

# West Virginia Board of Medicine

December 2018

Upcoming Board Meetings

January 14, 2019

March 11, 2019

May 20, 2019

## Letter from the President

by Kishore K. Challa, MD

This column is my first chance to greet all the 7,000 physicians, 120 podiatric physicians and nearly 1,000 physician assistants licensed by the West Virginia Board of Medicine since my election six months ago. As I said at the time, I am honored to accept this opportunity to lead this outstanding group of board members and staff. We all have a responsibility that we take very seriously, and we are most fortunate to have an organization that is up to the challenge.



Dr. Challa

We have also had the opportunity in recent weeks to welcome two new Board members – Dr. Jonathan P. Lilly and Dr. Catherine C. Slemp. Gov. Jim Justice appointed Dr. Lilly to our Board to replace Dr. Matthew Upton, who chose not to seek reappointment because of growing professional obligations. We certainly appreciated his commitment and expertise

during his time on the Board. Rev. O. Richard Bowyer's term also expired at the end of September, but he has agreed to stay on until the Governor can identify a successor.

Dr. Lilly, whose appointment officially was confirmed by the state Senate on Dec. 10, is board certified in family practice and is affiliated with Dunbar Medical Associates. He is a 1989 graduate of Marshall University's Joan C. Edwards School of Medicine. He is serving on our Licensure and Physician Assistant committees. His term will expire on Sept. 30, 2023.

Dr. Slemp was appointed interim state health officer and commissioner of the Bureau for Public Health (BPH) effective Nov. 8, replacing Dr. Rahul Gupta, who accepted a national post with the March of Dimes. She is serving ex officio as secretary of the Board, and also serves on the Executive/Management and Legislative committees.

Dr. Slemp previously served

as acting state health officer for BPH from 2002 to 2011. More recently, she has worked as a public health consultant for governmental, academic, professional and community organizations since 2011, and as a relief and development coordinator for the Episcopal Diocese of West Virginia since

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September 2016. She holds a bachelor's degree in biochemistry from Princeton University, a master's degree in public health from Johns Hopkins School of Hygiene and Public Health, and a medical degree from Duke University School of Medicine.

I would also like to update you on the educational permits the Board now issues for allopathic physician interns, residents and fellows under a new law passed by the West Virginia Legislature in 2018. The Board's emergency rule regarding the permits is now in effect and the Board has

been accepting applications for several months.

As of mid-December, in fact, the Board has issued 105 permits. As you might recall, the legislation requires all allopathic postgraduate training participants to hold an educational permit or medical license by July 1, 2019. The permits issued to date have been for those residents and fellows who wanted to opt in early. The permits issued prior to July 1, 2019 will expire on June 30, 2019. Permits may be renewed on an annual basis for the pe-

riod of July 1 through June 30 of each year and cost \$100.

The Board has adopted a Strategic Plan as the result of our Oct. 13 planning session attended by senior staff and board members. This second annual session, gives us a roadmap for the coming calendar year, and prompts us to allocate our time and resources most efficiently to meet our goals, in keeping with our Mission, Vision and Core Values.

Finally, you should also be aware that our Board formed an ad hoc committee to address any common legislative issues with other affinity groups such as the Board of Pharmacy, the Board of Osteopathic Medicine, and others. The committee will meet on an as-needed basis and report back to the full Board any identified challenges or opportunities.

This is an effort to formalize communication with other boards or health care groups, and to act proactively as a resource to lawmakers and others in state government. The committee will focus on such issues as current trends in medical regulation, joint responses to current issues, etc. The committee is composed of the Board president and vice president, and supported by staff. The president may appoint other Board members as needed.

I'm looking forward to the coming year as we all work to ensure the health and safety of our fellow West Virginians.

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## Quarterly Overdose Reporting Required

All health care providers, pharmacies, medical examiners, law-enforcement agencies, prosecuting attorneys, police departments, emergency response providers and hospital emergency rooms are required to report suspected, reported or confirmed overdoses to the West Virginia Office of Drug Control Policy on a quarterly basis.

The requirement is the result of legislation which became effective earlier this year. For the current reporting period, the deadline to report cases which occurred between Oct. 1 and Dec. 31 is Jan. 31, 2019.

The Office of Drug Control Policy had developed a fillable form for this reporting requirement, and accepts reports via mail, fax and email. Please do not send your overdose reports to the West Virginia Board of Medicine, as the Board does not collect this data.

All questions regarding reporting requirements should be directed to:

WV Office of Drug Control Policy  
One Davis Square, East  
Suite 100

Charleston, WV 25301

Phone: (304) 558-8886

Fax: (304) 558-7075

[DHHRODCPReporting@wv.gov](mailto:DHHRODCPReporting@wv.gov)

# Board Update: **Dr. Kishore Challa - President** **Dr. Ashish Sheth - Vice President**

South Charleston cardiologist Dr. Kishore K. Challa has been elected to serve a two-year term as president of the West Virginia Board of Medicine, while Cross Lanes internal medicine specialist Dr. Ashish P. Sheth was elected to a two-year term as vice president.

The election took place during the regular bimonthly meeting of the WVBOM on July 9 in Charleston. Challa and Sheth officially began their new duties the following day.

Challa succeeded Dr. Ahmed D. Faheem as president of the 16-member board. Faheem, a Beckley psychiatrist, had served as president for the past four years. Challa had served as Faheem's vice president for the past two years.

Challa, president of South Charleston Cardiology Associates, began his medical education in his native India, and then moved to the U.S. to complete a medical residency and cardiology fellowship at Coney Island Hospital in New York. After completing his training in interventional cardiology at New York Medical College, he and his family moved to Charleston in 1989.

Challa has served as the chief of staff at Thomas Memorial Hospital. He is board certified in internal medicine and cardiology, is a fellow of the American College of Cardiology,

and a member of the American College of Chest Physicians and the Kanawha Medical Association. In February 2013, he was presented with the Distinguished West Virginian award by Gov. Earl Ray Tomblin, and in 2014 received the American Heart Association's Heart of Gold award.

Challa now chairs the board's Executive/Management and Personnel committees, and serves on the Legislative Committee. He was originally appointed to the board in January 2013 and reappointed by Gov. Jim Justice in October 2017.

Like Challa, Sheth began his

medical education in India before completing his residency in internal medicine at Jersey Shore Medical Center. He is affiliated with Thomas Memorial Hospital, where he has served on the hospital's Peer Review Committee since 2005. Additionally, in 2005 he served as chairman of the Department of Medicine and Family Practice.

He now serves on the Board's Executive/Management, Legislative, Complaint and Personnel Committees.

Sheth and his wife, Falguni, who is a respiratory therapist, operate the medical practice WV Primary Care.

## Medical Corporations and PLLCs

### Did you know ...

- It is unlawful for a medical corporation or professional limited liability company (PLLC) to practice or offer to practice medicine and surgery or podiatry in West Virginia without a valid certificate of authorization issued by the Board of Medicine?
- Effective May 1, 2012, Board of Medicine Rule 11 CSR 7, Formation and Approval of Professional Limited Liability Companies, was amended to require that a PLLC with one or more members must registered with the Board of Medicine? Prior to this date, a PLLC with just one member

only needed to be registered with the West Virginia Secretary of State's Office.

- Any officer, shareholder or employee of a corporation who violates W. Va. Code §30-3-15(n) may be guilty of a misdemeanor and, upon conviction thereof, may be fined not more \$1,000 per violation?

Information regarding medical corporations and PLLCs is available utilizing the links below.

[Certificate of Authorization Requirements for Medical and Podiatry Corporations](#)

[Formation and Approval of Professional Limited Liability Companies](#)

# 2019 Legislative Preview

The approaching first session of the 84th West Virginia Legislature likely will include action on a variety of health care topics, both new and familiar, from the state's ongoing battle against Substance Use Disorder, to telemedicine, to practice options for physician assistants, to disputes over pre-authorization policies between physicians and insurers.

The session, which begins Jan. 9, will bring three dozen new members of the House of Delegates to Charleston, along with five new state senators. Senate President Mitch Carmichael and new House Speaker Roger Hanshaw (who replaces now-Supreme Court Justice Tim Armstead) have made several changes to leadership positions and committee chairmanships in their respective chambers, with more to come.

