

**MINUTES**

**UTAH  
OSTEOPATHIC  
PHYSICIAN AND SURGEON'S  
LICENSING BOARD MEETING**

**May 30, 2013**

**Room 402 – 4<sup>th</sup> Floor – 9:00 A.M.  
Heber Wells Building  
Salt Lake City, UT 84111**

**CONVENED:** 9:08 A.M.

**ADJOURNED:** 1:28 P.M.

**Bureau Manager:**  
**Board Secretary:**  
**Compliance Assistant:**

Noël Taxin  
Karen McCall  
Debbie Harry

**Board Members Present:**

Keith P. Ramsey, DO, Chairperson  
Noel C. Nye, DO  
Layne A. Hermansen, DO  
Lynsey J. Drew, DO

**Board Members Absent and Excused:**

Vacant Position

**Guests:**

Brian Rodgers  
Rebecca Concoby

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS:**

Swearing in of Lynsey J. Drew, DO, as a  
Board Member

Ms. Taxin conducted the swearing in of Dr. Drew.  
**Board members welcomed her.**

Chairperson

Dr. Ramsey made a motion for Dr. Hermansen to  
serve as Board chairperson. Dr. Nye seconded the  
motion. **The Board vote was unanimous.**

**MINUTES:**

The minutes from the November 29, 2012 Board  
meeting were read.

Dr. Nye made a motion to approve the minutes as  
read. Dr. Drew seconded the motion. **The Board  
vote was unanimous.**

## APPOINTMENTS:

**9:15 am**

Debie Harry, Compliance Update  
Noël Taxin, Compliance Update

Ms. Harry and Ms. Taxin reported the following  
Osteopathic Physicians are in compliance with their  
Stipulations and Orders:

- **Dr. Bruce Latham**

Ms. Harry stated Dr. Latham is in compliance. She  
requested the Board to ask if he has any updates in his  
status with New Hampshire.

- **Dr. Dennis Concoby**

Ms. Harry stated this is his first meeting and he is in  
compliance as much as possible. Dr. Stan Green was  
pre-approved as his supervisor but the Board will need  
to formally approve.

**Ms. Taxin requested the Board to ask him what  
brought him before the Board, then she briefly  
explained he had a sexual and texting relationship  
with a patient and it got out of control. She stated  
she understood that when Mrs. Concoby became  
involved the relationship ended. She stated she  
spoke with Dr. Green and believed he would be a  
sound supervisor. She stated Dr. Concoby's  
practice plan states he will not have a chaperone if  
the patient's family or friends are present. She  
stated when this issue came up in the Physicians  
Board meeting they recommended a chaperone for  
all patients for safety reasons.**

Dr. Ramsey asked if a chaperone is a requirement.

Ms. Harry and Ms. Taxin responded it is a requirement  
of his Order under (1)(i).

**Ms. Taxin stated she believes the Board should  
enforce requiring a chaperone for all patients for  
his protection and to give him support. She stated  
the Board could amend the Order later when they  
are comfortable and require a chaperone for  
female patients only. She stated if the Board  
believes it necessary they have the authority to**

require a psychological evaluation. She stated Dr. Concoby will need to submit the names and telephone numbers of all who will chaperone. Ms. Taxin stated the Board should be sure Dr. Concoby understands all the conditions of his Order and if he does not then they should review the conditions with him. She stated the Board will need to clarify if he is going to counseling and should request him to have his supervisor include detailed information on the reports. She stated he has requested a letter of compliance for the insurance companies.

- **Dr. Ernest Severn**

Ms. Harry explained Dr. Severn had action on his medical license in Texas for over prescribing.

Ms. Taxin stated Dr. Alan Francis was pre-approved as his supervisor after talking with Dr. Francis.

She explained Dr. Severn applied for licensure in Utah while under investigation in Texas. She stated she received a call from the Texas attorney who indicated the issue would be resolved with no Order so the Division licensed Dr. Severn with the understanding he would provide the final Texas outcome to the Division. She stated Dr. Severn did not notify the Division of the Texas action and their Order says it is non-disciplinary but there are conditions to be met which makes it disciplinary in Utah. She stated the Division wrote up an Order and he agreed to the conditions.

