



# ALABAMA Board of Medical Examiners Medical Licensure Commission

## Newsletter and Report

www.albme.org

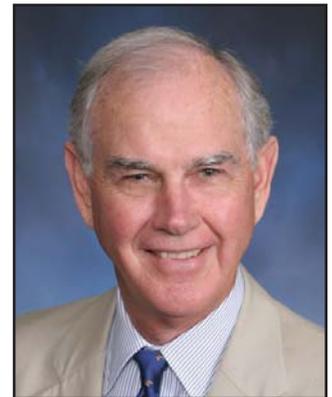
April 2016

### A Message from the Executive Director

## 2015 Annual Report

In 2015 there was an increase from 2014 in the number of newly licensed physicians in Alabama, with 999 approved applicants by endorsement and one applicant by examination, which constitutes 98 more approved applicants than in 2014. In 2015, the Board issued 248 Qualified Alabama Controlled Substances Certificates and 326 Limited Purpose Schedule II Permits to Advanced Practice Nurses and Physician Assistants.

The Board of Medical Examiners and its staff have compiled the following Annual Report for your information.



Larry Dixon

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#### A. APPLICANTS CERTIFIED TO MEDICAL LICENSURE COMMISSION

1. Applicants by endorsement .....	999
a. Non-disciplinary Citation with Administrative Charge .....	25
2. Applicants by examination .....	1

#### B. APPLICANTS CERTIFIED FOR LIMITED LICENSE .....

#### C. APPLICANTS TAKING SPEX EXAMINATIONS

1. Applicants passing examinations .....	9
2. Applicants failing examinations .....	3

#### D. APPLICANTS FOR OUT OF STATE ENDORSEMENT .....

#### E. ADVANCED PRACTICE NURSES (CRNP/CNM)

1. Collaborations Approved .....	1,712
2. Collaborations Renewed .....	3,626
3. CRNP/CNM QACSC Issued .....	202
4. CRNP/CNM QACSC Renewed .....	427
5. CRNP/CNM LPSP Issued .....	251
6. CRNP/CNM LPSP Renewed .....	214
7. Collaborative Practice Educational Site Visit .....	42
8. Collaborative Practice Compliance Seminar .....	7
a. Full Seminar .....	1
b. Condensed Group Seminar .....	6

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## Annual Report, cont.

F. PHYSICIAN ASSISTANTS	
1. Physician Assistants Licensed .....	94
2. Physician Assistants Registered to Physicians (new applications).....	278
3. Physician Assistants Granted Temporary Licensure.....	36
4. Temporary PA Licensure Converted to Full Licensure (after passing exam).....	30
5. Temporary Licensees Granted Registration.....	16
6. Anesthesiologist Assistants Licensed .....	4
7. Anesthesiologist Assistants Granted Temporary License.....	1
8. Temporary AA Licensure Converted to Full Licensure (after passing exam).....	1
9. Anesthesiologist Assistants Registered to Physicians (new applications).....	3
10. PA QACSC Issued .....	46
11. PA QACSC Renewed.....	102
12. PA LPSP Issued.....	75
13. PA LPSP Renewed.....	66
G. ACSC ISSUED/RENEWED	
1. ACSC Issued.....	969
2. ACSC Renewed .....	12,070
H. PAIN MANAGEMENT SERVICES	
1. Pain Management Services Registrations Issued .....	112
2. Pain Management Services Registrations Renewed.....	459
I. DISCIPLINARY/CONFIDENTIAL ACTIONS	
1. ACSC/QACSC Surrender/Revocation/Restriction/Reinstatement .....	16
2. ACSC Restrictions Terminated.....	0
3. Certificates of Qualification Denied/Surrendered.....	6
4. Certificates of Qualification Issued/Reinstated with Agreements/Restrictions .....	1
5. Letters of Concern .....	76
<i>Prescribing Related</i> .....	7
6. Complaint Inquiries Received .....	354
7. Complaint Inquiries Pending from Prior Reporting Year .....	37
a. Resolved Without Formal Investigation .....	185
b. Inquiries Pending .....	23
c. Formal Investigations Opened .....	183
<i>Prescribing Related</i> .....	44
i. Formal Investigations Closed with Disposition.....	95
ii. Formal Investigations Pending Disposition.....	87
iii. Withdrawn by Complainant.....	1
8. Prior Formal Investigations Pending Disposition.....	81
a. Prior Pending Dispositions Closed in 2015 .....	67
b. Prior Pending Dispositions Open.....	14
9. Interviews Conducted .....	60
10. Voluntary Agreements Entered Into.....	16
11. Voluntary Agreements Terminated .....	6
12. Voluntary Restrictions on Certificates of Qualification Entered Into .....	1
13. Voluntary Restrictions Terminated .....	2
14. Flag File for Reinstatement .....	5
15. ABME Physician Monitoring Contracts Entered Into.....	6

