



Notes from Your Licensing Board

Maine Board of Licensure in Medicine Fall 2011

Professionalism in Medicine

In keeping with the standards of professionalism in medicine, the physician should bear in mind:

1. Your personal subjective beliefs about ethnicity, religion or politics should not prejudice your patients' care; when you think they might, make a referral.
2. When referring patients, work with colleagues only in ways that serve primarily the patients' best interests and not your own, or those of a colleague.
3. Avoid abusing your authority as a physician, whether Aesculapian (specialized medical knowledge), social (status granted physicians generally), or charismatic (you as a person admired and set apart as special).
4. Treat every patient politely and considerately; this requires serious listening, and sensitivity throughout all interactions.
5. Respect patients' dignity and privacy; be mindful of individuals' need for modesty with regard to disrobing and their sense of safety by always having a chaperone present during intimate examinations of the opposite sex.
6. Respect the right of patients to be fully involved in decisions; be thorough and patient while attaining informed consent; give patients medical information in a way they can readily understand and check to see that they do, in fact, understand.

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Agency License Management System

On November 14, 2011 the Board will convert to a new database called ALMS. The State of Maine Office of Information Technology mandated the change in order to combine our licensing database with over 50 state agencies currently using the ALMS system. Robust data backup is inherent. The Board system conversion, which will start at the end of the day Thursday, November 10, requires us to be out of service from November 14-16 to assure a clean conversion of all data. All systems should be up and running on Thursday, November 17. During this process there will be delays in responding to telephone contacts.

There are a number of advantages to licensees: access to profile elements will increase; more address usage will be available for selection of public information; access to make email, phone and fax data changes will be offered. One of the most important additions for new license applicants will be access to an application status page, which will allow the applicant to see the exact status of their license application at any time. Offering more online options provides a better level of service to licensees and applicants.

There are also advantages to board staff: more user-friendly features; constant, unhindered access to technical support; ability to attach documents to profiles; quick and easy lookup using various parameters.

Impact of ALMS Conversion

1. Your license number will change. You will keep the same core number with 'MD' replacing the leading zero(es), and with dashes being removed. For example, license number 001234 will become license number MD1234; license number 012305 will become license number MD12305; license number PA001234 will become license number PA1234; license number PA-012 will become license number PA12.
2. The Board's [online license renewal system](#) will be down from around 4:00pm on Thursday, November 10, 2011 to around 8:00am on Monday, November 14, 2011.

New HIV testing law now in effect

The MeCDC is reminding clinicians that 5 MRSA § 19203-A, Maine's HIV testing and consent law, was amended this past legislative session to include a sixth subsection on the "protection of newborn infants," which went into effect on September 28, 2011.

The amended section of the law requires healthcare providers caring for pregnant women to include HIV tests in the standard set of medical tests performed, subject to the consent and procedure requirements of 5 MRSA § 19203-A, Sub-§ 1. That section requires that a patient must be informed orally or in writing that an HIV test will be performed, unless the patient declines.

Under the new law, healthcare providers caring for newborn infants are also required to test the infant for HIV and ensure that the results are available within 12 hours of birth if the healthcare provider does not know the HIV status of the mother or the healthcare provider believes that HIV testing is medically necessary. There is an exception if a parent objects to the test on the grounds that it conflicts with the sincere religious or conscientious beliefs and practices of the parent. The full text of the new law is available at www.mainelegislature.org/legis/bills/bills_125th/chappdfs/PUBLIC229.pdf.

The amendments to the law are intended to make HIV testing routine and standard for all pregnant women, and to make paramount the interest of the infant. While consent of the patient is still required, the law now requires that every pregnant woman be offered HIV testing, and further requires that the infant be tested if the HIV status of the mother is unknown (but either parent has the right to object). Attorneys at the Maine Medical Association are able to provide general ad-

vice on the intent of the law and its practical implications. Hospital-based physicians should also look to their institutional health lawyers to assist with some of the more difficult questions about this change in practice.

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Physician Assistant Advisory Committee Opening

An MD position is available on the Board's Physician Assistant Advisory Committee. Committee members are normally appointed by the Board for terms of up to 4 years. The Committee reviews matters pertaining to the medical practice of physician assistants, including complaints, and makes recommendations to the Board. For consideration, please forward a C.V. and letter of interest to: Assistant Executive Director, Maine Board of Medicine, 137 State House Station, Augusta, ME 04333.

