In this issue of the Newsletter we provide timely updates on subjects that may affect your practice. For more information about all of these topics and more – visit our website at www.lsbme.la.gov and while you are visiting, subscribe to the RSS feed to keep up with the News from the Board.

We welcome your feedback on the topics that are presented and recommendations regarding future topics as well as legislative and/or rule making efforts and board services. Please contact feedback@lsbme.la.gov.

From the Desk of the Executive Director

On February 15, 2016, I took over as the Louisiana State Board of Medical Examiner’s (LSBME) newest Executive Director. While I am not a medical professional, I have trained as an attorney and spent my entire career in the public sector. My most recent position was in the Office of Public Health in the Louisiana Department of Health and Hospitals (“DHH”), but I have worked both within the state and municipal government framework.

My tenure at DHH exposed me to the numerous challenges facing the health care industry in the future. Issues revolving around access, adequacy of care and proper regulations of professionals will continue to dominate the debate. As Executive Director of the LSBME, I want to be a part of the solution and prepare the LSBME for its role in the future of health care.

To that end, the LSBME has already embarked on a journey toward automation of its licensure renewal process. To date 12,000 licensees have renewed online and the feedback that has been received from this effort has been very positive. However, if you have any questions or comments we appreciate hearing from you; please email Alan Philips, director of IT at aphilips@lsbme.la.gov. The LSBME is continuing to move forward in this regard. Now that the automation of the renewal system is proceeding, we will begin testing the online module for initial licensure in the next month, as we strive to provide a truly seamless licensure experience.

Last year was a busy year for rulemaking at the Board. Rule changes were adopted or noticed for intent to adopt pertaining to Occupational Therapy, Physician Complaints and Investigations, Physician Assistants, Clinical Laboratory Personnel, Telemedicine, Unprofessional Conduct and Marijuana for Therapeutic Use.

In addition, the Board issued statements of position on physician use of social media and handling of patient records by a physician departing a practice, as well as a joint SOP with the Board of Nursing regarding collaboration with APRNs.

Our installation of online board orientation courses for all practitioners continues. Most recently, new courses in Telemedicine and Clinical Laboratory Personnel became available, in addition to those already provided in Respiratory Therapy, Occupational Therapy, and Dispensing of Medications.

The courses for Physician Assistants and the physicians who supervise them were revised to reflect new laws and rules in the profession. In the next few months we will release the Physician rules course online for certain out of state physicians, and begin work on courses for other licensees.

As I begin my tenure as the Executive Director of the LSBME I am unwavering in my efforts to meet the challenges of an ever-evolving health care landscape. I look forward to working with you in my new role at the Board.

Eric D. Torres
Executive Director
**In the News**

**Zika Virus**

Zika is a mosquito-borne flavivirus along with the more common West Nile and Dengue viruses. The Zika virus is most commonly transmitted to humans via the bite of the *aedes aegypti* mosquito, an insect commonly found in Louisiana. Zika may be transmitted from mother to infant during birth. Human-mosquito-human transmission is also possible when a mosquito bites someone carrying the disease and then transmits the virus to the next person it bites.

The Center for Disease Control and Prevention (CDC) is issuing weekly updates regarding the Zika virus and interim guidelines for Healthcare Providers in the *Morbidity and Mortality Weekly Report*. These guidelines include advice for diagnosis (testing), evaluation, and follow-up for patients showing evidence of or risk for this emerging infection. For the most up-to-date answers to questions, please go to: http://www.cdc.gov/zika/

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<td>Private Radiological Technologists</td>
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<td>Respiratory Therapists</td>
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**Louisiana Syphilis Alert for Practitioners**

Despite increased STD testing and surveillance by the Louisiana DHH Office of Public Health (OPH), the rate of syphilis cases in the New Orleans area (Orleans and Jefferson parishes) has increased alarmingly. The rate increased by 36% from 2014 to 2015, and the number of cases tripled from 2012-2014. When left undiagnosed and untreated, serious consequences such as blindness, deafness, long term neurological dysfunction and congenital syphilis may occur. Louisiana ranks #1 in congenital syphilis diagnosis rates in the US, and in 2014 reported a case rate that is 6 times the national rate.

