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**WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE
ADOPTS NEW TELEMEDICINE GUIDELINES**

Definition of Telemedicine

“Telemedicine” means the practice of osteopathic medicine using electronic communications, information technology or other means of interaction between a licensed healthcare practitioner in one location, and a patient in another location, with or without an intervening healthcare provider. The utilization of electronic communications in on call, cross coverage and emergency services situations, is not “telemedicine.” Generally, telemedicine is not an audio-only telephone conversation, email/instant messaging conversation, or fax.



“Telemedicine technologies” mean technologies and devices enabling secure electronic communications and information exchange in the practice of telemedicine and generally involve the application of secure, real time video conferencing or similar secure video services, remote monitoring, interactive audio and store and forward digital image or health data technology to provide or support health care delivery by replicating the interaction of a traditional in person encounter between a provider and a patient.

The practice of Osteopathic Medicine through Telemedicine

The practice of osteopathic medicine occurs where the patient is located at the time telemedicine technologies are used. An osteopathic physician or physician assistant who engages in the practice of osteopathic medicine through telemedicine technologies with respect to patients located in this state shall be licensed by the WV Board of Osteopathic Medicine, until such time as the Interstate Medical Licensing Compact has been approved and is operating under the authority of the Interstate Medical Licensing Commission.



An osteopathic physician or physician assistant using telemedicine technologies to practice osteopathic medicine for a patient shall:

- 1.) Verify the identity and location of the patient;
- 2.) Provide the patient with confirmation of the identity, location and qualifications of the Osteopathic physician or physician assistant;
- 3.) Establish and/or maintain an osteopathic physician or physician assistant - patient relationship which conforms to the standard of care;



- 4.) Determine whether telemedicine technologies are appropriate for the particular patient presentation for which the practice of osteopathic medicine is to be rendered;
- 5.) Obtain from the patient informed consent for the use of telemedicine technologies in the practice of osteopathic medicine for the patient;
- 6.) Conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation;
- 7.) Verify compliance with the requirements of medical record documentation.

Items 2 through 5 in the above section do not apply to the practice of pathology and radiology medicine through store and forward telemedicine.

Where an existing osteopathic physician or physician assistant/patient relationship is not present prior to the utilization to telemedicine technologies, or when services are rendered solely through telemedicine technologies, an osteopathic physician or physician assistant/patient relationship may only be established through the use of telemedicine technologies which incorporate interactive audio using store and forward technology with real time videoconferencing or similar secure video services during the initial osteopathic physician or physician assistant/patient encounter. However, an osteopathic physician/patient relationship may be established through store and forward telemedicine for the practice of pathology and radiology.

Once an osteopathic physician assistant/patient relationship has been established, the osteopathic physician or physician assistant, with the informed consent of the patient, may utilize any telemedicine technology which meets the standard of care and is appropriate for the particular patient presentation.

The utilization of telemedicine technologies to practice osteopathic medicine on a patient for whom the standard of care requires an in-person, physical examination or osteopathic manipulation therapy shall constitute dishonorable, unethical and unprofessional conduct.

Prescribing through Telemedicine Technologies:



The practice of osteopathic medicine provided via telemedicine technologies, including the establishment of an osteopathic physician or physician assistant/patient relationship and issuing a prescription via electronic means as part of a telemedicine encounter, are subject to the same standard of care, professional practice requirements and scope of practice limitations as traditional in-person osteopathic physician or physician assistant/patient encounters. Treatment, including issuing a prescription, based solely on an online questionnaire does not constitute an acceptable standard of care.

An osteopathic physician or physician assistant who has an osteopathic physician or physician assistant/patient relationship and who practices osteopathic medicine to a patient solely through the utilization of telemedicine technologies may not prescribe any controlled substances listed in Schedule I or II of the Uniform Controlled Substances Act.

Controlled Substance Abuse Monitoring Program utilization and updates.

