

# Florida Board of Medicine Message from the Chair

June 2010

Dear Colleagues and Interested Citizens,

There have been significant changes in healthcare and in the medical profession since our last newsletter. But before we give updates, I would like to encourage all of us to take care of our own health! For my female colleagues, National Women's Health week May 9-16, was last month. If you haven't done so already, now is a great time to make an appointment for a check up and/or make sure the special women in your life and your patients are getting appropriate preventive health screenings. Log on to [www.womenshealth.gov](http://www.womenshealth.gov) and [www.girlshealth.gov](http://www.girlshealth.gov) for more information. For our male colleagues, remember that our loved ones depend on us so please go for your annual physical exam too ([www.menshealth.gov](http://www.menshealth.gov)). A good friend and fellow physician recently reminded me of the importance of screening, check-ups and early intervention when he was faced with a personal health concern. I took his advice..... Have you? As physicians we need to try to be good health role models for our patients, family and friends.

## Networks with National and State Organizations

I have been traveling throughout the country and state representing the Florida Board of Medicine and now that my travels have come to a halt, I would like to share some highlights.

- Cultural competency and the role of state medical boards presented at the National Hispanic Medical Association Conference along with other panelist from Federation of States Medical Boards, JACHO, AAMC, etc. Panel members discussed ways that states and national organizations could address diversity issues in individual states.
- Florida Pediatric Society Annual Business Meeting - shared info on Board of Medicine
- I was the delegate for Florida at the national Federation of State Medical Boards meeting in Chicago. Important topics such as maintenance of licensure, telemedicine and license portability were discussed. Log on to [www.fsmb.org](http://www.fsmb.org) for more information and conference highlights.



Dr. Lage meets with Vice Admiral Regina Benjamin, M.D., U.S. Surgeon General, at the National Hispanic Medical Association Meeting.

## [Maintenance of Licensure](#)

The FSMB's House of Delegates adopted a policy report (see [www.fsmb.org](http://www.fsmb.org)) that proposes a model which requires the demonstration of lifelong learning as a condition of licensure. Our BOM members supported the concept and importance of lifelong learning but were strongly opposed to mandatory examinations. I relayed this information at the reference committee in Chicago and expressed several concerns such as how this may affect our physician healthcare workforce, what is the best way to evaluate physician competence? Do we have sufficient evidence based research to support this? **What this really means...** the model proposes that physicians who are not participating in MOC (Maintenance of Certification) EVEN those that have been grandfathered will have to demonstrate competence by a method to be determined by our board prior to future license renewal.

## [Administrative Complaints Online](#)

Another important aspect that has changed since January is that administrative complaints will be published online in accordance with the Governor's commitment to transparency and accountability. This not only involves physicians, but all health care licensees. For physicians whose cases are dismissed by the Board of Medicine, the Administrative Complaint will be removed promptly, ideally within 24-72 hours. The Florida Department of Business and Professional Regulation (DBPR) have been publishing such information on their licensees for some time. See attached press release.

## [Spread the Word](#)

I have discussed changes at the National and State level with leadership of the FMA and Florida Pediatric Society (FPS) with the goal of making them aware of these important changes and the need to maintain our physicians workforce and to keep our physicians informed and involved in the process. Please share this information with your colleagues also.

## [Volunteer](#)

Our hemisphere witnessed one of the greatest natural disasters with the earthquakes in Haiti, then in Chile and also on the West Coast. As always physicians lead our humanitarian efforts and many of our physicians, Board members, students, and community leaders came together to lend a helping hand. If you volunteer in your community or other international efforts to Haiti or other countries please send us your name and a brief statement of your volunteer efforts.

I want to highlight the good that our Florida doctors do day to day and in times of crisis/disaster. All too often we hear the bad news in the media which is important for public safety purposes, but good deeds being done by Florida physicians are not often portrayed in our communities. I began awarding Board Chair's recognition for Humanitarian efforts in June, 2010.

## [Medical Student Recognition Awards](#)

Finally I would like to recognize all the medical students that have been selected thus far for the Board Chair's Medical Student Recognition Award:

- Timothy DeVon Replogle, University of Florida
  - Bryan J. Allen, University of South Florida
  - Terri-Ann Bennett, University of Miami
  - Anit Anil Rastogi, - Florida International University Medical Student
- Congratulations to these fine young men and women and future doctors!

Best,  
Onelia G. Lage, MD

Chair, Florida Board of Medicine



Onelia Lage, M.D., Chair with Bryan J. Allen



Dr. Lage with Mrs. Rastogi, Anit Rastogi and Mr. Rastogi

## 2010 Legislative Update

### **SB 2272**

Senate Bill 462, passed during the 2009 Legislative Session, required the registration and inspection of pain management clinics. The Department of Health (Department) developed rules for registration and set the inspection fee. The Boards of Medicine and Osteopathic Medicine are developing standards of practice rules for physicians practicing in pain management clinics. You can view the draft rule at the board website: [www.flhealthsource.com](http://www.flhealthsource.com).

In addition to the ongoing rulemaking process, new statutory provisions affecting pain management clinics, SB 2272, were signed into law by Governor Crist on June 4, 2010. These new provisions become effective on October 1, 2010. Most of the new provisions are in s. 458.3265, Florida Statutes.

