Protecting
Advocating
Serving

The FSMB: At Your Service

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Medical Board of California
July 31, 2015

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Topics today

- **Background - who we are**
- **Services and Educational Offerings**
- **Advocacy Update**
  - Policy Initiatives 2015
  - Team-based Regulation/ Scope of Practice
  - License Portability / Interstate Medical Licensure Compact
  - Opioid Prescribing

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Background - who we are

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Greetings from the FSMB Board of Directors

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FSMB Offices in Euless, TX and Washington DC

- **FSMB established in 1912**
- **Non-profit 501c6 organization with approximately 185+staff**

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FSMB Vision and Mission 2015-2020

Vision

The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.

Mission

The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.

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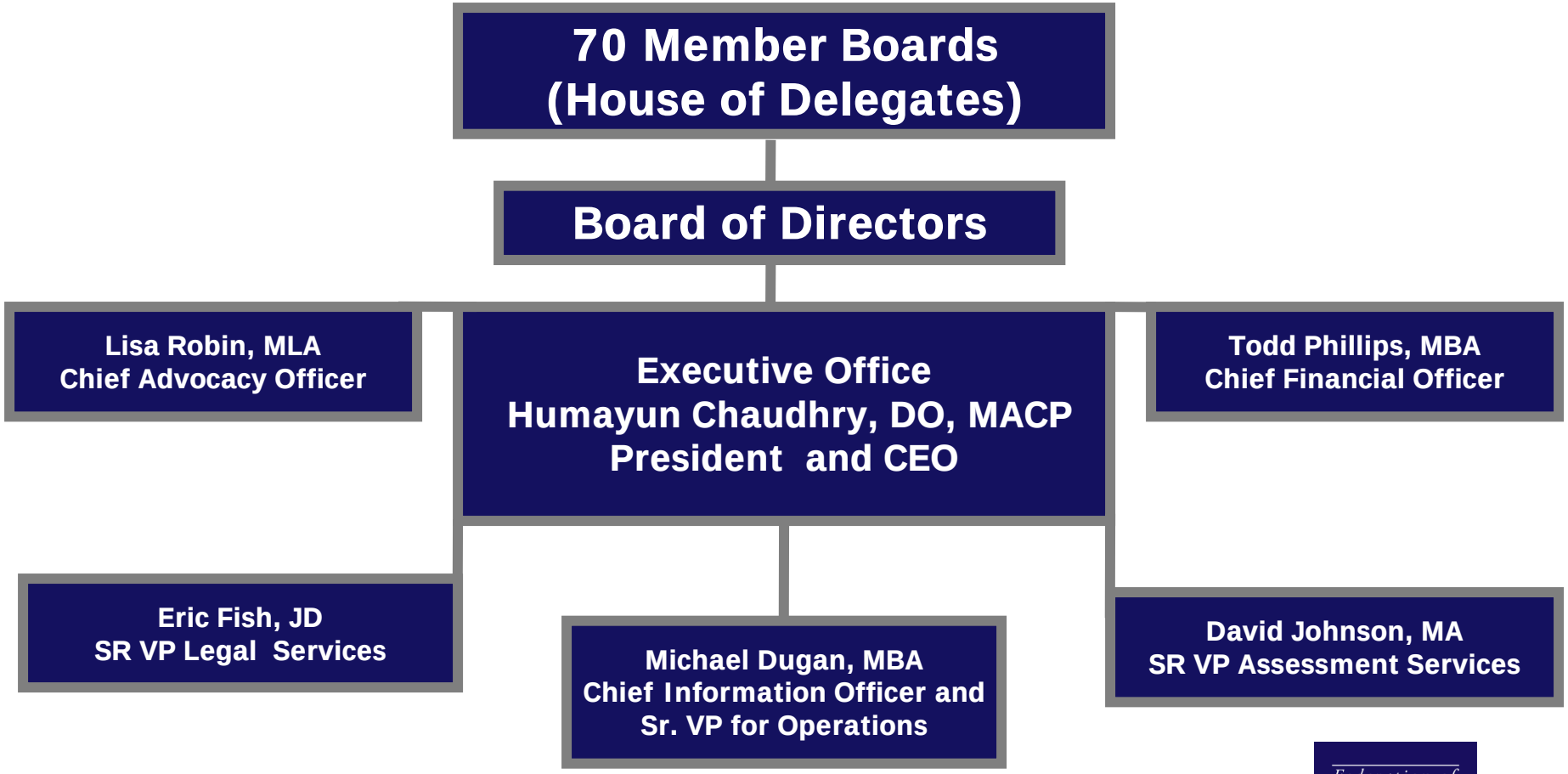
FSMB Organizational Chart



