

West Virginia Board of Medicine

Quarterly Newsletter

BOARD OF MEDICINE ADOPTS UNIFORM APPLICATION PROCESS FOR PHYSICIAN STATE LICENSURE

Initially developed in 2004 by the Federation of State Medical Boards, the Uniform Application for Physician State Licensure was designed to increase license portability between states and add convenience for physicians making application for licensure. Today over 20 states are using the Uniform Application (UA) with more states in process. For a onetime fee, it also permits the application information to be stored, if the applicant chooses, so that it can be utilized for licensing applications in other states that accept or require the UA.

The convenience factor is even greater for those physicians who participate in the Federation Credential Verifications Service (FCVS) which allows physicians to establish a lifetime portfolio of verified credentials which can be forwarded at the physician's request to any state medical board, hospital, health care or any other entity. The FCVS is currently utilized by 165,000 physicians and accompanied 56% of all licensure applications submitted in the U.S. last year. The FCVS meets the standards of The Joint Commission and the NCQA. When the FCVS is used with the Uniform Application, FCVS auto-populates more than 70% of the core UA application.

Over the past year, the Board of Medicine has been working with the Federation of State Medical Boards to make available the Uniform Application process to those physicians seeking medical licensure in West Virginia. After many months of work, and upon the recommendation of the Licensure Committee, the Board, at its May 20, 2013, meeting, gave final approval to adopt the Uniform Application for West Virginia.

The Uniform Application may be used by initial applicants for a permanent medical license and those physicians seeking reactivation of their previously held West Virginia license that has been expired for more than one year.

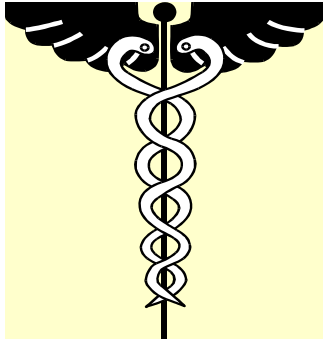
You may access the Uniform Application by going to our website at <http://www.wvbom.wv.gov> and clicking on "Applications" in the left hand column of the home page.

You may find more information regarding the Uniform Application and Federation Credential Verifications Service at www.fsmb.org.

CONTROLLED SUBSTANCES AND DRUG DIVERSION CME NOW ONLINE!

The West Virginia State Medical Association has recently completed work on its online program for Best Practice Prescribing of Controlled Substances Training and Drug Diversion Training. The Continuing Medical Education Program meets the state requirements as mandated by W. Va. Code §30-1-7a and Legislative Rules 11 CSR 6 and 11 CSR 1B. Those successfully completing this training will receive the necessary 3 hours of AMA Category 1 CME which will be required as part of license renewal criteria for all licensees of the Board of Medicine beginning in May 2014. This CME is now available through the Board of Medicine website at www.wvbom.wv.gov.

[CLICK HERE](#)



INSIDE THIS ISSUE

Board Actions	2
PA Hints & Tips	3-4
Board Members	4
CME Requirements	5-6
License Renewal; Senate Bill 214; Board Staff	7
PA Rule 11 CSR 1B; DNR Notice for PAs	8
Change of Address Information; E-mail Addresses; Board Meetings	9



BOARD ACTIONS April 2013 - June 2013



FREDERICK, LIZA ANTONETTE, M.D. – Charleston, WV (6/15/2013)

WV License No. 17975

Board Conclusion: Probable cause exists to deny licensure to Dr. Frederick due to the provisions of West Virginia Code § 30-3-14(c) (17), relating to violating an order of the Board.

Board Action: As of June 15, 2013, the Consent Order of November 30, 2011, has been amended. The suspension of Dr. Frederick's license continues to be stayed, and her license remains on PROBATION through November 30, 2014, subject to her compliance with the terms and conditions of the Amended Consent Order.

LINK, GIANNA JOANNE, M.D. – Ronceverte, WV (6/24/2013)

WV License No. 23916

Board Conclusion: Probable cause may exist to substantiate disciplinary charges relating to unprofessional conduct and to the renewal of a license to practice medicine and surgery by making a false statement regarding continuing medical education in connection with a licensure application.

