

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE NEWSLETTER

Nevada State Board of Osteopathic Medicine, 2275 Corporate Circle, Suite 210, Henderson, NV 89074

Summer 2022 Volume 24

INSIDE THIS ISSUE

NEW LICENSE DATA BASE SYSTEM PHYSICIAN-PATIENT COMMUNICATION TIPS BOARD AND STAFF CHANGES INITIAL LICENSE FEES WAIVED FOR 2022-23



UPDATE TO THE PROCESS OF IMPLEMENTING A NEW LICENSE DATA BASE SYSTEM

Several months ago, the Board began implementing the migration of the new license data base system with Thentia, a company used by many licensing boards in Nevada and throughout the country. The goal of the new system is to implement a more user-friendly interface for licensees, staff, the Board and the public to be operational before the 2023 license renewal period (September 2022); however, due to staffing changes and other logistics at Thentia, the new system will not be operational until Spring 2023, after the renewal season concludes.

Several features of the new licensing system include the following: 1) licensees will create and manage their own accounts (including initial applications and renewals); 2) licensees will upload and manage CME certificates and track credits; 3) pay all fees on the website; and, 4) facilitate staff administrative tasks, such as running reports and managing complaints and other documents.

The current license data base system, K3 Systems, will no longer be used after the Thentia data base becomes operational.

Reminder-Physician Assistant Precautionary Note!

Physician Assistants licensed in the State of Nevada, as well as most other states, are **NOT** legally allowed to use the new title "Physician Associate" that is currently approved/adopted for discussion and research by the American Academy of Physician Assistants. According to AAPC, ARC-PA and other PA organizations, it is not recommended that this title be used by the PA until it has been officially adopted through studies and state regulation changes. The AAPC goes on to say that this process is expected to take up to 5 years to move forward. Utilizing the title of Physician Associate is a violation of State statute and could subject the PA that officially utilizes this title in their practice to disciplinary action by the Board for misrepresentation to patients.

BOARD AND STAFF CHANGES!

Board: Paul Janda, D.O., J.D., was appointed to the Board on July 1. The term for Ricardo Almaguer, D.O., ended June 30. The Board wants to thank Dr. Almaguer for his many years of service. Ronald Hedger, D.O., Board President, has announced his retirement and will end his service on the Board on September 30. The Board appreciates his over ten years of service and wishes him well in his retirement. Louis Ling, Board Counsel for over ten years will leave the Board representation on August 31. The Board appreciates Mr. Ling's many years of service and wishes him well. Richard Dreitzer, of Fennemore Craig, was approved as the next Board Counsel.

Staff: Sandra Reed, Executive Director, will retire from the Board on September 30, after nearly six years of service. The Board appreciates Ms. Reed's service and wishes her well in retirement. The Board has approved Frank DiMaggio as the next Executive Director. Mr. DiMaggio has previous experience as an Executive Director with a licensing board and brings many years of public service. Kortney Kinzer, Administrative/Licensing Assistant, has left Board employment for an at-home work position. We wish her the best. The Board is currently seeking her replacement.

NSBOM BOARD MEMBERS

Ronald Hedger, D.O.

President;

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■ STAFF

Sandra Reed

Executive Director

Clayton Bailey

Complaint Specialist/Investigator

Nikki Montano

Licensing Specialist

TBD

Administrative/Licensing Assistant

Mission: The Nevada State Board of Osteopathic Medicine's mission is to protect and safeguard the public by licensing and disciplining well-educated and competent Doctors of Osteopathy and Physician Assistants.

**2022 REMAINING
BOARD MEETINGS**

September 13
October 11
November 08
December 13

License Application

Numbers

January - June 2022

DO - 162
PA - 33
Residents – 144
Other Special - 0
Compact (IMLC) - 35
Total Active - 2518

Enforcement Stats: Jan - June 2022

Complaints - 51
Settlement Agreements - 4
Letters of Caution Issued - 10
Complaints Closed - 51
Fulfilled (Completed) Agreements - 1

Complaint Types*: Jan – June 2022

Medical Malpractice – 6
Prescribing – 1
Standard of Care – 26
Unprofessional Conduct General – 29
 Medical Records – 0
 Death Certificate Signing – 4
 Terminating a patient - 1
Non – Reporting – 0
Other – 1

*Some types of complaints overlap

**BOARD ISSUES TEMPORARY POLICY WAIVING INITIAL
LICENSING FEES FOR FY 2022-23**

Beginning on July 1, 2022, the Board will waive fees for new licenses in Nevada through to June 30, 2023.* The Board will review the policy in 2023 to determine if fees will be waived in FY 2023-24. Note-this does not include Resident licenses.

Changes to PAs with Dual Licenses-PAs who simultaneously apply for licenses with both the Osteopathic and Medical Boards will only pay one half the regular fees.