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## How does the PDMP apply to me?

by Amy Wybenga CRNP, ALBME Collaborative Practice Nurse Consultant

The Physician Drug Monitoring Program (PDMP) was established by legislation in 2004 to “assist state regulators and practitioners authorized to prescribe and dispense controlled substances in the prevention of diversion, abuse, and misuse of controlled substances prescription medication through the provision of education and information, early intervention, and prevention of diversion, and investigation and enforcement of existing laws governing the use of controlled substances” (Section 20-2-210).

### Am I required to register?

If you are a physician, CRNP, CNM, or PA with an active ACSC/QACSC in the state of Alabama, you are required to be registered with the PDMP through the Alabama Department of Public Health (ADPH) before renewing your ACSC/QACSC.

### How do I register?

To register with the PDMP, go to [www.adph.org/PDMP](http://www.adph.org/PDMP) and register under your appropriate designation. Any problems with accessing a previous username or password can be answered by calling (800) 225-6998, option 8.

### Why is it important to utilize the PDMP?

The PDMP is not just important for those in a pain management practice. To best serve your patients' needs, an astute practitioner should always trust AND verify. One cannot open any sort of news article or social media venue today without being faced with the statistics of the negative impact that opioid diversion and addiction are having on our local communities. Owning the responsibility we face as prescribers of these medications for legitimate medical purposes, we need to be fully aware of the impact these medications have when diverted.

### How should I utilize the PDMP in my practice?

It is important to access the PDMP for current or potential patients who may be prescribed a controlled medication. The information gained is only to be utilized by you to assist in making clinical judgments in treating the patient. This information should not be placed in a patient's chart, shared with others, or sent to other providers. Please access the rules concerning the confidentiality of the PDMP at [www.adph.org/PDMP](http://www.adph.org/PDMP) (click on “Laws and Rules” in the left-hand column).

### Why should I access my own DEA report on the PDMP?

Every DEA licensee should access their own DEA

profile periodically to verify that the medications entered into the database are medications that have been prescribed by that licensee. If there are medications that have not been prescribed by you, there may be a variety of explanations ranging from a mistake on the part of the reporting agency to possible fraud or stolen prescriptions.

### Are there mistakes in the PDMP reports?

Yes, sometimes medications are incorrectly entered under the wrong DEA or patient. It is vital for a pharmacist to be able to clearly differentiate which prescriber has signed the prescription. Circling your name at the top of the prescription and printing your name under your signature are two ways to help the pharmacy teams recognize the appropriate prescriber.

### Can I assign my staff to check the PDMP under my name?

A physician may designate two staff members as “Delegates” who can access the PDMP to check patients or potential patients. Do not allow staff to sign on with your username and password; rather, the staff member should first register with the PDMP as a “Delegate.” The physician may then log in and assign that individual as a delegate. A CRNP, CNM, or PA cannot have a delegate, and they should not allow anyone else to utilize the PDMP under their username and password. Also, it is vital for the delegate to read the “Laws and Rules” governing the PDMP.

### How can I make sure I am accessing the correct patient?

When accessing a patient, enter the full first and last name as well as the date of birth of the patient. This will generate a list of same-name patients with that date of birth. From this list, highlight the patient whose address and city match your patient's information and enter.

### As a physician, how can I access my CRNP/CNM/PA's PDMP?

The Qualified Alabama Controlled Substance Certificate (QACSC) Prescribing Protocol requires every Collaborating/Supervising Physician to audit each CRNP/CNM/PA's PDMP at least once per quarter. Once the QACSC holder registers on the PDMP site, the Collaborating/Supervising Physicians will have access to the mid-level's PDMP by logging on to their own personal PDMP log-in. If there are any problems with this process, call (877) 703-9869.

## Need CME?

## Register now for Medical Association Annual Meeting

## Pre-conference Courses

April 15, 2016 | Renaissance Montgomery Hotel and Spa

The following two courses will be offered concurrently on April 15 prior to the opening of the Medical Association Annual Meeting and Business Session. Register online or download the course brochure with registration form at [www.alamedical.org/annualsession](http://www.alamedical.org/annualsession).

