

CHIRO NEWS

A publication of the Maryland Board of Chiropractic Examiners
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FALL 2012



Important Notes

Massage Therapists and Chiropractic Assistant Renewals Coming

As we swing into the Fall season, we are coming up on the Massage Therapist and Chiropractic Assistant Renewals. LMTs and RMPs must renew online prior to the deadline of October 31, 2012. CAs will renew by the March 31, 2013 deadline. Currently, massage therapists must renew online at www.mdmassage.org through that site's renewal portal. The CA online renewal portal will open at www.mdchiro.org in February 2013. LMTs, RMPs, and CAs should be working to get their CEUs completed to qualify for renewal. Massage Therapists must satisfactorily complete 24 CEUs including 3 CEUs in Communicable Disease and 3 CEUs in Ethics or Jurisprudence. CAs must complete 10 CEUs in any Board approved coursework. Individuals should contact the Board for information on available approved CEU providers.

Fiscal Year 2013 Budget News

The Board operating budget for FY 2013 has been set by DHMH at \$1,283,611.00. As a specially funded unit, all operating expenses derive from the following fees: licensing & renewal, CEU reviews, examinations, re-examinations, verification requests, etc. No funds are derived from the State or DHMH General Fund. As a single Board, all chiropractic and massage fees flow into a single Board account. Currently, there are sufficient funds to insure that fees will remain stable over the next renewal cycle for massage therapists, CAs, and Chiropractors. There have been significant increases in cost for utilities, communications, printing, postage and employee benefits. It should be noted that the Board staff (and all State Employees) have not received a pay increase in several years. Currently, the Board maintains the following Staff to serve your needs:

Executive Director:	J. J. Vallone, JD	Deputy Director:	Adrienne Congo, MS
Board Counsel:	Grant Gerber, Esq	Senior Investigator:	David Ford, BS
Investigator:	Chris Bieling, BS	License Coordinator:	Emily Jones, MA
Office Manager:	Maria Ware	Admin Specialist:	Bernice Berger, MA
Office Secretary:	Denise Harris	PT Legal Assistant:	Michelle Czarnecki, JD

Dr. Duane R. Sadula Retires from Active Practice

After completing 8 years with the Board (in July 2012) as President, Vice President, and member, Dr. Duane R. Sadula recently announced his retirement from active chiropractic practice in August. Duane has spent many, many years devoted to not only his admiring patients, but also to the chiropractic profession which he loves. He has spent thousands of diligent, professional hours for both the Maryland Chiropractic Association and this Board on numerous major initiatives, as well as with the FCLB and NBCE at meetings, voting sessions, and test committees. Duane was instrumental in the 2008 expansion of the Board to include both the Chiropractic and Massage Professions. He also guided the Board through initiatives regarding sanction guidelines, laser therapy regulations revisions, dry-needling clarification, scope expansion, and advertising clarifications. Duane has a keen ability to know and understand the pressures of practice yet always finding a way to balance practice issues with patient safety and service. Duane was and is a true advocate for the profession and for patient welfare. He is respected by his patients, peers, DHMH management and the professional organizations for which he advocated.

It is a pleasure and sincere honor to have worked with Dr. Sadula: The Very Best of Luck and Wishes on your retirement.....Board Members & Staff

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Timely Quotes

Happiness is an angel with a serious face. Amedeo Modigliani, artist, 1913

If dogs don't go to heaven...when I die, I want to go where they go. Will Rogers, humorist, 1932

Liberty is one man with courage. President Andrew Jackson, 1928.

To live like a king, create like a god, and work like a slave...a life to strive for. Constantin Brancusi, sculptor, 1913.

Basic Recordkeeping Review

The following is a summarized review of recordkeeping for the healthcare practitioner. Recordkeeping is a fundamentally critical part of the office practice. In the event of a patient complaint, unless the practitioner is able to produce records to support his/her clinical work, the Board will usually find in favor of the patient. The bottom line lesson here is basically: "If it's not in the patient record, it doesn't exist or never happened."