Ms. Taxin stated Dr. Severn has already requested termination of the Utah probation based on he is being dropped from insurance panels. She stated the Board may reduce his probation time if they believe it is appropriate but she believes he needs to be monitored and the Board/Division need to be assured he is practicing appropriately. She stated he has also requested a letter of compliance for the insurance companies. She stated Dr. Severn has stated he will not prescribe and not prescribing is not the answer to solving his prescribing issues and Utah wants him to prescribe in order to monitor

**that he is doing it appropriately.**

Ms. Harry stated Ms. Taxin approved the practice plan and Dr. Severn has complete the PACE course.

**Ms. Taxin stated Dr. Severn submitted the required essay after taking the PACE course.**

- **Dr. Kerry A. Blackham**

Ms. Harry reported Dr. Blackham had been in diversion and failed the program by missing 31 drug tests and not following the requirements. She stated she has reviewed his paperwork with him and he should let the Board know the date he plans to go to Pine Grove for a comprehensive evaluation as it needs to be completed by July. She stated his Order also requires he complete the PACE program by October 2013, and he will have to follow any recommendations from Pine Grove and PACE.

**Ms. Taxin stated Dr. Blackham is out of compliance based on not yet doing the drug testing or completing other conditions and having signed the Order April 19, 2013. She stated Pine Grove will conduct comprehensive evaluations. She stated if Dr. Blackham does not want to follow through with the Order the Board could ask if he wants to surrender until he is able to comply.**

**9:35 am**

Dr. Bruce Latham, Telephonic Probationary Interview

Dr. Nye conducted the interview.

Dr. Latham reported he has tried to keep the Utah Board updated on his CME and the doctor's reports. New Hampshire has required he complete AMA approved CME as they will not recognize the Osteopathic CME and he must retake the Osteopathic Family Boards. The Board of Family Physicians contacted the New Hampshire Board regarding his having taken the Boards and passed, then retook the exam and passed and is not allowed another retake until up to a year before his current certification is due to expire which will in the spring or fall of 2014. He stated until he passes that examination again the New Hampshire Order will remain in place. He stated he

sent the final evaluation which documented no issues.

**Following additional discussion the Board determined Dr. Latham is in compliance.**

**An appointment was made for Dr. Latham to meet again telephonically on August 8, 2013.**

**9:45 am**

Dr. Dennis Concoby, Initial Probationary  
Interview

Dr. Ramsey conducted the interview.

Dr. Concoby, probationer, Dr. Stanley Green, proposed supervisor, and Mrs. Concoby met.

Board members and Division staff were introduced.

**Dr. Ramsey asked if Dr. Concoby understands the conditions of his Order.**

Dr. Concoby responded yes.

**Ms. Taxin requested Dr. Concoby to briefly explain what brought him before the Board.**

Dr. Concoby explained he treated a female patient who had chronic pain and she came back again for the same problems. She then sent him a text message and wanted him to meet her at his office for another treatment and that is when the texting and intimate relationship began. He saw the patient at the office again and treated her again and then informed her that this was her 30 day notice to find another practitioner. The patient continued to text him and he informed his wife. The patient then threatened to report him to the Division, which she did.

**10:12 am – Closure of Meeting**

**Dr. Nye made a motion to close the meeting to discuss Dr. Concoby's mental health.**

**Dr. Hermansen seconded the motion.**

**The Board vote was unanimous.**

**10:24 am - Reopen Meeting**

**Dr. Hermansen made a motion to reopen the meeting.**

**Dr. Nye seconded the motion.  
The Board vote was unanimous.**

**Dr. Ramsey recommended Dr. Concoby have a chaperone for every patient he sees and not just those who come in alone as a protection for himself and his patients so there is no misunderstanding regarding his actions.**

**Dr. Hermansen asked if Dr. Concoby dictates his notes or writes them electronically.**

Dr. Concoby responded he does his notes electronically.

**Dr. Hermansen stated he could inform his patients he is now using a scribe and that person would be the chaperone.**

**Ms. Taxin stated the requirement for the chaperone for all patients will be enforced and they need to sign the log for each patient. She requested they also write a note to the Division confirming they understand their responsibilities and have read his Order. They need to include telephone numbers in case the Division needs to contact them.**

**Dr. Ramsey stated the Board would like to formally approve Dr. Green as his supervisor.**

Dr. Green thanked the Board and stated he has reviewed who is chaperoning and the length of time Dr. Concoby spends with the patients. He asked if the Board had any suggestions.

