NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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The Importance of Prescription Drug Monitoring Programs

By: Rachel V. Rose, JD, MBA[1]

In response to concern surrounding the overprescribing of controlled substances and potential for abuse of the health care system and government programs, both the federal government[2] and the majority of states have enacted initiatives and laws, typically called Prescription Drug Monitoring Programs (PDMPs or PMPs). As defined by the National Alliance for Model State Drug Laws (NAMSDL),

> *[A] PDMP is a **statewide** electronic database which collects designated data on substances dispensed in the state. The PDMP is housed by a specified statewide regulatory, administrative or law enforcement agency. The housing agency distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their profession.* [3]

These databases are used by government officials to reduce prescription drug abuse. According to the Alliance of States with Prescription Monitoring Programs (the "Alliance"), there are presently 49 states and one territory with "legislation authorizing the creation and operation of a PMP." Of the 49 states, 42 presently have an operational PMP, which is defined as a program that is actively "collecting data from dispensers and reporting information from the database to authorized users."[4] Both the NAMSDL and the Alliance provide links to state contacts. For example, Sherry Wright is designated as the Program Supervisor, Texas Prescription Program, while Lisa Adams and Larry Pinson, who are affiliated with the Nevada State Board of Pharmacy, are the contacts for Nevada's program.

In essence, each state controls who has access to the collected PMP information and for what purpose. For example, the Texas legislation was enacted in 1981 and became effective in 1982. Both the Texas Health and Safety Code, Chapter 481, Sections 481.074-481.0761, and the Texas Administrative Code, Chapter 13(d), address the application and formation of the PDMP exclusively in Texas. Nevada's state-specific parameters were enacted in 1995 and were operational in 1996. The two primary legal sources are NRS 453.1545 and NAC 639.926.

(*Continued on page 2)*

FEATURED IN THIS ISSUE:

ALSO IN THIS ISSUE:

MISSION STATEMENT

The Nevada State Board of Medical Examiners serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, respiratory therapists and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board will place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.

NRS 453.1545 is a statute related to the development of the computerized tracking system for controlled substances and the subsequent reporting of illegal activity, as well as the confidentiality of the information. It requires participation by practitioners and pharmacies dispensing controlled substances under Schedule II, III, or IV, so that each controlled substance prescription can be tracked. Moreover, internet access is provided and "[s]tatistical data relating to the use of those controlled substances that is not specific to a particular patient" is collected. This is to show what prescribers may be "outliers" and prevent the overprescribing of controlled substances.[5]

A complementary regulation, NAC 639.926, addresses the transmission of controlled substance dispensing information. It requires that each "outpatient" pharmacy record and transmit information to the Nevada Board of Pharmacy pursuant to the *ASAP Telecommunications Format for Controlled Substances* (2005 Edition).[6] In addition to this information, additional qualifiers, such as "prescription type; payment type; or identity of the person picking up the prescription," should also be included.

Recently in Nevada, 29 physicians were on a pharmaceutical company's Abuse and Diversion Detection Program list for overprescribing OxyContin, a pain management drug and controlled substances.[7] The company's internal list was not part of a PMP initiated by the state. Still, a meeting occurred between the company and the Nevada State Board of Medical Examiners. The result was that although the state had already taken action in all 29 cases, highlighting the proactive approach of the Board, further confidential review may occur in some of the cases.

This collaborative effort between government and private entities highlights the commitment to reducing prescription drug abuse, the effectiveness of state PMPs, and the potential consequences of misuse by patients, pharmacies and providers. In addition to State Pharmacy Boards, the Federation of State Medical Boards (FSMB) published *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain.* In sum, PMPs provide a vital tool to assist with these measures and with the majority of states having already operational PMPs, the curtailing of fraud and abuse is likely.

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[1] Rachel V. Rose, JD, MBA, is a Houston-based attorney licensed in Texas, who advises on federal and state compliance and areas of liability associated with a variety of healthcare and securities legal and regulatory issues, including: HIPAA, the HITECH Act, the False Claims Act, Medicare issues, Dodd-Frank, and women's health. She holds an MBA from Vanderbilt University and a law degree from Stetson University College of Law. She can be reached at rvrose@rvrose.com.

[2] Administered by the US Department of Justice (DOJ), under the Harold Rogers Prescription Drug Monitoring Program, three types of grants are available: planning, implementation and enhancement. *See* www.ojp.usdoj.gov/BJA/grant/prescripdrugs.html. Additionally, created by the U.S. Department of Health and Human Services in 2005, the National All Schedules Prescription Electronic Reporting Act (NASPER) provides grant programs for states to implement or enhance prescription drug monitoring programs.

[3] U.S. Department of Justice, Drug Enforcement Administration-Office of Diversion Control, *State Prescription Drug Monitoring Programs* (Oct. 2011), *available at* http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm.

[4] Alliance of States with Prescription Monitoring Programs, *available at*, www.pmpalliance.org.

[5] http://www.leg.state.nv.us/NRS/NRS-453.html#NRS453Sec1545.

[6] http://www.leg.state.nv.us/NAC/NAC-639.html.

[7] http://www.reviewjournal.com/news/nevada-and-west/29-nevada-doctors-list-overprescribing-oxycontin (Aug. 28, 2013).

***Disclaimer*: The opinions expressed in the Guest Author's article are those of the author, and do not necessarily reflect the opinions of the Nevada State Board of Medical Examiners, its Board members or its staff.**

BOARD MEMBER NEWS

RACHAKONDA D. PRABHU, M.D., JOINS BOARD OF MEDICAL EXAMINERS

Dr. Rachakonda D. Prabhu has been a practicing physician in Nevada for over three decades and founded Red Rock Medical Group, Eldorado Medical Center and Sleep Center of Nevada specializing in internal medicine, pulmonary and sleep medicine. He was appointed by Governor Sandoval to a position on the Board of Medical Examiners effective October 1, 2013.

