Notes from Your Licensing Board

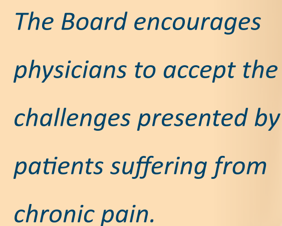
Maine Board of Licensure in Medicine — Fall 2010

Treating Chronic Pain is Worth the Challenges

Prescribing chronic pain medication is a challenging part of any physician's practice. We have all seen or heard horror stories about abuse and fraud. For this reason, and fear of disciplinary actions, many physicians have decided not to treat people with chronic pain. The failure of physicians to treat this condition makes it almost impossible for some patients to receive reasonable, needed treatment within the State of Maine.

The Board does not condone the carving out of chronic pain management from practices and encourages physicians to accept the challenges providing treatment entails. In order to help physicians treat chronic pain appropriately and avoid discipline the Board has approved Chapter 21, a rule regarding the Use of Controlled Substances for Treatment of Pain. This rule updates and replaces the Board's previous rule which had been in effect since 1999. In addition, the Board has contracted with the Maine Medical Association to offer in-office consultations and a CME Home Study. Information about those programs can be found at http://www.mainemed.com/painMgt/cme.php

Another useful tool is the Maine Prescription Monitoring Program (PMP). This is a tool created to prevent and detect prescription drug misuse and diversion. The PMP maintains a database of all transactions for controlled substances dispensed in the State of Maine. This database is available free online to prescribers and dispensers. The Board urges all physicians to make use of this valuable resource.



The Board encourages physicians to accept the challenges presented by patients suffering from chronic pain.

Despite the availability of these resources the Board often finds itself dealing with prescription related complaints. If the physician has taken the time to read and enact Chapter 21 the complaint is usually quickly dismissed. Unfortunately, the Board finds that many times even simple, common sense steps, are not taken by prescribing physicians. The instances when the Board becomes actively involved in educating/disciplining physicians include:

- Multiple early refills
- Infrequent or no urine testing
- Infrequent or no pill counts
- Documentation of failed urine testing with no follow-up
- Documentation of failed pill counts with no follow-up
- Concerns regarding diversion from other physicians, legal authorities, or family members with no follow-up
- Failure to use the PMP when concerns arise

The Board has found very few physicians who have been actively and purposefully engaged in diverting medications. The majority are well meaning physicians who are duped by their patients and lack the appropriate structure to follow these patients meaningfully. In those cases, the Board's first action is to try and see if the physician can be educated and systems created to ensure the safe prescribing of chronic pain medications. Only in cases where the Board deems this impossible does the Board consider more drastic action. So, if fear of discipline is the reason you are not treating chronic pain, please reconsider. The Board encourages you to use all the tools available to treat chronic pain appropriately and safely.

Make a Difference for Fellow PAs

We need your voice! PAs across Maine, come join the PA Advisory Committee. We are looking for new members from Eliot to Fort Kent. Are you a PA who is currently practicing medicine ? Can you support the public and your fellow PAs with an objective point of view? Do you want to make a difference for PAs in the state of Maine?

The Maine Board of Licensure in Medicine is looking for qualified PAs to serve on the 10-member PA Advisory Committee. There are three anticipated four-year term openings for appointments expiring at the end of 2010. Committee members attend quarterly meetings in Augusta on the first Tuesday of March, June, September and December. The meetings usually run from 8:00 AM to 11:30 AM. Members discuss all facets of PA practice matters, address and act on Board-issued assignments, make policy recommendations, and review complaints and recommend appropriate action to the Board. The committee also nominates potential new committee members.

If you are interested in serving, send your CV and a cover letter to Dan Sprague, Assistant Executive Director, at dan.sprague@maine.gov.

West Virginia Launches Take Care WV:
A Social Marketing Campaign Highlighting the Dangers of Sharing Prescription Drugs

The following article is reprinted from the West Virginia Board of Medicine Quarterly Newsletter (page 10 of the April 2010-June 2010 edition). For more details visit www.wvbom.wv.gov.