**Ms. Taxin recommended he obtain and review a copy of AMA Code of Ethics, assign Dr. Concoby to read specific subjects and then review the information with Dr. Concoby. She stated Dr. Concoby is required to take the PACE course where they discuss ethical boundary issues. She recommended Dr. Green discuss with Dr. Concoby what he learned in the course. She also requested him to be more specific on the reports regarding any assignments and if Dr. Concoby followed**

**through and completed the assignments, his recommendations for improvement, etc.**

**Dr. Ramsey asked if there were any criminal charges.**

Dr. Concoby responded no. He asked if the chaperone logs he has submitted were ok.

**Ms. Harry responded yes and his paperwork will be due the 20<sup>th</sup> of each month.**

**Ms. Taxin stated Dr. Concoby's therapist will need to submit a letter of having read the Order, the frequency they meet, submit a resume and provide quarterly reports. She stated the supervisor will need to submit monthly reports for the first six months and then Dr. Concoby may request the frequency be changed to quarterly if he has consistently been in compliance. The Pine Grove evaluation is on hold for now but the therapy reports must be submitted. The PACE course is more of an ethics course and he may count it toward the required CME. Ms. Taxin stated Dr. Concoby requested a letter of compliance be written for the insurance panels but she does not write a letter until the probationer has met with the Board. She stated Ms. Harry may now write the letter which will very generic until Dr. Concoby has meet for awhile and if he is in compliance.**

**The Board determined Dr. Concoby is in compliance today.**

**An appointment was made for Dr. Concoby to meet again August 8, 2013.**

**10:30 am**  
Dr. Ernest C. Severn, Initial Probationary  
Interview

Dr. Nye conducted the interview.

Dr. Alan Francis, supervisor, also met.

Board members and Division staff were introduced.

**Dr. Ramsey requested Dr. Severn to briefly explain**

**what brought him before the Board.**

Dr. Severn responded he is meeting at the request of the Board and the requirements of his Order.

**Dr. Nye asked if the Utah Order was due to an Order in Texas.**

Dr. Severn responded yes. The Texas Order is a remedial assignment of CE and chart review as they believed he had over prescribed medications for his patients but there was no disciplinary action. He has completed the CE requirement in pain management, record keeping and pharmacology. The chart monitoring is on hold as he no longer lives or works in Texas, however, if he returns to Texas he will be required to complete the chart monitoring. Dr. Severn stated Texas believed he should include more detail regarding why he was continuing to prescribe narcotics for pain management.

**Ms. Taxin asked if he remains in compliance with his Utah Order will Texas consider releasing him from their Order.**

Dr. Severn responded no as they require him to practice on Texas patients. He stated he changed a number of things in his practice prior to meeting with the Texas panel who reviews the investigation before meeting with the Board such as discontinuing treating chronic pain patients by filling medications for another month and then referring them out, requiring regular urine test on those patients and urine drug screens on other patients who are on specific medications. He stated for Utah he treats some pain but not chronic pain and gives patients short supplies to hold them over until they are able to get into a chronic pain specialist. He stated he learned in the prescribing course that practitioners can also get into trouble for under treating.

**Ms. Taxin stated usually probationers are required to submit triplicate copies of prescriptions but that is not one of his requirements. He needs to make sure his diagnosis supports the medications he**

**prescribes and if he has any concerns then he should refer those patients out.**

**Dr. Ramsey stated Dr. Severn should also contact the CSD and compare the list of prescriptions he has written to what the database lists, keeping in mind that the database is not always accurate.**

**Ms. Taxin stated if he finds errors he should contact the Pharmacies to correct their errors.**

Dr. Francis responded he has been conducting random comparisons with Dr. Severn's electronic records but after 5 days those electronic records cannot be changed.

**Dr. Nye requested Dr. Severn share what he learned at the PACE program.**

Dr. Severn responded most of what he learned would apply to the practice of chronic pain management and he will no longer treat chronic pain management. He voiced partly understanding the opinions of the Texas committee as they reviewed about 11 charts and believed he was writing prescriptions in too large of amounts and too often refilling. The majority of prescriptions were for schedule III and not for schedule II as he has a family practice.

Dr. Francis commented Dr. Severn's practice is not yet robust so he has reviewed each of the family medicine charts. They have discussed the PACE course on charting and Dr. Severn is now including more details in the patient charts. He asked if the Board wants to review any of the charts he has already reviewed as the Order allows for the Board to request charts to review.

