schedule.

BOARD ACTION: Dr. Sukumar moved that the Board approve the updated 2017-2018 Board and Committee Meeting Schedule. Dr. Lipe seconded the motion. The motion passed 11-0-0-0-0. Dr. Hernandez, PhD, was absent by prior notice.

Administrative Affairs Committee (AAC) Meeting Minutes

The Board reviewed the December 7, 2016, Administrative Affairs Committee meeting minutes.

Updated March 21, 2017
**Approved by the Board on April 7, 2017.**

**BOARD ACTION:** Dr. Girard moved that the Board approve the December 7, 2016, Administrative Affairs Committee Meeting Minutes, as written. Dr. Fisher seconded the motion. The motion carried with a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

### Board Meeting Minutes

The Board reviewed the October 6 - 7, 2016, Board meeting minutes.

**BOARD ACTION:** Dr. Girard moved that the Board approve the October 6 - 7, 2016, Board Meeting Minutes, as amended. Dr. Chavin seconded the motion. The motion carried with a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

### Interim Stipulated Order (ISO) and Automatic Suspension Acknowledgment

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

- ROTH, Debra E., PA – **ISO Effective October 28, 2016**
- SCHULTZ, George E., DO – **ISO Effective November 11, 2016**
- HATLESTAD, Christopher L., MD – **ISO Effective November 15, 2016**
- BAUER, Matthew R., DO – **ISO Effective November 17, 2016**
- RESENDIZ, Joseph E., DO – **ISO Effective December 22, 2016**
- QUEELEY, Philip W., LAc – **Automatic Suspension Effective December 23, 2016**

### Legislative Advisory Committee Meeting Minutes

The Board reviewed the Legislative Advisory Committee Meeting Minutes from November 9, 2016.

**BOARD ACTION:** Dr. Girard moved that the Board approve the Legislative Advisory Committee Meeting Minutes from November 9, 2016. Dr. Gubler seconded the motion. The motion carried with a voice vote. Dr. Hernandez, PhD, was absent by prior notice.

### Wellness Coalition

The Board reviewed the Wellness Coalition meeting from November 30, 2016.

Dr. Girard said he was excited about the Wellness Coalition, and the Oregon Medical Board has been very generous in moving the Wellness Coalition along. In September 2016, a small group was elected at the Wellness Coalition meeting to serve as the Executive Committee which would work between scheduled meetings to bring themes more closely to completion. The membership on the Executive Committee is Amanda Borges, Executive Director of the Medical Society of Metropolitan Portland (MSMP), Dr. Mary Moffitt, PhD, a clinical psychologist at OHSU, Dr. Mary McCarthy, a psychiatrist and a vested member of MSMP and the OMA, and himself as the fourth member. He reported the Committee accomplished the development of a care protocol for health care professionals who were providing wellness services to physicians and

*Updated March 21, 2017*
physician assistants. The Committee was hoping to standardize those protocols so when examining outcomes of providers served, a similar methodology would be applied, and thereby eliminate variables inherit in structured research. The standardized protocols will be brought to the entire Wellness Coalition for final review.

The second protocol, said Dr. Girard, was how to establish a program which Ms. Candice Barr in Lane County had written independently and copyrighted. That second protocol was currently under revision by Dr. McCarthy and Dr. Moffit, PhD, and will be brought to the table very soon for a vote by the Wellness Coalition.

Regarding research being addressed, Dr. Girard stated through the generosity and dedication of the Oregon Medical Board, the Wellness Coalition may be able to realize some dollars to facilitate research in this theme of wellness. Some of the Wellness Coalition members wanted a research product that could distinguish program effectiveness in helping providers involved in Wellness Programs, i.e., outcomes research. Dr. Girard met with a retired professor of medicine at OHSU in health policy and a national leader in health care policy in Washington, D.C., regarding this research. This referenced colleague said he believed the research should be structured as a needs assessment tool to find out who needs help. The colleague also suggested looking at OMB data that was already collected which may be a surrogate for who was in need of help as change in practice and attrition from practice was a known marker for struggling health care professionals. He suggested focusing on who needs the help rather than the outcome.