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New Five-Year Strategic Plan

- Approved by the 2015 House of Delegates as presented in the Report of the Special Committee on Strategic Positioning
- Committee was made up of highly qualified and visionary individuals who contributed their time and expertise to review the continued relevance of the 2010-2015 Strategic Plan and help us map out the future direction of the FSMB
- Members included representatives from the FSMB BOD, Member Boards, AIM, AMA, AOA, NBME and NCCPA

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2015-2020 Strategic Goals

State Medical Board Support:
Serve state medical boards by promoting best practices and providing policies, advocacy, and other resources that add to their effectiveness.

Data and Research Services:
Expand the FSMB's data-sharing and research capabilities while providing valuable information to state medical boards, the public and other stakeholders.

Advocacy and Policy Leadership:
Strengthen the viability of state-based medical regulation in a changing, globally-connected health care environment.

Organizational Strength and Excellence:
Enhance the FSMB's organizational vitality and adaptability in an environment of change and strengthen its financial resources in support of its mission.

Education:
Provide educational tools and resources that enhance the quality of medical regulation and raise public awareness of the vital role of state medical boards.

Collaboration:
Strengthen participation and engagement among state medical boards and expand collaborative relationships with national and international organizations.

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2014 Physician Census

- **There are roughly 916,264 physicians with an active state medical license**
  - This is a net increase of 38,070 (4%) from 2012
- **A net of 12,168 physicians were added to the nation's physician roster each year**
- **Average age is now older and predominantly male, but increasingly female at entry level**
- **IMGs numbers, particularly from the Caribbean are growing at a rapid rate**

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Services and Educational Offerings