**Ms. Taxin responded if the Board sees something out of the ordinary and/or in time they may request some charts to review but Dr. Severn should not be afraid to include additional information on the EMR template. She stated it is also helpful to review the AMA Code of Ethics.**

Dr. Francis responded they have been reviewing

several different documents, information from the AMA Code of Ethics and specific areas that go with the training Dr. Severn received at the PACE course. Dr. Severn has made some policy changes in his office due to their interactions and asked if the Board is interested in what they have reviewed and talked about.

**Ms. Taxin responded Dr. Francis could include the information on his monthly reports. She stated Dr. Severn requested a letter of compliance be written for the insurance panels but she does not write a letter until the probationer has met with the Board. She stated Ms. Harry may now write the letter which will very generic until Dr. Severn has meet for awhile but Dr. Severn will need to forward Ms. Harry the address of where to send the letter.**

**Dr. Severn is in compliance.**

**An appointment was made for Dr. Severn to meet again August 8, 2013.**

Dr. Severn asked why he would need to meet August 8, 2013, as his order indicates he will meet annually.

**Ms. Taxin explain the Order does say annually or at such other greater or lesser frequency as the Division or Board may direct and the Board/Division are directing him to meet every other month at this time.**

Dr. Severn and Dr. Francis left the meeting.

Dr. Drew asked if the Board could request additional information.

**Ms. Taxin responded some new probationers will give you a lot of information but others are very reserved and will stick to facts in their Order only. Dr. Severn was licensed based on the letter from his legal counsel, the Texas Medical Board attorney and discussions with all parties but the final Texas Order was different than she was advised it would be.**

**11:15 am**

Dr. Kerry A. Blackham, Initial Probationary  
Interview

Dr. Hermansen conducted the interview.

Board members and Division staff were introduced.

Dr. Blackham explained he has had a problem with alcohol, was in diversion program and failed the program as he did not continue as he should have. He stated he has not done any drug testing recently as he was in the process of selling his farm and moving.

**Dr. Hermansen asked if Dr. Blackham is currently practicing.**

Dr. Blackham responded yes. He stated he is also currently seeing a therapist and they have discussed his triggers such as the farm work being the biggest trigger. His marriage has also been a trigger and he has recently seen an attorney in regard to his marriage. He will be going to Pine Grove in June and then is required to go to the PACE program.

**Dr. Hermansen informed Dr. Blackham that the PACE program needs to be completed by the end of October. He asked how long Dr. Blackham has been sober.**

Dr. Blackham responded about a month.

**Dr. Hermansen asked what Dr. Blackham's goal is in going to Pine Grove. He also asked if Dr. Blackham believes his therapy has helped him and if he attends any AA meetings.**

Dr. Blackham responded his therapy has been effective most of the time, he does not attend any AA meetings but he would come to the Salt Lake area if he does attend any.

**Ms. Taxin asked how the probation experience will be different for Dr. Blackham.**

Dr. Blackham responded he does not want to lose his license which means he must meet the conditions and

be in compliance. He stated he does feel able to practice safely and effectively but he did not believe he was being unsafe as no one said anything to him. He stated there is only one other practitioner in Salina and he is uncomfortable asking him to supervise.

**Ms. Taxin asked how many office staff Dr. Blackham has.**

Dr. Blackham responded he has a nurse, two receptionists and another staff member.

**Ms. Taxin recommended all staff members read his Order and if he is not doing ok the staff should be able to recommend he go home as they are his support at his office.**

**Dr. Nye asked if the staff were afraid to say anything or if Dr. Blackham was able to cover it well.**

Dr. Blackham responded it was probably a little of both.

**Dr. Ramsey asked if Dr. Blackham lives with family and if they would give him support through this process.**

Dr. Blackham responded he is currently with family which will be changing but a couple of his children and some siblings know the situation and will give him support.

**Ms. Taxin stated the AA meetings are for support and should not be a task. She suggested Dr. Blackham find a sponsor and meet with that person to work something out but Pine Grove should give him some ideas regarding how to work on and maintain his sobriety.**

Dr. Blackham stated he tried the online sobriety program which is a 12 step program. The online program is to read and do what is recommended in the reading which has not been helpful for him. He now has started going back to church weekly which has

helped.

**Ms. Taxin asked if the therapist is helping him focus on the loss of his son as that is a big issue.**

Dr. Blackham responded his therapist talks with him about it sometimes but what has helped the most is for him to drive up in the hills and talk with his son.