Carmichael named Sen. Tom Takubo, DO, to the critical role of Senate Majority Leader and Sen. Mike Maroney, MD, will replace Takubo as chair of the Senate Health Committee. Another physician, Dr. Richard Lindsay, defeated incumbent Ed Gaunch to win a Senate seat. Gov. Jim Justice subsequently named Gaunch to serve as his new Secretary of Commerce.

On the House side, Hanshaw named Delegate Amy Summers, who has a nursing background, to serve as his Majority Leader. Former Delegate Margaret Anne

Staggers, MD, an emergency room physician, returns to the House from the 32nd District.

The Legislature is expected to adjust the Opioid Reduction Act (Senate Bill 273) passed in 2018 to try to address confusion regarding limits on initial prescribing, as well as a provision requiring face-to-face reevaluation of patients every 90 days.

In September, the Joint Committee on Health endorsed a draft bill regarding the regulation of electronic prior authorization procedures for insurance programs and managed care. Gov. Jim Justice vetoed Senate Bill 442 following the 2018 regular session, citing a provision that would have voided current contracts governing prior authorization. That provision has been removed. Under the new draft, to be introduced during the upcoming regular session, the Public Employees Insurance Agency (PEIA), managed care organizations and commercial insurers would develop universal prior authorization requirements and forms by Oct. 1, 2019 and accept electronic prior authorization requests by July 1, 2020.

In November, the Joint Committee on Children & Families asked legislative counsel to draft a bill to eliminate the current review of medical exemption applications by a state immunization officer. Exemption applications would instead be

completed by family practice physicians and granted at the local level, without state oversight. Brian Skinner, general counsel for the state Department of Health and Human Resources, told the committee that the state currently approves more than 90 percent of exemption applications.

The Legislature is expected to address banking issues associated with the stalled Medical Cannabis Act of 2017. Under a draft bill known as the Medical Cannabis Banking Act, crafted by several House delegates in May, the State Treasurer's Office would establish a payment processing system to monitor and facilitate financial transactions by and between caregivers, dispensaries, growers, processors, patients, physicians, and state government entities. The Treasurer's Office has explored two banking options – creation of a "state bank," and adoption of a "closed loop" system; either would require legislation.

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# Board Actions

June 2018 through November 2018

**Joy Jeannine Juskowich, MD**  
6/5/2018 – Probation of License  
[Consent Order](#)

**Steven Scott Melek, DPM**  
7/9/2018 – Voluntary Surrender  
of License  
[Consent Order](#)

**Thomas Jay Belford Jr., PA-C**  
8/15/2018 – Probation of License  
[Consent Order](#)

**Steven Ray Smith, MD**  
8/30/2018 – Public Reprimand  
[Consent Order](#)

**Munawar Siddiqi, MD**  
9/10/2018 – Termination of Con-  
sent Order  
[Consent Order](#)

**Sylvanus Osomoba Oyogoa,  
MD**  
9/10/2018 – Public Reprimand  
[Consent Order](#)

**William Amaro San Pablo, MD**  
10/7/2018 – Suspension of Li-  
cense  
[Board Order](#)  
10/10/2018 – Voluntary Surren-  
der of License  
[Consent Order](#)

**Sarah Leigh LaSala, PA-C**  
11/5/2018 – Termination of Con-  
sent Order  
[Consent Order](#)

**Tod Hagins, MD**  
11/13/2018 – Voluntary Surren-  
der of License  
[Consent Order](#)

**David Allen Moore, PA-C**  
11/28/2018 – Public Reprimand  
[Consent Order](#)

## Application-Related Actions

**Kenneth Jude Emch, DPM**  
6/21/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Livio Romani, MD**  
6/27/2018 - Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Robert Andrew Dale, DPM**  
8/30/2018 – Limitation or Restriction  
on License/Practice  
[Consent Order](#)

**Carol M. Williams, PA-C**  
10/18/2018 – Public Reprimand  
[Consent Order](#)

## CME Audit Actions

**Efrain Perez-Rivera, MD**  
6/27/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Nayan Kantilal Zinzuwadia, MD**  
8/13/2018 - Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**William Michael Skeens, MD**  
8/13/2018 - Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Lesley Wong, MD**  
8/30/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Arthur Magno Santos, MD**  
8/30/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Thomas Robert Walther, MD**  
8/30/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Magued Raafat Rizk Edouard  
Meawad Rizk, MD**  
8/30/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Tinofa Ozias Muskwe, MD**  
8/30/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Matthew Frederick Way, MD**  
8/30/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**James M. Dauphin, MD**  
10/2/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Curtis Jeffrey Thwing, MD**  
10/18/2018 – Administrative  
Fine/Monetary Penalty  
[Consent Order](#)

**Michael Joel Shuster, MD**  
11/5/2018 – Administrative Fine/  
Monetary Penalty  
[Consent Order](#)

**Roger Lee McCauley, MD**  
11/8/2018 – Other License Ac-  
tion  
[Consent Order](#)

# Medical Experts Needed

The West Virginia Board of Medicine seeks physician experts to perform case record reviews and provide witness testimony in disciplinary cases that may come before the Board. These cases may involve accepted standards of care, determinations of the quality of care provided to patients, prescribing, scope of practice or other medical/legal issues that require outside expertise.

Although the Board of Medicine itself includes many practicing physicians, outside practitioners with similar training to that of the physician under investigation often are needed to review records and provide a report to the Board. The expert witness also may be called by the Board to provide testimony in an administrative hearing if formal charges are filed or disciplinary action is taken.

Interested practitioners should have an unrestricted West Virginia license, and current American Board of Medical Specialties certification. They must be well versed in the applicable standards of care for their areas of medical specialty. They must not have been the subject of recent Board actions or investigations in any state.

Physician experts will be provided with information needed to reach an opinion about the care provided by the subject of the investigation. This may include medical and billing records, diagnostic tests, consultative medical records from other physicians, and the subject's response to the investigation.

The Board of Medicine offers a reasonable rate of reimbursement for such reviews and consultations, with contracted amounts commensurate with the demands of a particular case.

## For more information:

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Executive Director

WV Board of Medicine

101 Dee Drive, Suite 103 Charleston, WV, 25311

Phone: (304) 558-2921

[Mark.A.Spangler@wv.gov](mailto:Mark.A.Spangler@wv.gov)

# Improving Cause of Death Reporting

The National Center for Health Statistics within the Centers for Disease Control and Prevention has released a web-based training module on "Improving Cause of Death Reporting."

Improving the quality of cause of death information is one of the major priorities of the National Vital Statistics System. Although many physicians and physician assistants, particularly those in specialties where patient deaths are not uncommon, are quite knowledgeable about this process, many others are undertrained in the general concepts of certification of cause of death. Lack of training often leads to unnecessary delays in the filing of death certificates and poor mortality data at the state and national levels.

The training module is designed to increase knowledge and improve the competency of those who certify cause of death. The goal of this educational activity is to provide training on how cause of death information is used, how to fill out death certificates, when to refer a case to a medical examiner or coroner, and where to access additional resources. Those who complete the training, fill out a course evaluation, and pass the post-test can earn continuing medical education credits.

If you are interested, or know someone who may be interested, access the [course summary](#), or the [course](#) itself.

## Contact Information

All licensees must provide the board with timely notice of all changes of address, including email addresses. A valid email address is important for licensees to receive notifications from the board regarding news releases and licensure renewal.

Click on the link below to access the Licensee Change of Contact Information section of the board's website. Please be advised that your preferred contact information, although not published, may be subject to release pursuant to a public records request.

[Licensee Change of Contact Information](#)

# Closing or Departing from Practice

The closing or winding down of a medical practice, or other departure from a practice or practice setting, can be a major change in a physician's professional life. This change can occur for a variety of reasons:

- An independent practitioner retires or closes their practice;
- A physician retires or departs from a group or multi-practice setting;
- A physician joins a competing practice;
- A physician stops seeing patients on short notice because of a sudden health condition, a need to seek treatment for alcohol/chemical abuse or dependency, or because of actions taken by or with the West Virginia Board of Medicine such as a non-practice agreement, suspension or revocation of a license; or,
- A physician unexpectedly dies or abandons his or her practice.

