Executive Committee Meeting

Virginia Board of Medicine

August 4, 2017

8:30 a.m.

Executive Committee

Friday, August 4, 2017 @ 8:30 a.m.
9960 Mayland Drive, Suite 200
Richmond, VA 23230
Board Room 4

Page

Call to Order of the Executive Committee—Kevin O'Connor, MD, President, Chair

Next scheduled meeting: December 1, 2017

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

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VIRGINIA BOARD OF MEDICINE

EXECUTIVE COMMITTEE MINUTES

Friday, April 7, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 8:30 AM.

ROLL CALL: Ms. Opher called the roll; a quorum was established.

MEMBERS PRESENT:
Barbara Allison-Bryan, MD, President, Chair
Randy Clements, DPM
Lori Conklin, MD
Alvin Edwards, PhD
Jane Hickey, JD
Maxine Lee, MD
Kevin O'Connor, MD, Vice-President

MEMBERS ABSENT: Ray Tuck, DC, Secretary-Treasurer

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
David Brown, DC, DHP Director
Lisa Hahn, DHP Senior Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
Julie Galloway, MSV
Scott Johnson, JD, MSV
Eric Gish, DO, Liberty University

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

APPROVAL OF MINUTES OF DECEMBER 2, 2016

Dr. Edwards moved to approve the meeting minutes of December 2, 2016 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown provided an update on the statistics he reported to the Full Board at its February 16, 2017 meeting. At that time, he had advised that the projection for opioid-related deaths would rise from 811 in 2015 to 1100 deaths in 2016, a 33% increase. However, it is now projected to reach closer to 1400 deaths, which will be greater than a 40% increase over 2015. As previously identified, the increase in numbers is directly related to heroin and fentanyl. Although prescription drug overdose deaths have plateaued in recent years, 80% of heroin and fentanyl deaths most likely can be traced back to a prescription for opioids for legitimate pain.

Dr. Brown said what the Board has done in creating regulations is very important, and in the long run the Board will be even more effective with evidence-based guidelines. Thanks for all those who put so much thought into the regulations, and to Dr. Harp for all his work in teeing them up and getting them drafted in an expeditious fashion.

Dr. Brown noted that there were two areas of concern – First, letters are being received from patients validating what Dr. Walker predicted at the Legislative Committee meeting, January 27, 2017. Dr. Walker had noted that, with the implementation of the regulations, some practitioners would choose to cease prescribing opioids, thereby reducing access to care for legitimate pain patients. Dr. Brown and Dr. Walker were not sure what to do about this, other than educate practitioners.

The second area of concern is the number and seriousness of comments that Dr. Harp and Board staff are receiving regarding the regulations. Do the regulations hit the mark and do what they are intended to do? A significant aspect of the regulations is the prevention of diversion of buprenorphine on the streets. HB2163 as initially written would have prohibited the prescription of buprenorphine mono-product to anyone other than pregnant women. Dr. Brown worked with the patron of the bill to ensure that the Board would be able to help determine who should and who should not be prescribed the mono-product.

Many comments the Board is receiving relate to the phenomenon of naloxone intolerance. The waivered physician community seems to be split about 50/50 on this issue.

Dr. Brown said that Dr. Harp had recently proposed language to address these concerns. Secretary Hazel thought that a deliberate approach to any change in the regulations would be the best way to go. Dr. Brown concluded by asking the Committee to consider reconvening a Regulatory Advisory Panel to review the emergency regulations and recommend revisions if warranted.

PRESENTATION: DR. GISH – LIBERTY UNIVERSITY OSTEOPATHIC MEDICAL SCHOOL

Dr. Eric Gish, Director of Osteopathic Integration, gave a brief presentation on the new osteopathic medical school in Lynchburg. Dr. Gish stated that the school's mission is to educate osteopathic physicians in a Christian environment. It prepares physicians who will dedicate themselves to excellence in practice, service toward their fellow man, lifelong learning and the advancement of medical knowledge. Dr. Gish pointed out that although the school has a Christian environment, students do not have to be Christian in order to attend. He also stated that the unwritten part of the school's mission is to encourage their students to eventually practice in the rural areas of Southside Virginia and its towns and cities--Danville, Martinsville, Lynchburg, South Boston and others. He also noted that the school has been granted the highest accreditation.

Dr. Gish stated that there are currently 3 classes of students with the first class set to graduate in 2018. The school provides training in biomedical science, pre-clinical studies, clinical studies and clinical rotation sites at Danville Regional Medical, Memorial Hospital of Martinsville, Sentara Halifax Regional Hospital, Southwestern Virginia Consortium, Bon Secours DePaul Medical Center, Palestine Regional Medical Center in Texas, and St. Anthony's Memorial Hospital in Illinois.

Dr. Lee said that she has met several Liberty students during Carilion's anesthesiology sessions. The students have been very enthusiastic and have worked collaboratively with every team member. Dr. Gish advised that, in addition to Carllion, Liberty also has a relationship with Edward Via and shares 3 training sites.

Fielding questions, Dr. Gish stated that in regards to outpatient work, the school has an onsite clinic and also partners with Central Virginia Family Physicians. Liberty's simulation center provides students with a variety of experiences, including observing a patient's passing away.

Dr. Allison-Bryan thanked Dr. Gish for his informative presentation.

EXECUTIVE DIRECTOR'S REPORT

FSMB Travel Authorization

Dr. Harp provided an update on the progress of the travel authorization requests for the FSMB Annual Meeting. Dr. Brown said that he had signed and forwarded the authorizations to the Secretary's office. It's the largest number that he has seen for travel to FSMB. He noted that Dr. Hazel is very supportive of activities that will enhance the Board members' ability to protect the public.

Revenue and Expenditures

Dr. Harp reported that the cash balance on February 28, 2017 was $11 million and that the Board is a little ahead on its revenues. Because of the surplus in the budget, a 20% reduction in renewal fees has been implemented for the upcoming biennium.

Health Practitioners Monitoring Program

Dr. Harp briefly reviewed the HPMP census report noting that Medicine always has about 25% of the total participants; at this time Medicine has 106 participants.

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts reviewed the status of pending regulatory matters and highlighted "Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic – licensure by endorsement", "Regulations Governing the Practice of Occupational Therapists – NBCOT certification as option for CE", and "Regulations Governing the Practice of Genetic Counselors".

This report was for informational purposes only.

Report from the 2017 General Assembly

Ms. Yeatts briefly reviewed the following legislation:

- HB 1484 Occupational therapists; Board of Medicine shall amend regulations governing licensure. Board of Medicine to amend regulations governing licensure of occupational therapists to specify Type 1 continuous learning activities. Directs the Board of Medicine to amend regulations governing licensure of occupational therapists to provide that Type 1 continuing learning activities that shall be completed by the practitioner prior to renewal of a license shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components: the Virginia Occupational Therapy Association; the American Occupational Therapy Association; the National Board for Certification in Occupational Therapy; a local, state, or federal government agency; a regionally accredited college or university; or a health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation. Such regulations shall also provide that Type 1 continuing learning activities may also include an American Medical Association Category 1 Continuing Medical Education program. The bill further provides that the Board of Medicine shall not deem maintenance of any certification provided by such organization as sufficient to fulfill continuing learning requirements for occupational therapists.

- HB 2119 – Laser hair removal; limits practice. Limits practice to a properly trained person licensed to practice medicine or osteopathic medicine or licensed as a physician assistant or nurse practitioner, or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or physician assistant or nurse practitioner.

- HB 2164 Drugs of concern; drug of concern. - Adds any material, compound, mixture, or preparation containing any quantity of gabapentin, including any of its salts, to the list of drugs of concern. This bill contains an emergency clause.

- SB848 Naloxone; dispensing for use in opioid overdose reversal, etc. - Dispensing of naloxone. Allows a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy pursuant to § 54.1-3423 to dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, and (iii) without charge or compensation. The bill also provides that dispensing may occur at a site other than that of the controlled substance registration, provided that the entity possessing the controlled substance registration maintains records in accordance with regulations of the Board of Pharmacy. The bill further provides that a person who dispenses naloxone shall not be liable for civil damages of ordinary negligence for acts or omissions resulting from the rendering of such treatment if he acts in good faith and that a person to whom naloxone has been dispensed pursuant to the provisions of the bill may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill contains an emergency clause. This bill is identical to **HB 1453**.

- SB 880 Genetic counselors; licensing; grandfather clause. - Extends the deadline from July 1, 2016, to December 31, 2018, or to within 90 days of the effective date of the relevant regulations promulgated by the Board, whichever is later, by which individuals who have at least 20 years of documented work experience practicing genetic counseling and meet other certain requirements may receive a waiver from the Board of Medicine of the requirements of a master's degree and American Board of Genetic Counseling or American Board of Medical Genetics certification for licensure as a genetic counselor.

- SB 1020 Peer recovery specialists and qualified mental health professionals; registration. - **Registration of peer recovery specialists and qualified mental health professionals.** Authorizes the registration of peer recovery specialists and qualified mental health professionals by the Board of Counseling. The bill defines "qualified mental health professional" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. The bill requires that a qualified mental health professional provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the

Department of Behavioral Health and Developmental Services. The bill defines "registered peer recovery specialist" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. The bill requires that a registered peer recovery specialist provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health. The bill adds qualified mental health professionals and registered peer recovery specialists to the list of mental health providers that are required to take actions to protect third parties under certain circumstances and notify clients of their right to report to the Department of Health Professions any unethical, fraudulent, or unprofessional conduct. The bill directs the Board of Counseling and the Board of Behavioral Health and Developmental Services to promulgate regulations to implement the provisions of the bill within 280 days of its enactment. This bill is identical to HB 2095.

- SB 1027 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. - **Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide.** Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (the Board) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill sets limits on the number of permits that the Board may issue and requires that the Board adopt regulations establishing health, safety, and security requirements for permitted processors. The bill provides that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also requires that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian register with the Board. The bill requires further that a pharmaceutical processor shall not provide cannabidiol oil or THC-A oil to a patient or a patient's parent or legal guardian without first verifying that the patient, the patient's parent or legal guardian if the patient is a minor or incapacitated, and the practitioner who issued the written certification have registered with the Board. Finally, the bill provides an affirmative defense for agents and employees of pharmaceutical processors in a prosecution for the manufacture, possession, or distribution of marijuana. The bill contains an emergency clause.

- SB 1046 Board of Medicine; requirements for licensure. - **Board of Medicine; requirements for licensure.** Removes provisions related to licensure of graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine. Under the bill, only graduates of institutions approved by an accrediting agency recognized by the Board of Medicine are eligible for licensure.

- SB 1178 Buprenorphine without naloxone; prescription limitation. - **Prescription of buprenorphine without naloxone; limitation.** Provides that prescriptions for products containing buprenorphine without naloxone shall be issued only (i) for patients who are pregnant, (ii) when converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days, or

(iii) as permitted by regulations of the Board of Medicine or the Board of Nursing. The bill contains an emergency clause and has an expiration date of July 1, 2022. This bill is identical to HB 2163. Ms. Yeatts advised that this bill was amended to include veterinary medicine.

