



MEDICALDIGEST

Summer 2020

www.albme.org



A Word from the Associate Executive Director

William M. Perkins

When Governor Kay Ivey declared a state of emergency due to the COVID-19 pandemic on March 13, 2020, the members of the Board of Medical Examiners, Medical Licensure Commission, and staff leaped into action.

TELEWORK

Immediately after receiving direction from the Governor, Board and Commission staff, except for a small (but brave) skeleton crew, transitioned to working remotely on March 16th. Fortunately, the Board already had in place much of the infrastructure needed to accomplish this. A big “Thank You” to the Board’s IT Department who worked around the clock, ensuring that all staff had the equipment and access necessary for a seamless transition.

EMERGENCY LICENSURE

The Board urgently changed its regular March meeting to Saturday, March 14th in order to complete business before the disruption and closures anticipated by the health emergency. The Board then held an emergency tele-video meeting on March 19th to establish a pathway for emergency licensure for out of state physicians and physician assistants to provide assistance in treating Alabama patients suffering from and affected by the COVID-19 pandemic. The Commission also held an emergency meeting on March 20th for the same purpose. These emergency licensure provisions for physicians, physician assistants, and anesthesiology assistants went into effect on March 23rd. Through June 1st, over 1,300 physician and 25 Physician Assistant emergency licenses have been issued.

DEDICATED STAFF

During the first few weeks of the state of emergency, Board and Commission staff worked tirelessly, attending meetings, preparing for emergency licensure, and setting up their home workspaces, all while still attending to their regular duties.

A Word from the Associate Executive Director continued on page 2...

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Through dedication and teamwork, staff successfully managed the inevitable increase in inquiries from licensees and patients, as well as an overall increased workload. The Board and Commission are extremely proud and appreciative of their dedicated staff.

FURTHER ACTIONS

As the health emergency progressed, the agencies continued to respond by offering emergency reactivation of retired physicians' licenses and emergency reinstatement of inactive licenses. Additionally, the Board of Medical Examiners and the Board of Pharmacy announced an enforcement discretion policy that mirrored the relaxing of DEA rules. Information relevant for licensees and patients was frequently and timely updated on our website.

THE FUTURE

Throughout this experience, it has been apparent that with dedicated staff and leadership, novel and challenging situations can be successfully overcome with teamwork, flexibility, and grace. The Board and Commission are confident that their staff can handle just about any unique or difficult circumstances that may arise in the future.

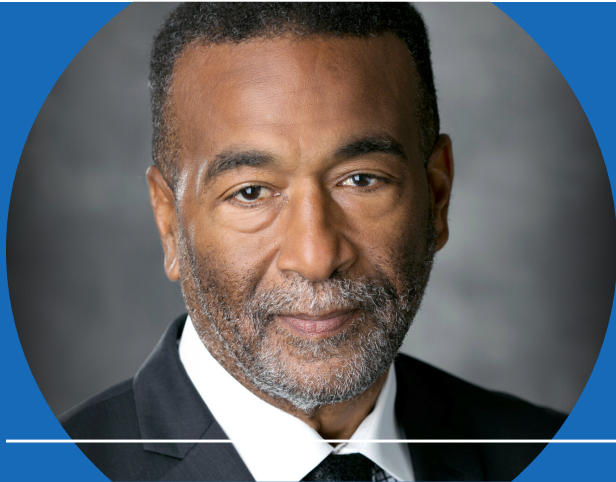


CME requirement modified for COVID-19

The Board and Commission recognize the difficulty licensees may have meeting the annual continuing medical education requirement in 2020 due to the public health emergency. Consequently, all licensees (MD/DO/PA/AA) are exempt for 2020 from the annual requirement to earn 25 credits for license renewal, and no compliance audit for these 2020 credits will be conducted.

Credits earned in 2020 may not be "rolled over" to 2021 to meet the 2022 license renewal requirement.

In determining compliance with the controlled substances CME requirements for ACSCs (two credits biennially) and QACSCs (four credits biennially), the Board will extend the two-year period to include 2020. If your two-year period was 2019-2020, it is now 2019-2021. If it was 2020-2021, it is now 2020-2022. Qualifying controlled substances CME credits earned in 2020 may be used to comply with the biennial requirement.



