



THE EASIEST WAY TO AVOID TROUBLE...LEARN FROM OTHER'S MISTAKES

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Paving the way for future PAs

DISCIPLINARY POLICY & CODE OF CONDUCT

- Certified or certifying PAs may be subject to disciplinary review for matters stemming from:
 - **Irregular behavior**
 - **Fraudulent credentials**
 - **Legal, regulatory, and credentialing actions**
 - **Violations of the *Code of Conduct***

CODE OF CONDUCT

- Outlines principles that all certified or certifying PAs are expected to uphold
- States that certified or certifying PAs shall:
 - **Protect the integrity of the certification & recertification process**
 - **Comply with laws, regulations & standards governing professional practice**

DISCIPLINARY CASE ORIGINATION

- Self-reports from PAs during exam application and/or certification maintenance process; answering in the affirmative to questions on:
 - Adverse licensure actions
 - Misdemeanors and felonies
 - Adjudication of mental incompetence
- Reports on state board actions provided by the FSMB
- Individual State Medical Board (SMB) and/or federal entity reports
- Individual complaints – these generally occur for irregular behavior (cheating/fraudulent credentials)

POTENTIAL DISCIPLINARY SANCTIONS

■ Not Reportable

- Letter of Concern – communiqué between NCCPA and the PA; not reported to anyone else

■ Reportable – to interested parties (licensing boards, federal entities, employers)

- Letter of Censure
- Revocation of Certification
- Revocation of Eligibility

DISCIPLINARY REVIEW PROCESS

- Staff gathers appropriate documentation (e.g. medical board proceedings, licensure status)
- If there is potential for disciplinary sanction, the PA is sent a Notice of Disciplinary Proceeding requesting a written response
- Staff reviews that response and other documentation and issues a Letter of Recommended Decision to the PA regarding the sanction and the appeals process

DISCIPLINARY REVIEW PROCESS

- Review Committee – a committee of the NCCPA Board of Directors – considers appeals arising from disciplinary decisions
 - Majority are PAs; includes one or more physicians and a public representative
- The Review Committee may affirm or modify the staff’s recommended decision
- Generally, Review Committee decisions are final
 - A second level of appeal to the Board is only allowed if a procedural violation occurred or if the initial decision appears to have been “arbitrary or capricious”

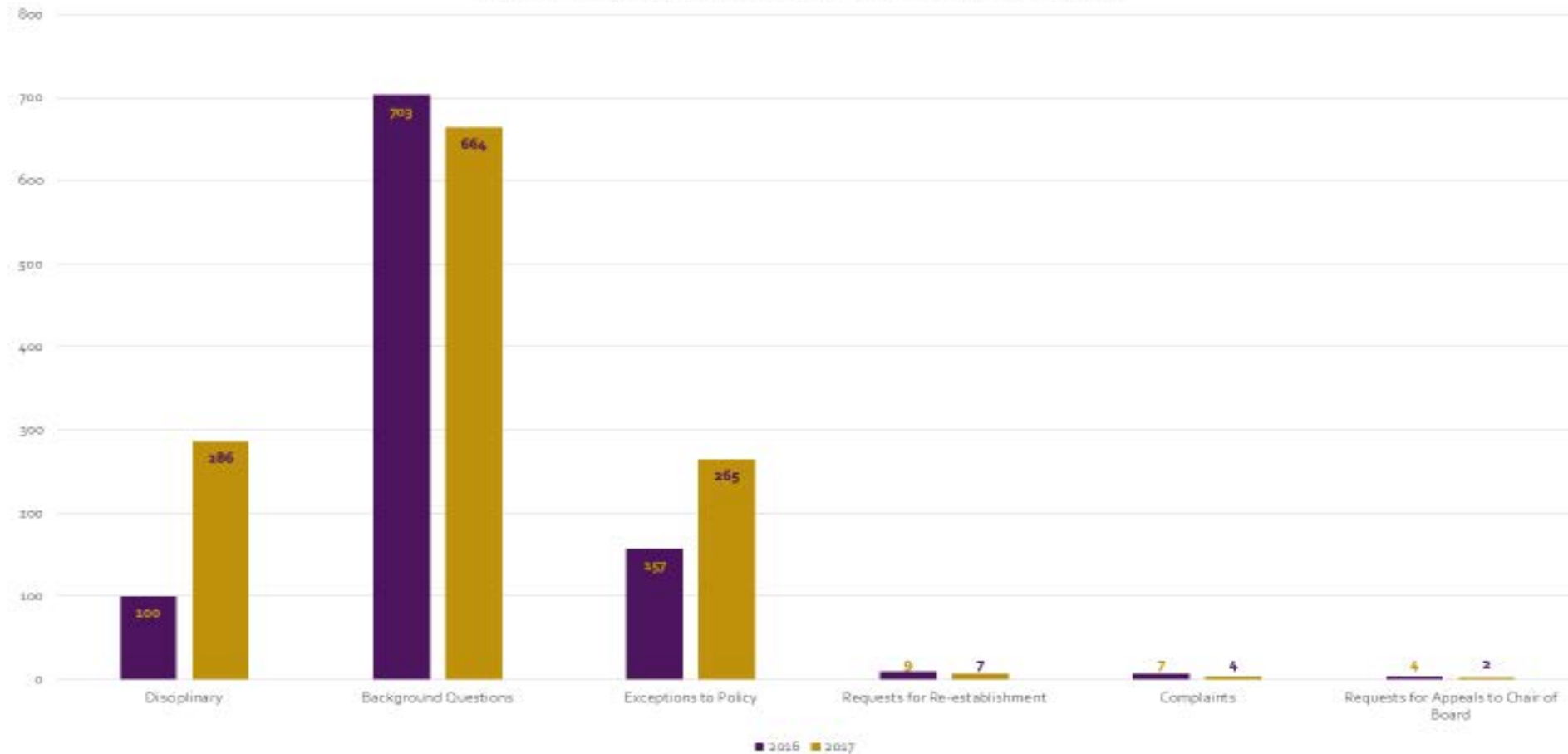
ADDITIONAL REVIEW COMMITTEE RESPONSIBILITIES

