NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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Downside Risk, the New CMS Bundle Payment Model and Proposed Changes to the Accountable Care Organization Program

By: Rachel V. Rose, JD, MBA

Overview

Who knew that a physician would need to obtain an MBA in order to practice medicine? As if it was not enough that physicians have to navigate increasingly complex laws and regulations, they now need to understand their decisions in the context of upside and downside risk. Two programs that underscore this notion are the Bundled Payments for Care Improvement Advanced (BPCI Advanced) and MSSP Accountable Care Organizations (ACOs).

Since the changes to the Medicare ACOs to limit upside risk to only two years are in the proposal stage, the main crux of this article will be the bundle payment initiative.[1] The focus of this article it to provide an overview of BPCI Advanced and outline the steps that physicians need to take for participation. A physician and preferably his/her lawyer, should read through all of the laws and guidance posted by the Centers for Medicare and Medicaid Services (CMS). Indeed, this is a daunting task.

Bundle Payments

On January 9, 2018, CMS announced the release of a new, voluntary bundled payment model. Building on the prior Bundled Payments for Care Improvement (BPCI), the new BPCI Advanced initiative will qualify as an Advanced Alternative Payment Model (Advanced APM) under the Quality Payment Program (QPP).[2] ***A voluntary program that may encourage more physicians to participate in Medicare? Yes, it does exist, but the application portal closed on March 12, 2018, and the next application period is not until January 1, 2020.***

Fundamentally, BPCI Advanced is another step away from the traditional payment model towards tying incentives to quality measures. "CMS is proud to announce this Administration's first Advanced APM," said CMS Administrator Seema Verma. "BPCI Advanced builds on the earlier success of bundled payment models and is an important step in the move away from fee-for-service and towards paying for value. Under this model, providers will have an incentive to deliver efficient, high-quality care."[3] For physicians, this creates an opportunity to re-evaluate their participation in Medicare, as well as the potential impact on their revenue cycle.

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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.

BOARD NEWS

UNR School of Medicine Presents New CME Course on Best Practices, Tools for Prescribing Controlled Substances

On September 7, 2018, at the Nevada State Board of Medical Examiners' (Board) regular meeting, faculty and staff of the University of Nevada, Reno School of Medicine (UNR Med) presented information to the Board and the public regarding a new Continuing Medical Education (CME) course entitled "Best Practices and Tools for Prescribing Controlled Substances." The course is a 3-day intensive program designed to provide clinicians with state-of-the-art tools, techniques and resources to provide patients the highest quality of care when prescribing controlled substances. The course is "practitioner-centered" in its approach to the topics, and accepts the practitioner as a human being, who faces numerous challenges in his/her daily life.

The goals of this comprehensive course are to support physicians in prescribing controlled substances safely and effectively, and to support their personal growth and professional satisfaction. The course was designed in extensive consultation with Board staff to offer clinicians the latest information and guidance to navigate this increasingly complex and challenging area of medical practice in order to offer practitioners not only the best practices and tools, but to also prepare them to stay compliant with applicable law. The course faculty is drawn from among Nevada's foremost experts in Pain Management and Addiction Medicine.

The Board acknowledges the great value of, and need for, such a course, and Board staff is confident that this course will provide the best, most thorough training available in Nevada. The Board appreciates very much UNR Med's initiative and efforts in creating this course, which addresses such a great need in our medical community. The Board encourages its licensees and other interested medical professionals to attend.

The course has been approved for 22.50 *AMA PRA Category 1 Credits™,* and meets the Board's CME requirements for hours of training related to the misuse and abuse of controlled substances, the prescribing of opioids, or addiction. The course will be presented November 16 –18, 2018, at UNR Med's facilities in Reno.

Further information and registration regarding upcoming courses can be found here:
https://med.unr.edu/cme/2018bestpractices

For assistance with registration, please feel free to contact the Office of Continuing Medical Education at (775) 784-4791.

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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 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.

Documentary Features Nevada Residents' Experiences with Opioid Addiction and Recovery

"Prescription for Hope: Overcoming Nevada's Opioid Epidemic" is a 30-minute documentary produced by the Nevada Department of Health and Human Services, Reno-based Three Sticks Productions and the Nevada Broadcasters Association. The film includes interviews with former opioid addicts, family members, emergency responders and treatment experts.

The film features interviews with the Yenick family of Reno, who lost their son Michael (known to friends and family as "Bub") in 2015, at age 33, to an opioid overdose. Bub was a football and basketball player for Bishop Manogue High School and the University of Nevada, Reno, who became addicted to prescription painkillers after knee surgery. Also featured is Sabrina Hansen of Yerington, who speaks about her struggles with opioid addiction after she became depressed following the death of her baby daughter from Sudden Infant Death Syndrome (SIDS). Sabrina is the daughter of Lyon County Sheriff Al McNeil, and was a high school honor student and athlete who struggled for years with prescription painkiller abuse and is now in recovery with support from her family. Finally, the film follows Ryan Mills of Las Vegas, who lost his career as a professional BMX bike rider when he started taking pain pills for a broken wrist. The pills led to a full-time heroin addiction, stealing, homelessness and jail, but ultimately to drug court and sobriety.

