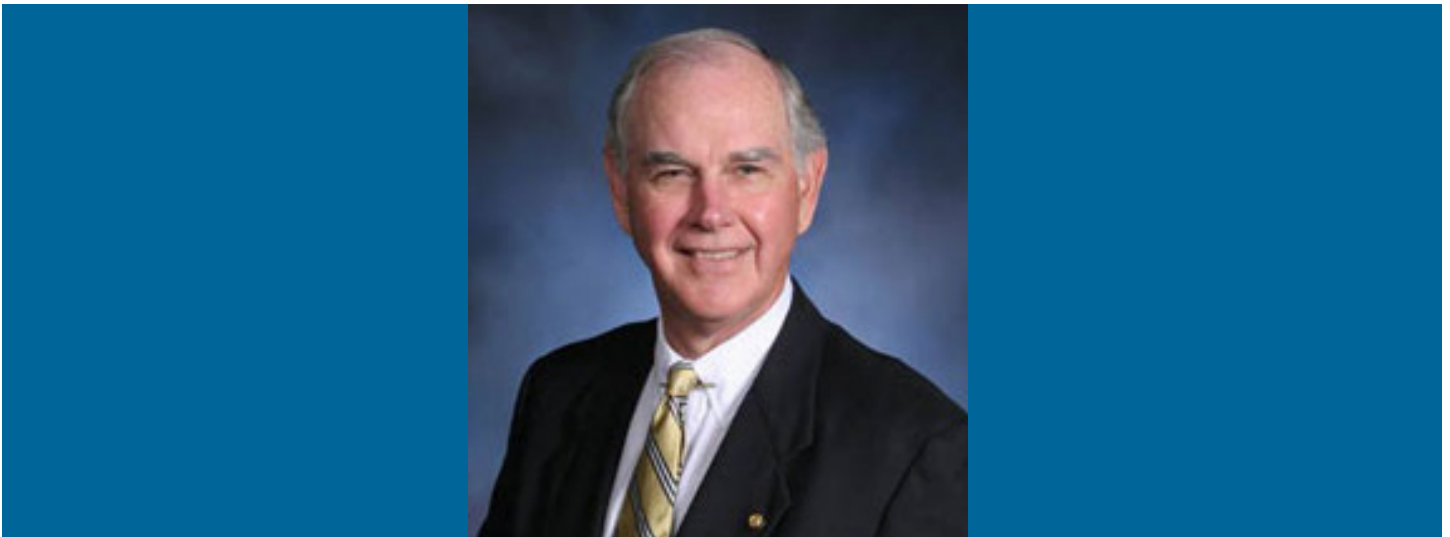




MEDICALDIGEST

Winter 2021

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Statement on the Passing of Former Senator Larry Dixon

MONTGOMERY – Dr. Mark LeQuire, Chairman of the Alabama Board of Medical Examiners, and William M. Perkins, Executive Director of the Alabama Board of Medical Examiners, issued the following statement last month on the passing of former State Senator Larry Dixon:

“The Alabama Board of Medical Examiners is saddened to learn of the death of our former Executive Director, Larry Dixon. From 1981 until his retirement in 2016, Larry served as the Board’s Executive Director and his accomplishments are many. He established the continuing education department at the Medical Association of the State of Alabama. He served four terms on the U.S. Federation of State Medical Boards (FSMB) and was the first president of the Administrators in Medicine, an organization he helped charter. In 2014, FSMB awarded him its Lifetime Achievement Award, and he was inducted into the Alabama Healthcare Hall of Fame in 2016. When he retired from the Board of Medical Examiners, our building in Montgomery was renamed in his honor as the Dixon-Parker Building.

“While we mourn Larry Dixon’s passing, we are forever grateful for his distinguished service to the medical profession and to the State of Alabama. He set an incredible example of service for us all. Our thoughts and prayers are with his wife, Gaynell, and his family during this difficult time.”

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Adverse Event Reporting of Compounded Drugs

In September 2019, the U.S. Food & Drug Administration issued a statement on improving adverse event reporting of compounded drugs, finding that compounded drugs can present risks to patients since they are not evaluated by the FDA for safety, effectiveness, and quality, and discussing the steps being taken by the agency to improve adverse event reporting and analysis to be sure they are doing the most they can to protect patients.