- Review exception to policy requests that have been denied by staff and are appealed and cases that have been referred for an initial decision
- **Extensions of certification for additional time to earn/log CME and/or take and pass a recertification exam due to...**
 - **military obligation**
 - **personal or family medical illness**
 - **other significant and severe extenuating circumstances**
 - **Harvey, Irma, Maria**



2016 AND 2017 DISCIPLINARY AND EXCEPTION TO POLICY CASE REVIEW

2016 and 2017 Disciplinary and Exception to Policy Case Review



ABOUT THE THREE BACKGROUND QUESTIONS

- Read the instructions carefully
 - **For new graduates, only respond affirmatively to incidents that occurred – or incidents that were resolved – AFTER MATRICULATION INTO THE PA PROGRAM**
- Be HONEST
- If you are unsure how to answer, call NCCPA and ask
 - Calling to ask is better than just checking “yes” if you’re unsure

REASONS FOR DISCIPLINE – TOP 4 OFFENSES – CASE EXAMPLES

CASE 1: PAIN CLINIC & DRUG DEALING

- HA routinely prescribed excess doses of CDS and ignored signs of divergence & aberrant drug screens
- CDC recommends avoiding starting dose >50mg Morphine Milligram Equivalents (MME) and great care in increasing doses to >90 mg MME
- HA routinely prescribed >200 mg MME & commonly increased dosages to >400 mg MME

CASE I: CONTINUED

- In PA's response to NCCPA NDP, he proudly proclaimed himself as in the top 2% of providers in his state prescribing CDS
- State reprimanded PA's license, required additional CME, PA restricted from CDS prescribing
- NCCPA issued reportable letter of Censure

CASE 2: HEALTH CARE FRAUD

- SK entered a plea of guilty to 5 counts of Theft of Public Money arising from billing Medicare for higher reimbursement codes than the services the PA provided
- PA placed on 3 years probation for each of 5 counts, to run concurrently; shall pay restitution in the amount of \$353,203.97

CASE 2 CONTINUED

- PA admitted ‘negligence’ in her oversight of the biller she hired, ‘..but aside from this I have been a law abiding citizen and a caring and compassionate provider...’
- NCCPA issued a reportable Letter of Censure

CASE 3: ADDICTION

- NCCCPA issued a Letter of Concern to JA in 2011 after the PA admitted ingesting ETOH and opiates 2 days after entering into a contract with the state PHP
- PA relapsed to opioids in November 2016; she signed a contract with PHP in December 2016 and again relapsed in May 2017

CASE 3: ADDICTION

- The SMB issued a Reprimand, suspended the PA's license and stayed the suspension as long as the PA is compliant with the PHP
- NCCPA issued a reportable Letter of Censure

CASE 4: FRAUDULENT CREDENTIALS

- PA graduated from a PA program in the Spring of 2015
- In December 2017, NCCPA received an email from an Urgent Care credentialing specialist requesting confirmation of the PA's current certification status
- The PA provided a document to the clinic that she purportedly received from NCCPA confirming current certification

CASE 4: CONTINUED

- NCCCPA records revealed the PA had attempted PANCE on 3 occasions (once in 2016 and twice in 2017) and was unsuccessful each time
- NCCCPA conducted a license verification query on the PA and discovered the PA had a current and valid license in the state from which she graduated

CASE 4: CONTINUED

- The PA denied the allegations that she provided an apparently altered application for employment with the Urgent Care clinic
- NCCCPA permanently revoked the PA's eligibility for certification

LEARNING FROM OTHERS MISTAKES

TOP 12 TAKE HOME LESSONS

1. Do NOT prescribe for individuals who are not patients of your practice – NEVER
2. Maintain clear and complete medical records on all your patients
3. If it is important, do it yourself (e.g. licensure/certification paperwork)
4. Maintain professional relationships with your patients at all times. If you wish to pursue a personal relationship, terminate the professional relationship first and then wait.