**OPH is asking community based health centers and all licensed health care providers to increase screening and testing for syphilis in their practices.** For more specific information on diagnosis and treatment of syphilis and other STDs, please visit www.cdc.gov/std/treatment or consult with experts by contacting www.denverptc.org/Consultation.html. For local assistance, please contact OHP STD/HIV Program Medical Director, Dr. Stephanie N. Taylor at staylo2@lsuhsc.edu or (504) 293-6876.

**Prescribing Methadone Safely**

Historically, Methadone use began in the 1950s for treatment of opiate addiction. Since 1976, the FDA removed restrictions on use solely for detoxification and/or maintenance treatment and allowed its use for analgesia. It is increasingly being prescribed for pain management, with varying results as its distinct chemical makeup requires more knowledge in the prescriber. Methadone carries more risks than other painkillers because levels build up in the body and may interfere with a person’s normal heart rhythm or breathing. Severe toxicities of methadone may not become apparent for 2-5 days, so caution is required in its use.

The evidence of harm associated with methadone for pain is clear. Data from the Centers for Disease Control and Prevention (CDC) released in 2012 show that while Methadone accounts for just 2 percent of opioid pain reliever prescriptions, the drug is responsible for nearly 30% of prescription opioid related deaths. Most of the people dying from methadone overdose or misuse were using it for pain, rather than for addiction issues. From 1999 to 2010, as the use of methadone for pain increased, so too did the extent of associated harms. In fact, the CDC found overdose deaths associated with methadone for pain increased nearly six-fold in that time, jumping from 784 deaths to 4,577 deaths (MMR July 6, 2012).

Benefits of Methadone include its ability to control pain over long durations with repeat dosing. It can be better for opioid naive patients as its slow onset and long duration may help avoid reward behaviors associated with other faster acting opioids. It also may be cheaper than other opioids in its sustained-release or transdermal form. But the benefits may not outweigh the negatives in most cases: complicated dose conversions for opioid tolerant patients, possible need for inpatient transition assistance from a pain...
specialist, delayed adverse effects from accumulation during chronic administration, and significant potential for drug interactions with a number of medications. (Toombs and Kral, 2005). Using Methadone for pain control at this juncture also requires exceptional documentation given its unique dangers.

The CDC has espoused various recommendations for the use of Methadone, as discussed in “Common Elements in Guidelines for Prescribing Opioids for Chronic Pain” released in January 2016. These include:

- “initiate and titrate cautiously by clinicians familiar with use/risks”
- “special care should be taken”
- “use methadone under select circumstances”
- Use after failure of other opioids; use by clinicians with specific training in the risks and uses

In addition to the CDC recommendations, the Board offers the following suggestions for physicians who prescribe Methadone:

- Methadone should not be started until two previous well-documented attempts with other opiate-based pain meds have failed.
- Always have an EKG before and after starting therapy due to potential cardiac problems associated with methadone.
- Urine drug screen should be documented in chart and repeated annually and if issue arises.
- Must have a signed agreement about methadone between physician and patient.
- Initiate methadone at low starting dose – never more than 20mg per 24 hours – then titrate in monthly intervals to avoid build-up of metabolites. Increases should never be more than 20mg per day per month of prescribing (i.e. if patient taking 50mg per day, the highest suggested dosage would be 70mg per day for a whole month).

Letter from Dr. Seth Kunen, Executive Director Healthcare Professionals’ Foundation of Louisiana (“HPFL”)

I am the new Executive Director of The Healthcare Professionals’ Foundation of Louisiana, formerly known as the Physicians’ Health Foundation of Louisiana. We recently changed our name to reflect the diversity of healthcare professionals that we now serve. The HPFL currently assists and advocates for physicians, dentists, dental hygienists, physician assistants, medical psychologists, and podiatrists. As the new director, I wanted to remind healthcare practitioners and their colleagues in Louisiana who we are and what we do.

The Healthcare Professionals’ Foundation of Louisiana is an advocacy foundation initially established by the Louisiana State Medical Society in 1981. We now have contracts with both the Louisiana State Board of Medical Examiners (LSBME) and the Louisiana State Board of Dentistry (LSBD) to provide a variety of services for impaired professionals. Impairment refers to the inability of a healthcare professional to practice with safety and competency, and can be due to a substance use disorder, disruptive behaviors, boundary violations, medical illnesses, and/or cognitive impairment. We advocate for health care professionals with employers, insurance carriers, law enforcement, the healthcare professional’s respective boards, etc. In addition, a professional can enter into our program anonymously, without board knowledge, if they have not previously been monitored or treated. Also, they can answer “no” to questions 1 and 2 on their license application or renewal if they are working with us. We are a safe place for professionals to get help.

