

Tennessee Board of Medical Examiners



Newsletter



A regulatory agency of the State of Tennessee

Cordell Hull Building, First Floor, 425 Fifth Avenue North, Nashville, TN 37247-1010

• www.TennesseeAnytime.org

SUPERBACTERIA

ANTIBIOTICS BECOMING LESS EFFECTIVE AGAINST NEW "SUPERBACTERIA"

For over half a century, doctors have relied on antibiotics to treat many infections. When first introduced in the 1940s, it was thought they would be able to fight against bacterial infections forever. These "miracle drugs" have allowed us all to live longer and healthier lives. However, many bacteria that were easily treated by antibiotics in the past are now unaffected by those drugs, largely because of misuse and overuse of antibiotics.

The Centers for Disease Control and Prevention (CDC) estimates that over 50 million unnecessary prescriptions of antibiotics are written each year. Why are so many antibiotics being prescribed? Many people do not realize that antibiotics only fight infections caused by bacteria, but they are not useful in treating infections caused by a virus--like the common cold or the flu. Patients often pressure their doctors for antibiotics for themselves or their sick children, and sometimes doctors grant this request so patients will leave satisfied. In addition, misuse often occurs because people "save" some of an antibiotic for the next time they get sick or take an antibiotic prescribed for someone else.

"We must begin to curb the inappropriate use of antibiotics, or bacteria will eventually become impervious to even the strongest drugs. If that happens, antibiotics will become less and less effective and it will become more difficult to treat common bacterial infections," said Dr. Allen Craig, State Epidemiologist.

How do these tough, drug-resistant strains of bacteria develop? Taking antibiotics when you don't need them can increase your risk of having resistant bacteria if you get sick. Everyone has bacteria living

naturally in our bodies. When you take an antibiotic for a viral infection, these normal bacteria are exposed to antibiotics. This exposure can kill off these naturally occurring bacteria while antibiotic-resistant organisms survive, becoming a kind of "superbacteria."

The CDC estimates that each year, *Streptococcus pneumoniae* infections cause 100,000-135,000 hospitalizations for pneumonia, 7 million ear infections, and over 60,000 other serious infections, including 3,300 cases of meningitis. In the early 1980s, penicillin could treat up to 99 percent of these cases. Today, in Tennessee, resistance rates for penicillin range from 35 to 50 percent.

"It is important that we develop educational campaigns to target both parents and clinicians concerning appropriate antibiotic use. Studies suggest that educational campaigns designed for both the public and physicians lead to fewer antibiotic prescriptions. Decreased antibiotic use leads to a decrease in resistance rates," said Dr. Craig.

The Tennessee Department of Health's statewide campaign is gaining momentum and will focus on educating parents and health care providers about the importance of appropriate antibiotic use and risks of resistance. In the spring of 2002, the Department brought together clinicians, parents, pharmaceutical companies, day care center staff and other interested parties to form a coalition to determine how to get the message out about proper antibiotic use. If you are interested in joining this coalition, or would like more information about this topic, contact Katie Garman at 615-741-7247 or katie.garman@state.tn.us.

GOVERNOR REAPPOINTS BOARD MEMBER

Governor Don Sundquist reappoints Board member.

Allen S. Edmonson, M.D., a Board-certified orthopedic surgeon, was educated at the University of Tennessee where he earned his medical degree in 1953. Dr. Edmonson is a professor and Chair of the Department of Orthopedics at the University of Tennessee and is currently the Board's secretary. Dr. Edmonson's new term expires April 30, 2007.

WELCOME NEW BOARD MEMBER!

Governor Don Sundquist made one new appointment to the Board in March 2002.

Ms. Louise Gaw of Cookeville, Tennessee fills the consumer position vacated by Ms. Barbara McElroy. Ms. Gaw is a native Tennessean who resides in Cookeville where she, along with her husband, manage various residential properties. Ms. Gaw has three adult children and two grandchildren.

