Physician/Patient Electronic Communications: Let the User Beware

The potential for improved communications between physicians and patients with email must be approached with caution and utmost concern for patient confidentiality. As practices implement this technology, it is important for office policies to be adopted and periodically reviewed. The use of electronic communications carries inherent limitations and risks of privacy breaches. Patients must be made aware of these risks and informed consent should be obtained prior to making use of this technology.

The Board has recently reviewed a complaint initiated as the result of an inadvertent email transmission of information to unintended recipients; a simple error of the wrongful use of the “Reply All” option on an email that was initially transmitted by the patient to the physician.

Guidelines have been adopted and promulgated by the AMA in their Code of Medical Ethics document. Four points are presented for review:

(1) E-mail correspondence should not be used to establish a patient-physician relationship. Rather, e-mail should supplement other, more personal, encounters.

The use of electronic communications carries inherent limitations and risks of privacy breaches. Patients must be made aware of these risks and informed consent should be obtained.

Case Study: Stoppage of Pain Medication

Today, more than ever, clinicians are caught between the problems of under-treated pain and prescription drug misuse. As best patterns of practice evolve, diagnoses such as headache and non-structural back pain are being removed from the list of conditions for which opioid treatment may be appropriate. Practitioners are starting to adopt monitoring practices and protocols such as contracts, pill counts and urine drug screens for patients on long term opioids. Consequently, the Board has received an increasing number of complaints from patients whose physicians have stopped prescribing narcotic pain medication to them. In the majority of cases, following a review of the record and the physician’s response, the Board is able to determine that stopping the medication was appropriate. However, the manner in which a long term narcotic is stopped may not always be appropriate and may bring the clinician to the Board’s attention.

A recent case in point. A patient complained that her long time physician (Dr. A) had recently left the practice and the new physician (Dr. B) had refused to renew and continue her pain medication. The record indicated that the patient had been receiving narcotic pain medication for 4 years and had been compliant in all aspects of care with Dr. A. Dr. B determined that the patient was addicted to opioid medication and her diagnoses did not warrant narcotic pain medication and therefore he did not refill her opioid prescription. Dr. B did not provide a taper of medication. In his response to the Board, Dr. B stated that the patient could go to the Emergency Department if she disagreed with his plan or had difficulty.

While the Board agreed with Dr. B’s assessment that the patient’s diagnoses probably did not warrant narcotic medication, it could not support the “abandonment” of the patient’s condition. Failure to provide a taper for a long standing medication can have dangerous consequences for the patient as they go through withdrawal. In addition, “dumping” the patient to the ED if they have problems is inappropriate and can create a difficult and unnecessary situation for the patient as well as colleagues working in the Emergency Department.

Unfortunately, this is not an isolated case. As physicians become more vigilant in their prescribing of opioid medication and monitoring those on long term treatment, an increasing number of patients will have their prescribed narcotic pain medication stopped. However, with this increased vigilance for prescribing and monitoring comes the responsibility to appropriately terminate narcotic pain medication. The patient being removed from narcotics should be managed by appropriate tapering of the medication and, if addiction is suspected, referral and information for substance abuse counseling and treatment should be provided.
Physician Assistants Make a Difference in Maine

Physician assistants have been part of the healthcare landscape in Maine since the 1970s. To practice in Maine, physician assistants (PAs) must graduate from an accredited PA educational program, pass a national certification exam, and successfully apply for state licensure to practice medicine under delegated authority by a physician. Maine has an accredited educational program at the University of New England in Portland. It has produced high-quality graduates since 1998. It is currently under the directorship of Dr. George Bottomley, with a complement of excellent faculty. The program is committed to training clinicians who will provide primary healthcare to rural and urban underserved populations.

Providers in the state are encouraged to consider assisting the program in educating students through clinical preceptorships to ensure that the education of future PAs continues to be of the highest quality.

PAs currently work in every medical and surgical subspecialty in medicine. Of the 84,000 certified PAs in the country, over 640 are licensed in Maine. The number has grown steadily in the last ten years as more and more hospitals, practices and physicians have recognized the value that PAs can add to their healthcare team. The profession was founded on, and continues to embrace, the team concept of delivering care.

PAs provide solutions for healthcare shortages in the state and often work in areas where it has been difficult to recruit physicians. For example, PAs can be found as sole practitioners on the coastal islands, or in rural central and northern Maine. Physician supervisory relationships in these situations are quite flexible, although the physician still maintains responsibility for the PAs medical practice. Without the presence of PAs within the healthcare system, thousands of Mainers would go without care. In addition to filling holes in rural and underserved areas, PAs also practice in growing numbers at the major institutions in the state.

The Physician Assistant Advisory Committee is a Board appointed committee comprised of physician assistants and physicians with representatives from the allopathic and osteopathic Boards. The Physician Assistant Advisory Committee reviews complaints against PAs and provides recommendations regarding possible Board action. The committee also considers issues relating to PAs, such as rules that affect PA practice, and makes recommendations to the Board. To provide guidance in matters involving PAs, and to maintain a working relationship with the UNE program for PAs, Dr. Bottomley, the UNE medical director, sits on the committee.

PAs are supported by the state physician assistant organization, the Downeast Association of Physician Assistants (DEAPA). The purpose and mission of the organization are to support the profession through education, legislation advocacy and providing a forum for PAs to share their experiences and concerns.

The PA profession in Maine has a very bright outlook.