The documentary's director, Al Polito, was moved by his experience working with all those involved with the project, "As a filmmaker, you're tasked with bringing a story to life, but with this story, and covering the opioid epidemic, it's such a real topic, and so personal to the individuals involved, that our entire team felt an enormous responsibility to be respectful and honest as we shared these heartfelt stories."

"We are hopeful that this documentary brings awareness to our communities about this serious issue, and those individuals struggling with addiction find a message of hope and are able to seek help," Polito said.

"This documentary allows the stories of opioid addiction and recovery by our residents to be heard," said Julia Peek, who oversees certification of substance abuse programs in Nevada as a Deputy Administrator with the Division of Public and Behavioral Health. "It makes us take a step back from policy and practice to hear from them about their struggles and successes during this crisis."

Thanks to the Nevada Broadcasters Association, "Prescription for Hope" was aired on TV stations statewide during the weekend of Aug. 25-27. Stations previously volunteered to broadcast programs aimed at curbing drug abuse when they aired "Crystal Darkness," a 30-minute Emmy and Telly Award-winning documentary on the dangers and prevalence of methamphetamine use. The film featured testimonies of young people who have gone through meth addiction, as well as interviews with high-profile politicians and law enforcement officials. "Crystal Darkness" was part of a nationwide effort and was created and produced in Reno in 2006.

To watch the documentary, search "Prescription for Hope" on YouTube or click the following link: https://youtu.be/ZRmM2rLWCjA.

The documentary is also available on the Nevada State Board of Medical Examiners' website at: http://medboard.nv.gov/ as well as https://knowyourpainmeds.com/.

These models are not straightforward. For example, a Participant is "an entity that enters into a Participation Agreement with CMS to participate in the Model. BPCI Advanced will require downside financial risk of all Participants from the outset of the Model Performance Period."[4] What is downside financial risk? Fundamentally, it is the estimation of an item's (usually a security) probability to suffer a decline in value if the conditions change. Usually the conditions are market conditions. For physicians, this means having adequate reserves if the standards are not met to cushion the deficit of payment. Physicians also need to assess their appetite for risk. Risk = probability x severity. In sum, a physician needs to consider what his/her risk tolerance is and the range for upside and downside risk in the QPP.

Analysis

In 2015, Congress enacted, and the President signed into the law, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).[5] As part of MACRA, a program called the QPP changes the way physicians are paid when treating Medicare beneficiaries. QPP creates two tracks for physician payment – the Merit-Based Incentive Payment System (MIPS)[6] track and the Advanced (APM) track. Under MIPS, providers have to report a range of performance metrics and then have their payment amount adjusted based on their performance. Under Advanced APM, providers take on financial risk to earn the Advanced APM incentive payment.

First, it must be determined whether or not an entity can participate. There are two categories, which an entity may fit into: (1) Non-Convener Participants; and (2) Convener Participants.[7] "A Convener Participant is a type of Participant that brings together multiple downstream entities referred to as "Episode Initiators"— which must be either Acute Care Hospitals (ACHs) or Physician Group Practices (PGPs) — to participate in BPCI Advanced, facilitates coordination among them, and bears and apportions financial risks. A Non-Convener Participant is any Participant that is not a Convener Participant because it bears financial risk only for itself and does not bear financial risk on behalf of multiple downstream Episode Initiators."[8] Both ACH and PGP may participate in either category. And, importantly, **eligible entities that are either providers or suppliers, whether or not they are Medicare-enrolled, may participate in BPCI Advanced as a Convener Participant.[9]**

Initially, the Inpatient Clinical Episodes consist of 29 conditions (e.g., acute myocardial infarction, cellulitis, congestive heart failure). By way of contrast, the Outpatient Clinical Episodes consist of three conditions – percutaneous coronary intervention, cardiac defibrillator and back & neck except Spinal Fusion. So, how does this work? The focus is on a defined episode of care versus individual services.[10] "The hierarchy for attribution of a Clinical Episode among different types of Episode Initiators is as follows, in descending order of precedence:

(1) the PGP that submits a claim that includes the National Provider Identifier (NPI) for the attending physician;
(2) the PGP that submits a claim that includes the NPI of the operating physician; and
(3) the ACH where the services that triggered the Clinical Episode were furnished. BPCI Advanced will not use time-based precedence rules."[11]

Now that the process has been described, what are the quality metrics that are used? The BPCI Advanced Model has seven quality measures, which include:

- All-cause Hospital Readmission Measure (NQF #1789)
- Advanced Care Plan (NQF #0326)
- Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin (NQF #0268)
- Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (NQF #1550)
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (NQF #2558)
- Excess Days in Acute Care After Hospitalization for Acute Myocardial Infarction (NQF #2881)
- AHRQ Patient Safety Indicators (PSI 90)[12]

Of these seven, the All-Cause Hospital Readmission Measure and the Advance Care Plan will be required for all Clinical Episodes. The remaining five are only applicable to select Clinical Episodes.

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The application itself is nuanced. And, like Meaningful Use, there is a section requiring a provider organization (i.e., hospital or PGP) to attest to the use of Certified Electronic Health Record Technology (CEHRT).[13] Other sections require detailed responses as to how the organization will comply with medical necessity and what quality control safeguards will be implemented.[14]

Have a headache yet? For those who do, CMS published a resource that addresses questions frequently asked by physicians – *The Quality Payment Program*.[15] After organizations conduct their internal due diligence, once an entity is ready to apply, the BPCI Advanced Application Portal awaits - https://app1.innovation.cms.gov/bpciadvancedapp.