Associated with this type of change are specific professional challenges and practical obligations. In addition to business and legal considerations, a practitioner's departure requires careful consideration of how to facilitate continuity of patient care, and creation of a plan to ensure required maintenance and access to patient medical records. The purpose of this article is to highlight these and other important issues that should be part of a physician's decision-making process.

## Prepare for the Unexpected

Regardless of size or composition, medical practices should have safeguards in place to protect access to patient medical records and assist in the transition of patient care from the departing physician. This is especially important for independent practitioners and/or small practice groups, where the departure or sudden unavailability of a physician (because of illness, incapacitation or other unexpected absence) may have significant consequences to the practice and/or the patients of the practice.

Planning ahead for a potential closure or departure, particularly if a third party will have to

carry out this plan, is often the only way that sudden and/or unexpected departures or closures can be effectively managed without adverse consequences to patients, such as a delay in receipt of or a loss of important medical records. When a physician unexpectedly passes away or abandons a practice, the physician's estate and/or a collective professional community effort may be required to address the resulting void.

Physicians who are employed by groups or institutions may find that their employment agreement or contract delineates some of these responsibilities. However, a physician is responsible for ensuring that appropriate steps are taken to discharge his or her ethical obligations toward patients as he or she transitions from a group or practice setting.

Continuity of patient care is a primary concern. The transfer of patients in a group setting may be relatively uncomplicated. However, when a physician departs one practice setting to join or establish a competing practice, issues of patient choice may come into conflict with employment agreements. Care should be taken in the beginning of an employment relationship to delineate the rights, ethical obligations and responsibilities of the parties with respect to how a physician's departure will be handled, and how patient notification and patient medical records will be handled.

## Best Practices

When a medical practice closure timetable allows, physicians should engage in a conscious and methodical winding down of a medical practice. The following are suggested best practices for the planned closure of a medical practice.

First, ensure proper notice is provided to patients as well as all interested governmental entities and other organizations.

The following are best practices for notifying patients:

- Send current patients (i.e. established, continuing care patients who have been seen

*(continued on page 8)*

## **Closing Practice** *(continued from page 7)*

within the last year and/or patients who have future appointments scheduled) written notification of the office closure with instructions on how they may obtain access to their medical records.

- Place a notice on the door or near the reception desk of your practice at least 30 days in advance of the closure;
- Notify patients arriving for appointments about the closure by the physician or staff during their appointment;
- Notify patients at high risk without ongoing care as soon as possible by certified mail and/or telephone to ease their transfer to another provider. If telephone contact is utilized, the date and substance of the conversation should be recorded in the patient record;
- Place an ad in newspapers which serve the geographical areas of the practice's patient population at least 30 days prior to closure with information regarding access to patient medical records; and,
- Post a notice online and send via e-mail, if the practice has a website or uses e-mail to communicate with patients.

### **Other Related Contacts**

It may also be helpful to provide closure notification to all or some of the following entities:

- Vendors and service companies.
- The Centers for Medicare and Medicaid Services, if the practice is a Medicare/Medicaid participant;
- The U.S. Drug Enforcement Administration, if the practice maintains controlled substances on the premises. The DEA may be able to advise and assist you in ensuring that all controlled substances are safely secured or properly destroyed;
- All state Board of Pharmacy Controlled Substance Monitoring Programs which the practice utilizes or has utilized in the past;
- The physician's professional liability carrier;
- The West Virginia Board of Medicine, which should be advised of: (1) the closure of or any

change of ownership associated with a medical corporation or PLLC; (2) the cessation of drug dispensing practice at a medical practice; and/or, (3) the termination of any supervisory agreement with a physician assistant.

### **Physician Assistants**

With increasing frequency, departure from or closure of practice often involves physician assistants (PAs). The relationship between a physician assistant and a patient is very important and may be long-term. This is particularly true for those PAs who work at sites where a physician is not always physically present.

Notification of patients by a practice regarding the departure of a PA should follow the same processes as noted above for physicians. If a collaborating physician is departing a practice, a PA must notify the Board of Medicine that the practice agreement with that physician has terminated. The affected PA may not practice at that location until or unless he or she, in conjunction with a new collaborating physician, submits a new practice agreement which is approved by the board.

### **Transfer and Retention of Medical Records**

The closure of a medical practice or the departure of a treating physician does not void a physician's obligation to make a patient's medical records available to the patient or a subsequent provider. Closure notifications should provide patients with clear information about how to obtain medical records and should give the patient an adequate opportunity to request and obtain such records.

At a minimum, patients should receive 30 days' notice of how to request and receive medical records. Ideally, a closing practice can enter into an agreement with another local practice to be designated as the records custodian of unclaimed patient records to safeguard and distribute patient records after the final closure date.

For more information about medical records, refer to the article on [page 12](#).



# New Licensees: June 2018 through Nov. 2018

The West Virginia Board of Medicine issued 441 medical doctor licenses, six podiatric physician licenses and 62 physician assistant licenses for the period of June through November 2018.

(\* indicates Interstate Medical License Compact pathway for 66 MDs) Congratulations to:

## MEDICAL DOCTORS

### A - B

Abdelsattar, Jad M.  
Abdul Ghaffar, Yasir  
Abel, Matthew Joseph  
Abell, Edward  
Abou Mrad, Rachel  
Abouzelam, Zenoun Omar  
Abramski, Stanley Francis\*  
AbuJamra, Lina May  
Adams, Francis Michael\*  
Adams, Samuel Schoen  
Aggarwal, Nitin Naresh\*  
Aggarwal, Hem Chand\*  
Aguilar, Kelly Melissa  
Aguilar, Maria Isabel  
Ahluwalia, Shamsheer Singh  
Akamangwa, Linus Ngante\*  
Akbar, Jalal Ud-din\*  
Al-Nassir, Kalil Ibrahim\*  
Albandar, Heidar Jasim  
Albeiruty, Ridwaan  
Aldawood, Ali Makki  
Alfaris, Mohamed  
Alhamoud, Hani Abdulmajeed  
Ali, Ayoob\*  
Aliihnuu Atanga, Pascal  
Alonso, Pedro Alberto  
Alreshidan, Mohammed  
Salah R.  
Amdemichael, Eden Tsehaye  
Amer, Magid Hashim  
Amer, Muhammad  
Amin, Saad Muhammad  
Amini, Erin Ashley  
Amireskandari, Annahita  
Angeline, Michelle Raney  
Arays, Ruta  
Arevalo Marcano, Casandra  
Arunagiri, Kousalya  
Ashley, Isaac Vernon  
Aubel, Troy Earl  
Ausi, Rami Mahfouz  
Aygun, Cengiz  
Aziz, Muhammad Adnan

Badami, Varun Mohan  
Baginski, Scott Garret\*  
Baker, Kenneth John  
Baker Rogers, Janna Elizabeth  
Balaraman, Yokesh  
Balderacchi, Jasminka Lijic

Barsoum, Emad Wagdi  
Basaly, Elmira Sadeghi  
Bayraktar, Ulas Darda  
Beeravolu, Lakshmi Reddy  
Bentley, Claire Marie  
Berchermann, Kathleen Mary\*  
Berdia, Jay  
Berger, Evan Michael  
Berger, Robert  
Berguer, Alexandra Marie  
Bernstein, Jane Ilana  
Berry, III, Wayne Jefferson  
Bewley, Christopher Scott  
Bhat, Vijay Rajendra\*  
Biglow, Rodney  
Bird, Richard Earl  
Blatt, Rebecca Jean\*  
Bleyle, Steven Benjamin  
Bommasamudram,  
Pavankumar  
Bourne, Thomas David  
Brackin, Phillip Snowden  
Bradley, Timothy Michael  
Britt, John Edward\*  
Brown, Jacqueline Carrie  
Buck, Derek Scott  
Budwany, Ryan Rahym  
Burnside, Patrick Russell  
Busis, Neil Amdur

### C - D

Campo, John Vincent  
Carlson, Nicole Lynn  
Carr, Melissa  
Carroll, Stephen Brent  
Carruthers, Katherine Hannah  
Casey, Gregory Dale  
Cassidy, Elaine Ann  
Castano, Ekaterina Borisovna  
Castellani, Jr., Rudolph Joseph  
Catlett, III, Richard Henry  
Cerone, Monica Maria  
Cespedes Rockley, Yvana  
Chaffin, Jesse Randall  
Chaker, Zakeih  
Chan, Melina Dias  
Chaudhari, Parag Narendra  
Chaudhary, Fahad  
Chen, Yi-Wen  
Cheng, Virginia Pearson\*  
Chiganos, Jr., Terry Chris\*  
Chill, Nicholas Michael  
Chizmar, Timothy Paul

Cho, Parina Gupta  
Chukwuma, Ifeanyi Chukwu  
Gabriel  
Clarke, Kerry Ann Guyer  
Coleman, Matthew Scott  
Conti, Alexander David Bryant  
Cook, Jodi Paige  
Cooper, Ruthie Shannon  
Cowher, Michael  
Cox, Marcus Felix  
Craig, Matthew Ramey  
Crigger, Chad Barrett  
Crum, Michael Ray  
Cruz-Schiavone, Sebastian  
Francis  
Cuda, Amanda Sue  
Cygan, David Joseph  
Dabous, Tamer A.

