



NEWSLETTER

Board Passes Regulation Governing Office Based Surgery

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Pursuant to Act 587 of 2013, at the February 2014 meeting the Board adopted Regulation 35 governing office based surgery. The effective date of this regulation is July 1, 2014. Be aware of any changes that may need to be made in your office policies or procedures. Below is the content of Regulation 35:

A physician shall not perform any office-based surgery, as defined by Act 587 of 2013, unless the office meets the requirements of this regulation. Except in an emergency, a physician shall not perform any office-based surgery on and after July 1, 2014, unless they are in compliance with the provisions of this regulation.

1) Definition Section –

- a) Office Based Surgery means that:
 - i. Is performed by a physician in a medical office that is not a hospital, outpatient clinic, or other facility licensed by the State Board of Health;
 - ii. Requires the use of general or intravenous anesthetics; and
 - iii. In the opinion of the physician, does not require hospitalization.
- b) General or intravenous anesthetics:
 - i. Deep Sedation/Analgesia – A drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular func-

tion is usually maintained. (Source: 2009 American Society of Anesthesiologist Continuum of Depth of Sedation).

- ii. General Anesthesia is a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (Source: same as above)

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2) Personnel -

- a) All health care personnel shall be qualified by training, experience, and licensure as required by law.
- b) At least one person shall have training in advanced resuscitative techniques and shall be in the patient's immediate presence at all times until the patient is discharged from anesthesia care.

3) Office-based surgery -

- a) Each office-based surgery shall be within the scope of practice of the physician.
- b) Each office-based surgery shall be of a duration and complexity that can be undertaken safely and that can reasonably be expected to be completed, with the patient discharged, during normal operational hours.
- c) Before the office-based surgery, the physician shall evaluate and record the condition of the patient, any specific morbidities that complicate operative and anesthesia management, the intrinsic risks involved, and the invasiveness of the planned office-based surgery or any combination of these.
- d) The person administering anesthesia shall be physically present during the intraoperative period and shall be available until the patient has been discharged from anesthesia care. They must be licensed, qualified and working within his/her scope of practice as defined by state law.
- e) Each patient shall be discharged only after meeting clinically appropriate criteria. These criteria shall include, at a minimum, the patient's vital signs, the patient's responsiveness and orientation, the patient's ability to move voluntarily, and the ability to reasonably control the patient's pain, nausea, or vomiting, or any combination of these.

4) Equipment -

- a) All operating equipment and materials shall be sterile, to the extent necessary to meet the applicable standard of care.
- b) Each office at which office-based surgery is performed shall have a defibrillator, a positive-pressure ventilation device, a reliable source of oxygen, a suction device, resuscitation equipment, appropriate emergency drugs, appropriate anesthesia devices and equipment for proper monitoring, and emergency airway equipment including appropriately sized oral airways, endotracheal tubes, laryngoscopes, and masks.

- c) Each office shall have sufficient space to accommodate all necessary equipment and personnel and to allow for expeditious access to the patient, anesthesia machine, and all monitoring equipment.
 - d) All equipment shall be maintained and functional to ensure patient safety.
 - e) A backup energy source shall be in place to ensure patient protection if an emergency occurs.
- 5) **Administration of anesthesia** - In an emergency, appropriate life-support measures shall take precedence over the requirements of this subsection. If the execution of life-support measures requires the temporary suspension of monitoring otherwise required by this subsection, monitoring shall resume as soon as possible and practical. The physician shall identify the emergency in the patient's medical record and state the time when monitoring resumed. All of the following requirements shall apply:
- a) A preoperative anesthetic risk evaluation shall be performed and documented in the patient's record in each case. In an emergency during which an evaluation cannot be documented preoperatively without endangering the safety of the patient, the anesthetic risk evaluation shall be documented as soon as feasible.
 - b) Each patient receiving intravenous anesthesia shall have the blood pressure and heart rate measured and recorded at least every five minutes.
 - c) Continuous electrocardiography monitoring shall be used for each patient receiving intravenous anesthesia.
 - d) During any anesthesia other than local anesthesia and minimal sedation, patient oxygenation shall be continuously monitored with a pulse oximeter. Whenever an endotracheal tube or laryngeal mask airway is inserted, the correct functioning and positioning in the trachea shall be monitored throughout the duration of placement.
 - e) Additional monitoring for ventilation shall include palpation or observation of the reservoir breathing bag and auscultation of breath sounds.
 - f) Additional monitoring of blood circulation shall include at least one of the following:
 - i. Palpation of the pulse;
 - ii. Auscultation of heart sounds;
 - iii. Monitoring of a tracing of intra-arterial pressure;
 - iv. Pulse plethysmography; or
 - v. Ultrasound peripheral pulse monitoring.
 - g) When ventilation is controlled by an automatic mechanical ventilator, the functioning of the ventilator shall be monitored continuously with a device hav-