Anyone can report an impaired professional to the HPFL. In some cases, impaired professionals self-refer. If you are concerned about an impaired colleague, please know that all informants remain anonymous. One of the most frequently cited reasons for not reporting an impaired professional is fear of harming that professional. I wish to assure healthcare professionals and their colleagues, friends and families that by not reporting an impaired professional, the odds are that he or she will deteriorate further, since these types of impairments rarely diminish on their own. Untreated impairments can potentially affect the health and safety of professionals and their patients.

The most common problem that we see is substance abuse. The strongest precursors to substance use problems are self-treatment with prescription medications or alcohol, high stress levels, long hours of practice and easy access to controlled substances. Impaired physicians and other healthcare professionals can usually function at an adequate level for some time before the impairment is recognized by staff and colleagues. Problems are usually identified at home before they are noticed on the job. Family members are often the first to experience the harmful effects of a substance use disorder, or other illnesses. Marital conflict, separation or divorce often occurs without diagnosis and treatment. Typically, by the time impairment shows in the workplace, the illness has progressed significantly.

One of the best predictors of recovery is proper treatment and monitoring, and healthcare professionals do extremely well. Proper treatment and involvement in aftercare activities such as a monitoring contract can lead to recovery rates of 85-95%.

The most important point to remember about us: Our goals are to promote recovery, safeguard patient welfare, and ensure the continued availability of skilled
professionals! We hope you will contact us with any questions or concerns.

Seth Kunen, PhD, PsyD, MP  
Executive Director  
www.phfl.org

**Prescription Monitoring Program (PMP) Update**

The prescription monitoring program of the Louisiana Board of Pharmacy continues to serve a vital mission in monitoring the safe prescribing of controlled substances and quality of care. As of the end of 2015, prescriber and prescriber-delegate searches in the PMP increased from 969,726 in 2014 to 1,447,593 in 2015 – a 49% increase.

Pharmacist and Pharmacist-Delegate searches in the PMP increased from 460,522 in 2014 to 1,066,781 in 2015 – a 132% increase. Prescribers, Pharmacists, and delegates are currently averaging more than 7,330 searches per day. The Board of Pharmacy would like to remind physicians and their staff that they may appoint a registered “delegate” in the office to run PMP queries (searches) for them. The Delegate will have his or her own unique user-id and password. For information on this service, “Delegate Registration Instructions for Prescribers and Dispensers” can be found on the Pharmacy Board’s website at www.pharmacy.la.gov.

**Department of Investigations - Statistics**

At the beginning of last year, the Enforcement section of the Board had 362 complaints under review. During 2015, 1125 new cases were opened, and 1,091 were concluded. Board staff reviewed 164 malpractice cases that were sent to the LSBME by the National Practitioner Databank. In total, there were 100 disciplinary actions taken against licensees that were public and reportable and 19 non-disciplinary actions, consisting of letters of concern or informal reprimands. During the past year, three licensees voluntarily surrendered their licenses, and 17 licenses were suspended by the Board. As of the end of 2015, 375 cases remain open.

The figure below is a graphic representation of the status of complaints received by the Board. Approximately 70% were assigned a preliminary investigation and were closed. Another 4% resulted in a board action of some kind, 21% were still in the fact-finding/formal investigation stage, and 5% were docketed for legal action but had not completed the adjudication process by year end.

**Rules – Adopted and Promulgated in 2015**

**Physician Assistants (May)**

Notice of adoption and promulgation of amendments to the Board’s Rules governing physician assistants was published in the May issue of the Louisiana Register. The amendments eliminate the need for a supervising physician (SP) to countersign all records documenting the activities, functions, services and treatment measures prescribed or delivered to patients by a physician assistant (PA). In lieu of countersigning, the amendments charge the SP and PA with developing a performance plan to insure that medical services delegated by the SP are performed with reasonable skill and safety to patients. Flexibility is provided in plan development, which must include some chart review and any other items that the SP and PA deem appropriate. Increased chart review is required in some instances. Records regarding the plan must be maintained and made available to the board upon request.