**Ms. Taxin stated when Dr. Blackham goes to Pine Grove he should be honest with them and give them as much information as he can as they have professionals and resources available to help him get back on track. Ms. Taxin asked if there is another Physician who would be supportive of him and willing to review his files to make sure everything is in order as he must have a supervisor who will come to his practice and meet with him and his staff. The supervisor can be an MD or a DO.**

Dr. Blackham responded he believes he knows someone who might agree to supervise.

**Dr. Ramsey stated the supervisor is not an option. He will need to submit a name to Ms. Harry immediately and, if approved, they need to meet weekly when the supervisor reviews his records to be sure he is practicing appropriately.**

**Dr. Brian Rodgers, the association president, offered to help with obtaining a supervisor if Dr. Blackham has difficulty finding somebody.**

Dr. Blackham asked how a supervisor would review his charts as they are all electronic.

**Ms. Taxin responded he would need to give the supervisor access to his electronic records or print them out for the supervisor to review. She stated if this is too much right now for Dr. Blackham to deal with he might consider surrendering his license or requesting his license be put on suspension until he is capable to practicing and able to meet the conditions. She recommended he make a copy of**

**his Order and use it as a working document to check off the conditions as they are completed. She stated it appears the current therapist is not meeting Dr. Blackman's needs and he may want to see another therapist that specializes in grief therapy and addiction.**

**Dr. Blackham is out of compliance due to not yet drug testing or completing additional conditions as required by his Order.**

**An appointment was made for Dr. Blackham to meet again August 8, 2013.**

#### **DISCUSSION ITEMS:**

##### Division Remodel

Ms. Taxin informed the Board of the DOPL remodel and stated the staff are doing their best to keep organized. The volume of applications received has increased which means the time to review has increased to about three weeks. She recommended if Board members receive any complaints or telephone calls to give out staff emails.

##### Dr. Ramsey Report on FSMB Conference

Dr. Ramsey reported on the FSMB April 2013 Conference in Boston, Massachusetts. The meeting centered on interstate contracts and compacts to address the issue of national licensure. The national licensure issues is being pushed by large companies; i.e. Comcast, Verizon, etc, as they have enough money and influence in Washington to push this through. Utah and Nevada would like an agreement for a license that would work in both States. They are looking at 10 to 12 years before an interstate compact could become active.

**Following additional discussion, Ms. Taxin recommended the UMA and Osteopathic Physicians Associations meet and start the process for Nevada and Utah to work on an agreement for valid licensure across these State lines. She stated she would inquire to Mark Steinagel if Utah should/would initiate with surrounding States for this type of contract.**

### Legislative Update

Ms. Taxin reviewed the following legislative Bills with the Board:  
HB48, HB51, HB120, HB135, HB375, SB77, SB203, SB214

She notified the Board that Tramadol is now a schedule V drug.

### Electronic Prescribing

**Ms. Taxin explained the DEA Rules only apply to those who prescribe CS's but the Utah Law applies to all prescriptions written. She stated this Law requires all prescribers to offer the option for an electronic prescription.**

Dr. Ramsey shared information of a free program through Practice Fusion but stated he is using a program called Allscripts which also is free and he has not had problems with the program.

Dr. Hermansen stated he notifies his patients of the electronic prescription option but has a sign up notifying patients if they choose the electronic prescription there is an additional \$10.00 charge. He stated Practice Fusion also has a program that works well.

### Informal Hearings

Ms. Taxin reviewed the new informal hearing procedures and stated the Board would conduct these hearings for the following reasons:

1. If a probationer is out of compliance with their probation;
2. If the Division denies a renewal of a license; or
3. If action has been taking in another State.

She stated she will present the information to the Board and make a recommendation and then the Board may discuss the information and make a formal motion and vote back to the Division. Ms. Taxin stated practitioners may then go through the District Courts with their appeals. She stated if an informal hearing proceeding occurs she will more formally educate the Board as to the process.

**The Board thanked her for the information.**

FYI

Ms. Taxin informed the Board of Dr. Richard James Settles surrendering his license. Dr. Settles was not working in Utah but agreed to surrender.

FYI

Ms. Taxin informed the Board of the Pharmacy Board meeting regarding Physicians dispensing. She stated this meeting will commence at 8:30 am to 4:30 pm, at the Heber Wells Building on August 27, 2013. The room number will be announced later.