BOARD RENEWAL FEES

RENEWAL FEE: DO-\$350; PA-\$150

ACTIVE MILITARY RENEWAL FEE: \$0 (NO COST)

***Fingerprint/background fees continue to be charged at \$50.**

CME Requirements Refresher (DO and PA)

New Statute: AB 327 became effective January 1, 2022. Statute requires every two (2) years, psychiatrists and physician assistants working under the supervision of psychiatrists must complete two (2) hours of Cultural Competency and Diversity, Equality, and Inclusion.

DO: a) Ten (10) AOA 1A or AMA 1 credits **which includes two (2) credits in abuse of controlled substances, opioid prescribing or addiction**

b) Suicide Prevention: DOs must obtain two (2) credits in suicide prevention within two (2) years of being licensed and repeated every four (4) years.

c) 3) Even-numbered years: two (2) credits of one of the following: ethics, pain management, or addiction

d) Preceptorship credits may be applied to the required 35 annual CME credits.

Note: The annual NOMA conference does not fulfill the CME credit requirement if a total of **35 credits** are not earned for that conference.

PA: Included in the completion of **20 hours** (credits) of annual continuing medical education completion of at least **two (2) hours** (credits) in the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

**CURRENT MEMBER LIST- INTERSTATE
MEDICAL LICENSURE COMPACT (IMLC)**

- NEVADA
- ALABAMA
- ARIZONA
- COLORADO
- DELAWARE
- DISTRICT OF COLUMBIA
- GEORGIA
- U.S. Territory of GUAM
- IDAHO
- ILLINOIS
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MONTANA
- NEBRASKA
- NEW HAMPSHIRE
- NEW JERSEY
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- PENNSYLVANIA
- RHODE ISLAND
- SOUTH DAKOTA
- TENNESSEE
- TEXAS
- UTAH
- VERMONT
- WASHINGTON
- WEST VIRGINIA
- WISCONSIN
- WYOMING

For more info go to:
<http://nsbom.org/LicensingPublic/licensurecompact.jsp>;

To apply for an IMLC medical license (DOs only):

<http://www.imlcc.org/>

Closing your practice or discharging a patient?

The statute/regs requires practitioners to notify the Board in writing 30 days before closing or changing a practice. See NRS 633.291; NAC 633.260(1)(2) for full details.

NOTE: Practitioners must notify patients of any practice changes (addresses or closings) per NRS 633.511.1(n) and NAC 633.070

NOTE: THE ARTICLE BELOW FOCUSES ON MEDICAL STUDENTS, BUT THERE IS IMPORTANT PHYSICIAN-PATIENT COMMUNICATION TIPS FOR ALL PRACTITIONERS AT ANY POINT IN THEIR CAREERS.

AMA [American Medical Association]

6 simple ways to master patient communication

Jul 13, 2022

Although the first two years of medical school require students to study intensively, learning how to effectively talk with patients is equally important as you begin clinical rotations.

Chart your future

AMA is your ally on the journey to medical school, residency and beyond. We're here to help you succeed every step of your medical career.

No matter what year you are in training, take this time to brush up on your [patient-communication skills](#) so you can make the best connections with your patients.

Marketing-and-communications expert Randa Zalman laid out a comprehensive strategy for patient communication during a presentation at an AMA meeting.

Zalman has devised an easy way to help students remember the communication skills they need for practice, summed up in a catchy acronym: RESPECT. Here are the six things you need to know in this acronym.

R—Rapport

“This is imperative,” Zalman said, noting that the smallest details—such as physical appearance, your level of eye contact with patients or how often you use their names in conversation—can shape your relationships with patients.

When it comes to treatment, you want patients to feel that “we’re in this together,” Zalman said. To boost team morale, she recommends students give patients their “full, undivided attention,” listen carefully and “hear their stories.”

Learn about [the professionalism do’s and don’ts during clinicals](#).

E—Explain

Ask patients a variety of questions that encourage them to explain more about their health and habits outside their appointments, Zalman recommended. Questions such as, “Can you tell me more about yourself? What is important to you? And what can I do to help you?” can incite patients to fully engage in conversation.

Check out these tips to help [medical students master the subtle art of communication](#).

S—Show

Regardless of your specialty or practice setting, you will have to deliver constructive criticism during your career. In those instances, it’s best to show patients “collaborative thinking, and work with them in an active way rather than telling them what to do,” Zalman said.

With the proper approach, a critique can become an opportunity to bond with your patient. For instance, try a “seven-to-one compliment ratio.” Give your patients seven compliments for every one statement of criticism, Zalman said. She also suggests students show—not tell—how supportive they are by giving patients educational materials, websites, resources and information about support groups that may help them better understand medical terms or issues that apply to their treatment.

Find out four things [medical students should know about giving bad news](#).

