



Kentucky Board of Medical Licensure Newsletter

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Fall 2016

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Surgeon General Issues Letter on Prescription Opioid Crisis

Recently, the U.S. Surgeon General, Vivek H. Murthy, M.D., issued an important personal letter to more than 2.3 million health care practitioners and public health leaders around the country asking for their assistance to address the prescription opioid crisis. If you did not receive a copy of the letter, a copy is provided for your review:

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. [Please take the pledge](#). Together, we will build a national movement of clinicians to do three things:

First, we will educate ourselves to treat pain safely and effectively. A good place to start is this [pocket guide](#) with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.

The Board appreciates the efforts of the Surgeon General on this issue and encourages its licensees to take a moment to go to www.TurnTheTideRx.org/join to join with clinicians from across the country in a simple but powerful movement to end this epidemic.

Board Orders can be viewed under the Physician Profile/
Verification of License link on the Board's website at
www.kbml.ky.gov

Board Action Report (actions taken since 07/01/16)

Phillip R. Aaron, M.D., Columbia, KY, License # 22256
Order Dismissing Complaint issued 08/18/16.

Clyde M. Brooks, D.O., Portsmouth, OH, License # 02903
Second Amended Agreed Order entered into 08/18/16.

Morgan Budde, M.D., Mt. Sterling, KY, License # 43121
Order Terminating Amended Agreed Order issued
07/25/16.

Amjad A. Bukhari, M.D., London, KY, License # 32815
Order Terminating Agreed Order issued 07/21/16.

Stephen D. Burton, M.D., St. Petersburg, FL, License # 30716
Order Terminating Fourth Amended Agreed Order
issued 08/18/16.

Ignacio Cardenas, M.D., Parkersburg, WV, License # 26581
Order Terminating Agreed Order issued 08/18/16.

James Alvin Chaney, M.D., Hazard, KY, License # 28914
Order of Revocation issued 09/19/16, effective 10/21/16.

Bethany L. Crispin, M.D., Newport, KY, License # 42913
Order Terminating Agreed Order issued 07/21/16.

Kristin E. Ellison, M.D., Ashland, KY, License # 49447
Agreed Order entered into 07/11/16

Edwin L. Fuentes, D.O., Danville, VA, License # 03056
Agreed Order entered into 08/04/16.

James K. Holbrook, M.D., West Liberty, KY, License # 27278
Order Terminating Third Amended Agreed Order of
Indefinite Restriction issued 08/18/16.

Gregory Hoskins, PA-C, Busby, KY, License # PA267
Order of Revocation issued 07/25/16, effective 08/27/16.

A. Barry Klein, M.D., Louisville, KY, License # 24316
Second Amended Agreed Order entered into 08/23/16.

Ronald M. Koff, M.D., New Castle, KY, License # 16737
Order Terminating Agreed Order issued 08/18/16.

Howard S. Lefsky, M.D., Lexington, KY, License # 34938
Order Terminating Agreed Order issued 08/18/16.

James T. Lutz, M.D., Cincinnati, OH, License # 28577
Amended Agreed Order entered into 08/24/16.

Howard D. Markowitz, M.D., Lexington, KY, License # 33813
Second Amended Agreed Order entered into 08/08/16.

Philip B. May, Jr., M.D., Louisville, KY, License # 48073
Order Terminating Agreed Order issued 09/21/16.

Gregory E. Mick, D.O., Lexington, KY, License # 02503
Amended Agreed Order entered into 09/13/16.

Pamela A. Molloy, M.D., Somerset, KY, License # 44479
Agreed Order entered into 08/18/16.

Gary C. Patton, M.D., Lexington, KY, License # 24639
Order of Revocation issued 07/22/16, effective 08/02/16.

Vijil K. Rahulan, M.D., Yonkers, NY, License # 46287
Agreed Order entered into 08/01/16.

Roy D. Reynolds, M.D., Franklin, KY, License # 19383
Agreed Order of Surrender entered into 08/04/16.