Dr. Prabhu has a distinguished academic background. He is certified by the American Board of Internal Medicine in Pulmonary Medicine, Sleep Medicine, and Critical Care Medicine, and is a graduate of the prestigious Calcutta University, Calcutta, India. Dr. Prabhu is currently serving as a Clinical Professor of Medicine with the University of Nevada School of Medicine. He has also participated in many investigative clinical researches.

Throughout his career, Dr. Prabhu has made some significant contributions to medicine in Nevada. From founding a major pulmonary and critical care facility in Las Vegas to being the first Nevada physician to be trained in Laser Broncology, Dr. Prabhu has held several critical positions, such as Medical Director of the ICU at Valley Hospital and Medical Co-Director of the ICU at University Medical Center. He served as the pulmonary consultant to Veterans Services in Las Vegas and as the Medical Director of the Veterans Nursing Home in Boulder City. Dr. Prabhu volunteers his time serving on several hospital committees in Las Vegas, such as Medical Records, Quality Assurance, Medical Review, Critical Care, and the Legislative Committees of the American College of Chest Physicians and the American Association of Physicians of Indian Origin.

The Board welcomes Dr. Prabhu as a physician member of the Board.

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COMMUNITY OUTREACH PROGRAM

If you are interested in discussing the community outreach program or scheduling a presentation, please contact: Douglas C. Cooper, CMBI, Executive Director of the Nevada State Board of Medical Examiners, at dccnsbme@medboard.nv.gov or by calling 775-688-2559.

NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

Pursuant to NRS 630.254, all licensees of the Board are required to "maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent." A licensee must notify the Board in writing of a change of permanent mailing address within 30 days after the change. Failure to do so may result in the imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind that the address you provide will be viewable by the public on the Board's website.

Additionally, if you close your practice in Nevada, you are required to notify the Board in writing within 14 days after the closure, and for a period of 5 years thereafter, keep the Board apprised of the location of the medical records of your patients.

New Nevada Prescription Monitoring Program Allows Users to Request Reports From Other States

By: Lisa Adams, Program Administrator, Nevada Controlled Substance Task Force

Prescription drug overdose, dependence and addiction are serious public health problems. The Prescription Monitoring Program (PMP) provides health care providers with a tool to identify and address these problems. The mission of the PMP is to help improve health care by offering practitioners information to reduce prescription overdose, decrease "doctor shopping" and misuse of prescription controlled substances without limiting access to medication that is part of medically necessary treatment plans.

The PMP is an electronic system that collects data on controlled substance prescriptions. The PMP is available electronically to practitioners 24 hours per day, seven days a week. A PMP report shows a healthcare provider all the controlled substances dispensed to his or her patients, including those prescribed by other practitioners. The PMP report is a tool for healthcare providers to monitor a patient's controlled substance use and affords an opportunity to discuss misuse and abuse with his or her patient.

In an effort to reduce costs and maintain the most efficient and effective program for its users, the PMP will begin using a new system, AWARxE, December 4, 2013. Changes include: Simple password retrieval, User ID will be an email address, practitioners can approve two staff members to have independent accounts, and a 24 hour Help Desk. In addition, the new system will allow users to request reports from PMPs in other states. Currently, the only western states with the ability to share data are Arizona and New Mexico, however, Idaho and Utah will be added in 2014. Practitioners who currently use the system will receive an email detailing the registration process and support information.

Contact: Lisa Adams, Program Administrator, Nevada Controlled Substance Task Force, 775-687-5694

For more information and to sign up for the new AWARxE program: http://bop.nv.gov/links/PMP/
Policy questions can be directed to the Nevada PMP office here: pmp@pharmacy.nv.gov

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Safer Use of Opioid Analgesics

(Reprinted with permission from the Federation of State Medical Boards)

The goal of the *ER/LA Opioid Analgesics REMS (Risk Evaluation and Mitigation Strategy)* is to reduce serious adverse outcomes resulting from inappropriate prescribing, misuse, and abuse of ER/ LA opioid analgesics, while maintaining patient access to pain medications. Adverse outcomes of particular interest include addiction, unintentional overdose and death. [1]

The FDA requires the consortium of companies with medicines subject to this REMS to jointly fund REMS-compliant Continuing Education (CE) activities, so prescribers can participate in them at nominal or no cost. The content of these CE activities is based on the FDA's "Blueprint". [2] They are offered by CE providers who strictly adhere to the standards of the Accreditation Council for Continuing Medical Education (ACCME) or other CE-accrediting bodies. REMS-compliant CE activities are currently available in live and online formats for physicians and other prescribers of opioid analgesics.

This REMS also includes a downloadable, one-page document, in English or Spanish, to facilitate counseling of patients and caregivers on the risks and safe use of these opioid analgesics at the time of prescribing. [3] Patients should also receive a Medication Guide from the pharmacy that contains safety information specific to the drug dispensed to them.

In the interest of safer use in clinical care and improved public health, FDA and the companies involved in this REMS strongly encourage all prescribers of opioid analgesics to complete a REMS-compliant CE program to update their knowledge of the safe use of these medicines.

