



## Please do not discard this publication! Important License Renewal Information Enclosed!!!

If you received a postcard with this newsletter, that means your license is up for renewal before June 30, 2016.

Just follow the steps below for renewal:

- 1) From [www.wvbdosteo.org](http://www.wvbdosteo.org) click on "Osteopathic Physician Renewals;"
- 2) Log in with your last name, license number or last 4 digits of SSN;
- 3) Enter "Submit and Continue." (If your name does not appear, you are not scheduled for renewal until 2017);
- 4) Continue to review all fields of information and updating those fields needing to be changed. You can select "Save for Later" and it will save your application and allow you to come back to it. If you are finished with the application, press "Submit and Continue";
- 5) When answering the personal information questions, if you have a "yes" answer it will bring up a screen for you to type in your response;
- 6) Answer the State mandated child support questions;
- 7) The CME report allows you to link directly with the AOA to request your CME hours. If you submit a copy of your AOA CME Report, we will keep them on file and you will never be contacted during a CME audit. Remember, you MUST provide documentation of a Board-Approved 3 hour CME course on Pain Prescribing/Drug Diversion during the period of July 1, 2014 through June 30, 2016. If you have not taken one in the last two years, a new online CME program is available on our website, [www.wvbdosteo.org](http://www.wvbdosteo.org).
- 8) Lastly you check a certification box which attests to the accuracy of your information.
- 9) The next screen is the payment screen for you to enter your credit card information. You will be given the opportunity to print your receipt at the conclusion of the form.
- 10) If you currently have a Controlled Substance License (CSL), the system will ask you if you wish to renew your CSL at the same time.
- 11) If you choose not to pay by credit card, you can mail a check for the \$400 license renewal fee, but be aware that may slow down the processing of your renewal.
- 12) The items that are required before your application will be considered complete:
  - a) Listing of at least 32 hours CME's (16 AOA)
  - b) All required fields must be completed on application
  - c) Current Copy of DEA (if renewing your CSL license)
  - d) Answers to any "Yes" questions
  - e) Proof of Board Approved CME on Pain Prescribing
  - f) Application Fee

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# DISCUSSIONS PHYSICIANS SHOULD BE HAVING WITH THEIR PATIENTS

The National Transportation Safety Board recently analyzed toxicology tests from 6,677 pilots who died in a total of 6,597 aviation accidents between 1990 and 2012. The results demonstrate a significant increase in the use of a variety of potentially impairing drugs.

In this study, the pilot was considered to be positive for a drug if it could be qualitatively or quantitatively identified in blood or tissue; drugs identified only in urine or used as part of resuscitative efforts were excluded.

The study revealed the following:

- 1) The proportion of pilots testing positive for at least one drug increased from 10% to 40%;
- 2) More than 20% of all pilots were positive for a potentially impairing drug, and 6% of all pilots were positive for more than one potentially impairing drug;
- 3) Overall, the most common potentially impairing drug was diphenhydramine, a sedating antihistamine;
- 4) Those pilot deaths reviewed in the last five years, revealed 8% tested positive for narcotics with hydrocodone and diazepam accounting for 20% of the positive findings.

Given the general increase in drug use in the population, it is likely that there has been a similar trend in drug use among operators across modes of transportation.

**These results highlight the importance of routine discussions between health care providers and their patients about the potential risks that drugs and medical conditions can create when patients are operating a vehicle in any mode of transportation.**



## Disciplinary Actions Taken by the Board Since September 2015

**William Wyatt Willis, D.O. -  
Summary Suspension 10/9/2015**

**Michael Merritt Kostenko, D.O. -  
Summary Suspension 3/4/2016**

**J. Derek Hollingsworth, D.O. -  
Five (5) Year Suspension 3/11/2016**

## MEMORIALS 2016

**Rondal Boyce, D.O. - 2/25/2016  
Daryn R. Straley, D.O. - 12/19/2015  
Jere G. Sutton, D.O. - 09/24/2015**

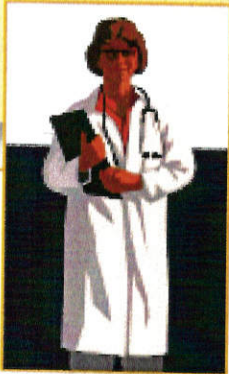


## CURRENT WV OSTEOPATHIC STATISTICS

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

|  |              |
|--|--------------|
| <b>Total Number of Physicians Licensed in West Virginia</b>        | <b>1,264</b> |
| <b>Total Number Practicing in West Virginia:</b>                   | <b>972</b>   |
| <b>Total Number of Osteopathic PA's Licensed in West Virginia:</b> | <b>208</b>   |





## PHYSICIAN RESPONSIBILITIES FOR SUPERVISION OF PHYSICIAN ASSISTANTS

As physician-led healthcare teams become more prevalent in the delivery of healthcare, the relationship between a Physician Assistant and their Supervising Physician becomes critically important. Recent changes to §24-2-1, the Legislative Rule for Physician Assistants, has made the licensing process easier in today's environment of the multi-clinic setting with both MD's and DO's working with Physician Assistants.

