



2055 South Pacheco Street - Building 400 - Santa Fe, NM 87505

Phone: 505-476-7220 Fax: 505-476-7233

www.nmmb.state.nm.us Email: nbme@state.nm.us

A Message From The Chair

Steve Jenkusky, MD

It is with pleasure that we re-introduce the New Mexico Medical Board Newsletter; our goal is to improve communication between our licensees and the board. We hope to use this means to inform you of board activities, initiatives, concerns and disciplinary efforts to meet our mission, "to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine."

Speak of protecting the public, how do we improve the effectiveness of the NMMB to accomplish this mission?

Many of you may be familiar with the cases in New Mexico and other states where a licensee was discovered, only after many years, to be hurting patients either through incompetence or outright abuse, resulting in multiple victims and extensive harm.

Our current system relies heavily on the investigation of complaints. That is, we are alerted to a potential issue primarily through a complaint from a patient or a family member. More rarely, it can come from another provider, a pharmacist, the DEA or an insurer. We may also receive an alert from the National Practitioners Data Base, such as a malpractice action or restriction or loss of privileges.

The peer review process of many institutions can be a helpful method of identifying professional and practice issues. It is confidential and legally protected (as it should be), so rarely results in the board becoming aware of an issue with a physician or PA unless a significant action is taken. And many providers are not subject to peer review or privileging over site.

While the maintenance of certification process is controversial (and has nothing to do with the medical board or licensing), does it at least provide some means of ruling out gross incompetence?

How can we improve this oversight process? How can we avoid finding a physician has been harming patients for years before coming to the board's attention? How can we catch this issue further "upstream" when either the provider can either be rehabilitated or removed from creating further harm?

Any thoughts? Feel free to contact any of us identified in this newsletter. Your feedback and suggestions are welcome.

USEFUL BOARD INFO....

BOARD MEETING SCHEDULE 2019

- January 10, 2019 Interim
- February 21-22, 2019 Full Meeting
- March 28, 2019 Interim
- May 16-17, 2019 Full Meeting
- June 27, 2019 Interim
- August 8-9, 2019 Full Meeting
- September 26, 2019 Interim
- November 14-15, 2019 Full Meeting
- December 12, 2019 Interim

The New Mexico Medical Board was established by the State Legislature "in the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine."

FREQUENTLY USED NUMBERS

In-State Toll Free

1-800-945-5845

MD Licensing

505-476-7226

PA Licensing

505-476-7232

License Renewal

505-476-7226

License Verification

505-476-7220

Public Info Officer

505-476-7230

Complaints/Investigations

505-476-7240

Board Members

Chair, Steve Jenkusky, M.D.,
Professional
Member, Albuquerque, NM

Vice-Chair, Peter Beaudette, M.D.,
Professional Member, Albuquerque,
NM

Secretary-Treasurer, Steve
Komadina, M.D.,
Professional Member, Albuquerque,
NM

Jennifer Anderson, Esq., Public
Member,
Albuquerque, NM

James Spence, M.D., Professional
Member,
Farmington, NM

Karen Carson, M.D., Professional
Member,
Roswell, NM

Phillip Styka, M.D., Professional
Member,
Albuquerque, NM

Sebastian Dunlap, Esq., Public
Member,
Albuquerque, NM

Charles D. Otero, P.A., Professional
Member,
Clovis, NM



PRESCRIPTION MONITORING
PROGRAM REQUIREMENTS

The New Mexico Medical Board REQUIRES that licensees who hold a Federal Drug Enforcement Administration Registration and a New Mexico Controlled Substance Registration adhere to the following:

1. Register with the New Mexico Board of Pharmacy to obtain and review PMP Reports;
2. Obtain and review a PMP report from the PMP database whenever a controlled substance, Schedule II, III IV, or V, is being prescribed to any patient for more than four days;
3. Obtain and review a PMP report once every three months for established patients that are being prescribed controlled substances on a continuous basis;
4. Document the review of the PMP in the patients medical record.

What am I looking for when reviewing a patient's PMP?

