



# FLORIDA | Board of Medicine

Winter 2016



Sarvam TerKonda, M.D.  
Chair



Enrique Ginzburg, M.D.  
Vice Chair

## Governor Scott Appoints New Board Member

On October 19, 2016, Governor Scott appointed Hector Vila, M.D., board certified anesthesiologist from Tampa, to the Board of Medicine. His term expires October 31, 2018. Dr. Vila fills the vacant position previously held by Nabil El Sanadi, M.D.

Dr. Vila graduated from medical school in 1989. He completed an anesthesiology residency at the University of South Florida (USF) in 1993. He serves as an assistant professor at the USF.

Dr. Vila participated in rulemaking when the Board of Medicine drafted the Office Surgery Rules in early 2000. He went on to serve as an inspector for the Department of Health and inspected that perform surgery but are not accredited by a national organization. He attended his first meeting as a member in December.

Welcome to the Board, Dr. Vila!



## New Chairs and Vice Chairs Elected

At the December 2, 2016 Board Meeting, the members voted on leadership for 2017.

- Magdalena Averhoff, M.D. will serve as the Chair from January 1st until June 30th. Brigitte Goersch, Consumer Member, will serve as Vice Chair during that period.
- Enrique Ginzburg, M.D. will serve as the Chair from July 1st until December 31st and Jorge Lopez, M.D. will serve as Vice Chair during that period.

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## Rule Updates

The Board's **Surgical Care/Quality Assurance Committee** has been busy working on their Office Surgery Rule ([Rule 64B8-9.009](#), F.A.C.). They are currently researching wrong site and foreign body surgeries in an effort to help physicians avoid these types of surgeries and possible discipline by the Board.

The Board's **Rules/Legislative Committee** has also been busy.

- The proposed rule changes related to costs for reproduction of medical records ([Rule 64B8-10.003](#), F.A.C.) has not gone into effect. We will keep you posted on the status of this rule.
- The telemedicine rule ([Rule 64B8-9.0141](#), F.A.C.) has undergone some changes. The Board will hold a Rule Hearing regarding these changes on February 3rd at 8:00 am.
- The Committee is revising the Physician Office Incident Reporting form to reflect ICD-10. We will let you know when the revised form is available for use.
- Standards for Protocols (with ARNP's) has also changed ([Rule 64B8-35.002](#), FAC) with regard to when the form needs to be submitted to the Board. We will let you know when the revised form and rule are in effect.

## MQA Online Services – Your Portal. On Demand.

The Florida Department of Health, Division of Medical Quality Assurance (MQA) launched an upgraded online licensing and renewal system for Florida licensed medical doctors. When you use the upgraded system for the first time, you will be required to complete a one-time registration process before you can renew your license. The improved user-friendly system gives you the ability to manage and maintain your license from your own account dashboard. From your dashboard, you can:

- add additional licenses or applications
- request a name or status change
- update your address and add a secondary practice location
- upload your documents
- start a new application
- complete an application you have already started
- renew your license

Learn from an expert who will walk you through the process of registering for an account and adding your license to your dashboard during a free informational webinar. To register for an upcoming webinar, go to [www.FLHealthSource.gov/webinars](http://www.FLHealthSource.gov/webinars).

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### Urgent Need for Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic

Michael Botticelli, Director of National Drug Control Policy, wrote to all 50 Governors about the urgent need for more doctors to be trained and certified to treat people with prescription opioid and heroin use disorders. As you may know, the Obama Administration offers free buprenorphine trainings for providers all across the country and online.

Medication-assisted treatment (MAT), which includes the use of FDA-approved medications like buprenorphine, has proven more effective at helping people with opioid use disorders enter into long-term recovery. Other FDA approved medications to treat individuals with opioid use disorders are Vivitrol and methadone.

Kimberly A. Johnson, PhD, Director of the Center for Substance Abuse Treatment, has said a central element of HHS Secretary's Opioid Initiative is the expansion of access to medication assisted treatment for opioid use disorder, a safe and effective strategy to decrease the frequency and amount of opioid use, and reduce the risk of overdose when combined with behavioral therapies.