**Occupational Therapists and Occupational Therapy Assistants (October)**

Notice of adoption and promulgation of amendments to the Board’s Rules governing occupational therapy was published in the October issue of the Louisiana Register. The amendments update the rules and make substantive and technical modifications consistent with or made necessary by the passage of time and current practices of the Board. Among other items, the changes incorporate certain revised definitions, repeal various sections relative to professional examination requirements, and reduce the continuing professional education requirement from fifteen to twelve hours.
annually for consistency with NBCOT requirements for a 3 year certification renewal cycle.

**Physician Licensure and Practice – Telemedicine (October)**

Notice of adoption and promulgation of amendments to the Board’s Rules governing telemedicine was published in the October issue of the Louisiana Register. The amendments incorporate certain revised definitions, update the rules generally as made necessary by the passage of time and make other substantive and technical modifications consistent with the law. Among other items, the amendments: specify that physicians who use telemedicine must comply with all state and federal laws and regulations for medical/health information privacy and security; delete specific references to amphetamines and narcotics and provide for exceptions concerning the prescription of controlled dangerous substances by telemedicine, which are consistent with state and federal laws and regulations.

**Physician Practice – Unprofessional Conduct (October)**

Notice of adoption and promulgation of amendments to the Board’s Rules on unprofessional conduct was published in the October issue of the Louisiana Register (See also corrected publication in the November Register). The amendments prohibit physician self-prescribing of controlled substances to one’s self or immediate family members, defined as the physician’s spouse, children, parents and siblings, except in cases of emergency.

**Physicians – Complaints and Investigations (December)**

Notice of adoption and promulgation of Rules concerning complaints and investigations of physicians, as well as amendments to Board’s Rules on adjudication, was published in the December issue of the Louisiana Register. The rules and amendments were adopted in furtherance of Act No. 441 of the 2015 Session of the Louisiana legislature. The new rules, which may be found in Chapter 97, address the processes utilized by the Board concerning the investigation of complaints against physicians. The amendments to Chapter 99 make various changes to the Board’s existing rules governing adjudication of alleged violations.

**Physician Practice – Marijuana for Therapeutic Use (December)**

Notice of adoption and promulgation of Rules governing physicians who utilize therapeutic marijuana in the treatment of their patients, who suffer from a qualifying medical condition, was published in the December issue of the Louisiana Register. The Rules were adopted in furtherance of Act No. 261 of the 2015 Session of the Louisiana legislature, which directed the Board to: (i) promulgate rules and regulations authorizing physicians licensed to practice in this state who may recommend marijuana for therapeutic use by their patients clinically diagnosed as suffering from glaucoma, symptoms resulting from the administration of chemotherapy cancer treatment or spastic quadriplegia; and (ii) submit an annual report to the senate and house committees on health and welfare as to any additional diseases or conditions that should be added to the list of qualifying diseases and conditions for therapeutic marijuana.
DISCIPLINARY ACTIONS

Since publication of the last Newsletter the listed administrative disciplinary orders have been entered by the Board. The charges noted are the principal statutory causes cited in the institution of administrative proceedings or in the conduct of investigations but do not necessarily represent the findings by the Board or admissions by respondent as to the respondent’s culpability of such charges. Publication deadlines for the Newsletter may prevent indication here as to petitions for rehearing or proceedings for judicial review pending at the time of publication but initiated after our publication deadlines.

The final decisions, consent and other orders reported in this issue include orders entered by the Board since the last issue through February 2016. Orders and rulings entered after that date will be reported in the next Newsletter.

Theresa Cobbs Adderley, M.D., Port Allen, No. 15-I-224. Charges—R.S. 37:1285A (1), (2) and (11). Disposition—Stipulation and Agreement For Voluntary Surrender of Medical License accepted February 15, 2016. Physician voluntarily surrendered her license to practice medicine in the state of Louisiana.


