



State of Nevada

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BOARD SLASHES PHYSICIAN FEES

Several years ago the board set a goal of two years of operating expenses to be held in reserve for purposes of addressing unexpected contingencies and for investment to produce income in order to avoid having to continually increase the fees paid by its licensees. As of June 30, 2002, the board attained that goal. Accordingly, at its December 6, 2002 meeting, at the recommendation of the board's Treasurer, Paul A. Stewart, M.D., and the Executive Director, Larry D. Lessly, J.D., both of whom began developing a proposal for fee reduction in June of 2002, the board acted to reduce the biennial registration fee to be paid by physicians from \$600 to \$400. In addition, new regulations have been under study for some time to simplify the physician assistant and advanced practitioner of nursing supervision program and eliminate fees in that program. The board adopted these regulations on December 6, 2002 and then acted to eliminate the \$200 fee physicians have been required to pay for approval of supervisory status.

These actions result in a \$400 reduction in fees for twenty percent of the board's licensed physicians and a \$200 reduction for the remaining eighty percent. These actions will require the board to utilize a substantial portion of its reserve funds for operations, but should still leave sufficient reserves at the end of the next biennium.

The board has taken this action because it has been successful in attaining its financial goals and feels reductions are appropriate for physicians in these troubling financial times. In contrast to this

action, and after the development of this reduction of fee plan, State Senator Ann O'Connell of Las Vegas on October 17, 2002 requested a bill draft for the next session of the Nevada Legislature which would attempt to take from the board \$2 million of reserve funds, and in addition tax every physician in Nevada an additional \$200 to place in some sort of fund to subsidize physicians "who have extreme difficulty" in paying their malpractice premiums. Sen. O'Connell's plan would deplete the board's reserve to the point that it would be necessary that the board again raise physician fees in the future and would require every licensed M.D. to contribute \$200 toward malpractice premiums for a small number of physicians. No mention is made of any similar requirement for the Homeopathic Medical Board or its licensees. This bill draft request by Sen. O'Connell was instigated by the "Keep Our Doctors in Nevada" group, headed by Dr. Rudy R. Manthei, an Osteopath, and the CEO and Special Counsel of the Clark County Medical Society, Weldon E. Havins, M.D., J.D.

In a December 9, 2002 article in the Las Vegas Sun, Sen. O'Connell is quoted as saying that the Nevada State Board of Medical Examiners is supposed to exist to help the doctors, but during this malpractice problem, "they have not stepped up to the plate to help our doctors." Sen. O'Connell is misinformed about the role of the Nevada State Board of Medical Examiners. By statute, the board is charged with "determining the initial and continuing competence of doctors of medicine." The board is not responsible for physician malpractice insurance matters or any other business or financial matters of a physician's practice. The Las Vegas Review Journal, in an editorial which is reprinted in this newsletter (see below), referred to Sen. O'Connell's plan as "theft" and "socialism". Obviously, the Nevada State Board of Medical Examiners will oppose this legislation and any other similar legislation introduced in the next session of the Nevada Legislature in an effort to prevent future fee increases, which such legislation would necessitate, and to preserve the financial integrity of the board.

EDITORIAL: Diverting the doctors' dues

*(Reprinted with the permission of the Las Vegas Review Journal,
from the Opinion Section of the December 13, 2002 edition)*

Malpractice scheme would set a dangerous precedent

The State Board of Medical Examiners exists to license and regulate physicians. The "dues" paid to this board by Nevada physicians -- physicians who otherwise aren't allowed to practice their profession -- constitute a fee, not a tax. That is to say, these nominal dues are supposed to cover the board's costs -- no more.

But something interesting has now happened. Because the board charges \$600 in biennial dues, plus a \$200 biennial fee for doctors applying to oversee physician assistants and advanced nurse practitioners, its revenues have for some time exceeded its expenses. The surplus was invested at interest and that has generated a further windfall.

Now, the Nevada Board of Medical Examiners finds itself sitting on a \$3.35 million surplus. So the members voted unanimously last Friday to reduce the dues paid by physicians from \$600 to \$400, and also to eliminate the \$200 application fee for overseeing physician assistants and nurse practitioners.

Then, the panel further proposed to remit \$1 million of its remaining surplus back to about 5,000 Nevada doctors in the form of "dividends."

Enter state Sen. Ann O'Connell, R-Las Vegas, who instead wants to use \$2 million of the surplus to subsidize doctors hit with high medical malpractice premiums -- and then (far from handing out any rebates) subsidize that amount by socking doctors with an additional \$200 levy.

There are two problems with this proposal. First, this is not what these monies were collected for, meaning the proposed scheme is an example of "diversion," which is a nicer word for "theft."

Surely, covering sky-high malpractice premiums to help keep doctors in the state is a worthy cause. But so are orphanages and soup kitchens and free dentures for the elderly. Once the precedent has been set, shouldn't we jack up the doctors' dues to \$6,000 apiece, and hand Ms. O'Connell and her legislative sisters of charity a happy \$30 million slush fund to use for all manner of "worthy projects"?

The second problem is, if all the doctors are charged a flat "dues," and some portion of that money is then used to subsidize malpractice premiums for all doctors equally, that would be called "collectivism," which would insert the state in the position of insurance "buyer," turning the current practice of individual insurance policy shopping into a monolithic, politicized, one-size-fits-all, bribe-inducing state monopoly.

