



TENNESSEE BOARD OF OSTEOPATHIC EXAMINATIONS
Regular Board Meeting

March 2, 2016

MINUTES

9:03 a.m.

A regular meeting of the Tennessee Board of Osteopathic Examination was held in the Poplar Conference Room, at 665 Mainstream Drive, Nashville, TN 37243 on March 2, 2016.

Members Present: Donald H. Polk, DO
Jeffrey L. Hamre, DO
Shant H. Garabedian, DO
J. Michael Wieting, DO
Jan Day Zieren, DO
Penny Judd, Consumer Member

Staff Present: Candyce Waszmer, Administrator
Gregory Novak, Administrator
Stacy Tarr, Administrative Director
Rene Saunders, MD, Medical Consultant, BME
Maegan Carr Martin, Executive Director
Francine Baca-Chavez, Deputy General Counsel

The necessary number of Board members joined the meeting and a quorum was established. Board of Osteopathic Examination Chair, Donald Polk, DO, called the meeting to order at 9:03 a.m.

Election of Officers

Pursuant to TENN. COMP. R. & REGS. 1050-02-.09, the Board must annually elect from its members a president, vice president and secretary.

Dr. Zieren made a motion to nominate Dr. Hamre for Chair and Dr. Garabedian second the motion. The motion carried with a unanimous vote.

Dr. Zieren made a motion to nominate Dr. Wieting for Vice Chair. The motion carried with a unanimous vote.

Dr. Wieting made a motion to nominate Dr. Zieren for Secretary. The motion carried with a unanimous vote.

The new board of Osteopathic Examination Chair, Jeffrey Hamre, DO continued the board meeting.

Receive Information from Legislative Office

Valerie Nagoshiner, Deputy Commissioner for the Department of Health provided an overview of legislation which may be of interest to the Board.

SB 1466.... As introduced, imposes licensure and certificate of need requirements on pain management clinics. - Amends TCA Title 63 and Title 68. Miss Nagoshiner explains that it talks about licensure and the requirement to go through the COM process for pain clinics. The bill is currently being discussed and the last amendment removed the certificate of need requirement and lays out a bi-annual licensure requirement and need for annual surveys.

SB 1513..... **This is the sunset extension for the CSMD advisory committee which requires every entity to go before General Assembly to make sure the board/CSMB Committee is needed**

SB 1786...This bill permits pharmacists to dispense medication in amounts that varies from the prescription under certain circumstances. Dr. Wieting asked if a limited supply is only instance/circumstance. Miss Nagoshiner said that is not the only reason and there is plenty of discussions on what the amendment truly means. She will obtain and forward that information to the board members.

SB 1802...This bill requires a pharmacist to notify a prescriber if a generic medication equivalent is available since the last dispensing of a prescription. This bill is active and has not been calendared, if there is to be any action it should be calendared before a health committee within the next 2 weeks, no active amendments at this time.

SB 1958...This would authorize pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered oral contraceptives in certain circumstances. It is being amended and multiple meetings are going on at this time.

SB 2027... Would permit employment of certain medical professionals in charitable clinics. This bill better outlines what a “charitable clinic” is and which health care providers can be employed to provide services in the clinic

SB 2050... This bill would require prescribers to check controlled substance database prior to each prescription. The bill is not calendared at this time but it is still active, no hearing yet.

Dr. Polk, asked if the bill is written to mean to check the database each time and not yearly...Miss Nagoshiner said this may be a caption bill or placeholder for another since it is not being discussed yet.

SB 2057... This requires board certification by the American Board of Interventional Pain Physicians (ABIP) and has been amended to permit ABIP as a path to becoming a pain management specialist for pain management clinics.

Dr. Wieting said that it “removes” it but Miss Nagoshiner said it has been amended to this. Dr. Wieting asked if this is in addition to the allowable board certification in pain medicine and/or pain management for ABMS or AOA boards as well. Miss Nagoshiner agreed.

SB 2060... This establishes requirements for dispensing opioids and benzodiazepines. This piece of legislation aids in identifying what a coordinated care model is and clarifies what it is from a dispensing standpoint, to better align the definitions from a workers comp standpoint, and a medical field. It also clarifies if a physician is dispensing medications from their office; they need to report it to CSMD....