Dr. Girard said six to eight years ago this issue of physician burnout began to get attention. Dr. Maslach is a psychologist who developed an instrument for looking at three or four surrogates (variables) which identified individuals who were losing their investment in their health care professional roles. It became popular in the recent past when attrition rates started to become an issue for physicians and other health care professionals. Dr. Girard reported starting a Wellness Program at OHSU in 2003 on the heels of a resident’s suicide. Dr. Girard and his colleagues thought by offering psychological services to help providers struggling and possibly prevent distress they were experiencing. It was very popular and has maintained its popularity. This Program has spread to medical societies. Dr. Girard said that nationally, Tait Shanafelt, MD, at the Mayo Clinic has become quite an expert on physician burnout. His survey data shows burnout is prevalent among more than 40 percent of health care professionals.

Dr. Sukumar said there was a concern among physicians about survey anonymity so surveys administered by health care systems or the Board may not receive full participation. She pointed to a recent survey administered by a health care system locally in which only 30 percent of physicians completed the survey. Dr. Girard said the Wellness Program at OHSU obtained up to 80 percent response, but Dr. Sukumar’s point about confidentiality was very important.

No official Board action was taken.

**Report from Nominating Committee**

Dr. Girard announced the 2017 Board and Committee members. Dr. Sukumar will remain as Board Chair through April. Dr. Mastrangelo will become the Board Chair from May to the end

*Updated March 21, 2017*
Approved by the Board on April 7, 2017.

of the year. Dr. Gubler will be the Board Vice Chair and the Chair of the IC. Dr. Lipe will be the Board Secretary and the Chair of the AAC. The IC Committee members are Dr. Chavin, Dr. Hernandez, PhD, Dr. Lyons, Dr. Sukumar/Dr. Mastrangelo. The AAC members are Dr. Fisher, Dr. Lace, Dr. Sukumar/Dr. Mastrangelo, and Ms. Peng. The Editorial Committee members are Dr. Cahn and Dr. Lipe.

<table>
<thead>
<tr>
<th>Swearing in of New Officers</th>
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<tbody>
<tr>
<td>Dr. Sukumar swore in the new officers. Dr. Sukumar swore in Dr. Gubler as the Vice Chair of the Oregon Medical Board. Dr. Sukumar swore in Dr. Lipe as the Secretary of the Oregon Medical Board.</td>
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The Board adjourned at 1:04 p.m.

ADJOURN

Updated March 21, 2017
PA Practice Patterns & Certification

Dawn Morton-Rias, EdD, PA-C
President/CEO

Gray P. Thomas, PA, MPH
Director of External Relations

About NCCPA
- Only national certifying body for PAs
- Certifying PAs since 1975
- Accredited by the National Commission for Certifying Agencies
- Our purpose: to provide certification programs that reflect standards for clinical knowledge, clinical reasoning and other medical skills and professional behaviors required upon entry into practice and throughout the careers of PAs.

Presentation Outline
- About NCCPA
- PA Practice Patterns in Oregon
- PA Certification & Certification Maintenance

Our Board of Directors
- PAs, physicians and public members, including nominees from:
  - American Academy of Family Physicians
  - American Osteopathic Association
  - Association of American Medical Colleges
  - Federation of State Medical Boards
  - PA Education Association
I. PA Involvement With NCCPA

- 72 PA item writers serve on item writing committees, writing questions that appear on PANRE, PANCE, and the CAQ exams.
- In 2015, NCCPA hosted 34 PA team meetings to develop and validate exam questions, set passing standards.
- 59 PA spent three days with us working to identify content that represents core medical knowledge.

II. PA Practice Patterns in this State

- Approximately 16,000 PAs responded to the Practice Analysis survey.
- Nearly 100,000 PAs have completed the PA Professional Profile.
- In 2015, 29 PAs participated in a 3-day focus group to talk about PANRE.
- More than 35,000 participated in nationwide survey of all certified PAs about proposed new PANRE model.

