CAVEAT EMR/BILLING ENHANCER SYSTEMS

A surgeon’s office notes recently reviewed by the Board had both an extraordinarily complete review of systems (ROS) and surprising elements of the surgical physical exam including thyroid size, absence of cervical adenopathy, and extensive descriptions of the cardiac sounds. Similarly, when the Board has reviewed the office electronic medical records (EMR) of several primary care physicians, the Board members have been surprised at the extensive ROSs reported but have found it difficult to discern the physician’s global assessment of the situation.

As a consequence, the Board is becoming increasingly concerned that default ROSs and physical exam default check lists in EMRs and billing systems may be encouraging physicians to fraudulently document history or physical exam elements not actually performed. We advise all doctors to avoid the temptation to use default negatives if the reported exam was not actually performed. Physicians should insist on system flexibility to accommodate individualized exams and diagnostic conclusions. EMRs offer the potential for better medical care by improving access to the medical record and routine audits and reminders but that should not be at the cost of honesty and individualized diagnostic and therapeutic plans.

FROM THE BOLIM FILES:

This section is meant to be educational for licensees. Cases are based on actual Board of Licensure in Medicine (BOLIM) complaints.

Mrs. P had a long history of rheumatoid arthritis and eventually required nursing home care after a compression fracture. Her nursing home care was primarily from a nurse practitioner, who worked as an employee of a geriatric physician responsible for over 1000 patients in several different facilities. Blood tests, which were done routinely by Mrs. P’s former rheumatologist, were not done in the nursing home. When Mrs. P developed renal failure, her family felt that she received sub-optimal care and her condition could have been diagnosed earlier with appropriate monitoring. This prompted a complaint to BOLIM.

Mrs. G fractured her hip and required nursing home care. She developed leg edema which was interfering with her rehabilitation and compromising her skin integrity. Her doctor took action by starting Furosemide 80 mg BID and an ACE inhibitor. This resulted in resolution of the edema, but Mrs. G became lethargic, weak and anorexic. Mrs. G’s daughter held her power of attorney and attempted to reach the doctor as she saw her mother deteriorate. She was told by the doctor’s staff that all nursing home issues were to be relayed through nursing home personnel and that the doctor did not phone families directly. The daughter felt her only recourse was to transfer her mother to another facility where she was found to have severe pre-renal azotemia. Her mother
FROM THE BOLIM FILES (Cont’d.)

returned to normal with rehydration and medication adjustment. The daughter initiated a complaint to BOLIM.

An Informal Conference took place in each case. This is a meeting, held at the Board’s office in Augusta, with the
doctor, family members, patient, and the nine members of the licensing board to elicit facts that were not in the
complaint or in the written response from the doctor. Usually the meeting lasts one to two hours and Board mem-
bers ask questions of all the participants in order to determine how to proceed with the case.

Both of these cases were dismissed with a Letter of Guidance. The Letter of Guidance is non-disciplinary, and
not reportable, but it is a public document and may be kept in the doctor’s file for up to ten years. As described in
10 M.R.S.A. §8003, sub-§5, “E, the letter “...may be used to educate, reinforce knowledge...and express concern
over action or inaction by the licensee or registrant that does not rise to the level of misconduct sufficient to merit
disciplinary action.”

These cases demonstrate the problematic issues facing licensees who are involved in nursing home care. Resi-
dents are usually frail, elderly, and vulnerable. They depend on family to advocate for them and in many cases
make decisions for them. The doctor may not have known the resident prior to nursing home placement and may
make assumptions that are incongruent with family expectations. It is particularly important for physicians who
have nursing home responsibilities to address family concerns.

Ms. D who had been on chronic pain medicines began seeing Dr. A in the summer. Dr. A continued the regimen

CHRONIC PAIN CASES:
The following cases demonstrate dilemmas in pain management. Chapter 11 of the Board’s Rules, titled “Use of Con-
trolled Substances for Treatment of Pain”, were previously distributed from the Board and are available on the Board’s
website at http://www.docboard.org/mel/media/home.htm for any licensee who wishes to view them.

on the first visit but sent for old records. When those came, Dr. A reviewed them and decided he couldn’t see the
indication for chronic pain meds in them. At the next patient visit he discussed this with the patient and arranged
for a pain clinic referral for a second evaluation but in the meantime prescribed a tapering dose of the narcotic (not
methadone, which can’t be used in this way per the DEA). The patient complained to the Board that this was inap-
propriate care. The Board eventually dismissed the complaint because they decided that Dr. A handled the case
appropriately.