For more information on MAT, go to <http://www.samhsa.gov/medication-assisted-treatment>. For dates of upcoming buprenorphine trainings and additional resources, go to <http://pcssmat.org/calendar-of-events/>.

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### DEA Reverses Decision to Change Registration (Renewal) Policy

A revised message is now posted on the DEA website about the change in their grace period for registrants who file a late application for renewal.

Starting January 2017, the DEA will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

At this time, DEA will otherwise retain its current policy and procedures with respect to renewal and reinstatement of registration. Policy:

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

For more information, go to DEA's website at <http://bulkmail.doh.state.fl.us/lt.php?c=4123&m=4885&nl=305&s=bad97c655476f96a390a72c05a742011&lid=23464&l=-https--www.deadiversion.usdoj.gov/drugreg/index.html>

## Evidence Pilots Increasingly Using Over-the-counter, Prescription and Illicit Drugs

The National Transportation Safety Board (NTSB) conducted a survey, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment, SS 14/01*. The survey analyzed toxicology tests from 6,677 pilots who died in a total of 6,597 aviation accidents between 1990 and 2012. The results demonstrate a significant increase in the use of a variety of potentially impairing drugs.

The study found significantly increasing trends in pilots' use of all drugs, potentially impairing drugs (those with a US Food and Drug Administration warning about sedation or behavior changes in routine use), controlled substances, and illicit drugs (those defined as Schedule I by the US Drug Enforcement Administration). The final report, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*, is available on the NTSB's Safety Studies web page under report number SS-14/01.

In this study, the pilot was considered to be positive for a drug if it could be qualitatively or quantitatively identified in blood or tissue; drugs identified only in urine or used as part of resuscitative efforts were excluded.

Overall, 98% of the study pilots were male and 96% were flying privately rather than for commercial purposes. The average age of study pilots increased from 46 to 57 years over the study period.

Over the course of the study, for fatally injured pilots, the following was found:

The proportion of pilots testing positive for at least one drug increased from 10% to 40%.

More than 20% of all pilots from 2008-2012 were positive for a potentially impairing drug, and 6% of all pilots were positive for more than one potentially impairing drug.

Overall, the most common potentially impairing drug pilots had used was diphenhydramine, a sedating anti-histamine (the active ingredient in many Benadryl and Unisom products).

During the most recent 5 years studied, 8% of all pilots tested positive for controlled substances; hydrocodone and diazepam each accounted for 20% of the positive findings.

The percentage of pilots testing positive for marijuana use increased to about 3% during the study period, mostly in the last 10 years.

The large increase in the proportion of fatally injured pilots with evidence of potentially impairing drugs suggests an increasing risk of impairment in general aviation. Aviation is the only transportation mode in which a fatally injured operator (pilot) routinely undergoes extensive toxicology testing; no similar testing is routinely performed for fatally injured operators of boats, trains, trucks, or cars. Given the general increase in drug use in the population, it is likely that there has been a similar trend in drug use among operators across all modes of transportation.

These results highlight the importance of routine discussions between health care providers and pharmacists and their patients about the potential risks that drugs and medical conditions can create when patients are operating a vehicle in any mode of transportation.

The Board of Medicine’s responsibility to ensure applicants meet the current requirements for licensure. If issues are identified in the application, the applicant may be asked to appear before the Credentials Committee. In addition, to licensing qualified practitioners, the Board conducts disciplinary hearings at the Board Meetings.

### November 3-4, 2016 Board Meeting

LICENSURE STATISTICS	Medical Doctor Applicants	Physician Assistant Applicants
Licenses approved after appearance	12	NA
Licenses ratified by Board	847	NA
Licenses approved with conditions	12	NA
Licenses denied; allowed to withdraw	5	3
Tabled or no action	16	1
Applications withdrawn	0	NA
Request for Modification of License on Conditions— Denied	NA	NA
Request for Modification of License on Conditions— Approved	NA	NA