III. Oregon PA Pipeline

- Accredited: OHSU and Pacific University, Oregon.
Where Will These PAs Work?

<table>
<thead>
<tr>
<th>Location of Physician Assistant</th>
<th>Number</th>
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<tbody>
<tr>
<td>Any where grew up</td>
<td>2,212</td>
</tr>
<tr>
<td>Any where PA program located</td>
<td>1,018</td>
</tr>
<tr>
<td>Any where prior to attending PA</td>
<td>854</td>
</tr>
<tr>
<td>Any where prior to attending med</td>
<td>854</td>
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<tr>
<td>Any where prior to living</td>
<td>408</td>
</tr>
<tr>
<td>Rural area</td>
<td>305</td>
</tr>
<tr>
<td>Other area</td>
<td>271</td>
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| Data from Association of Recently Certified Physician Assistants |

PA-C Certification & Certification Maintenance Process

1. Graduate from an accredited PA program
2. Pass the Physician Assistant National Certifying Examination (PA-NCE)
   - Broad-based assessment of medical and surgical knowledge
   - Offered year-round at testing centers throughout the US and abroad
   - Must pass within six attempts or six years (whichever comes first)

Certification Maintenance Process

- 100 CME credits every two years
  - 50 Category 2 credits
  - Weighted credit for self-assessment and performance improvement CME

- Physician Assistant National Recertifying Exam (PA-NRE) every 10 years
It is critical to our mission to provide a certification/recertification program that is:
- meaningful and relevant, and
- provides assurance for patients, employers, state licensing boards, and other regarding PA knowledge and skills.

To do this, we must continuously monitor and evolve the certification process because things change:
- Advances in technology
- Rapid changes in medicine
- Changes in the PA profession

Our Purpose in this Endeavor

- We believe that the recertification exams should be relevant to PA's practice and that the preparation for these exams should help PAs maintain current knowledge.
- Therefore, we are committed to a serious exploration of what the new and how the current PAHER could be improved given that greater than 70% are now practicing outside of primary care.

PA PRACTICE

Our Underpinning Principles

1. Our first concern has been the public's interest as we worked to determine how we most effectively can deliver a recertification exam process that supports the delivery of high quality, affordable, accessible health care.

2. To support the flexibility PA's have to change specialties during their career span and to work in multiple specialties nonconcurrently, it is important to maintain the generalist nature of the PA-C credential.

Key Messages from the Public Comment Period

- PAs are very concerned about maintaining their ability to change specialties and do not want to see that threatened.
- PAs are very concerned about the cost and time required to maintain certification (CME and exam requirements).
- Exams matter to the public.
Public survey conducted by the Citizens Advocacy Center:

Key Messages from the Public Comment Period:

- Should all PAs be tested on general medical knowledge? 97% say "YES".
- Should all PAs be tested on the specialty in which they work? 95% say "YES".

More than 90% of core information guiding clinical practice changes within one year.
- Performance on assessments of medical knowledge declines over time.
- Testing and preparing for tests have shown to be more effective at enhancing retention of medical knowledge than study alone.
- Testing provides an important mechanism for identifying the small number of health care providers who are unable to demonstrate an adequate level of medical knowledge for safe practice.
- Higher exam scores have been associated with improved quality of patient care, and the lowest scorers on qualifying exams are more than three times as likely to be assessed as providing unacceptable quality of care in the decade following the exams.

Our Response:

We launched an effort to define "core medical knowledge" so we can increase PANRE's focus on assessing core knowledge that is foundational to all PA practice.