Currently, all privately owned pain-management clinics/facilities/offices (clinics) which advertise in any medium for any type of pain services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications are required to register with the Department. There are over 1,000 clinics registered. Below is a summary of the new pain management clinics provisions, which are effective October 1, 2010.

SB 2272 includes major changes that will impact the ownership and practice of pain management clinics. If you practice in this area, it is imperative that you carefully review the entire bill. To view the entire pain management clinic law, go to:

- [www.leg.state.fl.us](http://www.leg.state.fl.us)
- Select "Senate"
- In the bill field, enter "2272".

The following is a summary of some of the changes. These are only highlights of the bill and you are urged to read the entire bill:

#### **Clinic Responsibilities**

The following four new exemptions to registration were created. In addition to the current exemptions, clinics do not have to register if:

- clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;
- clinic is affiliated with an accredited medical school at which training is provided for medical students, residents or fellows;
- clinic does not prescribe or dispense controlled substances for the treatment of pain; and
- clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. § 501(c)(3).

Each clinic location must register separately even if the clinic is operated under the same business name or management as another. A new registration is also required for changes in ownership. The law creates new restrictions on ownership, including certain convictions and the law allows the Department to grant exemptions for criminal adjudications over 10 years old.

The clinic must designate a physician to register the clinic and the designated physician must practice at the clinic. The term "practice at the clinic" will be defined in rule by the Department. The designated physician must be a medical doctor licensed under Chapter 458, F.S., or an osteopathic physician licensed under Chapter 459, F.S., that has a full, active and unencumbered license. Notification of changes in designated physician must be made within 10 days by the clinic and the outgoing designated physician.

The Department shall deny registration to any clinic that is not fully owned by an MD, DO, or group of MD and DO licensees, unless the clinic is licensed as a health care clinic with the Agency for Health Care Administration pursuant to Chapter 400, F.S.

The Department will conduct annual inspections of clinics that will include medical records review. Clinics must demonstrate compliance with s. 458.3265, F.S., as well as the rules of the Department and the Boards' standards of practice rules after rulemaking is complete and the rules are in effect. [Rules 64B8-9.0131 & 64B15-14.0051, FAC – not yet in effect].

### **Physician Responsibilities**

Physicians may not practice in a clinic that should be registered but is not registered as required.

Any physician who qualifies to practice medicine in a pain management clinic pursuant to rules adopted by the Board as of July 1, 2012, may continue to practice medicine in a pain-management clinic as long as the physician continues to meet the qualifications set forth by board rules.

Beginning July 1, 2012, physicians practicing in a registered pain management clinic must:

- have successfully completed a pain medicine fellowship accredited by ACGME; or
- have successfully completed a pain medicine residency accredited by ACGME; or
- have been practicing in a pain clinic as of July 1, 2012 and be in compliance with qualifications set forth in the Boards' standards of practice rules.

Only physicians licensed under Chapters 458 (MD) and 459 (DO), F.S., may dispense medications in a pain management clinic.

A physical examination must be performed by the physician on the day that the physician prescribes or dispenses a controlled substance for a patient at a pain management clinic. If the physician prescribes in excess of a 72-hour supply of a controlled substance, the physician must document the reason in the patient's medical record.

The Board shall adopt a rule establishing the maximum number of prescriptions for Schedule II or Schedule III controlled substances or the controlled substance Alprazolam which may be written at any one registered pain management clinic during any 24 hour period.

Physicians are responsible for maintaining control and security of his/her prescription blanks and any other method used for prescribing controlled substances. This includes using counterfeit resistant prescriptions and notifying the Department within 24 hours of a theft or loss of a prescription blank or breach of any other method used for prescribing.

### **Dispensing Practitioners**

Dispensing practitioners at pain management clinics may not dispense more than a 72 hour supply of schedule II-V medications for a patient that pays by cash, check, or credit card. However, there are exemptions:

- workers compensation patient;
- cash, check or credit card is used only to cover the applicable co-payment or deductible; and
- complimentary packs of medications to the practitioner's own patients.

### **Penalties and Grounds for Discipline**

New grounds for criminal violations have been established for:

- operating/owning/managing an unregistered clinic, and

- knowingly prescribing or dispensing controlled substances from an unregistered clinic.

New grounds for discipline for designated physicians have also been established for violations of their responsibilities.

New grounds for discipline have been created for MD licensees, including:

- failing to notify the Department of theft of prescriptions from a pain management clinic within 24 hours, and
- promoting or advertising, through any communication media, the use, sale or dispensing of any controlled substance appearing on any schedule in Chapter 893, F.S.

This article is an overview of the new laws. It is important that physicians who practice pain management stay abreast of these current events and are encouraged to go online to read the new law in its entirety. If you are unsure whether you should register, it is important that you contact your private counsel. And as always, stay tuned to our web site for more information on pain management clinics.

### **HB 573**

This bill deleted the law that requires Physician Assistants (PA) to complete 3 months of clinical experience prior to being approved to be a prescribing PA and allows forms to be submitted electronically. This change is effective July 1, 2010.

### **HB 5311**

This bill, in sections 32 and 33, provides licensure avenues for retired military physicians to be eligible to receive an area of critical need license. Many physicians often give up their medical license when they retire then decide they want to practice, often as a volunteer, but do not want to go through the full licensure process again. The bill also provides the board additional authority to place conditions on the license.

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### **[Update on Pain Clinic Registration and Inspection Program](#)**

The Department of Health started registering pain management clinics on December 16, 2009. As of this writing, there are a little over 1,000 registered clinics in Florida.