Glen D. Richards, M.D., Louisville, KY, License # 13689
Order of Indefinite Restriction issued 09/19/16,
effective 10/28/16.

Tina F. Simpson, M.D., Louisville, KY, License # 31256
Order Terminating Amended Agreed Order issued
08/22/16.

Robert S. Smith, M.D., Alpharetta, GA, License # 43433
Agreed Order of Fine entered into 08/12/16.

Christy D. South, M.D., Bowling Green, KY, License # 42197
Order Terminating Agreed Order issued 08/18/16.

Joel C. Stephenson, M.D., Lexington, KY, License # 24775
Agreed Order entered into 08/11/16.

Bruce J. Swearingen, M.D., Seattle, WA, License # 44223
Agreed Order entered into 08/26/16.

Cahn Jeff Van Vo, D.O., Elizabethtown, KY, License # 02626
Order Terminating Agreed Order issued 08/18/16.

Jared K. Wilson, M.D., Somerset, KY, License # 32177
Agreed Order entered into 08/09/16.

**Restrictions have also been placed on the following physi-
cians' licenses pending resolution of charges brought against
them.**

Alfred Baldera, M.D., Ona, WV, License # 25469
Emergency Order of Restriction issued 08/16/16,
effective 08/19/16.

Harvey M. Diamond, M.D., Louisville, KY, License # 18028
Complaint and Emergency Order of Suspension
issued 08/11/16, effective 08/12/16

Samuel Watt Gehring, M.D., Flemingsburg, KY, License # 13429
Complaint and Emergency Order of Suspension
issued 08/23/16.

Sean P. McDonald, M.D., Paducah, KY, License # 36051
Emergency Order of Restriction issued 07/13/16,
effective 07/19/16.

**Marvin H. Rorick, III, M.D., Cincinnati, OH, License # P1604
(26027)**
Complaint and Emergency Order of Suspension
issued 09/19/16, effective 09/21/16.

David S. Swan, M.D., Lexington, KY, License # 15641
Complaint and Emergency Order of Restriction
issued 08/11/16, effective 08/13/16.

FDA Announces Boxed Warnings on Combining Opioids and Benzodiazepines

The Board would like to advise all of its licensees of a recent warning issued by the Food and Drug Administration (FDA) regarding the combination of opioid painkillers and benzodiazepines. According to the FDA, it now is requiring class-wide changes to drug labeling, including patient information, to help inform health care providers and patients of the serious risks associated with the combined use of certain opioid medications and benzodiazepines.

Among the changes, the FDA is requiring boxed warnings – the FDA's strongest warning – and patient-focused Medication Guides for prescription opioid analgesics, opioid-containing cough products, and benzodiazepines – nearly 400 products in total – with information about the serious risks associated with using these medications at the same time. Risks include extreme sleepiness, respiratory depression, coma and death. According to a FDA release, the FDA is asking that health care professionals heed these new warnings and more carefully and thoroughly evaluate, on a patient-by-patient basis, whether the benefits of using opioids and benzodiazepines together outweigh the serious risks.

The FDA's data review showed that physicians have been increasingly prescribing them together, and this has been associated with adverse outcomes. Among the data reviewed by the FDA, the agency concluded that from 2004 to 2011, the rate of emergency department visits involving non-medical use of both drug classes increased significantly, with overdose deaths (from taking prescribed or greater than prescribed doses) involving both drug classes nearly tripling during that period. Additionally, the number of patients who were prescribed both an opioid analgesic and benzodiazepine increased by 41 percent between 2002 and 2014, which translates to an increase of more than 2.5 million opioid analgesic patients receiving benzodiazepines.

Clinical guidelines from the U.S. Centers for Disease Control and Prevention (CDC), which are consistent with the principals of the Board's regulation, 201 KAR 9:260, and existing labeling warnings regarding combined use caution physicians about co-prescribing opioids and benzodiazepines to avoid potential serious health outcomes.