Sponsorships by a physician education grant through the WVDHHR provided additional support inclusive of 20 scholarships for early career students, residents and appropriate others. Many were in attendance from the Comprehensive Behavioral Health Centers. Other organizations in the field were represented, including Acadia Healthcare, Aegis Sciences Corporation, Affinity eHealth, Alkermes, Assurex Health, BioDelivery Sciences, CorrLabs, LLC, First Choice Health/First Choice Services, Firstlab, Highline Health, LLC, Indivior, IntegraLabs, Las Veas Recovery Center, Millennium Labs, Mount Regis Center, Orexo US, Inc., Pavillon, Pfizer, Inc., The American Institute of Technology, The Farley Center at Williamsburg Place, Timberline Knolls Residential Treatment Center, WV Medical Insurance Agency, WV Medical Professionals Health Program, WV Society of Addiction Medicine and WVDHHR/Division of Rural Health & Recruitment.

The success of the conference is an excellent example of integration, collaboration and communication among organized medicine within the state and the expertise, passion and support of many in the field including nationally recognized experts. The WVMPHP has been informed it has an opportunity for a similar grant from the WVDHHR/BBHFF to continue its efforts in the area of physician and provider education for 2016 and we hope you will join us. As always, such support, assistance and guidance is a primary reason the WV Medical Professionals Health Program exists as it does today. On behalf of the WVMPHP, the providers we serve and West Virginia, I thank you all!

THE 2015 APPALACHIAN ADDICTION & PRESCRIPTION DRUG ABUSE CONFERENCE

**P. Bradley Hall, M.D. DABAM, FASAM, MROCC
AAPDAC Conference Chair
Executive Medical Director, WVMPHP
President-Elect, FSPHP**



The annual Appalachian Addiction & Prescription Drug Abuse Conference was held in Charleston, West Virginia September 24 - 26, 2015. This conference was the 4th conference of its type held since inception of the licensure board's three hour CME Best Practices Prescribing of Controlling Substances required education. Specifically, The Treatment of Pain and Addiction Utilizing Education and Proper Prescribing: The New Paradigm Continued.

Support for the meeting was provided by the West Virginia State Medical Association, the West Virginia Medical Professional Health Program (WVMPHP), the West Virginia Society of Addiction Medicine, the West Virginia Board of Medicine, the West Virginia Board of Osteopathic Medicine, the West Virginia Osteopathic Medical Association, and the WVDHHR Bureau for Behavioral Health & Health Facilities. The WVMPHP in collaboration with the WVSMA and the WV Department of Health and Human Resources (supported by SAMSHA grant funds administered through the Bureau for Behavioral Health and Health Facilities) were able to continue our mutual goal of physician and other licensed healthcare professional education. CME joint sponsorship was provided by CAMC Health Education & Research Institute. Attendees earned 14.2 CME credits, inclusive of the three hour board mandatory CME; CME was available for 10 different disciplines. This included CME from the American Board of Addiction Medicine (ABAM) Maintenance of Certification. Total conference attendance (more than double 2014) of 285 included physicians, resident physicians, physician assistants, podiatrists, attorneys, nurses, dentists, psychologists, counselors/social workers, epidemiologists, nutritionists, pharmacists and both pharmacy and medical students. There were many others at various levels of training in their healthcare field. P. Bradley Hall, M.D., Conference Chair and Executive Medical Director of the WVMPHP was a featured speaker and the primary planner and organizer of this conference.

Speakers included US Senator, **Joe Manchin, III**, US Senator, **Evan Jenkins**, US Veterans Administration Secretary, **Robert McDonald**, **Victoria Jones**, Commissioner, BBHFF, **Karen Bowling**, MSN, Cabinet Secretary of the WVDHHR, Lynn Hankes, M.D., Alexander Wally, M.D., Gary Carr, M.D., Betsy Williams, Ph.D, MPH, Andrew Kolodny, M.D., Ernie Miller, D.O., James Berry, D.O., Allen Mock, M.D., Michael Goff, Edward Eskew, D.O., Jimmy Adams, D.O., and Denzil Hawkinberry, II, M.D.

