

## Physicians Cautioned On Social Media Use

As the use of social media continues to proliferate, physicians are advised to be cautious in their use of electronic and internet communications when interacting with patients or other health care professionals.

The Federation of State Medical Boards (FSMB) recently adopted new model policy guidelines for the “Appropriate Use of Social Media and Social Networking in Medical Practice.” The entire report is available on its website, [www.fsmb.org](http://www.fsmb.org). The American Medical Association, American College of Physicians and other specialty societies and health care entities also offer policy recommendations for the use of social media.

QuantiaMD recently surveyed over 4,000 physicians and found that 87 percent employ social media for personal use and 67 percent for professional purposes.

Here are a few things to consider when using social media:

- ▶ Be careful what you post on your personal social networking sites such as Facebook. That witty comment, colorful costume, zany party pic, etc., could be used by some to misconstrue your professionalism.
- ▶ Remember that anything posted on a social network site may be disseminated by others to a larger audience, whether intended by you or not. It may be taken out of context and remain online in perpetuity.
- ▶ Interaction with current and former patients on personal social websites (Facebook, again) is discouraged. Physicians should only have online interaction with patients when discussing the patient’s medical treatment and these communications should never occur on personal social networking or social media sites.
- ▶ Whether the patient encounter is online or face-to-face, physicians should always adhere to the highest standards of the doctor/patient relationship.
- ▶ Be aware of and guard patient privacy at all times, even when interacting with colleagues on password-protected professional physician networks used for CME or other professional education enhancement purposes. Physicians have an obligation to prevent unauthorized access to identifiable patient data and information and must ensure that “de-identified” data cannot be linked back to a patient.

## Social Media, continued from front page

- ▶ Physicians developing their own professional medical websites must present their credentials accurately and disclose any potential conflicts of interest. Information presented on the website should be supported by current medical peer-reviewed literature, emanate from recognized scientific and clinical knowledge and conform to minimum standards of care. The site should clearly indicate if the information presented is based on scientific studies, expert consensus, professional experience or personal opinion.

Remember, state medical licensing boards can discipline physicians—from a letter of reprimand to license revocation—for inappropriate or unprofessional conduct while using social media or social networking websites. Such punishable behavior could include:

- inappropriate communication with patients online
- use of internet for unprofessional behavior
- online misrepresentation of credentials
- online violations of patient confidentiality
- failure to reveal conflicts of interest online
- derogatory remarks online regarding a patient
- online depiction of intoxication
- discriminatory language or practices online

These guidelines are a starting point for how physicians should properly use social media in their practices. These guidelines will need to be modified and adapted as technology advances and new best practices emerge.

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## Only Note PMP Check In Medical Record

More and more Oklahoma physicians have incorporated the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) Prescription Monitoring Program (PMP) into their practices by routinely checking a patient's prescription history.

The Medical Board's Department of Investigations encourages all Oklahoma physicians to use the PMP. The Department advises Oklahoma doctors always to note in the medical record they have reviewed the patient's prescription history through a PMP check. Notes in the medical record after reviewing the PMP report could include comments such as: "patient appears compliant"; "no other providers noted"; "patient received 15-day supply of Lortab from dentist (or ER visit) on this date"; or "patient has received CDS from 13 providers in the last year" etc. Presence of such comments provide clear evidence the physician has thoroughly reviewed the PMP report.

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**Physicians should not, however, include a copy of the PMP report itself in the patient's medical record.**

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Physicians should not, however, include a copy of the PMP report itself in the patient's medical record. The law creating PMP specifically prohibits patient access to PMP reports. Obviously, if the actual PMP report is placed in the medical record, not only the patient but others could have access to it.

The Board's Department of Investigations also encourages Oklahoma physicians to check routinely—perhaps once a month—their own PMP prescribing profiles to ensure that all prescriptions originated in their offices are correct and going to legitimate patients.

Physicians can learn more about PMP and access the program by clicking on the PMP icon on the Board's homepage, [okmedicalboard.org](http://okmedicalboard.org).

# National Board Action Recap

The Federation of State Medical Boards (FSMB) recently released licensure and disciplinary statistics for the year 2011.

In Oklahoma, 9,897 MD physicians held licenses with 6,221 actually practicing in-state, an increase from 2010 of 115 medical doctors actually working in Oklahoma.

The Oklahoma Medical Board took 39 “prejudicial” actions against 29 physicians in 2011. Fourteen prejudicial actions resulted in loss of license or a licensed privilege by virtue of revocation, suspension, surrender or mandatory retirement. Nineteen actions ended with restriction of license or licensed privilege through probation, limitation or restriction of license or a licensed privilege. Six other actions included license modification or privileges granted by that license after a penalty or reprimand to the physician.

