



FLORIDA | Board of Medicine

June/July 2016



Steven Rosenberg, M.D.
Chairman



Magdalena Averhoff, M.D.
Vice Chairman

The Board met on June 2-3, 2016 in Ft. Lauderdale to conduct board and committee meetings. Although he serves through the end of June, Dr. Rosenberg chaired his final meeting as Chairman of the Board. Dr. Averhoff also completed her final meeting as Vice Chairman. Both will continue to serve on the Board.

The Board had the pleasure of listening to Mya Bodnick, a local seventh grader, sing the Star Spangled Banner.



At this meeting, the Board recognized two medical students as part of the Medical Student Recognition Program: Janelle Nassim, Florida Atlantic University and Adam J. Tagliero, Florida International University. The Board recognized both students because, among other things, they demonstrate extraordinary medical and social competence and skill expected of a young medical professional. Congratulations to Ms. Nassim and Mr. Tagliero!



The Board also recognized Miranda Rosenberg, medical student at the University of Pennsylvania. Ms. Rosenberg was recognized for an article she and her father, Dr. Rosenberg, wrote concerning dermatology medication cost increases. Her article was published in JAMA and referenced by over 250 news sources. The article was also partially responsible for Senate Hearings on costs of medications.



Legislative Update

HB 941—In the last newsletter, information was provided concerning HB 941. In addition to the information provided previously, this bill allows physicians to provide expedited partner therapy if the following requirements are met:

- The patient has a laboratory-confirmed or suspected clinical diagnosis of a sexually transmitted disease.
- The patient indicates that he or she has a partner with whom he or she engaged in sexual activity before the diagnosis of the sexually transmissible disease.
- The patient indicates that his or her partner is unable or unlikely to seek clinical services in a timely manner.

The Board will look at this language at their July 28, 2016 Rules/Legislative Committee Meeting to determine if rules need to be developed to implement the law.

MQA Online Services – Your Portal. On Demand.

The Florida Department of Health, Division of Medical Quality Assurance (MQA), recently launched an upgraded online licensing and renewal system for Florida licensed medical doctors. When you use the upgraded system for the first time, you will be required to complete a one-time registration process before you can renew your license. The improved user-friendly system gives you the ability to manage and maintain your license from your own account dashboard. From your dashboard, you can:

- add additional licenses or applications
- request a name or status change
- update your address and add a secondary practice location
- upload your documents
- start a new application
- complete an application you have already started
- renew your license

Learn from an expert who will walk you through the process of registering for an account and adding your license to your dashboard during a free informational webinar. To register for an upcoming webinar, go to www.FLHealthSource.gov/webinars.

Board and Committee Business Updates June 2-3 Board and Committee Meetings

The Disruptive Behavior Committee has been meeting to discuss the impact of disruptive behavior in healthcare facilities and how that behavior can affect patient care outcomes. The Board, working with the Professionals Resource Network (PRN) and other interested parties, developed a position statement to assist facilities/organizations in addressing disruptive behavior. The steps provided in the statement are not required, but are provided as a tool. The statement also includes leadership standards developed and required by The Joint Commission for accreditation. The statement is included with this newsletter and may be copied and disseminated.

The Surgical Care/Quality Assurance Committee met and approved changes to Rule 64B8-9.009, FAC—Standards for Office Surgery. The changes include removal of Vasopressin as a required medication on the crash cart and approval of the American Red Cross as a provider of Basic Life Support Certification.

The Rules/Legislative Committee approved changes to Rule 64B8-35.002, FAC—Standards for Protocols. Copies of ARNP protocols are no longer required to be provided to the Board of Medicine at renewal. In fact, the Board of Medicine only requires physicians to notify the Board of the number of collaborative agreements he/she has with ARNPs, EMT's and Paramedics. Form number DH-MQA 1069 ARNP/EMT/Paramedic Protocol Form is available for this purpose on our web site at www.FLBoardofMedicine.gov under the Resources Tab. The Committee also started developing disciplinary guidelines for violation of Section. 456.072 (1)(oo) - Willfully failing to comply with s. 627.64194 or s. 641.513, Florida Statutes or violation of Section. 458.331(1)(tt) - Willfully failing to comply with s. 627.64194 or s. 641.513, Florida Statutes.

The Physician Assistant Council met and have been busy rulemaking to implement changes to the application for licensure, Formulary, and the renewal/reactivation of licensure process. These changes result from new legislation passed during the 2016 Legislative Session.

Licensure Statistics from the June 2-3, 2016 Board Meeting

The Board of Medicine is tasked with ensuring applicants meet the current requirements for licensure. If issues are identified in the application, the applicant may be asked to appear before the Credentials Committee.

LICENSURE STATISTICS	Medical Doctor Applicants	Physician Assistant Applicants
Licenses approved after appearance	21	5
Licenses ratified by Board	1629	110
Licenses approved with conditions	12	0
Licenses denied; allowed to withdraw	2	0
Tabled or no action	4	0
Applications withdrawn	4	1
Request for Modification of License on Conditions—Denied	0	0
Request for Modification of License on Conditions—Approved	1	0

Discipline Statistics from the June 2-3, 2016 Board Meeting

In addition to licensing qualified practitioners, the Board conducts disciplinary hearings at the Board Meetings.

