Approved by the Board on April 8, 2016.

OREGON MEDICAL BOARD
Meeting of the Board • January 7-8, 2016

The Oregon Medical Board (OMB or "Board") held a regular quarterly meeting on Thursday and Friday, January 7-8, 2016, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Michael Mastrangelo, Jr., MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

Michael J. Mastrangelo, Jr., MD, Chair, Bend	James K. Lace, MD, Salem
Shirin R. Sukumar, MD, Vice Chair, West Linn	Lisa M. Lipe, DPM, Lake Oswego
George Koval, MD, Secretary, Lake Oswego	Roger M. McKimmy, MD, Eugene
Katherine Fisher, DO, Happy Valley	Angelo Turner, Portland*
Donald E. Girard, MD, Portland	W. Kent Williamson, MD
K. Dean Gubler, DO, Portland	

*Public Member

Staff, consultants and legal counsel present:

Kathleen Haley, JD, Executive Director	Mark Levy, Senior Software and Systems Administrator
Joseph Thaler, MD, Medical Director	Terry Lewis, Compliance Officer
Eric Brown, Chief Investigator	David Lilly, Investigator
Timothy Bonnette, Investigator	Laura Mazzucco, Executive Support Specialist
Alexander Burt, MD, Psychiatric Consultant	Netia N. Miles, Licensing Manager
Randy Day, Complaint Resource Officer	Shayne Nylund, Acupuncture Licensing Specialist & EMS Advisory Committee Coordinator
Warren Foote, JD, Senior Assistant Attorney General	Michele Provinsal, Investigations Coordinator
Walter Frazier, Investigator	Jenette Ramsey, Administrative Affairs Committee Coordinator
Nicole Krishnaswami, JD, Operations & Policy Analyst	Michael Seidel, Investigator
Theresa Lee, Investigative Assistant	Vickie Wilson, Assistant Chief Investigator

OMB Committee members and guests present:

Gwen Dayton, JD, Kaiser Permanente	Lisa Millet, PDMP, Oregon Health Authority
Brynn Graham, LAc, Acupuncture Advisory Committee Chair	Alan Morasch, CAE, OSPA
Kara Kohfield, Paramedic, EMS Advisory Committee Chair	Jennifer Van Atta, PA-C, Physician Assistant Committee Chair
Kellie Littlefield, DO, OHSU	

Approved by the Board on April 8, 2016.

Thursday, January 7, 2016

8:00 a.m. – CALL TO ORDER
Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l), the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as **BOARD ACTION:**). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECUSALS AND ABSTENTIONS – Where noted, Board members have **recused** themselves from discussion of any particular case or abstained from the final vote. To **recuse** means the Board member has actually left the room and not discussed or voted on the disposition of the case. To **abstain** means the Board member may have taken part in the discussion of the case, but chose to not cast a vote on its disposition.

Approved by the Board on April 8, 2016.

Licensee	*Case #*	*Complaint #*	*Investigator*	*Board Reviewer*

PUBLIC SESSION

Dr. Mastrangelo took roll call. Ms. Smith was absent by prior notification.

Selection of Nominating Committee	***MM***

Dr. Mastrangelo appointed Drs. Koval, McKimmy, and Williamson to the Nominating Committee.

EXECUTIVE SESSION

ADAMS, Justin R., MD		***#***	***TB***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Justin R. Adams, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in 677.188(4)(a), ORS 677.190(17), ORS 676.150, and OAR 847-010-0073(1)(b) and (c). Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

THOMASHEFSKY, Allen J., MD		***#***	***TB***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Allen J. Thomashefsy, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in 677.188(4)(a), ORS 677.190(13), and ORS 677.190(25). Mr. Turner seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice

AL-MUBARAK, Ghada A., MD		***#***	***TL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Ghada A. Al-Mubarak, MD, the Board terminate Licensee's 2015 Consent Agreement. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

BOARD ACTION: Dr. Sukumar moved that in the matter of Ghada A. Al-Mubarak, MD, the Board terminate Licensee's 2015 Consent Agreement and note that Dr. Al-Mubarak did not complete the terms of the Consent Agreement. Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

Approved by the Board on April 8, 2016.

ASHAYE, Olurotimi A., MD		*#*	*WF*	*SS*

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Olurotimi A. Ashaye, MD, the Board approve the Stipulated Order signed by Licensee on December 10, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

BOARD ACTION: Dr. Sukumar moved that the Board rescind the Consent Agenda item previously approved at the Full Board conference call on August 6, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

BEAUCHAMP, Yves M., PA	***Supervision***	*TL*	*MM*

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Yves M. Beauchamp, PA, the Board terminate Licensee's 2007 Corrective Action Order. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

BLACKBURN, Roy M., III, MD	***Supervision***	*TL*	*SS*

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Roy M. Blackburn, III, MD, the Board modify the Licensee's 2014 Stipulated Order. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

BOST, Dawn E., MD	***Supervision***	*TL*	*DG*

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Dawn E. Bost, MD, the Board terminate Licensee's 2014 Stipulated Order. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

CALCAGNO, John A., MD		*#*	*MS*	*SS*

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of John A. Calcagno, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

PUBLIC SESSION

Public Comment	*MM*

No public comment was presented.

Approved by the Board on April 8, 2016.

EXECUTIVE SESSION

FAIRCHILD, Ralph B., MD	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Ralph B. Fairchild, MD, the Board terminate Licensee's 2014 Corrective Action Agreement. Mr. Turner seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

HARRIE, Robert R., MD	***Supervision***	***TL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Robert R. Harrie, MD, the Board terminate Licensee's 2014 Stipulated Order. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

HEEN, Kimo K., PA	***Supervision***	***TL***	***AT***

Mr. Turner reviewed the case.

BOARD ACTION: Mr. Turner moved that in the matter of Kimo K. Heen, PA, the Board terminate Licensee's 2013 Stipulated Order. Dr. Girard seconded the motion. The motion passed 7-4-0-0-1. Drs. Koval, McKimmy, and Mastrangelo, and Mr. Turner voted nay. Ms. Smith was absent by prior notice.

IZENBERG, Seth D., MD		***#***	***WF***	***DG***

Dr. Gubler recused himself and left the room. Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Seth D. Izenberg, MD, the Board approve the Corrective Action Agreement signed by Licensee on October 29, 2015. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

JEAN-BAPTISTE, Firmine, MD	***Supervision***	***TL***	***MM***

Drs. Koval and Williamson recused themselves and left the room. Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Firmine Jean-Baptiste, MD, the Board terminate Licensee's 2014 Corrective Action Agreement and note Licensee did not fulfill the terms of the Agreement. Dr. Girard seconded the motion. The motion passed 9-0-0-2-1. Ms. Smith was absent by prior notice.

LIENHARDT, Ashley E., PA	***Supervision***	***TL***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Ashley E. Lienhardt, PA, the Board terminate Licensee's 2014 Corrective Action Agreement. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

Approved by the Board on April 8, 2016.

MAURAS, Kessa, DPM	***Supervision***	***TL***	***MM***

Drs. Lipe and Williamson recused themselves and left the room. Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Kessa Mauras, DPM, the Board modify Licensee's 2014 Stipulated Order to remove term 5.5. Dr. Girard seconded the motion. The motion passed 9-0-0-2-1. Ms. Smith was absent by prior notice.

MCWEENEY, Thomas P., MD		***#***	***DL***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Thomas P. McWeeney, MD, the Board approve the Stipulated Order signed by Licensee on October 27, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

MOREHOUSE, Samuel H., PA	***Supervision***	***TL***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Samuel H. Morehouse, PA, the Board terminate Licensee's 2015 Consent Agreement. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

NELSON, Stephen L., MD		***#***	***WF***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Stephen L. Nelson, MD, the Board approve the Stipulated Order signed by Licensee on January 7, 2016. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

OSBORNE, Dori F., PA	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Dori F. Osborne, PA, the Board terminate Licensee's 2013 Consent Agreement. Dr. Williamson seconded the motion. The motion passed 9-0-0-1-2. Mr. Turner was absent. Ms. Smith was absent by prior notice.

PARK, Jae O., MD		***#***	***MS***	***DG***

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Jae O. Park, MD, the Board approve the Stipulated Order signed by Licensee on December 14, 2015. Mr. Turner seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

Approved by the Board on April 8, 2016.

RYSENGA, Juliet C., MD		*#*	*MS*	*WKW*

Dr. Williamson reviewed the case and new case information.

BOARD ACTION: Dr. Williamson moved that in the matter of Juliet C. Rysenga, MD, the Board approve the Stipulated Order signed by Licensee on November 9, 2015. Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

PUBLIC SESSION

Oregon Prescription Drug Monitoring Program (PDMP)

Lisa Millet, Injury and Violence Prevention Program (IVPP) Manager at the Oregon Health Authority (OHA), presented to the Board on the Oregon Prescription Drug Monitoring Program (PDMP). (*See Attachment I*)

In a little over four years' time, 12,000 people have PDMP accounts, including 3,900 MDs, 755 PAs, 513 DOs, and 2,463 pharmacists. There are now a little over 2,100 delegates, which was a new category of users starting in 2015.

Ms. Millet provided numerous statistical slides including the annual percentage of Oregon licensed controlled substance prescribers with PDMP accounts, and the number of PDMP queries by license discipline.

- 57% of controlled substance prescriptions were written by 2,000 prescribers
    - Goal was to sign up 90% of these top 2,000 prescribers
- 19% of controlled substance prescriptions were written by a second cohort of 2,000 prescribers
- 24% of controlled substance prescriptions were written by the remaining 44,921 prescribers.
    - Prescribers from other states that write prescriptions for Oregon residents make up 35,000 of that number.
- Percent of Oregon licensed controlled substance prescribers with a PDMP account (prescribed at least one controlled substance in 2015):
    - 65% of DOs
    - 62% of PAs
    - 44% of MDs

Licensed health care providers who treat Oregonians in neighboring states (WA, ID, and CA) can sign up with the Oregon PDMP.