A current list of REMS-compliant CE activities is available at a website maintained by the consortium:
https://search.er-la-opioidrems.com/

1 http://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm163647.htm
2 http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM277916.pdf
3 http://www.er-la-opioidrems.com/IwgUI/rems/pcd.action

For More Information:

Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office/April 2013
http://www.fsmb.org/pdf/2013_model_policy_treatment_opioid_addiction.pdf

Contact: *Drew Carlson, Communications Director, 817.868.4043 Email: dcarlson@fsmb.org*

Treating Pain Amid an Epidemic of Addiction

Guest Author: Stacy Ward, Drug Abuse Prevention Coordinator, Reno Police Department

Physicians in this country face a persistent, widespread problem: chronic pain. The statistics are abundant and alarming. Though the United States makes up less than 5% of the world's population, we consume 80% of the world's opioids – and 99% of the world's hydrocodone. Prescription opioid overdoses claim tens of thousands of American lives every year. In discussions of this growing public health problem, one question surfaces: How can physicians treat chronic pain effectively, safely and responsibly?

For many years, the customary solution was opioids. These medications were marketed as safe and appropriate for treating chronic non-cancer pain. In recent years, however, data has come to light suggesting that this may, in fact, not always be an appropriate course of action, and can even be harmful to the patient. A recent study found that while the use of opioids for chronic pain has skyrocketed in the past decade, their use has not coincided with improved identification and treatment of pain.[i] "We found that not only have the rates of treated pain not improved, but in many cases, use of safer alternatives to opioids, such as medicines like ibuprofen and acetaminophen, have either stayed flat or declined," says G. Caleb Alexander, M.D., M.S., associate professor of Epidemiology and Medicine and co-director of the Johns Hopkins Center for Drug Safety and Effectiveness. "This suggests that efforts to improve the identification and treatment of pain have backfired, due to an over-reliance on prescription opioids that have caused incredible morbidity and mortality among patients young and old alike."[ii]

The increased media attention on this issue, combined with new FDA recommendations on the prescribing of hydrocodone, highlights the fact that physicians are in need of focused education on the most effective methods of treating chronic pain. Fortunately, excellent resources are available and easily accessible. One particular course was created by the University of Washington School of Medicine. Their COPE-REMS training module is available online at no charge, and is certified by the Accreditation Council for Continuing Medical Education to provide 4.0 AMA PRA Category 1 Credits of continuing medical education for physicians. In addition, it is one of the few online courses on opioid prescribing to have been tested and proven effective in a clinical trial. Upon completing the COPE-REMS module, participants will be able to:

- Identify elements of safe opioid prescribing and be able to assess patients for treatment
- Model effective communication skills to improve provider-patient interaction and build trust, as well as demonstrate ways to manage requests for opioid therapy from patients for whom this type of therapy is appropriate, and those for whom it is not appropriate
- Describe the risks of serious adverse outcomes from opioid use, according to characteristics of opioid regimens and patients, and apply this knowledge in their patient assessment and ongoing treatment plans for improved patient safety[iii]

The complexity involved in treating chronic pain is an issue that will not go away and cannot be ignored. Physicians are encouraged to remain vigilant and to work to combat the scourge of opioid addiction and misuse. One of the best ways this can be accomplished is through pertinent education. When physicians work together with their patients, with colleagues in the health care industry, and with professionals in substance abuse prevention, treatment, law enforcement and advocacy, we can begin to turn the tide on this epidemic and save lives.

[i] Matthew Daubresse, Hsien-Yen Chang, Yuping Yu, Shilpa Viswanathan, Nilay D. Shah, Randall S. Stafford, Stefan P. Kruszewski, G. Caleb Alexander. **Ambulatory Diagnosis and Treatment of Nonmalignant Pain in the United States, 2000–2010**. **Medical Care**, 2013; 51 (10): 870 DOI:10.1097/MLR.0b013e3182a95d86

[ii] "**As Opioid Use Soars, No Evidence of Improved Treatment of Pain**" http://www.jhsph.edu/news/news-releases/2013/alexander-opiod-pain-use.html

[iii] http://www.trainingxchange.org/our-programs/cope-rems

A reminder to our licensees: Two of the four free CMEs mentioned in this article can be used to meet the 2015 CME ethics renewal requirement.

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Commissioner Kipper and Attorney General Masto Warn Nevadans: Be Wary of Affordable Care Act Fraud

"I urge Nevadans to be vigilant and to keep an eye out for these common red flags as they purchase insurance for 2014 during open enrollment season," said Insurance Commissioner Kipper. "We urge anyone that suspects fraud or who has a complaint related to a person or company selling them insurance to contact our office immediately. We can then investigate the situation, take administrative action if necessary, and work together with our partners at the Attorney General's Office if we suspect criminal activity."

"With any new program, con artists try to take advantage of the change and potential confusion," said Nevada Attorney General Catherine Cortez Masto. "In some cases, these criminals will try to collect personal or financial information to steal one's identity and their money. Nevadans must use caution to avoid scam artists."

Exchange Enrollment Facilitators and Insurance Agents

Exchange enrollment facilitators (EEFs), also known as "navigators", "enrollment assisters" and "certified application counselors" are a new type of professional created by the ACA to provide education and outreach about the ACA and Nevada Health Link (www.nevadahealthlink.com) to potentially underserved communities. They can help you apply for coverage through the Nevada Health Link, but they cannot steer you to a specific plan or carrier. EEFs are certified by the Nevada Division of Insurance and like traditional insurance agents they must undergo pre-certification education and testing as well as background checks. Insurance agents, agencies and companies must also be licensed by the Nevada Division of Insurance.

Before you share any personal or financial information, remember to always verify with the Nevada Division of Insurance that the person or company you are working with is licensed, certified or authorized to conduct business in this state. You can do this at doi.nv.gov/licensing-search/ or you can contact the Division in northern Nevada at 775-687-0700 and in southern Nevada at 702-486-4009.