Everyone knows drugs are dangerous. But did you know that sharing prescription drugs can be just as dangerous and deadly too? Sharing prescription drugs is also illegal. Data indicates social access (sharing) is a major contributor to the misuse of prescription drugs. According to the National Survey on Drug Use and Health, most prescription drug abusers obtain their drugs from family and friends. In WV, 64% of non-medical users of pain relievers reported getting the most recently used drug from a friend or relative for free, and another 7.6% reported buying them from a friend or relative.

Please don't share prescription drugs. Only take prescriptions as advised by your doctor. The WV Partnership to Promote Community Well-Being and the WV Prevention Resource Center are launching Take Care WV – a social marketing campaign to spread the word that sharing prescription drugs is illegal, and it can be just as dangerous and deadly as illicit drugs.

How can you help support this campaign and reduce the misuse of prescription drugs in our state?

1. Please visit www.takecarewv.org to view/listen to campaign messages, read facts and statistics about RX drug misuse/abuse, and learn about proper RX storage and disposal.
2. Participate in your county's discussions about RX abuse. Community Forums/Discussions on RX abuse are being scheduled across the state this summer. Dates will soon be posted on the WV Prevention Training & Events Calendar available at www.PrevNET.org. Contact information for your County Prevention Partnership is available at PrevNet as well as www.takecarewv.org.
3. Encourage your local coalitions/media/businesses/schools/civic groups to air/print the PSAs as much as possible. All the PSAs can be downloaded at www.takecarewv.org.

Some specific ideas for distributing the campaign messages include:

- E-mail/talk to all your professional and personal contacts about this campaign.
- Print some of the PSAs as flyers and distribute/post them in your community. Ask your doctor, dentist, child care provider, church, employer, etc. to post flyers in their waiting areas, exam rooms, lunch rooms or bathrooms.
- Facebook/Twitter the following message: Take Care WV: Please don't share prescription drugs. Learn more at www.takecarewv.org.
- Include the print PSAs in newsletters, church bulletins, meeting packets, mailings, etc.
- Talk to your local pharmacist about the campaign. Ask if they'll post some of the flyers, and tell them later this summer we plan to have RX bags (with the campaign logo/message) for all WV pharmacies to use for a limited time.

Thanks in advance for your support of Take Care WV. Please feel free to contact Michele Burnside, West Virginia Prevention Resource Center, if you have any questions/comments/ideas, at 304.552.7982, or at michele.burnside@marshall.edu.

Complaint Correspondence

If the Board dismisses a complaint a letter is sent to the licensee. Credentialing organizations and other states may request a copy of that letter as proof that the complaint was dismissed. It is the licensee's responsibility to keep and disseminate copies of the letter. As permitted by law, the Board routinely destroys files of dismissed complaints. Once the file is destroyed the Board will not recreate the letter. A record of the complaint and action is kept in the minutes, but, since 2006, is only referenced by the complaint number, not name.

As the profession becomes increasingly mobile, Board staff has received an increasing number of requests from licensees for dismissal letters. Some of the requests are for complaints that were dismissed more than 5 or 10 years ago. Staff can provide a copy of the minutes, but cannot honor most requests for the actual letter.

So, in order to avoid unnecessary delays in credentialing and licensing, please keep copies of complaint correspondence.

Jurisprudence Exam Becomes Requirement for Medical License Renewal

Starting in 2011, all physicians and physician assistants will be required to take a jurisprudence exam as part of the license renewal process. Like the one currently given to every doctor applying for Maine licensure, this exam will cover state licensing rules, as well as policy statements of the Board of Licensure in Medicine.

The exam, which is approximately 30 questions long, is intended to ensure that all physicians practicing in the state have a fundamental understanding of Maine law as it applies to medical doctors. The Board will provide materials which contain the answers to all of the exam questions, and physicians will be allowed to use those materials while taking the test. Physicians and PAs are also encouraged to use these materials in their daily practice. Both the exam and the study materials will be available online at the Board's website.

Licensees must score at least a 75 in order to pass the exam. If a physician or PA fails the test, he or she is given an opportunity to appear before the Board to prove he or she has read and understood Maine law, and can effectively apply the information to everyday practice.

Since physicians and PAs practicing in Maine are required to renew their licenses every two years, all licensees will take the new renewal test in 2011 or 2012, and will be required to take the jurisprudence exam every four years, or every other renewal. There is no additional cost for this extra step in the renewal process.