### July 28-29, 2016 Board Meeting

LICENSURE STATISTICS	Medical Doctor Applicants	Physician Assistant Applicants
Licenses approved after appearance	13	NA
Licenses ratified by Board	2,509	NA
Licenses approved with conditions	10	NA
Licenses denied; allowed to withdraw	3	NA
Tabled or no action	2	NA
Applications withdrawn	0	NA
Request for Modification of License on Conditions— Denied	1	NA
Request for Modification of License on Conditions— Approved	0	NA

DISCIPLINE STATISTICS	Medical Doctor Physician Assistant
Revocation	2
Suspension	8
Relinquishment	10
Probation	1
Obligations	11
No penalty, Costs	NA
Tabled/Pending/Continued	7
Dismissed	1

DISCIPLINE STATISTICS	Medical Doctor Physician Assistant
Revocation	2
Suspension	3
Relinquishment	7
Probation	NA
Obligations	15
No penalty, Costs	NA
Tabled/Pending/Continued	3
Dismissed	2

## December 2-3, 2016 Board Meeting

LICENSURE STATISTICS	Medical Doctor Applicants	Physician Assistant Applicants
Licenses approved after appearance	11	NA
Licenses ratified by Board	609	NA
Licenses approved with conditions	8	NA
Licenses denied; allowed to withdraw	NA	NA
Tabled or no action	2	NA
Applications withdrawn	4	NA
Request for Modification of License on Conditions—Denied	NA	NA
Request for Modification of License on Conditions—Approved	NA	NA

DISCIPLINE STATISTICS	Medical Doctor Physician Assistant
Revocation	3
Suspension	3
Relinquishment	9
Probation	NA
Obligations	26
No penalty, Costs	2
Tabled/Pending/Continued	7
Dismissed	NA

### Board Meeting Attendance for CME Credit

[Florida Administrative Code Rule 64B8-13.005](#) allows physicians to attend a full day of disciplinary hearings to earn five [\(5\) hours CME credit in risk management or ethics](#). The meeting begins at 8:00 am. **Be sure to sign in with staff when you arrive at the meeting to ensure you receive proper credit.**

The next meeting of the Board is February 2-3, 2017. February 2nd are the Committee Meetings and February 3rd are the disciplinary hearings at the Board Meeting. The meeting will be at the [Omni Orlando Resort at Championsgate, 1500 Masters Boulevard, Championsgate, Florida](#).

All agenda and agenda materials will be available online at [www.FLBoardofMedicine.gov](http://www.FLBoardofMedicine.gov) under the "Meetings" tab, seven days before the meeting date.

### Avoiding delays in renewal

It's renewal time once again for many health care practitioners. If this is your renewal cycle, here is some information to help you avoid some of the most common delays with license renewals.

Most of the medical practitioners renewing will be required to submit the following:

- Completed renewal application

- Required fees

- Evidence that you have practiced medicine or have been on the active faculty of an accredited medical school for at least two years of the immediately preceding four years

- Completion of Financial Responsibility form

- Completion of Physician Workforce Survey

- Verification of Physician Profile

- Verification of your current status relating to prescribing controlled substances for the treatment of chronic non-malignant pain

Limited License and Area of Critical Need (ACN) license holders will renew their license by paper application. A verification of employment letter from the medical director of the ACN facility must be submitted along with the renewal application. Approved ACN facilities are defined in Florida Statutes and a full list of approved facilities can be found at [www.FLBoardofMedicine.gov](http://www.FLBoardofMedicine.gov). Physicians who hold a Limited License or an ACN license and practice medicine strictly on a volunteer basis must also submit a notarized fee waiver affidavit to waive their renewal fees.

More information can be found on the Florida Board of Medicine's website at [www.FLBoardofMedicine.gov](http://www.FLBoardofMedicine.gov). Early preparation for your renewal can help to avoid unforeseen delays which could affect your licensure. Don't wait until the last minute.