Dr. Garabedian wanted to clarify if a provider is dispensing meds they are actually giving the medications in the office as opposed to just giving prescriptions. Miss Nagoshiner concurred.

SB 2060..... As introduced, it establishes requirements for the dispensing of opioids and benzodiazepines by physicians and other healthcare providers. Dr. Garabedien requests clarification if it is for dispensing actual medications or just prescriptions. Miss Nagoshiner will get that information.

SB 2097... Requires healthcare providers to provide certain women at risk of contracting cytomegalovirus (CMV) with information concerning CMV; specifies that there is no liability for failure to comply with the requirement to provide the information. She reported that the bill should pass.

Dr. Hamre inquired about SB 2097 requires healthcare providers to provide certain women at risk of contracting cytomegalovirus Miss Nagoshiner said specific medical professions are required to have conversation patients about suicide prevention

Dr. Polk said it says physicians and surgeons but does it include nurse midwives/certified midwives? Dr. Wieting asked to expand it to physician assistants and nurse practitioners and inquired if bill focuses only on pregnant women or all women, Miss Nagoshiner states its focus is on pregnant women Miss Nagoshiner said she does is not sure but will investigate further and get information to the board.

SB 2372...This enacts the "Kenneth and Madge Tullis, MD, Suicide Prevention Training Act of 2016 to establish training requirements for certain medical professions related to suicide prevention. Dr. Wieting said "certain" medical professionals, asked if it includes physicians. Miss Nagoshiner said yes it does at this time but this bill has not been discussed in a committee, but she can get the specifics to the board.

SB 2443...Enacts health care empowerment act authorizing direct primary care agreement between a patient and a physician; is not a substitute for insurance. There are amendments but no agreement with stakeholders.

SB 2552...An admin bill Dept of Health, in 2012, the Tennessee Prescription Safety Act passed which required all physicians to register with the CSMD. There is a sunset provision, a bill to remove the provision that would remove the requirement in 2016.

SB 1815...Deputy Counsel Miss Chavez asked about **SB 1815** regarding Medical Spa's. She stated that PC 494 required BME and BOE to promulgate rules for online registration of medical spas but would like to know what the bill is amending. Miss Nagoshiner stated there is discussion as to whether physician offices should register, the amendment deletes the provision but in discussions, some stakeholders want to keep it. Miss Martin brought up other amendments to this bill:

- 1) To get rid of the registry all together, and
- 2) To carve out physician offices from the requirement to register but said physician "owned" offices still would have to register.

Miss Martin said it would leave the authority to define what a physician owned office is to the BME and BOE.

Miss Martin also reported we currently have 404 Medical Spas registered.

CSMD Director and Director of Special Projects presentation:

Director of TN controlled substance database....D Todd Bess, Pharm D (gave presentation part 1)

Talked about the computer program origins of and how problems are being worked out with vendor...reported 94% of prescriptions coming into the database are by licensed pharmacies. The passing of the Prescription Safety Act of 2015 changed the game regarding the prescription crisis and the CSMD had a 10% growth in 2015. The utilization of CSMD went up 27% in 2012. Prior to the act of 2012 the ratio of prescriptions given out per check of the database was 14:1, in 2015 that ratio changed to 3:1. This ratio shows fewer people getting medications without being looked first in the CSMD...

Miss Martin wanted clarification that when the pharmacist is actually entering the information, they are able to see all the prescriptions and that is not a separate request, the request is made by a prescriber. Dr. Bess stated anybody can go into the CSMD and pull a report. Dr. Garabedian wanted

to clarify if when, as an example, hydrocodone is entered, they would see all the other medications that person is on. Mr. Bess stated no.

Dr. Bess presented a walk thru request in the CSMD program. There was some discussion as to removing certain programming criteria, such as gender, but it is part of the programming and cannot change that without a high cost, will discuss with the vendor to see if they can unmark parts of the lookup procedure from being mandatory.