In 2015, there were over 1.1 million PDMP queries by licensees alone. The Oregon Medical Board requested 176 PDMP reports in 2015.

Starting in June 2015, pharmacies are required to electronically report data no later than 72 hours after dispensing a prescription drug that is subject to the prescription monitoring program.

The PDMP launched three training videos on YouTube: Registering for a PDMP account, creating and reading a patient query, and troubleshooting common problems.

Approved by the Board on April 8, 2016.

Customer satisfaction surveys will be launched in February 2016. The information gathered from these surveys will be analyzed and changes will be made where appropriate.

Ms. Millet reported that the PDMP has numerous partnerships with agencies and groups across Oregon including: Oregon Coalition for Responsible Use of Meds, OHA Opioid Initiative, and the Centers for Disease Control and Prevention (CDC). There are many pain guidance groups meeting across the state.

The Coos County Mental Health Prescribers Improvement Project is helping reduce the co-prescribing of benzodiazepines and opioids in Coos County. The PDMP provided the Project with the number of people who were receiving co-prescriptions every month in Coos County over the course of one year. The Project used the monthly PDMP data to measure their progress. The Project did not receive patient or prescriber names.

The IVPP was awarded a CDC grant of $800,000 a year, for four years, to help reduce drug overdose by enhancing and increasing the use of the PDMP in the six regions of Oregon where overdose and prescribing are the highest.

Ms. Millet stated that the Oregon Medical Association (OMA) is bringing forward a legislative concept in 2016 that will integrate PDMP with the Oregon Health Information Exchange (HIE) and the Emergency Department Information Exchange (EDIE). This would allow staff in emergency departments to access PDMP data through EDIE. This will also allow HIEs to have the same kind of interface so that PDMP information will flow directly into patient records. Ms. Millet expressed her concerns with the concept, mainly concerning the cost. There are also concerns regarding privacy and security. The second part of the legislative concept would allow pharmacists to prescribe and dispense naloxone.

In 2016, PDMP will be closing in on the registration target of 90% of the top 4,000 prescribers in Oregon.

The Board thanked Ms. Millet for her very informative presentation. Dr. Mastrangelo stated that the Board looks forward to continuing to work with the PDMP.

EXECUTIVE SESSION

Name Redacted	**14-0474**	***#3***	***MS***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of case #14-0474, the Board issue an Order for Evaluation. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

Approved by the Board on April 8, 2016.

RAVURI, Rajesh, MD	***Supervision***	***TL***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Rajesh Ravuri, MD, the Board terminate Licensee's 2013 Corrective Action Agreement. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

RUSHTON, Michael J., DPM		***#***	***RD***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Michael J. Rushton, DPM, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. McKimmy seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

Name Redacted	***Entity ID 1030991***	***AT***

Mr. Turner reviewed the case.

The Board took no official action.

SARVER, Patrick J., MD		***#***	***WF***	***DG***

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Patrick J. Sarver, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.180(4)(a), ORS 677.190(13), and ORS 677.190(24). Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

STRINGHAM, Charles H., MD		***#***	***RD***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Charles H. Stringham, MD, the Board approve the Stipulated Order signed by Licensee on December 17, 2015. Dr. Williamson seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

TANGREDI, Raymond P., MD		***#***	***MS***	***MM***

Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Raymond P. Tangredi, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a), and ORS 677.190(13). Dr. Girard seconded the motion. The motion passed 11-0-0-0-1. Ms. Smith was absent by prior notice.

Approved by the Board on April 8, 2016.

Mr. Turner left the meeting at 2:30 p.m.

WATKINS, Robert C., MD	***Supervision***	***TL***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of Robert C. Watkins, MD, the Board terminate Licensee's 1998 Stipulated Order and 2002 Modifying Order. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Mr. Turner were absent by prior notice.

WRIGHT, John C., MD		***#***	***RD***	***KDG***

Dr. Gubler reviewed the case.

BOARD ACTION: Dr. Gubler moved that in the matter of John C. Wright, MD, the Board approve the Stipulated Order signed by Licensee on November 14, 2015. Dr. Williamson seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Mr. Turner were absent by prior notice.

Name Redacted	***Entity ID 1031668***	***KF***

Dr. Fisher reviewed the case. The Board tabled the discussion.

CLOSED SESSION

Probationer Interviews

The Board members conducted interviews of the following Board licensees/probationers:

Board Member	Licensee	Room No.
Michael Mastrangelo, Jr., MD and Lisa Lipe, DPM	***Name Redacted***	**1**
Katherine Fisher, DO	***Name Redacted***	**2**
K. Dean Gubler, DO	***Name Redacted***	**3**
Shirin Sukumar, MD	***Name Redacted***	**4**
Roger McKimmy, MD	***Name Redacted***	**5**

Probationer Interview Reports

The Board members reported on probationer interviews.

EXECUTIVE SESSION

Name Redacted	***Entity ID 1031668***	***KF***

Dr. Fisher reviewed the case. The Board took no official action.

Approved by the Board on April 8, 2016.

CARLIN, John D., PA	***Entity ID***	***GK***

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of John D. Carlin, PA, the Board approve the Consent Agreement signed by the Applicant on December 17, 2015, and grant Applicant an unlimited license. Dr. Girard seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Mr. Turner were absent by prior notice.

Name Redacted	***Entity ID 34534***	***MM***

Dr. Mastrangelo reviewed the case.

The Board took no official action.

Name Redacted	***Entity ID 1029141***	***MM***

Dr. Mastrangelo reviewed the case. The Board referred the case to the Investigative Committee.

SCHUMACHER, John P., MD	***Entity ID***	***GK***

Dr. Koval reviewed the case.

BOARD ACTION: Dr. Koval moved that in the matter of John P. Schumacher, MD, the Board grant the applicant an unlimited license. Dr. McKimmy seconded the motion. The motion passed 9-1-0-0-2. Dr. Lipe voted nay. Ms. Smith and Mr. Turner were absent by prior notice.

The Board adjourned at 5:15 p.m.

Board Recessed until 8 A.M. Friday, January 8
6:00 p.m. – Working Board Dinner

Approved by the Board on April 8, 2016.

Friday, January 8, 2016

8:00 a.m. – CALL TO ORDER
Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l) the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

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Approved by the Board on April 8, 2016.

PUBLIC SESSION

Dr. Mastrangelo took roll call. Ms. Smith and Dr. Williamson were absent by prior notification.

PUBLIC SESSION

Physician Burnout & Wellness Presentation by Kellie Littlefield, DO

Dr. Girard introduced Kellie Littlefield, DO, of the Oregon Health & Science University (OHSU). Dr. Littlefield is an OHSU Internal Medicine Resident and has an exceptional interest as a yoga instructor.

Dr. Littlefield presented on physician burnout and wellness (*see Attachment II*). Physician wellness is a personal topic as it affects physicians in their practice of medicine day to day and in their overall career sustainability. It is becoming clear this is a topic of public health as the care physicians provide to patients is affected by the care that physicians provide to themselves.

There is a parallel between a physician functioning in work and life and their overall mental, physician and emotional wellness. Functioning and productivity are reciprocal with a physician's coping mechanisms in time of stress.

Burnout is described as a long-term stress reaction characterized by depersonalization, emotional exhaustion, and a feeling of decreased personal achievement. Depersonalization is associated with cynical and negative attitudes toward patients and a lack of empathy. Depersonalization occurs most frequently in people whose work requires an intense involvement with people, such as physicians, nurses, social workers and teachers.

The American Medical Association (AMA) surveyed nearly 30,000 physicians and over 7,000 physicians completed the survey. Of the physicians that completed the survey, 45% met the criteria for burnout.

Dr. Littlefield stated there is not another cohort of professionals who experience intimacy with people and responsibility to a greater degree than physicians. Physicians work in emotionally-charged situations associated with suffering, fear, failures and death, which often culminate in difficult interactions with patients, families, and other medical personnel.

Dr. Littlefield reported that the *Lancet*, a UK medical journal, published an article in 2009 that pointed out some dire consequences of overachievers who are underperforming. It was recorded that 17% of residents rated their medical health as fair or poor. Suicide rates are estimated to be up to six times the general population. There are an estimated 400 physician suicides annually. Of all practicing physicians, 8 to 12% are expected to develop a substance-abuse disorder at some point in their career.

Dr. Littlefield indicated that these issues have a huge impact on the healthcare system; recruitment and retention of physicians is affected. The cost of replacing a physician is about $250,000. Workplace productivity and efficiency are affected with increased absenteeism, job turnover, interest in early retirement, and probability of ordering unnecessary tests or procedures. Perhaps the most concerning is that the quality of patient care and safety suffers.

Approved by the Board on April 8, 2016.

Physician wellness, or lack thereof, is a complex and multifaceted problem with a need for solutions at many levels. Factors including workplace stressors, contextual factors, and physician characteristics lead to stress, burnout, relationship issues, medical errors, and decreased patient satisfaction. Some possible solutions include workplace management, prevention and self-care, programs for treatment/recovery, and improving patient care and system outcomes.

Dr. Littlefield has spent time this year addressing how physicians can help themselves through yoga and mindfulness. One of her main goals in the coming months and years is to help organizations see the cost savings in supporting physician wellness in other basic ways.

The AMA has put forth resources and strategies to help physicians through their *STEPS Forward* program. It is a web-based protocol that clinics and hospitals can access to address inefficient, laborious, or difficult daily workflows, protocols, workloads, and documentation standards. Their approach encourages practices to develop a wellness committee, survey physicians in the group on wellness and consistently work through quality improvement projects improving processes and daily practices.

Resilience trainings are available and emphasize that physicians should nurture their social supports, practice mindfulness, focus on gratitude and accept change as inevitable.

Health care systems and organizations can be invested in the culture of medicine. It benefits their employees and also saves money, increases quality of care, helps retain physicians, supports partnerships, and reduces conflicts. Many institutions are addressing this in exciting, novel ways.