But that would still be better than what Ms. O'Connell has now proposed, which is that the collectivized funds thus raised through uniform "mandatory dues" assessed against all, be used to aid only the neediest doctors, those who "have extreme difficulty paying" their rising medical malpractice rates.

That plan, with payments "to each according to his need," has a different name, of course: socialism.

From Ann O'Connell. We are shocked.

FROM THE SECRETARY-TREASURER / CHAIRPERSON OF THE INVESTIGATIVE COMMITTEE

By: Paul A. Stewart, M.D., Secretary-Treasurer/Investigative Committee Chairperson

To the Physician Licensees of the Nevada State Board of Medical Examiners:

We truly live in interesting and turbulent times. The issues surrounding the medical malpractice legislation have put a spotlight on the licensure and disciplinary functions of your state board. As you well know, the state board is appointed by the Governor and is responsible for upholding the laws passed by the Legislature contained in the Nevada Medical Practice Act, NRS chapter 630. The reporting requirements placed in the new malpractice legislation, Assembly Bill 1, make it clear that the Governor and the Legislature are interested in information about the number of practicing physicians in the state of Nevada and that those physicians are practicing in a competent manner.

We, therefore, request that you remember that you are responsible for certain requirements for reporting to the board:

1. A change of address, a change of practice location, or a change of the areas of your practice should be reported to the board. The requirements of Assembly Bill 1 include the mandate that you report to the board immediately any filing of a medical malpractice suit against you or your practice;
2. We are in the process of sending renewal forms for the 2003 - 2005 biennial registration period. A current address filed with the board is very important to make sure that you receive your renewal form and can timely return it, so that your license may be re-registered for the practice of medicine in the state of Nevada on July 1, 2003. Please do not force us to file an action against you and your medical license because we do not have current address information; and
3. The board does not wish to be in an adversarial position with the medical societies of the state's counties or the Nevada State Medical Association. There is, however, a discrepancy between what the board has researched in regard to the number of physicians leaving the state of Nevada for practice opportunities elsewhere and what the county medical societies have published. Keeping us informed of your practice information gives the elected leaders of the state factual rather than anecdotal information about the practice issues that Nevada physicians face.

The board spent a great deal of time and effort developing a safe harbor for Nevada practicing physicians in regard to the use of narcotics in patients with chronic pain. The guidelines are truly a safe harbor for the practicing physician. The board has stated repeatedly that licensees who follow the guidelines would not be subject to disciplinary action for the use of narcotics in their practice of chronic pain patients. Some of you, unfortunately, have not believed that statement, although it is true. Unfortunately, other licensees have chosen to not practice within the safe harbors as described in the Nevada Medical Practice Act. Please follow the guidelines as best you can consistent with good clinical practice, so the board is not forced to file an action against you and your medical license.

The board's function should be to protect the patients treated in the state of Nevada, while guiding physicians towards good clinical practice. Hopefully, we all can reach that goal by working together.

NEW REGULATIONS ADOPTED DECEMBER 6, 2002 INVOLVING PHYSICIAN RELATIONSHIPS WITH PHYSICIAN ASSISTANTS AND ADVANCED PRACTITIONERS OF NURSING AND REMOVAL OF FEE ASSOCIATED WITH THE RELATIONSHIP

By: Richard J. Legarza, J.D., General Counsel

On December 6, 2002, the board - after approving draft proposed regulations at its September meeting and approving notification to the public in September of hearings on the draft proposed regulations in October - adopted several changes to regulations involving physician relationships with physician assistants and advanced practitioners of nursing, including removing the requirement for the payment of a fee for the relationship. The board also modified the requirement on the time-frame for passing all three steps of the United States Medical Licensing Examination.

A full text of the changes, additions and deletions can be found by going to the website of the Nevada State Legislature at: www.leg.state.nv.us. When at the site, click on Law Library, Nevada Register, Browse, 2002-2003 Temporary Regulations, Numerical Index, and T019-02, and the full text of the temporary regulation adopted by the board can be read.

By way of summary, the board made the following changes to the regulations:

Supervising Physicians and Physician Assistants:

1. Allowing a general equivalency diploma or post-secondary degree as initial educational level for licensure as a physician assistant.
2. Deleting the requirement of the inclusion of a supervising physician, practice location of the physician assistant, and list of medications that may be prescribed by a physician assistant on the physician assistant's initial application for licensure in the state.
3. Requiring a physician assistant, prior to practicing to inform the board of the name and practice location of the physician assistant and each supervising physician for any portion of his practice, on a form provided by the board, which requires the signature of the physician assistant and the supervising physician.
4. Allowing any physician who holds an active license to practice medicine in this state and actually practices medicine in this state to - without prior approval of the board - supervise a physician assistant, if that physician is in good standing with the board and not specifically prohibited by the

board from acting as a supervising physician, unless the physician assistant has been formally disciplined by the board, in which event, the physician must, before acting as that physician assistant's supervising physician, apply to the board for approval.

5. Deleting the requirement that a physician may not supervise a physician assistant without prior approval of the board.

