

FORUM

ISSUE NO. 3 | FALL 2016



FROM THE PRESIDENT

Better regulation through the free exchange of ideas

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In September I had the privilege of representing NCMB at the biennial meeting of the International Association of Medical Regulatory Authorities (IAMRA) in Sydney, Australia. IAMRA is a membership organization made up of the world's medical licensing and regulatory bodies. Its mission is to support medical boards in their efforts to protect the health and safety of the public by ensuring high professional standards in the practice of medicine. NCMB is also an active member of the Federation of State Medical Boards (FSMB), the membership organization for American medical regulatory authorities.

Although NCMB's attention is firmly, and appropriately, fixed on the specific challenges and concerns facing medical professionals in North

Carolina, it's important for the Board to interact with medical regulators in other jurisdictions. First and foremost, active participation in medical regulatory groups is a way to ensure that NCMB and its licensees can benefit from knowledge accrued by others, so we don't have to constantly invent the bicycle ourselves. It's also an opportunity for NCMB – which is widely recognized as a leader in medical regulation – to share its knowledge and experience with others. I've attended cross-jurisdictional meetings from the beginning of my tenure on the Board and know from experience how stimulating it is to exchange ideas with others in regulatory medicine, even if NCMB ultimately decides to forgo ideas or policies encouraged or adopted by its peers.

One international trend NCMB is participating in is the increased use of health care data to identify and address needs in medicine and medical regulation – a rapidly evolving area known as risk-based regulation. Risk-based regulation was an active topic of discussion at the IAMRA meeting in Sydney, with regulators from multiple countries

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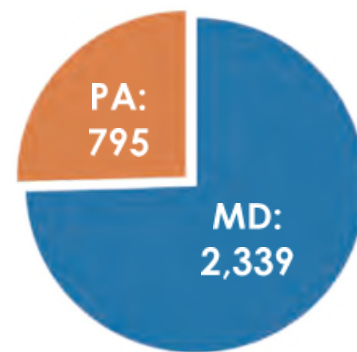
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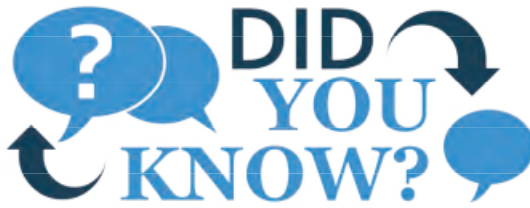
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SPOTLIGHT

As of Sept. 30, NCMB issued 3,134 licenses to physicians and physician assistants. The number of licenses issued to each profession is shown below. For the past few years, the physician population has increased by approximately 2 percent per year, and the PA population has increased by about 7 percent per year.

Licenses issued since Jan. 1, 2016





Hospitals and health care organizations are no longer required by law to report ANY privilege actions taken against a physician related to failure to complete medical records in a timely manner?

During its most recent session, the NC General Assembly passed House Bill 728, now Session Law 2016-117, which included language eliminating the requirement to report such actions. This change was based on feedback from hospitals and is in part due to lack of helpful information produced for the Board. Previously, hospitals and health care organizations were required by NCGS 90 -14.13(a1)

(1) to report privilege actions related to delinquent medical records when a physician received three such actions within a calendar year.

As enacted, the law now reads:

“A hospital is not required to report:

(1) The suspension or limitation of a physician’s privileges for failure to timely complete medical records.”

GETTING TO KNOW THE PEOPLE OF THE NC MEDICAL BOARD

Five Questions: Eleanor E. Greene, MD, MPH

OB/GYN | TRIAD WOMEN'S HEALTH AND WELLNESS CENTER, HIGH POINT | APPOINTED 2010 | BOARD PRESIDENT

Q: What do you wish the public or other medical professionals understood about the Board?

A: Many licensees and members of the public still do not have a great understanding of the Board and how it works. Some licensees see the Board as an adversary. And members of the public often think we can intervene in areas that we have no authority over. NCMB has made great strides, especially in the past few years, in its efforts to educate the public as well as licensees about the Board, but we need to do more to educate patients and licensees.

Q: What do you do to recharge/prevent burnout?

A: After practicing for more than 25 years, I took a serious look at my life and decided it was time to refocus my personal life and practice based on wellness of mind, body and spirit. I realized I had to take my own advice and adhere to a healthier lifestyle, including getting regular exercise, making healthier choices in eating, taking time to relax and getting more restful sleep. I also take regular vacations and spend more time with my family. I think had I not done those

things, I could easily have fallen victim to burnout and my health would be jeopardized. Doctors are human and we need to pay more attention to our bodies’ signals that we are stressed or weary, and make a change.

Q: What do you like to do in your leisure time?

A: I am currently redecorating my home of 20 years. It has been fun. I cannot believe the years flew by so quickly. I am also helping my husband restore an old historic barn on our property.

Q: What advice would you give to someone entering the medical profession?

A: I would advise them to expect and embrace change, as the field of medicine is always evolving. I would tell them that their flexibility and attitude toward change will determine their happiness and satisfaction in the profession and with life in general. I would tell them that they should not become discouraged when they hear some practitioners lament that the practice of medicine is not like it used to be. That statement is true – it’s not. But if you are choosing this profession to serve the public and your profession, there will be many rewarding days that will let you know that you are on the right path.

Q: Who inspires you?

A: To name a few, my mother Pearl Wilson, my Aunt Christine, President Barack Obama and Eleanor Roosevelt. I would say my mother was most inspiring to me. She was so loving, so kind, so wise, and so strong. The older I grew, the more she inspired me. She had so little, but gave so much to her family, community, church and others.