The FDA inspects outsourcing facilities regularly according to a risk-based schedule, but they rely on the outsourcing facilities to do their part in alerting the FDA of issues that may endanger the health of patients. As an example, during an inspection of a compounded hormone pellets facility, it was uncovered that over 4,000 adverse events had never been reported. The information in the reports suggested compounded hormone pellets were possibly associated with endometrial cancer, prostate cancer, strokes, heart attacks, deep vein thrombosis, cellulitis, and pellet extrusion. However, because the reports lacked certain critical information, the FDA was able to attribute only a small percentage of the adverse events to the use of compounded hormone pellets containing testosterone.

Because compounded products are not approved by the FDA, there is no assurance of safety and efficacy. Outsourcing facilities such as those that produced the hormone pellets, are required to report certain events to the FDA. The agency uses those reports to monitor safety issues to help protect the public. However, this is more difficult when information is outdated or missing. All companies, health care professionals, and patients are encouraged to report adverse events as soon as they know about them.

The FDA continues to work with outsourcing facilities to improve mechanisms for obtaining reports of adverse events associated with their products and for providing event reports to the agency. To enhance its understanding of the safety of compounded hormones, the FDA has contracted with the National Academy of Sciences, Engineering, and Medicine to conduct a study on the risks associated with compounded hormone products and the clinical utility of treating patients with compounded products. The FDA will also be studying the available evidence of the safety and effectiveness of multi-ingredient compounded topical pain creams and plans to share updates with the public as information is available.

The FDA will continue to work to ensure patients have appropriate access to compounded medications. However, they must ensure that all steps are taken to help reduce risks to patients. Physicians who compound medications in their offices should report adverse events to the FDA as soon as they know of them. Information on the safety history of compounded drugs, through the reporting of adverse events, is vital to protecting the public health.

AMA Opioid Task Force 2020 Progress Report

The American Medical Association reported on physicians' progress toward ending the nation's drug overdose and death epidemic.

The report stated that in 2019, there was a 37.1% decrease in opioid prescriptions, a 64.4% increase in the use of state prescription drug monitoring programs, hundreds of thousands of physicians accessing CME and other courses on substance use disorders and treating and managing pain, and over 85,000 health care practitioners certified to prescribe buprenorphine in the office – an increase of nearly 50,000 since 2017.

There are signs that overdoses related to prescription opioids decreased slightly. However, the AMA believes the number of drug overdoses will continue to rise unless more is done to help the more than 2 million Americans with an untreated substance use disorder and that removing the barriers for patients to receive evidence-based treatment is a critical first step to helping end the epidemic.

<https://www.ama-assn.org/system/files/2020-07/opioid-task-force-progress-report.pdf>

Brorphine – a new synthetic opioid on the rise

Laboratories reported the appearance of the potent synthetic opioid isotonitazene on the illicit drug market in late 2019. In June 2020, the US Drug Enforcement Agency temporarily scheduled isotonitazene, and shortly thereafter, detections of brorphine in the U.S. began to increase, particularly in the Midwest. Brorphine is a potent synthetic opioid with structural resemblance to fentanyl and its analogues. It is not controlled in the U.S. under the scheduling of fentanyl related substances. Recent detections in drug related deaths indicate this new synthetic opioid has the potential to cause widespread harm and is of public health concern.

Recommendations for clinicians

- Become familiar with the signs and symptoms associated with synthetic opioid use (sedation, respiratory depression).
- Naloxone should be administered to reverse critical respiratory depression, and repeated naloxone administration may be necessary. Be aware that clinical conditions may change rapidly and unpredictably after naloxone administration due to precipitation of withdrawal.
- Be mindful that illicit drugs have limited quality control, containing undeclared substances that impact the expected clinical effects or findings.
- Counsel about the dangers of synthetic opioid products and other drugs.

Source: [npsdiscovery.org \[https://www.npsdiscovery.org/wp-content/uploads/2020/07/Public-Alert_Brorphine_NPS-Discovery_072720.pdf\]](https://www.npsdiscovery.org/wp-content/uploads/2020/07/Public-Alert_Brorphine_NPS-Discovery_072720.pdf)

NEW: Upload your CME documentation at the Licensee Portal

The Board and Commission continue to add new features to the Licensee Portal at www.albme.org. Now in addition to updating your demographic information, specialty, board certification status, and other state licensure; printing license and registration certificates; and viewing your renewal history, you can upload your continuing medical education certificates.

The Board and Commission have exempted all licensees from the CME requirement for 2020 and will not conduct an audit in 2021. The repository will be helpful in future audits as selected licensees can simply upload their documentation to the repository and it will be available to the auditor. It also provides licensees a secure, easily accessible place to save their CME documentation.

Initial full license application fully online

We are pleased to announce that the application for an initial certificate of qualification to practice medicine is completely online, utilizing the Uniform Application (UA) developed by the Federation of State Medical Boards (FSMB).