There was discussion about in the months ahead a person can go to a pharmacy go get Naloxone for a family member so we can increase access and assist with interventions to decrease the drug overdose deaths in Tennessee. Dr. Garabedian wanted to know if pharmacists are going to educate a person obtaining it as to when to use it as giving it to somebody that is just sleeping will cause other issues causing them to withdraw right away. Dr. Mutter stated that on the Department of Health website there is an educational program for consumers to look at that before they got the Naloxone prescription. Also, Dr. Mutter said that the Naloxone was approved for nasal spray and comes in a 2 mister set. He stated the cost is approximately \$75 as opposed to about \$700 for the epi-pen approach and the withdrawals are supposedly less with the nasal spray because it is slower absorbed.

Dr. Bess congratulated Dr. Polk on being the voice at the CSMD committee being very engaged asking many questions and being part of the solution making the committee better.

Part II of Presentation

Dr. Mitchell Mutter Director of Special Projects gave a presentation where he discussed that the Chronic Pain guidelines are to be updated yearly then approved as policy by the 8 regulatory boards.

He also stated they are doing 8 symposia this year which counts as 2 CME's and can be accessed at <https://cme.mc.vanderbilt.edu/tennessee-chronic-pain-guidelines-and-controlled-substance-efforts>

Motion to close presentation by Dr. Garabedian.

ORDER OF COMPLIANCE

Deputy Counsel Baca-Chavez requested to visit Dr. Tersa Lively's Order of Compliance at this time as she is facing time constraints.

Miss Baca-Chavez presented the allegations of fact regarding the respondents prescribing patterns in 2013. She was placed on probation of not less than 1 year, required to attend 3 courses at Case Western University, pay civil penalties and costs associated with this particular case. The consent order shows reports from Case Western she did attend the courses and satisfied the civil penalties and costs. This was reviewed by the Nichelle Dorroh, Disciplinary Coordinator, Dr. Rene Saunders and Miss Chavez reviewed it and are satisfied Miss Lively met all her conditions of her consent order. She was also required to appear personally before the board to request her license be removed from probationary status to active unencumbered status.

Dr. Wieting asked about 3 and 6 month reviews required from Case Western to review a sample of the attendee's records. He wanted to make sure all is well with the records. Dr. Saunders said they were sufficient for her to sign off on it.

Dr. Hamre requested Dr. Lively to come to podium.

Dr. Lively, stated her practice completely changed, she sends clients to pain clinics and she does not prescribing now. Dr. Zieren wanted to clarify if Dr. Lively did know about the 3 and 6 month requirement of record review. Dr. Lively reported she had to take the required records with her to be reviewed. She states she is not doing primary care at this time but is working in a long term care nursing facility now.

Dr. Zieren moved to lift the probationary status and Dr. Garabedian seconded the motion. The motion passed unanimously.

Applicant Interview(s):

Christopher Hodge, DO

Dr. Hamre inquired to legal counsel Miss Chavez, regarding information in reports asking if it is public record. Meagan Martin stated there was a signed waiver of legal confidentiality signed by Dr. Hodge, but it is broad and urged the board to use as much discretion as possible. Miss Chavez reminded the board that the proceedings are live stream and remain an archived record. She did state that the Tennessee Medical Foundation has received the waiver and Mr. Mike Todd is available to assist with the discussion if needed. She advised they may have to get into some of the issues raised in the evaluation, they should not get into too much detail.

Dr. Hambre verified that based on the information received should they grant Dr. Hodge a license or not based on information received electronically and from the previous meetings. Miss Chavez concurred and stated they can use previous information received regarding this applicant, and previous appearances in the past with the Osteopathic Board.

Miss Chavez said the board has multiple options; approve the license without any conditions, grant a contingent license which is not reportable to the NPDB but would require Dr. Hodge do certain things prior to being approved for the license, issue a conditional license (a reportable action placing certain conditions on his license), or deny the license. To deny the license, TENN Code Annex. 63-9-111(b) would constitute the grounds in which a board can deny a license but need clear specifics for the record.

Dr. Hamre recaps that they were addressing some adverse actions during Dr. Hodge's residency regarding inappropriate interactions with patients in his application. In November 2015, the board required more information and testing for Dr. Hodge.

Dr. Hamre asked Dr. Hodge if he recently attended an evaluation in Atlanta, GA and if he seen the evaluation report dated October 17, 2015. Dr. Hodge stated he attended the evaluation but had not seen the evaluation.