Topics covered a broad range of relevant issues related to prescription drug abuse diversion, pain, addiction and recovery all of which underpin the paradigm for the epidemic we are facing today. Some topics included the new naloxone rescue legislation and utilization, chronic pain and addiction, clinical perspectives of pain and addiction, neonatal abstinence syndrome, proper prescribing and drug diversion, updated epidemiologic statistics, a number of case studies, heroin and the addiction epidemic, WV Laws, Rules and Regulations and

Medical Record Documentation for Patient Encounters via Telemedicine:

The patient record established during the use of telemedicine technologies shall be accessible and documented for both the osteopathic physician, physician assistant and the patient, consistent with the laws and legislative rules governing patient health care records and shall include a copy of the informed consent to the practice of osteopathic medicine via telemedicine technologies. All laws governing the confidentiality of health care information and governing patient access to medical records shall apply to records of the practice of osteopathic medicine provided through telemedicine technologies. An osteopathic physician or physician assistant solely providing services using telemedicine technologies shall make documentation of the encounter easily available to the patient and, subject to the patient's consent, any identified care provider of the patient immediately after the encounter.



CME AUDITS TO BE DONE IN DECEMBER



Chapter 30 Licensing Boards are required to conduct a CME audit each calendar year following the renewal of an osteopathic physician's license. If you renewed your WV license in 2015 and did not submit CME certificates with your application, you may receive a letter requesting proof of completion of the CME's reported in your application. A random 10 % of the license renewals will be audited. If you receive a CME audit letter, please respond to the Board as quickly as possible. When reporting CME's on your applications, do not just enter a range of dates, i.e., June 2012 - June 2015. Each CME program needs to be entered with the correct number of approved hours documented. Also, remember the CME schedule for AOA membership is 3 years. WV License cycle is two years.

DISCIPLINARY ACTIONS IN 2015

Michael Richmond, D.O.
Consent Order
July 1, 2015

William Willis, D.O.
Summary Suspension
October 9, 2015

NEW MEMBERS ADDED TO BOARD

Jimmy Adams, D.O. and Sharon Rowe were appointed, by Governor Earl Ray Tomblin to the WV Board of Osteopathic in 2015. Their appointments filled the expired terms of Joseph Schreiber, D.O. and Elizabeth Blatt, Ph.D.

Continuing to serve on the Board of Osteopathic Medicine are:

Ernest Miller, Jr., D.O. President	Robert Whittler Vice President
Arthur Rubin, D.O. Secretary	Michael Muscari, D.O. Physician Member
Heather Jones, PA-C PA Member	

NEW LICENSURE ANALYST IN BOARD OFFICE

Melanie Horn joined the WV Osteopathic Board Staff on August 15, 2015. Melanie is a graduate of the Marshall University Master’s Program in Health Administration. She fills the vacancy left by Brittany Vance who resigned in July 2015 for a job at CAMC.

MEMORIALS 2015

Mary Coll, D.O.
DOD: 1/6/2015
Fayetteville, WV

Curtis Thomas, D.O.
DOD: 8/24/2015
Lochgelly, WV

James Conde D.O.
DOD: 4/29/2015
Belpre, OH

Steven O’Saile, D.O.
DOD: 5/28/2015
Bluefield, VA

Michael Krasnow, D.O.
DOD: 9/2/2015
Boca Raton, FL

CURRENT WV OSTEOPATHIC STATISTICS

As of the printing of this newsletter the following statistics reflect the licensing of osteopaths in the state of West Virginia:

Total Number of Physicians Licensed in West Virginia	1,224
Total Number Practicing in West Virginia	944
Total Number of Osteopathic PA’s Licensed in West Virginia	221