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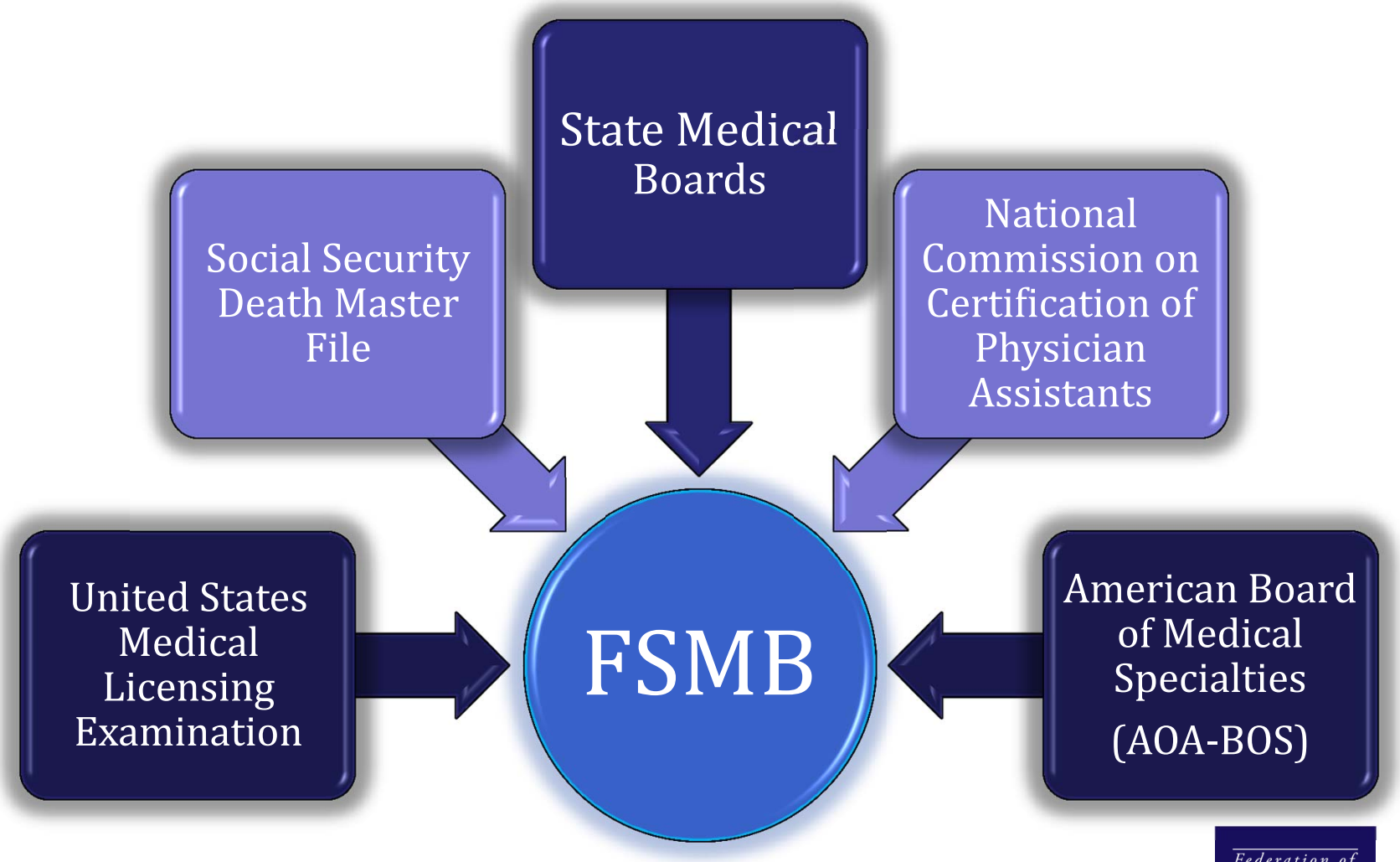
FSMB Information Sources



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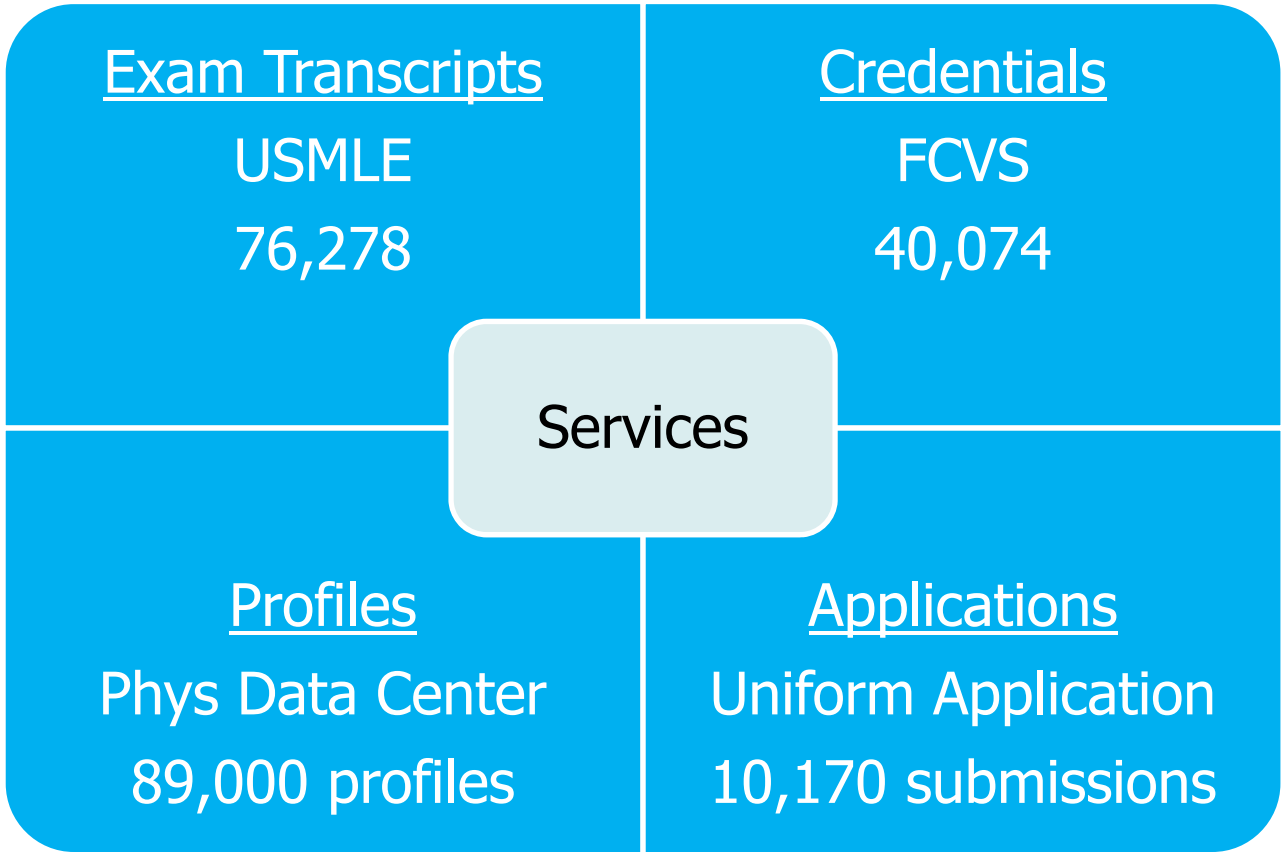
2014 Service Volumes