Dr. Hamre asked the board if they have any questions, regarding the report, of Dr. Hodge.

Dr. Wieting mentioned to Dr. Hodge that there are stipulations **if** he was allowed to resume the practice of medicine, under whatever circumstances, he is to stay in contact with the Keystone Center, attend regular individual therapy, the he be monitored by the state physician healthcare organization, involved with a 12-step meeting program on a regular basis, have supervision from a workplace chaperone, attend SAA meetings with check-ins with professional therapists, and attend additional instructions on boundary programs. He asked Dr. Hodge what are his thoughts about being able to accomplish it, is it possible. Dr. Hodge stated it is possible and he still does it all right now as he is not practicing right now. Dr. Hodge states he is doing it and is planning on continually doing it all whether ordered or not. He also states he was seeing a counselor and attending meetings while in residency on his own also.

Dr. Zieren asked for verification the summary evaluation from October 2015 stated that there are a couple of programs Dr. Hodge should look into before he should be allowed to practice, that the time wasn't ready? Dr. Saunders verified that the evaluation stated that.

Dr. Saunders said that the Keystone report recommends a boundaries program for physicians and asked Dr. Hodge if he signed up or planned on signing up in a program stating Vanderbilt has a course? Dr. Hodge said the next Vanderbilt course is at the end of the month, March, but their program was full at this time and stated Keystone recommended the course there and was in contact with them and was emailed the course's general overview of what is accomplished there.

Dr. Saunders brings up the last page of the evaluation of October 2015, particularly medical competence.

Dr. Hamre brings up in page 2, Warning regarding the release of information, that it states that this psychiatric evaluation should not be released to the evaluatee other than under the supervision of a psychologist or psychiatrist because the information in the summary could be detrimental to his emotional health. Dr. Hamre brought it up because if discussing it in an open forum, or the signed waiver overrides it. Dr. Saunders asked Mr. Todd if it is a matter of protocol for these they types of places. Mr. Todd said usually they go over the information before they leave the facility.

Dr. Hodge said that they only went over the very end regarding the 12-step and therapy, and was told a couple of places for the boundary programs.

Dr. Saunders asked Dr. Hodge if there was any mention to him regarding his fitness to practice. Dr. Hodge stated he was told he should attend another boundary course.

Dr. Zieren asked if the two programs listed in the summary evaluation are different than boundary programs or are they a form of boundary programs. Dr. Saunders asked Mr. Todd to clarify the programs Acumen Assessment and Professional Enhancement Program at Pine Grove.

Mr. Todd said the programs listed are designed as an intensive treatment program to address the issues surrounding the evaluation. The programs are more than a boundary program which is a 3 day didactic program. The two programs asked about can be weeks long..

Dr. Saunders stated that the evaluation requires more of a treatment program than a 3 day boundary program.

Dr. Hamre asked if Mr. Todd if he reviewed the conclusions and recommendations. He stated he did. Dr. Hamre said the first sentence said Dr. Hodge is currently unfit to return to practice at this time due to his misconduct and behavior. It also goes on to say that after the certain testing was performed and Dr. Hodge, despite having insight into the factors in his engaging in his misconduct, he was unable to identify ways to minimize the risk of relapsing into a long standing pattern of sexual relations in a work setting. It states before giving licensure he require an intensive professional sexual misconduct treatment, he should be using chaperones 100% of the time, staff and patients submit surveillance forms periodically, recovery meetings and polygraph tests, as he did fail polygraph tests at Keystone Center. Dr. Hamre asked who would be responsible for this monitoring. Mr. Todd said the program, Keystone, would set up the monitoring program.

Dr. Polk said the Dalton Forensics psychiatrist did not evaluate medical competence, but did go on to say that with a reasonable degree of medical and psychiatric certainty, Dr. Hodge poses a significant safety threat to his patients and our staff related to professional sexual misconduct at this time, however, if Dr. Hodge engages in the intensive professional and sexual misconduct specific treatment and maintenance monitoring it is recommended he could become fit to practice.

Mr. Todd stated that intensive program would set up the monitoring program, upon successful completion of the program with a specific letter stating so, and then followed by a re-evaluation. Dr. Polk said that there would have to be a specific letter, evaluation done, who would do the monitoring? Mr. Todd stated that people from the treatment program would do specific letters.