Purchasing Insurance on the Exchange

Nevada Health Link is a new online marketplace where Nevada residents and small businesses can compare and enroll in medical and dental insurance. The insurance plans available through Nevada Health Link are approved by the Nevada Division of Insurance and are compliant with all state and federal laws, including the ACA. Nevada Health Link, also known as the Silver State Health Insurance Exchange, is the only place that consumers in Nevada can purchase private health insurance while also applying for government subsidies to reduce the cost of coverage. Nevadans can also use it to apply for Medicaid or to determine whether they qualify for tax credits to help offset their insurance premium payments. Nevada Health Link asks consumers to enter personal information about themselves, including their income and Social Security Number as they shop for coverage and apply for assistance.

Open enrollment on Nevada Health Link began October 1, however bogus websites that purport to be part of the exchange have been appearing online. Do not enter any personal or financial information into a website that is not www.nevadahealthlink.com that claims to be related to Nevada's Exchange or a way to apply for subsidies.

New "Obamacare" Insurance or Medicare Cards

Another common ploy involves unsolicited calls from scammers who claim to have your new "Obamacare" insurance card as they just need to get some information before they can send it to you. The caller then asks for credit card numbers, bank account information or your Social Security Number. A variation of this trick specifically targets seniors on Medicare; the caller claims that in order for them to get their new Medicare card and continue receiving their benefits, they must verify their bank account and routing numbers. Some callers ask for their Medicare numbers, which are identical to Social Security numbers. Nevada Health Link does not offer Medicare. Medicare is not affected by the ACA, and you cannot enroll in Medicare through Nevada Health Link. You should not share your Medicare number with anyone who contacts you uninvited. If you have Medicare questions, please call Medicare at 1-800-MEDICARE (1-800-877-9392).

You are not required to obtain a new insurance or Medicare card under the ACA. Also, anyone who is a legitimate representative of the federal government will already have your personal and financial information and should not ask you to provide it.

Don't Be Misled

Here are some additional "red flags" to watch out for:

- The salesperson says the premium offer is only good for a limited time.
- For 2014, open enrollment runs from October 1 to March 31, and rates for plans have been approved by the Nevada Division of Insurance for the entire enrollment period. Be skeptical of someone who is trying to pressure you into buying a policy because the rate is only good for a short time. Remember: if the offer sounds too good to be true, it probably is.
- The salesperson says you could go to jail for not having health insurance.
- Starting in 2014, all Americans will be required to have health insurance. You will not face jail time if you do not purchase health insurance. However, those who remain uninsured and do not qualify for any exemptions will face a penalty of $95 (for each adult) or 1% of family income, whichever is greater. This penalty will be collected by the Internal Revenue Service through income tax filings, not by callers requesting payment. This penalty will increase every year. For more information on the individual shared responsibility provision of the ACA, visit www.doi.nv.gov.
- You receive an unsolicited phone call, email or visit from someone trying to sell insurance.
- Neither the federal government, Nevada Division of Insurance nor Nevada Health Link will contact individual consumers to sell them insurance. Do not give any sensitive information to anyone who contacts you claiming to be associated with these organizations.
- The salesperson asks you to pay them for help.
- Neither the State of Nevada nor the federal government will charge for services related to the ACA. You never have to pay to receive help. If you receive an offer to sign up on Nevada Health Link for a fee, you should hang up, delete or walk away. Do not give cash, your credit card or banking information to someone you do not know or did not contact.
- Discount medical plans, while not illegal, are not insurance and do not fulfill the coverage requirement of the individual mandate. It is however illegal to sell discount medical plans as insurance.

What to Do if You Suspect Fraud

Consumers in Nevada who suspect fraud or have questions or complaints about an insurance product, agent, agency, company or exchange enrollment facilitator are urged to contact the Nevada Division of Insurance immediately. The Division can be contacted at www.doi.nv.gov or by phone in Northern Nevada at 775-687-0700 and in Southern Nevada at 702-486-4009.

To report identity theft, consumers should first call their local police and then report it to the Attorney General's Office at the following numbers: 702-486-3420 in Las Vegas, 775-685-1100 in Carson City, 775-688-1818 in Reno, or on the web at www.ag.nv.gov.

Finally, remember to always verify with the Nevada Division of Insurance that the person or company you are working with is licensed, certified or authorized to conduct business in this state. You can do this at the Division of Insurance phone numbers above or online at doi.nv.gov/licensing-search/.

About the Nevada Division of Insurance:

The State of Nevada Division of Insurance is a division of the Nevada Department of Business and Industry. It is the state agency that protects the rights of Nevada consumers and regulates Nevada's $11.2 billion insurance industry. It has offices in Carson City and Las Vegas. In 2012, the Division investigated more than 1,900 consumer complaints and recovered nearly $4 million on behalf of consumers. For more information about the Division of Insurance, visit www.doi.nv.gov.

Contact: Jake Sunderland, Public Information Officer

Phone: (775) 687-0772 Email: jsunderland@doi.nv.gov

Nevada Health Information Exchange Selects Orion Health HIE to Enhance Care Coordination Across the State

NV-HIE to provide interoperability without borders

BOSTON, MA/CARSON CITY, NV – Orion Health, a leader in eHealth technology, the Nevada Health Information Exchange (NV-HIE) and Nevada's Department of Health and Human Services (DHHS), today announced that the NV-HIE Board of Directors selected the Orion Health HIE to power and enable a statewide electronic health information exchange. Orion Health HIE was selected to provide the technology that will support NV-HIE services and programs that advance trusted information exchange for the coordination and continuity of health care for all Nevadans – anywhere, anytime.

