

# DC | HEALTH

## Board of Medicine

*Practitioner Diversion Awareness Conference*

*February 22 & 23, 2020*

# PRESENTER(S)

**Frank B. Meyers, JD**

*Executive Director*

Health Regulation & Licensing Administration

Board of Medicine | Board of Chiropractic

P: (202) 724-8755

E: [frank.meyers@dc.gov](mailto:frank.meyers@dc.gov)

W: [dchealth.dc.gov](http://dchealth.dc.gov)

# MISSION STATEMENT

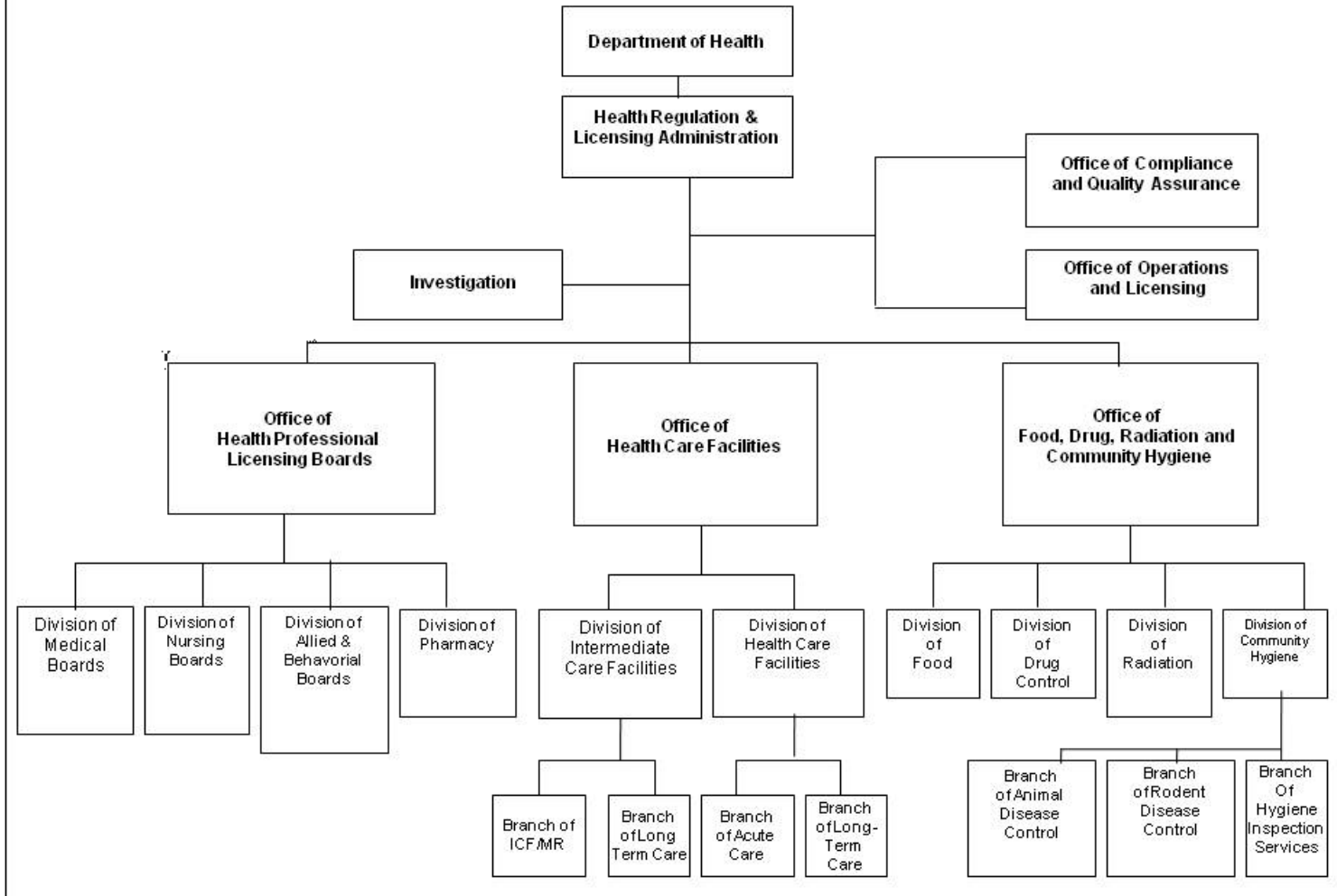
## **DC Health**

*The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.*

## **Health Regulation and Licensing Administration (HRLA)**

*The mission of the Health Regulation and Licensing Administration (HRLA) is to protect the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework.*

**Health Regulation and Licensing Administration  
Organizational Structure**



# MEMBERSHIP

- Board Membership
  - Fifteen (15) members:
    - ❖ Ten (10) physicians;
    - ❖ Four (4) consumer members; and
    - ❖ One (1) DC Health Director or designee.