Conclusion

The BPCI Advantage model is complex. It requires physicians to step back and assess their practice's financial landscape. Understanding the types of "Participant" is required. Following the roadmap and time frames for implementation, as well as reading related laws and regulations, is also required. Physicians should work closely with hospitals to make sure that these requirements are understood by all participants along the continuum of care. Even if an entity did not make the March 12, 2018 application deadline, barring any subsequent changes in the law, it is not too soon to begin preparing for January 2020's application. Additionally, other initiatives, such as the ACO program, are also focused on providers taking downside risk. In sum, while there may be tremendous upside opportunity, there could also be significant downside risk, and both physicians and hospitals need to be prepared for both.

[1] S. Morse, *CMS Overhauls Medicare ACO Program by Limiting Upside Risk to Only Two Years* (Aug. 9, 2018), https://www.healthcarefinancenews.com/news/cms-overhauls-medicare-aco-program-limiting-upside-risk-only-two-years.
[2] CMS, *Comparison Table of Bundle Payment Models*, p. 2 https://innovation.cms.gov/Files/x/bpciadvanced-comparetable.pdf (last visited Aug 18, 2018).
[3] Centers for Medicare and Medicaid, *CMS Announces New Payment Model to Improve Quality, Coordination, and Cost-Effectiveness for Both Inpatient and Outpatient Care* (Jan. 9, 2018), https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2018-Press-releases-items/2018-01-09.html.
[4] *See*, https://innovation.cms.gov/initiatives/bpci-advanced (last visited Feb. 24, 2018).
[5] Medicare Access and CHIP Reauthorization Act of 2015, Pub. L. 114-10 (Apr. 16, 2015), https://www.congress.gov/114/plaws/publ10/PLAW-114publ10.pdf.
[6] MIPs and APMs vary greatly. MIPs is based on a range of performance metrics and payments are adjusted based on meeting those standards. APMs are based on financial risk.
[7] CMS, *Roadmap – Model Timeline*, https://innovation.cms.gov/Files/x/bpci-advanced-timeline.pdf (last visited, Aug. 18, 2018).
[8] CMS, *Bundle Payments for Care Improvement – Advanced, Request for Applications*, p. 5 (Jan. 8, 2018).
[9] *Supra* n. 5.
[10] A. Navathe, et al., *What's In a Name: Will BPCI-Advanced Hold Back or Advance Bundled Payment Policy?*, *Health Affairs* (Feb. 5, 2018), https://www.healthaffairs.org/do/10.1377/hblog20180131.50449/full/.
[11] *See*, https://innovation.cms.gov/initiatives/bpci-advanced (last visited Aug. 18, 2018).
[12] *See*, https://innovation.cms.gov/initiatives/bpci-advanced (last visited Aug. 18, 2018).
[13] CMS, *Bundled Payments for Care Improvement Advanced Application*. *See also*, CMS, *Bundled Payments for Care Improvement Advanced Model Application Data Request and Attestation Form*, https://innovation.cms.gov/Files/worksheets/bpciadvanced-dataattestation.pdf, substantiating that HIPAA and HITECH Act compliance are also required.
[14] *Id*.
[15] CMS, *FAQs*, https://innovation.cms.gov/Files/x/bpciadvanced-physicianfaqs.pdf (last visited Feb. 24, 2018).

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Ms. Rose has a unique background, having worked in many different facets of health care, securities and international law and business throughout her career. She is published and presents on a variety of topics including: Dodd-Frank, the False Claims Act, the Foreign Corrupt Practices Act, physician reimbursement, women's health, ICD-10, access to care, anti-kickback and Stark laws, international comparative laws, cyber security and the HIPAA/HITECH Act. Her practice focuses on a variety of cyber security, health care and securities law issues related to industry compliance, transactional work and Dodd-Frank/False Claims Act whistleblower claims, which remain under seal.

Ms. Rose holds an MBA with minors in health care and entrepreneurship from Vanderbilt University, and a law degree from Stetson University College of Law, where she graduated with various honors. She is licensed to practice in Texas. She has co-authored various books and book chapters, including the American Bar Association's *What Are International HIPAA Considerations?* Currently, she is on the Executive Committee of the Federal Bar Association's *Qui Tam* Section and a member of the Government Relations Committee. Ms. Rose is an Affiliated Member with the Baylor College of Medicine's Center for Medical Ethics and Health Policy, where she teaches bioethics. She also serves on the Southwest Regional Board for UNICEF. She can be reached at rvrose@rvrose.com.

FDA Approves New Safety Measures Governing the Use of Immediate-Release Opioid Analgesic Medications

Important step places immediate-release opioid analgesic drugs intended for use in an outpatient setting into agency's Opioid Analgesic Risk Evaluation and Mitigation Strategy

The U.S. Food and Drug Administration took new steps as part of its broader efforts to address the opioid crisis by approving the final Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS). This new plan includes several measures to help better communicate the serious risks about the use of opioid pain medications to patients and health care professionals. This expanded REMS now, for the first time, applies to immediate-release (IR) opioid analgesics intended for use in an outpatient setting. The new REMS also applies to the extended-release and long-acting (ER/LA) opioid analgesics, which have been subject to REMS since 2012.

