

BOARD OF MEDICAL LICENSURE AND DISCIPLINE

FULL BOARD

MINUTES OF MEETING

12 OCTOBER 2005

Open Session

Board Members in Attendance:

David R. Gifford, MD, MPH, Chair

Patrick Barry, Esq.

Norm Chapman

Margaret Coughlin

Charles Cronin, DO

Robert Dinwoodie, DO

Joseph DiPietro, Esq.

Richard P. Iacobucci, MD

Noubar Kessimian MD

Henry Litchman, MD

Shelagh McGowan

Board Members Absent:

Thomas Breslin, MD

Staff Members in Attendance:

Robert S. Crausman, MD, Chief Administrative Officer

Bruce W. McIntyre, Esq., Deputy Chief Legal Counsel

Linda Julian, Investigator

Mary Salerno, Administrative Officer

1. A quorum was established at 8:35 AM.

2. On a motion by Dr. Litchman seconded by Dr. Kessimian it was voted to approve the minutes of the Open Session of the September 14, 2005 meeting with one change. Dr. Litchman was not listed as present at that meeting when he was, in fact, present.

3. Licensing Committee:

On a motion by Mr. DiPietro seconded by Dr. Kessimian it was voted to approve the Licensing Committee minutes of the October 6, 2005 meeting.

4. Chief Administrative Officer's Report

A. Dr. Crausman presented the Board with an overview of the statistics for number of cases opened and closed since 1996. The time that the average case is now open is greatly reduced from the average time that a case remained open in 1996.

Complaints fall into several categories: notification from insurance companies, complaints from the private sector, and notification from DOH internal departments. Malpractice notification cases are generally open longer than cases opened due to complaints from the

private sector or internal departments.

The national statistic mean for sanctions against physicians is 2.5-5/1000 physicians. The Board of Medical Licensure and Discipline's record for sanctions falls within this mean.

The website Quackwatch.com may be accessed for issues relating to "health-related frauds, myths, fads, and fallacies."

B. The current policy for fast-tracking licenses is that if a physician has completed their full application and is licensed in another state the application will be approved pending FCVS receipt within 90 days.

If the physician has not been previously licensed in another state then licensure remains on hold pending FCVS receipt.

C. The Board discussed the issue of Pulmonary Artery Catheters. It was decided that a general alert would be sent out to hospitals and facilities regarding concerns raised by the recent case investigated by the Board.

D. E-prescribing was discussed by the Board in regards to the question of making it the standard of care and the pros and cons of the current technology. Currently only 2 % of prescriptions in the State are electronic and controlled substances are not prescribed electronically.

The possible benefits include eventual faster prescribing, a solid record of a patient's total prescription record, and lack of legibility error. The possible deterrents include the lack of effective security for confidential patient information while being transferred electronically and therefore non-compliance with HIPPA requirements, the possibility of errors choosing drugs on devices such as palm-pilots, and the cost for setup.

The main company in RI for E-prescribing is On-Call with each pharmacy using independent software such as Surescripts to connect to the system. There are 3 components to the system: the prescriber, the middle hub (software), and the pharmacy. Five out of 6 pharmacies are now connected to the system on a dedicated line, which is not hackable. The possibility of hacking lies within the physicians' offices where security is limited. Most E-prescribing software is bundled with health record software but may be purchased as a separate unit cutting down on expenditures. Rhode Island is one of several states applying for a grant to implement E-prescribing.

Dr. Crausman called for volunteers to form a Committee that will draft a Board statement regarding E-prescribing. The discussion was continued to the next Board meeting.

E. The Board reviewed the request for a second corporation request for Woonsocket Urgent Care, P.C. by Drs. Nasserri and Haj-Darwish.

On a motion by Dr. Litchman seconded by Mrs. Coughlin the request was approved.

F. Dr. Crausman spoke briefly about the article on quality improvement and asked that Board members wishing to volunteer for the USMLE do so.

G. Dr. Crausman then turned the floor over to Mr. Bruce McIntyre for an update of his recent experience at the Federation of State Medical Boards SE Regional Meeting. Mr. McIntyre is very involved with representing the RI Board of Medical Licensure and Discipline at the FSMB. The title for the meeting was “Administrators in Medicine,” which targeted the nuts and bolts of the needs for running a hospital or facility. Topics included:

- Graduate medical education requirements,**
- Individual states’ Board relations with physicians health committees**
- not every state has the relationship with its physicians health committee, as does Rhode Island,**
- Partnering with medical associations - the perils and profits,**
- Individual Boards’ public trust and communication techniques - the Board needs to let the public know what it is entitled to do and what it is doing,**
- Disaster preparedness and the “it can’t happen here mentality,” - the Florida Board is a model to follow. They had all of their databases backed up and lost nothing unlike the ME Board of Nursing, which lost everything in a flood a few years ago, and**

- License portability. The current national system dates back to the turn of the “last” century. When a physician applies for licensure in each state many times they go through a process that treats them as if they have just graduated from medical school, regardless of how many licenses they hold in other states. Each state has its own process. When licensing, Rhode Island takes into consideration whether or not a physician is licensed in another state and uses the FCVS system for credentialing. Web-based credentialing is the wave of the future. Do states do it themselves or let the government do it for them? RI is in a position to do it best ourselves. New England and the Midwest states agreed to be in a pilot study for “Telehealth,” a web-based credentialing system that all states can possibly use. We have yet to get the money we asked for for the technology setup. Central repository for all states will be at the FSMB. The difficulty will be setting up universal licensing fees. In the next weeks the New England states are meeting regarding funding. The office for Telehealth in D.C. is funding the start-up money, there is a general agreement in place and the process is now getting down to the nuts and bolts.

5. There was no old business to discuss.

6. New business:

There was no new business.

7. At 10:00 AM the Board adjourned to Closed Session.