BOARD OF MEDICAL EXAMINERS LICENSING ONLINE

Renewing Your Professional License Just Got a Bit Easier at

www.TennesseeAnytime.org/HLRS/

Beginning in December 2001, renewing your professional health license got a bit easier. The Department of Health has implemented an online process that allows all professions and facilities of Health to renew their licenses online and/or update their information. The process is quick, simple, secure, and convenient – and even allows you to pay for your renewal with a credit card.

OKAY, SO HOW DO I RENEW ONLINE?

In just four quick steps you'll be there...

Step One – Login In. As a professional, you'll need to select your board, profession and enter your profession license number, your date of birth and social security number or your transaction number from your renewal notice.

Step Two – Update Your Information. Here you'll have the opportunity to update your home address, your work address and even your billing address. Once you've completed entering that information, you're halfway done!

Step Three – Enter your Renewal Information. At this step you'll answer all necessary questions and provide information on licenses from other states. You'll have the ability to update your education information and list your principal place of employment.

Step Four – Payment. Here's where it all comes together. By entering your credit card through the secure site and choosing "submit," you will have completed the online renewal application. **Only choose submit one time!**

WHAT HAPPENS NEXT?

Your renewal information will be posted to the Department of Health's licensing system and once you have met all of the criteria for your profession, you will be mailed your renewal certificate.

That's it – you're done!

So, come check it out and renew online – or even just update your information. We'll see you at www.TennesseeAnytime.org/hlrs/

MAKING THE RENEWAL PROCESS WORK Common Pitfalls to Avoid

If you choose not to renew online, you can ensure that the renewal process will work...and work the first time, every time for you. There are common pitfalls that are shared by persons in each profession. Recognizing these common errors may assist you in avoiding them and ensure trouble-free renewals. Here's how:

Sign your renewal - All applications must bear the licensee's signature.

Return the renewal form intact - Don't separate the one-page renewal form. While it looks like you could, and perhaps should, separate your renewal application, return the original form in ONE PIECE.

Keep your address current – Mail (including your renewal form) is generated using a computer program, which downloads the address the Board's Office has on file for you. If the Board's Office has an incorrect address, the incorrect address will be used for your renewal.

If you are a doctor, file your PPQ (or update) – By statute, we cannot renew your license UNLESS you have a Practitioner Profile Questionnaire on file. (If you need to update your PPQ, simply copy from the one on the internet, make changes in red, and send it to the Board's Office.)

If answering “YES” to any one of the three questions on the back of your renewal, provide an explanation

- The Board’s Office cannot process your renewal until we have written documentation [letter from your physician, court/disciplinary board order(s), etc.] and your written explanation of the events which made you answer “Yes” on your renewal.

Mail the appropriate fee with your renewal application

– Some renewals are received without the fees, or fees are sent separately from renewals, or fees are sent in the wrong amounts.

If any of these errors are made, the renewal application will not be smoothly processed, if at all. Remember, failure to renew by the end of the 60 day grace period will subject the license/registration to administrative revocation for which reinstatement will be required.

**STATUTORY CHANGES
Prescription Monitoring**

On July 3, 2002, the Governor signed into law, Public Chapter 840, Senate Bill 2534, the Controlled Substance Monitoring Act. Under the Act, an advisory committee will be created for the express purpose of creating a database to assist in research, statistical analysis and the education of health care practitioners concerning patients who, by virtue of their conduct in acquiring controlled substances, may require counseling or intervention for substance abuse, by collecting and maintaining data regarding all controlled substances in Schedules II, III and IV dispensed in the state. The data will be submitted to the committee by any practitioner, pharmacist, or pharmacy who dispenses a controlled substance contained in Schedules II, III and IV.

Currently, some 18 states utilize this tracking and monitoring system to eliminate “doctor shopping” by patients who are seeking controlled substances for self-medication or for diversionary purposes (use by family member or friend, or for resale on the street).

Statutory changes may be accessed by using the Board’s website, or by contacting the Board’s office to receive a copy.