Davis, Kristin Hillari  
Davis, Charles Donavan  
Deci, Stephen Ellis  
Della Badia, Jr., John  
Dhanani, Dili  
DiCarlo, Christina Marie  
Dickey, David Hueglin  
Dixon, Ronald Fitzjohn  
Dominguez Molina, Nadia  
Vanessa  
Dorsey-Bornfreedom, Lisa  
Maria\*

Dosoretz, Arie Pablo  
Dudas, Lauren Marie  
Dunn, Chad Brian  
Duvall, Kayla Saunders  
Dye, Brian Schmid

### E - G

Echenique, Ana Maria\*  
Edwards, Cedric  
Elwood, Douglas Matthew  
Emmanuel, Milroy  
Saverianayagam  
End, Bradley Matthew  
Escuro, Erik Anthony Osin  
Espinal Santos, Miguel Antonio

Factor, Avi  
Faheem, Uzma Shamim  
Falah, Nadia A.  
Falcone, Justine Anne  
Farmer, Joseph Christopher\*  
Felix, Sherif Albert

Fenn, Eric Richmond  
Fenster, Michael Scott  
Flaherty, Michael John  
Ford, John Pegram  
Frey, Jessica Elizabeth

Gaber Saad, Marian  
Gardiner, James Estes  
Garg, Kavita\*  
Gargodhi, Galal Younis  
Gelman, Jack Jay  
George, Lynda-Marie Serene  
Eunice

Ghanem, Ammar  
Ghosn, Maha Yehia  
Gioia, Lauren Victoria  
Gladden, Karen Hyatt  
Glener, David Michael  
Goel, Akshay  
Goldberg, A nna Elizabeth  
Goldberg, David Joel\*  
Gonzalez Cadavid, Ana Maria  
Goodwin, Anika Saran\*  
Gopalarathinam, Rajesh  
Gordon, Wayne Houston  
Grabinski, Michael Stephen  
Granger, John Kent  
Gray, Bradley Wayne  
Greene, II, Michael David  
Grisez, Brian Thomas  
Grossman, Jeffrey Wayne  
Groves, Jeffrey Brooks  
Groves, Emily Kent  
Guerra, Luciana Maria  
Guiden, Darrius Patrick  
Guido, Amy Jo  
Guido, John Michael  
Guidry, Sandra Abreu  
Gul, Zartash  
Gutierrez Contreras, Jose  
Gutwein, Luke Gregory

### H - I

Haarbauer, Kelsey Lynn  
Hajouli, Said  
Hall, Samuel George  
Hamam, Hisham Doud\*  
Hanbazazh, Mehenaz Adly  
Hanlon, Sean Matthew  
Hardin, Brock Andrew  
Harrington, Cecilia Velarde  
Harris, Bill Herbert

*(continued on page 10)*

**New Licensees** *(continued from page 9)*

Hasan, Muhammad Yousuf  
 Hashefi, Mandana  
 Hegsted, Damian Alexander  
 Henderson, Patrick Glen  
 Hermann, Matthew David  
 Hill, Deborah Lynette  
 Hillman, Todd H.  
 Ho, Hao Chih  
 House, Nina Roberta  
 Howard, Philip Justin  
 Hussain, Fatima\*  
 Hutcheson, Grace Autumn  
 Hwang, Amy Ketcham

Ibrahim, John Wagdy William  
 Fahim  
 Ilagan, Michael Castillo  
 Ishigami, Shoji  
 Italia, Hirenkumar Damjibhai  
 Iyengar, Hari Varda\*

**J - M**

Jaffe, Thomas Michael  
 Johnson, III, Roy Lee  
 Jones, Brendan Adam

Kadura, Suha Muftah  
 Kalidindi, Priyanka  
 Kanagasabapathy  
 Kannabhiran, Dinesh  
 Kumar

Katz, Guy Edward\*  
 Kaump, Geoffrey Randall  
 Kaur, Sarbjit  
 Kazim, Salman\*  
 Kendall, Brian Scott  
 Kerchner, Angela Marie\*  
 Kerpi, Ermelinda  
 Kestenbaum, Matthew Guy  
 Khan, Safi Ullah  
 Khan, Adil Haleem  
 Khan, Muhammad Zia Ul Islam  
 Khan, Ahmad  
 Khraisha, Nesreen Salim  
 Khurshid, Imtiaz  
 Kieffer, Theodore William  
 Kietsunthorn, Patrick Sarapol  
 Kim, Joseph Hyoung Uk  
 Kim, Min Sang\*  
 Kim, Cathy Lee  
 Kirnus, Mikhail Davidovich  
 Koebele, Christopher Roman  
 Koepke, James Robert  
 Komolafe, Grace Iyabo  
 Koromia, George Kirenga  
 Kowcheck, Caitlin Marie  
 Kreiter, Laurie Lynn\*

Kristen, Nico Dorfling  
 Kundeti, Bhavani Shankar  
 Prasad  
 Kurian, Sara  
 Kutlu, Mehmet Talha

Ladani, Amit Parsottam  
 Lalli, Jusjit  
 Lamousin, James Christian  
 Langford, Erin Eaton  
 Lapetina, Joanne Elizabeth  
 Larson, Krista Nicole  
 Lau, Samuel Chi Hei  
 Laxson, Leah Carol  
 Le, Huy Quang  
 LeMaster, Stephanie Jo  
 Lee, Mark Robert  
 Leong, King Swee\*  
 Li, Jinping\*  
 Liechti, Daniel Jacob  
 Lile, Robert Luther\*  
 Linger, Nathaniel Shay  
 Liss, Benjamin Edward  
 Little, Patricia Lynn\*  
 Liu, Davis\*  
 Lone, Ahmad Naeem  
 Looper, Robert Aaron  
 Lopez, Jorge Ivan  
 Lourduraj, Leena Thomas  
 Lubert, Adam Michael  
 Lundy, Adam  
 Ly, Hao Anh

Mahoney, Patricia Kathleen  
 Makati, Devan Narendra  
 Marcus, Charles Vasanth  
 Maria, Haytham Ezzat\*  
 Martin, Andrew Scott  
 Masab, Muhammad  
 Mathis, Jonathan Lee  
 Mauger, Thomas Frederick  
 Maynard, Steven Robert\*  
 Mazur, Teresa Marie  
 McCloy, Thomas Dickson  
 McKellar\*  
 McCoy, Kristin Renee\*  
 McCurry, Mark William  
 McDermott, David Michael  
 McDougall, Virginia Herbert\*  
 Mehta, Devanshi  
 Michels, Paul Oskar\*  
 Millan Sanchez, Martha Nelly  
 Millin, Michael Gordon  
 Mishra, Chaitanya  
 Moore, Tanner Mattson  
 Mouradian-AI Tawil, Houda  
 Elaine  
 Moustoukas, John Nicholas\*

Mukand-Cerro, Ian  
 Mullins, Mary Elizabeth  
 Murphy, Francis Raymond  
 Myers, Andrew Dolphus

**N - O**

Nadig, Vishwanatha Subra-  
 manya\*  
 Naseri, Hussain Mohammad H.  
 Nashar, Khaled  
 Ncogo Alene, Inmaculada  
 Andeme  
 Neasman, III, Farley Berry  
 Graden V.  
 Negrin, Isabela Victoria  
 Nelcamp, Gregory Arnold  
 Ng, Michael  
 Nguyen, Elena Yen-Vi  
 Nicholls, Chong Hwan  
 Nikfarjam, Paymon  
 Nirdosh, Nilay  
 Noyes, Diane Kay

