

BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING

MINUTES

October 10, 2019

Room 110

The Public Session Meeting commenced at 1:05 PM, opened by Board President, Dr. Phillip Cohen.

Board members attending were Drs. Umezurike, Silverman, and Chatter. Consumer members present were Frona Kroopnick and Sharon Bunch. Board member H. David Gottlieb, DPM was absent.

Board staff present: Eva Schwartz, Executive Director, Rhonda Edwards, AAG, Board Counsel, and Elizabeth Kohlhepp, Deputy Director.

Representing DOH: Kim Lang

Representing MPMA: Dr. Jay LeBow

Representing PDMP: Anna Gribble

COMAR 10.01.14.02.B:

Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session.

A. MINUTES:

1. Approval of minutes from the September 12, 2019 meeting.

The minutes from the September 12, 2019 meeting were approved unanimously, as submitted.

B. OLD BUSINESS:

1. Proposed Amendment to COMAR 10.40.02.07 – Reinstatement.

The Board was made aware that the proposed amendment to this regulation is moving forward with no opposition at this time.

2. PDMP-OPER- questions and answers about the latest regulations: speaker Anna Gribble.

Anna Gribble, Health Policy Analyst, PDMP, attended the Board meeting to provide the Board with additional resources and information regarding the PDMP program. Ms. Gribble covered areas like when providers need to report to the PDMP, any exemptions that reporting isn't needed, and that there is no specific report verbiage required. The exemptions, as listed in the statute, include:

1. For a period of 3 days or less
2. For cancer treatment or cancer-related pain
3. For a Patient who is:
 - a. Receiving Treatment in an inpatient unit of a hospital
 - b. Part of a general hospice program
 - c. Diagnosed with a terminal illness
 - d. Residing in a nursing home, long-term care, developmental disability, or assisted living facility
4. To treat or prevent acute pain for a period of 14 days or less following:
 - a. Surgical procedure
 - b. Bone Fracture
 - c. Significant trauma
 - d. Childbirth

Ms. Gribble informed the Board that if a patient is on a medication course that is longer than 90 days, including refills, then a prescriber would need to check the PDMP every 90 days. The PDMP will review the reports for possible misuse, violations of the law, abuse on behalf of a patient, and over prescribing by prescribers. Overprescribing violations are based on more than 2,000 individual prescriptions written within a three month time period. Prescribers also have the following resources they can implement:

- DEA Self-Audit: This report shows prescribers their prescribing history based on their DEA number. The PDMP includes additional information on their website on the DEA Self-Audit and how to access that resource: <https://bha.health.maryland.gov/pdmp/Pages/PDMP-Forms.aspx>
- MACS provides free phone consultation for clinical questions, resources or referral information for providers treating patients that may have an underlying substance use issue. MACS is based out of the University of Maryland. In addition to the warm line, MACS frequently hosts online continuing education events. <http://www.marylandmacs.org/>
- Unsolicited Reporting Notifications: Unsolicited Reporting is the proactive reporting of Prescription Drug Monitoring Program (PDMP) data to prescribers or dispensers based on a predetermined set of metrics. The Office of the PDMP works closely with the PDMP Technical Advisory Committee (TAC) in determining which metrics to use in assessing the PDMP data for possible misuse or abuse of a prescription drug, possible violations of law, and possible breaches of professional standards by a provider. We currently send out 3 types of Unsolicited Reporting Notifications, multiple provider episodes, fatal overdose

notifications, and high volume opioid prescriptions. As the PDMP works with the TAC to identify additional metrics, they will inform the Advisory Board.

If the PDMP notices an instance of overprescribing, they will then notify the Office of Controlled Substances Administration (OCSA). OCSA will then conduct their own investigation and inform the Board or the DEA of their findings. The Board however, can request data from the PDMP when needed, at their discretion.

C. NEW BUSINESS:

1. Approval of the Diabetic Limb Salvage Program at the Center for Wound Healing at Medstar Georgetown University Hospital for Maryland rotation of fellow for issuance of Limited License.

The Board reviewed information regarding Medstar Georgetown University Hospital's fellowship training program titled "Diabetic Limb Salvage Program" at the Center for Wound Healing. After discussion, the Board approved the program. A Limited License can be issued to eligible fellows accepted into the program.

2. FYI- Topics Quarterly Newsletter Volume 34/No. 3 Fall 2019 from Gordon, Feinblatt, Rothman, Hoffberger & Hollander, LLC.

The Board received a copy of Topics Quarterly Newsletter Volume 34/No. 3 Fall 2019 from Gordon, Feinblatt, Rothman, Hoffberger & Hollander, LLC for informational purposes.

3. Renewals and Continuing Education Credits.

The Board was informed that renewal for the 2020-2021 licensure will be starting on October 15, 2019. At that time, podiatrists will need to submit a total of 50 CME's that must be accrued between December 1, 2017 through Dec 1, 2019. Twenty-five of those CME's MUST be accrued during in person meetings, directly addressing podiatric medicine and surgery. The additional 25 CME's may be taken online, with broader topics acceptable. Additionally, 3 CME's toward CPR must be accrued and can be included within the in person category. The CPR must have the hands on skill set component included in the certification to be accepted and is required to be non-lapsing for licensure.

4. Proposal to consider reporting to hospitals Public Orders, prior to the biennial credentialing inquiry, and requiring licensees to report immediately to the Board sanctions on their privileges levied by a hospital and/or ASC.

The Board discussed the Proposal and stated that when entering a public order, one of the requirements in the order is for the provider to self-report to entities that they hold privileges, therefore it is not required for the Board to propose any statute changes.

5. Review eligibility for FULL License:

a. Lauryn Smith-Winton, DPM

The approval of the license for the above mentioned candidate was deferred.

D. OTHER:

1. The elections for all Board Officer Positions were held. After a vote, the Board welcomed the newly elected officers; Yvonne Umezurike, D.P.M. President, Philip Cohen, D.P.M. Vice President and Sharon Bunch Secretary/Treasurer.

2. The Board received an inquiry regarding Scope of Practice; however, the Board cannot provide any legal advice or guidance on scope of practice issues. The Board can only refer Scope of Practice inquiries to Sections 16-101 (f)(1) of the Maryland Podiatry Act which defines the practice of podiatry as the diagnosis or surgical, medical, mechanical treatment of the human foot or ankle or " the soft tissue below the mid-calf."

With no further business, the Board meeting concluded at 2:21 PM.

Respectfully submitted,

Sharon Bunch, Secretary/Treasurer