Honoring Dr. Jefferson Underwood

Long-time Montgomery physician and Medical Association past President Jefferson Underwood III, M.D., was recently honored with two distinct awards.

The Alabama Chapter American College of Physicians recognized Jefferson Underwood III, MD, FACP, as the 2020 Laureate Award recipient and the Medical Association of the State of Alabama presented Dr. Underwood with the 2020 Samuel Buford Word Award. These presentations are typically made in person at the annual meetings, but due to the cancellation of this year's events because of COVID-19, Dr. Underwood was honored in his home with a small group of family and colleagues present.

In 2018, Dr. Underwood became the first African-American male to serve as President of the Medical Association. He previously served the Association as President-Elect, Vice President and Secretary-Treasurer.

He is a Summa Cum Laude graduate of Alabama State University in Montgomery and Meharry Medical College in Nashville, Tenn. He completed his internship and residency at D.C. General Hospital/Georgetown University in Washington, D.C.

He previously received the Douglas L. Cannon Award from the Medical Association for Outstanding Medical Journalism for Community Service, the Alabama Young Democrats Achievement Award for Community Service in Health, 2005 Physician of the Year, and 2015 Montgomery's Top Doctor by the International Association of Internal Medicine.

"It was an honor for me to present the 2020 Samuel Buford Word Award, the Medical Association's highest honor, to Jefferson Underwood. The Word Award is presented to a physician for outstanding service to humanity that goes above and beyond the usual call of duty. That certainly describes Jefferson Underwood," said John S. Meigs, Jr., MD, current President of the Medical Association. "Whether in his service to the Association, his service to the community or his service to his profession, Jefferson has always exemplified grace, dignity and compassion with a quiet strength and conviction that characterized his own sense of fairness and respect for others that resulted in true service to humanity."

Giving back to his community is one of Dr. Underwood's passions. As an adjunct professor at Alabama State University, he taught biology. He also served on the board of directors for the Montgomery Area United Way, the Alliance for Responsible Individual Choices for AIDS/HIV, Montgomery County Health Department Hunt Diabetic Clinic, Central Alabama Home Health, Oxford Home Health, Father Walter's Center for Gifted Children, Habitat for Humanity, and was the health editor for The Montgomery Advertiser.

Honoring Dr. Jefferson Underwood continued on page 4...

During the presentation of the awards, Dr. Underwood was also presented with a clock from the Alabama Board of Medical Examiners as a memento of his service to the Board. “Why do we present you with a clock? Because, the clock represents time, and, time represents eternity. As a member of our Board staff has said, ‘Once a member of the Board, always a member of the Board,’” Dr. Mark LeQuire, MD FACR, explains. “In preparation for this presentation, I walked about the halls of the Board building, admiring the composites of previous Board members, and was invigorated to remember the giants in medicine in the State of Alabama whom have served. Jefferson you are one of those giants, and now, you will always be one of those giants. The fraternity of your fellow Board members thanks you for your service, for the exemplary manner in which you modeled the perfect physician priest, for your calming demeanor and influence in times of both need and stress, and for just simply being our brother and our friend. Remember, we will always cherish you, you will never be forgotten, and we are always at your service. May our God bless you and yours every so richly and deeply.”



Physician to Physician Communication

Author: Beverly F. Jordan, M.D.

Lack of communication among physicians can lead to poor patient care as well as frustration and increased burnout. These days, practices are “siloe

d” with many solo practitioners, only one group physician in the office at a time, and increased use of physician extenders to fill some roles. The result is less opportunity for casual communication between providers. Add in a global pandemic, and practitioners are even more isolated. Imagine being a new physician to a community in this time of isolation.

In the interest of patient care, physicians should reach out to other physicians with questions. Many things can be explained verbally much better than in a written note. However, sometimes there is difficulty in timely physician to physician communication. Office staff may be so well trained to take messages that they may forget that these calls should take priority.

Office staff should be reminded that physician phone calls are a top priority, and they should either page you or get you out of a room to take the call. Consider sharing cellular numbers with other physicians for easier direct contact.

There should be a plan for when another physician contacts the office staff and you are not there, whether that is providing your personal cell phone number, contacting you immediately to let you know about the call, or getting the on-call physician to talk to the calling physician.