Odigwe, Rufina Nwanneka  
 Olson, Ryan Keith  
 Onugha, Elizabeth Anyaegbu  
 Ordobazari, Atousa  
 Osman, Mohammed Ahmed  
 Abdel Salam  
 Overbeeke, Cornell Jacobus  
 Oxner, Christopher Ryan  
 Ozolek, John Anthony

**P - S**

Paidipaty, Butchi Babu  
 Palo, Alan D. Brownfield  
 Park, Samuel Joon\*  
 Parsons, Terry Eugene\*  
 Patel, Kamal  
 Patel, Visad Bipin  
 Paudel, Sunil Darshan  
 Pearson, Nathan Timothy  
 Penn, Mark Walter  
 Pereira, Keith Edward\*  
 Pfaendler, Krista S.  
 Phelan, Daniel Joseph  
 Phillips, Karen Gale  
 Pifer, Rebecca Anne\*  
 Pilika, Asti  
 Pitafi, Ali Asim\*  
 Popovich, James Kenneth  
 Portnoy, Darin Arthur  
 Privett, Brian Keith\*  
 Puthawala, Mohamedtauqir  
 Mohamedyakub

Rahman, Sarah  
 Ramesh, Narayanan

Ranasinghe, Tamra Ishan  
 Jayendra  
 Raslan, Saleem  
 Rastgar, Yasha  
 Ray Chaudhuri, Nita  
 Reddy, Srinivas Parvathareddy\*  
 Reilly, David Christopher  
 Richmond, John Michael  
 Riddick, Robert Steven Walter  
 Rill, Velisar Laurian\*  
 Rineer, Scott Kain  
 Roberts, Catherine Celeste\*  
 Robinson, Suzette Adele  
 Robles, Liliana  
 Rodriguez, Alexis Marco  
 Rogers, Lauretha Uzoamaka  
 Roohollahi, Anthony  
 Mohammad  
 Roscoe, Nico Desiree  
 Ross, Barbra Aileen  
 Rostambeigi, Nassir  
 Roters-Ouyang, Li  
 Rueda Rios, Carlos Alberto  
 Ryan, Lunden Liston

Sakhuja, Ankit  
 Saldin, Kamaldeen Rizvie  
 Salmeron, Daniel  
 Samuel, Mathew  
 Puthenparampil  
 Sattar, Adil  
 Schmidt, Anthony Louis\*  
 Schmidt, Carl Richard  
 Schmidt-Krings, Diane Rose  
 Schultz, Charles Leroy Frederick  
 Seery, Thomas Joseph  
 Seshadri, Niranjana\*  
 Sexton, Sarah Page  
 Shabbir, Arsalan Qazi  
 Shaikh, Qudsia W.  
 Shalaby, Ehab Mostafa  
 Shams, Ali Hussein  
 Shannon, Kevin James  
 Shen, Jason Yue  
 Shippy, Jennifer Catherine  
 Shodikulova, Munira  
 Jamoliddinovna  
 Shrivastava, Arpan  
 Siddiqui, Imran Mohiuddin  
 Singh, Dharampreet  
 Singh, Jatinder  
 Sir Philip, John Kennedy  
 Sydney  
 Sklar, Eric Bruce  
 Smith, Kevin Sanford  
 Smith, Jr., John F.  
 Soerries, Scott Russell

*(continued on page 11)*

## New Licensees *(continued from page 10)*

Spears, Gregory Lee  
Spera, Jr., Richard Victor\*  
Sridharan, Srividhya  
Stillman, Leland Carpenter\*  
Stooksberry, Timothy Noah  
Stull, Todd Willis\*  
Sullivan, Scott James  
Sun, YuanYuan  
Sutcliffe, Joan Hazel\*

### T - Z

Talbot, Timothy Scott\*  
Tashani, Mohamed Abdulkafi  
Ragab  
Temesgen, Frehiwot Derbew  
Ticknor, Arthur Sterling  
Toparli, Ahmet  
Torosian, Justin Carrick  
Townsend-Scott, Kimberly\*  
Arlene  
Tseng, James  
Turley, Steven Roger

Valdez Arroyo, Sherley Rose  
Van Antwerp, Jason Bennard  
Vane, Dennis William  
Varner, Kyle Benton\*  
Varughese, Jayson Francis  
Velyvis, John Henry  
Venna, Venkat Raghavender  
Reddy  
Verma, Nitin  
Villa, Xavier  
Vu, John Hai Nhu

Wagner, Patrick Louis  
Wali, Priyanka Kim  
Walker, William Rost  
Walters, Garrett Douglas  
Warren, Richard Francis  
Watts, David John  
Webster, Ella Mae  
Weinberg, Daniel Jay  
Weiss, Lee Edward\*  
Whisenant, Kimara Helen  
Willeitner, Andrea Caterina  
Susanne  
Wilson, Charles Richard\*  
Witt, Kathleen DePonte  
Wolfe, Gordon Keith  
Wu, Judy Yun-Lun\*

Yacob, Gabriel Elia  
Yangandawele, Tembele Tara  
Yim, Joon Hyung  
Ymalay, Ramon Reyes  
Yoon, Jessica Sonita\*

Zazzaro, Patrick Francis

de Zayas, Cheryl Elaine\*

### PODIATRIC PHYSICIANS

Chen, Jacqueline Marie  
Grant, Anthony William  
Majewski, Christopher Eric  
Neequaye, Isaac Kwaku  
Tuminski, Brian Joseph  
Yoo, Jungmin

### PHYSICIAN ASSISTANTS

#### A - H

Abruzzino, Brittany Nicole  
Akinola-Hadley, Saudat  
Olayinka Olushola  
Asbury, Caitlyn Justine

Baldwin, III, Edward Beck  
Berkhouse, Paige Nicole  
Bethlehem, Jill Bethany  
Bolduc, Brandon Edouard  
Booth, Heather Lynn  
Bried, Jean Trimble  
Brunner, Jon-Michael  
Burns, Jr., Daniel Thomas  
Butler, Emily Jane

Camerlengo, Chelsea Marie  
Carag, Brandon Phillip  
Crites, Kaitlyn Nicole

Dalton, Holli Lucia  
Delp, Priscilla Gail  
Dent, Laura Michelle  
Dingess, Amy Leigh  
Domaoal, Peter John  
Villanueva

Eddy, Cristina Lee  
Ensminger, Jennifer Lynn

Fansler, Allison Marie  
Foti, Christopher John

Gratchick, Ryan John

Hamrick, Makenzie Taylor  
Harman Kerr, Shannon  
Catherine  
Hatfield, Casey Shannon  
Housden, Cara Garrett  
Hunter, Kari Rae

#### J - W

Jackson, Jamie Elizabeth  
Johns, Kayla Marie

Kenny, Erin Rae  
King, Amber Dawn  
Kissell, Victoria Danielle

Lantz, Gretchen Danielle  
Laslo, Jillian Mari  
Lee, Katharine Victoria  
Lobert, Sarah Catherine

Mathis, Kelsey Dawn

Palmateer, Karen Malee  
Paul, Erica Michelle  
Pierce, Kate Kennedy

Reese, Ashley Grace  
Rick, Rebekah Ruth  
Rinchuse, Adele Denise

Rosa, Rachel Marie McKay

Sebben, Brittany Ann  
Sebert, Kacey Lynn  
Shumiloff, Shalee Lynn  
Snyder, Jenna Alyse  
Stack, Ian Christopher  
Stoner, Jacob Roger  
Stout, Heidi Jo

Tomczyk, David  
Turconi, Kayla Marie

Waialae, Laura Alohalani  
Ward, Elizabeth Virginia  
Warner, Hannah Elizabeth  
Waseem, Raafeh Ahmed  
Womack, Peter John  
Wood, Thomas Wilson

## Board Continues Outreach Efforts

As part of its long-term strategic goals, the West Virginia Board of Medicine completed seven major public presentations during 2018, most often by Executive Director Mark Spangler or Deputy Director and General Counsel Jamie Alley.

Topics focused on the Board's role and responsibility for medical regulation, licensure and discipline in West Virginia. A recent presentation by Alley at the State Auditor's annual seminar for Chapter 30 licensing boards drilled down more specifically to "Best Practices in Managing Complaints" against licensees.