The Boards of Medicine and Osteopathic Medicine have noticed their draft standards of practice for physicians practicing in pain management clinics rules. The Board of Medicine held a rule hearing on June 4<sup>th</sup> and the Board of Osteopathic Medicine will hold one on June 18<sup>th</sup>. The Joint Committee plans to meet again in July to review the information and comments made at each of the hearings. The text of these rules can be found on our web site at [http://www.doh.state.fl.us/mqa/medical/me\\_pain.html](http://www.doh.state.fl.us/mqa/medical/me_pain.html). Stay tuned to this web site for the effective date of the rules.

If you are interested in serving as an expert witness on pain management, or please send an email for an application to [MQA\\_Medicine@doh.state.fl.us](mailto:MQA_Medicine@doh.state.fl.us). The Department is also looking for physicians interested in serving as clinician inspectors. If interested, please send an email to the same address.

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### **[Update on Office Surgery Registration and Inspection Program](#)**

**Recently the Board of Medicine Surgical Care Committee made certain changes to Rule 64B8-9.009 (4) (a) 1, F.A.C. and 64B8-9.009 (4) (a) 3 (h), F.A.C.**

The changes are as follows:

**Rule 64B8-9.009 (4) (a) 1, F.A.C.** has a change in the rule language to include “any alteration of consciousness by any means”. This rule change may require certain physicians who are currently performing Level I office surgery procedures, to register with the Department of Health.

Any medication administered to the patient, prior to and/or during the surgical procedure which would alter the patient’s consciousness, moves the procedure from a Level I procedure to a Level II procedure. This constitutes a change in the level of surgery.

**Rule 64B8-9.009 (4) a (3) h, F.A.C.** This section of the rule requires that a defibrillator or AED (automated external defibrillator) be included in the list of required Supplies and Equipment. All office surgery facilities registered with the Department of Health/Board of Medicine are required to have a Defibrillator or AED on the premises and available for any emergencies.

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### **Board Member and Staff Activities**

Michael Chizner, M.D. was named One of America’s Top Doctors for the second time.

Gary Winchester, M.D. received the Outstanding Physician Award from the Capital Medical Society.

Dr. Lage attended the National Hispanic Medical Association Meeting and met with Vice Admiral Regina Benjamin, M.D. Dr. Lage was also inducted into the Miami-Dade College Alumni Hall of Fame.

Steven Rosenberg, M.D., a professional member of the Board, provides articles to the Florida Derm News on a regular basis. This newsletter is published quarterly. He was also recently appointed as an associate editor of the Journal of Drugs in Dermatology. In April, he led a 5 panelist forum in medical ethics at the annual meeting of the American Academy of Dermatology. At this meeting, he received 2<sup>nd</sup> place in the art show for his lamp made of old pathology slides.

Robert Nuss, M.D., on January 5, 2010, provided a presentation to the Program Directors and Chairs of the residency and fellowship programs at the University of Florida, College of Medicine. He also provided a similar presentation to the resident and fellow leaders of these same programs on March 16, 2010.

Be sure to read the article written by Jason Rosenberg, M.D., regarding his trip to Haiti following their earthquake. This article can be found at the end of the *Message from the Chair*.

In February, Larry McPherson, Jr., Executive Director of the Board of Medicine provided a presentation at the Annual Pain and Palliative Care Program on behalf of Broward Health at Broward General. Mr. McPherson provides this presentation regarding pain management and your license, yearly.

Ms. Sanford also continues to provide articles regarding Board of Medicine activities to various medical association and societies throughout Florida. These articles can also be found on the Board’s web site.

On May 6, 2010, Chandra Prine and Crystal Sanford, both Program Operations Administrators in the Board of Medicine Office, will be giving a presentation to the Florida Association of Medical Staff Services, Inc. (FAMSS). The FAMSS is an organization of individuals that work in credentialing, regulatory and other positions in hospitals, doctor’s offices and managed care offices. Ms. Prine and Ms. Sanford will be presenting information regarding licensure, the regulatory process, new legislation, CME requirements and renewal information. This is an opportunity for Board staff to reach out to those people who work with physicians and assist physicians with their administrative functions.

Mr. Tellechea, Board Counsel, was recognized by Florida Trend's Florida Legal Elite as one of the Top Government Attorneys for the third time.

Donna McNulty, Board Counsel to the PA Council and the Credentials Committee, was appointed as a Deputy Bureau Chief to the Administrative Law Bureau in the Attorney General's Office.

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### [Information you should know](#)

Is it ok to leave pre-signed blank prescriptions for my PA to use in my absence?

No, this is not appropriate and could place your license in jeopardy of disciplinary action. Penalties could include a fine, a letter of concern, and completion of the Laws and Rules course. This is easy to avoid: Do not leave pre-signed blank prescriptions in your office.

### Removal of Levothyroxine Sodium from the Negative Drug Formulary

Effective March 18, 2010, levothyroxine sodium has been removed from Florida's Negative Drug Formulary (see Rule 64B16-27.500, Florida Administrative Code). From March 18<sup>th</sup> forward, a pharmacist that receives a prescription for a brand name drug shall, unless requested otherwise by the purchaser, substitute a less expensive, generically equivalent drug product that is listed in the formulary of generic and brand name drug products as provided in Section 465.025(5), Florida Statutes, unless: 1) The prescriber writes the words "MEDICALLY NECESSARY" in their own handwriting, on the face of a written prescription; 2) In the case of an oral prescription, the prescriber expressly indicates to the pharmacist that a brand name drug prescribed is medically necessary; or 3) In the case of a prescription that is electronically generated and transmitted, the prescriber makes an overt act when transmitting the prescription to indicate that the brand name drug prescribed is medically necessary.