Board Action: Dr. Link shall complete, and provide certification of her completion to the Board, before September 1, 2013, twenty-two and a half (22.5) hours of continuing medical education coursework. She shall pay a civil fine of \$2,250 and an administrative fee of \$100, for a total of \$2,350.

PUCKETT, FRANKIE ALLEN, M.D. – Buckeye, WV (4/30/2013)

WV License No. 22820

Board Conclusion: Relating to his failure to keep written records justifying the course of treatment of a patient; prescribing a prescription drug, including controlled substances, other than in good faith and in a therapeutic manner in accordance with accepted medical standards and in the course of the physician's professional practice; dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public and departure from acceptable medical practice or ethics; unprofessional, unethical and dishonorable conduct; and gross negligence in the use and control of prescription forms.

Board Action: License suspended effective October 11, 2011, and said suspension was immediately stayed, and Dr. Puckett was placed on PROBATION for a period of five (5) years, subject to specified terms. As of April 30, 2013, the Consent Order was amended to modify the compliance terms of the original Consent Order.

RAMAKRISHNAN, KARTHIK, M.D. – Kingsport, TN (4/4/2013)

WV License No. 23744

Board Conclusion: Dr. Ramakrishnan has failed to successfully complete and provide certification of his completion to the Board, before March 1, 2013, nine and one half (9.5) hours of continuing medical education coursework, including two (2) hours on the subject of "end-of-life care including pain management," as required by the Consent Order entered on January 14, 2013.

Board Action: Dr. Ramakrishnan's license to practice medicine and surgery in the State of West Virginia is hereby suspended effective March 15, 2013, and continuing until he submits documentation establishing his successful completion of and provide certification of his completion of nine and one half (9.5) hours of continuing medical education coursework, including two (2) hours on the subject of "end-of-life care including pain management." As of April 4, 2013, Dr. Ramakrishnan has complied with the above-referenced requirements and the Notice of Suspension is terminated. Dr. Ramakrishnan's license to practice medicine and surgery is REINSTATED to active status effective April 4, 2013.

REYES, CHARLES WESLEY, M.D. – Belpre, OH (6/15/2013)

WV License No. 11189

Board Conclusion: Probable cause exists to substantiate disciplinary charges against Dr. Reyes for having his license acted against in another state; relating to the inability to practice medicine and surgery with reasonable skill and safety due to physical or mental impairment, including through abuse of drugs or alcohol, and relating to unprofessional conduct including a departure from the standards of acceptable and prevailing medical practice.

Board Action: Effective June 15, 2013, Dr. Reyes' license to practice medicine in West Virginia is reactivated, but shall be placed in PROBATIONARY status for a period of three (3) years, subject to his full compliance with the terms and conditions of the Consent Order.

VYAS, SUBHASH A., M.D. – Williamson, WV (4/2/2013)

WV License No. 12356

Board Conclusion: Dr. Vyas is in violation of the May 12, 2008, Consent Order.

Board Action: The license to practice medicine and surgery of Dr. Vyas was revoked effective April 1, 2013. The REVOCATION is STAYED pending Circuit Court Action, and the terms of the May 12, 2008, Consent Order remain in effect.

WILSON, JAY D., P.A.-C. – Parkersburg, WV (6/12/2013)

WV License No. 01328

Board Conclusion: Probable cause exists to deny licensure to Mr. Wilson relating to the commission of an offense against any provision of state law related to the practice of physician assistants, or any rule promulgated under the law; relating to prescribing a prescription drug, including a controlled substance under state or federal law, other than in good faith and in a therapeutic manner in accordance with accepted medical standards; relating to prescribing a controlled substance to or for himself, or to or for any member of his immediate family, and; relating to failure to keep written records justifying the course of treatment of a patient.

Board Action: Mr. Wilson is granted License No. 01328 subject to the following conditions: Mr. Wilson's license shall be immediately suspended, and the suspension stayed, with Mr. Wilson's license being placed on PROBATION for a period of three (3) years, subject to his compliance with the terms and conditions of this Amended Consent Order.