Applicants should go to the physician applications page at www.albme.org. From there, they will be directed to click on a link to the UA to begin the application process. Instructions are available at the beginning of the process. There is a one-time \$60 fee to the FSMB to begin the application. The applicant is prompted toward the end of the process to request that fingerprint cards be mailed to them. At the conclusion of the process, the (current) \$240 application/criminal background check fee is paid.

The application must be completed in one sitting. Once the application has begun processing, a Credentialing Specialist will email the applicant an online checklist.

Changes in Board's organizational structure to streamline operations

In the Fall 2020 Medical Digest, the Board announced the promotion of William M. Perkins to the position of Executive Director. Since that time, there have been revisions to the Board and Commission staff organizational structure. The Board is pleased to announce the following appointments:

J. Matthew Hart, Esq. – Special Counsel to the Executive Director and Director of Administration
Brandi Madderra – Director, Human Resources
Amy T. Dorminey – Director, Board Operations
Mandy Ellis – Board Secretary
Amanda Hargrove – Director, Advanced Practice Providers
Kimie Buley – Director, Physician Assistant Licensing
Pat Ward – Director, Collaborative Practices
Deana Bozeman – Finance Director
Scott Johnson – Director of Facilities
Karen Silas – Director of Commission Operations

The organizational changes will help streamline operations, facilitate collaboration, and establish a clear reporting structure.



Medical Licensure Commission Announces New Wall Certificate Design

The Medical Licensure Commission recently enlisted the assistance of a graphics consultant to update Alabama's medical license wall certificate, which was originally designed in 1981. The current license wall certificate bears the Governor's seal, which is used by many state agencies, and the Commission wanted a design that is unique for the practice of medicine in Alabama.

The Staff of Asclepius, a symbol of the medical profession used by many medical schools and physician organizations, is the focal point for the new design and gives the medical license certificate a stronger connection to the practice of medicine. The new graphic retains the connection to our state with the gold state outline, and 1876 is the year the original Medical Practice Act was passed by the Alabama Legislature. The eight stars represent the eight-member Medical Licensure Commission, and the banner across the front bears the Latin words for three key attributes patients look for in a physician: knowledge, compassion, and integrity.

New medical licenses issued after October 15, 2020, will bear this new certificate design. **Licensees who wish to replace their existing wall certificate with a certificate of the new design may do so at no charge by returning their current certificate along with a completed wall certificate replacement form which you can find at our web site, www.albme.org.** A licensee may replace a lost or destroyed certificate by submitting the certificate replacement form along with a check for the \$25.00 replacement fee and a notarized affidavit explaining why the previously issued certificate could not be returned.

RESPONSIBILITY TO PATIENTS WITH COMMUNICATION DISABILITIES UNDER THE ADA

The Americans with Disabilities Act (ADA) requires that a physician's office provide adequate communication options for all patients with communication disabilities. These disabilities include those related to vision, hearing, or speech that make conventional forms of communication difficult. The ADA requires a physician's office to provide "auxiliary aids and services" to any patient, or a patient's parent, spouse, or companion in appropriate circumstances when needed.

Extra time should be given to patients with speech disabilities to ensure that communication is effective. Such patients often utilize written forms of communication, so it is imperative to have pen and paper available and to allow the patient to utilize communication devices if necessary to be fully understood. For some situations, a qualified speech-to-speech translator may be required.

Patients with vision loss may require that the physician provide a qualified reader; information in large print, Braille, or electronically for use with a computer screen-reading program; or an audio recording of printed materials.

Patients with hearing loss may require that the physician provide a qualified notetaker; a qualified sign language interpreter, or a tactile interpreter; or a printed script of medical directions. For ADA purposes, "qualified" means someone that can interpret and translate effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary of the medical situation.

It is the physician's responsibility to provide these services when requested in order to ensure equal quality of care


under the ADA.

While patients with communication disabilities often bring a family member or companion to assist them, it is up to the physician to determine if the patient's companion(s) satisfy the ADA's qualification requirements. Often it is the case that friends and family members lack the impartiality or the specialized knowledge to function as qualified interpreters. Fortunately, there are many technologies and services available to health care providers to assist in effectively communicating with patients who have communication disabilities.