The REMS program requires, for the first time, that training be made available to health care providers who are involved in the management of patients with pain, and not only to prescribers. For example, the training provided through the REMS must be made available to nurses and pharmacists. The new REMS also requires that the education cover broader information about appropriate pain management, including alternatives to opioids for the treatment of pain. The agency is also approving new product labeling containing information about the health care provider education available through the new REMS.

"Opioid addiction is an immense public health crisis. Addressing it is one of the FDA's highest priorities. As part of our comprehensive work in this area, we're taking new steps to rationalize prescribing and reduce overall exposure to these drugs as a way to cut the rate of new addiction. Many people who become addicted to opioids will have their first exposure in the medical setting. Providers have a critical role to play in making sure these products are appropriately prescribed to patients. Our new effort is aimed at arming providers with the most current and comprehensive information on the appropriate management of pain. This includes ensuring that prescriptions are written for only appropriate purposes and durations of use and, importantly, subjects immediate-release opioids – which are the most commonly prescribed opioid products – to a more stringent set of requirements. The action also adds new labeling for all opioids to raise awareness about available educational materials on prescribing these powerful medications," said FDA Commissioner Scott Gottlieb, M.D. "Appropriate prescribing practices and education are important steps that we're prioritizing to help address the human and financial toll of this crisis. Our aim is to make sure the medical community can take advantage of the available education on pain management and safe use of opioid analgesic products. At the same time, we're also taking new steps to advance the development of evidence-based, indication-specific guidelines to help further guide appropriate prescribing of opioids. The goal is that these guidelines will provide evidence-based information on the proper number of opioid doses that should be dispensed for different medical conditions for which these drugs may be indicated. The aim is to reduce overall dispensing as a way to further reduce exposure to these drugs. Our goal is to help prevent patients from becoming addicted by decreasing unnecessary or inappropriate exposure to opioids and fostering rational prescribing to enable appropriate access to those patients who have legitimate medical need for these medicines."

Since 2012, manufacturers of ER/LA opioid analgesics have been subject to a REMS that requires as its primary component that training be made available to prescribers of those products. To meet this requirement, drug companies with approved ER/LA opioid analgesics have been providing unrestricted grants to accredited continuing education providers for the development of education courses for prescribers based on content outlined by the FDA. As part of the final action being taken today, these REMS requirements now also apply to IR opioid analgesic products intended for outpatient use. The IR drugs account for about 90 percent of all opioid pain medications prescribed for outpatient use. Additionally, the entire class of transmucosal immediate-release fentanyl (TIRF) prescription medicines have been subject to a REMS since December 2011.

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In addition to expanding the REMS to include IR opioid analgesic products intended for outpatient use, the agency has approved the new FDA Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain (Blueprint). This includes updated educational content. The agency believes that all health care providers involved in the management of patients with pain should be educated about the safe use of opioids so that when they write or dispense a prescription for an opioid analgesic, or monitor patients receiving these medications, they can help ensure the proper product is selected for the patient and used with appropriate clinical oversight. It is expected that continuing education training under the modified REMS will be available to health care providers by March 2019.

These actions greatly expand the number of products covered by the REMS. Prior to September 18, 2018, the ER/LA Opioid Analgesic REMS included 62 products. But the modified Opioid Analgesic REMS now requires that 347 opioid analgesics intended for outpatient use be subject to these REMS requirements. The REMS program continues to include Medication Guides for patients and caregivers to read, new Patient Counseling Guides to assist health care providers with important discussions with patients, and plans for assessing the program's effectiveness.

The FDA is also approving new safety labeling changes for all opioid analgesic products intended for use in an outpatient setting. For the first time, the FDA is requiring the labeling for those products to include information about the availability of education through the REMS for prescribers and other health care providers who are involved in the treatment and monitoring of patients with pain. The new labeling includes information about REMS-compliant education in the Boxed Warning and Warnings and Precautions sections of labeling, and strongly encourages providers to complete a REMS-compliant education program; counsel patients and caregivers on the safe use, risks, and appropriate storage and disposal of these products; emphasize to patients and their caregivers the importance of reading the Medication Guide every time it is provided by their pharmacist; and to consider other tools to improve patient, household and community safety.

There is no mandatory federal requirement that prescribers or other health care providers take the training provided through the REMS and completion of the training is not a precondition to prescribing opioid analgesics to patients. However, the FDA's Opioid Policy Steering Committee continues to consider whether there are circumstances when the FDA should require some form of mandatory education for health care providers and how the agency would pursue such a goal. The FDA also recently awarded a contract to the National Academies of Sciences, Engineering, and Medicine to help develop a framework to assist medical professional societies in creating evidence-based guidelines on appropriate opioid analgesic prescribing to treat acute pain resulting from specific medical conditions and common surgical procedures for which these drugs are prescribed. The agency's aim is to reduce unnecessary and/or inappropriate exposure to opioids by making certain that prescribers are properly informed about appropriate prescribing recommendations, that providers understand how to identify abuse by individual patients, and know how to get patients with opioid use disorder into treatment. The crisis of opioid addiction is a public health tragedy of enormous proportions. The FDA's goal is to reduce serious adverse outcomes resulting from inappropriate prescribing, misuse and abuse of opioid analgesics, while maintaining patient access to pain medications.