Dr. Polk inquired if Dr. Hodge went into practice, are his patients required to know about his misconduct. Dr. Saunders said that Dr. Hodge wants to practice in the Emergency Room and there is no way for a person to review the doctors before coming into the ER, but in a private practice, a sign can be posted that female patients will be chaperoned and a log a patient can sign if they were taken advantage of or not, and it can be contingent upon what you write in the order for licensure but emergency medicine does not lend itself to that type of agreement unless practicing in an urgent care center.

Miss Miller mentioned a person does not get on a registry unless they commit a crime and he has not. She stated if the board thinks people should know about his misconduct, it can be published to our website and will then be reportable to the National Practitioners Data Bank.

Miss Chavez and Dr. Saunders concurred there is no way to really tell the patients if Dr. Hodge is an Emergency Room doctor. Dr. Garabedian said he would just have to be chaperoned.

Dr. Garabedian said the Kingsport and Keystone reports. He states that it is difficult a decision with those reports. He reviewed the Pine Grove Recovery Center in Mississippi and the program covers some of the treatments needed. However, it was not completed yet so Mr. Todd cannot continue with his part of the recovery program and the board cannot continue with what they need to do until the programs are complete.

Dr. Hamre brought up that some of his application is about to lapse. Miss Chavez said he would have to redo the criminal background check.

Miss Chavez reported again the stipulations to deny/approve the application. However, the board can allow the applicant to withdraw the application. He will not get a refund of the application fee, but it will not be reportable to the NPDB.

Dr. Zieren stated if Dr. Hodge withdrew his application then received all the treatments of his own accord, would he be able to re-apply with a cleaner re-application. Miss Chavez said yes.

Dr. Wieting said we could also hold issuance of a license on a temporary or permanent basis also.

Miss Chavez said the purpose of the withdrawal would be not reportable.

Dr. Saunders brought up about tabling the application again. Miss Chavez diverted to Miss Martin as it has been tabled already who said it would be no problem to table it but would require an additional criminal background check be completed if beyond 6 months.

Dr. Garabedian asked Dr. Hodge if when he was leaving the program, they recommended the 2 treatment programs. Dr. Hodge said not the 2 in the summary, stated told to attend Acumen or APC. Dr. Hodge said he called a lot of programs and said Pine Grove was inpatient program and would be similar to Keystone. He explained the huge financial strain due to not working.

Dr. Garabedian said that according to the evaluator report from Atlanta, the Keystone program, which was the first program, did not work. Dr. Hamre agreed.

Dr. Garabedian asked Miss Chavez if a contingent license is non-reportable, she agreed. He asked about issuing a license contingent of certain requirements. Miss Chavez said would not recommend that because, what if he does not complete all the requirements of the contingent license. Miss Martin explained that a contingent license is more informal and does not have the legal thrust as a conditional license. She went on to explain that a conditional license gives parameters, and if those are not complete, then he is in violation of the order, which is reportable to the NPDB.

Dr. Hambre inquired how long to table the matter. Miss Martin said whatever the board would like but she hopes not beyond 6 months but Miss Chavez said we would not want to table the matter for a long time but also said that the programs could vary in length.

Dr. Hambre said we could table it, and gave specifics what he needs to do. Miss Martin explained the letter would say to report back when in the program so we can report to the board, if we do not hear from Dr. Hodge then the Admin office would close the application. Dr. Hambre brought up the medical competence since Dr. Hodge is out of work for so long. Miss Chavez said the board could require a VCAP evaluation at that time if everything looks good from the evaluations of the programs.

Dr. Polk moved the board do something that would not affect Dr. Hodge positively or negatively and moves to give Dr. Hodge the opportunity to withdraw his application if he so chooses. Dr. Garabedian seconds the motion. The board allowed Dr. Hodge to speak as part of the discussion. Dr. Hodge said his wife is a physician and he continues to keep up on that so an evaluation is no problem. He went on to ask for a contingent license noting he understands the board is protecting the

people of Tennessee. He knows that it is all on him to complete the programs and to be sure the board knows what is going on.