- SB 1180 Opioids and buprenorphine; Boards of Dentistry and Medicine to adopt regulations for prescribing. - **Boards of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine.** Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to annually provide a report to the Joint Commission on Health Care and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient. The bill contains an emergency clause.

- SB 1230 Opiate prescriptions; electronic prescriptions. - **Opiate prescriptions; electronic prescriptions.** Requires a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. The bill defines electronic prescription as a written prescription that is generated on an electronic application in accordance with federal regulations and is transmitted to a pharmacy as an electronic data file. The bill requires the Secretary of Health and Human Resources to convene a work group of interested stakeholders to review actions necessary for the implementation of the bill's provisions, to evaluate hardships on prescribers and the inability of prescribers to comply with the deadline for electronic prescribing, and to make recommendations for any extension or exemption processes relative to compliance or disruptions due to natural or manmade disasters or technology gaps, failures, or interruptions of services. The work group shall report on the work group's progress to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2017, and a final report to such Chairmen by November 1, 2018. Ms. Yeatts advised that a work group will be established to develop the guidelines.

- SB 1232 Opioids; limit on amount prescribed, extends sunset provision. - **Limits on prescription of controlled substances containing opioids.** Requires a prescriber registered with the Prescription Monitoring Program (the Program) to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days. Current law requires a registered prescriber to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than 14 consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of a course of treatment for a surgical or invasive procedure and such prescription is not refillable. The bill extends the sunset for this requirement from July 1, 2019, to July 1, 2022.

- SB 1403 Controlled substances; use of FDA-approved substance upon publication of final rule, etc. - **Board of Pharmacy to deschedule or reschedule controlled substances**. Authorizes the Board of Pharmacy (Board) to designate, deschedule, or reschedule as a controlled substance any substance 30 days after publication in the Federal Register of a final or interim final order or rule designating such substance as a controlled substance or descheduling or rescheduling such substance. Under current law, the Board may act 120 days from such publication date. The bill also provides that a person is immune from prosecution for prescribing, administering, dispensing, or possessing pursuant to a valid prescription a substance approved as a prescription drug by the U.S. Food and Drug Administration on or after July 1, 2017, in accordance with a final or interim final order or rule despite the fact that such substance has not been scheduled by the Board. The immunity provided by the bill remains in effect until the earlier of (i) nine months from the date of the publication of the interim final order or rule or, if published within nine months of the interim final order or rule, the final order or rule or (ii) the substance is scheduled by the Board or by law. This bill is identical to HB 1799.

This report was for informational purposes only.

Regulatory Action – Adoption of Final Regulations for Nurse Practitioners

Ms. Yeatts stated that a fee reduction had been approved by the Board of Nursing for all categories of nurse practitioners, and it must also be approved by the Board of Medicine.

Dr. Edwards moved to adopt the final regulations as an exempt action. The motion was seconded and carried unanimously.

Regulatory Advisory Panel for Opioid Regulations

Dr. Allison-Bryan stated that she was proud of the work the Board has done with the regulations and is impressed that acceptance of them is going as smoothly it is, considering only a few concerns had been expressed.

To deal with a number of comments about naloxone intolerance and other issues, it has been suggested to re-establish the Regulatory Advisory Panel to review the regulations and propose some minor tweaking if warranted.

After a brief discussion, Dr. Conklin moved to re-establish a Regulatory Advisory Panel for the reasons stated above. The motion was seconded and carried unanimously.

ANNOUNCEMENTS

Next meeting – August 4, 2017

There were no other announcements.

ADJOURNMENT

With no further business to conduct, the meeting adjourned at 9:28 a.m.

Barbara Allison-Bryan, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

Agenda Item: Report of the Executive Director

Staff Note: Included in your packet are the DHP Quarterly Performance Measurements for case resolution.

Action: This material is for information only; no action needed.

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q4 2013 - Q4 2017

David E. Brown, D.C.
Director

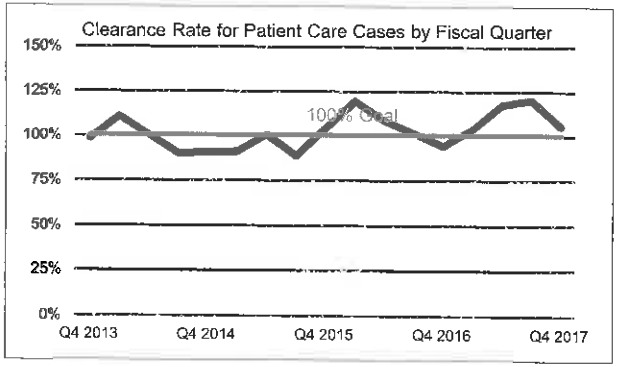
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

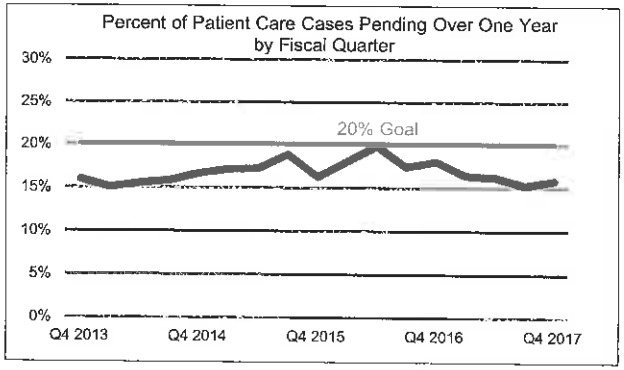
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

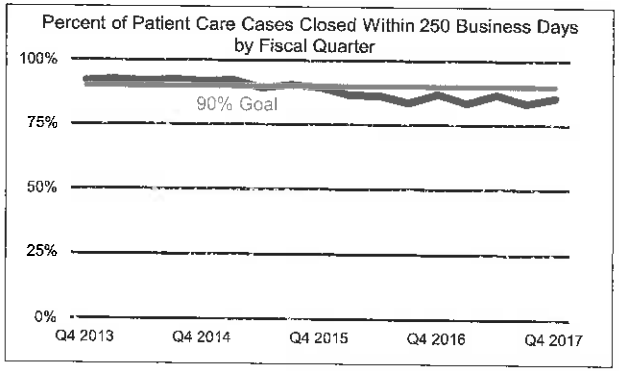
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct. The current quarter's clearance rate is **105%**, with **1006** patient care cases received and **1057** closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%. The current quarter shows **16%** patient care cases pending over 250 business days with **2,381** patient care cases pending and **377** pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days. The current quarter shows **86%** percent of patient care cases being resolved within 250 business days with **1057** cases closed and **906** closed within 250 business days.







Submitted: 7/13/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

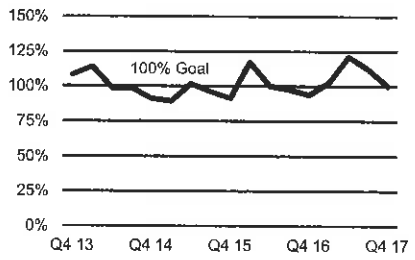
Clearance Rate

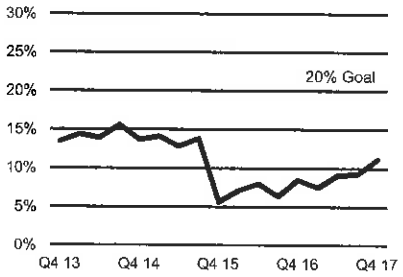
Age of Pending Caseload
(percent of cases pending over one year)

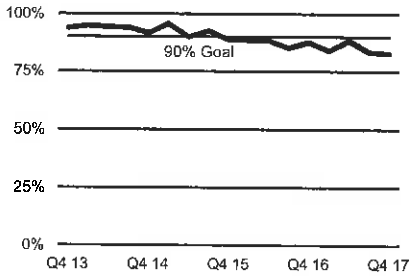
Percent Closed in 250 Business Days

Nursing - In Q4 2017, the clearance rate was **100%**, the Pending Caseload older than 250 business days was **11%** and the percent closed within 250 business days was **83%**

Q4 2017 Caseloads:
Received = **473**, Closed = **473**
Pending over 250 days = **135**
Closed within 250 days = **392**

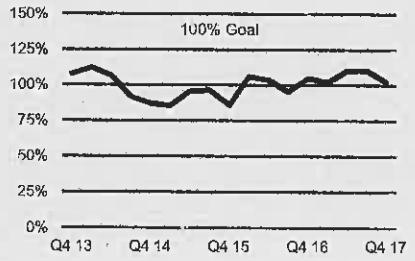


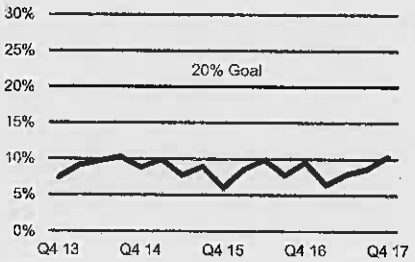


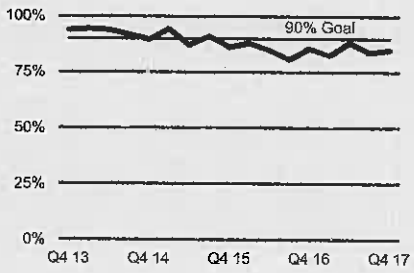


Nurses - In Q4 2017, the clearance rate was **102%**, the Pending Caseload older than 250 business days was **10%** and the percent closed within 250 business days was **85%**.

Q4 2017 Caseloads:
Received = **322**, Closed = **329**
Pending over 250 days = **90**
Closed within 250 days = **280**

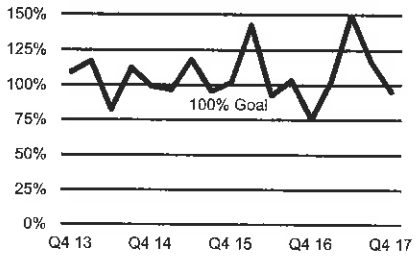


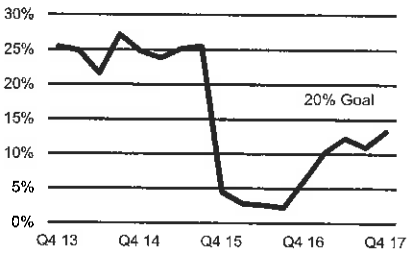


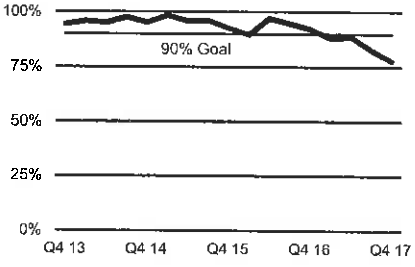


CNA - In Q4 2017, the clearance rate was **95%**, the Pending Caseload older than 250 business days was **13%** and the percent closed within 250 business days was **78%**.