**PHYSICIAN ASSISTANT
AMENDED PRESCRIPTIVE PRACTICES**

Public Chapter 527 was signed into law by Governor Don Sundquist in March 2002. Public Chapter 527 amends TCA §63-19-107(B) which had provided that any prescription written and signed and/or any drug issued by a physician assistant was deemed to be that of the physician under whose supervision and control the physician assistant is prescribing. The physician assistant was required to **sign both the supervising physician’s name as well as his/her own.** Under Public Chapter 527, “the physician assistant shall **sign**

his or her name on each prescription so written. Where the preprinted prescription pad contains the names of more than one physician, the physician assistant shall indicate on the prescription which of those physicians is his or her primary supervising physician by placing a checkmark beside or a circle around the name of that physician.” [emphasis added.]

FEE INCREASES

The Board adopted a rule amending Rule 0880-2-.02 **FEES**. The Attorney General has approved the Board’s action increasing fees. The fee increases will be effective November 1, 2002. The new fee schedule will be as follows:

- Application Fee \$400.00
- Licensure Renewal Fee \$225.00
- Late Licensure Renewal Fee \$200.00

**PROPOSED RULE CHANGES
Treatment of Chlamydia Trachomatis**

The Board has adopted a rule amending Rule 0880-2-.14 **Specifically Regulated Areas and Aspects of Medical Practice**. When the rule is signed by the Attorney General and becomes effective, physicians and those over whom they exercise responsibility and control, will be able to treat partners of patients infected with Chlamydia Trachomatis (“CT”).

Under the amended rule, a physician must first have a fully documented medical record for a patient before he/she may provide partner treatment. Full documentation includes:

1. A laboratory-confirmed Ct infection without evidence of co-infection with gonorrhea or other complications suggestive of a relationship to Ct infection; and
2. Provision of treatment of the patient for Ct; and
3. An attempt to persuade the infected patient to have all partners evaluated and treated and the patient indicated that partners would not comply; and
4. Provision of a copy of reproducible, department-provided Ct educational fact sheet or substantially similar Ct-related literature available from other professional sources to the patient with copies for all partners; and
5. Counseling the patient on sexual abstinence until seven days after treatment and until seven days after partners have been treated; and

Thereafter, physicians or those who provide medical services under their responsibility and control may either:

1. Provide to the treated patient non-named signed prescriptions for, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number of unnamed "partners" as defined in subparagraph (b) and indicated by the patient.
2. Provide to the treated patient signed, name-specific prescriptions for, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number of known partners as defined in subparagraph (b) and named by the patient.

NOTE: This rule has not yet taken effect. The rule will become effective 75 days after the Attorney General signs it.

REMINDER Continuing Medical Education

The Board approved rules in November 2001 requiring 40 hours of continuing medical education in Category 1 courses every two calendar years. Recently, the Board office has fielded questions asking whether this rule (when it becomes effective) would apply to physicians who are "retired." The answer is "no" if, and only if, an affidavit of retirement has been filed with the Board's administrative office. If your license is "retired" you may no longer practice medicine in the State of Tennessee.

However, please be advised that if your license is "active," and you wish it to remain so, you must complete the required continuing medical education hours for your license to be renewed even though you are no longer actively practicing medicine.

Address Changes Responsibility of Licensee

The Board's administrative office mails renewal forms to licensees at the last known address of the licensee. The last known address is the address on the most recent renewal application a licensee submits to the Board's administrative office (or the address on the licensee's initial application if the licensee has practiced less than two years). **It is the responsibility of the practitioner to notify the Board's administrative office if he/she has changed addresses.** TCA §63-1-108(c) provides that "if any registrant changes addresses during the year for which any certificate of registration has been issued by the division, such registrant, within thirty (30) days thereafter, shall notify

the division of such change . . . " The practitioners' cooperation will assure that renewal forms reach the appropriate destination in a timely manner.