One program that is flourishing is a program at Stanford. Stanford is using a model called "time banking" – a mode of exchange that lets people swap time and skill instead of money. In this model physicians can "bank" the time they spending doing the often unappreciated work of mentoring, serving on committees, covering colleagues' shifts on short notice or deploying in emergencies – in addition to their already long hours of clinical duties. When "banking" this time, they earn credits to use for work or home-related services such as babysitting, elder care, grant writing help, handyman service and more. This groundbreaking "time banking" program is aimed to ease work-life conflicts for the emergency medicine faculty.

A local program, MindfulMedicinePDX.org, was started by Endocrinologist Elizabeth Stephens, MD, and psychologist Dan Rubin, PsyD. This program runs several weekend retreats where participants are taught mindfulness practices, communication skills, problem solving, and strengthening a sense of community.

Dr. Littlefield stressed that preventing burnout needs to be addressed to retain and grow the physician workforce and to provide the best possible care to patients.

Dr. Girard stated that getting people to start thinking about burnout and moving forward with how to help is important.

Approved by the Board on April 8, 2016.

Mr. Turner believes it is important to stress to medical professionals the importance of taking the time to enjoy the lighter side of life and activities separate from their jobs, such as hiking, skiing, or volunteer work.

The Board thanked Dr. Littlefield for her thought provoking and insightful presentation.

Emergency Medical Services (EMS) Advisory Committee ***RM***

Kara Kohfield, EMS Advisory Committee Chair, presented to the Board. Ms. Kohfield provided an overview of the November 20, 2015, EMS Advisory Committee meeting.

The EMS Advisory Committee received an updated regarding the Rule Advisory Committee's meeting held earlier in the month. The rulemaking hearing as required by Senate Bill 875 (2015) relating to adrenal insufficiency is moving forward, while rulemaking for Senate Bill 611 (2015) relating to severe allergies is currently on hold to due outstanding questions from the public.

The Committee also reviewed a scope of practice change request from Glide Rural Fire Protection District. The proposed change request asks that EMRs be allowed to prepare and administer epinephrine (EPI) 1:1000 from ampules for patients experiencing anaphylaxis. The benefits of the proposed change would make EPI more easily available to EMRs in rural volunteer agencies that have budget constraints. The Committee believes that while cost is an important factor, it is not the only consideration.

The Committee recommended leaving the current rule language in place. In addition, the Committee stated they would ask the Oregon Health Authority (OHA) to provide purchasing information for auto-injectors to small agencies across the state. Ms. Kohfield stated after the meeting she asked her pharmacist about the cost of a two-pack auto-injector. She was stunned to learn that the cost was $500.00 – $700.00. Because of this discovery, Ms. Kohfield believes the Committee will look at this issue again because the cost of drawing from ampules is pennies on the dollar compared to an auto-injector.

Dr. McKimmy largely supports allowing EMRs to prepare and administer EPI from ampules because the amount of money being charged by the drug manufacturers for auto-injectors is absurd.

Dr. Gubler stated he does have some concerns allowing EMRs to administer from ampules because of the possibility that due to inexperience, an EMR may severely cut themselves. Dr. McKimmy responded that most ampules today should have a rubber stopper.

Ms. Kohfield stated that she will bring the Board's concerns back to the Committee for further discussion and consideration.

The Committee then reviewed a Scope of Practice inquiry that asked if non-emergency triage over the phone when a RN is not available is within the scope of practice for an EMR and EMT. The inquiry clarified that after an EMS provider takes the call and documents all information, it is reviewed by an RN who then follows up to perform a hands-on assessment. The Committee

stated that in a non-emergency situation, it is reasonable for an EMR or EMT to provide care and counsel as described in the inquiry.

The Committee reviewed a proposal from Paul Rostykus, MD, who proposed applicant qualification changes to OAR 847-035-0011(1)(a), which currently reads: *The two physician members must be actively practicing physicians licensed under ORS Chapter 677 who are supervising physicians, medical directors, or practicing emergency medicine physicians.*

Dr. Rostykus' proposed revision: *The two physician members must be actively practicing physicians licensed under ORS Chapter 677 who are Oregon EMS supervising physicians actively practicing as such during at least the prior 2 years.*

In reviewing the current rule language, Dr. Daya suggested two potential requirements for future physician members of the Committee: (1) board certified in emergency medicine and (2) actively involved in EMS supervision. The Committee did not want to overly restrict the candidate pool. The Committee recommended not requiring an emergency medicine sub-specialization, but agreed that the physician member must be actively engaging in EMS medicine. As a result, the Committee proposed to modify current rule language.

The Committee recommends that the Board amend OAR 847-035-0011(1)(a) to read: *The two physician members must be licensed under ORS Chapter 677 who are Oregon EMS supervising physicians actively practicing as such during at least the prior 2 years*.

Dr. Mastrangelo thanked Ms. Kohfield for her presentation and stated the Board looks forward to a future update on the EPI issue.

BOARD ACTION: Dr. McKimmy moved that the Board approve the EMS Advisory Committee meeting minutes from November 20, 2015, as written. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

Physician Assistant Committee ***GK***

Jennifer Van Atta, PA-C, Physician Assistant Committee Chair, presented to the Board. Dr. Koval applauded and thanked Ms. Van Atta and the Physician Assistant Committee for their service.

Ms. Van Atta provided an overview of the Physician Assistant (PA) Committee meeting of December 10, 2015. This meeting was the final meeting of the PA Committee.

Ms. Van Atta reported that the bulk of the meeting was spent discussing the proposed Supervising Physician Organization (SPO) rule. Several comments were received including comments from the Oregon Medical Association (OMA), Kaiser Permanente, and the Oregon Society of Physician Assistants (OSPA). The OMA took issue with the terminology "list of settings and licensed facilities" versus "practice locations" as well as "attest" versus "acknowledge." The OMA would like to see the rule language reflect statute.

In addition, there were concerns about the use of the word "synchronous" and how it is inserted in the definition of general supervision. It was viewed that the word "synchronous" requires instant communication between the supervising physician and the physician assistant.

Ms. Van Atta stated the Committee's intention in using the word "synchronous" is to clarify that a physician and physician assistant should be available to each other within a reasonable amount of time. The Committee asked staff to come up with additional language that would help clarify the intent of the word "synchronous."

The Committee also agreed that there should be some added language clarifying that the eight (8) hours of supervision portion of the rule reflect the ability of supervising physicians within a SPO to spread the supervising time amongst all members.

The Committee agreed that all supervising physicians within a SPO must be Board-approved. This recommendation is to assure that supervising physicians have a full understanding of their responsibility to supervise physician assistants both medically and legally. The recommendation is to retain the rule language as it is written now, which specifies that each supervising physician must be Board-approved.

There were concerns brought to the Committee regarding the cost of having each supervising physician become Board-approved as there is a fee associated Board approval. The Committee recognizes there are many circumstances where the fee may create a burden. The Committee recommends that the Board consider a reduced fee for certain supervising physicians working under certain circumstances. For example, those physicians who volunteer in free clinics, medically underserved facilities, or work for non-profit organizations.

The Physician Assistant Committee reviewed Zoom+'s request for an exemption of OAR 847-050-0037(3)(c): Eight (8) Hour On-site Supervision Requirement. The Committee previously requested that Zoom+ provide more clarification regarding their proposal. After the Committee reviewed Zoom+'s clarification, it was apparent that Zoom+ is already meeting the eight (8) hours of required on-site supervision. The Committee determined that there was no need for Zoom+ to request an exemption of the eight (8) hour requirement. The Committee's recommendation to the Board is that that Zoom+ is meeting the requirements of the rule.

Ms. Van Atta stated the Committee reviewed a new proposal request from Peak Risk Adjustment Solutions for an exemption of the eight (8) hour supervision requirement. Peak Risk's request proposed no direct on-site supervision and a combination of telephone consultations and chart reviews that would mostly be conducted by registered nurses. The Committee recommends that Peak Risk adhere to the eight (8) hour rule requirement.

The Committee discussed the concept of clinic ownership by Oregon physician assistants. Ms. Van Atta stated this is becoming more common across the state. The state of Washington has issued what is essentially a Statement of Philosophy regarding this issue. Their statement acknowledges that there may be a conflict of interest if the physician assistant is in ownership of a clinic and employs their supervising physician. The Committee has asked Dr. Carlson to draft a Statement of Philosophy acknowledging the possibility of a conflict of interest. The draft

Statement of Philosophy will be presented to the Board for their review at a future Board meeting.

Ms. Van Atta stated that the last meeting of the Physician Assistant Committee went very well and everyone appreciated how responsive the Board has been to the Committee's processes. Ms. Van Atta thanked the Board.

Drs. McKimmy and Girard thanked Ms. Van Atta and the Physician Assistant Committee for their service.

Dr. Sukumar thanked Ms. Van Atta for her presentation and inquired whether Zoom+ is meeting their 8 hour requirement by including their Zoom University hours as on-site supervision. Ms. Van Atta replied that the Committee believes Zoom+ physician assistants are receiving adequate supervision in the clinic and in a pinch, Zoom University could count towards the eight (8) hours of required on-site supervision.

Dr. Sukumar inquired about the content of Zoom University and whether the information presented is kept up to date. Dr. Sukumar asked if Zoom University is more of an interactive discussion where questions can be asked, or is it didactic.

Ms. Van Atta responded that based on the information Zoom+ submitted, it appears that Zoom University can very interactive; however, some presentations are didactic. Generally physician members of the SPO are presenting at Zoom University.

Dr. Koval stated the Committee felt that overall Zoom+ offers a robust system for their physician assistants.

The Board invited public input regarding the proposed SPO rule. No public input was presented.

BOARD ACTION: Dr. Koval moved that the Board approve the Physician Assistant Committee meeting minutes of December 10, 2015, as written. Dr. McKimmy seconded the motion. The motion passed 10-0-0-0-3. Mr. Turner was absent. Ms. Smith and Dr. Williamson were absent by prior notice.