Orion Health was chosen after an extensive two-part competitive selection process involving the review of multiple HIE solutions and public demonstrations by three finalists. Orion Health HIE was selected because of its powerful information sharing capabilities, its ability to easily integrate with various technology platforms utilized by government agencies and health care organizations across the state, and its experience with statewide HIE initiatives. NV-HIE plans on deploying Orion Health HIE as a SaaS (Software as a Service) offering.

"The ability to bridge health care providers and payers across various technology platforms, both within and outside of state borders, is extremely important for clinical care coordination," said David LaBarge, CEO, NV-HIE. "The enhanced state-of-the-art features of Orion Health HIE and Orion Health Direct Secure Messaging will allow providers and payers to have access to the most current patient information, and they will have the ability to securely communicate data quickly, while supporting a trusted HIE environment.

"Orion Health is proud to have been selected to power the NV-HIE's statewide operations," said Suzanne Cogan, Vice President, Orion Health North America. "By deploying Orion Health's globally proven platform, NV-HIE has underscored the importance of providing clinicians with tools that help enable the sharing of patient information which may ultimately result in more effective care coordination, population health management and clinical decision support."

DHHS is responsible for the State HIE Cooperative Agreement grant* awarded to Nevada as part of the 2009 federal stimulus bill. Under a grant sub-award from DHHS, the NV-HIE is utilizing state HIE grant funds to establish core HIE services that facilitate the trusted electronic exchange of personal health information, support the adoption of electronic health records (EHRs), and enable intra-state, interstate, and nationwide HIE.

DHHS is already offering Orion Health Direct Secure Messaging, as Nevada DIRECT (NV DIRECT), which enables fast, secure, standards-compliant communications between various health care providers and organizations. NV DIRECT will transition to NV-HIE and become part of its core HIE service offerings by the end of 2013.

About Nevada Health Information Exchange (NV-HIE)

The NV-HIE was established in September 2012 as a non-profit Nevada corporation authorized by Nevada Revised Statutes (NRS) 439.581-595.

The NV-HIE mission is to provide oversight and governance of the statewide system for the authorized and secure electronic exchange of health information, and to establish/maintain a sustainable governance and business structure which achieves broad-based, public-private stakeholder collaboration that continuously provides transparency and accountability while protecting the public trust and interest between all categories of health care providers and payors.

With coordination of patient care and the clinical continuum of care as its core objectives, the NV-HIE will utilize Orion Health HIE to provide HIE services at the highest level of health care privacy and security available. Orion Health HIE also has components not included in other HIE solutions. Orion Health provides for the highest standards of privacy and security mandated for mental and behavioral health care, payment processing, and intra-state connectivity. The NV-HIE and Orion Health combination facilitates the achievement of Meaningful Use Stage II, supporting Nevada doctors, physician groups, and hospitals eligible for incentive payments to upgrade their electronic health records (EHRs). In meeting Meaningful Use Stage II objectives, the ultimate beneficiaries will be the citizens of Nevada through improvements in the quality of and access to care and delivery.

About Orion Health Inc.

Founded in 1993 in Auckland, New Zealand, Orion Health is the only global, independently owned eHealth technology company. With an inherent ability to interconnect a wide variety of healthcare information systems, Orion Health has become the world's leading provider of health information exchange (HIE) and healthcare integration solutions. Today, Orion Health products and solutions are implemented in more than 30 countries, used by hundreds of thousands of clinicians, and help facilitate care for tens of millions of patients. Clinicians, provider facilities and OEM partners rely on Orion Health to facilitate data exchange between hospitals, health systems, HIEs, and affiliated providers and medical devices, resulting in improved care coordination, increased cost savings and efficiencies, and enhanced quality of care. In the U.S., Orion Health™ HIE provides the technology backbone for state and regional HIEs across the country. Orion Health Rhapsody® Integration Engine is used by the Centers for Disease Control and Prevention and nearly every state and local health department for public health reporting. For more information, visit www.orionhealth.com .

*Federal HHS/ONC Grant Number No. 90HT003701

For more information: **Nevada Health Information Exchange -** http://dhhs.nv.gov/hit.htm

Contacts:

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Kristin O'Neill, Sr. Marketing Manager, Orion Health -857-272-6736 kristin.oneill@orionhealth.com
Lynn O'Mara, State Health IT Coordinator, DHHS - 775-684-7593 lgomara@dhhs.nv.gov

After the Patient is Discharged:
Suggestions for the Hospitalist

By: Jerry C. Calvanese, M.D.

Patients unable to contact their hospitalist after discharge have often been a source of complaints to the Board. Patient complaints have centered on several issues, including: prescriptions not written at the time of discharge, pharmacies unable to contact the hospitalist concerning prescribed medications, lack of specific discharge and follow-up instructions, needed patient hospitalization insurance and other forms, and general information surrounding the patient's hospitalization.

Hospitalists are unique in that they do not have an 'office' per se from which they provide medical care; however, they still have the responsibility to meet the above needs of their discharged patients. Unfortunately, access to outpatient primary care physicians is limited after discharge, especially with self-pay, Medicare and Medicaid patients. Suggestions to help the hospitalist ensure the needs of the discharged patient are met are listed below:

- Discharge the patient with a business card, or a copy, that provides a working phone number by which you, your representative or the office billing staff can be reached. Make sure the billing office address is also on the business card, and all phone numbers and office addresses are current as hospitalists often change groups and hospitals of employment. (Remember to also report any change in office address to the Board.)

- Make sure you or your representatives are available to answer surrounding queries from pharmacies regarding medications written upon discharge, as well as other concerns.

- Periodically update your contact phone number with the local pharmacies.

- Be responsive to insurance forms or inquiries that need to be completed by you on behalf of the patient or patient's family.