Dr. Polk spoke up stating that is not what the motion is about, it is about allowing him to withdraw the application. Miss Judd asked if Dr. Hodge withdrew the application, would other states know what is happening here. Miss Chavez said they are aware because of what happened in Ohio and it was reported then to the National Practitioners Data Bank. So there is a voluntary surrender, same as revocation order in Ohio that should be viewable by all the other states. The motion to withdraw would NOT be reportable to the data bank.

Miss Martin stated that if somebody went to look the doctor up for license verification online, it would show it was closed.

Dr. Hamre moved for a vote to allow Dr. Hodge to withdraw his application. All were in favor, no opposed. The motion passes.

Dr. Hamre asked Dr. Hodge if he would like to withdraw his application. Dr. Hodge verified his options and Miss Chavez said that if he does not withdraw the application, and the board denies it, then it would be reportable to other states that another board denied his application. If he were to withdraw it, then it is not reportable, and would always have the option to reapply. Miss Martin said he could go onto the website as the meeting is recordable and he could get a sense of what their proper approach would be.

Dr. Garabedian spoke to say the Dr. Hodge follow the orders to a tee, it is his profession, his life, went to college, medical school and residency, 14-15 years, don't let it stain your career forever, the ball is in his court, make the turn around.

Miss Martin asked if he was withdrawing the application.

Dr. Hodge said he appreciated the boards' time. Dr. Hamre, for the record asked if Dr. Hodge was withdrawing his application. Dr. Hodge said yes.

Amit Shelat, DO

Dr. Wieting reviewed application requests clarification of issues on the application: pending malpractice case in Nassau county, and Winthrop Regional Hospital...

Dr. Shelat said the Nassau County issue was dismissed, not judgement. At Winthrop Hospital, there is going to be a judgement, he just happened to be one of the doctors who saw the patient when they came to the ER. He said that the Residency program was lengthened stated no patient issues, purely academic, his wife given birth of child, gave more care to her and not much time to study. The program director decided he needed more time in his second year, remediation. At end of remediation, he was hired by that same director to work for him as an attending at North Shore.

Dr. Garabedian asked about the Solomon case that is still pending. Dr. Shelat said she came into the ER, he was the attending for Neurology, she presented with lower extremity pain numbness so sent the patient to the ICU, the Neurosurgery PA said was not cord compression from the neuro imaging,

so they admitted the patient for Guillen Barre syndrome, however, she was not getting better, it was cord compression, the Radiologist read the scans wrong.

The first motion to approve application by Dr. Garabedian and seconded by Dr. Wieting. All were in favor to approve the application.

Vinson DiSanto, DO

Dr DiSanto appeared. Dr. Zieren reported she was working on being Chief of Staff at the time Dr. DiSanto was in his residency at the same hospital. She reported that there would be no conflict of interest as, if she would have known Dr. DiSanto, it would have been before any issues arisen, and the applicant said he had no issues either.

Dr. Wieting wanted to address previous licensure discipline incorrect answers on an application followed by many reciprocal states doing the same, and attempting to obtain licensure by misrepresentation, and the malpractice issue.

Dr DiSanto stated he used an agency to attain licensure who reported the same stuff on all the applications with incorrect issues. The KY board identified for PCOM discontinuity on application and fined him \$1,000.00 and gave him his licensure. He stated he did not know it was reportable so all the other states jumped onboard with fines.

The PECOM issue was that he had a family issue, lost father, they officially dismissed him, said to go back to Widener and finish school there then went back to PECOM to finish.

Dr. DiSanto said the malpractice issue resolved with a Nuisance settlement, but attorneys said take the \$50,000 settlement.

Dr. DiSanto said his intended practice will be workers comp utilization review, family practice, and nutritional medicine and locum work. He said his last practice was the previous week in New Jersey.

Dr. Saunders had Dr. DiSanto correct 2 pages of the original application.

A motion to approve the application was initiated 1st by Dr. Garabedian and 2nd by Dr. Polk. All board members were in favor of approval of licensure.

Application Correction

Dr. Garabedian brought up page #4 on the application and question #7; he wants the application fixed to renumber the application, page 4. Miss Tarr said we can correct the application.