Professionalism in Medicine

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- Periodically review with staff and colleagues your communication skills; identify strengths and ways to improve weaknesses.
- Confront complexity and uncertainty with candor; reflect openly on your actions and decisions in light of both intended and unexpected consequences.
- Keep your professional knowledge and skills up-to-date with regard to scientific method, biomedicine, the psychology of doctor/patient communications, and the culture of your patients' lives.
- Recognize the limits of your competence; seek appropriate education and training opportunities; choose CME's on the basis of real potential value for your practice rather than convenience or cost.
- Understand and practice what it means to apologize for mistakes or misunderstandings through acknowledgement of responsibility, explanation of circumstances and causes(s), expression of remorse, and an offer to undo or counterbalance the harm if possible.
- Be vigilant with regard to crossing or violating boundaries of appropriate relationships with patients, their families, your colleagues and staff. Boundary categories include sexual and non-sexual physical contact; self-disclosure and the unguarded use of informal language; gifts; financial/bartering arrangements; ethnic, political or religious bias; prescribing outside the formal physician/patient relationship, and others.
- Make a commitment to nurture open and honest relationships with colleagues, staff and third parties. Maintain high standards of cooperation and collegiality while treating others with the same respect you anticipate from others in return.
- Keep in mind the just distribution of finite resources; physicians can err through excess or deficiency in prescribing and treating patients.
- Protect all confidential information at all times.

Uniform Licensing Application Implemented in Maine with Great Success

The Board is pleased to announce that the Uniform Licensing Application is being used with great success in Maine and by 38 other state medical licensing boards. The application is available on the Board's website. The planned next step will be to have uniform application data automatically combined with Federation Credentials Verification Service (FCVS) data to save time and processing steps when physicians apply for licensure in any state.

The Federation of State Medical Boards' Uniform Application (UA) is an electronic primary initial M.D. license application form which elicits information common to all states, to which is appended state-specific addenda and instructions capturing unique state licensure eligibility requirements. With the UA, state boards maintain autonomy while gaining the processing efficiencies, electronic data storage and cost savings associated with a standard electronic application. Interest among states has grown to where 39 state boards are currently using the UA program in some manner. Two reasons for this growth are pressure to make the licensing process more convenient for applicants and a desire to improve licensing productivity by streamlining the process. When the primary application form is completed electronically, that data is stored, archived and more readily available to both licensees and boards.

In May 2011, the Board implemented use of the UA and Maine-specific addenda as its initial M.D. license application.

The current process requires the applicant to complete the core application online, and then download, complete and mail the addenda to the Board, along with the licensing and registration fee. Implementation of full electronic data input is anticipated for completion by the end of 2011.

Reminder: State Prescription Drug Monitoring Programs

State PDMPs collect and retain prescription drug information and disclose such information to legally authorized users. Most PDMP state laws require that providers who dispense more than a 48-hour supply of a schedule II-V controlled substance must report that transaction, including patient health information, to the state PDMP. Opioid Treatment Programs (OTP) and Drug Addiction Treatment Act of 2000 (DATA 2000)-Waived physicians are substance abuse treatment programs under the federal confidentiality rules, therefore, disclosures of patient-identifying information by such programs to state PDMPs are not permitted unless an exception applies consistent with federal confidentiality regulations.