6. Deleting the requirement for the payment of a fee by a supervising physician.

7. Added two additional grounds for disciplinary action against a physician assistant:

A physician assistant is subject to disciplinary action if, the physician assistant:

(n) Practices as a physician assistant without first informing the board of his practice locations and the name and practice location of his supervising physicians for any portion of his practice; and,

(o) Fails to notify the board of the termination of supervision by a supervising physician of any portion of his practice and continues that portion of his practice without first having informed the board of the name and practice location of his new supervising physician for that portion of his practice.

Collaborating Physicians and Advanced Practitioners of Nursing:

1. Allowing any physician licensed by the board and in good standing and not specifically prohibited by the board from acting as a collaborating physician, to - without prior approval of the board - act as a collaborating physician with an advanced practitioner of nursing, unless the advanced practitioner of nursing has been formally disciplined by the Nevada State Board of Nursing, in which event, the physician must, before acting as that advanced practitioner of nursing's collaborating physician, apply to the board for approval.

2. Requiring the physician to inform the board of the relationship, name and practice location of the advanced practitioner of nursing on a form provided by the board requiring the signature of the advanced practitioner of nursing and the collaborating physician, and requiring that the collaborating physician immediately notify the board of the termination of the collaborative agreement.

3. Deleting the requirement that a protocol be filed with the board, which includes, among other things, the medical services to be provided by the advanced practitioner of nursing and the list of medications that may be prescribed by the advanced practitioner of nursing.

4. Deleting the requirement that a physician may not collaborate with an advanced practitioner of nursing without prior approval of the board.

5. Deleting the requirement for the payment of a fee by a collaborating physician.

The changes in the regulations, however, did not modify the limitation of supervision at any one time of not more than three physician assistants, collaboration at any one time with no more than three advanced practitioners of nursing, or a combination of supervision of physician assistants and collaboration with advanced practitioners of nursing at any one time of not more than three, without prior approval of the board.

USMLE Examinations:

In order to have a license issued to an applicant to practice medicine in the state of Nevada - in addition to other requirements for licensure - the requirement that an applicant must have passed all parts of the United States Medical Licensing Examination, regarding time limitations for passage, was

amended to read as follows:

The applicant must have passed Steps I, II, and III of the United States Medical Licensing Examination within 7 years after the date on which the person first passed any step of the United States Medical Licensing Examination, or, within 10 years after the date on which the person first passed any step of the United States Licensing Examination, if the applicant has obtained a MD/PhD degree in a program accredited by the liaison committee on medical education (LCME) and a regional university accrediting body. These Ph.D. fields include but are not limited to anatomy, biochemistry, physiology, microbiology, pharmacology, pathology, genetics, neuroscience, and molecular biology. Fields explicitly not included are business, economics, ethics, history and other fields not directly related to biological sciences.

BIENNIAL RENEWAL OF LICENSE TO PRACTICE MEDICINE

Pursuant to Nevada Revised Statutes 630.197 and 630.288, and Nevada Administrative Codes 630.153 and 630.157, physicians are reminded that all Nevada licenses expire June 30, 2003. Please be aware that if you practice beyond June 30, 2003, without first renewing your license, you will be doing so as an illegal practitioner in this state and committing a felony. Extensions are not allowed for any reason! Nevada has no grace period! Should your license be suspended for non-payment, the registration fee to reinstate your license is doubled; therefore, a payment of \$800.00 will be required for licensure reinstatement.

Applications for renewal of license for the upcoming 2003 - 2005 biennium will be mailed by February 1, 2003 to every physician to whom a license was issued during or renewed for the current biennium, July 1, 2001 - June 30, 2003. Your completed renewal form, proof of 40 hours of Category 1, AMA-approved Continuing Medical Education (CME) credit, along with the proper fee, must be received at the board office by no later than July 1, 2003. Failure to renew on or before July 1, 2003, may result in insurance/Medicare/Medicaid claims being denied, lack of malpractice insurance coverage and/or other liabilities regarding the practice of medicine. You are encouraged to renew promptly upon receipt of your renewal notice. The Medical Practice Act does not allow the board to grant waivers for extenuating circumstances.

PLEASE BE REMINDED that physicians are required to provide the board with proof of 40 hours of Category I, AMA-approved CME credit for each biennial registration period. Of the 40 hour requirement, physicians are required to provide 2 of the hours in medical ethics and 20 of the hours in the physician's scope of practice or specialty. Physicians are required to comply with this CME requirement when re-registering for the 2003 - 2005 biennial registration period. Physicians must, therefore, complete this required CME prior to July 1, 2003.

NAC 630.153(2) exempts a licensee from the 40 hours of CME ONLY if he or she has completed a full year of residency or fellowship training in the United States or Canada during the time period July 1, 2001 through June 30, 2003. Per NAC 630.157(1), CME requirements for those INITIALLY licensed to practice in Nevada during the time period July 1, 2001 through June 30, 2003 are as follow:

(a) if INITIALLY licensed to practice in Nevada during the time period July 1, 2001 through December 31, 2001, 40 hours of CME are required, with 2 of the 40 hours to be in medical ethics and 20 of the 40 hours in the physician's scope of practice or specialty;

(b) if INITIALLY licensed to practice in Nevada during the time period January 1, 2002 through June 30, 2002, 30 hours of CME are required, with 2 of the 30 hours to be in medical ethics and 20 of the 30 hours in the physician's scope of practice or specialty;

(c) if INITIALLY licensed to practice in Nevada during the time period July 1, 2002 through December 31, 2002, 20 hours of CME are required, with 2 of the 20 hours to be in medical ethics and 18 of the 20 hours in the physician's scope of practice or specialty; and

(d) if INITIALLY licensed to practice in Nevada during the time period January 1, 2003 through June 30, 2003, 10 hours of CME are required, with 2 of the 10 hours to be in medical ethics and 8 of the 10 hours in the physician's scope of practice or specialty.