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ing an audible alarm to warn of disconnection of any component of the breathing system.

- h) During any anesthesia using an anesthesia machine, the concentration of oxygen in the patient's breathing system shall be measured by an oxygen analyzer with an audible alarm to warn of low oxygen concentration.

6) Administrative policies and procedures -

- a) Informed consent for the nature and objectives of the anesthesia planned and surgery to be performed should be in writing and obtained from patients before the procedure is performed. Informed consent should only be obtained after a discussion of the risks, benefits and alternatives and should be documented in the medical record.
- b) Each office shall have written protocols in place for the timely and safe transfer of the patients to a pre-specified medical care facility within a reasonable proximity if extended or emergency services are needed. The protocols shall include one of the following:
- i. A plan for patient transfer to the specified medical care facility;
 - ii. A transfer agreement with the specified medical care facility; or
 - iii. A requirement that all physicians performing any office-based surgery have admitting privileges at the specified medical care facility.
- c) Each physician who performs any office-based surgery that results in any of the following quality indicators shall notify the board in writing within 15 calendar days following discovery of the event:
- i. The death of a patient during any office-based surgery, or within 72 hours thereafter;
 - ii. The transport of a patient to a hospital emergency department;
 - iii. The discovery of a foreign object erroneously remaining in a patient from an office-based surgery performed at that office; or
 - iv. The performance of the wrong surgical procedure, surgery on the wrong site, or surgery on the wrong patient. ♦

Reviewing Articles for CEU Credit Respiratory Therapists

Effective 7/1/2014, if you choose to read an article or discuss it as a group for CEU credit, the article must meet these requirements: peer-reviewed, originate from reliable medical journals (i.e. Respiratory Care Journal published from AARC), written within two years, and preferably evidence-based. Limited to two (2) articles per renewal period, each worth one (1) CEU credit and a typed-one page summary must be submitted about the article and how it pertains to your daily work. If you have questions with regards to CEUs, please contact Mandi Roberge, Occupational/Respiratory Therapy Licensing Coordinator, directly at 501-296-1978 or email at adr@armedicalboard.org. ♦

Medical Corporations/Medical Limited Liability Companies

A certificate of registration authorizes you to conduct and operate a medical corporation/medical limited liability company in accordance with the Medical Corporation Act only at one address. If you have more than one location, regardless if the other locations are using the same tax ID number/name, you must submit an application for registration for "each" location.

If the above pertains to you, submit an application for a Fictitious Name Documentation with the Arkansas Secretary of State. Once approved, complete an application for registration located on our website, include a \$25 check or money order (payable to ASMB), and include a certified copy from the Secretary of State of the Articles and Fictitious Name Documentation.

Please note: When applying in this matter, the name of the business will be: the original name, d/b/a the fictitious name.

If you have any questions regarding medical corporations/medical limited liability companies, please contact Mandi Roberge at 501-296-1978. ♦

ASMB/CCVS Workshop!

The Arkansas State Medical Board and Centralized Credentials Verification Service (CCVS) are planning a workshop in September 2014 for those customer users or other staff involved in their organization's credentialing processes. The workshop will be aimed at staff that is new, wanting refresher courses or involved in assisting or recruiting for their organizations. Please keep monitoring the newsletter and websites for further breaking news in this regard and posting of registration forms. ♦



Hey, Look Here!