The Board will wait on adopting the SPO rule until additional clarifying language can be added.

BOARD ACTION: Dr. Koval moved that the Board adopt OAR 847-050-0025; 847-050-0063; 847-050-0065: Physician Assistant Committee, as written. Dr. McKimmy seconded the motion. The motion passed 10-0-0-0-3. Mr. Turner was absent. Ms. Smith and Dr. Williamson were absent by prior notice.

BOARD ACTION: Dr. Koval moved that the Board deny Peak Risk Adjustment Solutions' request for an exemption of OAR 847-050-0037 (3)(c): 8 Hour On-site Supervision Requirement. Dr. Lipe seconded the motion. The motion passed 10-0-0-0-3. Mr. Turner was absent. Ms. Smith and Dr. Williamson were absent by prior notice.

Approved by the Board on April 8, 2016.

Acupuncture Advisory Committee ***DG***

Brynn Graham, LAc, Acupuncture Advisory Committee Chair, presented to the Board. Ms. Graham provided an overview of the December 4, 2015, Acupuncture Advisory Committee meeting.

The Board moved into Executive Session to discuss a specific Applicant.

Ms. Graham discussed the hearing that was held prior to the Committee meeting regarding OAR 847-070-0021: Acupuncture Needles. The proposed rule would require Oregon licensees practicing acupuncture to follow clean needle technique and require the use of only disposable, single-use acupuncture needles.

The Board received numerous letters concerning the proposed rule. Some testimony submitted supported the proposed rule, while other testimony addressed concerns. There are acupuncturists that believe the proposed rule could inadvertently restrict forms of acupuncture practice with the use of the word "needle." This may include the use of Plum Blossom or seven star needles.

After the hearing, the Committee determined it would be most appropriate to partner with the Oregon Association of Acupuncture and Oriental Medicine (OAAOM) to establish clean needle technique as the standard of care in the acupuncture profession through educational outreach rather than proceeding to adopt the proposed rule.

The Acupuncture Advisory Committee discussed infection control practices.

The Committee also entertained a proposal for a rule defining "Oriental Massage." The proposal was brought forward by the OAAOM. Patients are being seen by acupuncturists for manual therapy acupuncture, which is within an acupuncturist's scope of practice; however, insurance companies are saying that the oriental massage language is too vague within the scope of practice for acupuncturists; therefore, the insurance companies will not reimburse acupuncturists for these services.

The OAAOM would like the language to read: "*Oriental massage" means methods of manual therapy and massage, including manual mobilization (rotating, twisting), manual traction (pulling, stretching, extending), compression (pressing), and percussion (tapping, pounding) with or without manual implements as described in instructional programs and materials of Oriental or Asian health care*.

Ms. Graham stated that the Physical Therapy Board is attempting to write a rule that states only physical therapists can do physical modalities. There are a number of other health care providers that provide these services and take issue to this proposed rule by the Physical Therapy Board.

Ms. Graham stated the June 3, 2016, Acupuncture Advisory Committee meeting will be Mr. Shirazi's last meeting. Siamak Shirazi, LAc, has served two terms on the Committee. A posting for the open seat will be published on the OMB's website and newsletter.

Approved by the Board on April 8, 2016.

Ms. Graham stated that Nicole Krishnaswami, JD, Operations & Policy Analyst, served as the Hearing Officer for the Rulemaking Hearing for OAR 847-070-0021: Acupuncture Needles. Ms. Graham and Mr. Shirazi were present at the hearing, along several Board staff members including Ms. Haley and Dr. Thaler. Dr. Thomas Etges (via telephone) and Beth Howlett, LAc, were present for the hearing and provided comment.

Ms. Krishnaswami reiterated that the Committee would like Board to take an educational approach in regards to clean needle techniques rather than adopt the rule.

BOARD ACTION: Dr. Girard moved that the Board approve the Hearing Officer Report on OAR 847-070-0021: Acupuncture Needles, as written. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

BOARD ACTION: Dr. Girard moved that the Board approve the Acupuncture Advisory Committee meeting minutes of December 4, 2015, as amended. Dr. Koval seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

Dr. Girard thanked Ms. Graham for her presentation and stated the Board is very appreciative of Mr. Shirazi's service to the Board.

PUBLIC COMMENT	***MM***

No public comment was presented.

Oregon Medical Board (OMB) 2015 Board Best Practices Assessment	***GK***

Dr. Koval stated that the Oregon Legislature has mandated that members of boards and commissions complete an annual self-evaluation to review Board adherence to recognized governance best practices. The purpose of the self-evaluation is to assist the Board in developing governance oversight.

The Board members completed the self-evaluation survey.

Oregon Medical Board (OMB) 2015 Key Performance Measures (KPM) Improvement Proposal	***GK***

The Board reviewed the AAC's recommendation to amend the description of the Board's Key Performance Measure (KPM) on licensee recidivism. Dr. Koval stated this proposal essentially amends language in the KPM description and does not change the way data is gathered or presented.

Dr. Sukumar asked whether the language "MONITOR LICENSEES WITH BOARD ORDERS AND CORRECTIVE ACTION AGREEMENTS - Percentage of licensees with Board Orders or Corrective Action Agreements who have a new complaint within 3 years." should be changed to "who have a new investigation within 3 years." Dr. Sukumar believes this should be clarified because not all complaints merit Board action.

Eric Brown, Chief Investigator, stated that the complaints looked at in the recidivism category are directly related to the reason why the licensee has a Board order. For example, if the order

was related to opioid prescribing and the Board receives a new complaint regarding opioid prescribing, the complaint would count. If the complaint received is in regards to a totally different topic, the complaint would not count.

Dr. Sukumar thanked Mr. Brown for the clarification.

BOARD ACTION: Dr. Koval moved that the Board amend the description of the Board's Key Performance Measure (KPM) of licensee recidivism. Dr. Sukumar seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

EXECUTIVE SESSION

NELSON, Stephen L., MD		***#***	***WF***	***SS***

Dr. Sukumar reviewed the case.

BOARD ACTION: Dr. Sukumar moved that in the matter of Stephen L. Nelson, MD, the Board approve the Stipulated Order signed by Licensee on January 7, 2016, and rescind the previously approved Stipulated Order from January 7, 2016. Dr. Girard seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

Name Redacted	**14-0474**	***#3***	***MS***	***SS***

Dr. Sukumar reviewed an update to the case.

The Board took no official action.

PUBLIC SESSION

OAR 847-008-0070; 847-017-0003; 847-017-0015; 847-017-0020; 847-080-0010; 847-080-0018; 847-080-0021; 847-080-0022; and 847-080-0035: Podiatric Surgery Certifying Board	***FIRST REVIEW***	***MM***

The Board reviewed the AAC's recommendation to forward the rule as written.

The proposed rule amendment updates the name of the American Board of Podiatric Surgery (ABPS) to its current name, American Board of Foot and Ankle Surgery (ABFAS). The rule also updates the name of the American Podiatric Medical Association Council on Podiatry Education to the Council on Podiatric Medical Education.

The Board took no official action.

OAR 847-0023-0005: Qualifications for Volunteer Emeritus Licensure	***FIRST REVIEW***	***MM***

The Board reviewed the AAC's recommendation to forward the rule as written and an informational memo from Nicole Krishnaswami, JD, Operations & Policy Analyst.

Dr. Mastrangelo stated the proposed rule amendments clarify that applicants for a Volunteer Emeritus license must be able to demonstrate competency to qualify for licensure. These applicants will be required to demonstrate competency if they have not completed postgraduate

training or been certified or recertified by an accepted specialty board within the past ten years or if the applicant has ceased the practice of medicine for 12 or more months. If the applicant has ceased the practice of medicine for 24 or more months, the applicant will be required to complete a re-entry plan approved by the Board.

Ms. Krishnaswami stated that these proposed amendments are housekeeping changes.

Dr. McKimmy believes that a number of these licensees are grandfathered in and the proposed amendments do not address this.

Dr. Mastrangelo stated that even though a physician is volunteering, the Board's position has been that the physician should still remain current in their medical knowledge whether through Maintenance of Certification or CME.

Dr. McKimmy would like to hear public input from the volunteer clinics. He believes that a number volunteer physicians will give up their licenses rather than go through the Board's process for a Volunteer Emeritus license.

Dr. Thaler stated that these clinics serve a vulnerable population and the clinics do a good job of making sure their physicians are current with their medical knowledge.

The Board took no official action.

EXECUTIVE SESSION

SINNOTT, Robert C., MD	***Entity ID***	***KF***

Dr. Fisher reviewed the case.

BOARD ACTION: Dr. Fisher moved that in the matter of Robert C. Sinnott, MD, the Board approve the Consent Agreement signed by Applicant on January 5, 2016, and issue an unlimited license. Dr. Koval seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Mr. Turner were absent by prior notice.

Name Redacted	***Entity ID 1031142***	***KF***

Dr. Fisher reviewed the case. The case is referred to the Investigative Committee.

SPAINHOWER, Kristen J., AC	***Entity ID***	***DG***

Dr. Girard reviewed the case.

BOARD ACTION: Dr. Girard moved that in the matter of Kristen J. Spainhower, AC, the Board grant Applicant an active license. Dr. Koval seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Mr. Turner were absent by prior notice.

Approved by the Board on April 8, 2016.

ARAKAKI, Charles M., MD		***#***	***TB***	***RM***

Dr. McKimmy reviewed the case.

BOARD ACTION: Dr. McKimmy moved that in the matter of Charles M. Arakaki, MD, the Board approve the Stipulated Order signed by Applicant on January 5, 2016. Dr. Koval seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Mr. Turner were absent by prior notice.

Name Redacted	**14-0671**	***#2***	***WF***	***DG***

Dr. Girard reviewed the case.

The Board took no official action.