Other presentations during the year were made to the U.S. Drug Enforcement Administration's Practitioner Diversion Awareness Conference in September; a risk management seminar at the Marshall University Joan C. Edwards School of Medicine in July; a Chronic Pain Coalition meeting in June; the Joint Committee on Government Organization / Government Operations in June; West Liberty University's physician assistant program in June; and the WV State Medical Association in February.

Presentations are posted on the Board's website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov) under the Public tab.



# Recommendations Regarding the Retention of Medical Records

Creating and maintaining accurate and complete medical records are a fundamental part of professional practice and are integral to the delivery of high-quality medical care to patients in this state. West Virginia Board of Medicine licensees are required to maintain legible and coherent medical records that justify the course of treatment in a manner that makes the records accessible to the patient, licensee and/or subsequent health provider for as long as necessary to facilitate patients' current and prospective health care needs.

Maintaining patient medical records for an appropriate length of time is important for several reasons:

- Patient medical records are an important source of current health information when care is transferred;
- Historical medical records can provide critical information and historical context for current medical treatment and assessments; and
- Well-developed and carefully documented medical records may provide crucial evidence for licensees who are faced with malpractice allegations.

West Virginia is one of many states that does not have clear statutory guidelines for how long a physician must retain patient medical records. To determine the appropriate length of time to maintain records, the Board recommends that licensees develop and implement a medical record retention and production policy in concert with legal counsel. Appropriate policies should address:

- The categories of documents to be retained (i.e. entire electronic health record ("EHR"), test results, patient encounter notes, immunization records; billing records);
- The specific time frame for medical record retention;
- A procedure for providing notification of the licensee's retention policy to all patients; and
- Information concerning how to request copies

of patient medical records and all associated fees.

Record retention policies should take into consideration a variety of factors appropriate to the licensee's practice, including:

- Patient need/practice specialty: The lodestar for record retention should be patient health and safety. If patient care memorialized in a medical record is likely to be critical to the patient's future health care needs, err on the side of preserving the record. Certain specialties, including but not limited to oncology and hematology, should factor these concerns into the standard retention period.
- Patient age/capacity: At a minimum, records for minor patients, including immunization records, should be maintained at least until the statute of limitations passes for all claims that may arise from the care. Records for patients with disabilities which may affect cognition or legal capacity should be maintained for twenty years to ensure availability of medical records should a legal dispute arise.
- Payer or contract requirements: Some payers, including CMS, require that records be retained for a certain period after the last entry into the record. The average minimum requirement is five years; however, some Medicare/Medicaid audits and/or actions can occur up to ten years after treatment and/or billing has occurred.
- Statutory or Regulatory Requirements: Several state and federal regulations and rules may affect medical record retention periods. For example, HIPAA requires the retention of records for a minimum of six years after the last date of treatment. The Board's legislative rules implementing the professional practice requirements of the West Virginia Medical Practice Act authorize the Board to impose discipline upon licensees who do not maintain complete medi-

*(continued on page 13)*



# West Virginia Board of Medicine Staff

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Diane Callison	PA Licensure Analyst	<a href="mailto:Diane.M.Callison@wv.gov">Diane.M.Callison@wv.gov</a>	70002
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Sarah Loftus	Paralegal	<a href="mailto:Sarah.E.Loftus@wv.gov">Sarah.E.Loftus@wv.gov</a>	70000
Patrick Muncie	Investigator	<a href="mailto:Patrick.A.Muncie@wv.gov">Patrick.A.Muncie@wv.gov</a>	70015
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Sheree Thompson	Supervisor / Licensing, Certifications & Renewals Division	<a href="mailto:Sheree.J.Thompson@wv.gov">Sheree.J.Thompson@wv.gov</a>	70011
Leslie Thornton	Supervisor / Investigation, Complaints & Compliance	<a href="mailto:Leslie.A.Thornton@wv.gov">Leslie.A.Thornton@wv.gov</a>	70003
Joshua Waine	Receptionist / Administrative Assist.	<a href="mailto:Joshua.R.Waine@wv.gov">Joshua.R.Waine@wv.gov</a>	70004
Carmella Walker	Licensure Analyst (Last Names M-Z)	<a href="mailto:Carmella.L.Walker@wv.gov">Carmella.L.Walker@wv.gov</a>	70021
Andrew Wessels	Director Intragovernment Relations	<a href="mailto:Andrew.R.Wessels@wv.gov">Andrew.R.Wessels@wv.gov</a>	70013
Scott Wilkinson	Information Systems Coordinator	<a href="mailto:Scott.A.Wilkinson@wv.gov">Scott.A.Wilkinson@wv.gov</a>	70006

## Medical Records *(continued from page 12)*

cal records for at least three years after the last date of treatment.

- Statute of Limitations for Medical Professional Liability: Medical records should always be maintained beyond all applicable statutes of limitation which may apply to claims arising from the treatment provided.
- Pending Claims: All records related to pending claims should be retained until all aspects of the litigation are concluded, irrespective of the age of the medical record.

At a minimum, the Board recommends that licensees retain records for at least 10 years after the last entry into the record or last date of service, whichever is longer.

West Virginia Code §16-29-1 sets forth a patient's right to access his or her own medical records, and West Virginia Code §16-29-2 establishes the cost-based fees a practitioner may charge a patient for copies of medical records. Licensees

should take care to review this law and ensure that their practices and policies comply with these legal requirements.

Electronic health records can help alleviate some storage issues associated with traditional paper medical records. However, EHRs raise a number of other concerns that a physician must be aware of, including privacy issues and record ownership. When using an EHR, a physician should ensure that appropriate security safeguards are in place to protect a patient's protected health information. Likewise, a physician should ensure that he or she has the ability to access patient EHRs, even if the contract with the EHR company ends or is not renewed.

Licensees should have an operational understanding of the medical records archiving and retrieval processes for their practice. Office staff should also be knowledgeable of such processes and be aware of their responsibility in the transfer or provision of medical records to patients.

# Conference Recognized Regionally, Nationally

The sixth annual Appalachian Addiction & Prescription Drug Abuse Conference, held Oct. 18-20 in Charleston, drew attendance of nearly 400 physicians, physician assistants, nurses, dentists, psychologists, lawyers, pharmacists, counselors, social workers and interested others, and continues to grow in recognition regionally and nationally as one of the premiere conferences of its kind.

Many presentations focused on the use of opioids for acute and chronic pain (and the difference between them) and medication-assisted treatment or MAT when addiction raises its ugly head.

Dr. Don Teater, a North Carolina family physician, was lead facilitator of an expert panel during the development of the Centers for Disease Control (CDC) and Prevention's Guidelines for Prescribing Opioids for Chronic Pain. As he noted during an Oct. 20 presentation, the United States has 4.6 percent of the world's population, yet uses 80 percent of the world's opioids. West Virginia continues to lead the nation in opioid prescriptions and opioid-related overdose deaths.

Teater believes that physicians must continue the trend of prescribing fewer opioids for acute pain. While the CDC guidelines recommend initial prescriptions of three days or less, he said most outpatient pain can be treated without any opioids at all; a combination of ibuprofen and acetaminophen is the best treatment with the fewest side effects. He also told conference participants that there is no evidence that opioids are effective for long-term treatment of chronic pain, and actually result in decreased quality of life.

His position was supported by Dr. Chester Buckenmaier, a retired colonel who is now program director of the Defense and Veterans Center for Integrated Pain Management. A self-described "pain-iac," Buckenmaier said opioid prescribing has become a national security issue. A Defense and Veterans Pain Rating Scale that he advocates focuses on patient function, rather than pain intensity. Measures of activity, sleep, mood and stress ultimately lead to alternative treatment options and better outcomes.

Dr. James Berry, medical director of the Chestnut Ridge Center, believes MAT represents a comprehensive, evidence-based approach to opioid addiction. He disputes the notion of MAT as simply a "replacement addiction," but rather described MAT as a tool that works to increase function, quality of life and extension of life.

The 2019 Appalachian Addiction and Prescription Drug Abuse Conference is tentatively scheduled for Oct. 17-19 at the Marriott at Waterfront Place in Morgantown.