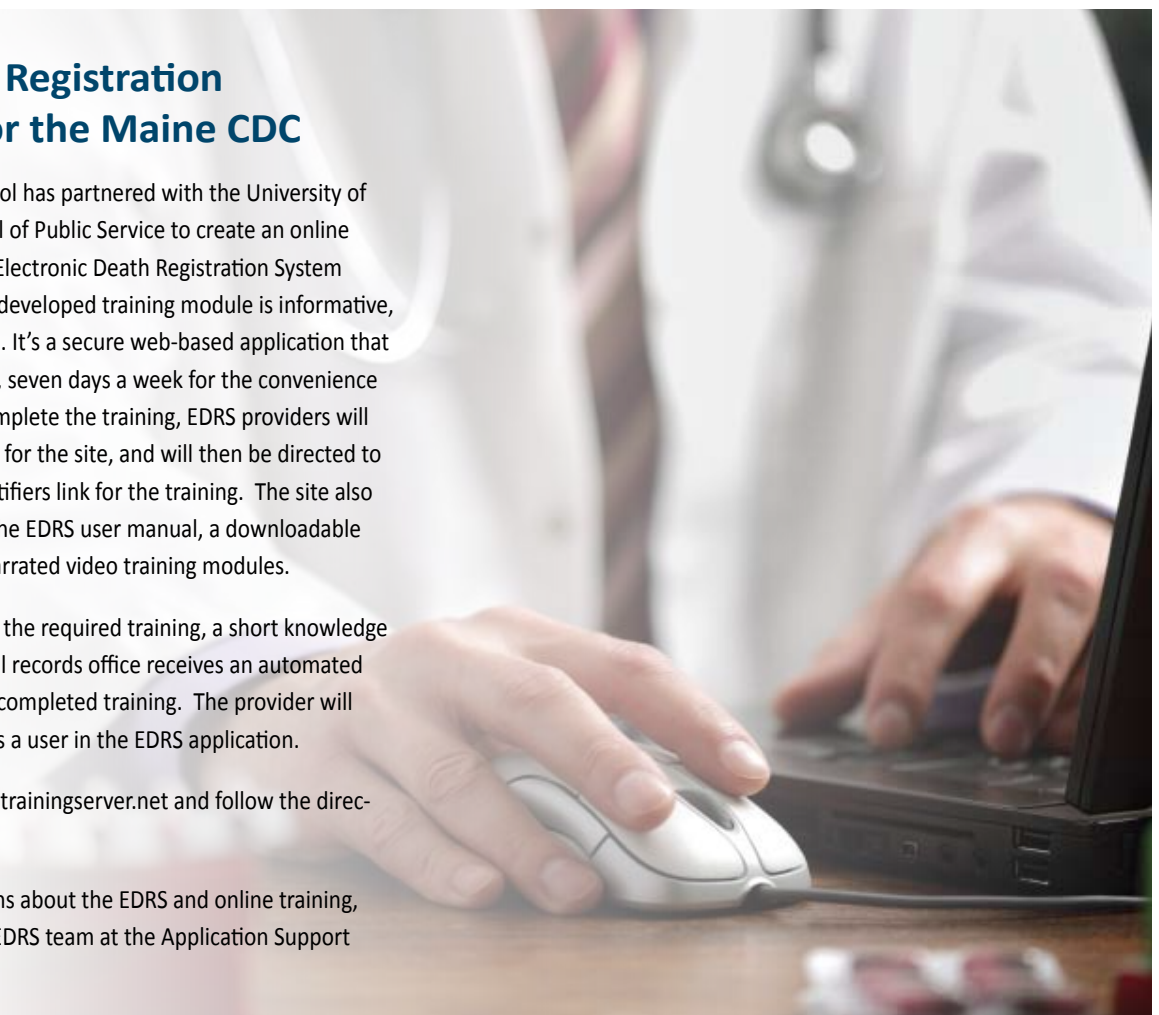
Electronic Death Registration System (EDRS) for the Maine CDC

Maine Center for Disease Control has partnered with the University of Southern Maine, Muskie School of Public Service to create an online training module for the state's Electronic Death Registration System (EDRS) participants. The newly developed training module is informative, with easy-to-follow instructions. It's a secure web-based application that can be accessed 24 hours a day, seven days a week for the convenience of the providers. In order to complete the training, EDRS providers will be asked to setup a user profile for the site, and will then be directed to the State of Maine Medical Certifiers link for the training. The site also offers an electronic version of the EDRS user manual, a downloadable pdf of the manual, as well as narrated video training modules.

Once a provider has completed the required training, a short knowledge check is completed and the vital records office receives an automated email with confirmation of the completed training. The provider will then be contacted and set up as a user in the EDRS application.

To get started, visit <http://dave.trainingserver.net> and follow the directions to log in as a student.

If you have any further questions about the EDRS and online training, please feel free to contact the EDRS team at the Application Support Line: 888-664-9491.



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Notice on 21-Day Temporary Disability Parking Permits

This year the Maine Legislature passed LD 456 (Public Law Chapter 117), "An Act Relating to Temporary Disability Parking Permits." This new law establishes a 21-day temporary disability parking permit for use by individuals eligible for disability parking placards and plates pursuant to 29-A MRSA § 521. This 21-day permit will be issued directly to patients by those medical professionals authorized to certify disability parking applications and can be used when the patient is waiting to receive their permanent placard or plate from the Bureau of Motor Vehicles.

The temporary placards will be available at no fee beginning on October 1, 2011.

If you are interested in providing these placards to eligible patients, or for more information, please contact Vicki Lawry at vicki.lawry@maine.gov or by telephone at 624-9193.

Notify the Board of Business and Home 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 addresses.

To verify that the Board has your correct addresses on file, visit either of the following sites:

www.maine.gov/md or

www.docboard.org/me/me_home.htm

and click on "Find a Licensee" in the lower left.

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

The Medical Professionals Health Program: Confidential professional help for substance abuse is available by calling (207) 623-9266. For more information visit the MPHP website at www.mainemed.com/health/index.php or send an email to mphp@mainemed.com.