As part of the U.S. Department of Health and Human Services' Five-Point Strategy to Combat the Opioid Crisis, the FDA remains committed to addressing the national crisis of opioid addiction on all fronts, with a significant focus on decreasing unnecessary and/or inappropriate exposure to opioids and preventing new addiction; supporting the treatment of those with opioid use disorder; fostering the development of novel pain treatment therapies and opioids more resistant to abuse and misuse; and taking action against those who contribute to the illegal importation and sale of opioid products. The FDA will also continue to evaluate how drugs currently on the market are used, in both medical and illicit settings, and take regulatory action where needed.

Media Contacts *- Lyndsay Meyer - 240-402-5345* and *Michael Felberbaum - 240-402-9548*

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.

Project ECHO Offers Improved Resources and Streamlined Communication

Over the past year, Project ECHO Nevada has been working on several initiatives to help bring you the best resources possible and streamline the way you can communicate with us and utilize our services. With the constantly changing landscape of health care delivery, we're always searching for ways to ensure your time is well spent attending our ECHO clinics. Below, are some updates on our program and information for you to share with leadership and colleagues:

Streamlined communication – There are several modalities available for communicating with ECHO Nevada. If email is your preference, you can send an email to projectecho@med.unr.edu or you can find telephone numbers and emails for members of our team at https://med.unr.edu/echo/contact.

Follow us on Social Media – We've invested a lot of time into increasing our social media presence across multiple platforms during the course of 2018. We understand that sometimes it's just easier to get updates on information, resources, and events through social media, so we invite you to follow us on Facebook, Instagram and Twitter!

ECHO clinic text reminders – Who doesn't like having a reminder for events they want to attend or things they want to do? With that in mind, we have set up FREE text message reminders for our individual clinics so you can choose which ones you'd like to receive. To sign up for ECHO Nevada clinic text reminders, please visit https://med.unr.edu/echo/text-message-reminders.

Online forms – We now have online sign-in and CME evaluation forms available for each clinic for those who prefer that modality over faxing a paper copy in. We are currently working on developing HIPAA-compliant online case presentation forms to help streamline that process as well, but we don't expect to have a working version of those until sometime in 2019. In the meantime, you can download case presentation forms for each of our clinic topics and fax them to our secure fax line at 775-327-5112.

"F" "R" "double E" – That's right, all of our clinics are free to attend and CME credits (including Ethics for Pain Management and Medication-Assisted Treatment ECHO clinics) are provided at no cost as well. We are extremely fortunate to have partners who share ECHO's core value of "moving knowledge, not patients" and help make sub-specialty resources available to those that need it most. Did you know that by presenting patient cases during ECHO clinics and receiving feedback and recommendations from our multidisciplinary clinic leads, you're oftentimes able to save your patient the cost of travel, lodging, and time off work for appointments that commonly take 3-6 months to schedule anyways? That means decreased times from diagnosis to treatment, and patients are more likely to adhere to treatment recommendations when receiving them from their local health care provider!

Whether you need an interpretation of an EKG, medication and treatment recommendations for patients with mental health comorbidities, support for beginning to prescribe suboxone or to get your DATA 2000 waiver, or suggestions for non-opioid pain management approaches, ECHO Nevada is here to help. For more information, to sign up for our weekly email, or to inquire about presentation opportunities, please email us at: projectecho@med.unr.edu.

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Journal of Medical Regulation Offers Special CME Edition on Physician Wellness and Burnout

The Journal of Medical Regulation (JMR) has announced the publication of a special Continuing Medical Education edition addressing physician wellness and burnout.

Studies have shown that at any time, as many as half of U.S. physicians may be suffering from at least one symptom of burnout, which has been documented to be a threat to patient safety and effective medical care.

Burnout is a psychological response that may be experienced by those exposed to chronic stress in the health care practice environment, and may include overwhelming exhaustion, feelings of cynicism, detachment from work and a sense of ineffectiveness and lack of accomplishment. Burnout among physicians, physician assistants and others may lead to unprofessional behavior and surgical or diagnostic medical errors.

The special themed-edition of JMR includes four articles and the full text of a new policy on physician wellness and burnout adopted recently by the Federation of State Medical Boards (FSMB), which publishes JMR. The articles, available free online, are approved for AMA PRA Category 1 Credit™.

Articles include:

- ***Physician Mental Health: An Evidence-Based Approach to Change.*** Christine Moutier, MD, examines how barriers, including confidentiality concerns and fear of negative ramifications on one's reputation, licensure, or hospital privileging keep many physicians from addressing their mental health needs. She summarizes several initiatives with demonstrated effectiveness in medical settings that can be scaled up for greatest impact, ranging from education and stigma reduction efforts to policies and procedures that treat mental health on par with physical health and efforts promoting an overarching culture of respect.
- ***FSMB Efforts on Physician Wellness and Burnout.*** Arthur S. Hengerer, MD, FACS, Mark L. Staz, MA, and Humayun J. Chaudhry, DO, MACP, highlight the FSMB's efforts to address physician burnout and wellness – including the establishment of a special work group to study the issue and adoption in April of formal policy on burnout and wellness by the FSMB's House of Delegates. The authors believe that solutions to the issue must be aimed at improving the medical practice environment, systems of healthcare delivery, and hurdles that may keep physicians from seeking help when they need it – including changing the way hospital and state licensing boards forms pose questions related to mental health.
- ***Update on the UC San Diego Healer Education Assessment and Referral (HEAR) Program.*** William A. Norcross, MD, et al., describe an innovative approach to wellness and burnout created by University of California San Diego, in collaboration with the American Foundation for Suicide Prevention, called the Healer Education Assessment and Referral (HEAR) Program. Over the course of nearly 10 years, the program, launched in the aftermath of physician suicides, has successfully implemented intervention strategies aimed at preventing mental health issues and suicide among medical students, residents, medical faculty, pharmacists, nurses and clinical staff within the UC San Diego Health system.
- ***Facilitating Help-Seeking Behavior among Medical Trainees and Physicians Using the Interactive Screening Program.*** Maggie Mortali, MPH, and Christine Moutier, MD, describe the Interactive Screening Program (ISP), adopted by the American Foundation for Suicide Prevention for use by medical schools nationwide to lower the risk of depression and suicide by medical students, residents and faculty physicians. The authors utilized data from six medical schools' implementation of ISP over a seven-year period to quantify the openness of individuals to engage in help-seeking behavior, including meeting with counselors and seeking other mental health treatment.
- ***Report and Recommendations of the FSMB Workgroup on Physician Wellness and Burnout.*** The full text of the FSMB's recently adopted formal policy on physician wellness and burnout offers analysis of what has contributed to the rise of burnout among practitioners and 35 recommendations on how it can be more effectively addressed.

In a commentary leading off the special edition, JMR Editor in Chief, Heidi M. Koenig, MD, called for state medical boards to step forward and work with diverse stakeholders in healthcare to seek solutions.

"We see more and more media stories about the impact on patients as physicians leave medical practices and, in some cases, even commit suicide as a result of burnout," she said. "In the face of all this, the time has come to help the healers heal themselves — and return to productivity and career fulfillment."

To access the special JMR CME issue, visit **http://bit.ly/2n99xGR**.

The *Journal of Medical Regulation* is a quarterly publication of the Federation of State Medical Boards.
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SOCIAL SECURITY ADMINISTRATION

CONSULTATIVE EXAMINER OPPORTUNITIES

We are looking for talented medical professionals to add a new path to their distinguished careers, touching the lives of people nationwide performing Consultative Examinations (CE). A CE is a physical or mental examination purchased by the Disability Determination Service (DDS) for a person who has applied for disability benefits.

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Disability Determination Services
2527 N Carson St #114
Carson City, Nevada 89706
Phone: **775 885 3835**
E-mail: **Michael.LaRue @ssa.gov**
POC: **Michael La Rue**

WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Edward O. Cousineau, JD Executive Director
	Jasmine K. Mehta, JD Deputy Executive Director
	Donya Jenkins Finance Manager
Administration:	Laurie L. Munson, Chief
Legal:	Robert Kilroy, JD General Counsel
Licensing:	Lynnette L. Daniels, Chief
Investigations:	Pamela J. Castagnola, CMBI, Chief

2018 BME MEETING & HOLIDAY SCHEDULE

January 1 – New Year's Day (observed)
January 15 – Martin Luther King, Jr. Day
February 19 – Presidents' Day
March 2-3 – Board meeting
May 28 – Memorial Day
June 1-2 – Board meeting
July 4 – Independence Day
September 3 – Labor Day
September 7-8 – Board meeting
October 26 – Nevada Day
November 12 – Veterans' Day (observed)
November 22 & 23 – Thanksgiving Day & Family Day
November 30 and December 1 – Board meeting (Las Vegas)
December 25 – Christmas

Nevada State Medical Association
5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-6788
http://www.nvdoctors.org

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

Washoe County Medical Society
5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-0278 phone
775-825-0785 fax
http://www.wcmsnv.org

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

Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Ste. 210
Henderson, NV 89074
702-732-2147 phone
702-732-2079 fax
www.bom.nv.gov

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

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

HEARNE, Isaac J., M.D. (10767)
Reno, Nevada

Summary: Reasonable belief that the health, safety and welfare of the public was at imminent risk of harm.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or any patient served by the physician].

Action Taken: On August 16, 2018, the Investigative Committee summarily suspended Dr. Hearn's license to practice medicine in the state of Nevada until further order of the Investigative Committee or the Board of Medical Examiners.

LaTOURETTE, Gary J., M.D. (2903)
Las Vegas, Nevada

Summary: Alleged malpractice and failure to maintain appropriate medical records related to Dr. LaTourette's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1) (now set forth as NRS 630.3062(1)(a)) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 7, 2018, the Board accepted a Settlement Agreement by which it found Dr. LaTourette violated NRS 630.3062(1) (now set forth as NRS 630.3062(1)(a)), as set forth in Count II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint was dismissed.

LORENZO, Angela L., PA (PA816)
Las Vegas, Nevada

Summary: Alleged malpractice and failure to maintain appropriate medical records related to Ms. Lorenzo's treatment of three patients; practicing beyond the scope of her training; engaging in unsafe or unprofessional conduct, conduct intended to deceive, conduct in violation of standards of practice established by regulations of the Board, and conduct that brings the medical profession into disrepute; knowingly or willfully failing to comply with three orders of a committee designated by the Board to investigate a complaint against her; and failure to disclose an investigation and disciplinary action by the Nevada State Board of Pharmacy on her license renewal application.