PHYSICIAN ASSISTANT HINTS & TIPS

by Amy C. Callihan, CMCO

During the past several months the Board has become aware of a growing number of physician assistants who have been found to be prescribing medications without approval by the Board of Medicine. This is a clear violation of the Medical Practice Act and related Rule 11 CSR 1B for which a physician assistant and their supervising physician, who is responsible for the oversight of all duties performed by the physician assistant, may and have been disciplined by the Board of Medicine.

To avoid this serious infraction from occurring please keep the following in mind:

- Before any physician assistant licensed through this Board may prescribe in West Virginia, or any other state in the country, they must have State Board approval to do so.
- Registration with the DEA does not give you approval to prescribe in any state. It merely indicates that you have met federal requirements to prescribe in the state where you are practicing, and makes the federal government aware of your intention to prescribe controlled substances.
- To obtain prescriptive writing privileges, a physician assistant, in conjunction with his or her supervising physician, must complete the Prescription Writing Privilege (PWP) application and incorporated formulary. Once this application is completed and submitted, it will be considered for approval by the Board at its next scheduled meeting.
- Submission of the physician assistant application for Prescriptive Writing Privileges does not immediately become effective. Board staff cannot approve this privilege, it must be presented for consideration at the next scheduled meeting of the Board.
- PWP applications must be accompanied by a “proof” of a paper prescription and/or copy of an electronic prescription. (Examples produced on a desktop computer using Microsoft Word or similar software are not acceptable).
- If a physician assistant deletes, adds, or changes a supervisor or location of practice and desires to continue prescribing under different circumstances, a new PWP application indicating these changes must be completed and submitted to the Board for approval.
- The Board requires physician assistants working in school based or mobile settings to indicate their place or practice. However, a separate PWP application for each site is not required. Physician assistants may use the prescription for his or her primary clinic’s main office under such circumstances.
- When working for a large corporation or institution, a physician assistant must list his or her employer as well as each physical site where they will be practicing. In an institution such as a hospital, this will include each division and/or department and their supervising physician for each location within the division and/or department.

The broader elements which must be kept in mind when supervising a physician assistant or practicing as a physician assistant include:

1. One of the most fundamental premises for practice of a physician assistant is that they operate as an extension of his or her supervising physician(s). This is a different treatment philosophy not found in other mid-level health professionals. As the emphasis upon the physician led team grows in the evolving health care system, this premise also grows in importance.

continued page 4

PHYSICIAN ASSISTANT HINTS & TIPS

by Amy C. Callihan, CMCO

continued from page 3

2. The responsibilities of a supervising physician is not merely to be available to a physician assistant for needed consultation, but includes personal supervision and observation of the practice of a physician assistant. Physician assistants are considered by law to be an extension of the supervising physician within that physician's scope of practice. Proper supervision is particularly necessary for new or beginning physician assistants.
3. Licensing and certification to practice as a physician assistant and prescribe medications in any state is a considered a privilege. The responsibility for gaining such privilege lies with each individual physician assistant and his or her supervisor to gain approval through the state Board of Medicine. It is not the responsibility of your employer, and it is strongly advised for your own protection to take responsibility for your own applications to the Board and be cognizant of what you are requesting. Unfortunately, we have seen untimely and inaccurate applications being sent on behalf of a physician assistant which exposes the physician assistant and the supervising physician to unnecessary delays in licensure or change approvals and, in some circumstances, disciplinary action by the Board.

The requirements and expectations of a practicing physician assistant are found in the West Virginia Medical Practice Act at W. Va. Code §30-3-16, and in Legislative Rule 11 CSR 1B, both of which are readily accessible on the Board's website. Upon completion of the physician assistant application each physician assistant and his or her supervising physician(s) attest by their signature that they have read and understand them and are held accountable to them by the Board. If you are unclear of any aspect of your practice or responsibilities as a physician assistant or supervising physician, the Board strongly urges you to refresh yourself with these requirements.

You can e-mail our Physician Assistant Coordinator with any specific questions and/or concerns at Amy.C.Callihan@wv.gov.

