

NSBOM NEWSLETTER

Nevada State Board of Osteopathic Medicine, 901 American Pacific Dr., Unit 180, Henderson, NV 89014

July, 2013 Volume 9

FOUR STEPS TO AVOID UNNECESSARY COMPLAINTS...

The purpose of this article is to sensitize all of us to our communication and to provide a list of communication errors that may generate complaints.

1. If you listen long enough, the patient will not only tell you the problems but the diagnosis; therefore, provide an appropriate listening frame to your physician-patient visit. Many complainants allege physician rudeness based upon this observation.

2. Never comment on a patient's appearance or anatomical features unless it is germane to the office visit, their health, or a response to the conversation at hand. The failure to observe this communication error generates many patient complaints to the Board.

3. If you are having an awkward or particularly difficult day, inform the front office of it and ask them to have the complaining, waiting room patients to be tolerant. You have no idea of the number of complainants that remark on how long they had to wait.

4. If you are angry with a patient, provide a medically sound reason, being careful to state the basis for the anger, and don't complete the discussion without a statement for its resolution understood by all parties. Then document it. This represents at least 70% of communication complaints. In nearly every case, the Board's review of the physician's response to the complaint, by way of the medical record, fails to document the anger encounter, leaving the issue open to interpretation. When a trail of like complaints begin to appear, the Board is left with no choice but to request the physician explain the basis for the generated complaints. This can be avoided.

If each practitioner-based-healthcare professional adheres to these five basic principles of communication nearly all the patient-generated communication complaints are resolvable in the examination room.

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MEDICAL SPAS



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Administrative Assistant

MORE ABOUT OUR BOARD...

After serving eight years on the Board, Dr. Milne's term expired and the Board wishes to acknowledge Dr. Milne for the amazing amount of time, dedication and hard work while he served the Board. Each of our Board members are very dedicated.

Dr. Samir Pancholi became our newest Board Member. One public member, S. Paul Edwards, was reappointed for a second term.

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OUR BOARD WELCOMES...

Samir Pancholi, D.O.

Dr. Pancholi was born and raised in Pittsburgh, Pennsylvania. Dr. Pancholi matriculated from Pennsylvania State University and then graduated from A.T. Still University's, Kirksville College of Osteopathic Medicine. He completed general internship at Ohio University's Doctors Hospital in Columbus, Ohio, residency in Otolaryngology and Facial Plastic Surgery at Michigan State University's Genesys Regional Medical Center and fellowship in Cosmetic Surgery at Tulsa Surgical Arts in Tulsa, Oklahoma. Dr. Pancholi has been in Las Vegas since 2006 and limits his practice to cosmetic surgery. He has been honored as a Top 40 under 40 professional in Las Vegas, invited as a cosmetic surgery lecturer both nationally and internationally, and maintained an active interest in trying all the restaurants Las Vegas has to offer and traveling!

ALSO...ABOUT OUR STAFF

Sonya McAllister has recently left to pursue a career in sonography. The Board thanks her for all her hard work and wishes her all the best in her new career.

Nikki Montano is our new Administrative Assistant. Nikki is a native Nevadan and enjoys raising her 3 year old son who is the highlight of her life. She is adventurous and enjoys family trips. Her favorite food is sushi and she hopes to learn how to make it someday. Nikki was previously employed with the City of Henderson Recreation Department for approximately 7 years.

Steven Ray also joins the Board as Chief of Enforcement. Steve came to the Board by way of a 3 year term as an investigator with the Board of Medical Examiners, being privileged to have opened and managed the Las Vegas office. His background includes employment with the State of Nevada Medicaid, being hired to open and develop an investigations program for Nevada Check Up, and 17 years in law enforcement, both on patrol in the Austin, Texas area and as a Court Marshall in Reno. Steve has lived in Las Vegas for 3 years, having lived in Lake Tahoe 15 years prior. He has been married for 23 years, and his children include the four-legged variety. Steve enjoys camping and a variety of outdoor activities.

HAVE YOU HEARD?

Check out the following stats pertaining to NSBOM's licensees per fiscal year (July 1 through June 30th):

Licenses	2009/10	2010/11	2011/12	2012/2013
D.O.	742	774	808	844
P.A.	58	66	77	84
Special	198	220	190	213
Inactive	65	73	81	94
DO Special		4	3	3
Temporary		2	2	0

Discipline	2010	2011	2012	2013
Settlements	72	15	5	4
Hearings	0	0	1	0
License Surrender	1	1	0	1
License Suspension	2	3	1	0
License Denial	0	0	1	1
Public Reprimands	0	0	0	0
Private Letters of Warning	74	26	9	8
Probation	1	2	3	2
License Revocation	0	0	1	0

(Please note: the Board was only given the authority to write private letters of warning by the 2009 Legislature.)

REMINDER: CME REQUIREMENTS

We have had a lot of calls regarding CME requirements. These requirements have not changed and are as follows: DOs need proof of 35 credits with 10 of them AOA category 1A or AMA category 1. PAs need 20 hours of CME. **CMEs must be taken in the calendar year January 1, 2013 thru December 31, 2013. If you are included in the 33% CME audit, your renewal reminder will be stamped "CME PROOF REQUIRED". CME proof must be received before your license renewal is approved and your licensee card is mailed.**

IF YOU CURRENTLY SUPERVISE APRNs... READ ABOUT AB 170....