Boards discuss changes to Chapter 21, the rule governing use of controlled substances in the treatment of pain

Representatives of the Board of Dental Examiners, Board of Licensure in Medicine, Maine State Board of Nursing, Board of Osteopathic Licensure and Board of Podiatric Medicine and other stakeholders met on April 18, 2012 to consider changes to Chapter 21 the joint rule on Use of Controlled Substances for Treatment of Pain. The review was in response to a recommendation made by the LD 1501 Resolve Workgroup. Following a review of Chapter 21, the Boards agreed to issue the following joint statement:

• No changes will be made to the Rule at this time. The Boards encourage input from licensees on suggested modifications.
• The Boards support the concept of Universal Precautions when prescribing controlled substances. Examples of Universal Precaution guidelines can be found on the Office of Substance Abuse (www.maine.gov/dhhs/osa) and Maine Medical Association (www.mainemed.com) websites. No specific guideline has been endorsed at this time.
• The Boards strongly encourage registration and use of the Maine Prescription Monitoring Program (PMP). While registration and use of the PMP is currently voluntary, legislation passed this year requires mandatory registration on January 1, 2014 if 90% of all prescribers in the state have not registered before that date. Information on the PMP and registration forms can be found at the Office of Substance Abuse (www.maine.gov/pmp).
• The Boards agreed to meet yearly or more frequently if needed, to consider revisions to Chapter 21.
Beyond the Basics
Recognizing and Addressing Prescription Drug Abuse While Treating Chronic Pain

The Chronic Pain Project, administered by Maine Medical Association (MMA) and funded by the Board of Licensure in Medicine (BOLIM) started in early 2008. The original CME Home Study was available for 2 AMA Cat 1 CME credits from late 2008 to the end of 2011. In addition, 300 prescribers and their staffs participated in chart reviews and office consultations over a 3 ½ year period of time.

Since 2008, there has been an increase in adverse events due to misuse of prescription medications, including increases in drug-related deaths, increases in pharmacy robberies for controlled medications, and increases in admissions for treatment of opioid medication addiction. The issues are summarized in a series of articles published by the Portland Press Herald in late 2011.

Continuing need for prescriber education has led to continued funding by the BOLIM, allowing an update to the CME Home Study. The CME monograph may be accessed electronically or downloaded and printed. A post-test consisting of 10 questions must be completed, with 70% or more correct representing a successful completion. A certificate of CME credit for 2 Cat 1 AMA PRA credits will be available electronically to those who complete the Home Study online, and will be mailed to those who choose to complete the CME Home Study in print form.

The BOLIM recognizes the significance of the Chronic Pain Project. It is an invaluable resource for physicians and other practitioners, and helps improve patient care. The importance of proper prescribing, ongoing evaluation of medication efficacy, usage of additional therapies to increase function and pain relief, and monitoring for substance abuse all need to be emphasized. There is a need for keeping medical records that document these basic tenets and outline the prescriber’s care plans. The Board feels this education will help improve patient care, while at the same time protect against the escalating misuse of controlled medications that we are seeing here in Maine.

To access the CME Home Study, visit www.mainemed.com, go to the Resources for Treatment of Pain section on the left hand menu, then select CME. Once you register, you’re ready to read the CME monograph, complete the post-test, and complete an evaluation form.

Please direct questions or concerns to Noel Genova, Project Director, at noelpac@aol.com. General questions about the Chronic Pain Project may be directed to either Noel Genova or to Gordon Smith, EVP of MMA, at gsmith@mainemed.com.

Electronic Communication
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(2) When using e-mail communication, physicians hold the same ethical responsibilities to their patients as they do during other encounters. Whenever communicating medical information, physicians must present the information in a manner that meets professional standards. To this end, specialty societies can provide specific guidance as to the appropriateness of offering specialty care or advice through e-mail communication.

(3) Physicians should engage in e-mail communication with proper notification of e-mail’s inherent limitations. Such notice should include information regarding potential breaches of privacy and confidentiality, difficulties in validating the identity of the parties, and delays in responses. Patients should have the opportunity to accept these limitations prior to the communication of privileged information. Disclaimers alone cannot absolve physicians of the ethical responsibility to protect patients’ interests.

(4) Proper notification of e-mail’s inherent limitations can be communicated during a prior patient encounter or in the initial e-mail communication with a patient. This is similar to checking with a patient about the privacy or security of a particular fax machine prior to faxing sensitive medical information. If a patient initiates e-mail communication, the physician’s initial response should include information regarding the limitations of e-mail and ask for the patient’s consent to continue the e-mail conversation. Medical advice or information specific to the patient’s condition should not be transmitted prior to obtaining the patient’s authorization.

Full text of this and related documents may be reviewed at the AMA’s website on the following URLs:
Prescription Monitoring Program is valuable in the fight against misuse

Maine’s Prescription Monitoring Program (PMP) is an important tool in combating prescription drug misuse and diversion as well as enhancing the coordination of care for patients. Recent enhancements include the ability of ancillary staff to become auxiliary data requesters. This change allows registered office personnel to make queries of the PMP for a busy practitioner. Registration and use of the PMP is currently voluntary; however, legislation passed this year mandates registration January 1, 2014 if 90% of all prescribers in the state are not registered. The Board strongly encourages the registration and use of the PMP by all prescribing licensees. For more information and registration forms contact the Office of Substance Abuse at: www.maine.gov/pmp or 287-3363.

Notify the Board of Business and Home 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 addresses.

To verify that the Board has your correct addresses on file, visit either of the following sites:
www.maine.gov/md or www.docboard.org/me/me_home.htm and click on “Find a Licensee” in the lower left.

If the address is incorrect, simply send a signed note with changes to the Board or submit the new information online at www.maine.gov/online/doclicensing/.

Confidential Help Available

The Medical Professionals Health Program: Confidential professional help for substance abuse is available by calling (207) 623-9266. For more information visit the MPHP website at www.mainemed.com/health/index.php or send an email to mphp@mainemed.com.

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