TOP 12 TAKE HOME LESSONS

5. Remember that regulators/commissioners are happy to hear your story, but are unlikely to forget you lied.
6. Know the law as well as you know clinical medicine; it is just as important
7. Do NOT utilize pre-signed prescriptions; this is an all too common illegal practice.
8. Don't let novelty or greed cloud your judgement.

TOP 12 TAKE HOME LESSONS

9. Your license and certification are more important than a job.

10. Social media is best left to your personal life.

11. Verify licensure status of your coworkers on the State Medical Board website.

12. In summary, live and practice with integrity.

****Adapted from a presentation given by Ann Davis, PA-C based upon the AAPA's Guidelines for Ethical Conduct for the Physician Assistant Profession***

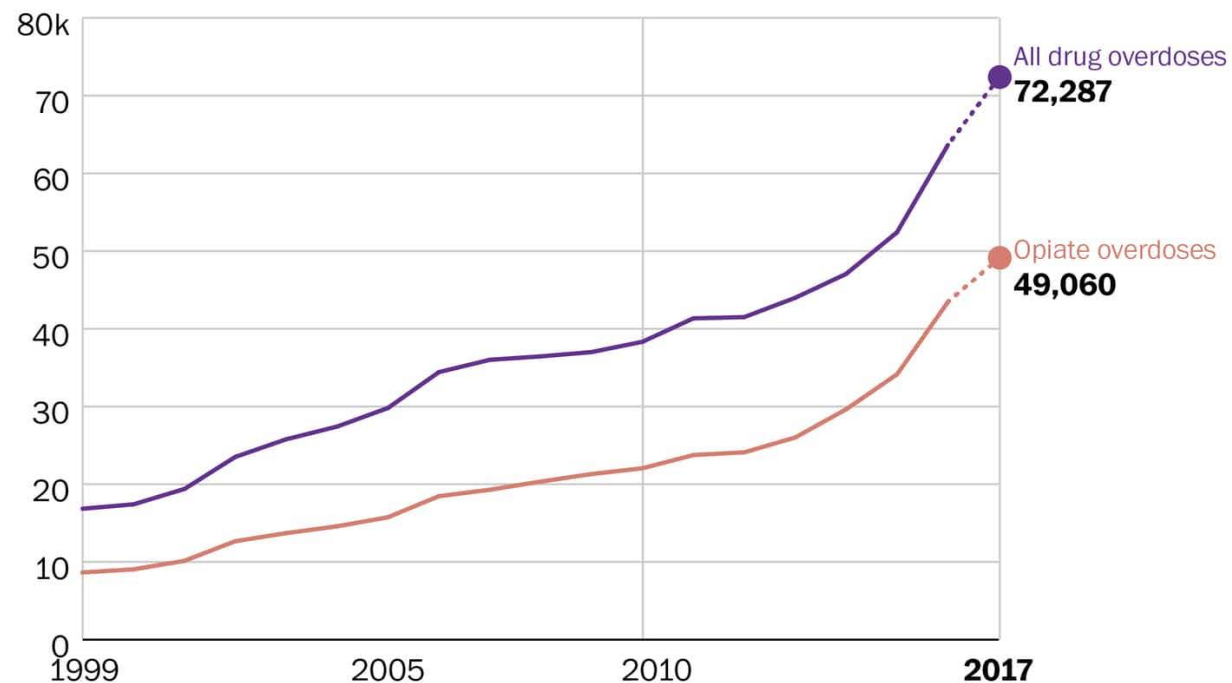
PARTING THOUGHTS

- More Americans die from opioid overdoses than from auto accidents, HIV, and gun violence combined.
- Drug overdoses killed roughly 72,000 people in the US in 2017
- ~ 200 drug overdose deaths per day; one every 8 minutes

OVERDOSE DEATHS HIT RECORD HIGH IN 2017

Overdose deaths hit record high in 2017

Annual deaths from all drug overdoses and opiate overdoses



Note: 2017 figures are provisional

Source: Centers for Disease Control and Prevention

WAPO.ST/WONKBLOG

CDC GUIDELINES FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

- Use immediate-release opioids when starting
- Use the lowest effective dose: avoid increasing dosage to >50 morphine milligram equivalents (MME/day), and should avoid increasing dosage to >90 MME/day
- For example, 50 mg of hydrocodone (10 tabs of hydrocodone/acetaminophen 5/300) equals 50 MME/day

AVOID BECOMING A STATISTIC OF SPAM: SEX/PORN/ADDICTION/MONEY