The application for renewal of license is a legal document requiring a signature (stamped signatures are not acceptable). It is your responsibility to verify the accuracy of submitted information, and to add or correct information where applicable. Do not delegate this task!

The board cannot be responsible for the non-delivery or untimely delivery of applications for renewal of license by the United States Postal Service. If you have not received a biennial renewal notice from the board by March 1, 2003, please contact the board's office at 775/688-2559 in Reno or 888/890-8210 if calling from elsewhere within the state of Nevada. Board staff will be happy to verify your address of record. If your address is different from that on record at the board office, you may fax your address change to 775/688-2321 in Reno. Your change of address will be recorded, and a "duplicate" application for renewal of license will be mailed to you upon your request.

A WORD FROM THE PHYSICIAN ASSISTANT ADVISORY COMMITTEE OF THE BOARD

By: John B. Lanzillotta, P.A.-C, Physician Assistant Advisor

At the last meeting of the Nevada State Board of Medical Examiners, held December 6 -7, 2002, the board unanimously approved amendments to chapter 630 of the Nevada Administrative Code concerning physician assistant licensing and physician supervision. The changes are very positive to PA practice in Nevada and will further benefit and promote optimal PA utilization by streamlining licensing, getting to work and physician supervision. This has many potential benefits including timely patient access to care delivered by PAs, especially in underserved areas of the state.

Although these changes bring Nevada to the forefront in progressive PA practice legislation, PAs remain 'dependent' practitioners maintaining the principles of team practice and providing patient care that is physician directed. PAs are able to make autonomous clinical decisions regarding patient care, however a PA is required by NAC regulation to stay within the scope of practice of his or her supervising physician and sustain mutually agreed upon guidelines of a program to ensure a high standard and quality patient care. Though physician assistants practice and deliver care in diverse clinical settings, the ultimate responsibility for the patient's care is with the supervising physician. The supervising physician is required to acquaint the PA with the guidelines and style of his practice.

As our duties and patient responsibilities increase commensurate with clinical experience, skill and physician confidence, it is a challenge, but vital, that PAs keep the basic tenets of our professional roots and philosophy as dependent practitioners.

The following are a few important points to abide by in clinical practice that may prevent potential problems for you and your supervising physician. These are summarized from the NAC chapter 630 and the AAPA issue brief regarding physician directed practice.

- Physician assistants have the responsibility to review with their supervising physicians complex cases and medical problems that may be either clinically or legally a risk and must act in the best interest of the patient. This is a good opportunity for chart signature and documentation of discussion.

- The patient must always be aware that a physician assistant is treating him or her. Always maintain your identity as a PA with an identification badge or a placard.
- If you are called 'doctor,' correct or educate the patient or professional.
- The physician assistant must notify the board immediately of any termination from the relationship with his or her supervising physician and any changes in practice location.
- In the absence of his or her supervising physician, a physician assistant must have a board approved, designated qualified physician in the same specialty as his or her primary physician.

You can test yourself on how well you know the regulations by the example below:

*Your supervising physician is suddenly incapacitated and unable to supervise, either directly or indirectly, and you have no board approved designated qualified physician to cover you.
What would you do?*

In the above example, continuing to see patients would be in violation of the regulations. You would need to notify the board immediately.

As PAs in Nevada, we are privileged to be under the regulation of a medical board that is progressive and highly regarded nationally. A number of elements characterize a model medical board, one of which is periodic review and revision of practice regulations that would serve to improve standards of quality medical care, while keeping up with the challenges of health care system evolution. As PAs, it is our responsibility to continue to foster the very positive relationship we have with a board that has such vision as does the Nevada State Board of Medical Examiners. Staying in compliance with our practice regulations and the "roots" of dependent practice philosophy will ensure this.

A WORD FROM THE PRACTITIONER OF RESPIRATORY CARE ADVISORY COMMITTEE OF THE BOARD

By: Michael J. Garcia, RRT, Practitioner of Respiratory Care Advisor

Steven E. Kessinger, CRTT, Practitioner of Respiratory Care Advisor

Donald W. Wright, RRT, Practitioner of Respiratory Care Advisor

Continuing Education Requirements and Approved Educational Resource Sites

As respiratory care practitioners enter the new year, the Respiratory Care Practitioner Advisory Committee recommends that each licensed practitioner of respiratory care review his or her continuing education responsibilities and continue to maintain no less than the minimum required hours. This article will briefly review the requirements listed in the Nevada Administrative Code (NAC 630.530), and provide the current list of approved educational resource sites.

At the time of license renewal, each licensed practitioner must submit proof of satisfactory completion of the number of hours of continuing education described below, sixty percent (60%) of which must be from an approved educational source directly related to the practice of respiratory care. The remainder of hours must be from an educational source approved by the board, and include two (2) hours in ethics.