Board Actions & License Adjustments 1/16/2014 through 4/25/2014

BALL, Charles William, Jr., M.D. (C-5265)
Hot Springs, AR
Consent Order, 1/24/2014

BECTON, Paul, Jr., M.D. (C-5756)
Paragould, AR
Emergency Order of Suspension, 4/18/2014

BORENGASSER, Aaron Paul, PA (PA-390)
Little Rock, AR
Emergency Order of Suspension, 1/24/2014

BUTLER, Michael John, M.D. (E-7929)
Siloam Springs, AR
Emergency Order of Suspension, 4/23/2014

CARTER, Frances Brannan, LRCP (RCP-2706)
North Little Rock, AR
Reprimand, 2/26/2014
Revoked/Stayed, 2/7/2014

DANIEL, Thomas Nathan, M.D. (E-8150)
Dardanelle, AR
Consent Order, 3/25/2014

ELKINS, James Philip, M.D. (C-4703)
Rogers, AR
Surrendered, 4/4/2014

GILLIAM, Linda Harris, M.D. (E-4919)
Jonesboro, AR
Surrendered, 2/7/2014

HANSEN, Terry Leonid, M.D. (E-8391)
Little Rock, AR
Emergency Order of Suspension, 2/25/2014

HAWK, James Merlin, M.D. (E-2493)
Harrison, AR
Emergency Order of Suspension, 2/27/2014
Returned to Active, 4/4/2014

HOUSTON, Samuel Thomas, M.D. (R-4005)
Little Rock, AR
Returned to Active, 4/9/2014

JUMPER, Benjamin Jerimiah, M.D. (E-6711)
El Dorado, AR
Emergency Order of Suspension, 2/5/2014

McBAY, Billy Reid, M.D. (C-7950)
Conway, AR
Returned to Active, 2/7/2014

McDONALD, Candace Ray, LRCP (RCP-1973)
Stamps, AR
Emergency Order of Suspension, 3/4/2014

NOWLIN, William Bryant, M.D. (N-7223)
Fayetteville, AR
Consent Order, 3/7/2014

WILLIAMS, Victor Bernard, M.D. (E-2372)
Little Rock, AR
Revoked, 4/16/2014



Scheduled Board Meeting Dates for the Arkansas State Medical Board

June 5-6, 2014
August 7-8, 2014
October 2-3, 2014
December 4-5, 2014

The agenda for each meeting will be posted online 1 week prior to each meeting on Wednesday by 4:00 pm.

The Board will hold "called" meetings when necessary.

Meetings will be held in the Board Room at
1401 West Capitol Avenue, Suite 340
Little Rock, Arkansas



Scheduled Allied Healthcare Meetings

Respiratory Care Examining Committee

June 19, 2014
September 18, 2014
December 11, 2014

Physician Assistant Advisory Committee

June 4, 2014
August 6, 2014
October 1, 2014
December 3, 2014

Pain Management Review Committee

July 24, 2014
December 18, 2014

Occupational Therapy Examining Committee

July 14, 2014
November 3, 2014

Dates and times of meetings are subject to change.



Does the Use of the CCVS Take the Place of an Organization Application?

No. The CCVS credentialing profile is not an application. It is one important part of the organization's credentialing file for each physician. There are additional items such as the application, National Practitioner Data Bank report (NPDB), OIG report, Criminal Background Report, malpractice claims history, competency assessments, CME and reference/recommendations included in that file, to name a few. Organizations may not duplicate what is provided by the CCVS such as education, work history (employment, staff appointments, faculty), primary practice (solo, group, clinic, time gaps, LOA's, etc.), other state licenses, DEA and CDS certificates, current malpractice insurance information and board certifications. If the organizations' bylaws require a copy of the insurance certificate or DEA, state law requires them to obtain this through the CCVS. State law takes precedence over the organization's internal bylaws. Physicians and their office staff should either affix a label over those application questions requiring them to attach those copies or write in that section, "Obtain from the state-mandated CCVS. Contact the Arkansas State Medical Board at (501) 296-1951 for more information." Clarification and assistance will be provided to the physician and organization by the ASMB/CCVS at this number, if requested. ♦