## Florida Board of Medicine

### Position Statement on Disruptive Behavior

The Florida Board of Medicine offers its expertise and guidance to health care facilities and other healthcare professionals in dealing with the issue of disruptive behavior. The American Medical Association (AMA) defines disruptive behavior as physical or verbal personal conduct that has a negative effect or potentially has a negative effect on patient care.<sup>1</sup> Statistics show that an estimated 3 to 5 percent of all physicians fall into this category of behavior.<sup>2</sup> Disruptive behavior may be a one-time event or a pattern of behavior that can contribute to negative outcomes in patient care. The term disruptive behavior is useful in determining conduct which fall under this pattern of behavior so as not to confuse disruptive behavior with the firm expression of medical opinions during the course of patient care.

Disruptive behavior can arise from a variety of reasons such as underlying impairment issues, personal and professional stressors, and specific personality traits. Between 2005 and 2015, the Professionals Resource Network, Inc. (PRN) reported that 178 practitioners were referred for evaluation because of behavioral concerns. Of those 178 referred, 128 (71%) were diagnosed with serious and potentially impairing conditions, and 46 were not diagnosed with an impairing condition, but were in need of assistance in the form of mentoring, anger management courses, stress management coaching, or other approaches.<sup>3</sup>

Behavioral policies are required as a component of accreditation through The Joint Commission (TJC). The commission issued a leadership standard beginning in 2009, LD.03.01.01, mandating that healthcare organizations address disruptive and inappropriate behaviors in two of its elements of performance:

-EP4: the hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors

-EP5: leaders create and implement a process for managing disruptive and inappropriate behaviors<sup>4</sup>

The Board recommends healthcare facilities/organizations take the following steps to address disruptive and inappropriate behavior:

Healthcare facilities could establish a code of conduct that define acceptable behavior and institute behavioral policies and procedures that can be reviewed and signed by physicians during their initial credentialing and during subsequent re-credentialing cycles.

On the first reported occurrence of disruptive behavior, the healthcare facility's Chief of Staff, Chief of Service or Chief Medical Officer could speak with the physician engaging in such behavior.

On the next reported occurrence of disruptive behavior, the physician could be asked to appear before the healthcare facility's wellness committee or other appropriate committee.

If the disruptive behavior continues, the physician could be asked to voluntarily submit to an evaluation by PRN to exclude impairment.

The healthcare facility could mandate the referral of the physician to PRN for evaluation.

The Board acknowledges there is no easy solution to this issue. The Florida Board of Medicine encourages hospital/organization leadership to develop specific guidelines and processes for managing issues of disruptive and inappropriate behaviors among physicians and health care professionals since they present potential threats to the health and safety of patients, the health care team, and the environment of care.

## References

- <sup>1</sup> American Medical Association Council on Ethical and Judicial Affairs. *Physicians With Disruptive Behavior*. Chicago, IL: American Medical Association; 2000. Report 2-A-00. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9045.page>
- <sup>2</sup> Leape LL, Fromson JA. Problem doctors: is there a system-level solution? *Ann Intern Med*. 2006;144(2):107-115. <http://annals.org/article.aspx?articleid=719485>
- <sup>3</sup> Professionals Resource Network, Inc. *Position Statement On Disruptive Behavior In Healthcare Professionals*. 1-2.
- <sup>4</sup> Behaviors that undermine a culture of safety. *Sentinel Event Alert*. 2008;(40):1-3. [http://www.jointcommission.org/assets/1/18/SEA\\_40.PDF](http://www.jointcommission.org/assets/1/18/SEA_40.PDF)

**Did you know . . . .**

You can apply to be a member. The Board of Medicine is comprised of fifteen volunteer citizens appointed by Florida's Governor and confirmed by the Florida senate to serve the citizens of Florida. The twelve physicians on the Board are engaged in the daily practice of medicine in Florida. The three consumer members represent the viewpoint of the Florida healthcare consumer. Together they strive to promote the safe practice of medicine in this state. They recognize that the overwhelming majority of Florida's licensees will never be engaged in a disciplinary proceeding. However, in the cases that come before them in which there is an alleged violation of Florida's medical practice act, they are committed to the fair and just application of the law to protect the citizens of Florida. The application is available on the Governor's Office of Appointments website at <http://www.flgov.com/appointments/>.

**NOTE:** Currently, the Board of Medicine has a vacancy for a Consumer Member.

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**Board of Medicine Members**

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