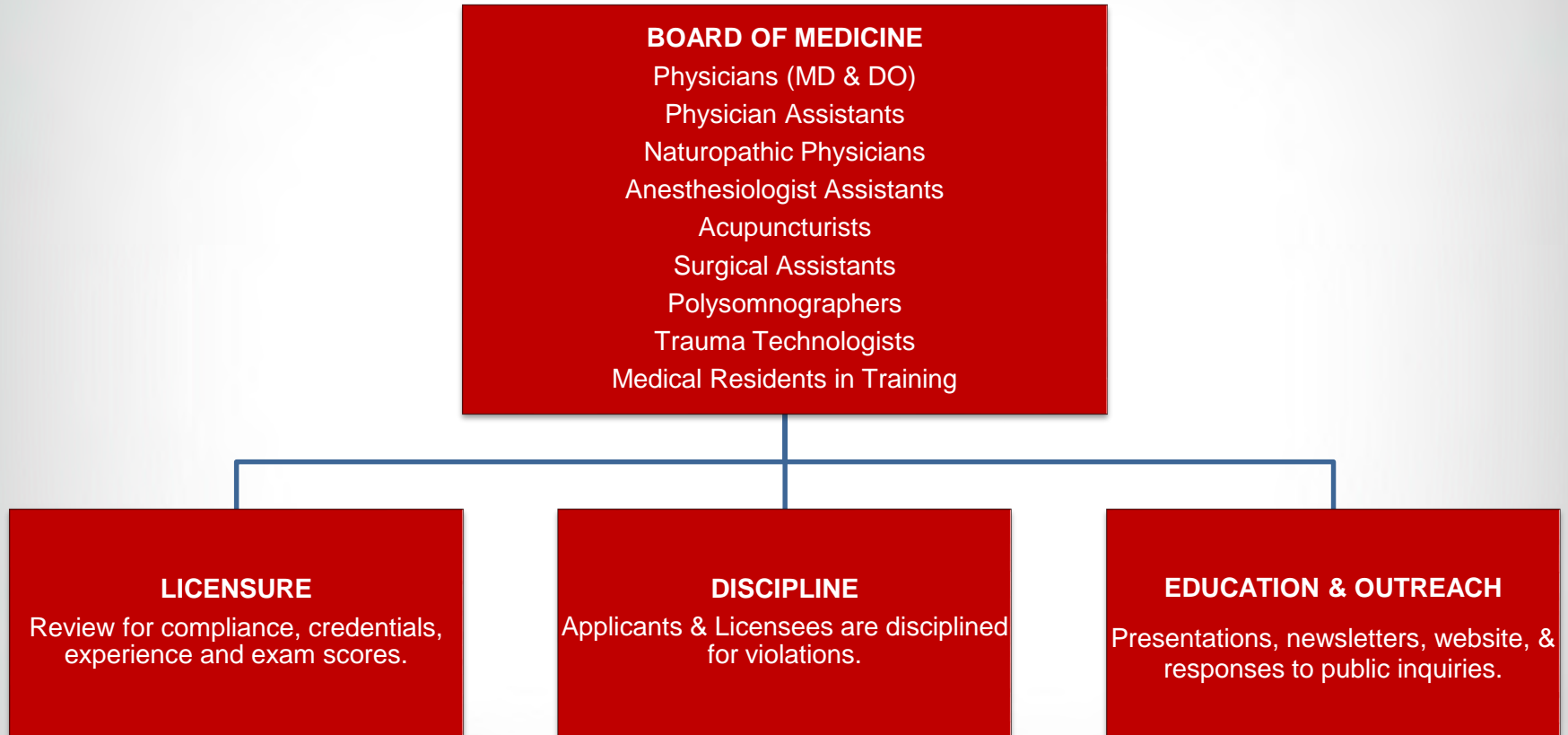


# GENERAL POWERS & DUTIES

- Evaluate qualifications of applicants.
- Issues licenses to qualified applicants.
- Issue subpoenas, examine witnesses and administer oaths.
- Receive and review complaints.
- Request investigations of allegations of violations, either on its own initiative or on the basis of a complaint.
- Conduct hearings and keep records and minutes.
- Issue advisory opinions regarding compliance with acceptable standards of practice.



