

Index

CDS Reminders from OBN

A Life and Career Restored

Governor Signs Opioid
Antagonist Exception

PA Practice Act Update

Medical Treatment Laws
Information ActHydrocodone
Rescheduling
Information

“The time has come,” the Walrus said, “To talk of many things”

~ Lewis Carroll

An article by Gerald C. Zumwalt, MD, upon his retirement from the Board.

On severing my 27-year attachment to the Medical Board, I am reminded of an anecdote I first read in Reader's Digest in the '40s. A man on reaching the age of 100 was being interviewed by a reporter who stated to the centenarian, "I bet you have seen a lot of changes during your life." "Yep," the ancient replied, "and I have been agin every one of them."

Among the "advances" I abhor are many types of telemedicine. The concept of a doctor sitting in front of his Skype, or worse yet, just talking on a phone, and telling a patient likewise situated, "Lean forward, open your mouth and say ah" and failing to note the overall appearance, dress mode, smell and skin texture is just not my idea of a proper exam nor the establishment of an adequate doctor/patient relationship.

The acceptance of "medicinal" marijuana by many professionals and patients negate the axiom of "first do no harm." Visiting Colorado ski towns and finding them with more pot shops than grocery stores as well as reviewing the approved list of diagnoses (e.g., chronic headaches) cements the general descent into hedonism and hypocrisy now accepted.

"Banker's hours" seem to be the new normal for medical offices and practitioners. Appear at 9:30 a.m. and disappear at 5:00 p.m. and leave the patient to the very varied efficacy of urgent care and emergency establishments. This may well make for a happier family life but does little for the reputation of the profession. The most frequent complaint received at the Medical Board is, "The doctor didn't return my phone call as I was promised."

Electronic Health Records and other computer templates encourage the production of falsified charts. Complete histories and physicals, lab results, etc. are certainly an improvement over the old days when many offices kept a lifetime history of visits on a 5 x 7 inch card. Nowadays on reviewing many records we find complete H & Ps, social and family histories, review of systems, full neurological and retinal exam results on patients whose chief complaint may be as minor as an ingrown toenail.

Board of Medical
Licensure & Supervision
101 N.E. 51st Street
Oklahoma City, OK
73105
(405) 962-1400
okmedicalboard.org

To paraphrase William Shakespeare, “Thus EHRs doth make liars of us all” (as well as helping the business office to upgrade the charge).

Grade inflation has made transcripts comical. During both undergraduate and graduate school any grade lower than a B is as rare as hen’s teeth. This shouldn’t bother me but why did I have to have ulcers the first two years of medical school and students now don’t.

Lastly, I really, really miss Professional Courtesy of two types. I was never so flattered as when a fellow physician asked me to treat them or a family member. Doctors and their kin were the most emotionally rewarding patients I encountered and no amount of money would equal that feeling. The second type of disappeared-courtesy is the manner in which calls to clinics are delayed, lost and ignored. Doctors refusing to talk to doctors are not just unprofessional, they are impolite.

With my spleen now emptied out, I must admit there are good things that have happened. No longer do we treat hypertension with white, yellow or purple phenobarbital pills or watch iron lungs pump 24/7 on polio wards. There are success stories in alcohol/drug addiction. And there are still patients who end a visit with “thank you”.

Finally, there has been the 27 years of camaraderie with Medical Board members and, more so, Board staff as well as 58 years of pride in profession. As Robert Louis Stevenson once wrote, “There are men and classes of men that stand above the common herd: the soldier, the sailor and the shepherd not infrequently, the artist rarely; rarely still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilisation... So it is that he brings air and cheer into the sick room and often enough, though not as often as he wishes, brings healing.”

CDS REMINDERS FROM OBN

Many of the physicians called to appear before the Oklahoma Board of Medical Licensure and Supervision (Board) are there because of aberrant prescribing. Here are some reminders from the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBN) about the rules and regulations regarding prescribing Controlled Dangerous Substances (CDS).

Registration All who prescribe, distribute, dispense and administer CDS must have a license to practice in Oklahoma, be registered with the Drug Enforcement Agency (DEA) and first and foremost with OBN. Register on the OBN website, www.OK.gov/obndd, and click on “Renew-New Registration.” Registration is good for three (3) years and always expires on October 31. Renewal notices are sent in August to the address on file. Practitioners must notify OBN within fourteen (14) calendar days of change of business address.

Records Physicians must maintain records and inventories of all CDS prescribed, distributed, administered and stored. The OBN Director or OBN agents may inspect the practitioner’s office and examine records dating two (2) years back from the date of the inspection. Theft or significant loss of CDS must be reported to OBN upon discovery.

Diversion Practitioners registered with OBN are required by law to guard against diversion of CDS. Failure to do so can result in denial, suspension or revocation of OBN registration.

PMP Notification Practitioners who dispense CDS must notify OBN Prescription Monitoring Program (PMP) within five (5) minutes of the transaction. PMP definition of dispensing means “that the

CDS is handed to the patient for the purpose of medicating outside of the office/facility.” Failure to notify PMP accurately or on time can result in fines and more serious consequences.