- Write legible and clear discharge instructions, and go over them with the patient and/or the patient's family members before discharge. It is helpful to provide the patients with a resource for follow up if the patient does not have a primary care physician, especially with self-pay, Medicare and Medicaid patients.

The above information will aid in providing patients with better care and help reduce the number of complaints to the Board office.

Hyperbaric Oxygen Therapy: Don't Be Mislead

No, hyperbaric oxygen therapy (HBOT) has not been clinically proven to cure or be effective in the treatment of cancer, autism or diabetes. But do a quick search on the Internet, and you'll see all kinds of claims for these and other diseases for which the device has not been cleared or approved by FDA.

HBOT involves breathing oxygen in a pressurized chamber. The U.S. Food and Drug Administration (FDA) has cleared hyperbaric chambers for certain medical uses, such as treating decompression sickness suffered by divers.

HBOT has not, however, been proven to be the kind of universal treatment it has been touted to be on some Internet sites. FDA is concerned that some claims made by treatment centers using HBOT may give consumers a wrong impression that could ultimately endanger their health.

"Patients may incorrectly believe that these devices have been proven safe and effective for uses not cleared by the FDA, which may cause them to delay or forgo proven medical therapies," says Nayan Patel, a biomedical engineer in the FDA's Anesthesiology Devices Branch. "In doing so, they may experience a lack of improvement and/or worsening of their existing condition(s)."

Patients may be unaware that the safety and effectiveness of HBOT has not been established for these diseases and conditions, including:

- AIDS/HIV
- Alzheimer's Disease
- Asthma
- Bell's Palsy
- Brain Injury
- Cerebral Palsy
- Depression
- Heart Disease
- Hepatitis
- Migraine
- Multiple Sclerosis
- Parkinson's Disease
- Spinal Cord Injury
- Sports Injury
- Stroke

Patel says that FDA has received 27 complaints from consumers and health care professionals over the past three years about treatment centers promoting the hyperbaric chamber for uses not cleared by the agency.

How HBOT Works

HBOT involves breathing oxygen in a pressurized chamber in which the atmospheric pressure is raised up to three times higher than normal. Under these conditions, your lungs can gather up to three times more oxygen than would be possible breathing oxygen at normal air pressure.

Patel explains that your body's tissues need an adequate supply of oxygen to function. When tissue is injured, it may require more oxygen to heal. "Hyperbaric oxygen therapy increases the amount of oxygen dissolved in your blood," says Patel. An increase in blood oxygen may improve oxygen delivery for vital tissue function to help fight infection or minimize injury.

Hyperbaric chambers are medical devices that require FDA clearance. FDA clearance of a device for a specific use means the FDA has reviewed valid scientific evidence supporting that use and determined that the device is at least as safe and effective as another legally U.S.-marketed device.

Thirteen uses of a hyperbaric chamber for HBOT have been cleared by the FDA. They include treatment of air or gas embolism (dangerous "bubbles" in the bloodstream that obstruct circulation), carbon monoxide poisoning, decompression sickness (often known by divers as "the bends"), and thermal burns (caused by heat or fire).

What Are the Risks?

Patients receiving HBOT are at risk of suffering an injury that can be mild (such as sinus pain, ear pressure, painful joints) or serious (such as paralysis, air embolism). Since hyperbaric chambers are oxygen-rich environments, there is also a risk of fire.

"If you're considering using HBOT, it's essential that you first discuss all possible options with your health care professional," Patel says. "Whatever treatment you're getting, you need to understand its benefits and risks. Your health care professional can help you determine which treatment is your best option."

In addition, any problems experienced with these devices can be reported to the FDA safety information and adverse events reporting program at MedWatch: *www.fda.gov/Safety/MedWatch/default.htm*

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Find Consumer Updates and Email Subscription Sign Up at:
http://www.fda.gov/ForConsumers/ConsumerUpdates/default.htm

FDA Finalizes New System to Identify Medical Devices

For Immediate Release: The U.S. Food and Drug Administration (FDA) announced a final rule for the unique device identification system (UDI) that, once implemented, will provide a consistent way to identify medical devices.

The UDI system has the potential to improve the quality of information in medical device adverse events reports, which will help the FDA identify product problems more quickly, better target recalls, and improve patient safety. The FDA has worked closely with industry, the clinical community and patient and consumer groups in the development of this rule.

"UDI represents a landmark step in improving patient safety, modernizing our postmarket surveillance system for medical devices, and facilitating medical device innovation," said Jeffrey Shuren, M.D., J.D., director of the FDA's Center for Devices and Radiological Health.

The UDI system consists of two core items. The first is a unique number assigned by the device manufacturer to the version or model of a device, called a unique device identifier. This identifier will also include production-specific information such as the product's lot or batch number, expiration date, and manufacturing date when that information appears on the label.

The second component is a publicly searchable database administered by the FDA, called the Global Unique Device Identification Database (GUDID), that will serve as a reference catalogue for every device with an identifier. No identifying patient information will be stored in this device information center.

The FDA plans to phase in the UDI system, focusing first on high-risk medical devices. Many low-risk devices will be exempt from some or all of the requirements in the final rule.

Once fully implemented, the UDI system rule is expected to have many benefits for patients, the health care system and the device industry. It will enhance the ability to quickly and efficiently identify marketed devices when recalled, improve the accuracy and specificity of adverse event reports and provide a foundation for a global, secure distribution chain, helping to address counterfeiting and diversion. It will also offer a clear way of documenting device use in electronic health records and clinical information systems.

"A consistent and clear way to identify medical devices will result in more reliable data on how medical devices are used. In turn, this can promote safe device use by providers and patients as well as faster, more innovative, and less costly device development," said Shuren.