### Ensuring Quality in the Collaborative Practice

8:00 a.m. – 11:15 a.m.  
3 AMA PRA Category 1 Credits™  
Registration Fee \$100

This Collaborative Practice seminar is for physicians who are involved in or considering a collaborative practice agreement with certified registered nurse practitioners and certified nurse midwives. The 3-hour course will cover updates regarding the advance practice nurse and physician

responsibilities in a collaborative practice as well as discussing quality assurance, medical oversight requirements, current collaborative practice issues and required forms/documents. Course materials will be provided on-site. Pre-registration with payment is required. Members and non-members are invited to participate. Go to [www.alamedical.org/annualsession](http://www.alamedical.org/annualsession).

### Opioid Prescribing: Safe Practice, Changing Lives

8:30 a.m. - 11:45 a.m.  
3 AMA PRA Category 1 Credits™  
No charge

On July 9, 2012, the Federal Drug Administration approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications.

The ER/LA opioids are highly potent drugs that are approved to treat moderate to severe persistent pain for serious and chronic conditions, but the misuse and abuse of these drugs have resulted in a serious public crisis of addiction, overdose and death.

This 3-hour Opioid Prescribing/REMS course introduces new safety measures to reduce risks and improve safe use of ER/LA opioids while continuing to provide access to these medications for patients in pain.

Course materials can be downloaded at [www.alamedical.org/annualsession](http://www.alamedical.org/annualsession). Pre-registration is required. Members and non-members are invited to participate.

**Questions?** Contact Margaret McGuire at (334) 954-2519. Don't delay – time is running out!



## Prescribing of Controlled Drugs and Opioid Prescribing: Safe Practice, Changing Lives

July 1-3, 2016

Sandestin Golf & Beach Resort,  
Destin, Fla.

Room rate: \$219/night

Call (800) 622-1038

Room block deadline: May 31

Room block code: 23G4NB

12-hour course begins at

1 p.m., July 1, and ends at noon,  
July 3



[www.alamedical.org/Prescribing](http://www.alamedical.org/Prescribing)

November 18-20, 2016

Hyatt Regency, The Wynfrey  
Birmingham, Ala.

Room rate: \$134/night

(205) 705-1234

Room block deadline: Oct. 16, 2016

Room block code: Medical Association

Friday, Nov. 18 – Medical Ethics

Saturday, Nov. 19 – Prescribing of  
Controlled Drugs

Sunday, Nov. 20 – Opioid Prescribing:  
Safe Practice, Changing Lives

[www.alamedical.org/Prescribing](http://www.alamedical.org/Prescribing)



## Medical Association News

The Medical Association is sporting a new logo and recently launched a new website. As a result of the latter, the Medical Association has a new web address and staff have new email addresses.

The Medical Association's web address is now [www.alamedical.org](http://www.alamedical.org). The website has a fresh new look we hope you find appealing and easy to navigate. Staff email addresses now consist of the first letter of each person's first name, their last name plus '@alamedical.org'. For example, John Doe's email address would be [jdoe@alamedical.org](mailto:jdoe@alamedical.org). Please update your address book to reflect the changes; the old web and email addresses will soon be eliminated.

## Professionalism in the use of social media

### AMA Opinion 9.124

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession and provide opportunity to widely disseminate public health messages and other health communication. Social networks, blogs and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:



- a. Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- b. When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites, and, to the extent possible, content posted about them by others, is accurate and appropriate.
- c. If physicians interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.
- d. To maintain appropriate professional boundaries, physicians should consider separating personal and professional content online.
- e. When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.
- f. Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students) and can undermine public trust in the medical profession.

## CME COMPLIANCE REMINDER

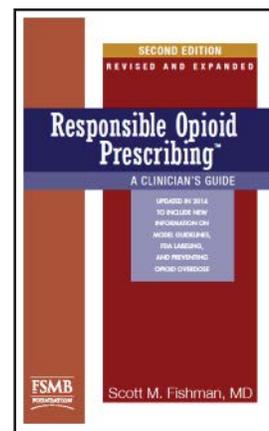
All physicians and physician assistants are required to obtain twenty-five (25) *AMA PRA Category 1 Credits™* or equivalent annually.

Examine CME courses/documentation carefully. Nationally recognized advanced life support/resuscitation certification courses, not otherwise accredited for *AMA PRA Category 1 Credits™*, offer a maximum of two (2) Category 1 credits for each course.

Basic life support courses are excluded and are not deemed to be the equivalent of Category 1 CME.

## FSMB Foundation offers *Responsible Opioid Prescribing™* A Clinician's Guide

Scott M. Fishman, MD, Chief,  
Division of Pain Medicine  
University of California, Davis



\$16.95 price for paperback book includes up to 7.25 *AMA PRA Category 1 Credits™* through Oct. 1, 2016.