More on Our Response:

To strengthen our position that the PA-C should continue to be viewed as and relied on as a generalist credential:
- The "core medical knowledge" exam will be the capstone event of the 10-year cycle.
- We will continue to explore other ways to integrate "practice-related" elements into the process.
Thank you!
Contact:
dmorton-rias@nccpa.net
gregt@nccpa.net
Healthcare Workforce Reporting Program

A presentation to the Oregon Medical Board
January 6, 2017

Stacey Schubert, Research & Data Manager, Health Analytics
Health Policy & Analytics Division
The Oregon Legislature established Healthcare Workforce Reporting Program

2009
The Oregon State Legislature passed HB 2009, establishing the Healthcare Workforce Reporting Program (as well as Oregon Health Policy Board and Oregon Health Authority)

2010
Seven health care licensing boards begin reporting data

2011
Three voluntary boards began reporting data

2015
SB 230 expanded the program to include ten additional health care licensing boards
The HWRP collects information about Oregon’s healthcare professionals upon license renewal.
How the data are collected...

Online renewal
- During renewal, licensee is automatically directed to the workforce questionnaire.
- Once completed, licensee is sent back to board’s site to finish renewal.

Paper renewal
- Licensee completes the workforce questionnaire through link.
- Once completed, licensee attests to survey completion on renewal form.

- OHA staff are available during business hours to help licensees who may have questions.
- OHA staff have immediate access to data collected.
HWRP captures information about demographics, education, and practice.

Demographics
Gender, race, ethnicity, languages spoken

Education
Educational background, specialty training and certification

Practice
Employment status and type, specialty, practice setting and location, future practice plans

Workforce Database
By 2018, HWRP will collect information from 18 health care licensing boards

<table>
<thead>
<tr>
<th>Medical</th>
<th>Nursing</th>
<th>Occupational Therapy</th>
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<tr>
<td>Dentistry</td>
<td>Licensed Dietitians</td>
<td>Pharmacy</td>
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<tr>
<td>Physical Therapists</td>
<td>Started in 2009</td>
<td>Counselors and Therapists (July 2016)</td>
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<td>Starting in 2016-17</td>
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<tr>
<td>Chiropractic Examiners (July 2016)</td>
<td>Massage Therapists (July 2016)</td>
<td>Optometry (June 2017)</td>
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<tr>
<td>Clinical Social Workers (July 2016)</td>
<td>Respiratory Therapists &amp; Polysomnographic Technologists (July 2016)</td>
<td>Psychologist Examiners (July 2016)</td>
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<tr>
<td>Medical Imaging (September 2016)</td>
<td>Naturopathic Medicine (November 2016)</td>
<td>Speech-Language Pathology and Audiology (November 2017)</td>
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As of 2016, HWRP includes data for nearly 111,000 licensed healthcare professionals in Oregon.
OHA uses HWRP data for reporting, planning, and data-driven decisions

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<thead>
<tr>
<th>OHA Leadership</th>
<th>Report on health care workforce supply and capacity in biennial report and issue briefs.</th>
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<tbody>
<tr>
<td>Healthcare Workforce Committee</td>
<td>Use data for planning and decision-making related to cultural competency, behavioral health, and other initiatives.</td>
</tr>
<tr>
<td>Legislature</td>
<td>Provide data to study medically underserved areas and effectiveness of programs.</td>
</tr>
<tr>
<td>Local Government, Education Programs, and Non-profit Orgs</td>
<td>Use data to support research, grant-seeking and program planning.</td>
</tr>
</tbody>
</table>

http://www.oregon.gov/oha/analytics/Pages/Health-Care-Workforce-Reporting.aspx
What we’ve heard from OMB licensees

- 93% of physicians are MDs and 7% are DOs
- 35% of physicians are in primary care
- About 15% of physicians graduated in Oregon
- 96% reported providing patient care
  - 47% of physicians spent between 60%-100% of their time providing patient care
What we’ve heard from OMB licensees

• 11% of physicians reported doing research.
• 31% of physicians reported teaching/training.
• About 44% of physicians reported working in administration.
• About 67% of physicians are employed full-time, 13% part-time and 14% are self-employed. The rest are retired, students, or volunteers.
• 56% of physicians reported working up to a 40-hour week; the rest reported working more.
Use Case Examples
Designating Health Professional Shortage Areas (HPSAs)

“Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental and mental health providers and services. We work with state partners to determine which of these should be “shortage designations,” and are therefore eligible to receive certain federal resources.”

