



THE EXAMINER

The Newsletter of the Colorado Board of Medical Examiners
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State of Colorado *Bill Owens, Governor*
Department of Regulatory Agencies *Tambor Williams, Executive Director*
Division of Registrations *Rosemary McCool, Director*

DID YOU KNOW...

...the Board has adopted new Drug Therapy Management Rules? See letter from the [President of the Colorado Medical Board](#).

...that your license is a privilege to be guarded? See [Maintaining our Privilege](#).

...that common courtesy dictates that you should identify yourself by name as well as title when on the phone with a patient or colleague? See [Identify Your Profession](#).

...that primary supervising physicians are now required to conduct a performance assessment of all physician assistants they supervise, and that those assessments should be maintained by the physician as a part of the physician assistant's employment record until such time as the Board may request them in an audit? See [Performance Assessments](#).

...that 30% of Colorado physicians chose to renew their licenses online? See [Success of Online Renewals](#).

...that if your license expired at the last renewal or you recently changed to an inactive status and you are still practicing, you are doing so in violation of the Medical Practice Act? See [Practicing on an Inactive or Expired License is a Violation of the Medical Practice Act](#).

...that the address you provide to the Board is a matter of public record and is available to the public? See [Your Address is Public Information](#).

...that the Board has adopted new and revised rules and policies, which are found on the Board's [website](#)? See [New Rules](#) and [New and Revised Board Policies](#).

...that the Board maintains a list of Board actions on its [website](#)? See [Board Actions](#).

New Drug Therapy Management Rules

Ned Calonge, MD, MPH, President, Colorado Board of Medical Examiners

In October 2005, the Colorado Board of Medical Examiners (CBME) adopted [Rule 900](#), "Regarding the responsibilities of a physician who engages in drug therapy management with a Colorado licensed pharmacist" (effective November 30, 2005). While there are more than 20 other states with rules that allow pharmacists to participate in drug therapy management, CBME is the first medical board in the country to enact corresponding rules for physicians who choose to enter into drug therapy management agreements.

The drug therapy management rule adopted by the Colorado Board of Pharmacy ([Rule 6.00.30](#)) allows for pharmacists who have agreements with physicians to modify, per protocol, medication orders for patients. A physician must still order changes in medications or new prescriptions. A typical example of drug therapy management would be adjusting coumadin levels based on current INR values according to a written protocol.

CBME's [Rule 900](#) mirrors the Pharmacy Board rule in defining when drug therapy management may be used: only after a initial diagnosis by the doctor, only with a doctor's order for drug therapy management, and only when there is a written agreement between the doctor and the pharmacist that includes the management protocol and defines the interaction between the involved individuals.

Only physicians with active, unrestricted licenses are permitted to participate in drug therapy management agreements (except in very rare cases where CBME may grant a waiver), and then only for therapies within the scope of their current practice, education, training and experience. A participating pharmacist must also have an unrestricted license and meet additional qualifications determined by the Pharmacy Board.

[Rule 900](#) outlines protocol requirements, specifying specific elements to be included. Protocols must be evidence-based; that is, based on current, objective, published medical evidence, and must be reviewed and revised as necessary by the physician upon changes in the accepted standards of medical care and at least annually. CBME can require that the physician provide the written protocol for Board review.

The rule also outlines the requirements for the written agreements between physicians and pharmacists who choose to participate in drug therapy management. It allows for general agreements for physicians practicing in inpatient settings or in group model, integrated closed model HMOs, and outlines in detail the elements required for agreements outside of these settings. These elements include the doctor's and pharmacist's names and signatures, the specific diagnoses covered under the agreements, the protocols to be used, what the pharmacist will and won't do under the agreement, details of reporting to the physician, time requirements for notification of the physician of modifications to drug therapy (not to exceed 24 hours during regular week days), an agreement for physician review and documented acceptance of any modification within 72 hours, a provision that allows the physician to override any action by the pharmacist, a provision for when care is provided by more than one physician for the designated medical condition, an agreement that the pharmacist agrees to maintain liability insurance of at least one million dollars (per occurrence), and the effective date of the agreement.

Any general authorization plan or written agreement must allow for either the physician or the pharmacist to withdraw from the plan or agreement within a specified period of time.