1. *If licensed during the first six months of the biennial period of registration - twenty (20) hours, twelve (12) of which must be directly related to respiratory care.*

2. If licensed during the second six months of the biennial period of registration - fifteen (15) hours, nine (9) of which must be directly related to respiratory care.

3. If licensed during the third six months of the biennial period of registration - ten (10) hours, six (6) of which must be directly related to respiratory care.

4. If licensed during the fourth six months of the biennial period of registration - five (5) hours, three (3) of which must be directly related to respiratory care.

For example: If a practitioner was licensed during the first six months of 2001 and applies for biennial renewal, he or she will need to submit proof of completion of twenty (20) continuing hours of education. All twenty (20) hours must come from educational sources approved by the board. Twelve (12) of those twenty (20) hours must be directly related to the practice of respiratory care, and two (2) of those twenty (20) hours must be in ethics.

All practitioners seeking renewal must complete two (2) hours of professional education in the subject matter of ethics.

The board, as of the date of this article, has approved the following sources of continuing education for practitioners of respiratory care:

- The American Association for Respiratory Care *
- The American Medical Association
- Any American State Board of Respiratory Care
- Any American State Board of Nursing
- The Center for Disease Control
- The American Lung Association
- The American Heart Association
- The Red Cross of America
- American Nurses Association
- American Thoracic Society
- American College of Chest Physicians
- College of American Pathologists
- Society for American Anesthesiology
- Society for Critical Care Medicine
- National Society for Cardiopulmonary Technology
- www.learnwell.org (medical ethics on-line)

* Any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education (CRCE) shall be accepted as being directly related to the practice of respiratory care. All other education submitted as being directly related to the practice of respiratory care will be approved at the discretion of the Nevada State Board of Medical Examiners.

Specific structure of the continuing education requirements can be found under NAC 630.530 in the statutes and regulations booklet previously mailed to all licensed practitioners (see page 30 of the second section).

If you should have further questions regarding practitioner of respiratory care requirements for continuing education, please contact the Nevada State Board of Medical Examiners.

2003 BOARD MEETING/HOLIDAY SCHEDULE

<u>January 1</u>	<u>New Year's Day</u>	<u>HOLIDAY</u>
<u>January 20</u>	<u>Martin Luther King, Jr.'s Day (OBSERVED)</u>	<u>HOLIDAY</u>
<u>February 17</u>	<u>Presidents' Day (OBSERVED)</u>	<u>HOLIDAY</u>
<u>MARCH 7 & 8 (Fri & Sat)</u>	<u>BOARD MEETING</u>	<u>EMBASSY SUITES, LAS VEGAS</u>
<u>May 26</u>	<u>Memorial Day (OBSERVED)</u>	<u>HOLIDAY</u>
<u>MAY 30 & 31 (Fri & Sat)</u>	<u>BOARD MEETING</u>	<u>BOARD OFFICE, RENO</u>
<u>July 4</u>	<u>Independence Day</u>	<u>HOLIDAY</u>
<u>September 1</u>	<u>Labor Day</u>	<u>HOLIDAY</u>
<u>SEPTEMBER 5 & 6 (Fri & Sat)</u>	<u>BOARD MEETING</u>	<u>BOARD OFFICE, RENO</u>
<u>October 31</u>	<u>Nevada Day (OBSERVED)</u>	<u>HOLIDAY</u>
<u>November 11</u>	<u>Veteran's Day (OBSERVED)</u>	<u>HOLIDAY</u>
<u>November 27 & 28</u>	<u>Thanksgiving Day & Family Day</u>	<u>HOLIDAYS</u>
<u>DECEMBER 5 & 6 (Fri & Sat)</u>	<u>BOARD MEETING</u>	<u>BOARD OFFICE, RENO</u>
<u>December 25</u>	<u>Christmas Day</u>	<u>HOLIDAY</u>

NEVADA STATE BOARD OF MEDICAL EXAMINERS DIVERSION PROGRAM

By: Carol R. Bowers, R.N., C.D., Executive Director - Nevada Health Professionals Assistance Foundation

As we start this new year, in the midst of a continuing malpractice crisis, at a time of uncertainty and fear, I would like to present a story from a physician who is a participant in the Diversion Program. I believe that we all have trouble personalizing and understanding a program that many of us believe will never be needed. Addiction can and does happen to those very people who believed, "It could never happen to me, I am too educated, too smart and I can handle any problems." Physicians tend to treat themselves as well as their families and friends, never believing that they may need help from others. The Diversion Program's primary purpose is to help physicians who are unable to ask for help, physicians who require someone to seek out that assistance for them. Please take the time to read this story and understand how valuable the Diversion Program is for the physicians in the state of Nevada.

"How did it come to this?," was all I could think as I sat on Lone Mountain on a beautiful Saturday morning looking down on my house and the rest of Las Vegas. I had spent yet another night drinking and another morning kicking myself for not being able to control myself. I had made yet another solemn promise to myself that I was going to have just 3 beers and then go home from the bar. I had broken that promise for about the 100th time, last night. I thought I must just be crazy. I certainly did not want to think I might be an alcoholic. That was too terrible to consider. After all, alcoholics lose their medical licenses, kill people in traffic accidents, and end up living in the street. Right? I thought I would rather just be crazy.