# PATHWAYS OF REGULATION



# LICENSURE



# FACTS AND STATS - LICENSURE\*

- Approximately 2,000 applications/year.
- 13,851 licensees.
  - 10,931 physicians (MD & DO).
- More than 90% of applications are approved within 72 hours.
- Less than 10% of applications go before the board for additional review.

DC HEALTH Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

### MEDICINE AND OSTEOPATHY (MD/DO) NEW LICENSE APPLICATION

All applicants must complete every section of this application and submit the original application and all required supporting documents. If more space is needed to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2406. YOU MUST INITIAL EACH PAGE OF THE APPLICATION.

If you have any questions, call HRLA Customer Service at (877) 672-2174, Monday through Friday, 8:30AM to 4:00PM EST.

#### SECTION 1: LICENSURE TYPE & FEES

<b>Professional Designation:</b> <input type="checkbox"/> Medicine & Surgery (MD) <input type="checkbox"/> Osteopathy & Surgery (DO)	<b>Graduate Type:</b> <input type="checkbox"/> U.S./Canada <input type="checkbox"/> International	<b>Application Type:</b> <input type="checkbox"/> License by Examination (\$805.00)
--	---	--

#### SECTION 2: APPLICANT INFORMATION

<b>First Name:</b>	<b>Mi:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>SSN:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Degree(s) Held:</b> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> MBBS <input type="checkbox"/> MBA <input type="checkbox"/> MPH <input type="checkbox"/> PHD <input type="checkbox"/> Other:	
<b>Race &amp; Ethnicity (Optional):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Choose Not to Disclose	<input type="checkbox"/> Asian/South Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other:	<b>Language(s) Spoken (Other than English):</b> <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> French <input type="checkbox"/> Tagalog <input type="checkbox"/> Arabic <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Russian <input type="checkbox"/> German <input type="checkbox"/> Korean <input type="checkbox"/> Other:

#### SECTION 3: OTHER NAME(S) USED

If your name has changed at any point since you have taken any exams or attended college or university, you must provide a copy of a legal name change document for each time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, court orders, copies of social security cards or a passport.

<b>First Name:</b>	<b>Mi:</b>	<b>Last Name:</b>
<b>First Name:</b>	<b>Mi:</b>	<b>Last Name:</b>
<b>First Name:</b>	<b>Mi:</b>	<b>Last Name:</b>

#### SECTION 4: MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

HOME ADDRESS  BUSINESS ADDRESS

899 North Capitol Street NE | 2nd Fl, Washington, DC 20002 | P 202-724-8800 | dchealth.dc.gov

Page 1 of 9

Applicant's Initials: \_\_\_\_\_

\*Based on licensure data from February 28, 2018.

# LICENSED PROFESSIONS

- Statutes

- [Health Occupations Revision Act of 2009 \(DC Official Code §§3-1201.01, et seq.\)\(2016 Supp.\)](#)