P—Practice

The old adage rings true for a reason. Practice may not always “make perfect,” but it certainly can help physicians in training get ahead of tough conversations with patients. Practice good communication as much as possible. Ask patients for raw feedback, identify communication roadblocks and review communication techniques with others, Zalman said.

Find out why [better communication with patients is linked to less burnout](#).

E—Empathy

Avoid being judgmental by providing encouragement to your patients. This can be expressed through verbal and non-verbal cues, Zalman said.

Discover how to [lend your patients an empathetic ear—now more than ever](#).

C—Collaboration

Partner with your patients, Zalman said, noting that people are far more likely to positively respond to recommendations and questions in collaborative settings.

“Explain your recommendations, what you’re doing and how you’re doing it,” she said. She also recommended that students identify potential “barriers”—such as an overbearing spouse or a hearing difficulty—that may interfere with patients’ communication.

Want to communicate like [Dr. Anthony Fauci? This training helps doctors talk the talk](#).

T—Technology

Because technology gives students so many ways to communicate with patients, it’s a particularly important consideration. But don’t overdo it, Zalman cautioned. Instead of inundating patients with messages from multiple platforms, “choose no more than three communication channels, and [use] them well,” she said. Also, communicating through technology is no excuse to use vague language in place of real conversation. She says physicians who wish to really connect with patients should do just the opposite: “Set appropriate expectations and communicate them. Be clear; be direct,” she said.

With telehealth, learn how to [bring warmth to your virtual care visits](#).

Reprinted with permission from the [American Medical Association](#) - <https://www.ama-assn.org/>.

For more information about physician-patient communications, see PowerPoint presentation by Victor Klausner, D.O.: [Dealing With The Difficult Patient VKlausner DO](#)

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IMPORTANT REMINDERS

CME AUDIT PROCESS

The Continuing Medical Education (CME) Audit Policy has been revised. See below.

- 1) CME audits will remain random, with the goal of all licensees being audited at least once every five (5) years, possibly more depending on the random choice;
- 2) CME fines are NO longer charged for those with deficient CME credits;
- 3) Audited licensees must prove they took all required CMEs for the previous year to renew their license; and,
- 4) If proof is not provided after receiving a final notification letter for renewal, a licensee’s license will automatically expire on January 31 of the year pursuant to NAC 633.257(1).

See updated approved CME policy [here](#).

TO ALL LICENSEES: REMEMBER TO PROVIDE TO THE BOARD EITHER YOUR **RESIDENCE OR REGULARLY CHECKED P.O. BOX NUMBER** TO ENSURE RECEIVING IMPORTANT MAIL FROM THE BOARD. **BUSINESS, PRACTICE OR LICENSING CREDENTIALLING OFFICES ARE NOT TO BE USED,** AS THEY ARE NOT RELIABLE DESTINATIONS TO RECEIVE OR MANAGE MAIL.

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SUPERVISION OF PHYSICIAN ASSISTANTS

NOTE: ALL physician assistants **MUST** be supervised IN PERSON for the **first 30 days** of working with every new doctor of osteopathic medicine who they have a cooperating agreement with. The statute, NRS 633.469(3) states: *A supervising osteopathic physician shall provide supervision to his or her physician assistant **in person at all times during the first 30 days** that the supervising osteopathic physician supervises the physician assistant. The provisions of this subsection do not apply to a federally qualified health center.* Regulation NAC 633.289(3)(a) states: *Except as otherwise provided in **NRS 633.469**, shall provide supervision **in person at least once each month** to the physician assistant.*

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VETERAN SERVICES

AB 300 (2019 NV Legislative Session) provides for the outreach, education and expansion of information to veterans for service-connected disabilities and diseases, along with providing a statewide information/referral information system. The information below is also available on the Board's web site under "Veterans Services."

Understanding Presumptive Conditions:

<http://nsbom.org/LicensingPublic/docs/Presumptive%20Conditions%20-%20Veterans%20Services.pdf>

Types of Presumptive Conditions and Resources:

<http://nsbom.org/LicensingPublic/docs/Types%20of%20Presumptive%20Conditions.pdf>

OCCUPATIONAL RESOURCES

Nevada Osteopathic Medical Association (NOMA)

2255 Springdale Court, Reno, NV 89523

(855) 888-NOMA

www.nevadaosteopathic.org

Federation of State Medical Boards (FSMB)

www.fsmb.org

NEW! Opioid and Pain Management Resource Web Page

<http://www.fsmb.org/opioids/>

American Osteopathic Association

<https://www.osteopathic.org/Pages/default.aspx>

DO YOU HAVE NEWSLETTER TOPIC SUGGESTIONS?

Please email Sandy Reed at: sreed@bom.nv.gov

PLEASE NOTE: The contents of this newsletter constitute official notice from the Board to its licensees. **All** licensees are responsible to read and understand the contents of this newsletter.