### Practitioner Profile

Remember any changes to your profile must be made within 15 days of said change. To change your profile, see *Locating Information* below.

### PA Renewal Fee

The PA Council voted to increase the renewal fee to \$275. This change must go through the rulemaking process, but will most likely be in effect prior to the next renewal.

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### CME Requirements Reminder

If this is your *first renewal after licensure*, then you must complete:

- 1 hour HIV/AIDS
- 2 hours prevention of medical errors

*For every renewal after your initial renewal*, CME requirements include:

- 2 hours in Prevention of Medical Errors
- 38 hours of general CME

Domestic Violence CME Requirement – *this is due every 6 years, but the course must be taken in the final 2 years (5<sup>th</sup> and 6<sup>th</sup> year).*

- If you were already licensed in 2006, your first 2-hour Domestic Violence CME requirement is due by January 31, 2012

- If were licensed after 2006, then your first 2-hour Domestic Violence CME requirement is due January 31<sup>st</sup>, 6 years from your licensure date. To view your licensure date, go to [www.FLHealthSource.com](http://www.FLHealthSource.com) and click on *Citizen/Consumer*. Then click on *License Verification*. Search your name/license. Your original issue date can be found under the heading *License Original Issue Date*.

**NOTE:** The Prevention of Medical Errors course must contain the 5 most mis-diagnosed medical conditions as determined by the Board. Every two years the Board conducts research and determines the newest 5 most miss diagnosed medical conditions. These can be found in rule 64B8-13.005, FAC.

Physicians can use CE Broker to help maintain their CME certificates. Their web site is [www.CEBroker.com](http://www.CEBroker.com) and the lowest level of participation for CME maintenance is free. When the Department performs the annual CME audit, the first place they go is to CE Broker. If the physician has his/her CME listed and is in compliance, he/she will pass the audit automatically. It's that easy. It is not a requirement to use CE Broker, but it could be a good tool so go online and check them out.

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**Upcoming Events**

Our next meeting is scheduled for August 6-7, 2010 in Orlando. Remember this is a good opportunity to learn more about Board activities and obtain 5 hours CME credit in ethics or risk management at the same time. Below is the meeting schedule for the remainder of 2010. While you are there, be sure to pick up helpful information on the public information table and complete our survey. The exact locations will be posted to the web site approximately two months prior to meeting date.

August 6-7, 2010	Orlando
October 1-2, 2010	Orlando
December 3-4, 2010	Orlando

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**Locating Information**

Where can you find information you need to know about your license? Our web site! Go to [www.FLHealthSource.com](http://www.FLHealthSource.com) and click on *Licensee/Provider*. From here you can go directly to the Medicine web site, access your practitioner profile, renew your license online, review professional updates and declaratory statements, and much more.

Also, you might be interested in our Mailman System which replaces the Web Board as a mechanism to receive information from the Board. This is an email system you can subscribe to in order to receive up to the minute information. Simply log on to <http://flems.doh.state.fl.us/mailman/listinfo/boardofmedicine> and subscribe!

If you are unable to locate the information needed, send an e-mail to the Board! Send your question and comments to: [MQA\\_Medicine@doh.state.fl.us](mailto:MQA_Medicine@doh.state.fl.us).

If you would rather correspondence go to another e-mail address, please update your online Practitioner Profile. You can update your Practitioner Profile by visiting <http://www.flhealthsource.com>, selecting *Licensee/Provider*, then selecting *Update Profile* in the Current Licensee Services section of the page. If you need help accessing your online profile, call (850) 488-0595, then select menu option 3.

Are you interested in knowing your Board Members? Go to our web site and click on *Related and Contact Information*. Once there, click on *Board Members, Legal Counsel and Committee Appointments*. Each Board Member is listed. Click on the member's name to view their biography. You can also view the various committees of the Board here.

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**Highlights of the February 5-6, 2010 Board of Medicine Meeting**

<b>57 Disciplinary Hearings Scheduled:</b>	
28	Settlement Agreements
2	Informal Hearings
6	Informal Hearing by Default
14	Voluntary Relinquishments
2	Recommended Orders
4	Cases were withdrawn prior to the meeting
1	Case was continued until the next Board Meeting

<b>Board Final Action</b>	
23	MDs/PAs/EOs placed under obligations *
14	MDs/PAs/EOs voluntarily relinquished * This category includes 7 Electrologists
7	MDs/PAs/EOs suspended *
1	MDs/PAs/EOs revoked*
1	MDs/PAs/EOs on probation
1	Cases dismissed
4	Cases withdrawn prior to the meeting for further litigation
1	Case was continued until the next meeting
5	Settlement Agreements rejected; case returned for further litigation

\* See bottom of email for explanation of penalties.