The FDA issued the proposed rule requesting input from industry, the clinical community and patient and consumer groups on July 10, 2012.

The UDI system builds on current device industry standards and processes, and reflects substantial input from the clinical community and the device industry during all phases of its development. In addition, the FDA worked to reduce the burden on industry by building upon systems already in place. The UDI system is a key component of the National Medical Device PostMarket Surveillance System proposed in September 2012.

In general, high-risk medical devices (Class III) will be required to carry unique device identifiers on their label and packaging within one year and this number and corresponding device information must be submitted to the new database. Manufacturers will have three years to act for most Class II (moderate risk) devices. Manufacturers of Class I devices not exempt from UDI requirements will have five years to act.

Included in today's announcement is the publication of a draft guidance for manufacturers outlining how to submit information to the database.

For more information:

- Unique Device Identification (UDI)
- GUDID Draft Guidance for Industry
- Regulatory Impact Analysis of UDI System Final Rule

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Read the FDA Blog: FDA Voice RSS Feed for FDA News Releases

INVESTIGATIVE COMMITTEE STATS 2012

Investigative Committee A

Total Cases Considered	470
Total Cases Authorized for Filing of Formal Complaint (to be Published)	35
Total Cases Authorized for Peer Review	43
Total Cases Requiring an Appearance	28
Total Cases Authorized for a Letter of Concern	103
Total Cases Authorized for Further Follow-up or Investigation	10
Total Cases Reviewed for Compliance	3
Total Cases Authorized for Closure	248

Investigative Committee B

Total Cases Considered	401
Total Cases Authorized for Filing of Formal Complaint (to be Published)	15
Total Cases Authorized for Peer Review	36
Total Cases Requiring an Appearance	31
Total Cases Authorized for a Letter of Concern	87
Total Cases Authorized for Further Follow-up or Investigation	13
Total Cases Reviewed for Compliance	1
Total Cases Authorized for Closure	218

INVESTIGATIVE COMMITTEE STATS 2013 – *YEAR TO DATE (11/2013)*

Investigative Committee A, Year to Date

Total Cases Considered	499
Total Cases Authorized for Filing of Formal Complaint (to be Published)	43
Total Cases Authorized for Peer Review	39
Total Cases Requiring an Appearance	36
Total Cases Authorized for a Letter of Concern	134
Total Cases Authorized for Further Follow-up or Investigation	7
Total Cases Reviewed for Compliance	3
Total Cases Authorized for Closure	237

Investigative Committee B, Year to Date

Total Cases Considered	280
Total Cases Authorized for Filing of Formal Complaint (to be Published)	12
Total Cases Authorized for Peer Review	28
Total Cases Requiring an Appearance	21
Total Cases Authorized for a Letter of Concern	67
Total Cases Authorized for Further Follow-up or Investigation	11
Total Cases Reviewed for Compliance	1
Total Cases Authorized for Closure	140

LICENSING STATS 2012

In 2012, the Board issued the following total licenses:

- 433 physician licenses
- 114 limited licenses for residency training
- 79 physician assistant licenses
- 140 practitioner of respiratory care licenses
- 8 perfusionist licenses

LICENSING STATS 2013 – *YEAR TO DATE (12/10/2013)*

For the year to date, the Board has issued the following licenses:

- 464 physician licenses
- 127 limited licenses for residency training
- 71 physician assistant licenses
- 145 practitioner of respiratory care licenses
- 8 perfusionist licenses

WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Douglas C. Cooper, CMBI Executive Director
	Edward O. Cousineau, J.D. Deputy Executive Director/Legal
	Donya Jenkins Finance Manager
Administration:	Laurie L. Munson, Chief
Legal:	Bradley O. Van Ry, J.D. General Counsel
	Erin L. Albright, J.D. General Counsel
Licensing:	Lynnette L. Daniels, Chief
Investigations:	Pamela J. Castagnola, CMBI, Chief

2014 BME MEETING & HOLIDAY SCHEDULE

January 1 – New Year's Day holiday
January 20 – Martin Luther King, Jr. Day holiday
February 17– Presidents' Day holiday
March 7-8 – Board meeting
May 26 – Memorial Day holiday
June 6-7 – Board meeting
July 4 – Independence Day holiday
September 1 – Labor Day holiday
September 5-6 – Board meeting
October 31 – Nevada Day holiday
November 11 – Veterans' Day holiday
November 27 & 28 – Thanksgiving/family day holiday
December 5-6 – Board meeting
December 25 – Christmas holiday

Nevada State Medical Association
3660 Baker Lane #101
Reno, NV 89509
775-825-6788 Reno
702-798-6711 Las Vegas
http://www.nsmadocs.org website

Clark County Medical Society
2590 East Russell Road
Las Vegas, NV 89120
702-739-9989 phone
702-739-6345 fax
http://www.clarkcountymedical.org website

Washoe County Medical Society
3660 Baker Lane #202
Reno, NV 89509
775-825-0278 phone
775-825-0785 fax
http://www.wcmsnv.org website

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
775-850-1440 phone
775-850-1444 fax
http://bop.nv.gov/ website
pharmacy@pharmacy.nv.gov email

Nevada State Board of Osteopathic Medicine
901 American Pacific Dr., Unit 180
Henderson, NV 89014
702-732-2147 phone
702-732-2079 fax
www.bom.nv.gov website

Nevada State Board of Nursing
Las Vegas Office
4220 S. Maryland Pkwy, Bldg. B, Suite 300
Las Vegas, NV 89119
702-486-5800 phone
702-486-5803 fax
Reno Office
5011 Meadowood Mall Way, Suite 300,
Reno, NV 89502
775-687-7700 phone
775-687-7707 fax
www.nevadanursingboard.org website

Unless otherwise noted, Board meetings are held at the Reno office of the Nevada State Board of Medical Examiners and videoconferenced to the conference room at the offices of the Nevada State Board of Medical Examiners/Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd., Building A, Suite 1, in Las Vegas.