For those physicians whose status is inactive, the exam will be required to convert back to active status regardless of when the exam was taken last.

If you have any questions or comments regarding the jurisprudence exam, please contact Randal Manning, Executive Director, at 287-3601 or randal.c.manning@maine.gov.

Current requirements for Maine medical license renewal:

- Completed application form (http://www.docboard.org/me/licensure/MD_Renewal_App.pdf)
- Minimum of 100 hours of documented continuing medical education, 40 hours of which need to be Category 1.
- $400 fee

EMR and Information Documentation

The Fall 2009 issue of Notes from Your Licensing Board featured an article discussing the benefits and some weaknesses of the electronic medical record (EMR). This article is further consideration on the use of the EMR. The Board is currently reviewing complaints that focus on information in the EMR, and whether the information is actually current and specific to the visit in which it is recorded. There has also been concern that there needs to be documentation in the EMR that charted information has been discussed with the patient and understood by the patient at each visit.

The volume of repeated information in an EMR helps fulfill the necessary components of a visit that are required for medicare billing, but often does not accurately or adequately represent what the physician has done.

There was a recent complaint by a specialist that patient records from primary care offices that have adopted EMRs are almost useless. These records have no clear identification of new information, and information seemed to be the same from visit to visit; specifically the history (HPI and ROS), assessments, and plans. The physician found that the information frequently seemed to be old or inaccurate, and that seeking new clinical information in voluminous EMR progress notes often took too long.

Boilerplate templates that can be electronically repeated from visit to visit, quick texting (the ability, with a few key strokes, to populate a chart entry with previous labs or specific stored phrases) and self populating notes can be very useful in a busy practice, effectively and efficiently organizing data. As noted in the last EMR article, EMR programs can allow the computer and keyboard savvy physician to move rapidly through charting during and after a patient visit. There is concern, however, that use of these charting maneuvers in the EMR can be inadequate and unacceptable if the current history and clinical information is not actually reviewed with patients at each visit. These EMR maneuvers also carry the risk of perpetuating incorrect information in the medical record through recurrent documentation by single mouse-click reviews. Patient personalities and perspectives are also often washed out by templates and electronically repeating notes. The volume of repeated information in an EMR helps fulfill the necessary components of a visit that are required for medicare billing, but often does not accurately or adequately represent what the physician or midlevel has done, especially when reviewed at a later date. Future care of this patient by others may also be more difficult based on these records, often leading to repetitive or possibly incorrect care.

Careful and thoughtful use of the EMR, including the ability to electronically redocument previously collected information into current notes, and the use of templates and self populating notes is appropriate and potentially very efficient. The Board cautions against overuse of this process, though, especially in areas of history, exam and plans. Using boilerplate history, clinical content, decision making or informed consent templates, with unclear charting of actual interaction with your patient in these areas is not an appropriate documentation of a patient encounter.

Maine Board of Licensure in Medicine
161 Capitol Street
137 State House Station
Augusta, ME 04333-0137

ph: 207-287-3601
fx: 207-287-6590

Forwarding Service Requested

Presorted First Class Mail
U.S. Postage Paid
Permit No. 8
Augusta, ME

Upcoming Webinar

Prescription Monitoring Program (PMP)

To combat prescription drug abuse in Maine, all prescribing MD's and Physician Assistants are urged to register with the Maine Office of Substance Abuse, Prescription Monitoring Program. An upcoming training session is scheduled for **Tuesday, November 30th at 12:00pm**. For more information: **daniel.eccher@maine.gov**.

Notify the Board of Address Changes Immediately

Many people experience problems at renewal time because they have neglected to notify the Board of an address change. To prevent delays or even loss of license due to lapse, notify the Board immediately of any change in your mailing address.

To verify that the Board has your correct mailing address on file, visit either of the following sites:
www.maine.gov/md or
www.docboard.org/me/me_home.htm

If the address is incorrect, simply send a signed note with changes to the Board or submit the new information online at **www.maine.gov/online/doclicensing/**.

Confidential Help Available

Committee on Physician Health: Confidential professional help for substance abuse is available by calling these confidential numbers: **622-3374** or **623-9266**.