



Board of Medicine and Board of Osteopathic Medicine

Joint Health History Workgroup

September 14, 2018 at 12:00 pm

Meet-Me Number

Toll Free: 1-888-670-3525

Participation Code: 6607485549 #

MINUTES

The meeting began at 12:04 pm.

Claudia Kemp, J.D., Executive Director of the Board of Medicine opened the meeting and read the list of members of the workgroup and staff present:

Stephanie Haridopolos, M.D.

Steven Rosenberg, M.D.

Sandra Schwemmer, D.O.

Bridget Bellingar, D.O. (unable to attend)

Kama Monroe, Executive Director Board of Osteopathic Medicine

Allen Hall, Executive Director, Medical Therapies

Edward Tellechea, Board Counsel

Donna McNulty, Board Counsel

Nancy Murphy, Certified Paralegal

David Flynn, Board Counsel

Larry Harris, Board Counsel

Deborah Loucks, Board Counsel

Rachelle Munson, Board Counsel

Jennifer Wenhold, Executive Director, Board of Pharmacy and the 491 Boards

Sherri Sutton-Johnson, Nursing Consultant, Board of Nursing

Crystal Sanford, Program Operations Administrator

Shay Marcelus, Program Operations Administrator

Shaila Washington, Regulatory Supervisor

Stephanie Loughmiller, Administrative Assistant

Ms. Kemp read through the list of members from other boards also in attendance for the meeting:

Dr. T.J. Tejera – Board of Dentistry

Jamie Buller – 491 Boards

Nick Pappas – Board of Athletic Trainers

Doug Moore – Board of Hearing Aid Specialists

John Girdler – Board of Opticianry

Lisa Renee Johnson - Board of Nursing

Dr. Michelle Morgan – Board of Clinical Lab Personnel

Dr. Steve Kepley – Board of Optometry

Christine Hankerson, PhD – Board of Nursing Home Administrators

Dr. Andrew Rubin – Psychology

Dr. Kay Tasso – Physical Therapy

Jim Spafford – Occupational Therapy

Roberto Garcia – Respiratory Therapy

Stephanie Petrowsky – Dietetics Nutrition

Jolynn Greenhalgh – Electrology

Wayne R. Rosen – Board of Orthotists and Prosthetists

Dr. Soorena Sadri – Board of Podiatric Medicine

Richard Montgomery – Board of Pharmacy

Anna Hayden, D.O. – Board of Osteopathic Medicine

Ms. Monroe provided a brief overview of the workgroups activities. She explained the Department of Health started a project to standardize the applications for licensure for all healthcare professions. The intent of the project was to ask questions from Chapter 465, which apply to all applicants, in the same language and format in all the applications. She said, on the national level, professional organizations such as the American Bar Association, American Medical Association, Federation of State Medical Boards and the American Psychiatric Association, were looking at the efficacy and appropriateness of the health history questions asked on licensure applications. Within Florida, similar concerns were voiced by organizations such as the Council of Florida Medical School Deans and the Florida Medical Association.

Ms. Monroe went on to say the workgroup was formed because the Department wanted recommendations regarding new health history questions that are less intrusive and ensure people are not dissuaded from seeking the treatment they need, while still remembering the purpose of licensure is to ensure the health, safety and welfare of the public.

Dr. Schwemmer reiterated the workgroup's goal to balance the questions between appropriately identifying issues and the needs of the applicants.

Dr. Rosenberg asked the workgroup to remember the medical students, interns and residents who need help and protection as well. He talked about the high rate of suicide among students, interns and residents. He said he wanted them to be able to get help without being stressed about repercussions.

Dr. Haridoplos said she was honored to serve on the workgroup and echoed Dr. Schwemmer and Dr. Rosenberg's comments. She said physician burnout is also an issue and she was glad it was getting attention. She said the workgroup should avoid the past-history and concentrate on the applicant's present ability to practice his/her profession. She liked language from the American Psychiatric Association on page 141 of the materials.

Question 1:

Do you have any condition that impairs your ability to practice your profession with reasonable skill and safety?

Alexis Polles, M.D., Director of PRN addressed the workgroup and thanked them for the support, admitting it is a huge undertaking. Her concerns were the physicians who are undiagnosed and will answer the question no. She was also concerned about the ones who are currently in treatment and in compliance who would answer yes and be unfairly targeted unless there were safe harbor laws.

Ms. Monroe advised the safe harbor laws would not apply in this situation.