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Changes Are In Effect for Physician and Podiatrist CME Requirements

During the recent legislative session, changes were made to 11 CSR 6, incorporating modifications to the continuing medical education requirements for physicians and podiatrists. Please take time to review the modifications to this legislative rule, including the newly developed definitions section, as this legislative rule now incorporates a CME requirement for the completion of three hours of drug diversion training and best practice prescribing of controlled substance training for all licensees, beginning with the June 2014 license renewal period. In addition, physicians are now permitted to satisfy more CME hours with ABMS certification and recertification, as well as obtain CME credit for Maintenance of Certification activities. Finally, the new 11 CSR 6 also limits the CME documentation production requirement for physicians and podiatrists who seek to return to the active practice of medicine or podiatry in West Virginia.

New CME Requirement for Drug Diversion Training and Best Practice Prescribing of Controlled Substance Training

Beginning with the June 2014 renewal period, licensees are required to complete three hours of CME in a Board-approved course for drug diversion training and best practice prescribing of controlled substance training during each reporting period. Due to the effective date of this component of 11 CSR 6, physicians and podiatrists who renewed in June 2013 will not have to satisfy this CME requirement until the June 2015 renewal process. Licensees who renew in June 2014 are obligated to comply with this requirement.

An online training course which may be used to satisfy this CME requirement has been developed and is available online through the Board's website (see Page 1 of this Newsletter). Additionally, licensees who are renewing in June 2014 may utilize the conferences on drug diversion training and best practice prescribing of controlled substance training that have been approved by the Board since July 1, 2012, to satisfy this requirement.

Physicians and podiatrists who have not prescribed, administered or dispensed any controlled substances during the entire previous reporting period may obtain a waiver to be exempted from this CME requirement. Waiver requests do not need to be made prior to renewal. To facilitate the waiver process and limit the paperwork burden on licensees, the waiver request will be incorporated into the renewal application. A separate waiver form does not need to be submitted. For example, if a licensee is renewing his or her license in June 2014, and did not prescribe, administer or dispense any controlled substances whatsoever between July 1, 2012, and June 30, 2014, he or she can attest to this fact on the renewal application to obtain a waiver from the three hour drug diversion training and best practice prescribing of controlled substance training CME requirement.

Expansion of Physician CME Credit for ABMS Certification, Recertification and MOC

Effective immediately under the new rule, a physician may receive up to forty-seven (47) hours of CME credit for passing a certification or recertification examination and obtaining certification or recertification from an American Board of Medical Specialties (ABMS) member board. Previously, physicians could only receive twenty five hours of CME credit for certification or recertification by an ABMS member board. In addition, the Board will now award up to forty-seven (47) CME credits to physicians who "provide documentation of successful involvement in maintenance of certification" (MOC) from an ABMS member board "during the two years subsequent to the last medical license renewal in West Virginia." 11 CSR 6-3.2.3. Please note that a physician may only receive CME credit for certification, recertification and MOC activity for an ABMS member board. Such activities that are associated with non-ABMS member boards are not eligible for CME credit.

continued on page 6

Expansion of Physician CME Credit for ABMS Certification, Recertification and MOC

continued from page 5

For physicians who receive a waiver from the three hours of drug diversion training and best practice prescribing of controlled substance training because they have not prescribed, administered or dispensed controlled substances during the previous reporting period, up to fifty hours of CME credit is available for ABMS member board certification, recertification and MOC activities which occur during the reporting period.

CME Requirements for the Reactivation of a License

The modified 11 CSR 6 also establishes guidelines for the production of CME documentation by a former licensee who has held an expired license for greater than one year and who seeks to reactivate his or her West Virginia physician or podiatrist license. Effective June 1, 2013, formerly licensed physicians and podiatrists who seek to return to the active practice of medicine or podiatric medicine in West Virginia must provide documentation of 50 hours of successfully completed CMEs for the two full and complete renewal cycles immediately preceding the reactivation request. This language substantially limits the burden previously placed upon physicians and podiatrists who formerly practiced in West Virginia, have been absent from this state for a number of years, and who wish to return to active practice in this State.

How Do These Changes Affect Me?