I felt totally trapped. I was certain that if I ever did admit to myself (and ultimately anyone else) that I was an alcoholic, my career was over. One strike and you are out. It was my firm belief that once it gets out that a doctor cannot control his drinking; he needs to find a new career. I was determined to keep my dirty little secret and continue to struggle on.

The ironic thing, though, was that it wasn't a secret at all. I thought I did a pretty good job of hiding my excessiveness. The truth was that pretty much everyone around me knew that I drank too much. I guess I was the only one who was fooled. That was a little over 2 years ago.

Very soon after that, an event occurred which I thought was the worst possible thing that could happen. My boss and colleagues staged an "intervention" on me. They got me in an office and told me that they would be turning me in to the Medical Board and firing me, if I did not get help. They had a plane ticket ready for me for that afternoon to a doctor's treatment center out of state. I wasn't quite sure if I wanted to do what they said or just kill myself. It was a difficult choice.

What ultimately persuaded me to go was when my best friend told me that I was no longer a good father, and that drinking was more important to me than my kids or anything else. I was incredibly angry with him... for telling me the truth. I got on the plane and spent the next 3 months in a treatment center.

In the treatment center I was introduced to Alcoholics Anonymous and an incredibly novel concept. That was the concept that being sober and trying to do the next right thing is a lot more satisfying than being a drunk. I also realized that maybe my life wasn't over because I was found out.

I was advised by the other doctors at the treatment center to sign up with my State Diversion Board. The reasons given for signing up were:

- To have them advocate for me if my employer or the medical board ever questioned my sobriety.*
- To be able to hook up with other doctors in my community who are trying to recover from alcohol or drug problems.*
- To have just one more resource to help me in my recovery.*

I called Carol Bowers just before I got back to Las Vegas and told her I had just been to treatment. That was another good decision. I have never once regretted being in the diversion program. The medical board does not know me or interact with me. I go to a small group meeting with other doctors in recovery once a week and attend a doctor's AA meeting once a week. In addition to those meetings, I have found also attending other AA meetings during the week very helpful to my sanity.

I recently was promoted back to the level at work, which I had obtained prior to going to treatment. I have the best relationship I have ever had with my kids. I don't worry all the time about getting in an accident and hurting someone while I am driving drunk. I don't embarrass myself with ridiculous behavior, which I used to think was funny while I was drinking. I never wake up with a hangover. And I don't feel trapped any more.

It's been difficult. But it's been a pretty good 2 years."

The purpose of the Diversion Program is to provide physicians, physician assistants, osteopaths and practitioners of respiratory care confidential means of seeking and obtaining evaluation, treatment, and monitoring for addictive disease, disruptive behavior, and mental or physical impairment. We currently have 65 participants under contract with another 50+ participants who have successfully completed their monitoring contracts. Diversion works. The Nevada Health Professionals Assistance Foundation is contracted by the State Board of Medical Examiners to administer the Diversion Program. The entire staff of the Nevada State Board of Medical Examiners and the Nevada Health Professionals Assistance Foundation recognizes the value of supporting physician health and have pledged support of this program.

We currently facilitate two groups in Las Vegas, one is for physicians and physician assistants, and the other is for respiratory therapists. Both groups have 12 participants at present. The Diversion Program also has a facilitated group in the Reno area. In addition to the facilitated groups, both Northern and Southern Nevada have Caduceus groups that meet on a weekly basis. The Caduceus groups serve as a place for the physician and physician assistant to be with peers and discuss issues pertaining to chemical dependency in a supportive environment.

I want to thank the Hospital Association, as well as all of the medical facilities in Nevada, for their support of the Diversion Program in 2002, in the amount of \$28,400, which was invaluable to the success of the foundation in maintaining the quality of the Diversion Program during this year.

I am hoping to once again, in this year 2003, continue to receive financial support from the Hospital Association and medical facilities in Nevada. Dr. Vic Rueckl, Dr. Timothy Coughlin, Dr. Rex Baggett, Dr. Roger Belcourt, and I are available to the hospitals for presentations on addiction, disruptive behavior, and/or to explain the role and functioning of the Diversion Program. We can also answer any questions you might have about diversion and ways to help a colleague or friend who is unable to ask for help himself. Particularly in this time of insurance difficulties, we can all recognize the importance of maintaining physician health and well-being. The foundation can and will assist you with any difficulties you are experiencing with physician health.

Referrals to the Diversion Program come from a variety of sources, although the majority of those referrals come from partners, colleagues, and hospitals. In all cases, no records are kept at the Medical Board level. Confidentiality and anonymity are the goals of both the Medical Board and the foundation. Information is gathered and verified before the Diversion Program takes action. Should circumstances necessitate, appropriate intervention is planned. Every effort is made to help the physician in a kind, respectful, confidential, and therapeutic manner. If evaluation or treatment is indicated, we have two facilities we are utilizing: Talbott Recovery Center, in Atlanta, GA; and the Betty Ford Professionals Recovery Program in Palm Desert, CA. We currently have 2 weekly Caduceus Groups serving Nevada, one in Las Vegas and one in Reno, and physicians and other health professionals attend these meetings on a weekly basis. Each individual is monitored for five years. Monitoring includes random urine drug screening, weekly Caduceus group, weekly therapy group, and attendance at 12-Step meetings. The success rate for addicted physicians is very high, particularly when intervention is accomplished as early as possible and when colleagues are willing to step in and help their peers.