Finally, the rule requires that physicians engaging in drug therapy management obtain and review, in a timely manner, copies of the pharmacist's records for each patient.

CBME feels that these corresponding rules provide the necessary safeguards for the provision of care to patients in Colorado when drug therapy management is provided through agreements between physicians and pharmacists. You can review the complete rule, including the appendix that outlines the required elements for protocols, on the [CBME website](#).

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Maintaining Our Privilege, Our State License

Tarek T. Arja, DO, Vice President, Colorado Board of Medical Examiners

To all Colorado Physicians,

A recent letter from a colleague in North Carolina brought up interesting points for all state licensed physicians and deserves repeating.

As Dr. Michael Norins pointed out, the ability to practice medicine is a privilege bestowed upon us. After much hard work, time demands, and rigorous testing, we are given a doctorate degree in medicine, and then we are allowed to obtain a medical license. This is the first contract that we will make in our career, and it is between us and the people of the State of Colorado. With it, we agree to treat all of our patients with dignity, with a caring attitude, and to the best of our ability as set forth under the laws and regulations by the State of Colorado.

We start with a trainee license that allows us to practice medicine as interns and residents. After a designated period as residents, which includes further intense training, testing, and scrutiny, we are given the opportunity to obtain a full and unrestricted license to practice medicine in our area of expertise.

As physicians, either trainees or fully licensed, we all have the obligation to maintain continued competence and learning while we continue to care for our patients. We must also meet high standards of ethics and behavior. And to maintain our Colorado license, we must follow certain rules and laws as set forth by the state. These requirements include the provision to renew our license registration every two years. This is our license, and our responsibility. Many of us choose to delegate that responsibility to hospital or clinic staff, medical education staff, or others, but the ultimate responsibility remains ours as the licensee. This means that we need to be sure that we are aware when our license will expire, and that the renewal is completed correctly and in a timely manner. It is important that we remember that it is against state law to practice medicine without an active license. We cannot accept payment for medical services we render, and our medical malpractice carrier may not cover us if we are not actively licensed and continue to practice. In addition, we may suffer public discipline from the Colorado BME if we practice medicine with a lapsed registration. This "penalty" follows us through our career and seems a shame for a required, but simple task.

In Colorado, as in most states, all physician licensees are held to rigorous standards. And that tenet is maintained for full and limited licensees, and trainees. We expect all physician licensees, including residents, to be familiar with the state legal requirements related to maintaining their licenses.

We have all put significant effort into obtaining our medical degree and our license. We should respect that effort, and thereby guard and protect our license, which we have worked hard to earn.

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Identify Your Profession

The Board has received concerns regarding the proper identification of covering providers when returning phone calls to patients or other health care providers. Specifically, concerns have been raised that the covering provider only gives a name and doesn't indicate whether he or she is a physician, physician assistant, nurse practitioner, etc. This has sometimes led to confusion and misunderstanding between the participants of the conversation. It is the Board's position that common sense suggests that when talking with a patient or provider who does not know you, that you identify yourself by name and professional title.

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Performance Assessments and the Revised Physician Assistant Rule 400

In a recent revision to Medical Board [Rule 400](#), Physician Assistants were placed in three distinct categories, based on the practice experience of the PA.

1. New Physician Assistant Graduates
 - This PA has recently graduated from an accredited PA program and has been employed for six months or less as a PA, with less than 500 patient encounters as a licensed PA.
 - This PA requires on-site supervision for the first 1,000 hours and all charts must be reviewed and signed within seven days.
 - A performance assessment must be completed by the Primary Supervising Physician at the end of six months, and then quarterly for the first two years, twice a year thereafter.
2. Experienced Physician Assistants new to a practice
 - This PA is new to the place of employment but has previously worked as a PA for the two-year period required of new graduates.
 - This PA does not require on-site supervision, but must have adequate means for communication with the physician supervisor (primary or secondary) by either telephone, radio, pager or other telecommunication device.
 - A performance assessment must be completed by the Primary Supervising Physician at the end of six months and then twice a year thereafter.
3. All other Physician Assistants
 - There is no requirement for chart signature or on-site supervision, as long as they have adequate means for communication with the physician supervisor (primary or secondary) by either telephone, radio, pager or other telecommunication device.
 - A performance assessment must be completed by the Primary Supervising Physician twice a year.

