NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE NEWSLETTER

Nevada State Board of Osteopathic Medicine, 2275 Corporate Circle, Suite 210, Henderson, NV 89074

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ADDRESSING PHYSICIAN BURNOUT IN 2022

CONTINUING MEDICAL EDUCATION AUDIT POLICY SECOND REVISION



BOARD IMPLEMENTING A NEW LICENSE DATA BASE SYSTEM

At the January 11, 2022 Board Meeting, the Board approved a contract with Thentia, based in Toronto, Canada, with U.S. operations headquartered in Chicago, Illinois. Thentia offers technology solutions designed for regulation, compliance and governance needs across many professions and trades. The Board chose Thentia to implement a new licensing data base system for its user-friendly interface, reasonable fees and a proven track record. The company has contracts with many state boards across the U.S. The Board is currently preparing a formal contract with Thentia, to be approved by the Nevada State Board of Examiners. After approval, the implementation and migration process will begin-likely, in the spring. The current licensing system, K3, will continue to be used until the new system is fully operational. The new licensing system should be in place before the 2023 license renewal period begins.

Several features of the new licensing system includes: 1) licensees will create and manage their own accounts (including initial applications and renewals); 2) upload and manage CME certificates and track credits; 3) pay all fees on the website; and, 4) facilitate staff administrative tasks, such as running reports and managing complaints and other documents.

Licensees will be notified when the system is fully operational.

Reminder-Physician Assistant Precautionary Note!

Physician Assistants licensed in the State of Nevada, as well as most other states, are **NOT** legally allowed to use the new title "Physician Associate" that is currently approved/adopted for discussion and research by the American Academy of Physician Assistants. According to AAPC, ARC-PA and other PA organizations, it is not recommended that this title be used by the PA until it has been officially adopted through studies and state regulation changes. The AAPC goes on to say that this process is expected to take up to 5 years to move forward. Utilizing the title of Physician Associate is a violation of State statute and could subject the PA that officially utilizes this title in their practice to disciplinary action by the Board for misrepresentation to patients.

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Mission: The Nevada State Board of Osteopathic Medicine's mission is to protect and safeguard the public by licensing and disciplining well–educated and competent Doctors of Osteopathy and Physician Assistants.

CURRENT MEMBER LIST- INTERSTATE MEDICAL LICENSURE COMPACT (IMLC)

- NEVADA
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- COLORADO
- DELAWARE
- DISTRICT OF COLUMBIA
- GEORGIA
- U.S. Territory of GUAM
- IDAHO
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- LOUISIANA
- MAINE
- MARYLAND
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- WASHINGTON
- WEST VIRGINIA
- WISCONSIN
- WYOMING

For more info go to:

http://nsbom.org/LicensingPublic
/licensurecompact.jsp;

To apply for an IMLC medical license (DOs only): http://www.imlcc.org/

Closing your practice?

The statute requires practitioners to notify the Board in writing 30 days before closing a practice. See NRS 633.291; NAC 633.260(1)(2) for full details.

Best Practices-Notify Patients:

Per NRS 633.511(1)(n), it is best practices to give similar adequate notice to patients when closing or changing a practice.

2022 BOARD MEETINGS

January 11
February 08
March 08
April 12
May 10
June 14
August 09
September 13
October 11
November 08
December 13

No meeting in July

As of June 1, 2021, Board meetings will be held in person at 5:30 p.m. The public may also call in to meetings telephonically.

License Application

Numbers

July - December 2021

DO - 110 PA - 26

Residents - 9

Other Special - 0

Compact (IMLC) - 33

Total Active - 2370

Enforcement Stats: July - Dec 2021

Complaints - 69

Settlement Agreements - 2

Letters of Caution Issued - 5

Complaints Closed - 56

Fulfilled (Completed) Agreements - 1

Complaint Types*: July - Dec 2021

Medical Malpractice - 7

Prescribing – 8

Standard of Care - 30

Unprofessional Conduct General - 26

Medical Records – 2

Death Certificate Signing – 0

Terminating a patient - 5

Non – Reporting – 1

Other - 1

*Some types of complaints overlap

BOARD LICENSE/RENEWAL FEES - Changes to PAs with Dual Licenses**

INITIAL LICENSE FEE: D0-\$500*; PA-\$300* [Dual-licensed PA fees changed 1/1/22]

MILITARY DISCOUNT: 50%- DO-\$250; PA-\$150 (INCLUDES SPOUSES)

RENEWAL FEE: D0-\$350; PA-\$150

**PA DUAL LICENSE (OSTEOPATHIC AND ALLOPATHIC BOARDS) FEE: \$150 (Half of regular fee)

ACTIVE MILITARY RENEWAL FEE: \$0 (NO COST)

*Fingerprint/background fees are an additional \$50.