For podiatrists, there was no change for the June 2013 renewal period. Beginning with the June 2015 renewal cycle, podiatrists should either complete three hours of CMEs in drug diversion training and best practice prescribing of controlled substance training through a Board-approved course or obtain a timely waiver from the Board through the renewal process. All other CME requirements and categories for podiatrists remain unchanged.

Physicians renewing in June 2013 satisfied their CME credits through the traditionally accepted criteria (up to 20 hours for teaching medical education courses or lecturing to medical students or residents, and successful completion of Category I CMEs) or through an ABMS member board certification, recertification or MOC activity which occurred between July 1, 2011, and June 30, 2013.

Physicians renewing in June 2014 and thereafter must either complete three hours of CMEs in drug diversion training and best practice prescribing of controlled substance training through a Board-approved course or obtain a timely waiver from the Board through the renewal process. The remaining 47 CME credit hours (or 50 CME credit hours if a waiver is obtained) may be satisfied through traditionally accepted methods (up to 20 hours for teaching medical education courses or lecturing to medical students or residents, and successful completion of Category I CMEs), or through an ABMS member board certification, recertification or MOC activity which occurred during the applicable reporting period. Thirty CME hours must be related to the physician's area or areas of specialty.

Physicians and podiatrists who have held expired licenses for greater than one year and who wish to reactivate their West Virginia licenses should be prepared to provide documentation of successful completion of 50 hours of CME for each of the two complete reporting periods preceding their request for reactivation.

All physicians and podiatrists are encouraged to review the revised rule and become familiar with the changes to their respective continuing medical education obligations. The rule is available on the WVBOM website at http://www.wvbom.wv.gov/CSR_11_06.asp.

LICENSE RENEWAL - 2013

As of June 30th, the West Virginia Board of Medicine completed its annual license renewal for all medical doctors whose last name began with the letters M through Z, and all podiatrists. A total of 3,195 medical doctors and 121 podiatrists were eligible to renew their licenses this year. From this total, 2,596 medical doctors and 97 podiatrists renewed their licenses in ACTIVE status. An additional 261 medical doctors and 12 podiatrists renewed in INACTIVE status. Further, 338 medical doctors and 12 podiatrists chose to no longer hold a license in West Virginia.

Of those medical doctors and podiatrists who did renew their licenses, 81% renewed online. The Board of Medicine will continue to increase its efforts to improve the online renewal system with the ongoing goal of this system serving as the primary vehicle for the renewal process.

In order for the Board to communicate to you important notices and relevant information, it is essential that you notify the Board of any and all address and e-mail changes which occur. Please note that there is a Change of Address Form located on the Board's website at <http://www.wvbom.wv.gov/forms.asp>.

BREAKING NEWS FOR NEW APPLICANTS

With the recent passage of Senate Bill 214, which amends and reenacts §30-3-10 of the Code of West Virginia, 1931, effective July 1, 2013, the long-standing requirement of mandatory face-to-face interviews for all initial and reactivating licensure applicants has been eliminated in certain circumstances; and authorizes the Board to require applicants, on a case-by-case basis, to appear for a personal interview or to produce original documents for review by the Board.

Applicants whose applications do not require additional review or an appearance before the Licensure Committee prior to recommendation to the Board will be complete upon receipt of all supporting documentation and the applications will be placed on the next available Board agenda pending approval. The licensure agenda deadlines are fifteen (15) days prior to the Board's published meetings.

Staff of the West Virginia Board of Medicine 304.558.2921		
Ext #		
70005	Robert C. Knittle, M.S.	Executive Director
70009	Jamie S. Alley, Esq.	Board Attorney
70001	M. Ellen Briggs	Executive Assistant
70002	Amy C. Callihan, CMCO	Physician Assistant Coordinator
70000	Tina R. Gay	Paralegal
70003	Leslie A. Inghram, CMBI	Supervisor of Investigation and Complaints
70004	Kimberly R. Jett	Receptionist/Certification and Verification Coordinator
70006	Austin R. Miller	Information Systems Manager
70008	Charlotte Ann Pulliam	Complaint Coordinator
70010	Deborah D. Scott	Fiscal Officer
70021	Gil Thomas	Information Systems Coordinator
70011	Sheree J. Thompson	Licensure Analyst
70012	Teresa L. Westfall	Records Management Assistant