Do you know a colleague who needs help?

For confidential, expert assistance contact the:

*Nevada Health Professionals Assistance Foundation
Carol R. Bowers, R.N., C.D., Executive Director
(702) 233-6393 OR (702) 521-1398 fax: (702) 242-3560*

The board appreciates the hard work and dedication of the Nevada Health Professionals Assistance Foundation in helping its licensees to continue safe practice in the state of Nevada.

Your tax deductible contribution to the Nevada Health Professionals Assistance Foundation to assist in its important service to physicians, physician assistants, and practitioners of respiratory care in administering a Diversion Program would be greatly appreciated.

Thank you for your generosity and support.

Contributions may be made payable to
Nevada Health Professionals Assistance Foundation
and mailed to:

NHPAF
10525 Cerotto Ln
Las Vegas, NV 89135

HEALTHCARE AND DOMESTIC VIOLENCE: Ethics CMEs Available

*By: Eryn Branch, Training and Program Development Coordinator
Nevada Network Against Domestic Violence*

Information about the health consequences of domestic violence is increasingly available, and increasingly troubling. Take, for example, the following research results:

The U.S. Department of Justice reported that 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend.¹

Each year, at least 6% of all pregnant women (240,000) in this country are battered by the men in their lives. Low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women, as are rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.^{2 3 4}

56% of women who experience any partner violence are diagnosed with a psychiatric disorder; 37% of battered women have symptoms of depression; 46% have symptoms of an anxiety disorder.^{5 6 7}

In response to this growing body of research and increasing pressure on physicians to receive training on domestic violence, the Nevada Healthcare Standards Leadership Team has coordinated a distance education opportunity for Nevada healthcare providers.

Physicians who complete the course (which requires reading of A Physician's Guide to Domestic Violence with supporting Nevada-specific handouts, and successful completion of a short exam) will receive 4 CMEs which meet the Nevada ethics requirement. Nurses and social workers are similarly eligible for CEUs.

Launched January 27, 2003, this CME program will be open for participant enrollment through January 2004, at a cost to participants — for mailing of materials and certificates — of \$15. This training is offered through an administrative collaboration between the Nevada Network Against Domestic Violence and Washoe Health Systems. Enrollment forms are available through both organizations:

NNADV 775-828-1115 (request Mercedes)
WHS 775-982-4064 (request Sammye)
(downloadable enrollment form: www.nnadv.org)

Professionals who are interested in other projects coordinated by the Nevada Healthcare Standards Leadership Team, in additional training on domestic violence, or in technical assistance toward an enhancement of their practice's response to victims are encouraged to contact NNADV at 775-828-1115.

¹ U.S. Department of Justice (August 1997). "Violence-Related Injuries Treated in Hospital Emergency Departments." Michael R. Rand. Bureau of Justice Statistics.

² Parker, B., J. McFarlane, and K. Socken (1994). Abuse During Pregnancy: Effects on Maternal Complications and Infant Birth Weight in Adult and Teen Women. *Obstetrics and Gynecology*, 841 (323-328).

³ Parker, B., J. McFarlane, and K. Socken (1996). Abuse During Pregnancy: Association with Maternal Health and Infant Birthweight. *Nursing Research*, 45 (32-37).

⁴ Parker, B., J. McFarlane, and K. Socken (1996). Physical Abuse, Smoking and Substance Abuse During Pregnancy: Prevalence, Interrelationships, and Effects on Birthweight. *Journal of Obstetrical, Gynecological, and Neonatal Nursing*, 25 (313-320).

⁵ Danielson, K., T. Moffit, A. Caspi, and P. Silva, "Comorbidity Between Abuse of an Adult and DSM-III- R Mental Disorders: Evidence from an Epistemological Study." *American Journal of Psychiatry*, Vol. 155 (1), January 1998.

⁶ Housekamp, BM, and D. Foy, "The Assessment of Posttraumatic Stress Disorder in Battered Women." *Journal of Interpersonal Violence*, Vol. 6 (3), 1991.

⁷ Gelles, RJ, and JW Harrop, "Violence, Battering, and Psychological Distress Among Women." *Journal of Interpersonal Violence*, Vol. 4 (1), 1989.

PUBLIC REPRIMAND ORDERED BY THE BOARD

MATTHEW J. BARULICH, III, M.D.

Dear Dr. Barulich:

On June 3, 2002, the Nevada State Board of Medical Examiners approved the stipulation for settlement entered into between you and the Investigative Committee.

In that stipulation you entered a plea of no contest to Count One of the complaint, and the board agreed to dismiss Counts Two and Three of the complaint with prejudice.

As a result of your stipulated settlement and the approval thereof by the board, the board entered its ORDER as follows:

1. That you be issued a public reprimand.
2. That you enroll in a continuing medical education course which requires personal attendance and includes a minimum of twenty (20) hours of AMA Category 1, CME, in your medical specialty. That you submit the schedule and curriculum of the course to the Secretary-Treasurer of the board prior to attendance for prior approval of the course, and that the twenty (20) hours of CME be obtained prior to the next biennial registration which is scheduled to be completed on or before July 1, 2003, and those twenty (20) hours of CME shall be in addition to the normal forty (40) hours of CME required during the biennial period.
3. That you pay the sum of SEVEN HUNDRED AND FIFTY (\$750.00) DOLLARS as and for all administrative expenses incurred in the investigation and hearing process, said sum to be paid in full within SIXTY (60) days of the date of the Order.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional discredit upon you, and which reflects unfavorably upon the medical profession as a whole.