Mr. E who was on chronic pain meds for back pain from Dr. B under a pain contract, had a random urine screen
come back negative for the prescribed medication during the time he should have been taking it. Dr. B immedi-
ately notified the patient and told him that this was a contract violation necessitating dismissals from the practice on
a tapering final prescription for the medicine. The spouse of the patient came to the office to object to this and initi-
ated a complaint to the Board because Dr. B told the spouse that Dr. B suspected that the patient was selling the
medicine which the spouse thought unjustified. The Board dismissed the complaint.

Mrs. F visited Dr. C as a new patient asking for narcotic drug detoxification with methadone. Dr. C agreed but
insisted that this be with an established non-narcotic protocol. Two weeks later, Dr. C prescribed methadone in
tapering doses to this patient after the patient complained that the first strategy was not working. However, the pre-
scription was labeled for pain relief, although it appeared because of the tapering schedule that it was for with-
drawal. As mentioned in the first case, the DEA does not sanction methadone withdrawal outside a registered
treatment center. Eventually the patient was arrested for drug dealing and these prescription patterns were reported
to the Board by the DEA. The Board dismissed the case finally, but with a letter of guidance to the doctor to follow
DEA prescribing guidelines.
Physician Assistant News

- Physician Assistants applying for licensure in Maine beginning this spring will be required to take a version of the BOLIM State Licensure Examination which will include questions specific to Chapter 2 of the Board’s rules.
- The Board has called a moratorium on physician assistant applications for schedule II prescribing privileges because of concerns about the continuing flow of diverted medications. The PA Committee heard input on the subject from Dr. Marcella H. Sorg, a Research Associate from the Margaret Chase Smith Center for Public Policy, and Dr. Daniel Onion from the Maine Dartmouth Family Practice Residency Program regarding drugs being diverted for illegal use. The Board will seek input from emergency room directors from across the state before lifting the moratorium.
- The PA renewal cycle for 2005 is underway. PAs are reminded to submit complete applications and their Registration Form Cs to the Board office for processing prior to the March 31 deadline. A new wall license and registration certificate has been designed and will be implemented with the 2005 renewal cycle.
- **PA Advisory Committee Meeting dates for 2005 are March 1, June 7, September 6, and December 6.** Meetings are at 9:00 A.M. and are held at the Board Offices.

Rules Revisions Planned for the Spring

- Chapter 1 Rules governing Physicians, Chapter 2 Rules governing Physician Assistants and Chapter 3 Rules governing APRNs under delegation are scheduled for revision under the Maine Administrative Procedures Act in early spring. If you wish to receive a notice of the changes, send your name and address, with a note indicating the rule you are interested in receiving to: Board of Licensure in Medicine, Jean Greenwood, 137 State House Station, Augusta ME 04333-0137 or send an email to jean.m.greenwood@maine.gov or go to our website http://www.docboard.org/me/me_home.htm and click on “Rules and Statutes”, then “Notification Request Form”.

Complaint Statistics

The Board submits an annual report to the Legislature which includes complaint statistics. Some statistics for 2004 are as follows:

- Cases carried from 2003: 72
- Complaints received: 147
- Complaints dismissed: 145
- Complaints ending in discipline: 10
- Cases carried to 2005: 64
- Total disciplines for 2004: 15<br>  *some discipline resulted from sources other than complaints

Disease Consultation & Reporting Line

**Maine Bureau of Health**

1-800-821-5821

24 hours a day, 7 days a week

*Use this number to obtain consultation and to report on:*

- **Notifiable conditions**
- **Possible disease outbreaks**
- **Suspected infectious disease cases requiring immediate public health intervention**
- **Clinical syndromes that may be associated with public health emergencies including bioterrorism**

[www.mainepublichealth.org](http://www.mainepublichealth.org)
Official Publication of the Maine Board of Licensure in Medicine

Notify the Board of Address Changes Immediately

Many people experience problems at renewal time because they have neglected to notify the Board of an address change. To prevent delays or even loss of license due to lapse, notify the Board immediately of any change in your mailing address.

REMEMBER THE CONTACT ADDRESS AND PHONE NUMBER YOU INDICATE ON YOUR RENEWAL, “AS YOUR PREFERRED CONTACT ADDRESS”, WILL BE POSTED ON THE BOARD’S WEBSITE.

Check out our website at http://www.docboard.org/me/me_home.htm to verify that the Board has your correct mailing address on file. If the address is incorrect, simply send a signed note with changes to the Board.

Committee on Physician Health Confidential professional help for substance abuse is available by contacting Dr. David J. Simmons at 622-3374 or 623-9266.