994 roster files - 32.5 million records

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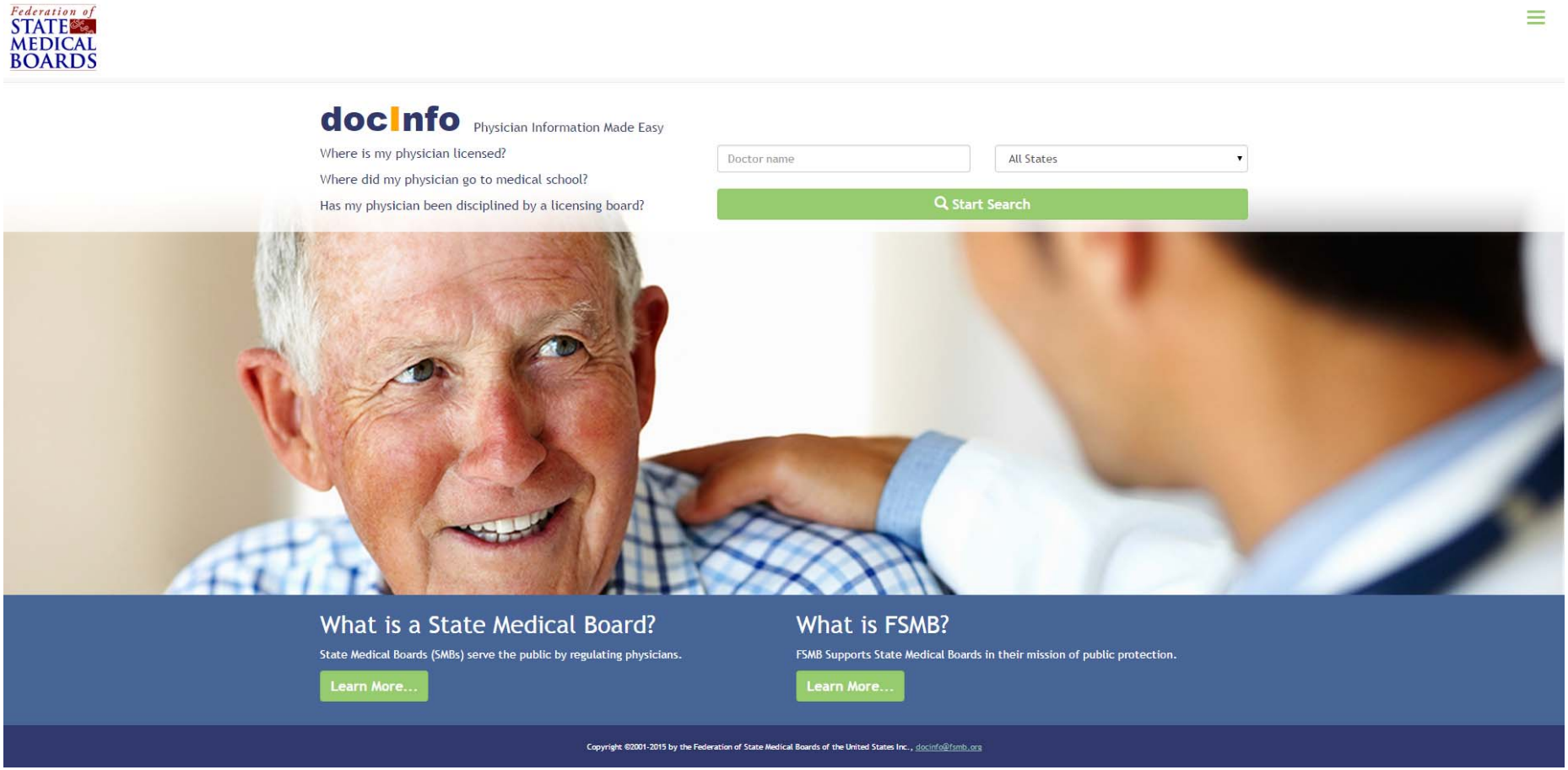
DocInfo