New to this rule is the requirement of the Performance Assessment. The Board has chosen not to dictate a specific format for the assessment. However, the assessment must include but is not limited to the following:

- The medical competency of the PA;
- The review and initializing of selected charts;
- Referrals and consultations made by the PA; and
- The ability of the PA to take a medical history and perform an exam.

The Primary Supervising Physician is required to document and maintain the performance assessment records for each PA supervised. These records are not required to be submitted to the Board, but are subject to audit by the Board and should be maintained by the Primary Supervising Physician as a part of the PA's employment file in the event of the Board request.

The Colorado Academy of Physician Assistants (CAPA) has developed sample assessment forms that may be used by PAs and their supervising physicians. To obtain copies of the sample forms, please contact CAPA at (303) 770-6048 or www.coloradopas.org.

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Success of Online Renewals

If you are a physician who recently renewed your license to practice medicine in Colorado, chances are you did so electronically through [Registrations Online Services](#).

Thirty-nine percent of the physicians licensed in Colorado chose to renew electronically.

The license renewal period for physician assistants has ended. All physician assistant licenses expired January 31, 2006, with a 60-day through March 31, 2006, in which to renew with the Board of Medical Examiners. The licenses of all physician assistants who do not renew by March 31, 2006, were lapsed effective April 1, 2006.

The ramifications of allowing your license to lapse while continuing to practice are:

- **VIOLATION OF LAW**. It is a violation of the Colorado Medical Practice Act to practice in the State of Colorado without an active license. The Board reviews all unlicensed or practicing on a lapsed license cases brought before them as a serious violation of the law and will discipline those found to be in violation.
- **INSURANCE COVERAGE** will not cover for any claim made for treatment provided during the period of time that the license was in a lapsed status.
- **HOSPITALS** and other institutions require their staff to maintain current licensure for credentialing purposes with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).
- **MEDICARE AND MILITARY SERVICE**. The federal government requires those providing service to Medicare patients and those serving on federal property in the Armed Forces hold an active license to practice as a physician or physician assistant.
- **CONTINUED COMPETENCY**. If a licensee has allowed their license to be in a lapsed or inactive status for more than two years, he or she will be required to prove they have maintained continued competency prior to the license being restored to an active status.

As a licensee, it is your responsibility to be aware of your license expiration date. Maintaining a valid address with the Board will ensure that your renewal application and supporting documents reach you in time.

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Practicing on an Inactive or Expired License is a Violation of the Medical Practice Act

If you have renewed your license in an inactive status, remember that you may not practice medicine with such a license. This includes but is not limited to prescribing medications for yourself or family members. Should you wish to reactivate your Colorado physician or physician assistant license at some time in the future, you will be required to complete the reactivation application and pay a reactivation fee. You should be aware that if you have not actively practiced medicine for two years or more and wish to reactivate your Colorado license, you will be required to demonstrate continued competence pursuant to Board [Rule 120](#) or [Rule 410](#).

If you allowed your license to inadvertently expire during the most recent renewal period and you are continuing to practice, you are doing so in violation of the Medical Practice Act and your malpractice insurance carrier may not cover you. You must immediately cease practicing until your license has been reinstated to an active status.

If you wish to reinstate a lapsed license, please contact Jan Seewald at Jan.Seewald@dora.state.co.us. You may download copies of the applications by using the following links:

- Reinstatement application: www.dora.state.co.us/medical/main-renewal.htm
- Reactivation application: www.dora.state.co.us/medical/main-reactivation.htm

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Your Address is Public Information

A licensee's address for all Board correspondence shall be the mailing address as indicated on the application for initial licensure. The Board will only change a licensee's address upon receipt of a clear, explicit, and unambiguous written statement from the licensee or the licensee's agent that the address should be changed.

The licensee may also update the address of record electronically using [Registrations Online Services](#).

The mere receipt of correspondence from a licensee showing a new address shall not be considered sufficient to change an address.

The licensee's address of record with the Board must be updated within thirty (30) days of the effective date of the new address. In the event that a licensee submits a request for a change of address, but does not indicate between the business and home address where Board correspondence should be sent, the business address shall constitute the address for this purpose.

In no event will the Board accept a change of address which requests the address be changed for some, but not all, communications. Also, in no event shall the Board change the address if a licensee indicates that Board correspondence shall be marked "confidential."