- **REAL-TIME CAPTIONING** is a service that is similar to court reporting; speech is transcribed to a screen either by a person or a computer voice recognition program.
- **TELECOMMUNICATIONS RELAY SERVICES (TRS)** is a service provided for free by telecommunication companies that can be reached by dialing 7-1-1. This service gives patients with speech or hearing loss the ability to type the text that is then read by an interpreter. This service also provides speech to speech interpretation for patients with speech disabilities.
- **VIDEO RELAY SERVICE** is a free subscription-based service that assists the hearing impaired by allowing them to make phone calls using the aid of a sign language interpreter over a video-capable phone or computer.
- **VIDEO REMOTE INTERPRETING (VRI)** is a fee-based service that uses video conferencing technology to access off-site interpreters to provide real-time sign language or oral interpretation services.

The U.S. Department of Justice's ADA guide to effective communication for Title II and Title III entities can be found on their website at <https://www.ada.gov/effective-comm.htm>.

- More information about the ADA and its requirements can be found at www.ada.gov.



Board and Commission consultant group issues recommendations on sexual boundaries/sexual misconduct

In May 2020, the Federation of State Medical Boards adopted a policy on physician sexual misconduct based on the report and recommendations of a workgroup of medical board members and representatives and subject matter experts. The Alabama State Board of Medical Examiners and Medical Licensure Commission formed a joint consultant group to review the new

policy and make findings and recommendations. In October 2020, both agencies adopted the findings and recommendations issued by the Joint Consultant Group for the Study of Sexual Boundaries and Sexual Misconduct.

Findings of the joint consultant group:

- The medical profession has zero tolerance for the sexual abuse of minors, sexual conduct with incompetent or impaired patients, and rape or forcible sexual contact. These "never events" merit revocation of a medical license.
- Physicians need more education on boundary issues and sexual misconduct. Medical schools do not provide sufficient

Board and Commission consultant group issues recommendations on sexual boundaries/sexual misconduct continued on page 6...

boundary/ethics education.

- Boundary issues likely start in medical school and continue through residency and into medical practice.
- Romantic or sexual interactions between physicians and patients that occur concurrently with the patient-physician relationship are unethical.
- A psychiatrist, and any physician who provides psychotherapy to a patient, may never legitimately enter into a sexual relationship with a current or former patient.
- For all other specialties, a sexual relationship between a physician and a former patient will always be unethical if the physician-patient relationship is ended in order to initiate a sexual relationship or where the sexual relationship is strongly influenced by the previous physician-patient relationship.
- The BME and MLC should exhibit a heightened awareness of their public safety mission when investigating and adjudicating cases of physician sexual misconduct.
- Most physicians are unaware that they have a duty to report violations of the Medical Practice Act under existing Alabama law (Ala. Code Section 34-24-361(b)).
- The utilization of forensic evaluations when investigating and adjudicating misconduct cases leads to better outcomes.

Recommendations of the consultant group:

- Encourage Alabama-based medical schools to increase boundary and medical ethics training.
- Revise joint statement regarding use of chaperones.
- Encourage physicians to complete two or three hours of ethics continuing medical education every two or three years, with online courses being appropriate for maintenance, but periodic in-person training is recommended as well.
- Inform physicians about their duty under the law to report sexual misconduct to the Board and the immunity provided to them for good-faith reports.
- The BME should increase its utilization of letters of concern, consistent with the FSMB recommendation, in instances of marginal boundary violations to create a disciplinary paper trail to facilitate the detection of physicians who may be engaged in misconduct.
- Train staff and members to use trauma-informed procedures when interviewing and interacting with complainants.
- Both agencies should adopt the FSMB's distinction between chaperones and agency-mandated "practice monitors" and utilize practice monitors when appropriate. Physicians who are convicted of sexual misconduct by the BME/MLC shall be required to have a practice monitor present during all patient encounters during any period of rehabilitation or probation.
- Collaborate with physicians and health care institutions in Alabama to educate, encourage, and facilitate reporting by patients, patient surrogates, physicians, and other health care professionals of physician sexual misconduct.
- The BME should enroll in the NPDB's continuous query program and take appropriate disciplinary action when an Alabama-licensed physician is disciplined in another state for sexual misconduct.



Journal of Metabolic Surgery and Allied Care article on reducing usage of opioids co-authored by Board member William J. Suggs, MD

In September 2020, the Journal of Metabolic Surgery and Allied Care published the article "An Opioid-Sparing Protocol Improves Recovery Time and Reduces Opioid Use After Laparoscopic Sleeve Gastrectomy." William J. Suggs, MD, and others conducted a study to determine if an opioid-sparing protocol could decrease opioid use during the postoperative period.

An opioid-sparing protocol was implemented in January 2018 for patients undergoing laparoscopic sleeve gastrectomy (LSG). Recovery time, pain scores, and perioperative opioid use were compared between these patients and a control group.