Concerns Related to Urine Drug Screening

One of the main issues the Board receives calls about on an ongoing basis involves matters related to urine drug screening (UDS). As most physicians are aware, 201 KAR 9:260 calls for the use of drug screens during the course of long-term prescribing of controlled substances for the treatment of pain and related symptoms associated with a primary medical complaint. In addition, the Board has consistently found that it is the acceptable and prevailing medical standard that physicians utilize drug screens for other long-term prescribing such as benzodiazepines.

Although the Board regulation does not specify what form of drug testing should be utilized, it is recognized that UDS is the most commonly used testing method. The most common complaints the Board receives involving UDS include overuse of testing, poor or lack of insurance coverage, alleged incorrect interpretation of test results, and poor communication of practice policies related to UDS.

The Board has published some general guidance on the frequency of utilization of drug screening, which can be found on the Board's website. Physicians are expected to use their professional judgment and discretion to determine the appropriate frequency of UDS and educate themselves on current acceptable practices related to the use of UDS and interpretation of lab results and related pharmacology. Education on UDS and other monitoring activities is readily available through numerous sources. Finally, the Board encourages physicians to very clear to patients of the expectation of the practice policies related to UDS and any policy changes.

Attention E-Prescribers

Studies completed by a Kentucky Board of Pharmacy task force and numerous evidence-based studies have shown E-prescribing errors are at an all-time high! Out of 130 errors collected over a one-week period, the most common errors included: a wrong drug, wrong/unclear directions, two sets of directions, and a day supply to quantity mismatch. The result of these errors translates into lost productivity time for both prescribers and pharmacists, as 64.7% of errors had to be clarified by the prescriber or one of their staff, and 32% of errors took anywhere from 15 minutes to 1 hour to correct.

To help address this issue, the Kentucky Board of Pharmacy convened an E-prescribing committee (which included the Kentucky Boards of Medicine and Nursing) to look for solutions to prevent E-prescribing errors and ultimately decrease the rate of errors. The committee found that E-prescribing accuracy and efficiency can be improved by implementing the following safeguards into your practices:

1. Use EHR messaging systems to resolve prescription errors in a timely manner.

Note: RxChange messages allow a pharmacist to request a change in a prescription. A prescription can be cancelled by a provider using the CancelRx message type but this feature must first be activated. Contact your computer vendors to determine if the CancelRx message is available, and if so, to turn on the CancelRx message feature.

2. Contact your EHR system provider to activate a final check feature—also known as a summary screen—on all prescriptions, not just those for controlled substances.
3. Retrain employees to use the electronic prescribing system in order to increase accuracy.
4. Include diagnosis, height, and weight on each E-prescription for ease of pharmacist therapeutic and safety checks.
5. Make suggestions to the National Council for Prescription Drug Programs (NCPDP) about how to improve electronic prescribing at <http://dms.ncdp.org/>

KASPER Tips: Do Physicians Have to Report to KASPER? Yes!

Carrie R. Gentry, PharmD, KY Office of Inspector General
Drug Enforcement and Professional Practices Branch (DEPPB)

The DEPPB enforces the Kentucky Controlled Substances Act (KRS 218A) and operates the Kentucky All Schedule Prescription Electronic Reporting program (KASPER). The DEPPB provides the following guidance to all physicians who dispense or administer controlled substances *from an office-based setting*:

A physician who administers or dispenses controlled substances is responsible for transmitting the required dispensing data to the KASPER system in accordance with KRS 218A.202 and 902 KAR 55:110.

DEPPB has recently discovered multiple dispensing physicians that have not been reporting the required data to KASPER. In many instances, the dispensing physician mistakenly believed the supplier or pharmacy was reporting the data to KASPER. Please note, the KASPER reporting responsibility falls upon the DEA registrant who delivers the controlled substance from their own inventory to the patient, pursuant to a prescription or order of a practitioner.