As of July 1, 2013, APRNs who have worked under the supervision of an osteopathic physician OR have at least 2,000 hours of clinical experience, no longer need to be under supervision in order to prescribe CII's.

It is strongly recommended that osteopathic physicians who currently employ APRNs discuss their status and document their understanding in writing. If you have been working with an APRN for more than two years, we encourage you to discuss whether you will continue to collaborate on CII prescription writing and then document your decision. IF you have been working with an APRN for less than two years and you do not know how long the APRN has been working, we recommend a discussion and documentation of this understanding be noted in the APRNs employment file as well.

APRNs MUST HAVE the appropriate certificates from the Board of Pharmacy in order to prescribe any controlled substances in Nevada. APRNs must obtain certificates to prescribe dangerous drugs and dispensing registration if they will dispense dangerous drugs in Nevada. They must also be registered with the DEA to prescribe controlled substances in Nevada.

AS A REMINDER ABOUT THAT "PESTY" REPORTING STATUTE (NRS 633.527)... Physicians and Physician Assistants are required to report to the Board when they are served with a summons and complaint in a medical malpractice case, as well as report any type of a disposition of that lawsuit, and whether that matter is referred to mediation or arbitration. Licensees are mandated to report such information within 45 days. Physicians and Physician Assistants may be fined up to \$5,000 per violation of this statute.

PLEASE NOTE A DISMISSAL IS A "DISPOSITION" AND MUST BE REPORTED

IMPORTANT INFORMATION FROM THE PHARMACY BOARD

“WHAT ARE MY OBLIGATIONS AS THE ‘MEDICAL DIRECTOR’ OF A MEDICAL SPA?”

“What are my obligations as the ‘Medical Director’ of a medical spa?” That is a frequent question since recent news reports of State authorities raiding medical spas, impounding drugs, and charging spa operators and medical directors with civil and criminal misconduct. Practitioners who serve as the medical director of a medical spa are realizing that the designation involves more than just a title and monthly pay check. Those who do not understand their obligations are at risk of discipline, civil litigation and criminal prosecution.

Medical directors must view the patients their medical spas treat as *their patients*, not just clients of the spa. Medical Spas must treat those patients as a patient should be treated in any medical facility. The medical director must establish a *bono fide* doctor-patient relationship with the patient. After seeing the patient personally, the medical director must make a patient-specific diagnosis of the patient’s condition, and he/she must establish a patient-specific course of treatment. Only then may a medical director authorize a staff member, *i.e.*, a registered nurse or a qualified medical assistant, to provide treatment as prescribed in the medical director’s written orders. That is as true for a patient receiving Botox treatments or testosterone shots as it is for a patient receiving cancer treatment or heart surgery. Furthermore, each step of a patient’s treatment must be documented in a patient file, just as a practitioner should do for any patient receiving treatment. A medical director cannot delegate these tasks to medical staff to complete without the medical director’s on-site supervision.

A related issue is the illegal possession and administering of drugs in medical spas. Medical directors must understand that only they, as licensed practitioners,¹ can order, own, possess or have access to controlled substances or dangerous drugs within their medical spa.¹ With few exceptions, Nevada law prohibits staff members from accessing or possessing such drugs, unless they are under the direction (and in many cases direct supervision) of a licensed practitioner. That means that the medical spa’s drugs must be secured in a locked cabinet at all times, except when they are accessed for administration to a patient pursuant to a patient-specific chart order. Only the medical director or a licensed practitioner on staff may possess the keys to access the drugs. When any quantity of a drug is out of the locked cabinet to be administered, the medical director or a licensed practitioner must, at a minimum, be present in the facility (if not in the same room). Under no circumstances may a nurse, medical assistant or other staff member have access to, or possession of, the medical spa’s drugs without a licensed practitioner on-site.

The practical application of these rules is that in many cases, medical spas offering Botox treatments and events such as “Botox parties” are not legal. Such unlicensed practices are dangerous, and have resulted in terrible and permanent outcomes. Out of concern for public safety, the Nevada State Board of Pharmacy, the State medical boards (D.O. and M.D.) and various other State health and law enforcement agencies, are involved in identifying and stopping these illegal practices. Reports from concerned practitioners and citizens are helpful in these agencies’ efforts to protect the public from dangerous and unscrupulous practices.

¹ For purposes of this article, “practitioner” is defined to include: (1) a physician (M.D. or D.O.) who holds a valid license to practice his or her profession in this State; (2) a physician assistant who holds a license from a State Board of Medicine (M.D. or D.O.) and a certificate from the State Board of Pharmacy permitting him or her so to prescribe, and (3) an advanced practitioner of nursing who holds a certificate from the State Board of Nursing and a certificate from the State Board of Pharmacy permitting him or her so to prescribe. NRS 453.126; NRS 454.00958; NRS 639.0125.

¹ NRS 453.375; NRS 454.213.