Donnie F. Aultman, M.D., Shreveport, No. 15-I-191. Charges—R.S. 37:1285A (5) and (25). Disposition—Consent Order entered August 17, 2015. Physician’s license placed on probation for a period of one (1) year, subject to compliance with terms, conditions and restrictions, subject to execution of monitoring agreement with Physician’s Health Program, maintenance of abstinence from the use of alcohol, controlled and any other mood-altering substances, completion of continuing medical education, notification to hospital, clinic, facility or other employer or prospective employer, completion of abstinence from the use of alcohol, controlled and any other mood-altering substances, completion of continuing medical education, notification to hospital, clinic, facility or other employer or prospective employer, completion of continuing medical education, certification of compliance with probationary terms and payment of probation monitoring fee.


Peggy Denise Brodnax, LRT, Pineville, No. 15-I-620. Charges—R.S. 37:3358A (19) and LAC 46XLV:2536. Disposition—Consent Order For Issuance of License on Probation entered August 17, 2015. Respiratory Therapist’s license issued on probation for a period of one (1) year, subject to compliance of terms, conditions and restrictions, pre-approval of practice setting, notification to each supervising physician, hospital, clinic, facility or other employer or prospective employer, completion of continuing medical education, certification of compliance with probationary terms and payment of probation monitoring fee.


officially reprimanded and ordered to pay an administrative fine.


**Catherine Teresa Danos, CLP,** Raceland, 14-I-971. **Charges**— R.S. 37.1318, 1326 and LAC 46XLV.3505. **Disposition- Consent Order For Official Reprimand** entered February 9, 2015. Licensee officially reprimanded and ordered to pay an administrative fine.

**Alvin Darby, M.D., New Orleans,** No. 13-I-1498. **Charges**— R.S. 37:1285A (1), (2), (11) and (13). **Disposition - Consent Order** entered May 18, 2015. Physician’s license indefinitely suspended subject to compliance with specified terms and conditions for reinstatement, completion of course on medical ethics and personal appearance before the Board. Reinstatement on probation for five (5) years subject to compliance with terms, conditions and restrictions, prohibition on the prescription of controlled substances for the treatment of non-cancer related chronic pain or obesity and ownership or association with such practices, completion of course on professionalism and boundaries, continuing medical education, community service, certification of compliance with probationary terms and payment of probation monitoring fee.


Disposition- Consent Order For Issuance of License With Reprimand entered February 9, 2015. Licensee officially reprimanded and ordered to pay an administrative fine.


Carmen Herbert Sampey, CLP, Cut Off, No. 15-I-273. Charges—R.S. 37:1326A(2). Disposition- Consent Order entered July 20, 2015. Clinical Laboratory Science License placed on probation for a period of three (3) years, subject to compliance of terms and conditions, pre-approval of practice setting, notification to each supervising physician, hospital, clinic, facility or other employer or prospective employer, completion of continuing medical education, certification of compliance with probationary terms, payment of administrative fine and probation monitoring fee.
each supervising physician, hospital, clinic, facility or other employer or prospective employer, completion of course on professionalism and ethical conduct, certification of compliance with probationary terms and probation monitoring fee.


**Jennifer Ann Smith**, OTA, Ruston, No. 15-I-121. Charges— R.S. 37:3011A and LAC 46XLV.4921.B (3), (7) and (15). Disposition- Consent Order entered May 18, 2015. Occupational therapy assistant license placed on probation for a period of two (2) years, subject to compliance of terms and conditions, enrollment in the Board’s Allied Professionals Health Programs, demonstration of Board’s rules and occupational therapy law, pre-approval of supervising occupational therapist, notification to each supervising physician, hospital, clinic, facility or other employer or prospective employer, completion of course on ethics and professionalism, certification of compliance with probationary terms and probation monitoring fee.


**Keitha Renee Smith**, M.D., Minden, No. 14-I-049. **Charges—** R.S. 37:1285A (29). Disposition- Consent Order for Reprimand entered July 20, 2015. Physician officially reprimanded and ordered to complete one or more courses on professionalism or medical ethics.


**Kendall Marie Thomas**, PA, New Shreveport, No. 15-I-005. **Charges—** R.S. 37:1360.33 (3), and (5) and LAC 46XLV.4513A (13). Disposition – Decision and Order rendered December 7, 2015. Physician assistant license placed on probation for a period of two (2) years subject to compliance with terms and conditions, execution of monitoring contract with the Physicians Health Program.