Q4 2017 Caseloads:
Received= **151** , Closed = **144**
Pending over 250 days = **45**
Closed within 250 days = **112**







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/13/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

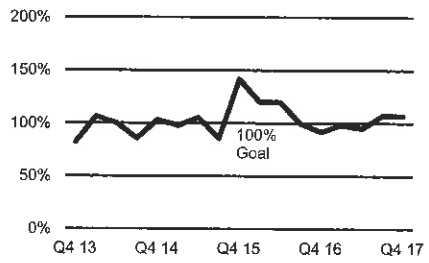
Clearance Rate

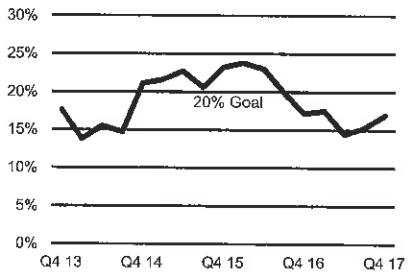
Age of Pending Caseload
(percent of cases pending over one year)

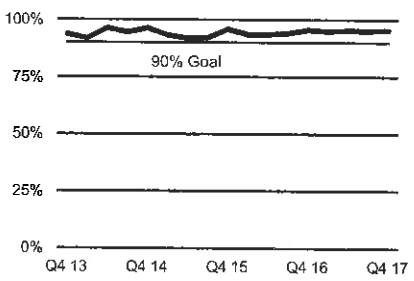
Percent Closed in 250 Business Days

Medicine - In Q4 2017, the clearance rate was **107%**, the Pending Caseload older than 250 business days was **17%** and the percent closed within 250 business days was **96%**.

Q4 2017 Caseloads:
Received = **293** , Closed = **314**
Pending over 250 days = **89**
Closed within 250 days = **300**

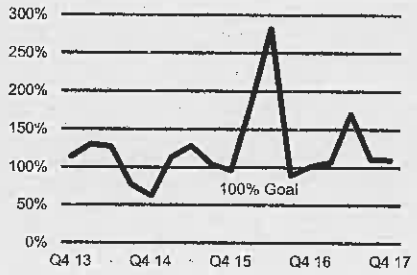


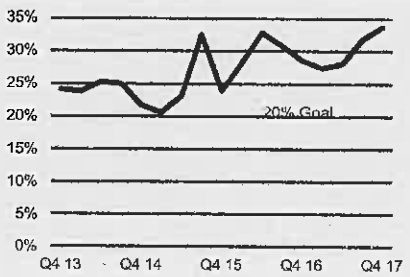


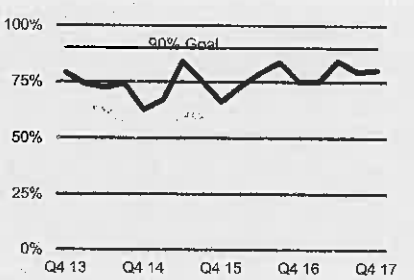


Dentistry - In Q4 2017, the clearance rate was **110%**, the Pending Caseload older than 250 business days was **34%** and the percent closed within 250 business days was **80%**.

Q4 2017 Caseloads:
Received= **60** , Closed = **66**
Pending over 250 days = **58**
Closed within 250 days = **53**

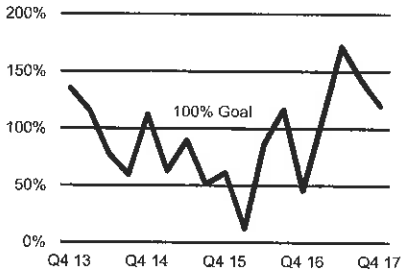


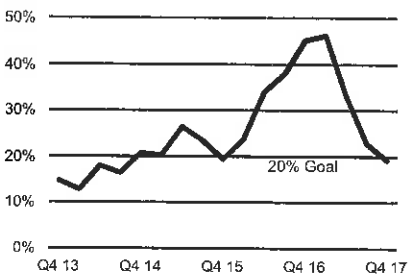


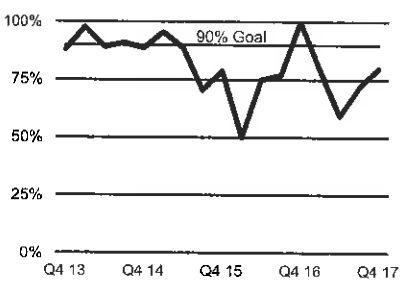


Pharmacy - In Q4 2017, the clearance rate was **120%**, the Pending Caseload older than 250 business days was **19%** and the percent closed within 250 business days was 72%.

Q4 2017 Caseloads:
Received = **50** , Closed = **60**
Pending over 250 days = **23**
Closed within 250 days = **48**







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/13/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

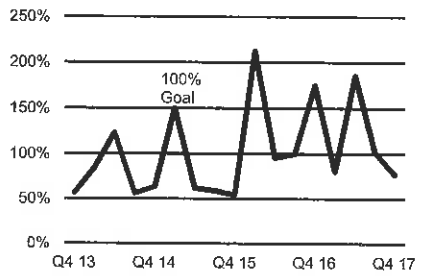
Clearance Rate

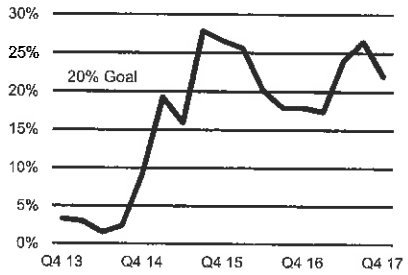
Age of Pending Caseload
(percent of cases pending over one year)

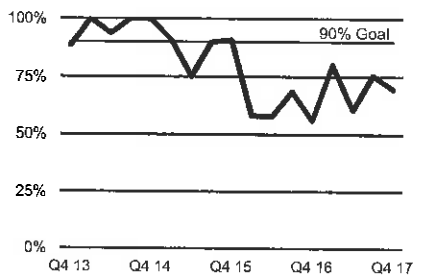
Percent Closed in 250 Business Days

Veterinary Medicine - In Q4 2017, the clearance rate was **77%**, the Pending Caseload older 250 business days was **28%** and the percent closed within 250 business days was **70%**.

Q4 2017 Caseloads:
Received = **30** , Closed = **23**
Pending over 250 days = **28**
Closed within 250 days = **16**

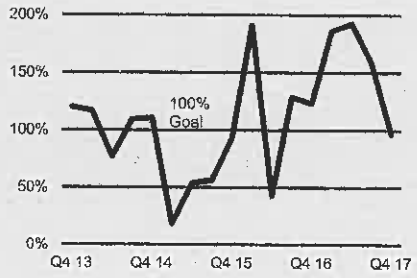


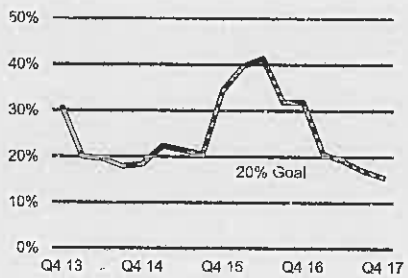


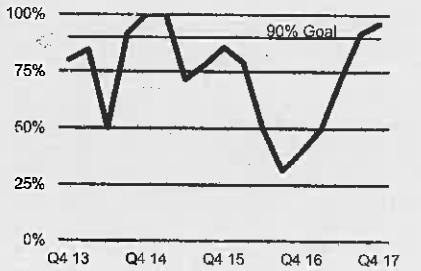


Counseling - In Q4 2017, the clearance rate was **96%**, the Pending Caseload older than 250 business days was **16%** and the percent closed within 250 business days was **96%**.

Q4 2017 Caseloads:
Received = **27** , Closed = **26**
Pending over 250 days = **7**
Closed within 250 days = **25**

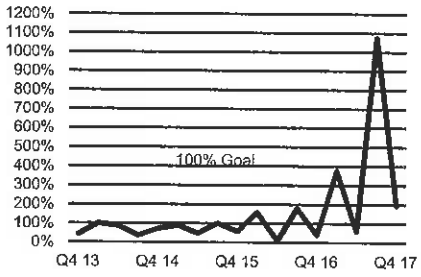


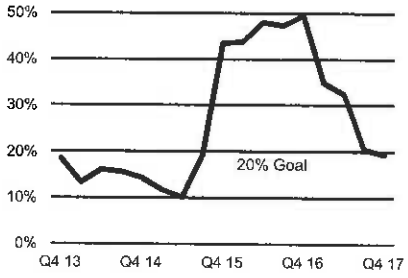


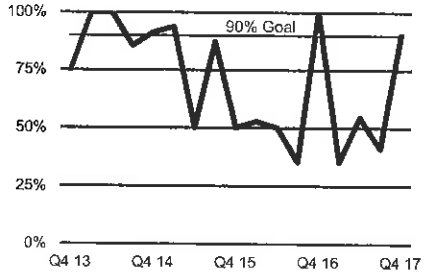


Social Work - In Q4 2017, the clearance rate was **194%**, the Pending Caseload older than 250 business days was **19%** and the percent closed within 250 business days was **90%**.

Q4 2017 Caseloads:
Received = **16** , Closed = **31**
Pending over 250 days = **6**
Closed within 250 days = **28**







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/13/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

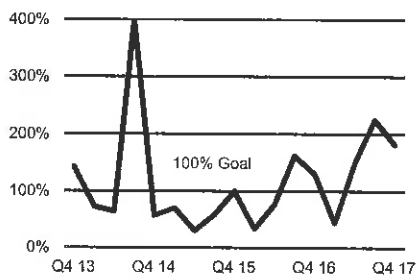
Clearance Rate

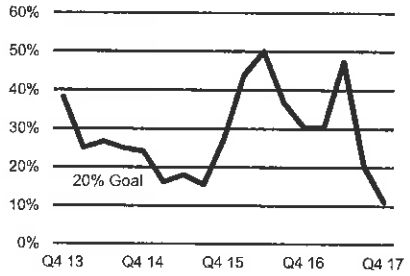
Age of Pending Caseload
(percent of cases pending over one year)

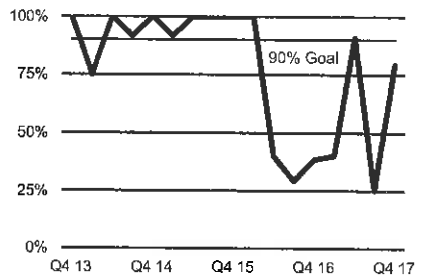
Percent Closed in 250 Business Days

Psychology - In Q4 2017, the clearance rate was **181%**, the Pending Caseload older than 250 business days was **11%** and the percent closed within 250 business days was **79%**.