George Fields, DO

Dr. Wieting, reviewer, asked Dr. Fields to address the following:

- 1) Pending legal actions.....Dr. Fields said it is still pending. It was a nursing home patient, he was medical director, assist with patient 87 yr. old. She progressively declined, towards the end she became demented (yelling and screaming), psychiatric team medicated her, she ended in hospital with multiple issues, she passed on and the son said psych team overmedicated her, but everybody was named as the MD...
- 2) Monitoring of previous substance Alcoholism, 2007 2nd DUI, then went into program, self-treated and self-reported to the board and entered and completed the. Rehab program, sober 9+ yrs. Attend AA meetings regularly and the state of CA drug testing for 3-4 yrs. afterwards.
- 3) Intended practice location...Caremore Health Plan in western TN teaching and training their team. Having a model of care and primary care providers and leads that team. He still clinically practice in CA and is board certified.

Dr. Saunders said Dr. Fields needs corrected page for answer 10b.

Dr. Fields is Board Certified in Family Medicine.

Motion to approve licensure was 1st: Dr. Wieting and 2nd by Dr. Zieren. The motion carried unanimously

Minutes

Dr. Hamre made a motion to approve the minutes from the November 4, 2015 meeting of the Board and Dr. Penny Judd seconded the motion. The motion carried unanimously.

CONDUCT NEW BUSINESS

1. DO and XRAY operators

Motion to approve by Dr. Polk was 2nd by Dr. Zieren. The motion carried unanimously

2. Office of Investigations report by Nichelle Durroh

There are 8 complaints in the office and one review for today. They are currently monitoring 12 individuals. Dr. Wieting inquired about trends but Miss Durroh said they are older cases and haven't seen a lot of newer ones coming in. Dr. Polk wanted to know how old and Miss Durroh reported about 5-6 years old in their summary of monitored practitioners list.

Dr. Garabedian inquired about a license they revoked on Dr. Bolton and is not on the list. Miss Chavez reported her office is working on the agreeable order for the board's approval. Miss Durroh said it was a summary suspension so there is nothing for the Office of Investigations to monitor. They only report what they actually monitor.

3. Revisions to CME requirements

A motion to table until the next meeting, May 4, 2016 was 1st by Dr. Wieting and 2nd by Dr. Garabedian. The motion carried unanimously.

4. Discuss DO Application Page 5 Question #7

Dr. Garabedian brought up page #4 of the application and question #7; he wants the application fixed to renumber the application, page 4. Miss Tarr said we can correct the application.

5. Continue consideration of development of possible telemedicine rules

Miss Martin said there has been discussion about diving into the issue of telemedicine and the adoption of the telemedicine rules by BME board submitted for legal review to the AG's office which was disseminated to the BOE board for their review and need to see if board wants to appoint a special task force, have a special meeting, or wait for the AG's office ruling. She said the BME has taken 3+ years to develop.

Dr. Wieting...stated should develop a draft of rules and view BME rules also.

Dr Polk, said to follow BME's conflicts and see what the BME Telemedicine rules. Dr. Hamre said they should see what the AG's office says. Miss Chavez said to wait until we see what the AG's office says and the legalities before moving forward.

Miss Martin will send email of couple documents to board of other rules regarding telemedicine. Dr. Polk wanted to see what the legislature had written on the subject. Miss Martin summarized it to say, there couldn't be more strict requirements for a practitioner practicing telemedicine than any other practitioner.

With the upcoming changes to change the telemedicine license to a full license, Miss Martin said the BME has rules to grandfather those with a current telemedicine license to retain it but any new ones will have a full licensure to practice.

Miss Martin will send documents to the board on telemedicine rules.

6. Reconsider definition of "Addiction Specialist" pursuant to PC 396

Miss Chavez said the board can adopt the BME's definition for consistency, but could adopt their own. Afterwards there would be a rule making hearing. Dr. Wieting did not have an issue to what was written in the BME rules, just the AOA's certification of Addiction Medicine is not listed as an acceptable qualification as an Addiction Specialist. He also said to change part B line 2 of the BME rule say ABMS or AOA certification.

Miss Chavez said to make a motion of changes to move forward. Dr. Wieting moved to have more time to review it. The board will make their changes and suggestions, and send it to Miss Martin to distribute to other members. The board will hold to next meeting May 4, 2016.

