



Notes from Your Licensing Board

Maine Board of Licensure in Medicine Fall 2009

Be Prepared to Answer Patient Questions

Tim Terranova, Consumer Assistant

The internet is a wonderful thing! This is what hundreds, if not thousands, of patients in Maine are being told by employers, insurers, and other organizations. They are being told to research their conditions and be prepared to question their physicians at their next visit. Those patients that listen to this advice are coming to appointments armed with printouts and questions. This often means more time and headache for physicians as they attempt to “justify” their treatment approach.

Instead of squashing this movement, physicians should embrace it. Informed patients are more likely to be involved patients and patients who are involved participate in their treatment programs. Physicians should not only encourage this type of involvement, but should also take an active role in guiding it.

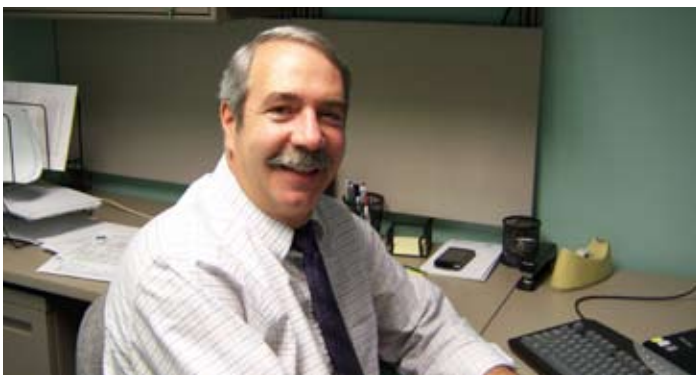
There is an amazing amount of information available, some of it very useful and some that is bad and/or misleading. However, despite its pitfalls, the internet remains a valuable resource. Many of you

New Medical Director

Mark Cooper, M.D., FACOG, Medical Director

In late August, I assumed the position of Medical Director for the Board of Licensure in Medicine. The position has been contemplated for some time, however due to a variety of reasons, it has been vacant until now. I have been an Ob-Gyn in Augusta for more than 24 years, and plan to continue my practice while I serve as the Board’s medical director. My primary responsibility is as a medical resource to the staff and the public members of the Board. As such, I cannot advise providers on matters pending before the Board. As I grow in this role, I hope to offer education to providers through this newsletter and forums such as specialty society meetings or hospital medical staff meetings.

My email address is mark.cooper@maine.gov



obtain information about the newest standards and most up-to-date treatments from trusted sources on the internet. There may be an increased benefit if you are able to encourage and direct patients’ research, pointing them to reputable sites that can help them become better informed and more compliant with treatment standards.

So, think ahead and prepare a simple list you can hand out to patients. Encourage them to utilize it, but remember this should complement your own explanation, not replace it. As always, make sure you take the time to fully explain each patient’s condition and treatment options. Working together with a properly informed patient helps everyone.

New Information for Physician Assistants

Dan Sprague, MBA

Assistant Executive Director, Maine Board of Medicine

ONLINE RENEWALS. Physician Assistants who wish to renew their license by March 31, 2010 will be able to do so online beginning in January 2010. The Board’s database will only be updated to reflect the PA’s renewed status once we receive the completed relationship verification forms from the primary supervising physician. Once all required information has been received, the update will be completed within one business day. Following the database update, the PA will receive a wall license and a copy of the registration certificate, reflecting the new expiration date. The primary supervising physician will be mailed the original registration certificate.

The online renewal service for physicians has been well received and enjoys a utilization rate of around 70%. Online capability to change contact addresses, phone numbers and e-mail addresses are now available for PA’s, as well as MD’s. Visit www.maine.gov/md for details.

PLAN OF SUPERVISION TEMPLATE. The PA Advisory Committee and the Board continue to fine tune the recommended Plan of Supervision template. Documented, semi-annual PA performance evaluations by the supervising physician are a key component. The goal is to create consistency in practice review, both

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First Impressions from the Board's New Medical Director

Mark Cooper, M.D., FACOG

Medical Director, Maine Board of Licensure in Medicine

I have been on the job as Medical Director for the Board of Licensure in Medicine for two months now and it has been an eye-opening experience. I, like many of you, had only a vague notion of the Board's function and assumed it was primarily to police bad doctors. Since I thought I did not fall into that category, I did not give the Board or its responsibilities much thought. I am sure that is true with many, if not most, of us. The Board of Licensure in Medicine is charged with the protection of the public and, as such, its oversight does affect every one of us licensed to practice medicine in the State of Maine.

I think most of us feel that the rigorous and lengthy process of graduating from medical or PA school and completing a residency entitles us to practice medicine and earn a living, and that the licensing and renewal process is merely a formality and bureaucratic nuisance that we must go through every two years. The fact of the matter is our profession, and hence livelihood, has been strictly regulated since 1895. The practice of medicine is actually a privilege we all enjoy and not a right, the same as a license to drive a car. A simplistic analogy perhaps, but true nevertheless. This has far-reaching implications in our ability to practice our profession and earn a living. Yet in the two short months I have been here, I have seen physicians and physician assistants delegate the completion of their license

renewal to office managers or others. Often this results in incorrect or inaccurate information being submitted. This may be considered Fraud and Deceit and could result in Board action. This may take the form of placing the license renewal on hold while the information is corrected, imposing a fine, or issuing a Board complaint. Bureaucracy, perhaps, but it is your license and livelihood at stake. I would urge you take the time to fill out the renewal application personally and accurately. Don't assume the Board is aware of a pending complaint or any other matter. Err on the side of reporting it, even if the information may be redundant.