PMP Registration Register for PMP on the OBN website, www.ok.gov/obnidd, and click on “Register for PMP.”

PMP Confidentiality All information collected for PMP is confidential and not open to the public. The original PMP law prohibits physicians from copying a patient’s PMP report and making it a part of the patient’s record. **However, this provision is rescinded as of November 1, 2015 when the new PMP law goes into effect. After November 1, a PMP report may be copied and entered into the patient’s record.**

Doctor/Patient Relationship Physicians must have an established doctor-patient relationship to run a PMP report on an individual. Physicians may not run PMP reports on family members or employees unless a doctor-patient relationship has been created. Using a practitioner’s DEA number to run a PMP report on another individual without a doctor-patient relationship—whether given permission or not-- is a misdemeanor subject to fines and loss of access to PMP.

Personal Use Practitioners may not prescribe, distribute, dispense, sell, give or administer CDS for their personal use or for an immediate family member (those within the first and second degrees of consanguinity or affinity). Medical emergencies are an exception.

First degree of consanguinity: father, mother; son (and spouse), daughter (and spouse). Second degree of consanguinity: grandparents, grandchildren (and spouses); uncle, aunt (and spouses); first cousins (and spouses); niece, nephew (and spouses); and brother, sister (and spouses).

First degree of affinity: spouse and spouse’s father, mother, son, daughter. Second degree of affinity: spouse’s grandparents, grandchildren, brother, sister.

Prescriptions CDS prescriptions must be written on a single prescription form with no other controlled or non-controlled prescription on the same form. Physicians should report to OBN any lost or stolen prescription pads and blanks, DEA forms, registration certificates, etc.

Legitimate Medical Need CDS may be prescribed only for a legitimate medical purpose within the scope of the prescriber’s practice. CDS in any schedule may not be prescribed or dispensed to a drug dependent person for the sole purpose of continuing the dependence (properly licensed and registered narcotic treatment programs are excepted).

Check the Registry Always check the Meth Registry in PMP before prescribing pseudoephedrine, even to patients under the age of eighteen (18). Minors may not be able to buy pseudoephedrine without a parent or guardian but still could be listed in the Meth Registry.

Click Picture to go to website

A Life and Career Restored

At the completion of her probation, McAlester Physician Assistant Stacy Scroggins appeared before the Oklahoma Board of Medical Licensure and Supervision and offered the following statement:

“The words ‘thank you’ do not seem adequate to express the gratitude I feel for all of you. Five and one-half years ago I was a broken shell of a person. It took hitting rock bottom for me to surrender and be open to recovery. During my addiction, I lost myself, I lost my soul to the disease of addiction. It was through the Medical Board’s intervention that I was ultimately led out of the darkness and into the light, into truly living.

“I would like to say thank you for allowing me to continue to practice medicine as a Physician Assistant... While your gift of licensure to practice as a PA is monumental, I would like to acknowledge a few other gifts you have given me.

“Thank you for directing me to a recovery program, for showing me the way to others who have gone before me, to walk along side me as we recover from the disease of addiction together. I know now that I never have to be alone again.

“I am so very grateful for the support of everyone associated with the Oklahoma Health Professionals Program (OHPP) and the Oklahoma Medical Board...

“For me the past five years have been a priceless gift. These years have not always been easy... getting sober is the hardest thing I have ever done. More importantly, the past five years have been filled with unspeakable joy, peace and love. I am so grateful that you all cared enough about me as a person to refer me to treatment, OHPP, a 12-step program, and continued to mentor me along the way.

“Thank you for your mercy and grace... for not giving up on me. Five years ago you all gave me the map which would lead me to freedom—freedom from the chains of addiction and freedom from the bondage of self.

“I am here before you a new creation—a recovered alcoholic and drug addict. I am filled with hope for today and the future. I plan to continue to live one day at a time as this way of life has fulfilled me in ways I never thought possible. I have found purpose in my life and for that I will be forever in your debt. From the bottom of my heart, thank you.”

GOVERNOR SIGNS OPIOID ANTAGONIST EXCEPTION

Oklahoma Governor Mary Fallin signed an emergency rule adopted by the Oklahoma State Board of Medical Licensure and Supervision.

The new rule adds an exception to the requirements for the establishment of a doctor/patient relationship to allow physicians to prescribe opioid antagonists to family members of addicts.

PA PRACTICE ACT UPDATED

Oklahoma physicians who supervise Physician Assistants (PA) no longer are required to be on-site at least one half day per week. Supervising physicians also now have more autonomy in determining the scope of services offered by PAs.

Oklahoma Senate Bill 753, signed by Governor Mary Fallon, allows supervising physicians to be available via telecommunications. The bill permits supervising physicians to establish the scope of practice and level of supervision for their PAs as long as the services are within the PA's skill level, the supervising physician's scope of practice and properly supervised.

The updated bill eliminates former requirements that the supervising physician be on-site at clinics at least one half day a week and removes the list of services that can be provided by a PA. The amended law also does away with the requirement that a PA must receive approval from the Oklahoma Board of Medical Licensure and Supervision (Medical Board) and have practiced for at least one year before working in a remote health care setting.