PUBLIC SESSION

OAR 847-001-0015: Delegation of Authority and Issuance of Final Orders	***FINAL REVIEW***	***GK***

The Board reviewed the AAC's recommendation to adopt OAR 847-001-0015: Delegation of Authority and Issuance of Final Orders. The Board considered future revisions to add an outer limitation on the timing for giving notice when a Final Order will be issued.

The proposed rule amendment provides an exemption to the Attorney General's Model Rule 137-003-0655(7) because the Board has determined that, due to the nature of the cases, 90 days is an insufficient time in which to issue an amended proposed order or a final order.

BOARD ACTION: Dr. Koval moved that the Board adopt OAR 847-001-0015: Delegation of Authority and Issuance of Final Orders, as written. Mr. Turner seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

OAR 847-005-0005: Fees	***FINAL REVIEW***	***GK***

The Board reviewed the AAC's recommendation to adopt the rule as written.

The rule amendment removes the reference to the Physician Assistant Surcharge assessed for the 2014-2015 licensing period because it is no longer needed and corrects the citation to the statutory authority for assessing a criminal records check fee. The rule amendment also makes a housekeeping correction to update "Doctor of Osteopathy" to "Doctor of Osteopathic Medicine."

BOARD ACTION: Dr. Koval moved that the Board adopt OAR 847-005-0005: Fees, as written. Mr. Turner seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

OAR 847-008-0020; 847-008-0022; 847-008-0023; 847-008-0025; 847-008-0030; 847-008-0035; 847-008-0037; 847-008-0050; 847-008-0055; 847-008-0056; 847-050-0043; 847-070-0045: Reactivations	***FINAL REVIEW***	***MM***

The Board reviewed the AAC's recommendation to adopt the rules as written.

Approved by the Board on April 8, 2016.

The proposed rule amendments streamline the reactivation process so that OMB staff will collect much of the documentation previously required of the applicant. In addition, the proposed amendments clarify which license statuses are required to reactivate. Finally, the proposed rule amendments remove references to paper forms and affidavits in anticipation of moving the reactivation application to an online process. The amendments also contain minor grammar and housekeeping changes.

Dr. Girard complimented Board staff on their efforts in streamlining the reactivation process.

BOARD ACTION: Dr. Sukumar moved that the Board adopt OAR 847-008-0020; 847-008-0022; 847-008-0023; 847-008-0025; 847-008-0030; 847-008-0035; 847-008-0037; 847-008-0050; 847-008-0055; 847-008-0056; 847-050-0043; 847-070-0045: Reactivations, as written. Dr. Girard seconded the motion. The motion passed 10-0-0-0-3. Dr. Lipe was absent. Ms. Smith and Dr. Williamson were absent by prior notice.

OAR 847-010-0073: Reporting Requirements	***FINAL REVIEW***	***KF***

The Board reviewed the AAC's recommendation to adopt the rule as written.

The proposed rule amendment revises the definition of "sexual misconduct" to include additional forms of communication such as text message and e-mail under the "sexual impropriety heading." The proposed amendment also clarifies that the use of alcohol or other substances, including the legal use of recreational marijuana, should not be used while a licensee is working in any capacity or used while off duty if it may cause impairment while on duty. The proposed rule amendment also removes section (8), which allows a civil penalty to be issued through an administrative process to licensees who fail to report as required by statute and this rule.

Dr. Fisher stated during the AAC meeting, Dr. Koval noted the importance of reporting requirements and stated that the Medical Board must make it clear to licensees the expectation that they be appropriate in all settings where potential patient harm could be caused by engaging in inappropriate communication.

Dr. Fisher noted that under the sexual impropriety heading, the language has been changed to state "sexually demeaning to a patient or the patient's immediate family."

Dr. Girard stated that the rule is not a zero tolerance policy in regards to use of alcohol and other substances; the rule speaks to impairment.

Dr. Fisher stated some of the Committee's discussion was around whether a rural physician, who is always on-call, could ever have a glass of wine. The Committee agreed that the physician could, as long as he/she did not become impaired.

Dr. Mastrangelo inquired whether the DEA takes issue with the use of marijuana since federally it is an illegal substance. Oregon now allows the recreational use of marijuana. Ms. Haley stated she did not know whether the DEA has written rules regarding this; however, if the DEA did, there may be a state-federal conflict.

Approved by the Board on April 8, 2016.

Mr. Turner stated he would like the Board to be very clear with the impairment issue. Dr. Fisher stated that a hangover constitutes being impaired.

Ms. Haley stated she does not believe we have the data to support a more restrictive rule at the moment. She said as time progresses the Board can revisit this at a later date and make the rule more restrictive if they choose to.

BOARD ACTION: Dr. Fisher moved that the Board adopt OAR 847-010-0073: Reporting Requirements, as written. Dr. Koval seconded the motion. The motion passed 9-0-1-0-2. Mr. Turner abstained. Ms. Smith and Dr. Williamson were absent by prior notice.

Ms. Haley presented a short PowerPoint presentation highlighting Board and Board staff activities in 2015.

Dr. Mastrangelo stated that the accomplishments really speak to Ms. Haley's leadership. Ms. Haley's involvement at the national and international level are very impressive. He stated that Ms. Haley serves on numerous committees at the national level including committees with the Federation of State Medical Boards (FSMB). She has also served as a consultant to other medical boards, including boards in Nevada and North Carolina.

Dr. Mastrangelo encouraged other Board members to attend the annual FSMB meeting if they have not done so. Drs. Mastrangelo and Girard spoke very highly of their experiences at the meeting and felt that engaging with other boards and board members really put things in perspective.

Annual Federation of State Medical Boards (FSMB) Meeting	***MM***

Dr. Mastrangelo announced the annual FSMB meeting that will be held April 28 – 30, 2016, in San Diego. Dr. Sukumar stated she will be attending the meeting with Ms. Haley.

Dr. Gubler stated that he attended the meeting in 2015. He echoed Drs. Mastrangelo and Girard's praises.

Mr. Turner reported that he has attended a FSMB meeting in the past and he felt there was not a lot for public members; however, Mr. Turner believes once a new public member is on the Board, that person should be encouraged to attend the FSMB meeting. Ms. Haley stated that there is now a public member section at the meeting for public members of the medical boards.

Review of New Rules Adopted in 2011: OAR 847-001-0022; 847-002-0000 through 847-002-0045; and 847-065-0010 through 847-065-0070	***MM***

The Board reviewed the three new rules that were adopted in 2011. The Oregon Legislature requires state agencies to review new rules adopted since 2006, within five years of the date the new rule was adopted.

Dr. Mastrangelo stated one ruled adopted in 2011 was in regards to confidentiality of the investigative process. Licensees have the responsibility to maintain confidentiality of

investigatory information that has been disclosed to them. Failure to do so is grounds for disciplinary action. There was no fiscal impact.

A rule regarding criminal background checks for employees was adopted in July of 2011. This rule states that employees, applicants and volunteers are subject to a uniform process for obtaining criminal background checks and evaluating those reports. These individuals are notified of their rights according to the statutes and rules. A small fiscal was estimated for this rule.

The last rule pertains to the Health Professionals' Services Program (HPSP). The purpose of this rule was to implement the HPSP program per House bill 2345 (2009) to provide a state-wide monitoring program for impaired health professionals, effective July 1, 2010. The new program replaced the Board-administered Health Professionals Program (HPP) with a new program for all licensed healthcare professionals in the state who have a substance use or mental health disorder. The fiscal impact was underestimated.

No fiscal impact was anticipated because this program replaced the previous HPP program and was expected to have similar costs to the Board and enrolled licensees; however, the fiscal impact on the Board continues to rise. For the 2015-2016 fiscal year, the OMB's cost for the program is projected to be more than double ($49,006) what it was in the 2011-2012 fiscal year ($22,730). The increase is primarily due to increasing costs within the Oregon Health Authority.

Ms. Haley stated that a bill will be brought forward during the short 2016 legislative session that will allow participating health boards to contract directly with the HPSP provider. There is no opposition at this time.

Oregon Medical Board (OMB) 2015 Licensee Demographics ***FK***

The Board reviewed the Board's 2015 licensee demographics. As of November 2015, the Oregon Medical Board licensed 18,376 physicians. Of those licensees, 15,375 are currently practicing under various "active" statuses with an unlimited license.

Dr. Fisher stated she found it interesting that the highest number of physicians, aged 80+, with an active license have a surgery subspecialty. She wondered if these physicians are truly practicing, or are just holding on to an active license for another reason.

Dr. McKimmy hopes that Oregon will not see a physician manpower crisis over the next decade because of the aging physician demographic. Dr. Fisher stated she is working on an article regarding the aging physician for an upcoming Board newsletter.

Statement of Philosophy: Social Media ***GK***

The Board reviewed the proposed Statement of Philosophy on Social Media.

BOARD ACTION: Dr. McKimmy moved that the Board adopt the Statement of Philosophy on Social Media, as written. Dr. Girard seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

Approved by the Board on April 8, 2016.

Oregon Medical Association/Oregon Medical Board Annual Dinner	***SS***

Dr. Sukumar provided an overview of the annual OMA/OMB dinner that was held on December 10, 2015. Dr. Sukumar believed the dinner was well attended by representatives from both sides. The meeting was collegial and collaborative.

At the meeting Esther Kim, a former Board Intern, presented on the relationship between malpractice cases and board discipline. The OMA was pleasantly surprised that only a small percentage of malpractice cases lead to board discipline.

Dr. Sukumar reported that Dr. Girard made an excellent presentation on the Physician and Physician Assistant Support and Professionalism Coalition. He highlighted the collaborative role of the different entities involved in the Coalition and emphasized the need for ongoing OMA support.

Ms. Haley spoke about the importance of the Interstate Compact at the meeting and how the Compact could speed up the processing time for licensure.

Dr. Girard stated he felt the atmosphere of the meeting, as opposed to a number of previous meetings he attended, was notably different and positive.