PHYSICIAN ASSISTANT LEGISLATIVE RULE 11 CSR 1B REVISED DURING RECENT LEGISLATIVE SESSION

The 2013 Legislative Session was an important one for the Board of Medicine as three separate Rules were up for consideration, one of them being 11 CSR 1B. All three successfully passed during the session. Unlike previous years, these Rules were made effective upon passage and are now fully in effect. A number of important amendments and additions were made to Legislative Rule 11 CSR 1B, which are noted as follows:

- In compliance with W. Va. Code §30-1-7a, as of July 1, 2013, physician assistants who are approved by the Board to have prescription writing privileges and/or possess a DEA certificate must now complete a minimum of three (3) hours of Board-approved continuing medical education in the areas of drug diversion and best practice prescribing of controlled substances. The Rule also provides for a waiver of this requirement if a physician assistant can attest on a form provided by the Board of Medicine that he or she has not prescribed, administered, or dispensed a controlled substance during the entire two (2) year reporting period at the time of renewal.

The Rule also clearly sets out 11 criteria necessary for Board approval of drug diversion and best practice prescribing of controlled substances training for those who are considering offering such training.

- Effective July 1, 2013, a physician assistant shall provide evidence of completion of a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training within two (2) years prior to his or her application submission to the Board for limited prescription privileges.
- The Rule now permits the issuance of a temporary license to those physician assistants previously licensed in West Virginia, whose license has been expired or terminated for less than one (1) year in most circumstances.
- Physician assistants are now permitted to prescribe an annual supply of any drug other than a controlled substance for the treatment of a chronic condition as defined under 2.1.c. of this Rule. The Board strongly advises any physician assistant and their supervising physician to read and understand the definition of "chronic condition" before writing annual supplies of any such drug.
- The Rule has deleted language in section 14.3 pertaining to the physician assistant formulary thereby allowing the formulary to be streamlined and less cumbersome.
- Physician assistants may now prescribe anticoagulants.

The Rule also refines and adds definitions for "Antineoplastics," "Controlled substances," "Opioid," and makes the distinction between "Direct supervision" and "Personal supervision."

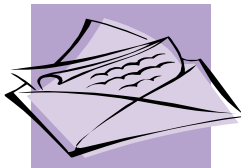
These are important changes that have a meaningful impact upon the practice of physician assistants and the supervision of physician assistants. It is strongly urged that physician assistants and their supervisors take the time to review this Rule, which is available through the following link: http://www.wvbom.wv.gov/CSR_11_01B.asp.

DNR NOTICE FOR PHYSICIAN ASSISTANTS

At the recommendation of the Physician Assistant Committee, the full Board at its meeting on July 8, 2013, approved the determination that signing Do Not Resuscitate (DNR) orders falls within the scope of practice of physician assistants.

DUPLICATE WALLET CARDS

The Board's website (<http://www.wvbom.wv.gov/forms.asp>) now has a Duplicate Wallet Card Request Form for medical doctors, podiatrists, and physician assistants to use when requesting a duplicate wallet card.



CHANGE OF ADDRESS INFORMATION

The Board's website (<http://www.wvbom.wv.gov/forms.asp>) contains a change of address form. By law, all licensees of the Board of Medicine must keep the Board apprised of any and all address changes. The preferred mailing address of a licensee is the licensee's address of record and is public information. Personal telephone numbers and personal e-mail addresses are not public information.

E-MAIL ADDRESSES



Since the Board is no longer mailing paper copies of its newsletter, it is important that you keep it apprised of your current e-mail address. As licensees of this Board, you are charged with knowledge of the contents of each newsletter.

To provide a current e-mail address, please send an e-mail containing your name and license number to the Board at www.wvbomnewsletter@wv.gov.

All newsletters may be accessed at our website at <http://www.wvbom.wv.gov/newsletter.asp>. Publication dates are: January, April, July, and October.

WEST VIRGINIA BOARD OF MEDICINE 2013 MEETINGS

July 8
September 9
November 18

ALL BOARD MEETINGS BEGIN AT 9:00 A.M.