This compares to 2010 when the Board took 31 prejudicial actions against 25 physicians that resulted in 19 licenses lost; nine licenses restricted; and three physicians reprimanded or otherwise penalized.

Some regional comparisons for 2011:

**Missouri:** 22,773 licensed physicians with 15,663 practicing in-state. The Missouri Board of Registration for the Healing Arts took 60 prejudicial actions against

56 physicians which included 26 lost licenses; 22 license restrictions; and 12 reprimands or penalties.

**Kansas:** 10,865 licensed physicians with 8,329 practicing in-state. The Kansas State Board of Healing Arts took 42 prejudicial actions against 39 physicians which included 14 lost licenses; 12 restricted licenses; and 16 reprimands or penalties.

**Texas:** 63,679 licensed physicians with 51,217 practicing in-state. The Texas Medical Board took 652 prejudicial actions against 626 physicians which included 87 lost licenses; 119 restricted licenses; and 446 reprimands or penalties.

**Arkansas:** 8,928 licensed physicians with 5,921 practicing in-state. The Arkansas State Medical Board took 27 prejudicial actions against 23 physicians which included ten lost licenses; 8 restricted licenses; and nine reprimands or penalties.

**New Mexico:** 7,488 licensed physicians with 4,441 practicing in-state. The New Mexico Medical Board took 50 prejudicial actions against 47 physicians which included 15 lost licenses; 13 restricted licenses; and 22 reprimands or penalties.

**Colorado:** 18,476 licensed physicians with 14,144 practicing in-state. The Colorado Medical Board took 127 prejudicial actions against 115 physicians which included 37 lost licenses; 21 restricted licenses; and 69 reprimands or penalties.



# Recovery Programs For Oklahoma Health Professionals

Oklahoma health care professionals are fortunate to have two programs to assist colleagues suffering from substance abuse disorders, stress or other behavioral issues: Oklahoma Health Professionals Program, for physicians, Physician Assistants, dentists, resident physicians and medical and dental students; and Oklahoma Allied Professional Peer Assistance Program, for other allied health care providers.

## **Oklahoma Health Professionals Program, Inc.:**

From its beginning in 1983 as the Oklahoma State Medical Association (OSMA) Physician Recovery Program, the Oklahoma Health Professional Program (OHPP), has assisted nearly 1,000 physicians and others experiencing difficulty with substance abuse, boundary and disruptive issues, and behavioral health concerns.

OHPP is an independent entity which receives funding from OSMA, Oklahoma Osteopathic Association, Oklahoma Dental Association, Oklahoma State Board of Medical Licensure and Supervision, Oklahoma State Board of Osteopathic Examiners, Oklahoma Board of Dentistry, and the Physician Liability Insurance Company.

OHPP employs a medical director and four part-time associate directors to administer the program.

OHPP accepts referrals from persons seeking help, colleagues, hospitals, group practices, friends, patients and family members.

All referrals and other activities of OHPP are confidential and protected to the fullest extent of the law. Participation in OHPP is voluntary. OHPP medical directors assess each referral and devise a plan to assist the person. The plan may include coordination of an intervention, referral to appropriate treatment and/or counseling, monitoring and documenting recovery, support group participation and networking opportunities with other peers with similar issues.

OHPP serves as an advocate for participants with licensing boards, insurance companies, hospital medical staffs, managed care groups, etc., as long as

the participant continues to adhere to OHPP's treatment plan and recovery recommendations.

The Oklahoma Medical Practice Act requires physicians and PAs to report to the licensing board if another physician or PA is physically or mentally unstable or impaired by substance abuse. OHPP exists to reach and assist these individuals before this becomes the case.

**Allied Professional Peer Assistance Program:** In 2009, the Oklahoma State Legislature created the Allied Professional Peer Assistance Program (APPA) to assist impaired allied health care providers whose professions are licensed by the Oklahoma State Board of Medical Licensure and Supervision. Those professions are anesthesiologist assistants, athletic trainers, dietitians, occupational therapists, orthotists/prosthetists, podiatrists, physical therapists, radiologist assistants, registered electrologists, respiratory care practitioners and therapeutic recreation specialists.

While APPA is under supervision and control of the Board, all records of the allied health care professionals enrolled in the program are confidential and kept in the APPA office separate and apart from the records of the Board.

APPA has a physician as program coordinator and functions in essentially the same way as OHPP. Participation is voluntary. The APPA program director assesses each referral and recommends appropriate intervention, treatment, and post-treatment monitoring. APPA serves as an advocate for cooperating allied health care providers before licensing boards, employers, etc.