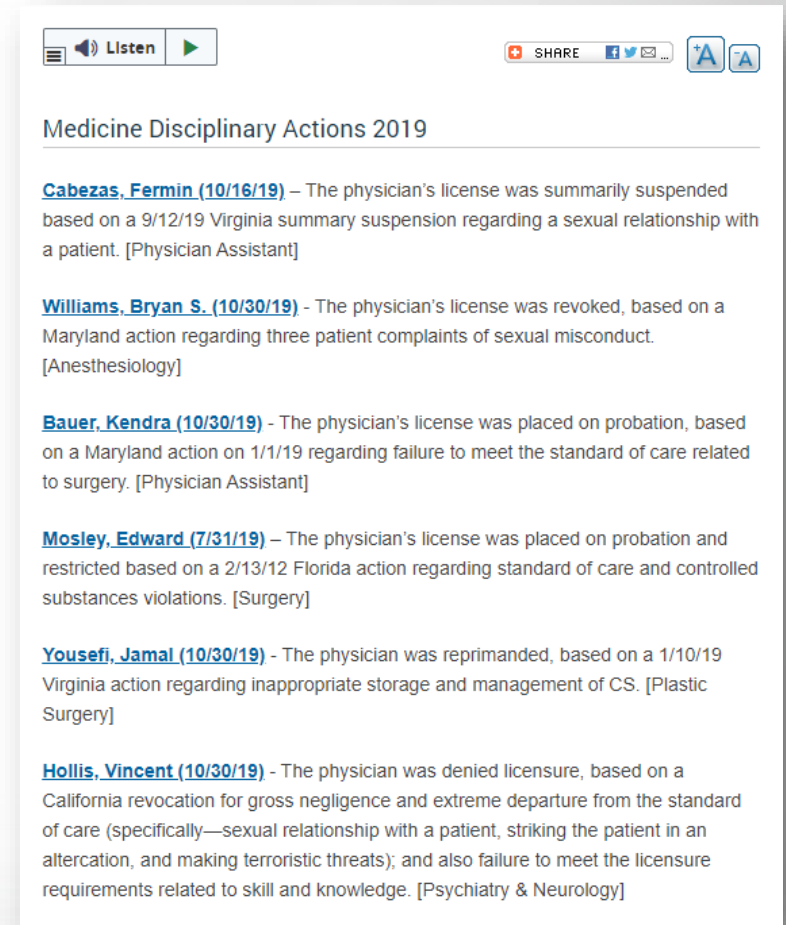
- Regulations

- [Medicine \(17 DCMR § 46\)](#)
- [Acupuncture \(17 DCMR § 47\)](#)
- [Physician Assistants \(17 DCMR § 49\)](#)
- [Anesthesiologist Assistants \(17 DCMR § 51\)](#)
- [Naturopathic Physicians \(17 DCMR § 52\)](#)
- [Surgical Assistants \(17 DCMR § 80\)](#)
- [Polysomnography \(17 DCMR § 81\)](#)
- [Trauma Technologists \(17 DCMR § 81\)](#)

# DISCIPLINE

# FACTS AND STATS - DISCIPLINE

- Approximately 100 to 150 cases per year.
- Common Infractions:
  - Failure to comply with CME requirements.
  - Poor record keeping.
  - Standard of care.
  - Communication issues with patients.



The screenshot shows a webpage with a navigation bar at the top containing a 'Listen' button and social media sharing icons. The main heading is 'Medicine Disciplinary Actions 2019'. Below this, there are five entries, each starting with a name and date in blue text, followed by a description of the disciplinary action and the physician's specialty in brackets.

**Cabezas, Fermin (10/16/19)** – The physician's license was summarily suspended based on a 9/12/19 Virginia summary suspension regarding a sexual relationship with a patient. [Physician Assistant]

**Williams, Bryan S. (10/30/19)** - The physician's license was revoked, based on a Maryland action regarding three patient complaints of sexual misconduct. [Anesthesiology]

**Bauer, Kendra (10/30/19)** - The physician's license was placed on probation, based on a Maryland action on 1/1/19 regarding failure to meet the standard of care related to surgery. [Physician Assistant]

**Mosley, Edward (7/31/19)** – The physician's license was placed on probation and restricted based on a 2/13/12 Florida action regarding standard of care and controlled substances violations. [Surgery]

**Yousefi, Jamal (10/30/19)** - The physician was reprimanded, based on a 1/10/19 Virginia action regarding inappropriate storage and management of CS. [Plastic Surgery]

**Hollis, Vincent (10/30/19)** - The physician was denied licensure, based on a California revocation for gross negligence and extreme departure from the standard of care (specifically—sexual relationship with a patient, striking the patient in an altercation, and making terroristic threats); and also failure to meet the licensure requirements related to skill and knowledge. [Psychiatry & Neurology]

# DISCIPLINARY PROCESS





# HORA VIOLATIONS (§3-1205.14(A))

- **(6)** Is addicted to, or habitually abuses, any narcotic or controlled substance as defined by Unit A of [Chapter 9 of Title 48](#);
- **(7)** Provides, or attempts to provide, professional services while under the influence of alcohol or while using any narcotic or controlled substance as defined by Unit A of [Chapter 9 of Title 48](#), or other drug in excess of therapeutic amounts or without valid medical indication;
- **(26)** Failure to conform to standards of acceptable conduct and prevailing practice;

# TYPES OF DRUG CASES

- **Over-Prescribing Practitioner**

- Overprescribing to patient.
- Ignorance or willful act.
- Education, restrictions, or both.



- **Impaired Practitioner**

- Using opioids.
- Affects care being provided.
- Needs treatment and/or monitoring.