Consumers have the right to complain to the Board about their care. Currently the Board is receiving, on average, twenty complaints a month. Often a complaint is generated by an interaction with the physician or physician assistant and the patient or their family, and does not pertain to the medical care. A complaint initiates a request from the Board to the physician or physician's assistant to respond to the complaint and provide records. Take a deep breath. Your response will, by law, be shared with the complainant. Provide a thoughtful response without anger or incriminations. While your initial response may be, "I'm too busy for this nonsense," this process is unfortunately a part of the practice of medicine.

In future issues of this newsletter, I will address some of the ways "good" doctors can run afoul of the Board.



Releasing Medical Records

Maine Law 22 §1711-B PATIENT ACCESS TO TREATMENT RECORDS; HEALTH CARE PRACTITIONERS

When responding to a request for medical records from a patient, please include all records in your possession. Occasionally, a provider will send only the medical records that he or she personally generated regarding a patient, and withhold other medical records in his or her possession pending a specific release for those records. The signed release that you will receive covers all medical records in your possession, including those from any previous providers or consultants, as well as those records you generate. If you feel that giving records to the patient will be detrimental to the patient's health, tell the patient that the records or a summary will be provided to the patient's representative with a proper release. Please note that a "healthcare practitioner may exclude from the copies of treatment records any personal notes that are not directly related to the patient's past or future treatment."

When the Board makes a request for patient records, the same applies. Withholding those other records only delays the complaint investigative process and requires additional correspondence from both you and the Board.

Document, Document, Document Comprehensive Patient Charts are Essential

*David H. Dumont, M.D., FACEP, FAAFP
Chief of Emergency Medicine, Penobscot Valley Hospital
Director Penobscot Medical Service*

As more demands and responsibilities are placed on today's physicians, schedules become more hectic and days get busier. One important duty that must remain a priority, however, is documentation. Making note of all conversations with patients and family members is essential to providing quality, seamless care. It is also paramount in cases where problems may arise.

At the end of the day, if something is not recorded in the patient's chart, then for all intents and purposes, it didn't happen. Documenting issues of concern and risk will provide a solid body of evidence in case of malpractice accusations. In difficult cases, it will also be important to recall discussions about treatment options so one can be sure truly adequate and knowledgeable informed consent has been given.

Perhaps the best reason for accurate and comprehensive record keeping is to provide consistent and exceptional care to every patient. Physicians should be able to read a new patient's chart and understand the thought process of the previous caregiver. As you fill out a chart, ask yourself, "If I were to take over care for this patient, would this chart provide me with all of the information necessary?" You should be able to answer this question with a confident "yes."

The Electronic Medical Record

*David Jones, M.D., FAAFP
Aroostook Family Practice*

The electronic medical record (EMR) is essentially a computer program that replaces the paper patient chart. It can interface with other computers in any geographic location, sharing the patient record with those who need it and have appropriate electronic credentials to open it. This gives portability and access to the patient record across time and space.

Having a computer as the core of your patient's care is data focused. An EMR allows incredible organization, retrieval and display. It also allows instant data sharing. There is ease of movement through data, and the availability and clarity of information provides physicians and patients with a seamless medical record.

Templates and quick text (the ability, with a few key strokes, to populate a chart entry with previous labs or specific stored phrases) allow the computer and keyboard savvy physician to move rapidly through charting during and after a patient visit. Physicians need to be comfortable with data entry to effectively use an EMR. If he does not have good keyboard skills, he will either ignore accurate charting, make mistakes that carry through all future visits, or will spend more time with the chart than with the patient. In a practice of generally complex patients, the EMR can decrease efficiency by 20% for those without strong keyboarding skills.



A complete and detailed chart also helps physicians give everyone involved, patients and family members, consistent answers and explanations. Most of you have probably had to answer questions from a patient's relative who has been away from the situation; questions that you have already discussed in detail with the patient and local family members. A well-documented chart will ensure you can quickly and accurately bring the visiting family member up to speed and put his or her mind at ease.

Most of the patients and family members we talk to are already dealing with stressful issues. It is important they feel satisfied with the care provided and that all of their concerns are addressed professionally.

Thorough and meticulous charting can be time consuming, sometimes even a nuisance, but it is well worth the effort. It is key to building a defense against a malpractice charge, can help avoid disciplinary action against the physician, and is essential to providing the very highest quality of care to our patients.

Your exam room needs to be reconfigured for a keyboard and monitor so that you face your patient at all times. Typing with your back to a patient is, at best, poor care.

The EMR is the best medical record. Storage, retrieval and sharing of data is superb. The greatest downside, in addition to previously mentioned issues, is that the patient's personality is lost with quick text and templates, and visits have too much repeated data. With voice recognition systems and better computer programs in the future, it seems the EMR will continue to improve.

Physician Assistants

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with the clinician/PA and for the Board licensing staff. Chart review is addressed, along with the PA's clinical and procedural care delivery, patient relations and professionalism, and prescriptive practices. A Prescription Monitoring Program printout review by the primary supervising physician is strongly recommended (www.maine.gov/pmp). Plans of Supervision must be made available upon request by the Board, and must be submitted at the time of each initial and renewal licensure application.

Maine Board of Licensure in Medicine
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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. Simply send a signed note with changes to the Board.

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.

Confidential Help Available

Committee on Physician Health Confidential professional help for substance abuse is available by contacting Dr. David J. Simmons at **622-3374** or **623-9266**.