CCVS Online User Guide

We are in the process of updating the downloadable CCVS User Guide that is available on the CCVS website at www.arccvs.org for the use of CCVS customers or anyone who wishes a better understanding of the processes. **The process for ordering profiles will remain the same after revisions are completed.** We are removing some items from the Guide that are outdated and updating some sections with additional information, as well as adding more information and screenshots based on customer service questions. A few examples of what is planned are: Frequently Asked Questions, Glossary of Terms, Viewing Receipts and Archived Profiles. If there is additional information you might like to see, please email your suggestions to ccvs@armedicalboard.org and we will do our best to include them before the Revised Guide is posted. ♦



PA's Take Note



Regulation 24 (4) of the Medical Practice Act states that any change in protocol will be submitted to the Board and approved by the Board prior to any change in the protocol being enacted by the physician assistant.

This would include: adding an additional back-up supervising physician, adding a procedure to your existing protocol, or adding another work location under the same supervising physician. If you have any questions please contact Susan Wyles, PA Licensing Coordinator at 501-296-1955. ♦

Changing Credit Card or Bank Account Information for CCVS Accounts

Credit card or bank account information cannot be changed by the CCVS staff. Only the person designated as the customer account's EFT Administrator can change this information or view it. When the EFT Administrator logs into the CCVS secure website using his/her EFT Administrator User ID and password, the account information will appear on the screen and they can make any changes in their information, including updating existing information, changing expiration dates or entering new credit card information. NOTE: He/She must again read the Terms and Conditions and click on the "I agree with/accept the Terms and Conditions" button at the bottom before the account information will be updated in our system. ♦

The Importance of Deactivating CCVS Customer Users

Users with access to an organization's CCVS account have the ability to place orders from any computer using the customer organization's credit card or EFT information. They do not need to be physically located in your building or on site to do so. Whether intentionally or accidentally, this can run up charges and may take a while to discover or reconcile and correct. Organizations should treat their CCVS account in the same manner, with the same security restrictions, as with any other account. Remove any staff no longer authorized to use your account and further protect the account by not sharing password information. The CCVS will issue separate user names and passwords to all users on the account. This information will be sent to the Account Administrator via email for distribution and allows the Account Administrator access into those accounts should the user be deactivated. ♦

The Arkansas State Medical Board is not Affiliated with CAQH

CAQH provides a generic application that several organizations utilize for their credentialing purposes. Any application that physicians complete for Arkansas is required to comply with the same requirements. The organizations utilizing them must notify their application-provision service to remove the questions or requirements to provide specific documentation that is provided by the CCVS. They cannot, by statute, ask these questions. If they do not wish to change their application, they may attach a generic letter stating that any physician being credentialed for Arkansas need not respond to those questions covered by the Arkansas credentialing statute. ♦

Mission of the Arkansas State Medical Board

Protecting the health, safety, and welfare of the people of the State of Arkansas with the goal that all citizens be provided with the highest quality health care.

Arkansas State Medical Board
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Licensing Fax:
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License Renewals Fax:
(501) 603-3555

QI/CS Fax:
(501) 682-3812

Online Directory

All actively licensed Arkansas Physicians, Respiratory Therapists, Occupational Therapists, Occupational Therapy Assistants, Physician Assistants and Radiology Practitioner Assistants may be queried in the Online Directory. To purchase data files of these practitioners, please visit our website. Payment is via a secured online order form with Discover, Visa or MasterCard only.



ATTENTION!

Change of Address Form is now available on the ASMB Web Site:

<http://www.armedicalboard.org/forms.aspx>

Please FAX: (501) 603-3555

E-Mail: (support@armedicalboard.org) in .pdf only

or Mail to:

Arkansas State Medical Board

1401 West Capitol Avenue, Suite 340

Little Rock, AR 72201-2936

Change of Address may be completed online with a licensee account.