Dr. Drew and Dr. Nye volunteered to attend.

**CORRESPONDENCE:**

Andrew Kolodny, MD, E-Mail Regarding  
Opioid Prescribing

Ms. Taxin reviewed the email with the Board.

**Dr. Ramsey commented he has reviewed some of Dr. Kolodny's information and does not believe there is any conflict.**

NBOME 2012 Annual Report

The Board reviewed the report with no Board action taken.

**NEXT MEETING SCHEDULED FOR:**

August 8, 2013

**ADJOURN:**

The time is 1:28 pm and the Board meeting is adjourned.

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

8-8-2013  
Date Approved

Layne A. Hennessey D.O.  
Chairperson, Utah Osteopathic Physician & Surgeon's  
Licensing Board

7/8/13  
Date Approved

[Signature]  
Bureau Manager, Division of Occupational &  
Professional Licensing

**SWORN STATEMENT  
SUPPORTING CLOSURE OF BOARD MEETING**

DOPL-FM-010 05/02/2006

I Keith Ramsey, DO acted as the presiding member of the Utah Osteopathic  
Physicians Licensing Board, which met on May 30, 2013

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by at least a two-thirds vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- deployment of security personnel, devices, or systems (§52-4-205(1)(f))
- investigative proceedings regarding allegations of criminal misconduct (§52-4-205(1)(g))

The content of the closed portion of the Board meeting was restricted to a discussion of the matter(s) for which the meeting was closed.

With regard to the closed meeting, the following was publically announced and recorded, and entered on the minutes of the open meeting at which the closed meeting was approved:

- (a) the reason or reasons for holding the closed meeting;
- (b) the location where the closed meeting will be held; and
- (c) the vote of each member of the public body either for or against the motion to hold the closed meeting.

If required, and/or kept or maintained, the recording and any minutes of the closed meeting will include:

- (a) the date, time, and place of the meeting;
- (b) the names of members present and absent; and
- (c) the names of all others present except where such disclosure would infringe on the confidentiality necessary to fulfill the original purpose of closing the meeting.

Pursuant to §52-4-206(5), a sworn statement is required to close a meeting under §52-4-205 (1)(a) or 52-4-205(1)(f), but a record by tape recording or detailed minutes is not required.

- A record was not made
- A record was made by:       Tape Recording       Detailed Written Minutes

Pursuant to §52-4-206(1), a record by tape recording is required for a meeting closed under §52-4-205(1)(c) or 52-4-205(1)(g), and was made.

- Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

\_\_\_\_\_ hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Board Chairman or other Presiding Member

May 30, 2013  
\_\_\_\_\_  
Date of Signature

## Agenda

### UTAH

#### OSTEOPATHIC PHYSICIAN & SURGEON'S LICENSING BOARD

May 30, 2013

Room 402 – 4<sup>th</sup> Floor – 9:00 am

Heber M. Wells Building

160 E. 300 S. Salt Lake City, Utah

*This agenda is subject to change up to 24 hours prior to the meeting.*

#### ADMINISTRATIVE BUSINESS:

1. Call Meeting to Order
2. Sign Per Diem
3. Read and Approve the November 29, 2012 Minutes

#### APPOINTMENTS:

9:15 am – Compliance Unit Update

9:35 am – Dr. Bruce Latham, Telephonic Probationary Interview

9:45 am – Dr. Dennis Concoby, Initial Probationary Interview

10:30 am – Dr. Ernest C. Severn, Initial Probationary Interview

11:15 am – Dr. Kerry A. Blackham, Initial Probationary Interview

#### DISCUSSION ITEMS:

- Division Remodel
- Dr. Ramsey Report on FSMB Conference
- Legislative Update
- Electronic Prescribing
- Informal Hearings
- FYI – Dr. Richard James Settles Surrender

#### CORRESPONDENCE:

- FDA-Required REMS Program for Serious Drug Risks
- Andrew Kolodny, MD, E-Mail Regarding Opioid Prescribing

#### NEXT SCHEDULED MEETING:

August 8, 2013

**Note:** In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Carol Inglesby, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675.