CME Requirements Refresher (DO and PA)

New Statute: AB 327 became effective January 1, 2022. Statute requires every two (2) years, psychiatrists and physician assistants working under the supervision of psychiatrists must complete two (2) hours of Cultural Competency and Diversity, Equality, and Inclusion.

DO: a) Ten (10) AOA 1A or AMA 1 credits which includes two (2) credits in abuse of controlled substances, opioid prescribing or addiction

- **b)** <u>Suicide Prevention</u>: DOs must obtain two (2) credits in suicide prevention within two (2) years of being licensed and repeated every four (4) years.
- c) 3) Even-numbered years: two (2) credits of one of the following: ethics, pain management, or addiction
- d) Preceptorship credits may be applied to the required 35 annual CME credits.

 Note: The annual NOMA conference does not fulfill the CME credit requirement if a total of 35 credits are not earned for that conference.

PA: Included in the completion of **20 hours** (credits) of annual continuing medical education completion of at least **two (2) hours** (credits) in the misuse and abuse of controlled substances, the prescribing of opioids or addiction.

Staving off Physician Burnout in 2022

When planning for the future, being a physician is usually a stable, rewarding career. But if you feel more like a machine and less like the physician you planned on becoming, you may be suffering from physician burnout.

According to the Bureau of Labor Statistics, the overall employment of physicians and surgeons is projected to grow 3% from 2020 to 2030, which is still slower than the average for all occupations.

Despite limited employment growth, an average of 22,700 openings for physicians and surgeons are projected each year over the next decade. Most of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force through retirement. These stats suggest physicians will continue to have options for employment opportunities far into the future. Still, it is essential to plan so you don't suffer from physician burnout.

Here are four areas of focus that can help you take care of yourself, which will help you continue to take care of your patients:

1. Focus on health care trends and how they affect workforce planning.

Why is this important to you as a physician? As a provider, each time a nurse, doctor, or part of your team leaves the organization, it causes stress on the entire group.

It is a financial and emotional loss, and it can cause a lot of extra work for you in call coverage or patient coverage. You already spend more time than you probably want to in the office, hospital or clinic. Be a part of the planning process. Know what is going on in your industry and your facility.

2. Support your well-being as well as your colleagues'.

Take time off when you need time off. Support your colleagues when they do the same thing. Research what emotional, environmental, financial, intellectual, physical and spiritual wellness is and implement this into your daily life.

Supporting your well-being and your colleagues' is shown to reduce health care turnover and physician burnout.

3. Continue to plan for your future.

If your current employer does not support your future, then continue to plan and dream for what is next for you as a physician. If you see leadership in your organization continue to make changes that don't include your ideas or you, it may be time for you to research opportunities that provide you growth or at least an opportunity for you to feel better about your input and inclusion.

You can be an excellent physician, but if your employer or the management team doesn't recognize your significance to the health care organization, it is unlikely any of your planning or thoughts will ever make it to fruition.

4. Remain positive and remember the reason you went into your career choice in the first place.

Even though some days are better than others, being a physician is a great career that provides a much-needed service. At the beginning of 2021, U.S. News & World Report ranked physicians as having the fifth best job. This is even in the middle of a global pandemic.

If you are not in the right place right now, there are other places you can go to and grow. If you decide it's time for a job search, be sure your decision-making process includes asking prospective employers how they see your future.

By: PracticeLink Staff, December 14, 2021

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Additional resources to assist with physician burnout and wellness support are listed below

AMERICAN OSTEOPATHIC ASSOCIATION

BODY, MIND & SPIRIT

Prioritizing Your Health & Wellbeing

Caring for patients is your top concern. But it's more important than ever to devote time to your own health and wellness, too.

Long before the COVID-19 pandemic, burnout and depression were common challenges within the medical profession. Over the past two years, these challenges have exponentially multiplied due to the unrelenting and inexorable demands of the pandemic and the toll it has taken on the nation's health system.

COVID-19 Wellness Support

Whether you're in crisis, or just beginning to struggle with burnout or depression, talking about how you feel is the first step toward recovery. The list below includes contact information for free, confidential physician support and guidance during, and beyond, the COVID pandemic.

National Suicide Prevention Lifeline

Dial 1-800-273-TALK (8255), or text the **Crisis Text Line** (text HELLO to 741741). For more information visit the **National Institute of Mental Health** webpage.