Physicians placing calls to their colleagues should identify themselves as such. Many doctors, in an effort to be friendly, introduce themselves without their title, confusing the staff as to who is calling.

Considerations upon discharging patients and retiring from or closing a practice



Author: Patrick O'Neill, M.D.

In the Spring 2020 Medical Digest, we touched briefly on the subject of medical records management and a physician's duty to make the medical record available to a succeeding physician or other authorized person upon departure, sale of the practice, retirement, or death. Here we will expand upon things to consider when departing from a practice and when discharging patients.

DISCHARGING PATIENTS

Patients have a right to continuity of care and have a reasonable expectation that their physician will not discontinue treating them without sufficient notice. Physicians have an obligation to support continuity of care and to provide their patients with reasonable assistance in making alternative arrangements for care. The following guidelines are recommended:

- Provide the patient with 30 days of emergency care from the date of providing them a dismissal letter in writing.

- The dismissal letter should include:
 - Brief description of dismissal reason
 - Stated 30 day timeframe of emergency care
 - Resources provided in order to assist the patient in finding a new physician (such as directing them to their local medical society or insurance company)
 - How patients may obtain their medical records and the cost of reproduction

DEPARTING FROM OR RETIRING/ CLOSING A PRACTICE

As with discharging a patient, a physician who retires, departs from a practice, or closes a practice must ensure that his or her active patients receive reasonable notification of this event. When a physician is leaving an active practice, he or she is responsible for notifying his or her active patients of the departure. However, this responsibility may be assumed by another party, such as the practice group that the physician is leaving.

- The determination of who is an "active" patient will depend on the type of practice. However, insurance companies typically determine an "active" patient as one seen in the last 3 years unless the relationship has already been severed in that time.
- "Reasonable notification" will also depend on a variety of factors. Sometimes there is plenty of lead time, and sometimes an unforeseeable event occurs that allows very little time for notice to patients. The Board will take these variables into consideration when evaluating a patient abandonment complaint.
- Again, most practices provide at least thirty days' notice, with direct mail being the preferred method of

notifying patients.

- As for other steps aside from or including direct notification:
 - The notification should include
 - + The intended date of departure
 - + Instructions on how medical records can be transferred or provided to the patient
 - + If the practice is being assumed by another physician, include the name, address, and telephone number of that physician
 - When a physician departs from a group, the notice should also include
 - + The departing physician's new practice address and telephone number, if known
 - + Instructions on how to transfer medical records to the departing physician's new practice at the patient's election
 - In any and all cases the physician must also provide his or her patients with the opportunity to arrange for the transfer of their medical records

In the event and after the closing of a practice, a physician should:

- Place a written notice on the door or other visible area of the office or building
 - + This notice should contain instructions detailing where the medical records are located and how copies can be transferred or obtained
 - + The same instructions should be made available to any leasing agent, new tenant, or owner of the building
- Any patient records that have not been duplicated and transferred should be made available for a reasonable period of time after the office closing
 - + After that time, you should notify

Considerations upon discharging patients and retiring from or closing a practice continued on page 6...

the Board of the arrangements you have made for records storage for at least 10 years, and how they can be retrieved (if needed) at a later date

- + Physicians should ensure that records that are to be discarded are destroyed to protect confidentiality
- Also, when closing or leaving a medical practice, notify the Board of a change in your status and/or mailing address and request legal removal and disposal of any unused medications (especially important if they are controlled)



Alabama Department of Public Health Advises Health Care Providers in Use of COVID-19 Tests not Approved by the United States Food and Drug Administration

The Alabama Department of Public Health (ADPH) supports health care workers' efforts to care for Alabama citizens during this COVID-19 health crisis. As this public health emergency evolves, there is need for increased availability of SARS CoV-2 diagnostic testing. In response to this demand, the United States Food and Drug Administration (FDA) released policies to authorize emergency use of in vitro diagnostics to increase testing capacity and development to promote widespread testing for COVID-19. As a result, the availability of commercial testing devices proliferated, many with false claims by distributors. ADPH therefore advises health care providers to choose COVID-19 testing systems that are FDA approved when making decisions regarding their patients.

Tests not approved by the FDA can produce false results and lead to unintended consequences for the patient and broader community. A false negative result from a non-approved kit may lead someone who has COVID-19 to think they are not infected and cannot spread the illness. Patients need accurate information about their health, and health care providers and officials need accurate information to provide appropriate medical care and make public health decisions.