The new measure also clarifies the situations when a PA must report within forty-eight hours a "newly diagnosed complex illness" to the supervising physician in order to schedule an appropriate evaluation by the supervising doctor. Oklahoma Senate Bill 753 states: "The supervising physician shall determine which conditions qualify as complex illnesses based on the clinical setting and the skill and experience of the PA."

When the law goes into effect on November 1, 2015, physicians will be allowed to supervise up to four (4) PA's.

Some things remain the same. PAs and supervising physicians must still file applications for joint practice with the Medical Board. Supervising physicians remain responsible for the formulation and periodic review of all orders and protocols for the PA. The supervising physician must review the health care services provided by the PA and any problems or complications and also review out-patient medical records at the practice site "as determined by the supervising physician with the approval of the Medical Board."

PAs remain agents of the supervising physician and "in no event shall the supervising physician be an employee of the PA."

Medical Treatment Laws Information Act

Oklahoma physicians, Physician Assistants (PA) and other licensed or certified health care providers are now required to document knowledge of their responsibilities and rights under specific sections of Oklahoma health care law, namely, the Hydration and Nutrition for Incompetent Patients Act; the Nondiscrimination in Treatment Act; the Oklahoma Advance Directive Act; the Oklahoma Do-Not-Resuscitate Act; and the Assistant Suicide Prevention Act.

The mandate, part of House Bill 2603, enacted and signed during the 2014 Session of the Oklahoma Legislature, also instructs the Oklahoma State Board of Medical Licensure and Supervision (Board) to produce a brochure educating providers of their responsibilities regarding these issues and develop a one-hour, on-line continuing medical education (CME) program on the topics, verifiable by post-test or other acceptable means, which practitioners must view once every two years as a condition of licensure. This CME program is considered a part of rather than an addition to other CME requirements.

The Board also must produce a brochure and disclosure statement for patients and their families designed to inform them of their rights under the above named acts. The disclosure statement must include contact information for the officials to whom alleged violations of the acts may be reported. The Oklahoma State Department of Health will display this information on its website.

Both brochures and CME webinar are available on the Board's website, okmedicalboard.org.

HB 2603 was authored by State Representatives Rebecca Hamilton (D), OKC, Scott Biggs (R), Chickasha, Mike Christian (R), OKC, Mike Ritze, DO (R), Broken Arrow,; State Senator Dan Newberry (R), Tulsa, and signed by Governor Mary Fallon.

Effective date: November 1, 2014.

Hydrocodone Rescheduling Information

Please direct any questions to Board of Medical Licensure & Supervision
at (405) 962-1400 extension 145.

1. Federal Law has rescheduled all Hydrocodone Combination Products (HCP) as a Schedule II (CII) effective October 6, 2014. The Drug Enforcement Administration (DEA) also refers to them as HCPs. This includes Hydrocodone/Acetaminophen combinations as well as cough suppressants such as Tussionex, Hycodan, and many generics.
2. All registrants will need to inventory their Hydrocodone products and keep a copy of this inventory in a readily retrievable file. It does not need to be sent into their licensing agency.
3. Prescriptions for Hydrocodone products written on or after October 6, 2014 are:
 - valid only for 30 days
 - not valid written by APRNs or PAs.
4. Hydrocodone must be reported to PMP as a Schedule II.
5. Hydrocodone invoices and prescriptions must be filed with Schedule II invoices and prescriptions.
6. Hydrocodone prescriptions may NOT be:
 - transferred from one pharmacy to another.
 - be refilled.
 - faxed or called in, unless the emergency provisions are appropriate.
7. A practitioner may issue an emergency prescription for a CII either verbally or by fax. A written prescription must then be delivered or mailed to the pharmacy within 72 hours or the pharmacy is required to notify the OK Bureau of Narcotics. The quantity prescribed is limited to the amount adequate to treat the patient during the emergency period. Any further quantities must be pursuant to a new written prescription signed by the practitioner.
8. A facsimile of a written, signed CII prescription may be faxed directly to a pharmacy from a practitioner's office for a long-term care facility (LTCF) patient or a hospice patient and can serve as the original prescription. If it is faxed from the LTCF or hospice, the original must be presented at the time that the medication is dispensed.
9. Electronic prescribing of CII's is permitted if the pharmacy and/or practitioners have appropriately vetted software approved by the DEA.
10. Partial fills for Hydrocodone products are treated as a Schedule II. They may only be partially filled for a LTCF or hospice patient for up to 60 days.
11. Although federal rules permit multiple prescriptions up to a 90-day supply, Oklahoma regulations prohibit multiple prescriptions for the same drug as this voids all but one of the prescriptions. A practitioner may prescribe up to a 90 day supply of a Schedule II in one prescription; however, in most cases a 90-day supply would likely be a failure to guard against diversion and would not be a recommended practice.
12. Pharmacies may dispense from stock that is labeled as Schedule III even after October 6, 2014 but manufacturers and wholesalers may not distribute any stock after October 6th unless it has been properly labeled as a CII.