Terri Meeks understood Dr. Polles' concerns and said most medical schools have their own treatment programs not related to PRN.

Bob Watson, faculty at FSU, suggested applicants currently in PRN can answer no.

Ms. Kemp said most of the professions use PRN.

Mr. Watson said the applicant can answer yes then provide documentation of compliance.

Ms. Kemp said question number three addresses the documentation.

Dr. Schwemmer said she appreciates Ms. Meeks comments but we cannot capture all the programs available or situations that might arise. She said we all hope the applicant is truthful and answers honestly. She said our primary role is to protect the citizens.

Ms. Kemp summarized the different scenarios:

1. Not diagnosed yet
2. In program and believes he/she is in compliance with the program
3. In program

Dr. Polles added a fourth scenario - Diagnosed but lacks insight about how it will affect the applicant's ability to practice.

Mr. Tellechea said applications in the past addressed behaviors and the Board eliminated those questions. He said the workgroup may want to look at those questions again. He explained the current questions arose out of negotiations with the DHHS and ask about behaviors versus conditions.

Ms. McNulty proposed a scenario where a licensee comes from another state where he/she is in compliance in an impairment program and cleared to practice. She asked how the applicant would answer the question.

Dr. Hayden asked why we even had to ask the question because you will not capture the ones that are not diagnosed.

It was noted the Iowa Board of Medicine asks no health history questions on their application for licensure.

Ms. Kemp reminded the workgroup there are six lengthy questions on the application now and there is no report to run that can verify this type of information, She said other entities may advise the Board.

Ms. Hobbs with the American Psychiatric Association, suggested the workgroup look at the APA recommendations again.

Dr. Rosenberg mentioned the law that requires a licensee to report another licensee if he/she knows the other licensee has violated a law or rule and asked if it applied to PRN as well.

Mr. Tellechea said that law has never been enforced and PRN is exempt except as outlined in their contract with the Department of Health.

After discussion, question 1 was changed to read:

Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety?

Question 2:

Are you using narcotics, drugs or intoxicating chemicals to such an extent that it would impair your ability to practice your profession with reasonable skill and safety?

A representative from the Council of Medical School Deans asked if “drugs” meant illicit drugs or medications.

Dr. Haridopolos was agreeable to a change in the language.

Mr. Watson said he also agreed with the suggestion and a suggestion made by Ms. Hobbs related to question one.

Ms. Hobbs said she would forward her suggested language.

There was some discussion concerning the use of the word “suffering” in the question which was previously removed.

A member mentioned that interns are not practicing until they receive their intern registration, but it was determined the intern would still be required to answer these questions on their application for intern registration.

Dr. Polles felt the language “to such an extent” is vague. She said there are some regulatory agencies that do not allow the person to practice if they are on any kind of medication.

The workgroup agreed to new language:

Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety?

Dr. Schwemmer left the meeting at 1:07 pm

Question 3:

If you answered “yes” to either of the above questions, please provide a letter from a license health care practitioner, who is qualified by skill and training to address your condition, which either explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, or stating that you are safe to practice your profession without restriction. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.

Ms. Kemp explained the workgroup, at the last meeting, requested a follow up question.

Dr. Polles said this question needed more than wordsmithing. She asked how a person who is in a program and approved to practice but under conditions answer the question? Does the letter from the health care provider's treating physician impose the condition or does the application go before the Board who imposes the condition?

It was suggested the word "either" be moved and "or" be changed to "and".

Ms. McNulty said the applicant would have to provide the documentation and then the matter would be scheduled before the Board.

Dr. Haridopolos said she likes the changes and feels the questions are more thorough and less complex. She said they are less intrusive but still protect the citizens.

Final language for questions three:

If you answered "yes" to either of the above questions, please provide a letter from a license health care practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating either that you are safe to practice your profession without restriction or indicating what conditions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.

Revised Questions:

1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety?
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety?
3. If you answered "yes" to either of the above questions, please provide a letter from a license health care practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating that either you are safe to practice your profession without restriction or indicating what restrictions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.

Next Steps:

Ms. Kemp said the next step was to take the revised questions to each board for review. She said the workgroup may need to meet one more time after each board has had an opportunity to review the questions.

Dr. Hayden suggested delegating to staff the ability to approve the applications where the applicant is in an impairment program and there are no conditions on practice.

Ms. Monroe thanked everyone for their participation.

Old Business

None

The meeting adjourned at 1:23 p.m.