REQUIREMENTS: COMAR 10.43.15 covers required recordkeeping for chiropractors. Let's cover the basic elements:

General: All recordkeeping must be accurate, detailed, legible, organized, documenting ALL data collected pertaining to the patient's health. This requirements and ALL requirements pertain to hardcopy and electronic recordkeeping.. A record must be created and maintained for every separate patient, regardless of family relationship, duration of patient status, or age.

The following are REQUIRED to be recorded in every patient record:

Practitioner identification	SOAP Notes, Exam findings	Telephone notes, memos, letters
Patient history	Financial/Insurance Records	Diagnoses, EOBs, billing statements, etc
Treatment Plan	Executed consent forms	All other documents pertaining to patient

NO EXCUSES: Significantly, the Board entertains no excuses for the failure of a practitioner to maintain records in accordance with the above regulatory requirements. Frequently, an investigation is conducted on a specific non-recordkeeping allegation; however, in all cases, the Board will review records as they may relate to the complaint. In most instances, practitioners engaging in inappropriate practices also fail to meet recordkeeping requirements.

SUPERVISORY RESPONSIBILITY: In all cases, the practitioner is liable and fully responsible for the maintenance, security and proper disposition of patient records. If a 3rd party contractor maintains the records, it still does not absolve or mitigate the responsibility of the practitioner.

RECORD RELEASE: The practitioner shall release patient records upon a written patient request or upon a subpoena or court order. Reasonable copy fees may be assessed. A preparation fee of not more than \$22.18 and a copy fee of not more than .73 per page, plus actual cost of shipping may be assessed the patient. The Board expects all patient written records requests to be addressed promptly and efficiently.

HOW LONG TO MAINTAIN RECORDS: Records must be maintained for five (5) years after the patient is discharged. For minors, the time is computed by five years or when the patient turns 18 years of age, which ever is longer. It should be noted that HIPAA requires a six (6) year maintenance period; accordingly, the Board urges that patient records be maintained for 6 years.

RECORDS SECURITY: Records are required under state regulations and HIPAA to be kept in a safe and secure location. This may be interpreted as a locked, secured cabinet, locked room, vault, etc. It is important that no personnel other than office staff have any access to the records and that no record is viewable by visitors. Of particular note, viewable records (e.g. on a computer screen) must be logistically placed so that a visitor cannot readily view the private/personal patient information and data.

RECORDS DISPOSITION/DESTRUCTION: Records meeting the timeline requirements must be disposed of via shredding or incineration. They may not be put in dumpsters or trash containers. The destruction must fully obliterate all patient indicia from the documents or hard drives. The practitioner should maintain a destruction log of all records destroyed, including date, method, place, etc. When practicable, patients should be offered the option of picking up the record for personal filing. If this is done, a written, signed receipt should be kept by the practitioner.

PRACTICE SALE/CLOSURE: When closing a practice, active patient records may not be destroyed or abandoned. Patients should be presented with the opportunity to retrieve their records or alternatively the records should be transferred to the purchaser of the practice. In either case, clear disclosure should be made to the patient.

Disciplinary Case Summaries & Corrections:

Informal Orders & Correction Notes to previously published Formal Orders:

Dr. X: Improper recordkeeping & billing records: Letter of Education.

Dr. Y: Unprofessional/ineffective patient communications: Letter of Education

**Corrections::
to Summer
Newsletter** Correction/Retraction to Summer 2012 Newsletter Disciplinary Summary :Page 2 of the Summer, 2012 *CHIRONews* contains an error regarding the disciplinary case of Richard Hoffman, DC. The summary of the Disciplinary Order on that page regarding a *conviction* is incorrect. Contrary to the summary, there was/is no criminal *conviction* in any jurisdiction relating to the case; criminal charges were dismissed by Baltimore County District Court. The summary of Disciplinary Order on that page regarding "NCBE Ethics Examinations" for Drs Leon Young and Joseph Musico are incorrect. Contrary to the summary, there is no sanction of a separate Ethics Examination of any type ordered by the Board.