The conference is recognized by both the West Virginia Board of Medicine and the West Virginia Board of Osteopathic Medicine, and satisfies the licensing boards' three-hour continuing medical education requirement on Best Practices Prescribing of Controlled Substances and Drug Diversion Training. Continuing education credits for several other disciplines are available as well.

## IMLC Pathway to Licensure

The West Virginia Board of Medicine has issued 70 licenses to physicians through the Interstate Medical Licensure Compact Commission (IMLCC) pathway since July 2018. Additionally, there have been nine Letters of Qualification issued.

The IMLCC now has 26 participating member states, territories or districts with the recent addition of the District of Columbia. It appears that eight states are considering introducing legislation in 2019 to their respective legislative bodies in an effort to join the compact.

The IMLCC met in November in Denver, where new officers were elected and two new rules were adopted. The first rule addresses a coordinated information system, and joint investigations and disciplinary actions. Secondly, a rule detailing membership compliance and enforcement was established.

You can find this and other helpful information on the commission's updated website at [www.imlcc.org](http://www.imlcc.org).

# 2019 Licensure, Certification and Permit Renewals Announced

## ATTENTION: PHYSICIAN ASSISTANTS

Licensure renewal for physician assistants will begin on Wednesday, Feb. 6, and will conclude at 4:30 p.m. EDST on Friday, March 29. The renewal application will be available on the Board's website during this time period. All renewal applications and fees must be received prior to 4:30 p.m. EDST on Friday, March 29 to avoid expiration of your license. If your license expires, please expect an interruption in your practice while your reinstatement application is processed.

Renewal notices will be sent via electronic mail to the email address that the Board has on file for each physician assistant (PA); therefore, please promptly apprise the Board of any contact information changes.

Certification by the National Commission on the Certification of Physician Assistants (NCCPA) is no longer a requirement for licensure renewal. However, you will need to report your NCCPA status. If you are not NCCPA-certified, you must use the professional designation PA instead of PA-C.

When renewing your license, you must attest that you have completed all required continuing medical education (CME). Additionally, if you have prescribed, administered or dispensed any controlled substance between April 1, 2017 and the date that your renewal application is submitted, you are required to complete three hours of Board-approved CME in drug diversion and best practices prescribing of controlled substances.

A list of the courses that have been approved by the Board to satisfy the three-hour requirement is available on the [Continuing Medical Education section](#) of the website.

**Please note:** This is not a one-time-only requirement. You are required to complete this training bi-annually; therefore, the training for this renewal cycles must be completed between April 1, 2017 and the date that you renew your license, which can be no later than 4:30 p.m. EDST on Friday, March 29.

Also, if you have prescribed or dispensed any

Schedule III or IV controlled substance since April 1, 2016, you must provide proof that you have obtained and maintained access to the West Virginia Controlled Substance Monitoring Program (WVC-SMP). The WVC-SMP is maintained and operated by the West Virginia Board of Pharmacy. Information on how to register and/or gain a certificate of registration may be found at [www.wvbop.com](http://www.wvbop.com).

A list of 2019 Frequently Asked Questions will be available on the Board's website in January. Please review the FAQs prior to submitting a renewal application.

## ATTENTION: MDs (LAST NAMES M-Z) AND ALL PODIATRIC PHYSICIANS

Licensure renewal for medical doctors (with last names M-Z) and all podiatric physicians will begin on Wednesday, May 1, and conclude at 4:30 p.m. EDST on Friday, June 28. The renewal application will be available on the Board's website during this time. All renewal applications and fees must be received prior to 4:30 p.m. EDST on Friday, June 28 to avoid expiration of your license. If your license expires, please expect an interruption in your practice while your reinstatement application is processed.

Renewal notices will be sent via electronic mail to the email address that the Board has on file; therefore, please promptly apprise the Board of any contact information changes.

In accordance with W. Va. Code 29-12D-1a(a), the Board of Medicine is required to collect a biennial assessment of \$125 from medical doctors in each licensure renewal cycle through 2021. All proceeds from the assessment go directly to the West Virginia Board of Risk and Insurance Management to satisfy the outstanding liability of the Patient Injury Compensation Fund (PICF).

There are a few exemptions with regard to paying the PICF fee, which can be accessed by visiting the [PICF assessment fee section](#) on the Board's website. Please note that the Board is prohibited

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## **Renewals** *(continued from page 15)*

from renewing a license if you do not pay the PICF fee. Additionally, if a license expires, it may not be reinstated until the PICF assessment has been paid in full. Medical doctors who are not exempt may pay the assessment on the Board of Medicine website beginning Jan. 2.

When renewing your medical license, you will need to attest that you have completed all required continuing medical education (CME). You may review CME requirements on the [Continuing Medical Education section](#) of the Board's website.

If you have prescribed, administered or dispensed any controlled substance between July 1, 2017 and the date that your renewal application is submitted, you must complete three hours of Board-approved CME in drug diversion and best practices prescribing of controlled substances. A list of the courses that have been approved by the Board to satisfy the three-hour requirement is available on the [Continuing Medical Education section](#) of the website.

**Please note:** This is not a one-time-only requirement. You are required to complete this training bi-annually; therefore, the training for this renewal cycles must be completed between July 1, 2017 and the date that your renewal application is submitted, which can be no later than 4:30 p.m. EDST on June 28.

Also, if you have prescribed or dispensed any Schedule II, III or IV controlled substance, you must provide proof that you have obtained and maintained access to the West Virginia Controlled Substance Monitoring Program (WVCSMP). The WVCSMP is maintained and operated by the West Virginia Board of Pharmacy. Information on how to register and/or gain a certificate of registration may be found at [www.wvbop.com](http://www.wvbop.com).

A list of 2019 Frequently Asked Questions will be available on the Board's website in April 2019. Please review the FAQs prior to submitting a renewal application.

### **PLLC CERTIFICATE OF AUTHORIZATION**

On April 24, the Board will mail a Professional Limited Liability Company (PLLC) renewal applica-

tion with instructions to each company that currently holds a valid certificate of authorization issued by the Board of Medicine. To avoid expiration of your certificate of authorization, the Board must receive your complete application and renewal fee of \$100 prior to 4:30 p.m. EDST on Friday, June 28.

### **CONTROLLED SUBSTANCE DISPENSING PRACTITIONER REGISTRATION CERTIFICATE**

If you engage in office-based dispensing and/or administering of controlled substances, including free samples of controlled substances, you must be registered with the Board as a controlled substance dispensing practitioner. Controlled substance dispensing practitioner registration certificates are site specific; therefore, you must hold a valid dispensing certificate for each location at which you administer or dispense controlled substances.

Certificates for PAs expire on March 31, unless successfully renewed during the Board's upcoming renewal period, which will begin on Wednesday, Feb. 6, and will conclude at 4:30 p.m. EDST on Friday, March 29. Applications will be available on the Board's website beginning Feb. 6.

Likewise, certificates for physicians (last names M-Z) and all podiatric physicians will expire on June 30, unless successfully renewed during the Board's upcoming renewal period, which will begin on Wednesday, May 1, and conclude at 4:30 p.m. EDST on Friday, June 28. Applications will be available on the Board's website beginning May 1.