CHERYL A. HUG-ENGLISH, M.D.,
President

BOARD DISCIPLINARY ACTIONS MAY 2002 THROUGH JANUARY 2003

AGU, Ajumobi C., M.D. (Las Vegas, NV)

Complaint Filed: 12/10/01 - Charged with: 1) six counts of violation of NRS 630.306(3), prescribing a controlled substance to himself in a manner except as authorized by law; and 2) three counts of violation of NRS 630.306(2)(a), engaging in conduct intended to deceive.

Board Action: 06/18/02 - The board revoked Dr. Agu's license to practice medicine in Nevada, stayed the revocation and ordered that he contract with the Nevada Health Professionals Assistance Foundation to engage in the board's Diversion Program until further order of the board, complete ten hours of continuing medical education in the proper prescribing of medicine within six months of the board's order, and pay all administrative costs incurred in the investigation and prosecution of the case against him in the amount of \$3,022.38.

BARULICH, Matthew J., III, M.D. (Carson City, NV)

Complaint Filed: 04/01/02 - Charged with one count of violation of NRS 630.306(7), continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.

Board Action: 06/01/02 - Dr. Barulich waived his rights to a hearing, an appeal and any other rights that may be accorded him under NRS 630 and 233B, and entered into a Stipulation for Settlement of the Complaint filed against him. The board ordered that he be found guilty of one count of malpractice as it is defined in NAC 630.245, and that he be issued a public reprimand, enroll in a continuing medical education course requiring personal attendance which includes a minimum of twenty hours of AMA Category 1, CME in his medical specialty of Obstetrics/ Gynecology, and that he pay all administrative costs (\$750.00) incurred in the investigation process of the case against him.

BRUMFIELD, Thomas J., M.D. (Las Vegas, NV)

On April 5, 1991, in case no. 3202, the board entered an order restricting Dr. Brumfield from prescribing, administering or dispensing controlled substances without authority by express written order of the board. Dr. Brumfield petitioned the board for removal of that restriction on his license. At its 09/07/02 meeting, the board denied Dr. Brumfield's request, thereby continuing the restriction upon his licensure in the state of Nevada.

CLARK, Corydon G., M.D. (Las Vegas, NV)

Board Action: 07/08/02 - The board approved the Petition for Termination of Probation of Dr. Clark, due to his successful completion of the terms and conditions of the six-year probation placed upon his license to practice medicine in the state of Nevada in 1996.

D'AMBROSIO, Francis G., M.D. (Malibu, CA)

Complaint Filed: 03/22/02 - Charged with repeated malpractice, violations of NRS 630.306(7) and NRS 630.301(4)

Board Action: 06/03/02 - The board accepted the Voluntary Surrender of License to practice medicine in the state of Nevada while under investigation of Dr. D'Ambrosio.

DE FRIEZ, Curtis B., M.D. (Carson City, NV)

Complaint Filed: 4/1/02 - Charged with: 1) Count One - practicing medicine while under the influence of controlled substances, a violation of NRS 630.306(1); and 2) Count Two - his continuing practice of medicine, and his ability to practice medicine, during the pendency of the time necessary for a hearing on the Complaint, would endanger the health, safety, and welfare of his patients, requiring emergency action and the summary suspension of his license.

Summary Suspension of License: 4/1/02 - The board summarily suspended Dr. De Friez's license to practice medicine in Nevada during the pendency of the time necessary for a hearing on the Complaint.

Board Action: 06/18/02 - The board found Dr. De Friez guilty of the two counts of the Complaint filed against him. The board revoked his license to practice medicine in Nevada, and ordered that he pay all administrative costs incurred in the investigation of the case against him in the amount of \$5,043.85.

HANDSFIELD, Rodney G., M.D. (Las Vegas, NV)

Board Action: 09/07/02 - Dr. Handsfield had heretofore been restricted in his practice to specific office surgeries and procedures. He petitioned the board for removal of that restriction. The board voted to remove the restrictions as to office surgeries and procedures, but imposed a restriction requiring him to have a specific number of (no fewer than 25) procedures monitored by another physician practicing in the same field before he would receive an unrestricted license in the state of Nevada.

Board Action: 12/10/02 - Dr. Handsfield petitioned the board for removal of the restriction placed on his license by the board on 09/07/02. The board voted to fully restore Dr. Handsfield's license with no restrictions.

McDONALD, Janice A., M.D. (Ann Arbor, MI)

Complaint Filed: 01/08/02 - Charged with: 1) one count of violation of NRS 630.301(3), the surrender of her license to practice medicine in the state of Arizona while under investigation; and 2) one count of violation of NRS 630.306(11), failure to report the surrender of her Arizona medical license.

Board Action: 06/03/02 - The board accepted the Voluntary Surrender of License to practice medicine in the state of Nevada while under investigation of Dr. McDonald.

MOWER, Kenneth D., M.D. (Henderson, NV)

(zip)

County: _____ Public Telephone No.:



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