MDs = Medical Doctors  
 PAs = Physician Assistants  
 EOs = Electrologists

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**Highlights of the April 9-10, 2010 Board of Medicine Meeting**

<b>52 Disciplinary Hearings Scheduled:</b>	
27	Settlement Agreements
7	Informal Hearings
6	Informal Hearing by Default
11	Voluntary Relinquishments
1	Recommended Orders

<b>Board Final Action</b>	
23	MDs/PAs placed under obligations *

11	MDs/PAs voluntarily relinquished * This category includes 5 Electrologists
4	MDs/PAs suspended *
3	MDs/PAs revoked*
1	MDs/PAs on probation
1	Cases dismissed
2	Cases continued
6	Settlement Agreements rejected; pending acceptance of counter offers
1	Case referred to the Division of Administrative Hearings

\* See bottom of email for explanation of penalties.

MDs = Medical Doctors

PAs = Physician Assistants

EOs = Electrologists

To view the minutes for any of these meetings, go to our web site and click on *Minutes*.

Various Committees of the Board met in conjunction with the April Board Meeting:

Credentials Committee - This committee meets in conjunction with the full Board meetings, for the purpose of reviewing license applications. The committee interviews license applicants whose prior history, including malpractice cases, raises questions of concern regarding the ability to practice with skill and safety, or questions about an applicant's performance in medical school or prior practice in other jurisdictions. The committee presents a report to the full Board at the next Board meeting, recommending approval (certification) or denial of applications. The committee also reviews and approves supervising physicians for those applicants who are candidates for restricted licenses.

Physician Assistant Council - This Council is composed of members of the Board of Medicine, one member from the Board of Osteopathic Medicine and one licensed physician assistant approved by the Secretary of the Department of Health.

Council's duties:

- Certification of applicants for licensure
- Development of rules regulating physician assistants
- Making recommendations to the Board regarding all matters relating to physician assistants

Board's duties:

- Approve and adopt identical rule language recommended by the Council, or return the recommendation to the Council

At this meeting, the Council voted to increase the renewal fee to \$275.

Rules/Legislative Committee – This committee meets regularly in conjunction with the full Board Meetings. The committee develops recommendations for amendment of Board rules or creation of new rules, to clarify practice standards or to impose requirements to strengthen patient protection and quality of care. This committee also makes recommendations for Florida's annual legislative session. These recommendations include statutory changes.

Specialty Credentialing Committee - This committee meets as needed to review the credentials of organizations desiring Board approval to become certifying organizations. At this meeting, the American Board of Interventional Pain Medicine presented a request to become a certifying entity.

Dietetic-Nutrition/Electrolysis Committee - This Council consists of five members including four members licensed under the statute and one consumer member. The Board of Medicine appoints all the council members.

Council's duties:

- Certification of applicants for licensure
- Development of rules regulating the practice of dietetics and nutrition counseling
- Making recommendations to the Board regarding all matters relating to the practice of dietetics and nutrition counseling

Board's duties:

- Approval and adoption of administrative rules

Expert Witness Committee - This committee meets for the purpose of credentialing expert witnesses who review complaint investigations and provide opinions to the Department and the probable cause panels as part of the disciplinary process for a determination that standards of care were violated.

The Board also held a Rule Hearing Saturday morning regarding Rule 64B8-4.009, FAC on the 5 most misdiagnosed medical conditions. After discussion with a representative from InfoMed, no changes to this rule were made.

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**Highlights of the June 4-5, 2010 Board of Medicine Meeting**

<b>29 Disciplinary Hearings Scheduled:</b>	
17	Settlement Agreements
2	Informal Hearings
1	Informal Hearing by Default
8	Voluntary Relinquishments
1	Recommended Orders

<b>Board Final Action</b>	
12	MDs/PAs placed under obligations *
8	MDs/PAs voluntarily relinquished * This category includes 3 Electrologists
4	MDs/PAs suspended *
1	MDs/PAs revoked*
1	MDs/PAs on probation
3	Settlement Agreements rejected; pending acceptance of counter offers

\* See bottom of email for explanation of penalties.

- MDs = Medical Doctors
- PAs = Physician Assistants
- EOs = Electrologists

To view the minutes for any of these meetings, go to our web site and click on *Minutes*.

Several Committees met in conjunction with the Board meeting: Credentials, Rules/Legislative Committee, and the Specialty Credentialing Committee. The Board also held a Rule Hearing for Rule 64B8-9.0131, FAC – Standards for Physicians Practicing in Pain Management Clinics.

Specialty Credentialing Committee - This committee meets as needed to review the credentials of organizations desiring Board approval to become certifying organizations. At this meeting, the American Board of Interventional Pain Medicine presented a request to become a certifying entity and this request was approved.

Rules/Legislative Committee – This committee met to review 2010 Legislation signed by the Governor, which includes HB 573, SB 2272 and HB 5311. See Legislative Update above.

Dr. Lage recognized Barth Green, M.D. for his long standing leadership and dedication to providing humanitarian work. Dr. Green said a few words to the Board that he hoped inspired more humanitarian work.



Dr. Lage with Dr. Green receiving his Chair’s Recognition Award

Dr. Lage also recognized Raymond Pomm, M.D. for his accomplishments with PRN. He addressed the Board and thanked them for their support.