Dr. Koval noted the importance of the Interstate Compact. Ms. Krishnaswami commented that 12 member boards have signed onto the Compact. Oregon is still moving towards this for the future, possibly for the 2017 legislative session.

Ms. Krishnaswami stated the Commission that will implement the Compact is still far from having physicians go through the process. The Commission is working on things like the type of technology interface will be used to allow boards to share information and how much information does each board want. There are many logistical aspects that still need to be worked out.

Dr. Mastrangelo noted the importance of the Compact because he does not believe in national licensure.

BOARD ACTION: Dr. Sukumar moved that the Board approve the minutes from the December 10, 2015, OMA/OMB Annual dinner, as amended. Dr. Girard seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

Physician/Physician Assistant Support and Professionalism Coalition Meeting Minutes	***DG***

Dr. Girard reviewed the minutes from the November 19, 2015, Physician/Physician Assistant Support and Professionalism Coalition meeting.

Dr. Girard stated that Ms. Haley had a facilitator, Ann Witsil, facilitate the Coalition meeting. He stated that during the meeting the Coalition confirmed its goal of staying together as a group and work toward establishing a physician and physician assistant wellness program.

Approved by the Board on April 8, 2016.

The subsequent work was divided among two sub-groups. One group will focus on developing protocols and the second group will explore fiscal opportunities for underwriting and financing the program.

Tim Goldfarb, Executive Director of The Foundation for Medical Excellence, volunteered to host the second group. Dr. Girard and members of the second group will be meeting in the coming weeks. The group working on protocols will be meeting soon as well.

Dr. Girard reported that after the two sub-groups meet, the Coalition will schedule another meeting to work on next steps.

Dr. Girard thanked Ms. Haley for having Ms. Witsil facilitate the Coalition meeting and for allowing the Coalition to meet at the Board offices.

Dr. Mastrangelo thanked Dr. Girard for his work with the Coalition and for his presentation to the Board.

BOARD ACTION: Dr. Girard moved that the Board approve the November 19, 2015, Physician/Physician Assistant Support and Professionalism Coalition meeting minutes, as written. Mr. Turner seconded the motion. The motion passed 10-0-0-0-2. Ms. Smith and Dr. Williamson were absent by prior notice.

The Board recognized Dr. McKimmy for his six years of service on the Board. Dr. McKimmy stated he has enjoyed his time on the Board and thanked everyone for their well wishes.

Dr. McKimmy left the meeting at 1:00 p.m.

Board Meeting Minutes ***MM***

The Board reviewed the minutes from the October 8-9, 2015, Board meeting.

BOARD ACTION: Dr. Sukumar moved that the Board approve the October 8-9, 2015, Board meeting minutes, as written. Dr. Girard seconded the motion. The motion passed 9-0-0-0-3. Ms. Smith and Drs. McKimmy and Williamson were absent by prior notice.

Administrative Affairs Committee (AAC) Meeting Minutes ***GK***

The Board reviewed the minutes from the December 9, 2015, Administrative Affairs Committee meeting.

BOARD ACTION: Dr. Koval moved that the Board approve the December 9, 2015, Administrative Affairs Committee meeting minutes, as written. Dr. Girard seconded the motion. The motion passed 9-0-0-0-3. Ms. Smith and Drs. McKimmy and Williamson were absent by prior notice.

Approved by the Board on April 8, 2016.

Interim Stipulated Order (ISO) and Emergency Suspension Acknowledgment	***MM***

The Board acknowledged the following:

- Benjamin W. Booher, DO, ISO effective October 7, 2015
- Christian T. Le, MD, ISO effective October 13, 2015
- Robert J. McQueen, MD, Emergency Suspension effective November 23, 2015
- Benjamin W. Booher, DO, ISO effective November 30, 2015

Mr. Turner commended Dr. Mastrangelo for a superb job as Board Chair.

Report from Nominating Committee	***MM***

The Board reviewed the proposed 2016 Board and Committee Roster from the Nominating Committee.

BOARD ACTION: Dr. Koval moved that the Board approve the Nominating Committee's assignment recommendations. Dr. Lipe seconded the motion. The motion passed 9-0-0-0-3. Ms. Smith and Drs. McKimmy and Williamson were absent by prior notice.

Swearing in of New Officers	***MM***

Dr. Mastrangelo swore in Shirin Sukumar, MD, as Board Chair.

Dr. Sukumar swore in Donald Girard, MD, as Vice Chair, and Mr. Angelo Turner as Secretary.

Ms. Haley presented Dr. Mastrangelo with a pin for his service as Board Chair. Dr. Mastrangelo thanked Board members and staff for their ongoing support.

The Board adjourned at 1:15 p.m.

ADJOURN

Attachment I

Oregon Prescription Drug Monitoring Program Status Update

Lisa Millet, MSH, Injury & Violence Prevention Manager
Public Health Division, Oregon Health Authority
OMB Meeting
January 7, 2016

Overview

Program operations in 2015

Looking ahead in 2016

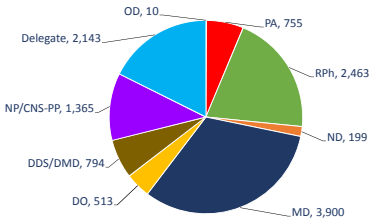
Summary

Program Operations in 2015

PDMP Fixed Expenditures

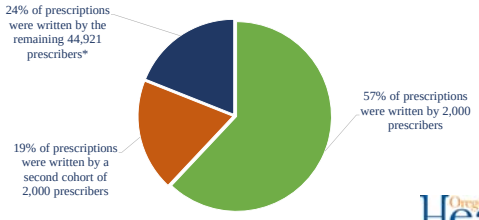
- Staffing is at 4.63 FTE with salary and fringe running at about $560,000 per biennium
- Contracts to vendor for annual maintenance ($120,000 per year) about $240,000 per biennium and PDES ($90,000 per year) about $180,000 per biennium
- Travel is about $16,000 per biennium
- Supplies are about $1,600 per biennium
- Other costs are about $16,800 per biennium
- Cost allocation is currently running at 27.3 percent of direct charges

PDMP System Accounts by Discipline, Oregon, September 2011 – December 2015, n = 12,142



5

Percent of Controlled Substance Prescriptions Written by Prescribing Cohort, Oregon, 2014



6

Number and Percent of Oregon-licensed controlled substance prescribers with PDMP accounts, by discipline, through December, 2015

Discipline	Prescribed at least one CS in 2015	Prescribers with system accounts	Percent of CS prescribers with PDMP accounts
NP/CNS-PP	2,072	1,365	66%
DDS/DMD	2,461	794	32%
DO	791	513	65%
MD	8,889	3,900	44%
ND	393	199	51%
PA	1,224	755	62%
OD	69	10	15%
TOTAL	15,881	7,536	48%

7

Annual Percent of Oregon-licensed controlled substance prescribers with PDMP accounts, by most frequent prescribing cohort, Oregon, 2013 - 2015

Prescribing cohort	2013	2014	2015
2,000 most frequent prescribers	66%	74%	80%
4,000 most frequent prescribers	58%	66%	72%
All Oregon-licensed prescribers	37%	42%	48%

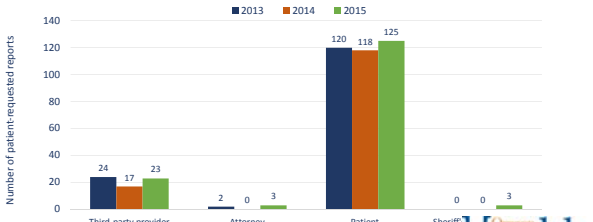
8

Number of PDMP Queries by Discipline by Year, Oregon, 2012 – 2015

Discipline	2012	2013	2014	2015	Totals 2012 - 2015
MD, PA, and DO	207,140	279,920	257,614	271,232	1,015,906
Pharmacists	21,899	265,079	365,598	480,731	1,133,307
Delegates	N/A	N/A	95,198	266,300	2,149,213
NP/CNS-PP	47,621	67,677	80,306	85,512	281,116
DDS/DMD	3,706	6,243	7,750	8,344	26,043
ND	1,289	2,651	4,530	4,067	12,537
Optometrists	0	0	0	0	0
TOTAL	281,655	621,570	810,996	1,118,201	2,832,422

9

Number of Patient – Requested Reports by Recipient Type, Oregon, 2013-2015



10

Number of Health Care Regulatory Reports Requested by Discipline, Oregon, 2013-2015

Discipline	2013	2014	2015
Medical Board	175	144	176
Board of Naturopathic Medicine	65	47	40
Board of Nursing	51	41	105
Board of Pharmacy	5	0	2
EMS	3	2	2
Board of Dentistry	1	1	3
TOTAL	300	255	328

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Quality Assurance

- Data clustering
  - 29,000 records unmatched by system algorhythm – as of December 10,000 remain to be hand matched.
- Administrative error rate
  - 818 report and account requests were reviewed for accuracy with only one process found to have errors (account requests). Staff implemented procedures to reduce this problem.
- Data errors – 1 percent error rate in data tracked weekly
- Most common problem reported by system users: not being able to find a patient – developed training videos

12

System Changes and Customizations - 2015

- Removal of notary requirement for account requests
- Established policy and procedures for master account holders to register delegates
- Removed requirement for system users to sign off on terms and conditions of use for each patient report request in a single session
- 72 hour reporting by pharmacies implemented

13

Training and Education

- PDMP launched three training videos on the OHA youtube webpage
  - Registering for a PDMP account
  - Creating and reading a patient query
  - Troubleshooting common problems
- PDMP "news" launched November 2015

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Evaluation and Research

Planned PDMP customer satisfaction survey has been delayed until February, 2016.

Program Design and Evaluation researcher conducted key informant interviews with key personnel in health systems to determine if and how health systems were promoting the use of PDMP within their systems. Results are under review.