FAQs (Frequently Asked Questions)

- **Q: How many CAs or CA applicant/trainees may I have in my practice?**
- A: Licensees may have up to five (5) registered CAs and/or applicant trainees in any combination whether working full or part-time. (Note, this revision was made to the CA/Supervising Chiropractor regulations in 2011).
- **Q: Is it permissible to use different individuals as registered CAs during an 8-hour shift?**
- A: Yes, a licensee may use one or more individuals in full or part-time status as long as the individual (s) is/are registered as CAs or reported as CA applicant/trainees with the Board.
- **Q: Can a non-CA (eg office clerk) take basic height/weight/measurements?**
- A: No, only a CA or CA applicant/trainee may engage in this modality. All CA modalities are clearly detailed in the CA regulations (COMAR 10.43.07 *et seq*).
- **Q: What constitutes the logistical boundaries of supervision for a Supervising Chiropractor in a practice?**
- A: Supervising Chiropractors are required to remain within the “*treatment area*” where the CA is engaged with a patient. This is interpreted to mean anywhere in the same general suite (on same floor) where the Supervising Chiropractor can be immediately summoned in the event of an emergency. “*Treatment area*” does NOT include outside hallways, non-contiguous spaces or spaces on different vertical floors, etc.
- **Q: May a licensee engage in Groupon® advertising offering discounts or reduced fee services?**
- A: Yes, as reported in the last Summer/2012 Newsletter, discount coupon advertising is not authorized by the Board provided that the general requirements of the advertising regulations are followed.
- **Q: I note that some licensees do not have trade names that meet the statutory/regulatory Board requirements. Why is this permitted? Also, can a trade name transfer when a practice is sold?**
- A: Some trade names were approved many years ago when different laws/regulations applied; however, there may also be some unauthorized trade names in the chiropractic community. Licensees should report them to the Board for investigation and appropriate action....Yes, a trade name may be transferred to a practice purchaser provided that he/she notify the Board of the transfer of both the practice and the trade name.
- **Q: My CA applicant/trainee has been unable to pass the CA examination twice. Why is this so...Is the exam that difficult...who drafts the exam?**
- A: Approximately 80% of the applicants pass the CA examination. It contains didactic and clinical subject matter questions regarding scope of practice, patient care, anatomy, physiology, physical therapy, ethics, and jurisprudence. The examination is prepared by the Board from a bank of 700 questions prepared by (and in the custody) of both the Board and the Board approved course providers: Drs. David Bohn, Louis Crivelli, and Keith Scott. These approved providers offer courses online, live and combined online/live.
- **Q: May I practice “acupuncture” as a PT modality under the scope of my chiropractic license?**
- A: No, “*Acupuncture*” may only be practiced by a Maryland licensed acupuncturist as a therapeutic modality. Chiropractors may practice “*dry-needling*” (aka “*trigger-point diagnosis*”) as a diagnostic, non-therapeutic adjunct procedure to better perform their chiropractic adjustments and physical therapy regimen. Under Board guidelines, dry-needling is a self-certification process, requiring the individual licensee to achieve the necessary training and experience required to safely, prudently, and professionally practice the modality.
- **Q: What are the requirements to practice Manipulation under Anesthesia (MUA)?**
- A: MUA requires a minimum of 35 hrs didactic/clinical certification from a Board approved provider.

DHMH: UNIT 83
Board of Chiropractic Examiners
4201 Patterson Ave
Baltimore, MD 21215-2299

ADDRESS LABEL
HERE

CHANGE OF ADDRESS FORM

(To be submitted every time a licensee changes mailing address)

The Board regulations require all licensees to maintain a current address with the Board. **There is a \$200. penalty for failure to maintain a current address with the Board.** If you have recently moved or are planning a move, please complete and mail the following:

I, _____, submit that my current official mailing address is

_____.

The change was/is effective on _____ . New phone is _____ ,

E-mail address is: _____ .

Chiropractor signature _____ Date _____ .

Mail to: *MD Board of Chiropractic Examiners, Suite 301, 4201 Patterson Ave., Baltimore, MD 21215-2299*

Attn Ms. Berger