Q4 2017 Caseloads:
Received = **16** , Closed = **29**
Pending over 250 days = **3**
Closed within 250 days = **23**

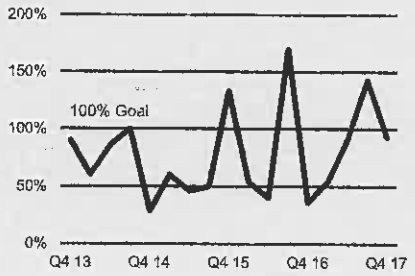


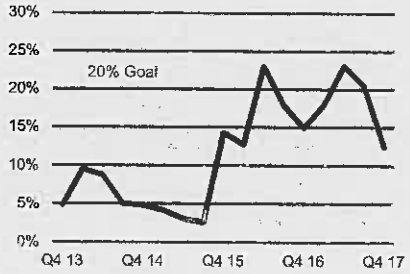


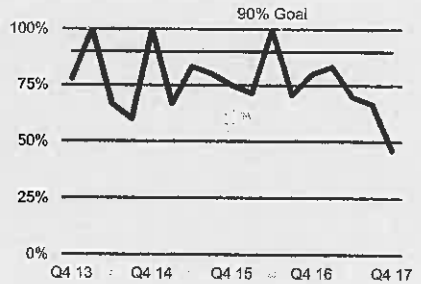


Long-Term Care - In Q4 2017, the clearance rate was **181%**, the Pending Caseload older than 250 business days was **13%** and the percent closed within 250 business days was **46%**.

Q4 2017 Caseloads:
Received = **14** , Closed = **13**
Pending over 250 days = **6**
Closed within 250 days = **6**

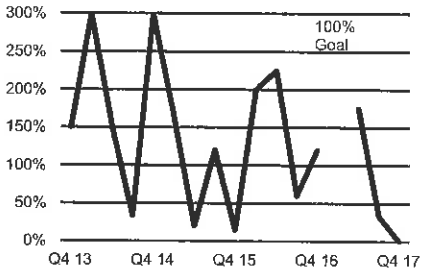


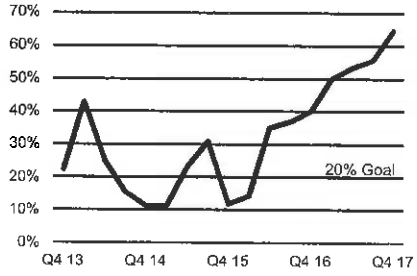


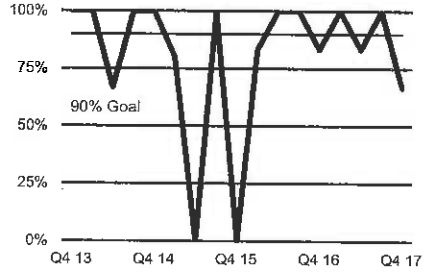


Optometry - In Q4 2017, the clearance rate was **N/A**, the Pending Caseload older than 250 business days was **65%** and the percent closed within 250 business days was **67%**.

Q4 2017 Caseloads:
Received = **0** , Closed = **2**
Pending over 250 days = **11**
Closed within 250 days = **4**







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/13/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

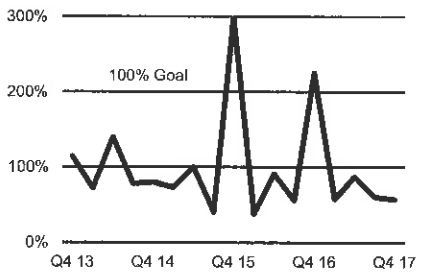
Clearance Rate

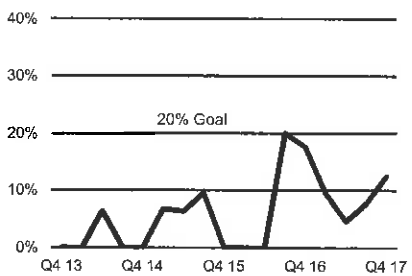
Age of Pending Caseload
(percent of cases pending over one year)

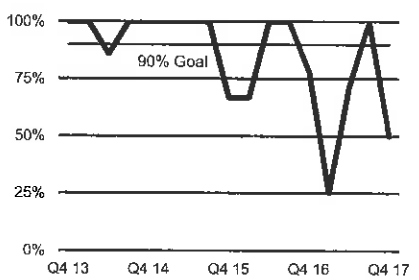
Percent Closed in 250 Business Days

Physical Therapy - In Q4 2017, the clearance rate was **57%**, the Pending Caseload older than 250 business days was **13%** and the percent closed within 250 business days was **50%**.

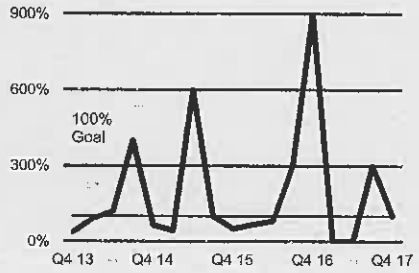
Q4 2017 Caseloads:
Received = **7** , Closed = **4**
Pending over 250 days = **3**
Closed within 250 days = **2**

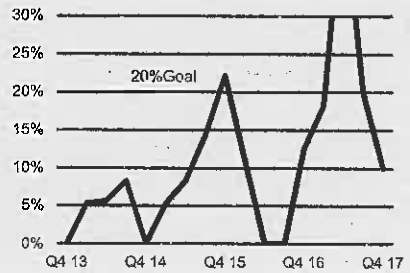


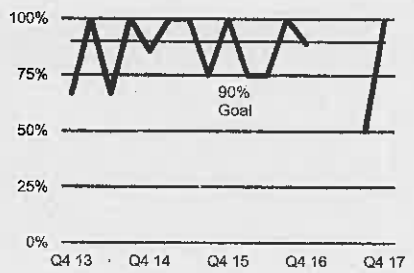




Funeral - In Q4 2017, the clearance rate was **100%**, the Pending Caseload older than 250 business days was **10%** and the percent closed within 250 business **Q4 2017 Caseloads:**
Received = **6** , Closed = **6**
Pending over 250 days = **1**
Closed within 250 days = **2**

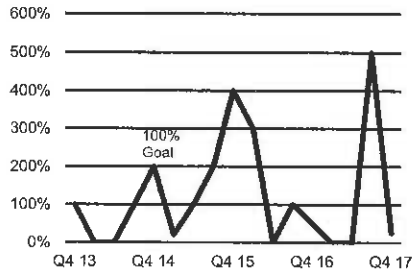


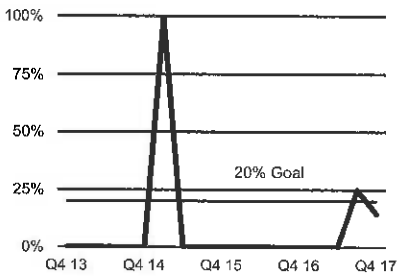


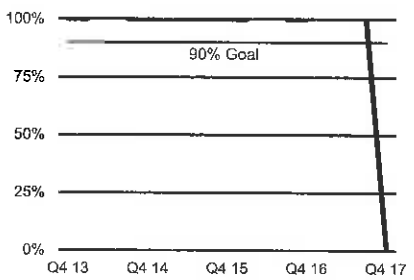


Audiology - In Q4 2017, the clearance rate was **25%**, the Pending Caseload older than 250 business days was **14%** and the percent closed within 250 business days was **0%**.

Q4 2017 Caseloads:
Received = **4** , Closed = **1**
Pending over 250 days = **1**
Closed within 250 days = **0**







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Submitted: 7/13/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions
Board Level Patient Care Case Processing Times
Quarterly Performance Measurement, Q4 2016 - Q4 2017

David E. Brown, D.C.
Director

		Total Cases Closed	Mean Days	Median Days	Percent closed Within 120 Days
Medicine	Q4 2016	275	26	6	97%
	Q1 2017	287	22	6	98%
	Q2 2017	279	24	6	97%
	Q3 2017	319	23	7	98%
	Q4 2017	312	22	6	97%

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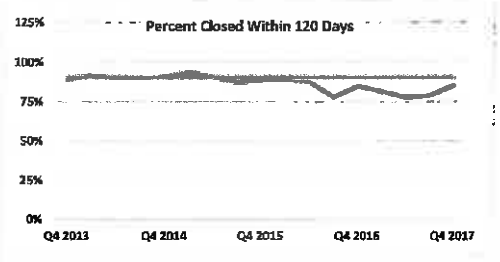
Virginia Department of Health Professions

David E. Brown, D.C.
Director

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q4 2013 - Q4 2017

	Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Q4 2013	941	66	33	89%
Q1 2014	1017	65	34	91%
Q2 2014	1018	63	33	90%
Q3 2014	811	63	25	90%
Q4 2014	854	61	26	90%
Q1 2015	894	57	26	93%
Q2 2015	858	66	29	90%
Q3 2015	787	74	39	87%
Q4 2015	884	80	19	88%
Q1 2016	997	71	35	89%
Q2 2016	968	79	34	87%
Q3 2016	992	98	50	78%
Q4 2016	875	79	35	85%
Q1 2017	967	96	41	81%
Q2 2017	1023	98	44	78%
Q3 2017	1119	93	38	79%
Q4 2017	1037	79	42	85%



Technical Notes: Board Level constitutes the sum of days in Probable Cause, Informal, Formal, and Pending. Percent Closed Within 120 Days (175 calendar days) is calculated using an 8 quarter moving window consisting of patient care cases closed within 120 business days that were received within the preceding eight quarters.

Submitted: 7/7/2017

Prepared by: VisualResearch, Inc.

Message from FSMB Chair Dr. Gregory Snyder –

On behalf of the FSMB Board of Directors, I want to extend our appreciation to the Virginia Board of Medicine for your participation in the **FSMB Board of Directors State Medical Boards Liaison Program**. FSMB Board Member, Dr. Claudette Dalton, will be the liaison to your board.

Through this program, we seek to build and strengthen relationships with our Member Boards through:

- *personal dialogue* between the FSMB Liaison Directors and the State Medical Board Liaison Representatives; and
- *board site visits* that provide an open forum whereby our Member Boards can freely voice concerns, share ideas and/or request information on specific "hot topic" issues.

Pam Huffman, FSMB's Governance Support Associate, will contact you soon if your board is due a site visit this year. You may also contact her directly (817-868-4060 or phuffman@fsmb.org) if you would like to request a visit or for questions about the Liaison Program.

To begin this year's dialogue with Dr. Dalton, please see the instructions below.

Again, we thank you for your continued support and participation. And now, a message from Dr. Dalton.

****

Good afternoon, I am Dr. Claudette Dalton and I look forward to serving as the FSMB Liaison Director for the Virginia Board of Medicine. I will be reaching out to your State Medical Board Liaison Representative within the next few weeks, so please take a moment to complete and return the form below. In order to get the program underway, your response by August 1 will be greatly appreciated.

Also, please do not hesitate to contact me at any time by phone at (434) 996-3865 or email at ced2t@hotmail.com.

I look forward to a productive year and visiting with you soon!