DISCIPLINE STATISTICS	Medical Doctor Physician Assistant
Revocation	6
Suspension	4
Relinquishment	6
Probation	2
Obligations	17
No penalty, Costs	1
Tabled/Pending/Continued	22
Dismissed	2

The next meeting of the Board is July 28-29, 2016. July 28th are the Committee Meetings and July 29th is the Board Meeting where the disciplinary hearings are held. The meeting will be at the Tampa Westshore Marriott, 1100 North Westshore Boulevard, Tampa, Florida.

All agenda's and agenda materials will be available online at www.FLBoardofMedicine.gov under the "Meetings" tab, seven days before the meeting date.

Board Meeting Attendance for CME Credit

[Florida Administrative Code Rule 64B8-13.005](#) allows physicians to attend a full day of disciplinary hearings to earn five (5) hours CME credit in risk management or ethics. The [Board's next meeting is scheduled for July 29, 2016](#) at the Tampa Westshore Marriott, 1100 North Westshore Boulevard, Tampa, Florida.

The meeting begins at 8:00 am. **Be sure to sign in with staff upon arrival at the meeting to ensure proper credit.**

Did you know

You can apply to be a member. The Board of Medicine is comprised of fifteen volunteer citizens appointed by Florida's Governor and confirmed by the Florida senate to serve the citizens of Florida. The twelve physicians on the Board are engaged in the daily practice of medicine in Florida. The three consumer members represent the viewpoint of the Florida healthcare consumer. Together they strive to promote the safe practice of medicine in this state. They recognize that the overwhelming majority of Florida's licensees will never be engaged in a disciplinary proceeding. However, in the cases that come before them in which there is an alleged violation of Florida's medical practice act, they are committed to the fair and just application of the law to protect the citizens of Florida. The application is available on the Governor's Office of Appointments website at <http://www.flgov.com/appointments/>.

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Florida Board of Medicine

Position Statement on Disruptive Behavior

The Florida Board of Medicine offers its expertise and guidance to health care facilities and other healthcare professionals in dealing with the issue of disruptive behavior. The American Medical Association (AMA) defines disruptive behavior as physical or verbal personal conduct that has a negative effect or potentially has a negative effect on patient care.¹ Statistics show that an estimated 3 to 5 percent of all physicians fall into this category of behavior.² Disruptive behavior may be a one-time event or a pattern of behavior that can contribute to negative outcomes in patient care. The term disruptive behavior is useful in determining conduct which fall under this pattern of behavior so as not to confuse disruptive behavior with the firm expression of medical opinions during the course of patient care.

Disruptive behavior can arise from a variety of reasons such as underlying impairment issues, personal and professional stressors, and specific personality traits. Between 2005 and 2015, the Professionals Resource Network, Inc. (PRN) reported that 178 practitioners were referred for evaluation because of behavioral concerns. Of those 178 referred, 128 (71%) were diagnosed with serious and potentially impairing conditions, and 46 were not diagnosed with an impairing condition, but were in need of assistance in the form of mentoring, anger management courses, stress management coaching, or other approaches.³

Behavioral policies are required as a component of accreditation through The Joint Commission (TJC). The commission issued a leadership standard beginning in 2009, LD.03.01.01, mandating that healthcare organizations address disruptive and inappropriate behaviors in two of its elements of performance:

-EP4: the hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors

-EP5: leaders create and implement a process for managing disruptive and inappropriate behaviors⁴

The Board recommends healthcare facilities/organizations take the following steps to address disruptive and inappropriate behavior:

Healthcare facilities could establish a code of conduct that define acceptable behavior and institute behavioral policies and procedures that can be reviewed and signed by physicians during their initial credentialing and during subsequent re-credentialing cycles.

On the first reported occurrence of disruptive behavior, the healthcare facility's Chief of Staff, Chief of Service or Chief Medical Officer could speak with the physician engaging in such behavior.

On the next reported occurrence of disruptive behavior, the physician could be asked to appear before the healthcare facility's wellness committee or other appropriate committee.

If the disruptive behavior continues, the physician could be asked to voluntarily submit to an evaluation by PRN to exclude impairment.

The healthcare facility could mandate the referral of the physician to PRN for evaluation.

The Board acknowledges there is no easy solution to this issue. The Florida Board of Medicine encourages hospital/organization leadership to develop specific guidelines and processes for managing issues of disruptive and inappropriate behaviors among physicians and health care professionals since they present potential threats to the health and safety of patients, the health care team, and the environment of care.

References

- ¹ American Medical Association Council on Ethical and Judicial Affairs. *Physicians With Disruptive Behavior*. Chicago, IL: American Medical Association; 2000. Report 2-A-00.
- ² Leape LL, Fromson JA. Problem doctors: is there a system-level solution? *Ann Intern Med*. 2006;144(2):107-115.
- ³ Professionals Resource Network, Inc. *Position Statement On Disruptive Behavior In Healthcare Professionals*. 1-2.
- ⁴ Behaviors that undermine a culture of safety. *Sentinel Event Alert*. 2008;(40):1-3.