Dr. Lage with Dr. Pomm as he receives the Chair’s Recognition Award

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**[\\* Explanation of Penalties \(in order of severity\)](#)**

<b>Obligations</b>	The board disciplined the licensed practitioner and a penalty, which may include restrictions and/or additional requirements, was placed on the licensed practitioner. The licensed practitioner may practice his/her profession in the state of Florida under the conditions specified by the licensing board or department. Practitioner is obligated to update his/her profile data
<b>Probation</b>	The board has disciplined the licensed practitioner and placed his/her license in a probationary status. The licensed practitioner may practice his/her profession in the state of Florida under terms specified by Final Order. Practitioner is obligated to update his/her profile data.
<b>Suspension</b>	The board disciplined the licensed practitioner, prohibiting practitioner

	from practicing in the state of Florida for a specified period of time outlined in the final disciplinary order. The practitioner is obligated to update his/her profile data.
<b>Revocation</b>	The board or department disciplined the licensed practitioner and his/her license was removed permanently. The practitioner is not authorized to practice in the state of Florida. The practitioner is not obligated to update his/her profile data.
<b>Voluntary Relinquishment</b>	The licensed practitioner elected to give up their license to practice in the state of Florida. This relinquishment does constitute discipline and the licensee is not permitted to ever reapply for licensure in Florida. The practitioner is no longer obligated to update his/her profile data.

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**Article Written by Jason Rosenberg, M.D., Board Member**  
**Originally published in *House Calls* (Alachua County Medical Association Newsletter)**

On Friday night my phone rang. I was having dinner with my family so I let it go to voicemail. After dinner I checked the phone to see it was my partner, Dr. Steve Waters, who had called. I called voicemail and listened to his message;

“Jason, Steve Waters, calling to try to get a group of 3-5 physicians to go to Haiti...have no definite plans yet, if you’re interested give me a call...”.

Since it was late, I called him back the next morning.

“Steve, this is Jason. I’d love to go to Haiti, what’s your plan?”.

“Well, actually” he said. “I don’t have one”.

I thought that, as they say, was that.

However, as the 24-hour news cycle brought the tragedy of the Haitian earthquake into our living room throughout the weekend, it was a thought that was difficult to escape. Wanting to do something while sitting on the couch watching football, I texted a ten-dollar contribution to the Red Cross. My kids asked how they could help the children of Haiti. My daughters, Sarah and Lindsay, came downstairs and offered to give their tooth fairy money to help with earthquake relief. My wife and I looked at each other, eyes misting over with pride and decided that we needed to do more.

On Tuesday morning the kids hatched a plan to donate their lunch money to the children of Haiti, and wanted to encourage their friends to do the same. After dropping the kids off at school, I knew I had to go to Haiti. I called my wife, Denise, and asked her what she thought. I could hear her voice breaking. She asked me “Do you have a plan?”. Now I know how Steve must have felt a few days earlier. I needed a plan.

My next call was to Attorney General Bill McCollum. A friend and well-connected politician, I thought would be a good start. That was at 8:00am. He told me someone in his office would get back to me soon.

I walked into The Orthopaedic Institute and passed our CEO’s office.

“Eric”, I said, “I am going to Haiti”.

Eric Brill, our CEO, knew that I was prone to bouts of mania.

“Have a good trip”, he said dismissively.

“Seriously, I am going”.

“OK, let’s talk about this”.

Three or four emails and phone calls later between his office and mine and the word was out to our docs asking who wanted to go to Haiti for a trip we decided would last between a week and ten days.

At 9:00am, an hour into this mission, Bill Stewart, Deputy Chief of Staff to Attorney General McCollum, called to tell me that he had 2-3 seats for me on a flight out of West Palm Beach airport on a private flight bringing supplies into Port au Prince .

When, I asked?

Tomorrow --at 1:00pm. Can you do it?” he asked.

“Give me an hour”.

More emails to Eric and out to our docs and we had two orthopedic surgeons, Dr. Steve Waters, and Dr. Mandy Maxey, who could cancel their schedules at the last minute and commit to the trip. My next call was to my friend and fellow plastic surgeon, Dr. Greg Gaines.

“Greg, I’m going to Haiti to do some surgery. You in?”

Standing in clinic a few minutes later my phone rang.

“I am in” Gaines told me. “My wife gave the green light”.

While I was getting the calls from the surgeons, Dale McDilda (aka Dale Bob), one of our surgical techs from the Orthopaedic Surgery Center came by my clinic.

“Hey Jason, I heard you’re going to Haiti. You’re gonna need a tech. Can I go?”

“Sure, I said” not knowing how we were all going to fit in the 2-3 seats we had been offered.

After getting the list the team scrambled to get their immunizations at the Alachua County Health Department. Tetanus we could get in our office. Thank goodness for that trip to Cambodia with the Air Force....most of my shots were covered.

Another call to Bill Stewart in Tallhassee.

“Bill” I said, “the team is now 5 – do you have space for us”. Let me check. “OK, we can do it”.

We split up to buy supplies; power bars, bug repellent, mosquito nets, headlights, phone chargers. The staff at our practice jumped into the excitement. A volunteer team started raiding our supply closets for things that we might need. Dressing supplies, medicines, sutures, and spare equipment was loaded into boxes, labeled and prioritized. People volunteered to drive us to West Palm and to bring an extra truck for supplies. Calls to North

Florida and Shands at UF were answered by CEOs willing to help with any supplies they had to help us with our trip. The mission was turning into a cause. We almost had a plan.

“Dr. Maxey was able to cancel all her cases but one that needs to be done tomorrow morning. She got an early start and should be ready to leave by 8:30” I was told by Sarah, her receptionist.