Federation of State Medical Boards
400 Fuller Wiser Road | Suite 300 | Euless, TX 76039
817-868-4060 direct | 817-868-4258 fax
phuffman@fsmb.org | www.fsmb.org

Agenda Item: Telemedicine Licensure and FORM B's

Staff Note:

As part of the licensing process for physicians, a FORM B performance report must be submitted for every site at which the applicant has provided services in the last 5 years. The FORM B is to be filled out by a physician or other official at the site that can attest to the applicant's work. Telemedicine physicians oftentimes have many sites at which they have provided services. Having to obtain FORM B's directly from all sites is time-consuming, sometimes difficult, and sometimes impossible. The Board has addressed this issue in the past, opining that it would be acceptable for a medical director of a telemedicine company to complete a FORM B for each site, since he/she would be familiar with the applicant's performance. However, the Board limited this approach to teleradiology and telepathology. Specialists on Call employs neurology, psychiatry and critical care physicians and approached the Board in regards to extending the medical director approach beyond radiology and pathology. The Credentials Committee heard a presentation on July 26th, discussed the possibilities, and voted to refer this matter to the Executive Committee for a broader discussion and decision about whether the Board should expand its policy of accepting FORM B's filled out by medical directors.

Included in your packet are a Virginia FORM B, the PowerPoint program by Til Jolly, MD, Chief Medical Officer for Specialists on Call, that was presented to the Credentials Committee, some examples of what other states require in terms of employment and performance, and additionally some other state boards' "FORM B's."

Action:

Discussion and decision to maintain the status quo, expand the process to include other specialties, or to further study the matter.

FORM B - PLEASE CHECK APPROPRIATE PROFESSION

_____, _____
Please Print Last Name Please Print First

- ❑ Acupuncturist
- ❑ Athletic Trainer
- ❑ BCaBA
- ❑ BCBA
- ❑ Chiropractic
- ❑ Genetic Counselor
- ❑ Medicine and Surgery
- ❑ Midwife
- ❑ Occupational Therapist
- ❑ Occupational Therapist Assistant
- ❑ Osteopathy and Surgery
- ❑ Physician Assistant
- ❑ Podiatry
- ❑ Polysomnographic Technologist
- ❑ Radiologic Technologist
- ❑ Radiologic Technologist - Limited
- ❑ Radiologist Assistant
- ❑ Respiratory Therapist

Rev. 7/17

Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

_____
Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
   from _____ (Month/Year) to _____ (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) ☐Recommend highly and without reservation ☐Recommend as qualified and competent
   ☐Recommend with some reservation (explain)_____
   ☐Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____
   _____

5. The above report is based on: (please indicate with check mark)
   ☐Close personal observation ☐General impression ☐A composite of evaluations
   ☐Other: _____

Date (Required): _____

Signator Contact Number: (_____) _____

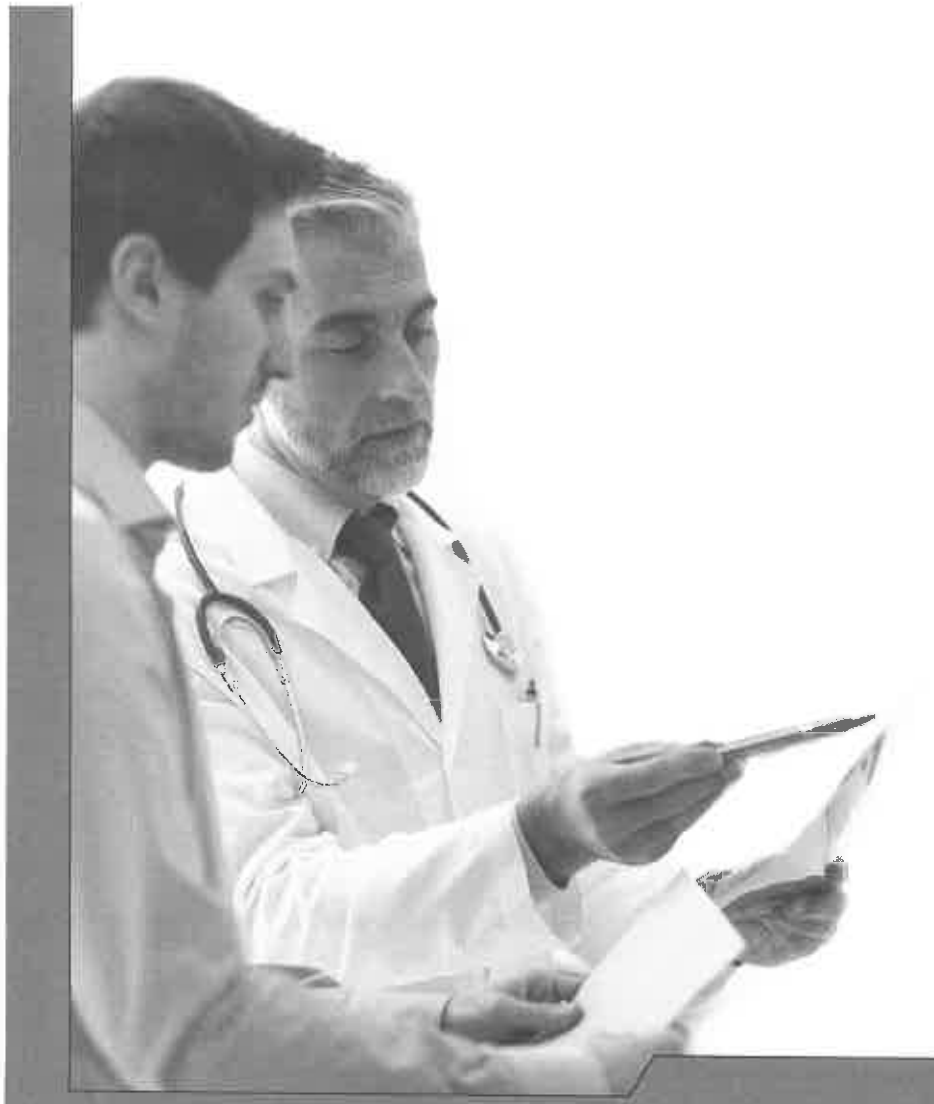
Signed by: _____
Print or type name: _____
Title: _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

Licensure Challenges for Telemedicine Specialists

Til Jolly, MD
Chief Medical Officer
Specialists On Call
Reston, VA

SPECIALISTS ON CALL
Stronger Hospitals – Better Lives



Outline

- Background
- Current Situation
- The telemedicine industry
- Telemedicine from hospital and patient perspective
- Telemedicine from physician perspective
- Review

Background

- Specialists On Call, Inc., Reston, VA
- Largest provider of acute telemedicine services
- Joint Commission accredited since 2006
- 36 states including VA, >400 hospitals, 140 physicians
- Physician to physician consultations in:
  - Neurology
  - Psychiatry
  - Critical Care
- 98% video consultations, secure communications, clinical documentation included in patient record
- Multiple other competitors, some with similar models

Current Situation

- Patient safety is paramount
- 18 SOC physicians awaiting licensure in VA to serve VA hospitals and patients
- Primary wait is for verification of hospital service, signed by a physician
- Distributed model similar to teleradiology and pathology
- Licensing review processes are different
  - Radiology and Pathology providers – acceptance of verification of privileges from parent companies
  - Other providers – full verification of every current and prior hospital privilege from primary source over last 5 years

Current Situation – Numbers

- Neurologists
  - Average number of licenses - 17- (12-29)
  - Average number of SOC privileges – 95 (37-123)
- Psychiatrists
  - Average number of licenses -16 (7-20)
  - Average number of SOC privileges – 36 (16-45)
- Intensivists
  - Average number of existing licenses – 8 (6-13)
  - Average number of SOC privileges – 7 (4-8)

Note – All privilege counts are exclusive of other past privileges

The Telemedicine Industry

- Physician to physician consultative services
- Also direct to consumer by other providers
- Some pure technology companies
- Local, regional, national, some international
- Survey – 74% of consumers would use telehealth
- Telehealth expected to grow 27% annually
- Demonstrated acceptance in neurology, psychiatry, critical care
- Multiple other use cases

Telemedicine from a Hospital Perspective

- Either don't have specialists, or don't have enough to cover call
  - Stroke care commonly requiring a neurologist with expertise, time is of the essence
  - Psychiatry boarding can last for days in EDs with no access to psychiatrists
- Options
  - Pay more for call coverage if you have it available
  - Try to hire more specialists
  - Hire locums
- Seek a telemedicine solution

Why So Many Licenses and Privileges?

- Operational and financial model require virtual distribution of physician workforce
- Takes 30-90 hospital privileges at a minimum per physician to pay costs while keeping charges reasonable for hospitals
  - Totals lower for intensivists due to nature of service
- Creates much cheaper option than locums – "fractionalization of physicians"
- Must be fully licensed in state where patient is present
- License compact not a solution
  - Restrictions on state of principal licensure
  - Current adoption primarily in lower population states

Telemedicine from a Physician Perspective

- Ability to practice medicine in novel manner
- Mix of physician age ranges
- Move from patient to patient and state to state
- Can be supplemental or primary work
- Unusual administrative burdens
  - Licensure
  - Privileging
  - CME

Summary

- Telemedicine a growing need in the Commonwealth and beyond
- No single provider can meet all the needs
- Uniquely large number of hospital privileges create delays in VA licensure and increase staff work burden
- Opportunity exists
  - Allow other specialists to be treated similarly to radiologists and pathologists, particularly in the physician to physician consultative environment where multiple hospital privileges are common
  - Can still preserve safety and quality, particularly based on Joint Commission criteria
  - Streamline processes for physicians and staff

Thank You!

Til Jolly, MD
drjolly@soctelemed.com
571-224-1069

SPECIALISTS ON CALL
Stronger Hospitals - Better Lives

Harp, William L. (DHP)

From: Til Jolly <drjolly@soctelemed.com>
Sent: Thursday, July 27, 2017 12:01 PM
To: Harp, William L. (DHP)
Cc: Morton, Colanthia D. (DHP); Rebecca Kish
Subject: State Verification Information
Attachments: Mathur_AZ_SOC.PDF; IA affiliation verification form.pdf; JCC form for WI.PDF

Dr. Harp,

It was a pleasure meeting with your team and the Credentials Committee yesterday. I very much enjoyed the interaction, and appreciate your understanding of the issues we face as we expand our services to assist hospitals in the Commonwealth in providing safe and effective care to their and our patients.

Below is our list of four representative states who work with us to gather information regarding the affiliations of our physicians. I have also attached example documentation requested by three of the states.

I hope that this information will help as you prepare for your Executive Committee meeting next Friday. Regarding my attendance I would be happy to help. If in person I would be most available before noon. If remotely I have greater availability due to a pending obligation. We are also happy to assist in any other way needed. I have copied Becky who can provide details on any other of our processes.

Iowa
Request: All Affiliations and Work History
Provided: All Affiliations and Work History including all SOC affiliations
State Process: Verify ~5 of SOC affiliations of their choosing from the SOC affiliation list we provide. Will accept the state verification form or a letter from the facility to verify.