Some licensees have expressed concern that their home address is available to the public. Colorado law requires that all addresses on record with the division are public record and must be provided to the public when requested. Licensees are reminded that it is permissible to provide an address of record other than a residence, such as a post office box or a practice location. A change of address may be made at any time using [Registrations Online Services](#).

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New Rules

The Colorado Board of Medical Examiners has revised its rules regulating continued competency of physicians ([Rule 120](#)) and physician assistants ([Rule 410](#)), advertising ([Rule 290](#)), EMTs ([Rule 500](#)), Unlicensed X-Ray Operators ([Rule 700](#)), and the Supervision of Unlicensed Healthcare Providers ([Rule 800](#)). The Board has also adopted new rules regarding the Responsibilities of Physicians engaging in Drug Therapy Management with a Pharmacist ([Rule 900](#)). For a complete text of these and all rules pertaining to the practice of medicine in Colorado, visit our online [Index of Board Rules](#).

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New and Revised Board Policies

The Medical Board has adopted or revised several policies this year. Specifically, [Policy 10-2](#) – Release of Investigatory Information, [Policy 10-21](#) – Practice Monitoring Compliance, [Policy 20-18](#) – Physician Training Programs, [Policy 40-7](#) – Guidelines Pertaining to the Release and Retention of Medical Records, [Policy 40-18](#) – Self-Treatment and Treatment of Family Members and Others with Whom Significant Emotional Relationships Exist, and [Policy 40-19](#) – Use of Lasers to Provide Medical Services. These and all other Board policies may be accessed through our online [Index of Board Policies](#).

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Board Actions

On its website, the Board maintains a list of Board actions taken by the Colorado State Board of Medical Examiners from January 1, 2004 to present, as well as actions from previous years. [Click here](#) to view these actions online. Documentation of Board actions are available on [Registrations Online Documents](#) or by sending a written request to Donna Eccleston at the Medical Board address or via e-mail: Donna.Eccleston@dora.state.co.us.

Board Action Definitions

- **Letter of Admonition (LOA):** A public reprimand issued to the physician or physician assistant in the form of an actual letter or as part of a stipulation. The letter or stipulation is a public record and may be obtained from the Board office.
- **Stipulation and Final Agency Order (ORDER):** An order of the Board and an agreement between the Board and the practitioner prior to a formal hearing. A stipulation resolves the case. In a stipulation, both parties agree to facts, sanctions and the terms and conditions for continued practice, if applicable. **Such orders may be disciplinary or non-disciplinary in nature.**
- **Final Board Order:** Final order issued by the Board after a formal hearing before an Administrative Law Judge (ALJ) where evidence and testimony were presented. The ALJ prepares a written report of the findings, which a Hearings Panel of the Board reviews and then makes the final ruling regarding the appropriate sanction.
- **Prima Facia:** Literally means "at first view" or "on its face." As used in this context, it means that the Board believes it has evidence to prove a violation of the Medical Practice Act has occurred. However, this evidence may have been rebutted or outweighed had the case gone to hearing.
- **Summary Suspension pursuant to 24-4-104(4), CRS:** An immediate, temporary withdrawal of the practitioner's license to practice medicine pending prompt commencement of formal disciplinary proceedings. This type of suspension can only be ordered when the Board finds the public health, safety or welfare requires emergency action or that the practitioner has willfully violated the law.

- Summary Suspension pursuant to 12-36-118(5)(g)(IV), CRS: A suspension of a practitioner's license for failure to comply with a lawful order of the Board.
- Summary Suspension pursuant to 12-36-118(9), CRS: A suspension of a practitioner's license for failure to comply with a Board order for a medical examination.
- Formal Complaint: The document filed with the Administrative Law Judge by the agency's attorney that sets forth the charges being made against the licensee by the agency and the provisions of the law the agency believes it can prove that the licensee violated.
- CPHP: Colorado Physician Health Program.
- CPEP: Center for Personalized Education for Physicians.

The list of [Board actions](#) does not represent all Board actions. Absent from this list are applicants denied initial licensure, reactivation or reinstatement either before or after a hearing. The city listed is derived from the designated mailing address on file with the Board, and may not necessarily reflect the current city of practice.

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