With the Emergency Rule change to the licensing process for Physician Assistants, a PA can work with MD's and DO's under one license and can be issued a license without a named supervisor but cannot see patients until a Practice Agreement has been completed with a supervisor. With these changes there are duties and responsibilities that each Supervising Physician must take seriously. The Board has disciplined supervisors who have not taken these responsibilities seriously and paid the consequences. If you are supervising Physician Assistants or are planning to supervise one, some of the responsibilities attached to that privilege are listed below. For a complete list, go to our website, [www.wvbdosteo.org](http://www.wvbdosteo.org).

- 1) Supervising physician is responsible for observing, directing and evaluating the work, records and practices performed by the physician assistant and is legally responsible for the practice of the PA at all times;
- 2) Supervising physician may not permit a physician assistant to practice independently, maintain an independent place of practice, or practice outside the scope of the board-approved privileges;
- 3) Constant physical presence of the physician is not required as long as the supervising physician and physician assistant are, or can be, easily in contact with one another by electronic communication;
- 4) NCCPA certification is a requirement for all licensed PA's. If that certification is lost by non-renewal at the end of the calendar year due, the PA's license is automatically expired. They have no license to practice and the Supervising Physician MUST not allow them to continue to see patients;
- 5) Personal and regular review, at least monthly, by the Supervising Physician of selected patient records with PA involvement. The chart review shall be sufficient in number to assure adequate review of the PA's scope of practice. This must occur monthly for the first six months of the Practice Agreement and quarterly thereafter with written documentation of the meeting;
- 6) Only alternate supervisors named within the Practice Agreement can serve as a supervisor to the PA when the primary supervising physician is absent;
- 7) If a Practice Agreement or Contract is terminated between a PA and the Supervising Physician, BOTH must contact the Board within ten (10) days.

### **NEW ONLINE CME FOR REQUIRED 3 HOUR CME ON PAIN PRESCRIBING**

The West Virginia Board of Osteopathic Medicine has joined with WVOMA, WVMA, WV Board of Medicine and the Appalachian Addiction and Prescription Drug Abuse Conference to provide a new online, 3 hour CME on pain prescribing. It is a condensed version of the September 2015 Appalachian Addiction and Prescription Drug Abuse Conference held in Charleston at the Embassy Suites. Go to our website, [www.wvbdosteo.org](http://www.wvbdosteo.org) and click "Online CME" to complete the approved course.

### **RECOGNIZING SIGNS AND BEHAVIORS OF POTENTIAL PHYSICIAN IMPAIRMENT**

A free web course for doctors and nurses on recognizing the signs and behaviors of potential impairment is now available. Go to [www.wvmphp.org](http://www.wvmphp.org) to learn the identification and management process with healthcare professionals who exhibit these behaviors and how you can help them get the help they need. Under §24-6-5.2.5 of the Rules of the WV Board of Osteopathic Medicine, any individual having reason to believe that the conduct of licensee amounts to professional incompetence shall be encouraged to report the information to the Board.



## CHANGES TO THE LAW WITH THE LICENSING OF PAIN CLINICS

The required licensing of Pain Management Clinics began July 1, 2014. If your practice meets the definition of a Pain Clinic, you **MUST** apply with OHFLAC through WV Department of Human and Health Services for a license to continue their current practice of medicine in the State. The contact person at OHFLAC is Sylvia Fields, Program Manager (304) 558-0050.

If you meet the requirements but do not apply for a license, OHFLAC will report that to the WV Board of Osteopathic Medicine and the Board will open a complaint. If you are unsure whether you meet the requirements, contact the Board Office or OHFLAC.

### Pain Clinic Definition:

Privately owned clinic, facility or office where more than fifty percent (50%) of patients of the clinic are prescribed or dispensed opioids or other controlled substances specified in rules promulgated pursuant to this article for chronic pain resulting from conditions that are not terminal.

### Chronic Pain Definition:

Pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three (3) continuous months. For purposes of this article, "chronic pain" does not include pain directly associated with a terminal condition.

Progressive diseases **ARE NOT** considered terminal in this new regulation. The 50% formula is **NO LONGER** for a one month patient volume. It is 50% of total number of patients.



**WEST VIRGINIA REMAINS #1 IN  
PRESCRIPTION DRUG-RELATED  
OVERDOSE DEATHS**

**BEST PRACTICE PRESCRIBING OF CONTROLLED SUBSTANCES  
AND DRUG DIVERSION TRAINING VERIFICATION FORM  
2014 - 2016 LICENSING PERIOD**

*Please complete the following information and return to the  
West Virginia Board of Osteopathic Medicine*

NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_  
D.O. or PA-C

ADDRESS: \_\_\_\_\_  
Street or P O Box

\_\_\_\_\_  
City State Zip Code

LICENSE NUMBER: \_\_\_\_\_

DECLARATION: I have completed the board-approved drug diversion and  
best practice prescribing course on \_\_\_\_\_  
Date

sponsored by \_\_\_\_\_  
CME Sponsor

for the 2014-2016 renewal period.

Copy of CME Certificate attached.

Licensee's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**COMPLETE AND RETURN TO BOARD AFTER 3 HOUR CME  
ON PAIN PRESCRIBING HAS BEEN COMPLETED.**