# DISCIPLINARY ACTIONS (§3-1205.14(C))\*

- Denial of license or registration
- Revoke or suspend license or registration
- Revoke or suspend the privilege to practice in the District
- Reprimand
- Probation
- Civil fine not to exceed \$5000 for each violation
- Remediation which may include therapy or treatment, retraining, reexamination, or continuing education and professional mentoring
- Cease and desist order

*\*Disciplinary actions are separate from criminal actions.*

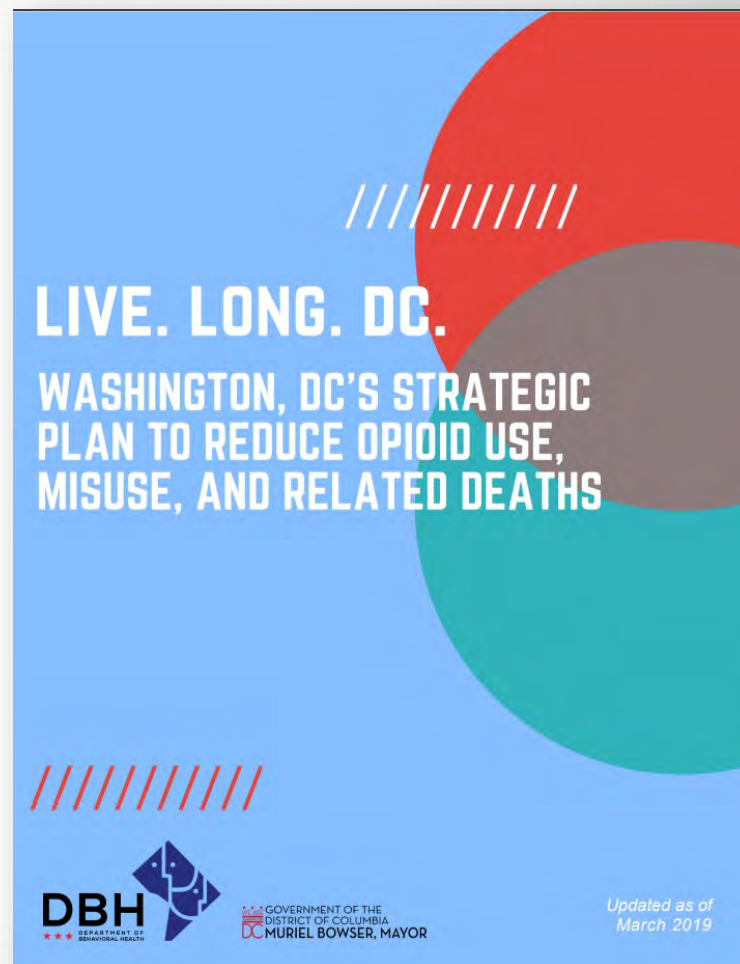
# SUMMARY SUSPENSION (§3-1205.15)

- Department of Health Action ('the Mayor' vs. 'the Board')
- May summarily suspend the license of a person who:
  - Has his or her license to practice the same profession or occupation revoked or suspended in another jurisdiction and has not had the license reinstated within that jurisdiction;
  - Has been convicted of a felony;
  - Has been adjudged incapacitated;
  - Engages in conduct that presents an imminent danger to the health and safety of the public as determined by the Mayor following an investigation.