I did the math. It’ll be tight, but we can make it to West Palm in time for the flight. Teams from the practice split up -- one group to North Florida, the other to Shands AGH to pick up supplies. We rented a van to take us all in one vehicle to the airport the next morning.

A night filled with family explanations and goodbye followed. At dinner with the kids some good questions:

“Daddy,” Sarah said, “are you afraid there might be another earthquake?” she asked.

Actually, that thought had not entered my mind...until then.

“No,” I answered, “I am not afraid of that” I said staring off into the distance instead of looking at her as I answered.

“Then what *are* you afraid of?” she persisted.

“I am afraid that we will get there, and not be able to help” I told her.

Not much sleep that night. Our heads filled with uncertainty as to what we might encounter. Would it be like we were seeing on TV? The images in the news were of the dead. With so many killed, certainly the number of injured must be even greater. What would we be able to do? Something, I thought, we could do *something*.

## It’s Time to Go

The next morning the kids were stirring and preparing for school. I wanted so badly to have a way to explain why it was important for me to be leaving that the kids could understand and get behind.

“Huddle up guys” I said.

A family tradition for serious moments of conversation my four kids gathered around me like a football huddle, me the paternal “quarterback”.

“Remember” I began, “when Bry-bry got hurt?”. Our son had two years earlier taken a fall in which he had an epidural bleed (surrounding his brain) requiring life-saving emergency neurosurgery.

“Mommy and Daddy asked G-d to make Bryan be okay” I continued. “The Haitian people are G-d’s children, right?” I asked and they agreed. “Now, G-d wants us to help his children be okay – it’s time to try to return the favor.”

Genius, I thought. They would understand and wish daddy well as I left to a chorus of cheers and encouragement. I look up and the four began crying in unison. Not quite the reaction I had hoped for. Little arms began clutching my legs blocking my progress to the kitchen. This was going to be more difficult than I had thought.

The plan was for the team to meet at the practice and drive together to West Palm Beach for our flight to Port au Prince. Dr. Gaines had left the night before to get his passport renewed at the Miami office – he would drive

north to meet us in West Palm Beach. We waited anxiously as Dr. Maxey and Dale Bob, our tech, finished the one case she wasn't able to reschedule before heading out. The case ran long and we began to worry that we wouldn't make our flight to Haiti. Friends came to the rescue with the offer of a flight from Gainesville's private airport to West Palm and once the Dr. Maxey was finished, the team gathered up and headed to University Air to begin our journey.

Once in the air, we had a minute to think about what it was we were about to do. We had a team, supplies, food, and a ride into Port au Prince. We had made contact with Southern Command who we were told would meet us at the airport and provide us transportation once we arrived in Haiti. Our initial plan was to see if we could be helpful at a hospital within Port au Prince.

I also had a friend, Dr. Craig Greene, an orthopedic surgeon from Baton Rouge, LA, who was working on the border between Haiti and the Dominican Republic. The Good Samaritan Hospital, he told me, was well supplied and had over five hundred patients with crush injuries. He said he could use our help. We had a backup plan.

After landing in West Palm Beach and we met Ambassador Earle Mack, a former US Ambassador to Finland and philanthropist, who donated his private jet to transport supplies and our team into Haiti. Traveling with us was Dr. Nat, a British pediatrician who has a house in Port au Prince and works with HIV in children. He offered us his help and told us that he would try to help us find somewhere we could be useful.

We landed in the Port au Prince airport and saw a runway lined with US military aircraft and tents. Lines of people waited on the hot tarmac to board large Air Force cargo planes.

"Where are those planes headed?" I asked a uniformed Air Force Master Sergeant.

"Outta here" he shouted above the roar of the engines.

It was then that I realized that we were in the short line – the one heading *into* the country.

Needless to say, the Southern Command did not know who we were and certainly weren't offering to shuttle us around what we now realized first hand was a disaster zone. Thank goodness for Dr. Nat. He was being met by a friend with a few SUVs and offered us a ride to his hospital. Escorted by a member of the US Coast Guard brandishing an M16, we made our way through the crowds outside the airport to our cars.

The ride couldn't have been much more than five miles, but it took nearly an hour to navigate the crowded streets to our destination. UN Military vehicles with blue helmeted armed soldiers were everywhere. Collapsed buildings lined the streets and gave our drive an almost surreal quality.

Pulling into the Ghesko clinic compound we were greeted with a refugee camp that was estimated at over 5,000 people. The US government had set up a military hospital manned by a disaster action team from Massachusetts right next to the clinic. We went to the front gate to introduce ourselves.

"Hi, we are a group of doctors from Florida. Uh, can we help?" we asked sheepishly?

"You don't happen to have any external fixators, do you? We have 4 people who we could operate on right now if you do."

We didn't. Turns out this would be our first introduction to the logistical nightmare that lends gravitas to the word "disaster". We found that supplies, patients, doctors, nurses and ancillary personnel didn't magically appear in the right place when a 7.0 earthquake strike a third-world country.

As time passed and daylight faded we turned our thoughts to where our team was going to sleep that night.

“Can’t help but noticing the razor wire and US military guards that you have at your hospital”, we continued “any chance we can bunk with you guys tonight until we figure out what we’re going to do?” we asked.

“Sure, if you don’t mind sleeping on the floor and out of the way”.

“That’s an offer you can’t beat”, we joked, “we’re in”.