- Is this patient receiving opioids from multiple prescribers?
- Receiving opioids and benzodiazepines concurrently?
- Receiving opioids for more than 12 consecutive weeks?
- Receiving more than one controlled substance analgesic?
- Receiving opioids totaling more than 90 MME's per day?
- Does this patient exhibit potential for abuse or misuse of opioids and other controlled substances, such as over utilization, requests to fill early, requests for specific opioids, requests to pay cash when insurance is available or receiving opioids from multiple pharmacies?

RED FLAG, what next?

- Appropriate action must be taken to prevent, mitigate or resolve potential problems that may result in opioid misuse, abuse and overdose.
- Action may involve:
 - Counseling the patient;
 - Prescription and training for naloxone;
 - Consultation with or referral to a pain management specialist; or
 - Treatment for opioid or substance use disorder.

REMEMBER...DOCUMENT, DOCUMENT, DOCUMENT!

The use of the PMP is not only a requirement set forth by law, it can improve the safety of your patients and our communities from the risk of diversion and overdose deaths.

All New Mexico Medical Board Regulations can be found on the Board's Website at
WWW.NMMB.STATE.NM.US

Board Actions and Discipline

Protection of the public from the unsafe practice



PMP Delegates

A delegate is a role which is designed to allow the user to generate reports on the behalf of another, current user. All users, including delegates **MUST** be registered individually and separately.

Prescribers may designate up to four delegates who can pull PMP reports on their behalf.

A delegate can have an unlimited number of supervising physicians. If a delegate has more than one prescriber, they **MUST** select the correct prescriber when pulling a PMP, otherwise the correct prescriber will not receive credit and may appear on an under-utilizing PMP report.

In order for a delegate to pull PMP reports, the delegate must register as a new user and select one of the following roles: Prescriber Delegate; Unlicensed, Prescriber Delegate; Licensed, Pharmacist's Delegate or Licensed. The delegate must enter at least one of the supervising physician's email. Once all four registration steps are completed the supervising physician must approve the delegate account before the delegate can query PMP reports.

of its licensees is a critical responsibility of the New Mexico Medical Board. Through its investigations process, the Board responds to members of the public and the professional medical community, who initiate complaints against licensed health care practitioners. In addition, the Board itself can also initiate complaints against its licensees in order to investigate allegations of unprofessional or dishonorable conduct. Examples of this would include injudicious prescribing; failure to follow Board Regulations on PMP Use; misrepresentation on initial and renewal license applications; actions taken against licensees by other state licensing boards; reports of adverse actions taken by hospitals or other healthcare facilities, government agencies, and by any court for acts that would constitute grounds for action under the Medical Practice Act or Rules; sexual misconduct; and impairment.

**To View All Board
Actions Please Click
Here**

Mandatory CME List For MD Renewals Beginning this 2019 Renewal Cycle

The Board requires 75 hour of CME credits each triennial renewal cycle but has seen a marked decrease in compliance with this rule. The Board will be instituting a different process for all MD licensees at renewal beginning this 2019 renewal cycle in order to address these deficiencies.

All renewing MDs will be required to **list each continuing education course taken to meet the 75 hour CME requirement** per 16.10.4.8 NMAC. On both the online and paper applications; MD will be required to enter the name of the course, the date attended and the number of hours received for the course.

If the MD cannot provide a list of 75 hour of qualifying CME, the MD must apply for an **emergency deferral by July 1, 2019**. An emergency deferral allows the renewing physician an additional 90 days to complete the CME.

Renewing MDs who do not provide a CME verification list or who do not apply for an

emergency deferral timely **will not be issued a renewal license**. Note: MDs are not required to provide proof of attending the CME with the renewal application, but must complete the list of courses attended in the renewal application. Please do not send certificates or other proof of attendance at CMEs with your renewal application.

Proof of attendance at CMEs listed on your renewal application may be required later, however, and therefore should be readily available. An annual audit of licensees is conducted every year around August and September. Therefore, if a licensee is chosen for this random audit, the licensee will be required to furnish proof of attending all CME listed on their renewal application.