VT
Request: Work History Only
Provided: All Work History which would include SOC
State Process: State collects but does not verify

WI
Request: All Affiliations and Work History
Provided: All affiliations and Work History
State Process: Accepts state verification form signed by CMO (Dr. Jolly) to verify all SOC associated affiliations

AZ
Request: All Affiliations and Work History
Provided: All Affiliations and Work History
State Process: SOC created a form to mirror the form used by WI and they accept that form signed by CMO (Dr. Jolly) to verify all SOC associated affiliations

B. Tilman Jolly, MD
Chief Medical Officer
Specialists On Call, Inc.
571-224-1069

SPECIALISTS ON CALL
1768 Business Center Drive, Suite 100
Reston, VA. 20190-5359
P: (866) 483-9690 F: 855-811-6296

Work History Verification

Date: 8-30-16

Employer: Specialists On Call, Inc.
Address: 1768 Business Center Dr., Suite 100, Reston, VA 20190
Phone: 866-483-9690 Email:

Re: MD
Birthdate: 11-19-1979
Last 4 digits SSN: XXX-XX-5992

The above physician is an applicant for licensure in the state of Arizona. In order to properly evaluate the physician, we would greatly appreciate if you complete this questionnaire and send to Arizona Medical Board. The providers' license coordinator is listed below. **They will also accept your facility specific form/letter.**

Please send email verification to Sharon Mauk at Sharon.Mauk@azmd.gov

---

1. Dates of employment: From 5/21/2015 thru present
   (Please be sure to provide a thru date or state "present" or "current".)
   Position: Telecardiologist
2. Was the physician ever subject to disciplinary action, such as admonition, reprimand, suspension, or termination? ____Yes ✓ No ____N/A

   If yes, please explain: _____

3. In your judgment, is the physician qualified by training to be granted the procedures and privileges requested? ✓ Yes ____No ____N/A

   If no. Please explain: _____

Signature: _____ **Title:** CMO

Printed Name: RT Jolly **Date:** 9/7/16

IOWA BOARD OF MEDICINE
400 S.W. 8th Street, Suite C, Des Moines, IA 50309-4686
(515) 281-6641 www.medicalboard.iowa.gov

PRIVILEGE/EMPLOYMENT VERIFICATION

Applicant: You may be asked by the staff person who reviews your application to submit this form to hospitals or clinics where you have practiced or held privileges. If requested to do so, complete only the top portion and submit the form to the hospital/employer for completion.

Applicant's Name (Print Legibly): _____

Applicant's Date of Birth (Month/Day/Year): _____

Hospital/Employer: Complete and send the form directly to the Iowa Board of Medicine. Any processing fees are the applicant's responsibility.

It is hereby certified that _____
(Name of Applicant)

had hospital privileges/was employed at _____
(Name of Hospital/Clinic)

located at _____
(Address, City, State, Zip, Country)

From _____ To _____
(Month/Day/Year) (Month/Day/Year)

Was any disciplinary action ever taken against the applicant?
Yes _____ No _____
If yes, provide details of the disciplinary action and copies of all documentation related to the event.

Is there any derogatory* information on file?
Yes _____ No _____
If yes, provide details of the derogatory information and a copy of any documentation related to the event. *Derogatory information may include probation, investigation, remediation, and/or other disciplinary actions.

Institutional Seal

(If your institution does not have an official seal, this form must be notarized.)

Completed by the Medical Staff Office:

Print Name: _____

Signature: _____

Date (month/day/year): _____ Phone: _____

Fax: _____ E-mail: _____

Authorization for Release of Information –Privilege/Employment Verification

The applicant must sign this form and submit it with the Privilege/Employment Verification form. The hospital/clinic may retain this release of information for their records.

I, _____ (print name), do hereby authorize disclosure of records concerning myself to the Iowa Board of Medicine (IBM). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IBM may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IBM relating to substance abuse or dependence and/or mental health.

I further agree that the IBM may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Postgraduate training (internship, residency & fellowship) records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IBM deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IBM pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IBM, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is valid until completion of the licensing process. I understand I have the right to revoke this authorization in writing, except to the extent that the IBM has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."

_____ _____

Signature of Physician Date

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

Wisconsin Department of Safety and Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

MEDICAL EXAMINING BOARD

JOINT COMMISSION CERTIFIED HOSPITAL, FACILITY, AND EMPLOYER VERIFICATION

The **State of Wisconsin** requests Joint Commission Certified employers to complete this form for all hospitals, facilities, and where the below physician currently has or previously held staff privileges, or employment during the last five (5) years. **You must answer all of the following questions and provide any additional information in order for this form to be considered complete.**

PHYSICIAN'S NAME: _____

NAME/LOCATION OF FACILITIES: Please attach a complete list of all facilities where the above physician has had employment or staff privileges under your employment. List should include the name of the facility, location (city/state), and dates employed (mo/yr-start/end). The list should be given in alphabetical order.

JOINT COMMISSION CERTIFIED EMPLOYER NAME: _____

JOINT COMMISSION CERTIFIED EMPLOYER ADDRESS:

_____

JOINT COMMISSION CERTIFIED EMPLOYER TELEPHONE #: ___-___-____

JOINT COMMISSION CERTIFIED EMPLOYER ORGANIZATION NUMBER: Submit your number in the spaces below.

JOINT COMMISSION CERTIFIED EMPLOYER EMAIL ADDRESS: Submit your email address in the spaces below.

		YES	NO
1.	Has your entity received Joint Commission Certified certification?	☐	☐
2.	What position does the physician hold under your employment? _____		
3.	List the physician's dates of employment or staff privileges under your employment: ___/___/___ to ___/___/___		
4.	Did the physician either leave your employment in good standing or is currently employed and in good standing? **If no, please provide explanation on a separate sheet and attach to this form.**	☐	☐
5.	Was the physician placed on probation, suspended, or in any way sanctioned or disciplined while at your facility or under your employment? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
6.	Was the physician granted a leave of absence while employed at any of your facilities or under your employment? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐

Wisconsin Department of Safety and Professional Services

		YES	NO
7.	Did this individual have a record of unexcused absences during his/her attendance at any of your facilities or under your employment? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
8.	Were any restrictions or special requirements placed on this physician's activities that were not placed on all other employees or staff holding similar positions? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
9.	Were any restrictions placed on this physician's privileges? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
10.	Were any formal patient or staff complaints filed against this physician? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
11.	Was the physician denied hospital privileges while employed by you? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
12.	Were any incident reports filed involving the professional conduct or behavior of the physician? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
13.	Was the physician ever subject to non-routine monitoring while at your facility? **If yes, please attach explanation on a separate sheet and attach to this form.**	☐	☐
14.	Was the physician involuntarily removed from a call schedule for cause? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
15.	Was the physician subject to non-routine quality assessment review? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐
16.	Was the physician the subject of a negative review by a quality assurance or departmental committee? **If yes, please provide explanation on a separate sheet and attach to this form.**	☐	☐

PRINT NAME AND TITLE OF JOINT COMMISSION CERTIFIED EMPLOYER/OFFICIAL SUPPLYING INFORMATION:

_____

SIGNATURE OF JOINT COMMISSION CERTIFIED EMPLOYER/OFFICIAL SUPPLYING INFORMATION:

_____

DATE FORM WAS COMPLETED: __/__/__

JOINT COMMISSION CERTIFIED EMPLOYER, RETURN THIS FORM DIRECTLY TO:

DSPS
ATTN: Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Or you may also fax /email with facility cover sheet /letter to: (608) 261-7083 or DSPSCredMedBD@wisconsin.gov.

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of July 25, 2017

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Licensure by endorsement [Action 4716] Proposed adopted by Board in June
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Supervision and direction for laser hair removal [Action 4860] NOIRA - *At DPB* [Stage 7984]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Initial regulations [Action 4760] Proposed - *AT Attorney General's Office* [Stage 7981]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Elimination of required submission of certain documents [Action 4629] Fast-Track - *Register Date: 5/15/17* [Stage 7797]
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	NBCOT certification as option for CE [Action 4461] Proposed - *Stage Withdrawn 6/28/2017* [Stage 7756]
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Elimination of CE form and change in title of regulation [Action 4849] Fast-Track - *DPB Review in progress* [Stage 7972]
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Conform CE requirements to Code [Action 4848] Final - *AT Attorney General's Office* [Stage 7969]
[18 VAC 85 - 170]	Regulations Governing the Practice of Genetic Counselors	Conforming to Code - grandfathering date [Action 4847] Final - *AT Attorney General's Office* [Stage 7968]

Agenda Item: Regulatory Action on Postgraduate Training for International Graduates

Included in agenda package:

1) Copy of legislation passed by the 2017 General Assembly – deleted separate section on international graduates and created parity

2) Copy of draft amendment to Section 122 – conforming to legislation so the action is exempt from requirements of APA for promulgation of regulations

Staff note:

The amendments: 1) eliminate references to two years of postgraduate training and replace with one year; and 2) delete options for substitution of one year of the two years previously required.

Board Action:

Adoption of an amendment to 18VAC85-20-122 as an exempt action.

CHAPTER 117

An Act to amend and reenact § 54.1-2930 of the Code of Virginia and to repeal § 54.1-2935 of the Code of Virginia, relating to licensure of doctors of medicine, osteopathy, chiropractic, and podiatry; requirements.

[H 2277]

Approved February 21, 2017

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2930 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2930. Requirements for licensure.

The Board may issue a license to practice medicine, osteopathy, chiropractic, and podiatric medicine to any candidate who has submitted satisfactory evidence verified by affidavits that he:

1. Is 18 years of age or more;

2. Is of good moral character;

3. Has successfully completed all or such part as may be prescribed by the Board, of an educational course of study of that branch of the healing arts in which he desires a license to practice, which course of study and the educational institution providing that course of study are acceptable to the Board; and

4. Has completed at least 12 months of satisfactory postgraduate training in one program or institution approved by an accrediting agency recognized by the Board for internships or residency training. At the discretion of the Board, the postgraduate training may be waived if an applicant for licensure in podiatry has been in active practice for four continuous years while serving in the military and is a diplomate of the American Board of Podiatric Surgery. Applicants for licensure in chiropractic need not fulfill this requirement.

In determining whether such course of study and institution are acceptable to it, the Board may consider the reputation of the institution and whether it is approved or accredited by regional or national educational or professional associations including, but not limited to, such organizations as the Accreditation Council for Graduate Medical Education, Liaison Committee on Medical Education, Council on Postgraduate Training of the American Osteopathic Association, Council on Osteopathic College Accreditation, College of Family Physicians of Canada, Committee for the Accreditation of Canadian Medical Schools, Education Commission on Foreign Medical Graduates, Royal College of Physicians and Surgeons of Canada, or their appropriate subsidiary agencies; by any appropriate agency of the United States government; or by any other organization approved by the Board. ~~Supervised clinical training that is received in the United States as part of the curriculum of an international medical school shall be obtained in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the relevant clinical training or in a program acceptable to the Board and deemed a substantially equivalent experience. The Board may also consider any other factors that reflect whether that institution and its course of instruction provide training sufficient to prepare practitioners to practice their branch of the healing arts with competency and safety in the Commonwealth.~~

2. That § 54.1-2935 of the Code of Virginia is repealed.

Draft Regulation to Implement Chapter 117 of the 2017 Acts of the Assembly

18VAC85-20-122. Educational requirements: Graduates and former students of institutions not approved by an accrediting agency recognized by the board.