Hours of operation of the Board are 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays.

DISCIPLINARY ACTION REPORT

EMPEY, Joseph C., M.D. (14154)

Saint George, Utah

Summary: Disciplinary action taken against Dr. Empey's medical license in Utah, and alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.306(11) [failure to report in writing, within 30 days, disciplinary action taken against him by another state].

Disposition: On September 6, 2013, the Board accepted a Settlement Agreement by which it found Dr. Empey violated NRS 630.301(3) and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's costs and fees associated with investigation and prosecution of the matter.

SALEH, Mohamed Omar, M.D. (11784)

Jacksonville, Florida

Summary: Disciplinary action taken against Dr. Saleh's medical license in Florida, conviction of a violation of a Nevada state law regarding possession, distribution or use of a controlled substance, and alleged unlawful prescribing of controlled substances.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.301(11)(f) [conviction of a violation of any federal or state law regarding the possession, distribution or use of any controlled substance or any dangerous drug]; one violation of NRS 630.306(3) [administering, dispensing or prescribing any controlled substance to others except as authorized by law]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute].

Disposition: On September 6, 2013, the Board accepted a Settlement Agreement by which it found Dr. Saleh violated NRS 630.301(3), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) 10 hours continuing medical education related to opioid prescribing and/or pain management; (3) Dr. Saleh shall apply for full prescribing privileges with the Nevada State Board of Pharmacy at such time as he returns to Nevada to practice medicine; (4) reimbursement of the Board's costs and fees associated with investigation and prosecution of the matter. Counts II, III and IV of the Complaint were dismissed.

THORP, Theodore M., M.D. (2979)

Las Vegas, Nevada

Summary: Alleged failure to provide adequate supervision of a physician assistant, failure to adequately supervise a medical assistant, and providing his medical assistants with signed blank prescription forms.

Charges: Two violations of NAC 630.230(1)(i) [failure to provide adequate supervision of a physician assistant]; two violations of NRS 630.306(16) [engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board]; one violation of NRS 630.306(18) [failure to adequately supervise a medical assistant pursuant to the regulations of the Board]; one violation of NRS 630.304(4) [signing a blank prescription form].

Disposition: On September 6, 2013, the Board accepted a Settlement Agreement by which it found Dr. Thorp violated NAC 630.230(1)(i) (one count), as set forth in Count I of the First Amended Complaint, NRS 630.306(18), as set forth in Count III of the First Amended Complaint, and NRS 630.304(4), as set forth in Count IV of the First Amended Complaint, and imposed the following discipline against him: (1) public reprimand; (2) $5,000 fine; (3) 15 hours continuing medical education regarding the subject of supervising physician assistants and/or medical assistants; (4) perform 10 hours of community service in a medically related field; (5) reimbursement of the Board's costs and fees associated with investigation and prosecution of the matter. One of the two counts in Count I was dismissed and Count II was dismissed.

★ ★ ★

Public Reprimands Ordered by the Board

Joseph C. Empey, M.D.

September 16, 2013

Joseph C. Empey, M.D.
619 Cynthia Lane
Santa Clara, UT 84765

Dr. Empey:

On September 6, 2013, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) proposed between you and the Board's Investigative Committee in relation to the formal Complaint filed against you regarding Case Number 13-38678-1.

In accordance with its acceptance, the Board has entered an Order which indicates that you were found guilty of a violation of Nevada Revised Statute 630.301(3), that you are to be publicly reprimanded, and that you shall reimburse the Board the costs and expenses incurred in the investigation and prosecution of the matter.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which also reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D.
President
Nevada State Board of Medical Examiners

Mohamed Saleh, M.D.

September 16, 2013

Mohamed Saleh, M.D.
P.O. Box 10339
Jacksonville, FL 32247

Dr. Saleh:

On September 6, 2013, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee relating to the formal Complaint filed against you in Case Number 13-31149-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you guilty of violating Nevada Revised Statute 630.301(3), issuing a public reprimand, ordering that you complete ten (10) hours of Continuing Medical Education in opioid prescribing and/or pain management and ordering that you reimburse the Board its costs and fees within 90 days of the Board's acceptance of the Agreement.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D.
President
Nevada State Board of Medical Examiners

Theodore M. Thorp, M.D.

September 16, 2013

Theodore M. Thorp, M.D.
c/o Dan M. Winder, Esq.
Law Office of Dan M. Winder, P.C.
3507 W. Charleston Blvd.
Las Vegas, NV 89102

Dr. Thorp:

On September 6, 2013, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 12-4518-1.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Administrative Code 630.230(1)(i), failure to adequately supervise a physician assistant; Nevada Revised Statute (NRS) 630.306(18), failure to adequately supervise a medical assistant; and NRS 630.304(4), signing a blank prescription form. For the same, you shall pay a $5,000 fine within ninety (90) days of the Board's acceptance of the Agreement; complete 15 hours of Continuing Medical Education regarding the subject of supervising physician assistants and/or medical assistants within one (1) year of the Board's acceptance of this Agreement; complete 10 hours of community service in a medically related field; and pay the costs related to the investigation and prosecution of this matter within ninety (90) days of the Board's acceptance of the Agreement.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Michael J. Fischer, M.D.
President
Nevada State Board of Medical Examiners

NEVADA STATE BOARD OF MEDICAL EXAMINERS

1105 Terminal Way, Ste. 301

Reno, NV 89502-2144

ADDRESS SERVICE REQUESTED