– Health Resources & Services Administration
Reporting on workforce diversity

**Healthcare Workforce vs Population**

- **Black/African American**: 1.62%
- **American Indian/Alaska Native**: 0.63%
- **Asian**: 6.36%
- **Native Hawaiian/Pacific Islander**: 0.52%
- **Hispanic/Latino**: 4.90%

* Includes data from renewing licensees to the Medical, Dental, Nursing, Pharmacy, Physical Therapy, Occupational Therapy & Licensed Dietitian boards.
Reporting on MD & DO diversity

MD & DO vs Population

- Black/African American: 1.23%
- American Indian/Alaska Native: 0.25%
- Asian: 12.90%
- Native Hawaiian/Pacific Islander: 0.30%
- Hispanic/Latino: 3.20%

White: 79.88%

* Includes data from renewing licensees to the Oregon Medical Board.
# Profiling Oregon Health Professions

## TABLE 1. NUMBER OF ACTIVE LICENSEES WORKING IN OREGON*

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental hygienists</td>
<td>2,369</td>
<td>2,371</td>
<td>2,153</td>
<td></td>
<td>-9.1%</td>
</tr>
<tr>
<td>Certified nursing assistants</td>
<td>16,674</td>
<td>16,558</td>
<td>16,233</td>
<td></td>
<td>-2.6%</td>
</tr>
<tr>
<td>Dentists</td>
<td>2,559</td>
<td>2,335</td>
<td>2,562</td>
<td></td>
<td>0.1%</td>
</tr>
<tr>
<td>Physicians</td>
<td>10,822</td>
<td>10,509</td>
<td>11,099</td>
<td></td>
<td>2.6%</td>
</tr>
<tr>
<td>Dietitians</td>
<td>451</td>
<td>536</td>
<td>469</td>
<td></td>
<td>4.0%</td>
</tr>
<tr>
<td>Certified pharmacy technicians</td>
<td>4,492</td>
<td>4,991</td>
<td>4,694</td>
<td></td>
<td>4.5%</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>1,030</td>
<td>1,150</td>
<td>1,082</td>
<td></td>
<td>5.0%</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>35,849</td>
<td>37,719</td>
<td>38,832</td>
<td></td>
<td>8.3%</td>
</tr>
<tr>
<td>Licensed practical nurses</td>
<td>3,332</td>
<td>3,548</td>
<td>3,737</td>
<td></td>
<td>12.2%</td>
</tr>
<tr>
<td>Clinical nurse specialists</td>
<td>146</td>
<td>172</td>
<td>165</td>
<td></td>
<td>13.0%</td>
</tr>
<tr>
<td>Occupational therapy assistants</td>
<td>199</td>
<td>215</td>
<td>225</td>
<td></td>
<td>13.1%</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>2,400</td>
<td>2,662</td>
<td>2,782</td>
<td></td>
<td>15.9%</td>
</tr>
<tr>
<td>Physical therapist assistants</td>
<td>578</td>
<td>658</td>
<td>687</td>
<td></td>
<td>18.9%</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>1,955</td>
<td>2,173</td>
<td>2,404</td>
<td></td>
<td>23.0%</td>
</tr>
<tr>
<td>Certified registered nurse anesthetists</td>
<td>307</td>
<td>380</td>
<td>383</td>
<td></td>
<td>24.8%</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>918</td>
<td>972</td>
<td>1,167</td>
<td></td>
<td>27.1%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>N/A</td>
<td>3,298</td>
<td>3,041</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>N/A</td>
<td>144</td>
<td>154</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
Providing Data to Outside Groups for Education, Research, and Advocacy

• Oregon Center for Nursing
• Oregon Office of Rural Health
• Oregon Public Health Division
• Center for Health Workforce Studies at the University of Washington
Oregon Medical Board Data Collection

• OMB administers its own survey.
• OHA and OMB collaborate to update the questionnaire.
• Some changes may be incorporated in the next year to comply with the REAL-D law.
Thank you!

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Health Policy & Analytics Division
stacey.s.schubert@state.or.us