Bioterrorism

Bioterrorism remains on our mind. In the newsletter mailed earlier this year, practitioners were asked to provide the Board's administrative office with fax numbers and/or e-mail addresses so that the Department of Health could communicate information directly to physicians as quickly as possible. To date, the response has been very good. However, if you have not provided the Department with your fax or e-mail address, please do so as soon as possible. **The rapid dissemination of critical information is essential if the healthcare community is going to respond to a local, statewide or national emergency.**

For more information about bioterrorism, go to www.state.tn.us/health and click on "bioterrorism" or visit the CDC's website at www.bt.cdc.gov.

STATUS REPORT ON RULES

The various rules referenced in the Board's last newsletter remain in the Attorney General's Office. Rules regarding intractable pain, adoption of the AMA's Code of Ethics, prescription legibility and continuing medical education will become effective 75 days after approval by the Attorney General.

X-RAY OPERATORS IN PHYSICIAN'S OFFICES Working Beyond Scope Makes Disciplinary Action Possible

Remember that certification is required of all persons operating x-ray machines in physicians' offices in Tennessee except for the following exempt individuals:

- √ Licensed medical doctors
- √ Medical interns, residents and clinical fellows
- √ Students engaged in clinical practice while enrolled in a Board approved radiological education course required to receive radiological certification
- √ Graduates of a Board approved radiological education course who are awaiting examination but only for a period not to exceed six months from the date that the course was completed.
- √ Students and graduates must at all times practice under supervision.

Each person certified by the Board must practice **only** in the certified specialty areas contained on the certificate as issued or upgraded and only for the types of radiographs specified in these rules. Practicing radiography beyond the scope of certification is grounds for decertification. Certificates issued by the Board are subject to being disciplined for the same causes, to the same extent and pursuant to the same procedures as issued medical licenses.

No x-ray procedures may be performed by any person holding a certificate without:

- √ An order from a licensed physician or an osteopathic physician; and
- √ Close supervision, responsibility and control over the services provided by a licensed physician or osteopathic physician.

When the public calls to complain about x-ray operators possibly working beyond the scope of their licenses, they are transferred to the Office of Investigations, or directed to the Board's website to obtain a complaint form. When the Board's Office receives a written complaint against a practitioner, the complaint is acknowledged, in writing by the Board's Director, and then transferred to Investigations.

Remember, it is the physician's responsibility to insure that x-ray operators in their offices are properly certified by the Board.

A NOTE FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES

Don't Assume That Your Office is Ready for HIPAA. Find out who in your office is coordinating HIPAA-readiness and ask. Even if you have a billing agency, you – the provider – are responsible for submitting an extension for HIPAA transactions compliance, required October 16, 2002.

If you bill Medicare and won't be ready to transmit standard electronic claims this October, you must fill out an extension form and submit it to CMS. Go to <http://www.cms.gov/hipaa> to fill out the compliance plan, submit it electronically, and get an instant confirmation of the extension. The last day to file is October 15, 2002.

Medicare will no longer accept paper claims (small providers excepted) beginning October 16, 2003. Contact your Medicare carrier for electronic data interchange information (EDI) and free software. By April 2003, you should begin testing your transactions with your business partners. Also in April, privacy compliance is required. For more information, e-mail: HIPAAinfo@cms.hhs.gov or fax: 404-562-7386.

BUPRENORPHINE

The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid addiction treatment by allowing qualified office-based physicians to dispense or prescribe specially approved schedule III, IV and V narcotic medications for the treatment of narcotic addiction. In addition DATA 2000 reduces the regulatory burden on physicians who choose to practice office-based opioid therapy (OBOT) by permitting qualified physicians to apply for and receive waivers of the special registration requirements defined in the Narcotic Addiction Treatment Act and the Controlled Substances Act.

Although DATA 2000 was enacted in October of 2000, currently, no schedule III, IV or V drugs have received Food and Drug Administration (FDA) approval for the treatment of opioid addiction. While the partial opioid agonist medication buprenorphine is expected to soon receive this FDA approval, buprenorphine products may not be used in the treatment of opioid addiction at this time. However, with the anticipated FDA approval of buprenorphine expected, the Department of Health in Nashville will present buprenorphine training to physicians with interest and/or experience in treating opioid-dependent patients on November 15, 2002 at Baptist Hospital, Educational Center. Additional information regarding training will be posted on the Board's website at www.tennesseeanytime.org/hlrs.