A. A graduate of an institution not approved by an accrediting agency recognized by the board shall present documentary evidence that he:

1. Was enrolled and physically in attendance at the institution's principal site for a minimum of two consecutive years and fulfilled at least half of the degree requirements while enrolled two consecutive academic years at the institution's principal site.

2. Has fulfilled the applicable requirements of §54.1-2930 of the Code of Virginia.

3. Has obtained a certificate from the Educational Council of Foreign Medical Graduates (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a province of Canada may be accepted in lieu of ECFMG certification.

4. Has had supervised clinical training as a part of his curriculum in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the clinical training received or in a program acceptable to the Board and deemed a substantially equivalent experience, if such training was received in the United States.

5. Has completed ~~two years~~ one year of satisfactory postgraduate training as an intern, resident, or clinical fellow. The ~~two years~~ one year shall include at least 12 months in one program or institution approved by an accrediting agency recognized by the Board for internship or residency training or in a clinical fellowship, acceptable to the Board, in the same or a related field.

~~a. The board may substitute other postgraduate training or study for one year of the two-year requirement when such training or study has occurred in the United States or Canada and is:~~

~~(1) An approved fellowship program; or~~

~~(2) A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.~~

~~b.~~ The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia and one year of postgraduate training in a foreign country in lieu of ~~two years~~ one year of postgraduate training.

6. Has received a degree from the institution.

B. A former student who has completed all degree requirements except social services and postgraduate internship at a school not approved by an accrediting agency recognized by the board shall be considered for licensure provided that he:

1. Has fulfilled the requirements of subdivisions A 1 through 5 of this subsection;

2. Has qualified for and completed an appropriate supervised clinical training program as established by the American Medical Association; and

3. Presents a document issued by the school certifying that he has met all the formal requirements of the institution for a degree except social services and postgraduate internship.

Agenda Item: **Proposed Regulatory Action – Nurse Practitioners**

Staff note:

When the Code was amended in 2016 relating to practice agreements, the requirement for agreements to be submitted to the Board of Nursing was eliminated. Other sections of regulation were amended, but section 120 was overlooked. The change can be made through a fast-track action.

Enclosed in your package:

Draft of proposed regulation.

Board action:

Adoption of the proposed amendments to 18VAC90-40-120 by a fast-track action.

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.). Nurse practitioners shall have such prescriptive authority upon the provision to the Board of Medicine and the Board of Nursing of such evidence as they may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section shall either be signed by the patient care team physician who is practicing as part of a patient care team with the nurse practitioner or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written or electronic practice agreement.

C. The Board of Nursing and the Board of Medicine shall promulgate such regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

Regulations promulgated pursuant to this section shall include, at a minimum, such requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any member of a patient care team shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Nursing and Medicine in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

1991, cc. 519, 524; 1992, c. 409; 1995, c. 506; 1999, c. 745; 2000, c. 924; 2005, c. 926; 2006, c. 494; 2012, c. 213; 2016, c. 495.

Project 5193 - none

BOARD OF NURSING

Correction of cite on practice agreements

18VAC90-40-120. Dispensing.

A nurse practitioner may dispense only those manufacturers' samples of drugs that are included in the written or electronic practice agreement ~~as is on file with the board~~.

Agenda Item: Request of the Board to Approve Chiropractic Continuing Education

Staff Note: Kris Fetterman of Fetterman Events requested that the Board consider it "any other organization…"

The Board of Medicine has not approved individual coursework when requested to do so, and only a few short years ago did it approve the PACE program of continuing education provided by the Federation of Chiropractic Licensing Boards. The regulation, 18VAC85-20-235, is included in your packet along with e-mails with Fetterman Events and several pages from their website.

Action:

To approve Fetterman Events as "any other organization" or decline to do so.

Virginia Administrative Code
Title 18. Professional and Occupational Licensing
Agency 85. Board of Medicine
Chapter 20. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic

18VAC85-20-235. Continued Competency Requirements for Renewal of an Active License.

A. In order to renew an active license biennially, a practitioner shall attest to completion of at least 60 hours of continuing learning activities within the two years immediately preceding renewal as follows:

1. A minimum of 30 of the 60 hours shall be in Type 1 activities or courses offered by an accredited sponsor or organization sanctioned by the profession.

a. Type 1 hours in chiropractic shall be clinical hours that are approved by a college or university accredited by the Council on Chiropractic Education or any other organization approved by the board.

b. Type 1 hours in podiatry shall be accredited by the American Podiatric Medical Association, the American Council of Certified Podiatric Physicians and Surgeons or any other organization approved by the board.

2. No more than 30 of the 60 hours may be Type 2 activities or courses, which may or may not be approved by an accredited sponsor or organization but which shall be chosen by the licensee to address such areas as ethics, standards of care, patient safety, new medical technology, and patient communication. Up to 15 of the Type 2 continuing education hours may be satisfied through delivery of services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for one hour of providing such volunteer services. For the purpose of continuing education credit for voluntary service, documentation by the health department or free clinic shall be acceptable.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

H. The board may grant an exemption for all or part of the requirements for a licensee who:

1. Is practicing solely in an uncompensated position, provided his practice is under the direction of a physician fully licensed by the board; or

2. Is practicing solely as a medical examiner, provided the licensee obtains six hours of medical examiner training per year provided by the Office of the Chief Medical Examiner.

Statutory Authority
§ 54.1-2400 of the Code of Virginia.

Historical Notes
Derived from Volume 16, Issue 04, eff. December 8, 1999; amended, Virginia Register Volume 20, Issue 10, eff. February 25, 2004; Volume 23, Issue 11, eff. April 21, 2007; Volume 23, Issue 25, eff. September 20, 2007; Volume 29, Issue 04, eff. November 21, 2012; Volume 33, Issue 11, eff. March 9, 2017.

Morton, Colanthia D. (DHP)

From: Harp, William L. (DHP)
Sent: Wednesday, July 05, 2017 10:07 AM
To: Morton, Colanthia D. (DHP)
Subject: FW: FW: Continuing Education for Chiropractors

For the August Exec Comm

thanks

From: Harp, William L. (DHP)
Sent: Friday, June 30, 2017 1:32 PM
To: 'Fetterman Events' <fettermanevents@gmail.com>
Cc: 'Ray Tuck' <raytuck@tuckclinic.com>
Subject: RE: FW: Continuing Education for Chiropractors

Dear Dr. Fetterman:

Your interpretation is correct.

Over the years, the Board has depended on its regulations naming CCE and not upon approving speakers, courses or other sources of continuing education.

It was only a few years ago that it agreed to accept PACE, which is from an organization, FCLB, that is well-known to the Board.

I cannot give you any encouraging words that the Board will decide to approve Fetterman Events as "any other organization", but if you want to send information for the Board to review at its August Executive Committee, you may do so.

Kindest regards,

WLH

From: Fetterman Events [mailto:fettermanevents@gmail.com]
Sent: Friday, June 30, 2017 12:33 PM
To: Harp, William L. (DHP) <William.Harp@DHP.VIRGINIA.GOV>
Subject: Re: FW: Continuing Education for Chiropractors

Thank you for your help. I understand the PACE provider information, my question was more to the statement under 1 (a) above: ...or any other organization approved by the board.

The way I'm interpreting that is that the board can decide to approve an organization that is not otherwise approved. If that is indeed the case, then I would like to request the board consider us. If I'm off base here, just let me know.

Thank you again

Kris
Fetterman Events

On Fri, Jun 30, 2017 at 12:12 PM, Harp, William L. (DHP) <William.Harp@dhp.virginia.gov> wrote:

Dear Dr. Fetterman:

Thank you for your question.

You may be familiar with the Virginia Board of Medicine's regulations on chiropractic continuing education. If not, here is the applicable section. I have added the underlining.

1. A minimum of 30 of the 60 hours shall be in Type 1 activities or courses offered by an accredited sponsor or organization sanctioned by the profession.

a. Type 1 hours in chiropractic shall be clinical hours that are approved by a college or university accredited by the Council on Chiropractic Education or any other organization approved by the board.

Although the Board does not approve individual courses, several years ago it did vote to accept PACE programs as Type 1. If my understanding is correct, programs that are given by PACE-approved speakers are PACE-approved programs. If this is the case, then you may wish to inquire of PACE to have your speakers approved.

I hope this is helpful to you.

With kindest regards,

William L. Harp, MD

Executive Director

Virginia Board of Medicine

From: Fetterman Events [mailto:fettermanevents@gmail.com]
Sent: Tuesday, June 27, 2017 5:13 AM
To: Board of Medicine <medbd@DHP.VIRGINIA.GOV>
Subject: Continuing Education for Chiropractors

I am writing to respectfully request that the Virginia Board of Medicine consider acknowledging Fetterman Events as an approved provider for continuing education for Chiropractors in Virginia.

Fetterman Events is a national chiropractic education organization with current membership of Chiropractors across the country of approximately 2500 doctors. We provide only high quality educational programs containing current research and studies with practical material. We do not allow any practice management nor motivational programs. Only seminars which present material that is backed by research (i.e. from PubMed) is allowed. We hold this standard to ensure that what is taught to chiropractors is of benefit to them and their patients.

Fetterman Events has been providing continuing education in the majority of states since 2003, obtaining approval from each individual state board, or in a few of the states we do work with a Chiropractic College. We have also been granted the status of Continuing Education Provider by the state of Florida. Recently we've been getting requests from chiropractors to provide these programs for Virginia credit as well, which has led us to reach out to you.

You can see the programs we currently provide as well as any other information you may wish to see, on our website here: www.fettermanevents.com

If you have questions, or need more information, please let me know.

I appreciate your time and consideration and look forward to hearing from you soon.

Kris Fetterman

President

Fetterman Events

416 Prairie St.

Charlotte, MI 48813

NO SEMINAR WILL EVER BE CANCELLED! Whether 1 Doctor Attends....or 100... we will still hold the class! Once a seminar is scheduled - you can count on it taking place!

HOME / DOCTOR PROGRAM / SEMINARS BY STATE / ONLINE SEMINARS / PRACTICE TOOLS / PRODUCTS / SPEAKERS / RESEARCH STUDIES / TESTIMONIALS / CLASSIFIEDS / CONTACT / TESTIMONIALS / ABOUT / ARTICLES

Fetterman Events is the second largest Chiropractic Organization in the U.S. We provide high quality continuing education programs across the country on a variety of topics with well known and expert instructors presenting programs that the majority of chiropractors want to learn more about and that will give you the tools to use in your practice **Our seminars are purely educational...no 'fluff' seminars and no sales pitches**!

DOCTOR PROGRAM - *Free* CE Seminars for 2 Years!

Enrollment Open December Only!