Physician Support Line

Dial 1-800-409-0141 for confidential peer support from licensed psychiatrists who have volunteered to assist their physician colleagues during the COVID-19 pandemic.

Wellness Resources

Physician Wellness and Burnout Tools

This resource from the American College of Physicians provides access to TedTalks, podcasts, webinars and wellness apps focused on improving your personal well-being and satisfaction.

Well-Being Resources

View curated resources available from the American Psychiatric Association, included targeted interventions for depression, burnout and addiction.

Clinician Support Tools

Recognizing the likelihood that the COVID-19 crisis may exacerbate existing levels of burnout and mental health stressors, the National Academy of Medicine (NAM) has compiled resources to support the health and well-being of clinicians providing health care during the COVID-19 outbreak.

Free or Discounted Wellness Apps

Recognizing the need to help health care workers manage the stress of being on the front lines battling the COVID-19 pandemic, several wellness apps are now offering free access.

• Calm (AOA member discount available)

Guided meditations, breathing exercises, sleep stories and more will alleviate stress and improve sleep. AOA members pay only \$29.99 for the annual subscription (regularly \$69.99). **Learn more**.

 Sanvello has opened all premium content to the public, including modules on self care, peer support, coaching and therapy. Register now.

Additional Resources

SAMHSA

The Substance Abuse and Mental Health Services Administration provides a free, confidential 24/7 treatment referral routing service. Call 1-800-662-4357 or find more information on the **SAMHSA website**.

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BOARD APPROVES REVISED UPDATE ON CONTINUING MEDICAL EDUCATION AUDIT POLICY

At the October 10, 2021 Board Meeting, the Board approved a newly revised Continuing Medical Education (CME) Audit Policy, which was previously approved in April 2021. Several important elements of the policy were revised, which are vital for review:

- 1) CME audits will remain random, with the goal of all licensees being audited at least once every five (5) years, possibly more depending on the random choice;
- 2) <u>CME fines will NO longer be charged for those deficient in CME credits</u>; rather, the Board will require all audited licensees to prove they have taken all required CMEs for the year before their licenses can be renewed; and,
- 3) If proof is not provided after receiving a final notification letter for renewal, a licensee's license will automatically expire on January 31 of the year pursuant to NAC 633.257(1). The Board will follow the statutory requirements for proper licensing renewal.

See updated approved CME policy <u>here</u>.

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IMPORTANT REMINDERS

LICENSEES: REMEMBER TO PROVIDE TO THE BOARD EITHER YOUR RESIDENCE OR REGULARLY CHECKED P.O. BOX NUMBER TO ENSURE RECEIVING IMPORTANT MAIL FROM THE BOARD. BUSINESS PRACTICE OR LICENSING CREDENTIALLING OFFICES ARE NOT TO BE USED, AS THEY ARE NOT RELIABLE DESTINATIONS TO RECEIVE OR MANAGE MAIL.

Participating in the CDC Vaccination Program

COVID-19 vaccination providers participating in the CDC COVID-19 Vaccination Program are required to sign a CDC COVID-19 Vaccination Program Provider Agreement. Providers are responsible for adhering to all requirements outlined in the agreement.

For further information on participating in the CDC Vaccination Program go to:

https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html

SUPERVISION OF PHYSICIAN ASSISTANTS

NOTE: ALL physician assistants <u>MUST</u> be supervised IN PERSON for the <u>first 30 days</u> of working with every new doctor of osteopath who they have a cooperating agreement with. The statute, NRS 633.469(3) states: *A supervising osteopathic physician shall provide supervision to his or her physician assistant <u>in person at all times during the first 30 days</u> that the supervising osteopathic physician supervises the physician assistant. The provisions of this subsection do not apply to a federally qualified health center. Regulation NAC 633.289(3)(a) states: Except as otherwise provided in <u>NRS 633.469</u>, shall provide supervision <u>in person at least once each month</u> to the physician assistant.*

Electronic Death Registry System (EDRS) Getting Access in Preparation of a Passing Patient

By: Shana Rhinehart, Management Analyst - I, Nevada Office of Vital Records

There are steps you should take before your patient passes. The first is to understand the law regarding death certificate timeliness, your responsibilities, and the tools available to make your part of the death certificate process easier, faster, and less stressful.

The law states that death certificates must be complete within 72 hours from death or discovery (NRS 440.490). In an ideal world, the funeral home starts the record within 24 hours and assigns the medical certifier. The medical certifier has 24 hours to complete the medical information and sign. The remaining 24 hours is for registrars to review and sign. Somewhere in these 72 hours, the family has to confirm details about the decedent to the funeral home.