Licensees who have affirmed in the renewal application that they have attained the required 75 hours of CME in questions 19 and 19a of the renewal application and who cannot provide proof to the Board of attendance at these CMEs may be assessed a fine of \$500 per the Board rules or may face disciplinary action by the Board.

REPORTING...REPORTING...REPORTING

Effective September 17, 2018

NEW RULE ON REPORTING TO THE BOARD

Effective September 17, 2018 the New Mexico Medical Board made changes to 16.10.10 NMAC "Reporting Requirements for Licensees, Applicants and Other Persons and Entities."

Specifically, the revision makes clear:

- The board's reporting requirements apply to applicants as well as licensees.
- Applicants and licensees have a duty to report all types of adverse actions, not just those relating to or affecting their competence or clinical privileges.
- Health plans and networks are among the entities that must report actions involving licensees and applicants.
- Licensees and applicants have a duty to report colleagues who are impaired, incompetent, disruptive or unethical.

*Reporter must have a good faith basis for believing that the public health and safety may be at risk.

*Reports are confidential.

*Submission of a false or a malicious report may result in disciplinary action against the reporter.

- Licensees and applicants have a duty to self-report to the board if their ability to practice safely or effectively is impaired.

RENEWING YOUR LICENSE??? You must report!

- Address changes, including an email address that you actually respond to!

SELF REPORTING

A licensee must report any current mental, or physical illness, substance abuse of drugs or alcohol that affects the licensees ability to practice

- Actions that adversely affect clinical privileges, or, surrender of privileges while under investigation;
- Action taken by another licensing jurisdiction, a peer review body, health care entity, a professional society or a governmental agency;
- Arrests for either a misdemeanor or felony.

medicine with reasonable skill or safety to patients.

Self-reporting information is confidential.

This conforms with new questions on the application and renewal which now only ask about current conditions that could affect a licensee's ability to practice safely.

What do I do?

Reporting Impaired, Incompetent, Disruptive or Unethical Colleagues.

The NMMB has officially adopted a rule requiring the reporting of impaired, incompetent, disruptive or unethical colleagues. Prior to the adoption of this rule, the Board had adopted the Ethical Standards of the American Medical Association which states that if a physician who becomes aware of or strongly suspects that conduct threatens patient welfare or otherwise appears to violate ethical or legal standards they should report it, not only to safeguard the welfare of patients, but also to help ensure that colleagues receive appropriate assistance. Reports made regarding a colleague will be held in confidence in the same manner as all the investigations by the Board.

"Impaired" means any condition affecting the ability to engage safely and effectively in professional activities.

"Incompetent" includes practices or conduct creating the potential for harm, whether or not harm has resulted.

"Unethical" includes, but is not limited to corrupt, dishonest or illegal actions.

Peer review communications are protected by law and specifically exempted from the NMMB's reporting requirements.

PLEASE REMEMBER that the submission of a false or malicious report would constitute unethical behavior and would be subject to disciplinary action.

Be vigilant, observe, confirm, and report. It is your moral and ethical imperative.

When In Doubt About Reporting...Report!



LICENSING FY 2018

New Licenses Issued:

Medical Doctor: 649
Resident (MD): 198
Telemedicine (MD): 127
Temp. Camp (MD): 37
Temp. Teaching (MD): 7
Physician Assistant: 96
Anesthesiologist Assistant: 8
Polysomnographic Techs: 18
Doctors of Naprapathy: 7

TOTAL Active Medical Doctor Licenses:
8,439

TOTAL MD Licenses With NM
Addresses: 4,950

TOTAL Active Physician Assistant
Licenses: 945

TOTAL PA Licenses With NM Addresses:
739

INVESTIGATIONS

TOTAL Complaints Investigated: 254
TOTAL Licensing Actions Issued: 95

IMPORTANT ADDRESS CHANGE INFORMATION

The address the Board has on file for you is what **you** provide us. If you give us only a home address and no work address, then your home address is what we will use as your mailing address ... it's also the address we will include on the web site www.nmmb.state.nm.us).