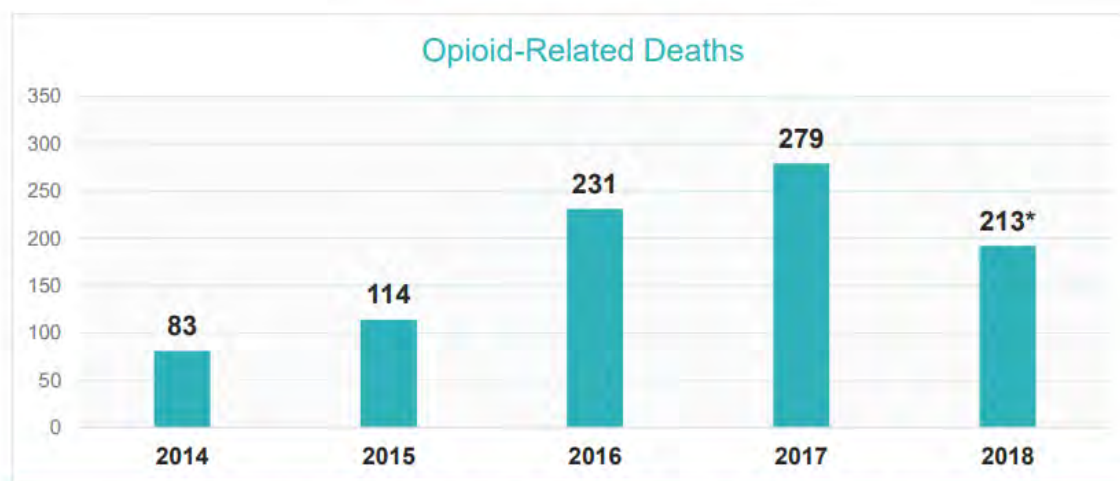
# **EDUCATION & OUTREACH**

# LIVE. LONG. DC.

- Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse and Related Deaths.
- Multi-year effort involving multitude of stakeholders from public and private sectors.
- Formation of opioid strategic groups (OSG) to implement the seven (7) goals established by the strategic plan.



# DC'S OPIOID EPIDEMIC



This graph reflects the trend of opioid overdoses since 2014.

**\*Data for 2018 is subject to change due to cases where cause and manner of death are pending further investigation.**

- There was a 178% increase in fatal overdoses due to opioid use from 2014 to 2016.
- In 2016, 62% of cases involved fentanyl or a fentanyl analog.
- In 2017, 71% of cases involved fentanyl or fentanyl analogs.
- Approximately 80% of all overdoses due to opioid drug use happened among adults between the ages of 40–69, and such deaths were most prevalent among people ages 50- 59.
- Overall, 81% of all deaths were among African-Americans. This trend has remained consistent across years.
- Fatal overdoses due to opioid drug use were more common among males (74% of deaths were males).
- From 2014 to 2017, opioid-related fatal overdoses were most prevalent in Wards 7 and 8.
- 89% of DC opioid users are over 40 years old and 58% are more than 50 years old.
- 22% have been using heroin (primary used opioid in Washington, DC) for more than 40 years, 59% for more than 25 years, and 88% for more than 10 years.



# LIVE. LONG. DC. GOALS

**GOAL 1:** Reduce legislative and regulatory barriers to create a comprehensive surveillance and response infrastructure that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

**GOAL 2:** Educate District residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

**GOAL 3:** Engage health professionals and organizations in the prevention and early intervention of substance use disorder among District residents.

**GOAL 4:** Support the awareness and availability of, and access to, harm reduction services in the District of Columbia consistent with evolving best and promising practices.

**GOAL 5:** Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

**GOAL 6:** Develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system. Promote a culture of empathy for arrestees, inmates, returning citizens, and their families as they navigate the various entities in the criminal justice system.

**GOAL 7:** Develop effective law enforcement strategies that reduce the supply of illegal opioids in the District of Columbia.

# GOAL 3



Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

**Total Budget Investment: \$5,817,569**

OSG Member Organizations: Department of Behavioral Health, Howard University, Department of Aging and Community Living, Oxford House, Unity Health Care, Department of Health, Medical Society of the District of Columbia, DC Hospital Association, Sibley Memorial Hospital

- **3.3** – Mandate that all licensed providers in Washington, DC...be required to register with the Prescription Drug Monitoring Program (PDMP) and PDMP integration into health management system.
- **3.6, 3.7 and 3.8** – Encourage provider continuing education on....



# PRESCRIPTION DRUG MONITORING PROGRAM

- Mandated registration.
- PDMP Advisory Committee.
- Only accessible by Board pursuant to an open investigation.

## Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances; and to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses.

[PDMP Database Access](#)

### DC PDMP Presentation:

Click [here](#) to watch a presentation about the DC PDMP.

**For dispensers:** As of June 7, 2019, gabapentin is a covered substance for the DC PDMP. Dispensers are required to report dispensations of gabapentin to the DC PDMP.

**NEW!** All licensed prescribers and dispensers must register for the DC Prescription Drug Monitoring Program by **July 31, 2019**. Read the [notice to practitioners](#) or [FAQs](#) about mandatory registration for full details.

**New! DC PDMP User Survey:** This survey will be used to gauge initial PDMP use by registered users after the mandatory registration. The information will be used to make improvements based off user feedback. Please take a few minutes complete the DC PDMP User Survey <https://www.surveymonkey.com/r/DCPDMPUSER>.

# QUESTIONS AND ANSWERS





899 North Capitol St. NE, 2<sup>nd</sup> Floor

Washington, DC 20002

P: (202) 724 – 8800

<http://dchealth.dc.gov/bomed>