Charges: Three violations of NRS 630.301(4) [malpractice]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement]; two violations of NRS 630.306(1)(b)(1) [engaging in conduct which is intended to deceive]; nine violations of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.306(1)(e) [practicing beyond the scope of her training]; three violations of NRS 630.306(1)(p) [engaging in unsafe or unprofessional conduct]; three violations of NRS 630.3062(1) (now set forth as NRS 630.3062(1)(a)) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; three violations of NRS 630.3065(2)(a) [knowingly or willfully failing to comply with an order of a committee designated by the Board to investigate a complaint against a licensee].

Disposition: On September 7, 2018, the Board found Ms. Lorenzo violated NRS 630.301(4), NRS 630.301(9), NRS 630.304(1), NRS 630.306(1)(b)(1), NRS 630.306(1)(b)(2), NRS 630.306(1)(e), NRS 630.306(1)(p), NRS 630.3062(1) (now set forth as NRS 630.3062(1)(a)) and NRS 630.3065(2)(a), as alleged in the First Amended Complaints, and imposed the following discipline against her: (1) Ms. Lorenzo's license to practice medicine in the state of Nevada was revoked; (2) public reprimand; (3) total fines in the amount of $74,000.00; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, pursuant to the Memorandum of Costs.

NIELSEN, Jarl C., M.D. (6953)
Reno, Nevada

Summary: Reasonable belief that the health, safety and welfare of the public was at imminent risk of harm.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or any patient served by the physician].

Action Taken: On August 22, 2018, the Investigative Committee summarily suspended Dr. Nielsen's license to practice medicine in the state of Nevada until further order of the Investigative Committee or the Board of Medical Examiners.

PAL, Prasun , M.D. (LL2443)
Las Vegas, Nevada

Summary: Engaging in conduct that brings the medical profession into disrepute and conviction of criminal offenses.

Charges: One violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one violation of NRS 630.301(11)(d) [conviction of sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime]; one violation of NRS 630.301(11)(g) [conviction of an offense involving moral turpitude].

Disposition: On September 7, 2018, the Board accepted a Settlement Agreement by which it found Dr. Pal violated NRS 630.301(11)(d), as set forth in Count II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Counts I and III of the Complaint were dismissed with prejudice.

TANNOURY, Georges Y., M.D. (8820)
Las Vegas, Nevada

Summary: Alleged engaging in conduct in violation of standards of practice established by regulations of the Board and failure to maintain appropriate medical records related to treatment of a patient.

Charges: Two violations of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.3062(1)(a)

Continued from page 12

[failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 7, 2018, the Board accepted a Settlement Agreement by which it found Dr. Tannoury violated NRS 630.3062(1)(a), as set forth in Count III of the Complaint, and imposed the following discipline against him: (1) 20 hours of Continuing Medical Education; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The remaining counts of the Complaint were dismissed with prejudice.

WEINGARTEN, Roslyn B., M.D. (12311)

Las Vegas, Nevada

Summary: Alleged engaging in conduct in violation of standards of practice established by regulations of the Board and failure to maintain appropriate medical records related to treatment of a patient.

Charges: Two violations of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 7, 2018, the Board accepted a Settlement Agreement by which it found Dr. Weingarten violated NRS 630.3062(1)(a), as set forth in Count III of the Complaint, and imposed the following discipline against her: (1) 20 hours of Continuing Medical Education; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The remaining counts of the Complaint were dismissed with prejudice.

WEINGROW, Craig M., M.D. (14309)

Las Vegas, Nevada

Summary: Alleged malpractice; failure to maintain appropriate medical records related to Dr. Weingrow's treatment of three patients; engaging in unsafe or unprofessional conduct, conduct intended to deceive, conduct in violation of standards of practice established by regulations of the Board, conduct in violation of regulations adopted by the State Board of Pharmacy, and conduct that brings the medical profession into disrepute; failure to adequately supervise medical assistants; and aiding, assisting, employing and advising, directly and indirectly, unlicensed persons to engage in the practice of medicine.

Charges: Four violations of NRS 630.301(4) [malpractice]; five violations of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; six violations of NRS 630.306(1)(p) [engaging in unsafe or unprofessional conduct]; three violations of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one violation of NRS 630.306(1)(b)(1) [engaging in conduct which is intended to deceive]; one violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board]; one violation of NRS 630.305(1)(e) [aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine]; one violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy].

Disposition: On September 7, 2018, the Board accepted a Settlement Agreement by which it found Dr. Weingrow violated NRS 630.306(1)(b)(2), NRS 630.3062(1)(a), NRS 630.301(9), NRS 630.306(1)(b)(1), NRS 630.306(1)(r) and NRS 630.306(1)(b)(3), as set forth in Counts II, III, VI, VIII, X, XII, XIII, XVI, XVII, XVIII, XX and XXII of the Complaint, and imposed the following discipline against him: (1) revocation of license, with the revocation stayed and Dr. Weingrow being placed on probation for a period not to exceed 36 months, subject to various terms and conditions; (2) public reprimand; (3) total fines in the amount of $12,000.00; (4) 20 hours of CME, in addition to any CME requirements regularly imposed upon him as a condition of licensure in Nevada; (5) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (6) Dr. Weingrow's license to be placed in "Inactive" status; upon completion of all probationary terms, Dr. Weingrow may apply to the Board to change his license status to "Active." The remaining counts of the Complaint were dismissed with prejudice.