Not much sleep for our team that night. Between the mosquitoes, the diesel powered generators, and the adrenaline we were up at the crack of dawn. The Massachusetts team, after making fun of me being a Yankees fan, graciously offered us breakfast MREs. After seeing the bathroom facilities, I was thankful to remember that military MREs are notoriously constipating.

During breakfast, we formulated a plan. We would travel to another local hospital this morning and see if we could be of use. If not, we would try to make our way to Jimani, DR, on the Haitian border where my friend Dr. Greene was operating. Dr. Nat picked us up and gave us a ride to the Community Hospital. The courtyard of the hospital was an open-air patient ward with hundreds of patients and their families lining the drive up to the hospital steps. We were introduced to the hospital director and quickly realized that while the group here was doing the best they could in very difficult circumstances, this wouldn’t be our home for the next week.

While in the hospital we met a woman who told us that she was an American citizen and missionary works in both Haiti and the Dominican Republic. She was familiar with the Good Samaritan hospital and, in exchange for a new set of tires for her truck and a tank of gas, she would be happy to take our team and supplies across the border to Jimani.

The drive was only about 30 miles but took almost two hours over the crowded roads of Port au Prince and the dusty roads of the Haitian countryside. On arriving at the Good Samaritan hospital I was reminded of the movie Field of Dreams. In the middle of nowhere stood a modern two-story building teeming with volunteers, the front steps piled floor to ceiling with medical supplies donated from around the world. Trailer-tractors had been paced on the hospital campus and were serving as intensive care units. A large army tent sat next to the main hospital as an overflow ward. Another two-story building adjacent to the hospital was built originally as an orphanage now served as an overflow patient ward holding several hundred patients 8-10 to a room. And from everywhere, the volunteers came.

Cliff, a larger-than-life cardiologist from Texas was wearing bright orange scrubs with a leather belt and a big ol’ Texas belt buckle. The first to greet us, he gave us the quick tour and showed us some of the patients who could use our help. Then, it was off to work.

The next five days we spent our days operating, changing dressings, rounding, and working as a team to transport patients, clean rooms, and whatever else needed to get done to care for our patients. Wounds ranged from soft tissue infections to long bone fractures, lacerations, degloving injuries, facial fractures, and the like. We were joined in our work by surgeons, anesthesiologists, nurses, therapists, and ancillary staff from all over the United States and around the world. Over the time we were in Jimani teams would come and go as friendships were forged, and strong bonds formed as we united to a common goal of doing what we could to help.

Nights were spent on the roof of a warehouse in the small town of La Descubierta, a thirty-minute ride from the hospital complex. Each night a group of us would gather at a house owned by a local politician who had invited the hospital administration team for a dinner of rice and beans, vegetables, and some chicken or pork. We would unwind away from the melee of the hospital and discuss cases of the day and plans for the next. It wasn’t just the severity of the injuries with which we were dealing that weighed on us, it was the volume. My

partners had all fixed femur fractures in the past – none had seen 150 femur fracture patients in the same place. It helped to spend time together to be able to talk about what we had been through during the days.

Our last day at the Good Samaritan Hospital was spent “handing off” our patients to new teams that had arrived and would continue their care. “Our” kids, we thought, were in good hands – at least for the next few days. While we took satisfaction in what we had been able to do in the last week, we wondered what would lie ahead for them. Who would follow us, and how would our patients do in the coming weeks, months and years?

Before we had too much time to consider the possibilities, our attention was diverted to our next logistical challenge. The plane being sent to Port au Prince to get us home had its landing slot cancelled we were told. We sent a call out to all of our friends and supporters to get another ride home. Dr. Steve Scott, a physician and member of the UF Board of Trustees, would send a plane to Santa Domingo to get us back to Gainesville.

Another ride over dusty roads in speeds in excess of our IQs and we were in Santa Domingo late Tuesday night in anticipation of our flight out on Wednesday. Although we had a chance to shower and get a food, I didn’t sleep much that night. Laying awake in bed, away from the maelstrom, the enormity of the disaster that we had been witness to began to sink in. I sent a text to my wife Denise early that morning:

“I realize that the only difference between me and the people that we have been caring for over the past week is that we get to go home today. For them, life will never be the same....and the same wasn’t all that great to begin with. Being away from the craziness of the hospital gives you time to think. I am not ready for that right now. I love you and will see you soon”.

Boarding the jet on the tarmac in Santa Domingo we were greeted by friendly pilots in crisp white shirts. “How’s it been down here?” they asked. I hadn’t formulated an answer for that yet. They went over the safety information about the plane, and then showed us the food that they had for us – sandwiches, cookies, fresh fruit – all drew mild interest. Sodas were next; a diet coke for caffeine-deprived Dr. Maxey was well received. Our co-pilot then slid open a drawer filled with ice – from America – things, I thought, never would be the same for us either.

As our plane taxied to the terminal at University Air, we looked out the window and saw the crowds that had gathered to greet us. Waving US flags and holding u banners welcoming us home our friends and families rushed to greet us. My young son Jacob jumped into my arms, the rest of the kids assuming their positions clinging to my legs. A reporter from the Gainesville Sun asked me what it was like to care for the children having small children of my own. As Jacob and I clung to each other my eyes welled with tears:

“The only difference between my kids and those that I have been helping to take care of over the past week is where God decided to put them”.

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Dr. Steven Rosenberg stands by his lamp made of old pathology slides. He won 2<sup>nd</sup> Place for this lamp at the Annual Dermatology Meeting.