For more information on buprenorphine, including physician waiver requirements, on site training opportunities and how to request a waiver, please see <http://buprenorphine.samhsa.gov>.

CREDENTIAL VERIFICATION

If you are an employer who wishes to check your assistant's credentials, you may do so by accessing the automated phone system and request a faxed verification. The facsimile verification will denote all certifications which are possessed by the assistant. Please follow these steps:

- Dial 1-888-310-4650
- Listen to the entire first message. Listen for the "pause". Then, listen to the **second** message.
- "To obtain information regarding a health professional, such as. . . doctor. .etc." [Press 1]
- "To verify the status of a license, or. . . ." [Press 1]
- "To search our database, you will need the Social Security Number of the health professional. To verify the license status, you can press 1, or visit..." [Press 1]
- "Please enter the person's Social Security Number" [Enter the SSN]
- [Verify SSN and Press 1, if correct]

- [Press 1 to ask for a fax. Enter your area code and fax machine number.]

CHANGES OF ADDRESS

Must be reported (in writing or by web) to the Board's Office within 30 days!

- Your name and license number;
- Your profession;
- Your old address and phone number;
- Your new address and phone number, e-mail address, and/or your fax number; and
- Your SIGNATURE!

Board's Fax Number: 615-253-4484 or on the Board's Website at www.tennesseeanytime.org.

2002 BOARD MEETING DATES

**September 17-18
November 12-13**

2003 BOARD MEETING DATES

**January 21-22
March 18-19
May 20-21
July 22-23
September 16-17
November 18-19**

All meetings begin at 8:30 a.m., Central Time.

Board meetings are held at the Board's office and are open to the public. Dates are subject to change, but are listed on the Board's website. [In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.]

REFERENCE NUMBERS FOR THE BOARD

Phone Number: 1-888-310-4650, ext. 24384
Fax Number: 615-253-4484

Hours of Operation: 8:00 a.m. to 4:30 p.m.,

Central Time

LICENSURE STATISTICS

New Licensees Issued January through June 2002

| | |
|------------------------------|-----|
| Medical Doctors | 696 |
| Special Training | 2 |
| MD X-Ray Operators | 49 |

PEER ASSISTANCE SERVICES AVAILABLE FOR ALL LICENSEES AND APPLICANTS

The Physicians' Health Program is a peer assistance program provided by the Tennessee Medical Foundation, a subsidiary of the Tennessee Medical Association. The program offers consultation, referral and monitoring for impaired physicians, or potentially impaired physicians due to the use of drugs or alcohol or a psychological or physiological condition.

Physicians, their family members, colleagues, and anyone needing to refer to, or otherwise make use of, the PHP's peer assistance program may contact the TMF PHP at its new headquarters:

**TMF Physicians Health Program
216 Centerview Drive
Suite 304
Brentwood, TN 37027
Tel: 615-467-6411
Fax: 615-467-6419**

DISCIPLINARY ACTION January through June 2002

Barker, George, M.D., 2939, 3/4/02 – *Action taken in another state (1996 and 1998 actions in Mississippi for chemical dependency); unprofessional conduct, dishonorable or unethical conduct.* Suspension removed; probation for additional two years, establish and maintain TMF contract; quarterly progress reports to Board.

Campa, John III, M.D., 21604, 2/1/02 – *Felony conviction for fraud.* Default order – License revoked; may not reapply for licensure until criminal sentence concluded and released from custody; must appear before the Board to reapply for reinstatement and complete 40 hours of continuing medical education within 12 months of appearance before the Board.

Dixon, Gardner, M.D., 3889, 1/23/02 – *Prescribing to individuals without performing physical examinations, making diagnoses, and formulating and discussing therapeutic plans.* Probation for six months; complete 2-day prescribing course within six months; complete 50 hours of continuing medical education courses in the area of family medicine within 12 months; appear before the Board and submit proof of completion of prescribing course prior to requesting lifting of probation.