7. Discuss and review requests related to upcoming conference and organizational participation

Miss Martin stated this will be a standing item on all agendas to make sure they never miss the opportunity to sunshine travel for the board members and staff. The FSMB meeting coming in April and the board authorized 2 members to attend, Dr. Polk will attend but not out of the board's fund, and authorize two staff to attend, Miss Martin and Dr. Saunders but one of them will be on the BME's fund. Miss Chavez is requesting permission for one of her staff that works on their cases to attend the meeting on the BOE's fund.

Dr. Hamre, Dr. Polk, and Miss Judd will attend, along with Miss Martin, Dr. Saunders and Miss Chavez or one staff from her office.

A motion to approve Miss Chavez's motion to attend was 1st by Dr. Zieren, and 2nd by Dr. Polk. The motion carried unanimously.

8. Review and discuss revised lapsed license policy

Miss Chavez stated her office came up with a model policy to have consistency across all Health Related Boards as far as the reinstatement process when you have practitioner practicing on an expired license. It is the same as the current policy keeping all the fees and fines. The new policy would be the same as current, the administrative staff can reinstate

upon completion of reinstatement application and payment of all fees and civil penalties for a practitioner practicing on a lapsed license up to 6 months. The changes would address what the board will do if the licensee refuses the agreed citation administered by the administrative staff or practiced on an expired license > 6 months. The staff will file a complaint to the office of investigations and it will be reviewed by the Office of General Counsel. This also gives the administrative staff the authority reinstatement the license even though the OGC is reviewing the complaint to keep the practitioner from being out of work for a lengthy amount of time decreasing the chance of a competency issue.

Dr. Polk moved to approve the policy with the changes and Dr. Garabedian seconds it. The motion carried unanimously.

REPORTS

1. Receive reports and/or requests from the Office of General Counsel

Miss Chavez reported that the Midwifery Committee will have a rule making hearing on April 7, 2016 at 10 am in the Poplar Room to discuss the reduction of the application fee and the reinstatement fee from \$1000.00 to \$500.00. The new rules will be brought to the Osteopathic Board for approval at the May 4, 2016 meeting.

Collaborative practice rules were sent to the Attorney General's office on January 11, 2016 and still there.

Disciplinary

22 open cases with 3 of them against Osteopathic Physicians and none against Midwives.

Consent

Agreed Orders: Matthew Dougherty, DO

Miss Chavez verified that no board member needs to recuse themselves or know Dr. Dougherty. None noted.

On about September 2014, the respondent pleads guilty to a Class D felony of aggravated statutory rape related to sexual interaction with a 15 year old male in July of 2012. He was required to register as a sex offender on the Tennessee Sexual Offender Registry. He was given judicial aversion (which is not a conviction at this time) but will be convicted of the Class D felony if he is non-compliant with the 2 year enhanced probation conditions. The probation will end September 2016. The court did allow the respondent to continue practice medicine in a medical facility but limited to seeing adult patients in his scope of practice. He failed to notify the board of the guilty plea of the sexual charges. As a result of the

stipulations of fact, the respondent agreed to voluntarily surrender his Osteopathic license, same effect as a revocation and is reportable to the National Practitioner Data Bank.

The motion to approve the agreed order was 1st by Dr. Polk and 2nd by Dr. Garabedian. The motion carried unanimously.

Receive Reports and/or Requests from the Administrative Office

Miss Tarr reports the activities that have transpired in the office from November 1, 2015 and February 29, 2016:

of Applications Received: 47 Osteopathic Physicians
1 Locum Tenen
2 DO X-Ray

New Licenses Issued: 49

Reinstatements: 7
Total Renewals: 185
completed online 129
Online Renewal Rate: 70%

Active Licenses as of 3/01/2016: 1346
Number of licensees
with a TN Mailing Address: 884

of Telemedicine Licensees: 23
of X-Ray Operators: 14
of Midwives: 43

Receive reports and/or requests from the Division of Health Licensure and Regulation

Financial Report

The report was reported by Miss
She will have the 2016 projections at next meeting.

Dr. Polk moved to adjourn the meeting and Dr. Garabedian seconded the motion. The motion carried unanimously.

The meeting adjourned at 1:47 pm.