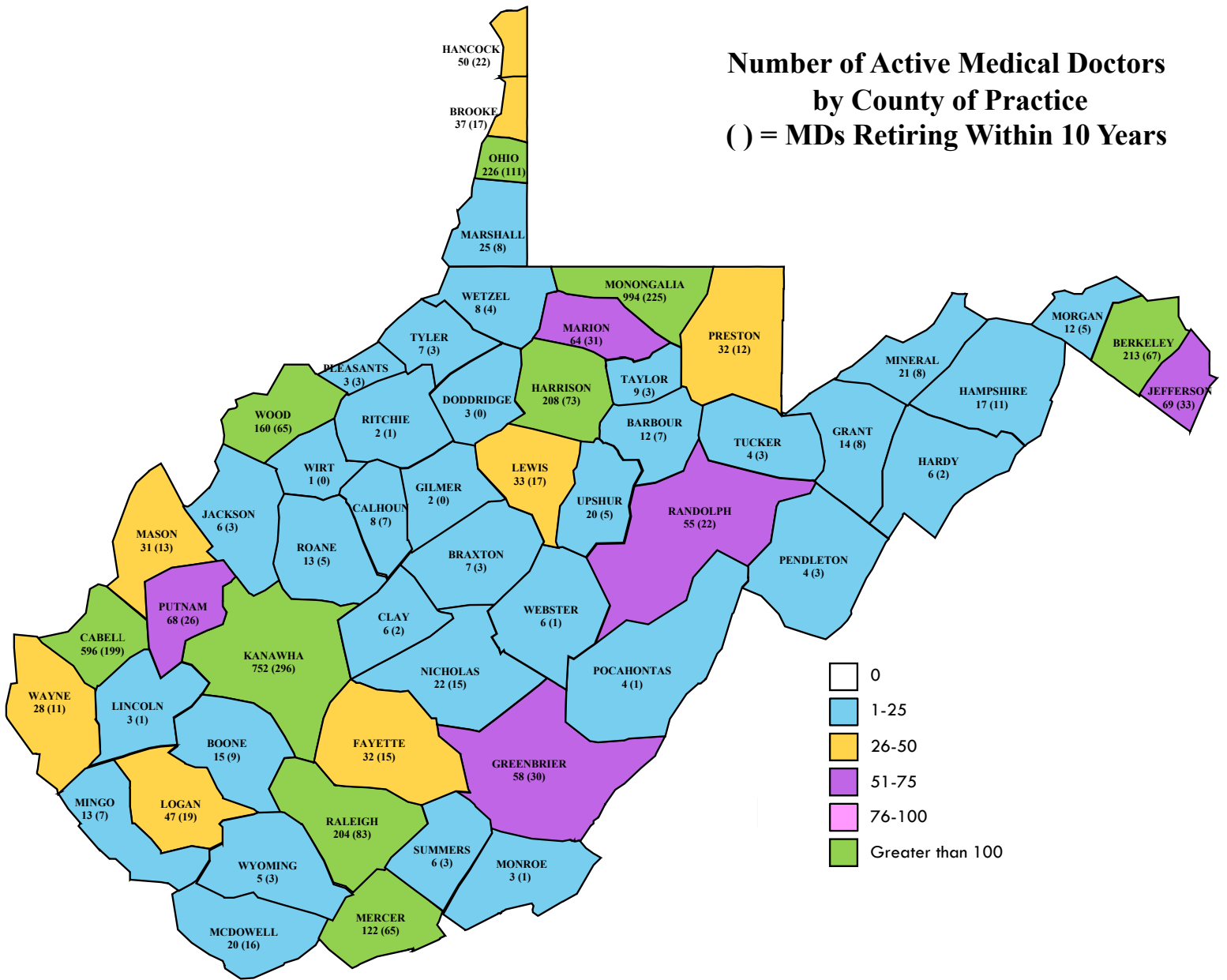
### **EDUCATIONAL PERMITS FOR POSTGRADUATE TRAINING PARTICIPANTS**

Pursuant to the Board's emergency rule 11 CSR 12, which became effective on Sept. 18, 2018, beginning July 1, 2019, all allopathic postgraduate training participants must hold either a West Virginia medical license or an educational permit.

As mentioned in the Letter from the President (see page 2), the Board has been issuing educational permits since October 2018 to postgraduate training participants who elected to opt in early. All permits that have been issued to date will expire on

*(continued on page 17)*





**Renewals** (continued from page 16)

June 30. Permits may be renewed on an annual basis for the period of July 1 through June 30 of each year and cost \$100. An initial educational permit application and additional information is available [here](#).

Educational permit renewal applications will be available on the Board’s website beginning April 2.

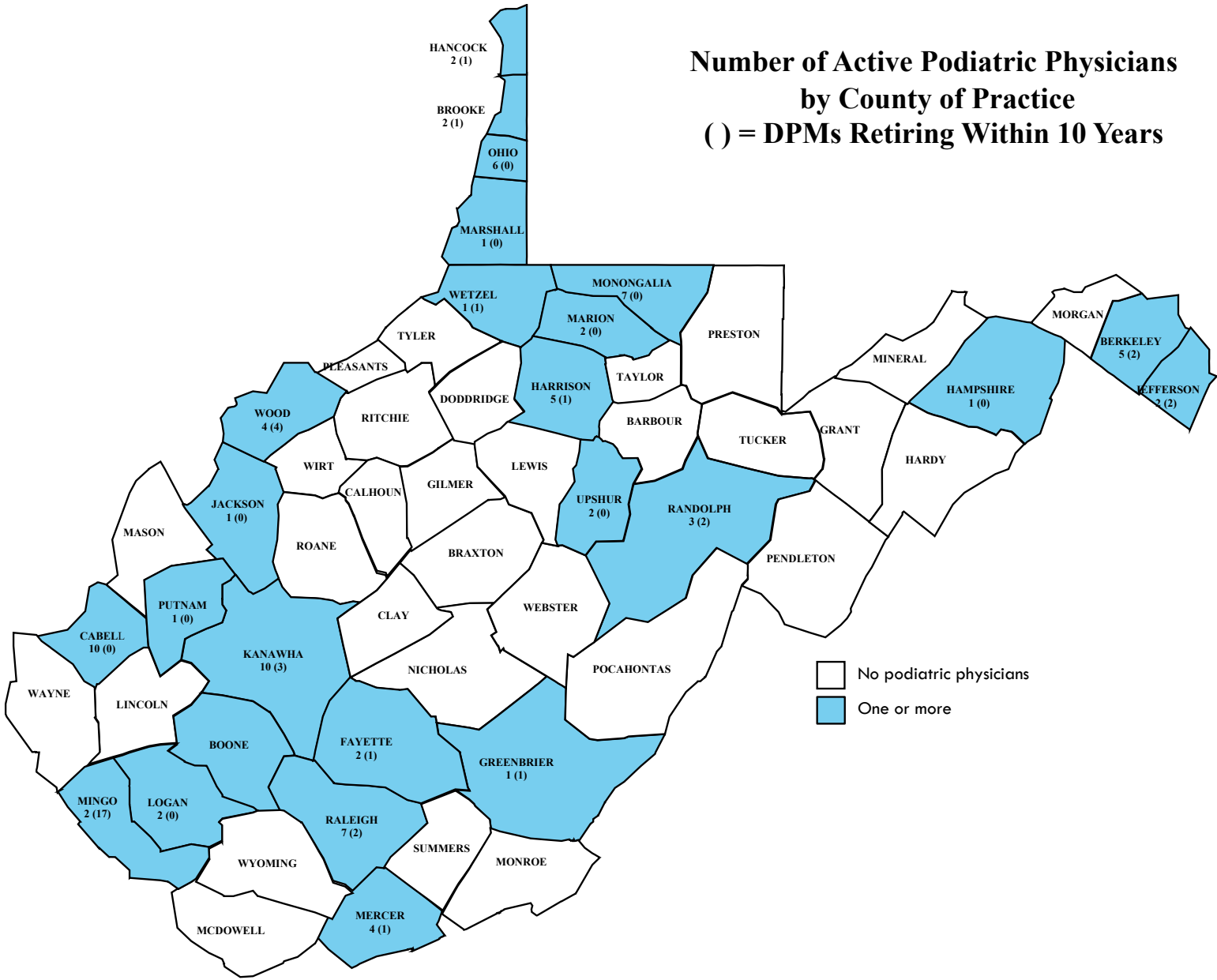
**CME AUDIT**

W.Va. Code R. 11-6-5.2 authorizes the Board to "conduct such audits and investigations as it considers necessary to assure compliance with continuing medical education requirements and to

verify the accuracy of a renewal applicant's certification of continuing education."

In just a few weeks, the Board will conduct its annual CME audit. If you renewed your license in 2018, you attested that you successfully completed all continuing education requirements for the CME cycle of July 1, 2016 through June 30, 2018. If you are randomly selected for a CME compliance audit, you will need to submit written documentation which supports your renewal attestation.

**Number of Active Podiatric Physicians  
 by County of Practice  
 ( ) = DPMs Retiring Within 10 Years**



□ No podiatric physicians  
 ■ One or more

# PA Map

## Number of Active Physician Assistants by County of Practice ( ) = PAs Retiring Within 10 Years

- Listed by Primary Practice Setting
- Total PAs = 974
- 130 PAs were Without Practice Agreements as of 6/30/18
- Some PAs may Practice in Multiple Counties