## 2<sup>nd</sup> Agenda

### UTAH

#### OSTEOPATHIC PHYSICIAN & SURGEON'S LICENSING BOARD

May 30, 2013

Room 402 – 4<sup>th</sup> Floor – 9:00 am  
Heber M. Wells Building  
160 E. 300 S. Salt Lake City, Utah

*This agenda is subject to change up to 24 hours prior to the meeting.*

#### ADMINISTRATIVE BUSINESS:

1. Call Meeting to Order
2. Swearing in of Lynsey J. Drew, DO, as a Board Member
3. Sign Per Diem
4. Read and Approve the November 29, 2012 Minutes

#### APPOINTMENTS:

- 9:15 am – Compliance Unit Update  
9:35 am – Dr. Bruce Latham, Telephonic Probationary Interview  
9:45 am – Dr. Dennis Concoby, Initial Probationary Interview  
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#### DISCUSSION ITEMS:

- Division Remodel
- Dr. Ramsey Report on FSMB Conference
- Legislative Update
- Electronic Prescribing
- Informal Hearings
- FYI – Dr. Richard James Settles Surrender
- FYI – Pharmacy Board Meeting Regarding Dispensing, July 30, 2013, 8:30 am at the Heber Wells Building, DOPL

#### CORRESPONDENCE:

- FDA-Required REMS Program for Serious Drug Risks
- Andrew Kolodny, MD, E-Mail Regarding Opioid Prescribing
- NBOME 2012 Annual Report

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Karen M. McCall <kmccall@utah.gov>

**Fwd: Important JAMA editorial on opioid prescribing**

**Noel Taxin** <ntaxin@utah.gov>  
To: Karen McCall <kmccall@utah.gov>

Tue, May 14, 2013 at 2:38 PM

Put on MD/DO agendas as correspondence.  
Thank you,  
Noel

----- Forwarded message -----  
From: **Andrew Kolodny** <AKolodny@maimonidesmed.org>  
Date: Thu, May 9, 2013 at 12:02 PM  
Subject: Important JAMA editorial on opioid prescribing  
To: Andrew Kolodny <AKolodny@maimonidesmed.org>

Dear Medical Board Director,

Attached is an editorial published in JAMA on the topic of opioid prescribing. Please share this article with members of your medical board.

Sincerely,

Andrew Kolodny, MD

President, Physicians for Responsible Opioid Prescribing

[www.supportPROP.org](http://www.supportPROP.org)

Chair, Department of Psychiatry

Maimonides Medical Center

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## ONLINE FIRST

# Opioid Analgesics—Risky Drugs, Not Risky Patients

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**F**ROM 1999 TO 2010 THE NUMBER OF PEOPLE IN the United States dying annually from opioid analgesic-related overdoses quadrupled, from 4030 to 16 651.<sup>1</sup> Patients' predisposition to overdose could not have changed substantially in that time; what has changed substantially is their exposure to opioids. During this same time, the amount of opioids prescribed also quadrupled.<sup>1</sup> The increase in prescribing occurred in the context of a greater emphasis on treating pain following efforts by the American Pain Society, the Veterans Health Administration, The Joint Commission, and others to increase recognition and management of pain, as well as advocacy by pain societies urging physicians to use opioids more readily for patients with chronic noncancer pain.

Even though it is well known that prescription opioid use can lead to addiction or overdose, some opioid manufacturers and pain specialists suggest that few patients are susceptible to these risks.<sup>2,3</sup> To distinguish low-risk from high-risk patients, use of screening tools, including the Screener and Opioid Assessment for Patients with Pain, has been advocated.<sup>4</sup> Medication guides include statements such as "the chance [of abuse or addiction] is higher if you are, or have been, addicted to or abused other medicines, street drugs, or alcohol, or if you have a history of mental problems."<sup>5</sup> While there is likely to be a gradient of risk across patients, this statement may reassure clinicians that people with opioid addiction are different from most patients for whom they provide care.

However, opioid dependence is much more common than previously believed and has been estimated to affect more than one-third of patients with chronic pain.<sup>6</sup> No screening tool has sufficiently high sensitivity to rule out problems with opioids. Reported sensitivities of these tests for observed "aberrant drug-related behavior" (eg, dose escalation outside the treatment plan or forging prescriptions)<sup>4</sup> among patients with chronic pain are generally within a range between 70% and 90%,<sup>4</sup> which means that they miss 10% to 30% of patients at high risk of misuse or addiction.