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Public Reprimands Ordered by the Board

September 10, 2018

Gary LaTourette, M.D.
c/o Patricia Egan Daehnke, Esq.
Collison, Daehnke, Inlow & Greco,
Attorneys at Law
2110 E. Flamingo Road, Suite 305
Las Vegas, Nevada 89119

Re: In the Matter of Charges and Complaint Against Gary LaTourette, M.D.
BME Case No. 12-4399-1

Dr. LaTourette:

On September 7, 2018, 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 the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1), now set forth as NRS 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 17, 2018

Angela Lorenzo, PA-C
911 North Buffalo Rd. Ste 113
Las Vegas, Nevada 89128

Re: In the Matter of Charges & Complaint Against Angela Lorenzo, PA-C.
BME Case Nos. 17-28540-1 & 17-28540-2

Ms. Lorenzo:

On September 7, 2018, the Nevada State Board of Medical Examiners (Board), based upon the adjudication of the aforementioned cases, the Board entered an Order finding you violated the following Nevada Medical Practice Act/Nevada Revised Statutes (NRS):

1. Three (3) counts of violation of NRS 630.301(4) (Malpractice);
2. Three (3) counts of violation of NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct);
3. Two (2) counts of violation of NRS 630.306(1)(b)(1) (Deceptive Conduct);
4. Three (3) counts of violation of NRS 630.3065(2)(a) (Knowing and Willful Failure to Comply With Board Order);
5. One (1) count of violation of NRS 630.306(1)(e) (Practicing Beyond the Scope of a Licensee's Training or Competence);
6. One (1) one count of violation of NRS 630.301(9) (Disreputable Conduct);
7. One (1) count of violation of NRS 630.304(1) (Misrepresentation in Renewing a License);
8. Nine (9) counts of violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice);
9. Three (3) counts of violation of NRS 630.3062(1), now set forth as NRS 630.3062(1)(a), (Failure to Keep Timely, Legible, Accurate, and Complete Medical Records).

For the same, your license is revoked and that revocation is immediate.

You shall pay the fees and costs related to the investigation and prosecution of this matter and additionally, you shall pay the following fines:

10. For three (3) counts of NRS 630.301(4) (Malpractice), a fine of $5,000 each, for a total of $15,000;
11. For Three (3) counts of violation of NRS 630.306(1)(p), a fine of $5,000 each, for a total of $11,000;
12. For two (2) counts of violation of NRS 630.306(1)(b)(1), a fine of $5,000 each, for a total of $10,000;
13. For Three (3) counts of violation of NRS 630.3065(2)(a), a fine of $5,000 each, for a total of $15,000;
14. For one (1) count of violation of NRS 630.306(1)(e), a fine of $5,000;
15. For one (1) count of violation of NRS 630.306(9), a fine of $1,000;
16. For one (1) count of violation of NRS 630.304(1), a fine of $1,000;
17. For nine (9) counts of violation of NRS 630.306(1)(b)(2), a fine of $1,000 each, for a total of $9,000;
18. For three (3) counts of violation of NRS 630.3062(1), now set forth as NRS 630.3062(1)(a), a fine of $1,000 each, for a total of $3,000.

You shall pay these fines, a total of $74,000, within one hundred twenty (120) days of this Order.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 12, 2018

Prasun Pal, M.D.
2040 W. Charleston Blvd., #300
Las Vegas, Nevada 89102

Re: In the Matter of Charges and Complaint Against Prasun Pal, M.D.
BME Case No. 17-40944-1

Dr. Pal:

On September 7, 2018, 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 the aforementioned case.

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In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(11)(d), conviction of a sexually related crime. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 10, 2018

Craig Mitchell Weingrow, M.D.
c/o Jason G. Weiner, Esq.
WEINER LAW GROUP, LLC
2820 W. Charleston Avenue, #35
Las Vegas, NV 89102

Re: In the Matter of Charges and Complaint vs. Craig Mitchell Weingrow, M.D.
BME Case No. 18-39792-1

Dr. Weingrow:

On September 7, 2018, 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 the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statutes (NRS) 630.306(1)(b)(2), for five counts of violating the standards of practice; three counts of NRS 630.3062(1)(a), failure to maintain complete medical records relating to the diagnosis, treatment and care of a patient; one count of NRS 630.301(9), disreputable conduct; one count of NRS 630.306(1)(b)(1), deceptive conduct; one count of NRS 630.306(1)(r), failure to adequately supervise; and one count of NRS 630.306(1)(b)(3), engaging in conduct that violated Pharmacy Board regulations. For the same, your license is revoked and that revocation is immediately stayed for 36 months and placed in "inactive" status. You may apply to have your license status changed to "active," after you have completed all the terms of your probation and you have appeared before the Board demonstrating complete compliance with the terms of the Settlement Agreement.

Additionally, you shall be publicly reprimanded, and you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall pay a $1,000 fine for each of the twelve counts admitted to hereby for a total of $12,000, and you shall complete 20 hours of continuing medical education (CME) related to best practices in prescribing controlled substances. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada.

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,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521