What do you need to know about death certificates?

1. Anyone who has terminally ill patients, works at a hospice/rehabilitation facility, specializes in geriatrics, or works in an emergency room should have access to the EDRS.

<u>Before</u> the death occurs, get your access to the EDRS, install it on your PC, and take the training for physicians.

2. The timeline to sign is very tight.

Physicians only have 24 hours to sign the death record once it has been assigned to them (NRS 440.415(4)). If the record is rejected, physicians have an additional 24 hours to correct and re-sign (NAC 440.160(4)).

3. What are you responsible for on the death record?

Certifiers are responsible for the following: date of birth, date of death, time of death, cause of death, and the social security number. You are responsible for any corrections to this information.

4. How to determine if the death certificate is your responsibility or belongs to the Coroner/Medical Examiner?

Responsibility is covered in-depth during the physician's training sponsored by the Office of Vital Records. System training occurs via Teams and takes one hour.

5. How to install and navigate the existing EDRS?

The existing EDRS is old and has specific system requirements. You cannot just click on the link, enter your login, and expect the system to function. You must pre-install the system requirements in 3 simple steps (included with your login information). While the Office of Vital Records is looking into a new or upgraded system that does not require any downloads and works on multiple browsers, this will take some time. In the meantime, the Office of Vital Records offers installation assistance appointments and training. Please contact us via email at OVRHELP@health.nv.gov.

6. Who can sign a death record?

Medical Doctors (MD), Doctors of Osteopathy (DO) and Advanced Practice Registered Nurses (APRN).

7. Can I have my assistant enter the information for me to review and sign?

Yes. Vital Records created system roles for your assistant. Your assistant must have their own separate login. Please have your assistant contact our office for access.

Disclaimer: The opinions expressed in the article are those of the author, and do not necessarily reflect the opinions of the Board members or staff of the Nevada State Board of Osteopathic Medicine.

VETERAN SERVICES

AB 300 (2019 NV Legislative Session) provides for the outreach, education and expansion of information to veterans for service-connected disabilities and diseases, along with providing a statewide information/referral information system. The information below is also available on the Board's web site under "Veterans Services."

Understanding Presumptive Conditions:

http://nsbom.org/LicensingPublic/docs/Presumptive%20Conditions%20-%20Veterans%20Services.pdf

Types of Presumptive Conditions and Resources:

http://nsbom.org/LicensingPublic/docs/Types%20of%20Presumptive%20Conditions.pdf

Reporting Disciplinary/Malpractice Actions

Please Note: NRS 633.527 states all licensees are required to report all actions within 45 days of the action in which they are named. Note: Criminal actions must be reported within 30 days. This includes disciplinary, malpractice, fulfillment and removal. The National Practitioner Data Bank (NPDB) reports to the Board all disciplinary, malpractice and positive settlement fulfillments and disciplinary action removals. Malpractice settlements involving minors (under 18 years old), must be approved by the courts. However, note the NPDB may receive settlement notification by an insurance carrier prior to court approval, starting the reporting timeline in our statute. Please communicate with your insurance company to comply with the reporting requirements.

CONTROLLED SUBSTANCE PRESCRIBING REQUIREMENTS

- AB 239 Revisies AB 474 (2019): http://nsbom.org/LicensingPublic/docs/AB239_EN.pdf
- AB 474 Webinar Recording for 12/18/17:
 http://www.nsbom.org/LicensingPublic/docs/WEBINARAB474(121817).mp4
- Additional info on AB 474 and Requirement for Reporting an Overdose:
 http://dpbh.nv.gov/Resources/opioids/Prescription_Drug_Abuse_Prevention/

OCCUPATIONAL RESOURCES

Nevada Osteopathic Medical Association (NOMA)

2255 Springdale Court, Reno, NV 89523 (702) 434-7112

www.nevadaosteopathic.org

Federation of State Medical Boards (FSMB)

www.fsmb.org

NEW! Opioid and Pain Management Resource Web Page

http://www.fsmb.org/opioids/

American Osteopathic Association

https://www.osteopathic.org/Pages/default.aspx

DO YOU HAVE NEWSLETTER TOPIC SUGGESTIONS?

Please email Sandy Reed at: sreed@bom.nv.gov

PLEASE NOTE: The contents of this newsletter constitute official notice from the Board to its licensees. All licensees are responsible to read and understand the contents of this newsletter.