The average recovery time was significantly shorter in the opioid-sparing group. There was no significant difference in mean postoperative pain scores in the hospital or at home. The opioid-sparing group required significantly fewer opioids postoperatively. Only one out of the 200 patients in the opioid-sparing arm requested an opioid prescription after discharge.

The authors concluded that implementation of an opioid-sparing protocol improved recovery time and reduced postoperative opioid use in the hospital and after discharge without changing perceived pain in patients undergoing LSG.

*Journal of Metabolic Surgery and Allied Care article continued on
page 7...*

The opioid-sparing protocol consisted of preoperative, intraoperative, and postoperative interventions. During the immediate preoperative phase, patients received oral celecoxib (400 mg), gabapentin (300 mg), and intravenous acetaminophen (400 mg). Intraoperatively, a modified laparoscopic transversus abdominus plane (TAP) block was performed. The patients were discharged home on an opioid-sparing pain regimen consisting of celecoxib (200 mg twice daily), gabapentin (300 mg twice daily), acetaminophen (1000 mg every 6 h as needed), and as-needed tramadol for breakthrough pain. The patients were sent home with instructions for tapering off all pain medications within four weeks after surgery.

Please review the full article at <https://doi.org/10.1007/s11695-020-04980-9> for statistical analysis, limitations, etc.



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 - October 2020

- On Oct. 26, the Board denied the application for reinstatement of the Alabama Controlled Substances Certificate of Eyston A. Hunte, MD, lic. no. MD.6323, Mobile AL.
- On Oct. 21, the Board accepted the voluntary surrender of the certificate of qualification and medical license of Jonathan P. Nakhla, MD, lic. no. MD.36939, Mobile AL.
- On Oct. 21, the Board accepted the voluntary surrender of the certificate of qualification and medical license of Louis T. Payne, MD, lic. no. MD.3505, Tuscaloosa AL.

MLC - October 2020

- Effective Oct. 3, the license to practice medicine in Alabama of Mark W. Ernest, MD, lic. no. 36186, Huntsville AL, is placed on probation and he is prohibited from engaging in collaborative practice in Alabama.

- On Oct. 3, the Commission reprimanded the license to practice medicine in Alabama of Scott T. Roethle, MD, lic. no. MD.37235, Overland Park KS.

BME - November 2020

- On Nov. 30, the Board denied the application of Ashla Elam-Bryant, PA, lic. no. PA.1013, Columbus GA, for reinstatement of her license to practice as a physician assistant.
- Effective Nov. 23, the Alabama Controlled Substances Certificate of Richard E. Grant, MD, lic. no. MD.22228, Rainbow City AL, is permanently restricted.
- On Nov. 19, Steven Richardson, PA, lic. no. PA.1482, Huntington Beach CA, voluntarily surrendered his license to practice as a physician assistant.
- On Nov. 6, the Board issued an order denying the petition for reinstatement of the Alabama Controlled Substances Certificate of Scott H. Boswell, MD, lic. no. MD.16975, Jasper AL.

- On Nov. 6, the Board issued an order denying the petition for reinstatement of the certificate of qualification to practice medicine in Alabama of Iqbal I. Singh, MD, lic. no. MD.14549, Selma AL.

MLC - November 2020

- On Nov. 10, the Commission entered an order setting the conditions for removal of probation on the license of Judy O. C. Travis, MD, lic. no. 11061, Demopolis AL 36732.
- On Nov. 5, the Commission entered an order denying the request of Mark P. Koch, DO, lic. no. DO.322, Monroeville AL, to take the SPEX exam in lieu of a CPEP evaluation.
- On Nov. 5, the Commission issued an order denying the request of Karen G. Moore, MD, lic. no. MD.25444, Tuscaloosa AL, for an extension of payment plan.
- On Nov. 5, the Commission issued an order denying the request of Craig C. Oliver, DO, lic. no. DO.2104, Mobile AL, to lift license restrictions and approving work at Univ. of South Alabama Hospital.

BME - December 2020

- None to Date

MLC - December 2020

- On Dec. 1, the Commission issued an amended order setting the requirements for removal of the probation/restrictions on the license of Judy O. C. Travis, MD, lic. no. MD.11061, Demopolis AL.



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Upcoming BME Meeting Dates

Jan 20 • Feb 17 • Mar 17 • April 15 & 17

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

Jan 27 • Feb 24 • Mar 24 • April 21

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

Have questions or need assistance?

Alabama Board of Medical Examiners (334) 242-4116

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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.