Similarly, the specialty information we have is what **you** have provided us.

If you have provided the Board with both a home address and a business address, it is very important that you specify which address you are changing and to specify which address you want the Board to use as your mailing address.

So please check the Board's web site and see what information we have for you. If it is incorrect, or you would like to add a practice address or specialty, you'll need to let us know in writing, by fax, letter, or e-mail.

Email: nmbme@state.nm.us

Fax: 505-476-7237

Mailing: 2055 South Pacheco Street, Bldg. 400, Santa Fe, NM 87505

ARE YOU AWARE . . .

"MUST DO'S"

IN PHYSICIAN-PATIENT TREATMENT

By Grant La Farge, M.D., Medical Director

All physicians are periodically asked by family and friends to diagnose on-the-spot, and prescribe. No doubt, most physicians have succumbed to the urge and expediency to self-diagnose or self-prescribe. Some important ethical and professional "musts" are missing from those scenarios.

The AMA "Code of Ethics" is quite specific about the physician-patient relationship, including confidentiality and an appropriate medical record with a history, physical examination, testing, diagnosis, recommendations, and treatment with informed consent. Hippocrates reminded us: "never do harm to anyone." Without such a preliminary, interactive encounter, a physician-patient relationship does not exist, and objectivity and professionalism are lost.

Self-prescription and prescription for family members further compromises objectivity, and the AMA Code of Ethics discourages that practice except in true emergencies where no other qualified physician is available.

Further, prescription of controlled substances for family or for self is always unwise, and raises the specters of addiction and diversion, especially in the eyes of a regulation agency.

Also, in the current age of telemedicine and electronic prescription, we must not, as ethical physicians, sacrifice the safety of the patient and the integrity of the practice of medicine to the convenience of the Internet. It is of paramount importance to establish an ethical physician-patient relationship interactively before starting or continuing with clinical management using electronic media.

There are a few exceptions to these principles: covering physicians; carefully defined instances of on-line urgent care or consultation; prescriptions written for examinations or immunization programs; or, "expedited partner therapy" for sexually transmitted diseases (in established programs).

In a social situation, a physician may legitimately recommend that a friend make an appointment with an appropriate specialist. However, if that physician undertakes to diagnose and to treat anyone not formally established as a patient, or family, or self, it calls into question not only underlying ethical propriety, but also that physician's judgment and the integrity of the patient, and may invoke the other consequence of "doing harm": malpractice liability. Any prescription must be documented in an official medical record and the record must be able to produced if asked.



Board Staff & Contact Information

Executive Director - Sondra Frank, JD
Sondra.Frank@state.nm.us

Medical Director - C. Grant La Farge, MD
Grant.Lafarge@state.nm.us

Chief Financial Officer - Gayle Mascarenas
Gayle.Mascarenas1@state.nm.us

Financial Assistant - Elishia Lucero
ElishiaF.Lucero@state.nm.us

Licensing Manager - Anoinette Griego
Antoinette.Griego@state.nm.us

Quality Assurance Manager - Monique Parks
Moniquem.Parks@state.nm.us

Licensing Specialist - Christine Perea
Christine.Perea@state.nm.us

Licensing Coordinator - Nicole Valdez
Nicolea.Valdez@state.nm.us

Chief Legal Counsel - Yvonne Chicoine, JD
Yvonnem.Chicoine@state.nm.us

Administrative Assistant - Samantha Breen
Samantha.Breen@state.nm.us

Investigations Manager - Debbie Dieterich
Debbie.Dieterich@state.nm.us

Senior Investigator - Amanda Chavez
Amanda.Chavez@state.nm.us

Investigator - Deloisa Trujillo
Deloisa.Trujillo@state.nm.us

Compliance Manager/PIO - Amanda Quintana
AmandaL.Quintana@state.nm.us

Licensing Assistant - Crystal Lucero
Crystal.Lucero@state.nm.us

FOLLOW US