In addition, some industry-sponsored educational brochures suggest that physicians should ignore signs of opioid dependence in low-risk patients.<sup>7</sup> For instance, some patients might not be considered at high risk of misuse even though they may use more opioids than prescribed (one definition of misuse). Some authors have stated that behaviors such as taking more opioids than prescribed may represent pseudoaddiction,<sup>7</sup> a concept introduced in a case report in 1989<sup>8</sup> as "abnormal behavior developing as a direct consequence of inadequate pain management."<sup>8</sup> However, this concept remains untested, without scientific studies validating diagnostic criteria or describing long-term clinical outcomes. Nonetheless, some pain societies have promoted this concept<sup>9</sup> and suggest that some patients demonstrating behaviors typical of opioid addiction may actually require higher doses.<sup>9</sup>

Rather than representing iatrogenic undertreatment of pain, however, behaviors described as pseudoaddiction may represent predictable responses to opioid exposure. Long-term opioid use typically results in tolerance. A standard clinical solution is to increase opioid dose. However, contrary to the view that there is no maximum safe dose if opioids are increased gradually over time, death from opioid overdose becomes more likely at higher doses.

The most important risk factor for opioid analgesic-associated dependence or overdose is not a feature of any individual patient but instead simply involves receiving a prescription for opioids. For example, newly prescribed opioids after short-stay surgery are associated with a 44% increase in risk of becoming a long-term opioid user within 1 year.<sup>10</sup>

Another potential complication of screening for risk of opioid abuse is that identifying patients who should not receive opioids can stigmatize them, leading to consequences that do not help them. Patients who are questioned about substance use and then excluded from an expected treatment may feel embarrassed or abandoned. The decision to address a patient's pain should not depend on

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substance use history. Screening should be used primarily to identify and offer treatment to patients with opioid addiction.

Before prescribing opioids, a more useful and important question than a patient's likelihood of dependence is whether benefits of opioids in relieving pain are likely to outweigh the risks of the drugs. For pain control at the end of life, the answer to this question is often yes. If the indication for opioids is chronic noncancer pain, the answer to this question will be no much more often than many physicians may realize. Despite widely held views about the efficacy of opioids for pain control, systematic reviews have not found sufficient evidence that long-term opioid use controls noncancer pain more effectively than other treatments.

Physicians have a professional and ethical responsibility to understand the expected benefits and risks of medications and to balance these appropriately. When benefits of opioids are likely to outweigh risks, such as in severe acute pain unlikely to respond to other therapies, it is appropriate to use opioids, prescribing the lowest effective dose and with a duration limited to the likely duration of the acute pain. However, when risks outweigh benefits, as will often be the case for chronic pain, opioid use should be avoided in favor of other treatments.

Some physicians may think that only a small fraction of their patients are put at risk by taking high doses of opioids. However, the risk of opioids stems primarily from these drugs, not from patients. Low-risk patients given large enough doses will have a high risk of overdose. Patients given moderate doses for prolonged periods will have a high risk

of opioid dependence. While a patient's estimated individual risk should be considered, physicians should pay close attention to the drug dose and duration. All patients exposed to opioids would benefit from judicious prescribing and close follow-up.

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May 14, 2013

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Dear Ms. Taxin:

The objective of the FSMB Board of Directors' state medical board liaison program is to build and strengthen FSMB's relationships with our member boards by promoting two-way communication between the FSMB board of directors and our member board leadership.

Through the Liaison Program, we hope to better serve our members by:

- Responding to individual board issues/needs/requests;
- Supporting the assessment of member needs and their strategic planning activities;
- Promoting a better understanding of FSMB services and products; and
- Providing a forum to gain member feedback regarding 1) the utility of FSMB products and services and their impact on member boards, and 2) alignment of FSMB strategic initiatives with member needs;
- Identifying and discussing with Board members possible interest in FSMB involvement.

Each of the directors on our board has been matched with several member boards with whom he/she will communicate. The director will also join one of FSMB's executive staff on any personal visits scheduled during the year with those particular boards.

Your liaison director, Dr. Michael Zanolli, will contact you in the coming weeks and begin responding to any questions or concerns you may have. We encourage a frank and open dialogue to assist us in serving you.

On behalf of the FSMB board of directors, I want to extend our appreciation of your membership and look forward to a very productive and rewarding year.

Sincerely,

A handwritten signature in black ink, appearing to be "JVT".

Jon V. Thomas, MD, MBA  
FSMB Chair

JVT/psh

CC: Michael D. Zanolli, MD