Our Doctor Program is the only one of its kind! When you're enrolled in the program, you can take UNLIMITED CE seminars - both live and online - FREE for a two year period

NO SEMINARS CANCELLED!

Whether 1 doctor attends...or 100 - we will still hold the seminar! Once you register for a seminar, you can count on it taking place!

Must have at least 1 doctor registered 1 week prior to enforce policy

Search

Seminars by Location

Seminars by Date

July 2017

Seminars by Topic

Current Seminar

Topics

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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Email: fettermanevents@gmail.com

Phone: 517-983-2060

Address: 416 Prairie St. Charlotte, MI 48813

NO SEMINAR WILL EVER BE CANCELLED! Whether 1 Doctor Attends....or 100... we will still hold the class! Once a seminar is scheduled - you can count on it taking place! ×

Fetterman Events is founded on the beliefs that:

1. The body was created in a way that it can heal itself of most issues. Medical intervention is needed in some cases, but the majority of problems can be taken care of if the person listens to the body and what it is telling them. Chiropractors help the patient do this.

2. Chiropractic is the best way to naturally keep or return the body to functioning optimally.

3. Doctors are the reason Fetterman Events is here. If the Doctor's aren't happy and seeing the value and quality in the seminars, then we won't be around! It's the Doctor that means the most in the company!

4. Always keep learning! By continually learning more or new things, you keep your mind and body exercised and refreshed.

5. The most important belief is our Christian belief. We don't push our beliefs on you, but we will uphold our beliefs in the seminars, the way we do business, and be more than happy to share this belief with you if you ask.

God is the creator, and the only God. We believe that Jesus is God's Son. He was crucified and rose on the third day. He died for our sins and if we believe in Him, we will not perish, but have everlasting life. (John 3:16).

HOW WE STARTED

Fetterman Events was started in 2003 by Kris Fetterman. Kris had been working as the Program Director for the Michigan Chiropractic Society putting together all of the seminars and conventions for the organization. She helped the organization build the conventions to a phenomenal level including having over 1,000 Doctors attending and over 100 vendors at each one along with many individual seminars across the state.

As time passed, the leadership began requesting that she provide seminars on topics or with speakers that she knew the general chiropractic population were not interested in. This is when she decided that she could be of better service to the Doctors by leaving the

organization and starting a company that provided CE seminars on topics and with speakers that would better benefit the profession. The first seminar was held in Madison, WI in 2003 with Dr. Rob Jackson.

In the beginning, Kris figured the cost of putting on a seminar, added a small percentage for company profits and came up with a seminar registration cost of $199 for a 12 hour/1 day seminar. (Currently the price is just $249) This was much lower than other seminars offered anywhere in the country, but a fair price that enabled Doctors to attend a seminar without taking advantage of the fact that Doctors must attend seminars to renew their license. It worked for the Doctor and for the company.

When the economy took a turn in 2008, the effect was felt by Chiropractic Associations with a reduced membership and reduced seminar attendance. What the majority of those associations did to recuperate their losses, was to turn to companies that would provide free speakers, or most raised the price of attending conventions and seminars. Kris believed this was the wrong approach. Why ask the Doctors to pay more, while getting a lower quality seminar? The only thing that would benefit the chiropractic profession was to keep the seminars affordable AND keep the quality high. This is when the Doctor Program was founded.

The only program of this kind, the Doctor Program enables Doctors to enroll for one low price, and take as many CE seminars as they wish for a two year period. This makes it possible for Doctors to attend seminars not only for their required CE hours, but for the information provided...to enhance their education! A Doctor can attend seminars

they are truly interested in without paying extra. This in turn enhances the patient's experience to Chiropractic as well.

Email: fettermanevents@gmail.com

Phone: 517-983-2060

Address: 416 Prairie St. Charlotte, MI 48813

Agenda Item: US Department of Veterans Affairs Request for Comment on Telemedicine

Staff Note:

To enhance access to telemedicine within the VA system, the VA plans to amend its medical regulations to allow its health care providers in any location to deliver telemedicine services to a beneficiary in any location, across state lines and regardless of the telemedicine laws of the state. Oversight for this plan would be governed by the VA's national telehealth quality standards. In the letter of request, there is no address of jurisdiction for the states.

Action:

Discuss and formulate a response to Kevin Galpin, MD, Director of Telehealth Services.

DEPARTMENT OF VETERANS AFFAIRS
Under Secretary for Health
Washington DC 20420

July 12, 2017

Dr. Humayun J. Chaudhry, DO, MACP
President and CEO
Federation of State Medical Boards
1300 Connecticut Avenue, NW
Suite 500
Washington, DC 20036

Dear Dr. Chaudhry:

On behalf of the millions of Veterans who rely on VA for their health care, I want to thank you for the Federation of State Medical Boards (FSMB) shared commitment to serving our Nation's military personnel and Veterans. I am writing to seek your feedback and support in communicating to state licensing boards our intent to amend regulations to remove barriers and accelerate access to telehealth for our Veterans—a goal I know you share.

As you know, preventing Veteran suicide is the Department of Veterans Affairs' (VA) number one clinical priority, and increasing access to high quality mental health care for all Veterans is critical to achieving this goal. VA believes that expansion of care delivered by telehealth will immediately enhance access to critical VA services that can help address Veteran suicide, particularly in rural and underserved areas.

In recent years, many states have introduced and enacted legislation related to telehealth. Because in some cases state legislation restricts the practice of telehealth, some VA health care providers are reluctant to serve beneficiaries by telehealth when delivering VA health care across State lines or into a Veteran's home for fear of potential adverse actions against their licensure. Therefore, VA is considering amendments to its medical regulations to authorize VA employed health care providers, acting in the scope of their VA employment and in the service of a beneficiary, to practice their profession through telehealth irrespective of the location of the provider or beneficiary in any State, regardless of State telehealth restrictions. This is necessary to ensure VA can continue effectively using and expanding its telehealth program. It would apply only to VA employed health care providers and not contract VA employees. VA health care providers would provide telehealth services only within their current scope of VA practice and would adhere to VA's national telehealth quality standards and requirements that ensure the safe and effective delivery of care through telehealth.

VA recognizes that States have an important interest in the health and well-being of their residents. VA national and regional officials will continue to work closely with individual States boards to ensure there is clear communication of VA's policy and

practice, and to follow through on VA's commitment to cooperation and collaboration with State Boards as official licensing bodies. At the same time, VA believes that telehealth expansion is needed expeditiously to immediately enhance access to critical VA services that can help address Veteran suicide.

VA is seeking your input and would be happy to discuss this matter further with you or your member boards. Please provide questions or comments by July 21, 2017, to Dr. Kevin Galpin, Director of Telehealth Services at (404) 771-8794 or by email at Kevin.Galpin@va.gov

Thank you for your attention to this important matter. I have also sent a copy of this letter to Jonathan Jagoda, Director of Federal Government Relations, FSMB, as I know we all share a deep commitment to the health and well-being of America's Veterans.

Sincerely,

Poonam Alaigh, M.D.
Acting

Harp, William L. (DHP)

From: vonconnor@aol.com
Sent: Tuesday, July 18, 2017 5:11 PM
To: Harp, William L. (DHP); dtaminger@yahoo.com
Subject: Re: US Dept. of Veterans Affairs Request for Feedback

Bill and David:

Initial thoughts...

Given the paucity of some critical services and the tremendous needs of our veterans, I would fully support the VA's plan to extend telehealth /telemedicine services. It would be important for the Veterans Administration to assure that the services provided are only to those covered by VA benefits and within the providers usual scope of practice but those are internal issues. At first glance can see no concerns from our standpoint assuming the providers stay within the VA system. Only thought is prescribing authority but if filled within the VA facility would not impact our Board of Pharmacy. Also would want to assure restrictions on schedule medications.

In Richmond tomorrow and would love to get your thougths.

Kevin

Kevin O'Connor MD

-----Original Message-----
From: Harp, William L. (DHP) (DHP) <William.Harp@DHP.VIRGINIA.GOV>
To: vonconnor <vonconnor@aol.com>; David Taminger <dtaminger@yahoo.com>
Sent: Tue, Jul 18, 2017 4:45 pm
Subject: FW: US Dept. of Veterans Affairs Request for Feedback

Good afternoon, gentlemen:

Here is a solicitation for comment about the VA's plan to promulgate regulations to have any VA employee perform telemedicine into any state, regarding of licensure, licensure laws and telemedicine laws.

The care will only be to military and vets, maybe some dependents, and will be completely overseen by the VA.

Your thoughts?

They are willing to set up a conference call to hear the concerns of the states.

Thanks,

Will

From: Sandy McAllister (FSMB) [mailto:SMcAllister@fsmb.org] **On Behalf Of** Humayun Chaudhry
Sent: Monday, July 17, 2017 3:38 PM
To: Humayun Chaudhry <hchaudhry@fsmb.org>
Cc: Sandy McAllister (FSMB) <SMcAllister@fsmb.org>
Subject: US Dept. of Veterans Affairs Request for Feedback

Dear Executive Directors,

The U.S. Department of Veterans Affairs (VA) has requested that the Federation of State Medical Boards (FSMB) distribute the attached letter and solicit feedback from you for a forthcoming rule pertaining to the VA telehealth program.

As the utilization of telehealth has grown within the VA in recent years, the FSMB has sought to ensure that such care is delivered in a safe and accountable manner to the nation's veterans. The FSMB supports the VA in its efforts to expand access to care for veterans via telehealth, especially in rural and underserved communities.

After several years of constructive dialogue between the FSMB and the VA on this matter, the VA is considering amending its medical regulations to authorize VA employed health care providers, acting in the scope of their VA employment, to practice their profession through telehealth irrespective of the location of the provider or the beneficiary in any state. It is important to note that this rule would apply solely to VA employed health care providers, accountable to the VA health system, and NOT personal services contractors for the VA.

While the FSMB has not taken an official position, the VA has requested feedback from the nation's state medical boards on this proposal. **Please submit comments (formal or informal) to Dr. Kevin Galpin, Director of Telehealth Services at Kevin.Galpin@va.gov by Friday, July 21, 2017. Please also copy Jonathan Jagoda, FSMB Director of Federal Government Relations at jjagoda@fsmb.org.** Should you have any questions, please contact Jonathan Jagoda directly.

Should there be significant interest or concern, the VA has offered to host a conference call with the FSMB and its member boards. We would be pleased to facilitate a call with the VA if you believe it to be necessary.

Thank you in advance.

Sincerely,

Hank

Humayun J. Chaudhry, D.O., M.S., MACP, MACOI
President and Chief Executive Officer

Federation of State Medical Boards
1300 Connecticut Avenue NW | Suite 500 | Washington, DC 20036
202-463-4007 direct | 817-868-8888 fax

400 Fuller Wiser Road | Euless, Texas 76039
817-868-4044 direct | 817-868-4144 fax

hchaudhry@fsmb.org | www.fsmb.org

Executive Administrative Associate: Sandy McAllister
e-mail: smcallister@fsmb.org

Federation of STATE MEDICAL BOARDS

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today's meeting no later than

September 1, 2017