To order, go to  
<https://fsmb.org/books>.

## Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners

*Mission: The Alabama Board of Medical Examiners and the Medical Licensure Commission are charged with protecting the health and safety of the citizens of the state of Alabama.*

### MLC – December 2015

◆ On Dec. 17, the Commission entered an Order dismissing the Administrative Complaint filed against **Mary Dell Railey, MD**, lic. no. MD.25741, Birmingham, AL.

### BME – December 2015

◆ On Dec. 16, the Board issued an Order removing the voluntary restrictions from the certificate of qualification and license to practice medicine in Alabama of **Joel P. Laughlin, MD**, lic. no. MD.27030, Mobile, AL, and reinstating it to full, unrestricted status.

◆ On Dec. 16, the Board accepted the Voluntary Surrender of the certificate of qualification and license to practice medicine in Alabama of **Mary Dell Railey, MD**, lic. no. MD.25741, Birmingham, AL.

### MLC – January 2016

◆ On Jan. 14, the Commission entered an Order reinstating to full,

unrestricted status the license to practice medicine in Alabama of **Anthony V. Dallas, MD**, lic. no. MD.30816, Brentwood, TN.

### BME – January 2016

◆ On Jan. 5, **Francisco Huidor, MD**, lic. no. MD.25202, Montgomery, AL, voluntarily surrendered his certificate of qualification and license to practice medicine in Alabama.

### MLC – February 2016

◆ On Feb. 5, the Commission entered an Order reinstating to full, unrestricted status the license to practice medicine in Alabama of **Morris Wayne Cochran, MD**, lic. no. MD.14439, Vestavia, AL.

◆ On Feb. 5, the Commission entered an Order on the appeal of denial of application for certificate of qualification of **Javar Myatt-Jones, MD**, Sheffield, AL, ordering the Board to issue a certificate of qualification.

◆ On Feb. 5, the Commission entered an Order reinstating on indefinite probation the license to practice medicine in Alabama of

**Russell Wayne Stevens, MD**, lic. no. MD.26655, Fairhope, AL.

### BME – February 2016

◆ On Feb. 5, amended by Order dated Feb. 23, the Board issued an Order restricting the Alabama Controlled Substances Certificate of **Larry T. Bolton, MD**, lic. no. MD.5951, Scottsboro, AL, assessing an administrative fine, and requiring a course of medical education.

### Actions on ACSC for not being registered for PDMP (administrative fine):

• **Preston A. Wigfall, MD**, lic. no. MD.17103, Watertown, NY

### Actions on ACSC for prescribing controlled substances with expired ACSC (administrative fine):

- **Rosa J. Bell, MD**, lic. no. MD.23542, Montgomery, AL
- **John M. Croushorn, MD**, lic. no. MD.25971, Birmingham, AL
- **Woodrow J. Farrington, II, MD**, lic. no. MD.33083, Birmingham, AL
- **Usaha K. Nuthi, MD**, lic. no. MD.22841, Huntsville, AL

## Annual Report, cont.

16. ABME Physician Monitoring Contracts Expired/Terminated .....	3
17. Physician Monitoring Program - Physicians Currently Monitored .....	136
18. Number of Physicians Monitored Since 1990 .....	1,200
19. Non-Disciplinary Board Orders .....	46
a. Continuing Medical Education .....	31
<i>Prescribing Related</i> .....	8
b. Evaluation .....	15
20. Sent for Expert Review .....	7
21. Administrative Complaints filed with Medical Licensure Commission.....	35
22. Assessments (MLC and ABME).....	45
a. Administrative Fines .....	39
b. Administrative Costs .....	6
23. Summary Suspensions .....	2
a. Surrendered .....	2
24. Voluntary Surrender of Medical License .....	6



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**Look inside for important news from the Board of Medical Examiners that pertains to your license to practice medicine in Alabama.**

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## 2016 Board Meetings

The Board meets on the third Wednesday of each month. The public portion of the meetings begins at 10 a.m.

- May 18
- June 8
- July 20
- August 17
- September 21
- October 19
- November 16
- December 14



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**@AlaMedBd**

Receive alerts for new public actions, agendas, newsletters and rules.

Alabama law requires physicians

to inform the MLC in writing within 15 days of any address change.

Forms may be found at

<http://www.albme.org/forms>.

## SAVE A TREE!

Receive this newsletter electronically.  
Send an email to [bmenews@alamedical.org](mailto:bmenews@alamedical.org) to sign up.