The goal of APPA is to keep or return allied health professionals to productive practice that benefits the patients of Oklahoma.

The confidential hotline telephone numbers are:

**OHPP: 405-427-4391**

**APPA: 405-962-1450**

# Responsible Opioid Prescribing Book Now Available

A revised and expanded second edition of “Responsible Opioid Prescribing: A Clinician’s Guide” by Scott M. Fishman, MD, is now available for order from the Federation of State Medical Boards, [www.fsmb.org](http://www.fsmb.org).

The reluctance of physicians of thirty years ago to prescribe opioids gradually gave way to the realization that many patients were being undertreated for pain. This led to the increased clinical use of opioids and the dramatic rise in the rates of opioid prescribing, from 40 million opioid prescriptions in 1991 to over 180 million today. Almost inevitably, this not only produced diversion and abuse but also put physicians in the difficult position of caring for their patients while also serving as “risk managers” for those with the potential for addiction or outright abusers.

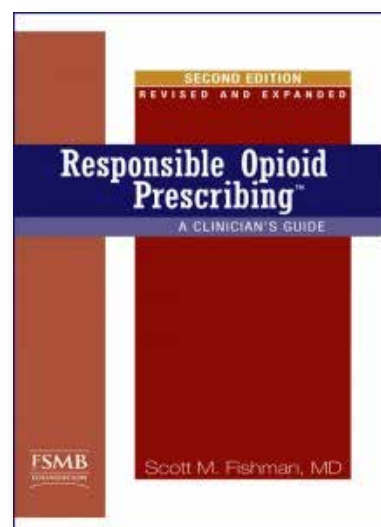
Dr. Fishman notes that “the winds of clinical, regulatory, and public opinion are now pushing clinicians toward a more cautious approach to opioid prescribing with a greater emphasis on risk management. This paradigm shift is being driven by undeniably dire statistics that reveal the scope of the devastation caused by inappropriate use of opioid medications.”

Opioid abuse is a public health crisis. More than 6 million Americans abuse prescription drugs, more than the number who abuse cocaine, heroin, hallucinogens and inhalants combined. Within the past decade, emergency room visits related to opioid use have doubled and the number of deaths attributable to prescription opioid analgesics has quadrupled. Opioid overdose now is the second leading cause of accidental death in the United States, exceeded only by automobile crashes. In seventeen states, opioid overdose is the leading cause of accidental death.

Despite these statistics, and part of the physician dilemma, is the fact that pain management is an integral part of good medical practice and opioid therapy is a legitimate treatment to relieve pain and improve function for patients dealing with acute and chronic pain of both cancer and non-cancer origins.

Some things to remember about prescribing opioids:

- Reserve opioid therapy for patients who have already tried other potentially effective treatments.
- Screen patients before and during treatment for all potential risks.
- Check the Prescription Monitoring Program (PMP) before initiating treatment.
- Educate patients about the risks and benefits of opioid treatment.
- Be sure that both physician and patient agree that treatment initiation, continuation and termination are based on functional goals and safety.
- Consult with more specialized physicians if patient’s problems exceed your expertise.
- Employ clear treatment parameters beyond which continued opioid use requires reevaluation.
- Exercise compassion and trust—but verify.



## Review Cases For The Board

Oklahoma physicians can enhance the integrity of their profession and help protect the public by becoming a case reviewer/expert witness for the Medical Board.

Reviewers examine medical records and other investigative material and make appropriate comments and recommendations regarding standards and quality of care of physicians who are subject to Board inquiries.

Board certification in a particular specialty is preferred but not necessarily required to be a case reviewer for the Board. Case reviewers are compensated at a rate of \$150.00 per hour. Reviewers work privately at their convenience. However, in very rare instances, a reviewer may be called to appear as an expert witness at a Board meeting.

Physicians interested in learning more about becoming a case reviewer for the Board should contact Medical Investigator Robert DuVall, 405-962-1400, or [rduvall@okmedicalboard.org](mailto:rduvall@okmedicalboard.org).

## Medical Board Meetings for 2013

All meetings begin at 9:00 a.m. and are held at the office of the Board, 101 N.E. 51st Street, Oklahoma City, OK. Agendas are available on the Board's website at [www.okmedicalboard.org](http://www.okmedicalboard.org).

January 10th – 11th  
March 7th – 8th  
March 28th – 30th  
May 16th – 17th  
June 27th  
July 11th – 12th  
September 12th – 13th  
November 7th – 8th

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