

**VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE MINUTES**

Wednesday, August 23, 2017

Department of Health Professions

Henrico, VA

CALL TO ORDER: The meeting convened at 10:00 a.m.

ROLL CALL: Mr. Heaberlin called the roll; a quorum was established.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
David Archer, MD
Jane Hickey, JD
Isaac Koziol, MD
David Taminger, MD

MEMBERS ABSENT Wayne Reynolds, DO
Svindor Toor, MD
Deborah DeMoss Fonseca
Jasmine Gore

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Sherry Gibson, Administrative Assistant

OTHERS PRESENT: Tyler Cox, JD, MSV

EMERGENCY EGRESS INSTRUCTIONS

Mr. Heaberlin provided the emergency egress instructions.

APPROVAL OF MINUTES FROM JULY 26, 2017

Ms. Hickey moved to accept the meeting minutes as presented. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Taminger made a motion to accept the agenda as presented.

The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

1. Consideration of Employment Verification Form B's for Licensure Applicants

Mr. Heaberlin provided an opening statement on the required supplemental documents included in a license application that are common to all states. He explained how license verifications and letters of recommendation vary greatly from state-to-state. He further explained the rationale behind requiring Form B employment verifications as documentation that applicants were at the locations they note in their chronology, as well as providing professional evaluations from those sites. He noted that, about 3 years ago, the Board experienced an increase in applications from physicians that had been practicing telemedicine. Some of those applicants had to provide dozens of Form B employment verifications which were required from each and every site. In light of this, the Board began accepting Form B employment verifications from the Chief Medical Officer (CMO) of the telemedicine company, but only for tele-pathologists and tele-radiologists. The first question for the Committee today is to determine if the Board believes the CMO approach to Form B's can be expanded to all practitioners of telemedicine, regardless of specialty.

After a brief discussion, Dr. Taminger noted that it might be more beneficial to review the list of issues provided by Dr. Walker, since resolving the other Form B questions first may take care of the telemedicine issue.

Those questions were addressed as follows:

2. Does the Board need to hold CMO's accountable for poor vetting? How?

Ms. Deschenes noted that, from a disciplinary perspective, it would not be possible for the Board of Medicine to hold a signatory of a Form B accountable for inaccurate information provided in the Form B, unless he/she was a licensee of the Board of Medicine.

3. How many years of Form B's are needed?

Dr. Taminger asked if the Board would be opening the floodgates to telemedicine providers since reducing the requirements for the Form B may result in more applicants?

Dr. Koziol stated that perhaps the Board could only require Form B's from the top 5 or 10 locations of service.

Mr. Heaberlin and Ms. Deschenes noted that the floodgates were already open. Mr. Heaberlin further noted that it would be difficult to determine the top 5 or 10 locations of service. Dr. Koziol stated that the CMO could provide that information.

There was discussion regarding the number of years required for Form B's. Dr. Archer asked if an applicant who had a poor review from 5 years ago could get licensed. Mr. Heaberlin explained that, oftentimes when an applicant has a bad review from 4 or 5 years ago, the most recent reviews may be positive. Ms. Deschenes echoed that statement by noting that a practitioner who may have had troubles in residency or at the start of his/her medical career can often improve and do well in subsequent practice settings. Mr. Heaberlin noted that an applicant who has a poor evaluation from recent employment may warrant a phone call to the signatory of the Form B or an investigation may be opened.

MOTION: Jane Hickey made a motion that the Board require Form B's for the 2 years preceding application. The motion was seconded. During discussion, Dr. Archer noted that 2 years of verifications is adequate, since the Board now obtains the National Practitioner Data Bank Report (NPDB report on each applicant. The question was called, and the motion passed unanimously.

4. Are Form B's necessary for all locations of service and all places the applicant is credentialed?

Mr. Heaberlin noted that Form B's are currently required from all locations of service and all places the applicant is credentialed. Occasionally, applicants may claim they were only credentialed at a location but did not provide any services there. By consensus, it was determined that Form B's would still be required for all locations of service and all places a candidate was credentialed for the 2 years preceding the application.

5. Who is eligible to sign a form B? Residency director, best doctor friend, Human Resources staff, Medical Staff Services staff?

The Committee agreed that it wanted someone with direct knowledge of the applicant's performance to fill out and sign the Form B. Dr. Harp stated that the Board prefers a Form B completed by a physician colleague. Mr. Heaberlin reiterated that the Board does prefer Form B's completed by a physician colleague, but many times they are completed by an HR coordinator with the evaluation questions unanswered. On occasion that may be acceptable, but only on a case-by-case basis and depending on other Form B's provided and their content. Mr. Heaberlin noted that hospital affiliation letters are often provided that include privilege dates, status and specialty, and the Board usually accepts those in lieu of a Form B. By consensus, it was stated that the Board should continue to accept Form B's from physicians as well as hospital affiliation letters.

6. What information on the Form B is actionable?

Dr. Taminger asked if the Form received contains negative information, how is it addressed? Mr. Heaberlin noted that it may result in a call to the person who completed the Form B. Ms. Deschenes noted that it could also result in a pre-licensure investigation and an eventual Credentials Committee hearing to determine if the applicant has engaged in unprofessional conduct or has competency issues.

7. Does the Form B need a format change?

With little discussion, it was determined by consensus not to change the format. It was noted by Dr. Harp that another board of medicine has adopted the Virginia Form B unchanged for its use.

8. Does the Board need to issue a telemedicine only license?

Dr. Harp stated that, in the 1990s, there was discussion regarding telemedicine licenses and the Board declined to issue one at that time. Mr. Heaberlin stated that telemedicine practitioners receive the same license as doctors that physically practice in Virginia. There is no difference in the standard of care expected to be provided to Virginia patients whether the doctor is practicing via telemedicine or in-person. Dr. Harp asked why the Board would want to know less about a physician who is treating patients in Virginia from outside the state than it does for those practicing on the ground in the Commonwealth.

MOTION: Ms. Hickey made the motion that the Board should not issue a telemedicine license. The motion was seconded and carried unanimously.

After these questions were answered, the Committee returned to the original question.

Does the Board want to expand the CMO approach for Form B's to specialties other than tele-radiology and tele-pathology?

MOTION: Dr. Koziol made the motion that any applicant in Virginia applying for licensure with a telemedicine background may provide a Form B signed by a CMO of the company. The motion was seconded and carried.

Mr. Heaberlin noted that the Board also licenses professions other than doctors that have Form B verification requirements. The Board does not obtain National Practitioner Data Bank reports for applicants other than MDs or DOs. What should Board staff do with the Form B requirements for these other professions?

MOTION: Dr. Koziol moved that NPDB-vetted applicants will only be required to provide 2 years of Form B's, but all others will require 5 years. The motion was seconded. During discussion it was noted that Board staff would review the policies of the NPDB to determine what other professions would only need to provide 2 years of Form B's. If Board staff could obtain NPDB reports on a profession, then Dr. Koziol's motion would apply to it as well. The question was called and the motion carried unanimously.

Dr. Walker reviewed with the Committee and staff the questions addressed and the motions passed. All questions had been addressed to the Committee's and staff's satisfaction.

ADJOURNMENT

All business being completed, Dr. Walker adjourned the meeting at 11:57 a.m.

Kenneth Walker, MD, Chair

William L. Harp, MD, Executive Director

Alan Heaberlin, Deputy Director, Licensing
Recording Secretary