Example:

A physician determines a patient requires an implantable, compounded testosterone pellet (a Schedule III controlled substance) that must be administered in the office. The physician has two options for ordering the testosterone pellet:

1. The physician may issue a lawful, patient-specific prescription (written, electronic or verbal) to be dispensed by a compounding pharmacy. The compounding pharmacy must deliver the product to the patient. The patient brings the product back to the office for administration. In this scenario, the compounding pharmacy dispensed the controlled substance to the patient, and is responsible for reporting the required data to KASPER.
2. The physician may use a purchase order to obtain testosterone pellets "For Office Use" from a duly licensed compounding pharmacy/outsourcing facility. The physician enters an order for the administration of a testosterone pellet into the patient chart, then administers a pellet directly to the patient from the office supply. In this scenario, the physician dispensed the controlled substance to the patient, and is responsible for reporting the required data to KASPER. The same is true for any office stock of controlled substance that is dispensed to a patient for take-home use (e.g. phentermine).

Please note that the KASPER reporting process is different from the process used to obtain a KASPER report on a patient. Reporting administered or dispensed controlled substances to KASPER requires establishment of a dispenser or "uploader" account with the KASPER data collection vendor Health Information Designs (HID). A guide for registering with HID and detailed instructions for how to report data to KASPER can be found at <http://www.chfs.ky.gov/os/oig/kasperdispenserinformation> or by calling DEPPB at (502) 564-7985.

Failure to comply with KRS 218A.202 will result in a report to the Kentucky Board of Medical Licensure. Intentional failure to report to KASPER controlled substances administered or dispensed is a Class B misdemeanor (first offense) and a Class A misdemeanor (each subsequent offense). Furthermore, mid-level practitioners (e.g. APRNs, PAs) and other office staff are not authorized to dispense controlled substances in Kentucky. If you have questions, please contact DEPPB at (502) 564-7985.

Board Elects New Officers and Welcomes New Member

The Board would like to announce that it has elected new officers to serve in leadership positions for the upcoming year. Randel C. Gibson, D.O., of Mayfield, was elected to serve as the Board's new President. C. William Briscoe, M.D., of Corbin was also elected to serve as Vice-President and Russell Travis, M.D., of Lexington, was elected as Secretary. Dr. Briscoe also serves as Chairman of the Board's Inquiry/Hearing Panel A and Dr. Travis was appointed to serve as Chairman of the Board's Inquiry/Hearing Panel B.

In addition to the election of officers, the Board would like to welcome its two newest members. Michael E. Fletcher, M.D., who practices Anesthesiology, Interventional Pain Management and Addiction Medicine in Crestview Hills was appointed by Governor Bevin and fills the vacancy left by Preston P. Nunnolley, M.D. The Board would like to thank Dr. Nunnolley for his 24 years of service to the Commonwealth and will formally recognize him for his efforts during its December meeting. The Board is also pleased to welcome the Hiram C. Polk, Jr., M.D., of Louisville, who will serve on the Board in his capacity as the Commonwealth's Commissioner of Public Health.

Renewal of Physician Licenses for 2017

In late December, physicians holding an active license will receive a notice by mail with instructions to renew his or her license. Physicians will be able to renew their license online at www.kbml.ky.gov. To complete the renewal, physicians will be required to verify and update their unique licensure information. The fee to renew online will be \$150.00. Physicians who renew by paper will be assessed an additional \$10.00 fee. Please note the link to renew your license on the Board's website will not be available until the first week of January 2017.

Annual Report

In accordance with state statutes, the Board has submitted its annual report to the Governor outlining its activities for the past fiscal year. A copy of the full report is available at <http://kbml.ky.gov/board/Pages/Annual-Report.aspx>

Kentucky Board of Medical Licensure
310 Whittington Pkwy., #1B
Louisville, KY 40222

Change of Address Notice

Please Note: The information that you provide on this Change of Address Notice will be used to update your profile on the Board's web site at www.kbml.ky.gov.

You may also change your address online <http://kbml.ky.gov/address/Pages/default.aspx>

(Please Print or Type Information)

Date: _____ KY License Number: _____

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street)

(City) (State) (Zip)

Practice Address: _____
(Street)

(City) (State) (Zip)

Practice County: _____

Office Phone Number: _____

Email Address: _____
(Email address is not published)