



WEST VIRGINIA BOARD OF OSTEOPATHY

NEWSLETTER

NOVEMBER 2010

Proposed New Legislative Rules

For Osteopathy-Supervised Physician Assistants

2011 Legislative Session



Two rule changes are being proposed during the 2011 Legislative session. CSR 24-02 is the Osteopathic Physician Assistants Rule and CSR 24-05 is the Fees for Service Rule. The Fees Rule is proposing an increase in Physician Assistant Applications comparable to those of the WV Board of Medicine. The increases are being proposed to help offset the Board's support of the WV Medical Professionals Health Program (See article in this issue of the Newsletter) and to outline specific charges for external data requests.

CSR 24-02 was mailed to all currently licensed PA's and their supervising physicians and was made available on the Board's website for public comment. The Board also consulted with the WV Physician Assistant Association regarding all changes. The three major areas of change are as follows:

- 1) **Pharmacology Requirements for Prescriptive Privileges:** The WV Board of Osteopathy will require Physician Assistant Students to complete regular, weekly pharmacology instruction for one year equivalent to 4 semester hours at a minimum.
- 2) **Listing of Minimum Clinical Skills:** The list of clinical skills currently in the Rule will be retained and listed as minimum but not limited to.
- 3) **Prescription Pads and Drug Prescribing Requirements:** The language requiring submission of a pre-printed prescription form with a list of approved drugs was eliminated along with the requirement to forward the drug list to local pharmacies.

SATISFACTION SURVEY – A FIRST FOR THE WV BOARD OF OSTEOPATHY

Enclosed in this issue of the Board Newsletter is a survey that the Board is asking each DO and PA licensee to complete. It should only take a few minutes and will provide valuable information to the Board and its Staff as to how we are doing and how we can implement change to better serve our constituents. This is an anonymous survey and we hope to get a 100% response.

EXECUTIVE DIRECTOR MEETS WITH OSTEOPATHY RESIDENCY PROGRAMS

Following the June license renewal period, Diana Shepard, Executive Director of the WV Board of Osteopathy traveled the State and visited with Osteopathic Medical Education Directors and Program Coordinators in each of the nine (9) residency programs. Ms. Shepard reviewed the licensing process for residents for both a regular osteopathic license and an educational permit and discussed the recent changes for interns completing an allopathic internship and moving back into an osteopathic residency. Each Program Director was encouraged to utilize the expertise of the Board Executive and Board Attorney in providing similar review sessions for each of the residents during their didactic sessions. Ms. Shepard wishes to thank each Director and Coordinator who availed themselves during these educational sessions.

WV Osteopathy Board Actions Since April 2010

John C. Sharp, DO:	License REVOKED on July 15, 2010.
Brian J. McDevitt, DO:	License REVOKED for three (3) years on July 15, 2010.
Robert John Crake, DO:	License placed on PROBATION for three (3) years with a Consent Order to run concurrently with order from US District Court for the Southern District of West Virginia effective July 15, 2010.
Joseph Richard Freeman, DO:	License placed on PROBATION for five (5) years with a Consent Order to run concurrently with the order from the Ohio Board of Medicine effective July 15, 2010.
Jeffrey Kent Bates, DO:	License SUSPENDED until further order by the Board on April 26, 2010.
Anita T. Dawson, DO:	License SUSPENDED until further order by the Board on April 6, 2010.

WV Board of Osteopathy 2011

President:	Ernest Miller, DO
Vice President:	Robert Whitler
Secretary:	Arthur Rubin, DO
Physician Member:	Joseph Schreiber, DO
Lay Member:	Elizabeth Blatt, Ph.D.

CONSULTANTS NEEDED

The Board is searching for qualified medical consultants in various specialties. The individual contractor consultants will review cases and provide the Board with written reports; evaluate licensees to determine competency; serve as members of oral exam panels; testify at hearings, or provide other related professional consultative services.

If you are interested in becoming an individual contractor with the Board, please send your resume and letter of intent to:

Diana Shepard, Executive Director
WV Board of Osteopathy
405 Capitol Street, Suite 402
Charleston, WV 25301



RULES TO REMEMBER

- 1) Always tell the truth on an application. Having someone else fill out the application, i.e., office staff or CVO, does not dismiss your responsibility for the information. If you sign the form, you are attesting to its accuracy.**
- 2) When changing a home address or an office address, providers have 30 days to notify the Board of address changes. REMEMBER, if we don't have your current address, we cannot send you important information, i.e., renewal applications.**
- 3) Do not provide narcotics to family, friends, neighbors.**
- 4) When prescribing non-controlled substances to family members, be sure to create and maintain a patient chart.**
- 5) DO NOT SIGN blank prescription pads.**
- 6) Register with the WV Controlled Substance Monitoring Program so you can monitor what drugs your patients may be receiving from other healthcare providers to avoid over prescribing.**
- 7) Phentermine and other stimulants, when used for appetite suppression, should not be prescribed for more than two weeks out of any six-week period.**

WEST VIRGINIA Medical Professionals HEALTH PROGRAM



Many people believe health professionals are immune to addiction and mental illness by

virtue of their intelligence, education & dedication to helping others. In fact, health professionals develop substance use disorders (SUDS) at a rate equal to or in excess of the general population rate of 10-15% lifetime incidence. Depression is also as common in health professionals as in the general population with a lifetime prevalence of almost 16%. Suicide is found in higher rates for physicians at a 40% increase in male physicians and 2 times more common in female physicians. Physical illness has a 10% lifetime incidence.

Perhaps more alarming are the barriers health professionals face in accessing treatment for addiction and/or mental health problems. The medical culture does not train health professionals to seek help or admit vulnerabilities. Fears of stigma, discrimination, loss of confidentiality, disciplinary action, licensing problems and career damage all result in health professionals seeking treatment at lower rates than the general population.

Difficulty in recognition, acknowledging and accepting addiction or mental illness and the need for help may lead to health professionals sacrificing all other areas of their lives to conserve their professional identity and ability to practice. As other areas of their lives deteriorate, the workplace is usually the last arena impacted. Yet, once identified and adequately treated, addiction and mental illness do not impair the professional's competence and need not impact the professional's credibility or continued ability to practice medicine. Early identification, intervention, diagnosis and treatment may be career and life saving. Another benefit of treatment is health professionals are better able to identify and treat addiction and mental illness in their own patients.

Treatment Works

WVMPHP advocates for the right of healthcare professionals to continue practicing when there is documentation their substance use disorder and/or mental illness is in remission. For healthcare professionals entering intensive evaluation and/or treatment and participating in an extended comprehensive continuing care and monitoring program, the success rates for long term recovery are excellent. WVMPHP documentation provides confidence that reasonable measures have been taken to ensure a participant's ability to practice professionally without ongoing impairment. Evidence of recovery is obtained through behavioral observations, evidence of healthy choices, and active participation in recovery activities. Objective documentation of abstinence is gained through drug/alcohol testing. Areas in which advocacy is appropriate include workplace reintegration, professional credentialing or licensure, malpractice insurance coverage, and utilizing and maintaining insurance benefits.



- CONFIDENTIALITY -

Maintaining participant confidentiality is an integral element of the WVMPHP. The WVMPHP operates under very strict guidelines pertaining to confidentiality. The WVMPHP does not (with rare exceptions regarding non-compliance or public risk) disclose the identity or information about any current or former participant without a written release of information.

West Virginia Medical Professionals Health Program

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