Accumentra Health and OHSU NIH research project in partnership with the PDMP staff published an article in the Clinical Journal of Pain in September 2015. Research is ongoing on AIM 3 that will study the impact of the use of PDMP on patient outcomes.

PDMP staff are working with a variety of researchers on other projects.

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Collaborations and Partnerships

- Jackson County US DOJ grant
  - Established risk indicators and PDMP worked with vendor to develop a customized report in the PDMP that will create a list of "high risk" patients for prescribers to use in prioritizing patient risk for overdose, diversion, and substance use disorder. PDMP provides regular county level data quarterly.
- Coos County Mental Health prescribers improvement project to reduce co-prescribing of benzodiazipines and opioids.
  - PDMP provides county level data to measure success of project.
- Oregon Coalition for the Responsible Use of Meds summits
  - PDMP provides presentations, a sign up and information desk at summits (Jackson, Redmond, Portland Metro, and NE Oregon at LaGrande)
  - Supporting OrCRM Oregon DOJ grant project to increase PDMP accounts and system use
- OHA and CCO partnership – providing PDMP data to assist with performance improvement
- OHA Opioid Initiative – cross agency workgroup on PDMP use
- IVPP CDC grant to reduce drug overdose includes a high level objective of enhancing the PDMP and increasing use of the PDMP.

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Looking ahead - 2016

- Interstate data sharing
- PDMP integration with HIEs, EDIE
- US DEA lawsuit
- Enhancements in 2016
  - Provider "high risk" patient report end of January 2016
  - Addition of medical specialty to registration and possibly patient report
- Customer satisfaction survey in February 2016
- Work with OrCRM partners and local public health partners and health systems to increase PDMP account uptake and use.
- Closing on registration target of 90% of top 4,000 prescribers.
- Continue at current levels of service

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Summary

- Government + Private Sector + Community partnership focused on simultaneous implementation of key strategies will result in improved outcomes for patients, communities, and provide a return on investments made to address this multifaceted problem

- This is a winnable battle – we are:
  - ✓saving lives,
  - ✓improving patient safety & community safety, and
  - ✓we can create a bridge to recovery and better health

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Contact:

Lisa Millet, MSH
Injury & Violence Prevention Section Manager
Public Health Division, Oregon Health Authority
Lisa.M.Millet@state.or.us

19

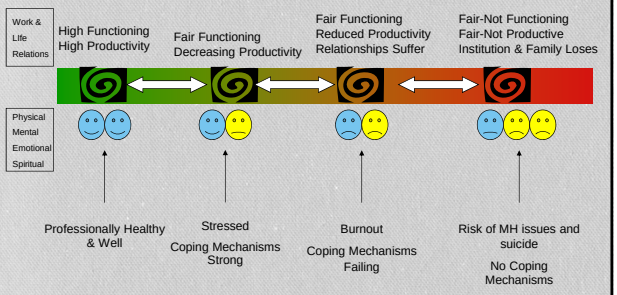
PHYSICIAN BURNOUT & WELLNESS

Kellie Littlefield, DO
OHSU Internal Medicine Resident, R3
Meeting of the Oregon Medical Board

Objectives

- Examine the **scope of physician burnout**
- Assess how this leads to **harms for the individual** physician
- Examine the **impact on the healthcare system**
- Define **physician wellness** as distinct from physician burnout
- Examine what individual ventures physicians can undertake, but also what **programs/systems are underway locally and nationally** to address wellness
- Look at **next steps** in this crucial arena

Continuum of Wellness & Burnout



Dewey, C "The Health and Wellness of Physicians: Managing Stress, Burnout and Energy" 2011

What is burnout?

A long-term stress reaction characterized by:

- depersonalization
- emotional exhaustion
- a feeling of decreased personal achievement

Definition from the Maslach Burnout Inventory (MBI)

JAMA Internal Medicine
Formerly Archives of Internal Medicine

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

FREE

Tait D. Shanafelt, MD; Sonja Boone, MD; Lijen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, PhD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

[+] Author Affiliations

Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199. Text Size: A A A

- 27 276 physicians invited → 7288 (26.7%) completed surveys
- Maslach Burnout Inventory used to assess burnout

Table 2. Burnout, Career Satisfaction, Depression, and Quality of Life Among 7288 Physicians Who Participated in the Survey Study

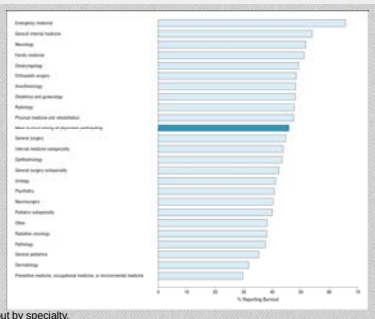
Variable	Value (n = 7288)
Burnout Indexes[a]	
Emotional exhaustion	
Median score	21.0
Score level, No. (%)	(n = 7208)
Low	3041 (42.2)
Intermediate	1433 (19.9)
High	2734 (37.9)
Depersonalization	
Median score	5.0
Score level, No. (%)	(n = 7193)
Low	3601 (50.1)
Intermediate	1476 (20.5)
High	2116 (29.4)
Personal accomplishment	
Median score	42.0
Score level, No. (%)	(n = 7140)
High	4758 (66.6)
Intermediate	1495 (20.9)
Low	887 (12.4)
Burned out, No. (%)[b]	3310 (45.4)
Depression	
Screen positive for depression, No. (%)	2753 (37.8)
Suicidal Ideation	
Suicidal ideation in the past 12 mo, No. (%)	466 (6.4)
Satisfaction With Work-Life Balance	
Work schedule leaves me enough time for my personal and/or family life, No. (%)	
Strongly agree	1233 (16.9)
Agree	2279 (31.3)
Neutral	1046 (14.4)
Disagree	1775 (24.4)
Strongly disagree	911 (12.5)
Missing	44 (0.6)

JAMA 2012; 2012;172(18):1377-1385

The JAMA Network

From: **Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population**

Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199



Compared with a probability-based sample of 3442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both).

Figure Legend:
Figure 1. Burnout by specialty.

Is it any wonder?

Image courtesy: http://www.thehappymd.com/blog

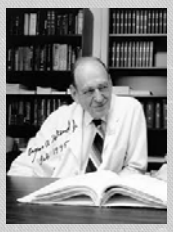
Impact on Physicians

- Cohen and Patten recorded that 17% of residents rated their mental health as fair or poor (>2x rate in the general population).
- Suicide rates estimated to be > 6x the general population.
- Our cardiovascular mortality is higher than average.
- 8–12% of all practicing physicians are expected to develop a substance-abuse disorder at some point in their career.

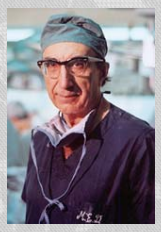
Wallace, JE. "Physician wellness: a missing quality indicator," **Lancet 2009**
Image courtesy: gamergirlconfessions.blogspot.com

The Hidden Curriculum

Dr. William Osler



Dr. Eugene Stead



Dr. Micheal Debakey

The Hidden Curriculum Continued

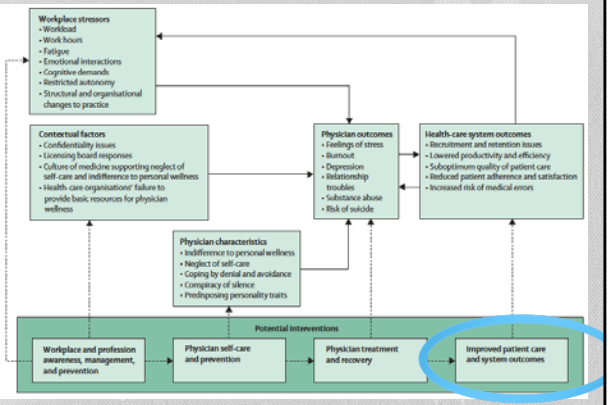
- Open-minded→ closed-minded
- Intellectually curious→ narrowly focused on facts
- Empathy→ Emotional detachment
- Idealism→ cynicism
- Civility and caring→ arrogance and irritability
- Vulnerability → god-like persona, inapproachable

Impact on the Healthcare System

- Recruitment and retention of physicians
  - Worldwide shortage of physicians in primary health care
  - Cost of replacing a physician is estimated to be US$150 000–300 000
- Workplace productivity and efficiency
  - Increased absenteeism, job turnover, interest in early retirement, and probability of ordering unnecessary tests or procedures
- Quality of patient care and patient safety
  - Di Matteo, 1993: Physicians' overall job satisfaction had + effect on patients' adherence to managing their DM2, HTN, CAD
  - Williams and Skinner's narrative review, 2003: Dissatisfied physicians tend to have riskier prescribing profiles, less adherent patients, & less satisfied patients

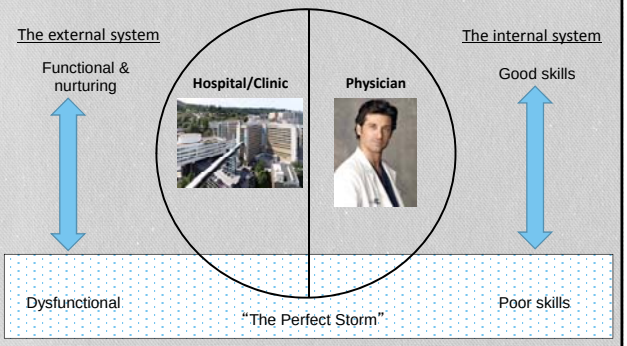
Wallace, JE. "Physician wellness: a missing quality indicator," **Lancet 2009**

A Multifaceted Problem



Wallace, JE. "Physician wellness: a missing quality indicator," **Lancet 2009**

Two Systems Interact



Dewey, C "The Health and Wellness of Physicians: Managing Stress, Burnout and Energy" 2011

Physician Wellness Ethics

"The medical academy's primary ethical imperative may be to care for others,

but this imperative is meaningless if it is divorced from the imperative to care for oneself.