Currently, the most accurate FDA-approved testing available is polymerase chain reaction (PCR) assays. PCR tests can detect small amounts of the virus collected in samples from the patient's nose or throat. Public health, commercial, and some clinical laboratories use PCR technology to diagnose COVID-19 infections. Many of these tests have FDA approval through emergency use authorization (EUA).

Serology testing is gaining momentum in the marketplace as collection of blood samples is easy and many platforms are point of care with results in minutes. Serological tests detect if an individual's body is developing antibodies against COVID-19. While these tests can be used to track disease, they are not reliable as or recommended for diagnostics and is even stated on most package inserts. At this

*ADPH Advises Health Care Providers in Use of
COVID-19 Tests continued on page 7...*

time, there are only three serological tests that are EUA approved (<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd>).

If your facility is considering a serology-based test that is not EUA approved by FDA, understand that:

- Currently no Centers for Disease Control and Prevention guidance exists as to how to interpret or take public health action in response to a positive or negative COVID-19 serology result.
- These tests have not had performance reviews by FDA.
- Negative serology results do not rule out COVID-19 in a patient.
- Serological testing should not be the sole basis to diagnose or exclude infection, or to inform infection status.
- The immune response to SARS-CoV-2 infection is poorly understood at this time.
- Cross reactivity is likely. Positive results could reflect past or present infection with non-SARS-CoV-2 strains.
- False negative results could occur when the immune response is too low to be detected.
- If serology-based test results are submitted to ADPH, they will not be included in the COVID-19 counts at this time due to lack of guidance regarding interpretation.

ADPH fully supports health care providers on the front lines of this pandemic and trust they will use this advisory to make informed decisions regarding their patient's health. It is important to be aware of distributors' false claims. Thank you for your commitment and dedication in service for the citizens of Alabama. If you have questions regarding this information, contact Burnestine Taylor, M.D., at burnestine.taylor@adph.state.al.us.



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.

BME - April 2020

- On Apr. 20, the Board denied the application for a certificate of qualification of Marcus D. Freeman, MD, Cantonment FL.

MLC - April 2020

- On Apr. 28, the Commission denied the request of James D. Blake, MD, lic. no. MD.8072, Hoover AL, to reinstate his medical license.

- On Apr. 28, the Commission denied the request of Amjad I. Butt, MD, lic. no. MD.29003, Valley Grande AL, to lift the restrictions on his medical license.

BME - May 2020

- Effective May 21, the Alabama Controlled Substances Certificate of William E. Alldredge, MD, lic. no. MD.12074, Tuscaloosa AL, is placed on probation with conditions.

MLC - May 2020

- On May 27, the license to practice medicine of Rica S. Bogdany, MD, lic. no. MD.14220, Orlando FL, was placed on probation.

BME - June 2020

- Effective June 17, the certificate of qualification and license to practice

medicine in Alabama of Celia W. Turney, MD, lic. no. MD.11042, Toney AL, has been voluntarily surrendered.

- Effective June 17, the certificate of qualification and license to practice medicine in Alabama of Paul A. Roberts, MD, lic. no. MD.24557, Dora AL, has been voluntarily surrendered.

- Effective June 17, the certificate of qualification and license to practice medicine in Alabama of David K. Williamson, MD, lic. no. MD.14007, Wilsonville AL, has been voluntarily surrendered.

MLC - June 2020

- On June 2, the Commission affirmed the denial of the application for a certificate of qualification of Marcus Freeman, MD, Cantonment FL.



Alabama State Board of Medical Examiners

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Upcoming BME Meeting Dates

Aug 19 • Sept 16 • Oct 21 • Nov 19

The public portion of each meeting is scheduled for 10 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Meeting agendas and a full list of meeting dates and times can be found online at www.albme.org.

Upcoming MLC Meeting Dates

Aug 26 • Sept 23 • Oct 28 • Nov 23

Meetings are held in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Have questions or need assistance?

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About MedicalDigest...

MedicalDigest is the official publication of the Alabama Board of Medical Examiners and Medical Licensure Commission. It is published four times per year.

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Questions? Please contact the Board of Medical Examiners at (334) 242-4116.