Gipson, Bruce M., M.D., 12780, 3/19/02 – *Failure to comply with previous Board order.* License revoked. Also listed on the Office of Inspector General's list of excluded individuals/entities.

Guido, James, M.D., 24537, 1/22/02 – *Felony conviction for obtaining a controlled substance by false name; habitual intoxication or personal misuse of any drugs adversely affecting ability to practice; prescribing practices; unsafe practice; disciplinary action in another state.* Default order – License revoked.

Josovitz, Mark, M.D., 18433, 3/28/02 – *Order modification.* Probation lifted.

Koulis, Christ, M.D., 29368, 5/2/02 – *Unprofessional, dishonorable, or unethical conduct, practicing without a valid license, habitual intoxication or personal misuse of drugs, illegal prescribing, engaging in the practice of medicine when mentally or physically unable to do so.* License summarily suspended.

McDonald, Thomas C., M.D., 23828, 1/22/02 – *Unprofessional conduct, dishonorable, or unethical conduct, violation of previous Board order by failing to maintain TMF advocacy.* Agreed order – Probation for five years; maintain lifetime advocacy of the Tennessee Medical Foundation (TMF); civil penalty in the sum of \$1,000.

McMurry, John, M.D., 19985, 5/21/02 – *Disciplinary action in another state (West Virginia).* Agreed order – License placed on probation for two years, TMF advocacy for four

years with progress reports to the Board, personally appear before the Board in January, 2003, provide copy of agreed order to all health care providers and medical facilities where he is or will be practicing.

Miller, James, M.D., 7261, 3/20/02 – *Unprofessional, dishonorable or unethical conduct by signing his name on a blank prescription pad, providing son office space to operate weight loss clinic, proceeding with medical care without a proper history/physical, and by failing to appropriately monitor the activities of his practice.* Probation for two years, \$1,500 civil penalty; complete prescribing course.

Montejo, Pedro, M.D., 22466, 3/20/02 – *Violation of previous Board order by failure to pass SPEX examination.* Agreed order – restrict future practice to reflect its present status, continue with proctor who shall submit quarterly reports, complete 40 category 1 continuing medical education units annually; prohibited from renewing license after present licensure cycle and will retire no later than January, 2004; probation terminated and requirement to pass SPEX examination lifted.

Murray, William, M.D., 3681, 2/11/02 – *Disciplinary action in another state; making false statements or representations; being guilty of fraud or deceit in obtaining admission to practice or in the practice of medicine.* License suspended until reinstatement of licenses in Nevada and Virginia.

Rich, Joseph, M.D., 26657, 5/21/02 – *Violation of previous Board order.* Agreed order – Maintain TMF advocacy until expiration of contract in December 2006 with progress reports to the Board. Personally appear before the Board annually.

White, Douglas, M.D., 16651, 7/10/02 - *Voluntarily surrendered his license against which disciplinary action was pending.* Also listed on the Office of Inspector General's list of excluded individuals/entities.

Tennessee Board of Medical Examiners
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010



Tennessee Board of Medical Examiners Board Members

Dr. David L. Cunningham
President
Memphis

Lueatrice Lovett
Vice-President
Nashville

Dr. Allen S. Edmonson
Secretary
Memphis

Dr. Sam T. Barnes
Cookeville

Dr. Travis L. Bolton
Covington

Dr. George L. Eckles, Jr.
Murfreesboro

Dr. Barbara Engelhardt
Nashville

Louise Gaw
Cookeville

Dr. Mitchell L. Mutter
Chattanooga

Dr. Robert C. Ripley
Nashville

Dr. Charles W. White, Sr.
Lexington

Nina Yeiser
Counce

Board Staff

Dr. James E. Roth
Medical Director

Rosemarie Otto
Executive Director

Linda Hudgins
Board Administrator

Marsha Arnold
Unit Manager

Vicky Pentecost
Board Administrator

Latonya Shelton
Board Administrator

Rebecca Brown
Board Administrator

Sandra Dale Hill
Licensing Technician