How can we hope to care for others, after all, if we ourselves, are crippled by ill health, burnout, or resentment? "

"…medical academics must turn to an ethics that not only encourages, but even demands care of self. "

Cole, Goodrich & Gritz. "Faculty Health in Academic Medicine: Physicians, Scientists and the Pressures of Success." Humana Press 2009; pg 7.

What is Wellness?

Burnout ⟷ **Wellness**

Wellness is defined as a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle.

Wellness:

Incorporates balance between the physical, emotional, intellectual, social, and spiritual realms;

Results in a sense of accomplishment, satisfaction, and belonging;

Provides protection from the unique demands of medical training and beyond.

Key components to developing and maintaining wellness:

Feeling engaged and empowered with good boundaries;

Maintaining physical health with adequate rest, healthy diet, and regular exercise whenever possible;

Having confidence in self, the faculty, and the program;

Communicating effectively within and outside of the residency program;

Taking time away from work and leaving work behind (eg, evenings, weekends, vacations);

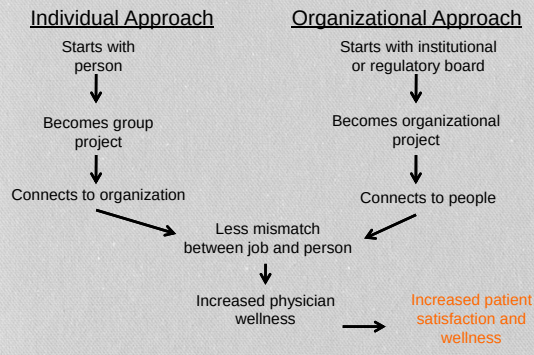
Being present in the moment;

Being able to recognize signs of burnout or the need to renew before burnout occurs;

Compassionately recognizing and accepting humanity in oneself and in others.

Eckleberry-Hunt, "Changing the Conversation From Burnout to Wellness: Physician Wellbeing in Residency Training Programs" **Journal of Graduate Medical Education, 2009**

Getting at Wellness



Adapted from Maslach, C & Leiter, MP. "The Truth About Burnout: How Organizations Cause Personal Stress and What to do About It." 1997

ADDRESSING THE INDIVIDUAL

Prevention, Maintenance, & Coping

Back to the Basics

AMA | STEPS*forward*™

Improving Physician Resiliency Module

1. Put yourself on your own schedule
2. Take stock of your desires, feelings and actions that may be contributing to stress or burnout
3. Identify and prioritize your values and compare them to how you spend your time
4. Write your individual mission statement
5. Start a gratitude journal
6. Take a mindfulness class
7. Consider a support group
8. Enlist your peers to provide support
9. Seek professional help
10. Consider the legacy you want to leave behind
11. Connect with your body
12. Learn to manage your time and finances
13. Volunteer
14. Learn something new
15. Write down inspiring patient stories
16. Develop your spiritual practice
17. Connect with local resources
18. Don't forget to have fun

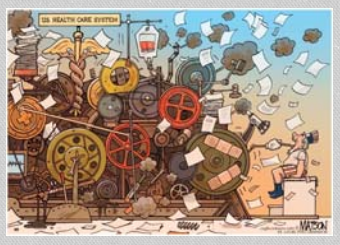
Attitude, a little thing that makes a big difference

Resilience trainings emphasize that we:

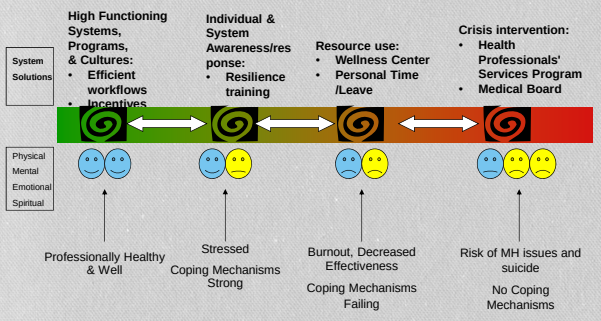
- Nurture our SOCIAL supports
- Write down inspiring patient stories (NARRATIVE)
- Practice MINDFULNESS
- Focus on GRATITUDE
- ACCEPT change as inevitable
- Keep a HOPEFUL outlook

Barriers

ADDRESSING THE SYSTEM



Continuum of Burnout & Wellness: Spectrum of System Solutions



Another Way to Look at this

DEFICIENCY MODEL

What's wrong and how can we fix it?

- Mental health services
- Substance abuse treatment
- Suicide prevention

FLOURISHING MODEL

Goes beyond to how can we most vibrantly live our lives as professionals…

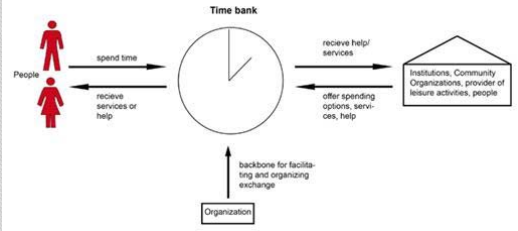
A look at some Programs supporting FLOURISHING

Stanford Time Banking Program

The Washington Post

Inspired Life

Time in the bank: A Stanford plan to save doctors from burnout



MindfulMedicinePDX.org

- 501(c)(3) nonprofit organization in Portland started in 2013
- Offers weekend workshop/retreats (7 so far) for physicians drawing from Mindfulness-Based Stress Reduction model
  - Grassroots/ word of mouth referral
  - 10-25 participants
  - Led by 2 social workers trained in MBSR
- Mission: build a healthier, more effective medical community by teaching mindfulness and compassionate communication

Mindful Medicine

Kaiser NW Permanente Program

Health and Renewal Program

- Weekly newsletter with inspirational quotes and stories
- Organizes group events for employees:
  - Provides seed money: $10 per participant per activity
  - Events include: plays, art museum visits, food tastings
  - Organized sporting: runs, kayak, Tai Chi classes
  - Participation = financial rewards!
  - Wellness talks/speakers

All these programs are great, but what we going to do about the foundation?

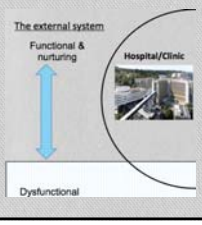
Seven steps to prevent burnout

1. Establish wellness as a quality indicator for your practice
2. Start a wellness committee and/or choose a wellness champion
3. Distribute an annual wellness survey
4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
5. Initiate selected interventions
6. Repeat the survey within the year to re-evaluate wellness
7. Seek answers within the data, refine the interventions and continue to make improvements

WORKFLOW	COMMUNICATIONS	TARGETED QUALITY IMPROVEMENT (QI)	OTHER
Shift to MA entering data into EHR instead of physician. Covered in team documentation	Improved interpersonal communication and teamwork. Discussed in team meetings	Implementing a hypertension management program	Implementing panel management
Better patient flow through the clinic enabled by pre-visit planning including pre-visit laboratory testing	Improved opportunities for informal communication among providers, such as a shared lounge or periodic shared meals. Reviewed in team culture	Establish quality improvement projects for issues of importance to providers	Dashboard of patient population measures for clinicians
Sharing information to make the clinic more efficient	Monthly formal discussions on patient care for clinicians to improve collegiality	Freeing time for nurses and physicians by implementing synchronized prescription renewal	Presentation of wellness data to prompt discussions on changing the clinic environment
Assess workflow between MAs and nurses to identify opportunities for change. Discussed in expanded rooming and discharge protocols	Informal survey of clinicians for a 'wish list' of issues to be corrected	Implementing a pre-diabetes management program	
More time for nursing/MA staff to complete tasks	Sharing organizational updates with monthly email or meeting with leaders	Implementing processes to improve medication adherence	
Pairing one MA with each attending physician. Described in expanded rooming and discharge protocols	Clinicians meeting individually with leadership to review operations and identify concerns	PDSA program for patient portals. Discussed in Lean management	

Managing Workplace Stress

1. More provider control over environment & workload
2. Limits on workload (may mean more help!)
3. Workflow redesign if necessary
4. Quality Improvement projects targeted to provider concerns
5. Having balance between effort and rewards



PERSPECTIVES

Plug the Leak: Align Public Spending With Public Need

Donald E. Girard, MD, MACP
Patrick Brunett, MD
Andrea Cedfeldt, MD
Elizabeth A. Bower, MD, MPH
Christine Flores, MPH
Uma Rajhbeharrysingh, MD
Dongseok Choi, PhD

- Graduate Medical Education (part of Medicare legislation) along with the VA system spends nearly $11 Billion annually to train physicians.
- Emerging physician work force is increasingly specializing.
- Primary care fields are not adequately staffed to meet the growing health care needs of the population (deficient of about 16,000 physicians).

- CMS should allocate resources to incentivize trainees entering primary care to help meet the healthcare needs of the pubic.

Take Home Points

- Physicians are vulnerable to burnout
- Wellness is important (for our own vitality but also to the excellence of our patient care.
- More integrated systems and culture changes are needed to address this.
- An ounce of prevention is worth a pound of cure
- Awareness is key
- Institutional, governmental, and financial support is needed
- Shifting the paradigm
  - Cost-savings rather than only on profit
  - Promoting health rather than only treating disease

References

- Davidson, SK et al. "Doctors' health-seeking behaviour: a questionnaire survey." *Med J Aust.* 2003 Sep 15;179(6):302-5.
- Eckleberry-Hunt, J et al. "Changing the Conversation From Burnout to Wellness: Physician Wellbeing in Residency Training Programs" *Journal of Graduate Medical Education*, 2009.
- Girard, D et al. "Plug the leak, align public spending with public need." *Journal of Graduate Medical Education*, 2012
- Shanafelt TD et al. "Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population," *Arch Intern Med.* 2012;172(18):1377-1385.
- Wallace, JE et al. "Physician wellness: a missing quality indicator," *Lancet* 2009; 374: 1714–21

Thank You:

- Dr. Don Girard
- Kathleen Haley

QUESTIONS and COMMENTS