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FSMB Educational Offerings

- **Annual Meeting**
  - April 28-30, 2016 in San Diego
- **Annual Educational Series**
- **Board Attorney Workshops**
  - (Fall and Spring)
- **New Executives Orientation**
- **Monthly Roundtable**
- **On-line CME Programs**

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Communications via Multiple Channels for Multiple Audiences

- **FSMB Annual Report**
- ***Journal of Medical Regulation***
- ***Newsline***
- ***FSMB eNews***
- **Website – www.fsmb.org**
- **Advocacy Newsletter**
- **Twitter - @TheFSMB**

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Advocacy Update

- Policy Initiatives 2015
- Team-based Regulation/ Scope of Practice
- License Portability / Interstate Medical Licensure Compact
- Opioid Prescribing

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Policy Initiatives 2015

- **Ethics and Professionalism Committee –** Addressing physician burn-out
- **Workgroup on Telemedicine Consultation –** Development of a common definition of physician-to-physician consultations, and how telemedicine technologies/devices can be used in that context
- **Workgroup on Marijuana and Medical Regulation –** Develop model policy guidelines regarding the use of medical marijuana in patient care, including conditions, diseases, or indications for which medical marijuana may be recommended; and develop a position statement or white paper regarding the regulation of licensees who use marijuana recreationally
- **Workgroup on Team-Based Regulation –** Identify best state-based practices and recommend regulatory strategies for achieving greater cooperation and collaboration among health professional boards in carrying out their shared responsibility to protect the public

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Scope of Practice/Team-based Regulation

- **2005: FSMB released the policy "*Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety*"**
  - Collaboration is an effective means for providing safe and competent health care
  - Recognize that scopes of practice often overlap
  - Raises questions about the traditional structure of health care regulation
  - Promotes enhanced cooperation and communication among state health regulatory boards

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FSMB Workgroup on Team-based Regulation

- The FSMB established a Workgroup on Team-based Regulation
- Tasked with identifying best state-based practices and recommend regulatory strategies for achieving greater cooperation and collaboration among health professional boards in carrying out their shared responsibility to protect the public
- The Workgroup will issue a report of its findings and recommendations to the FSMB Board of Directors

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FSMB Recommendations

- **States should:**
  - Reduce barriers to cooperation and communication among health regulatory boards
  - Implement a system for joint review of complaints involving multiple practitioners
  - Share complaint information among relevant health regulatory boards

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Join members of FSMB, NABP and NCSNB

2015 Tri-Regulator Symposium:

Team-based Care – Collaborative Regulation

Oct. 6-7, 2015

The Ritz-Carlton, Pentagon City
Arlington, VA

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FSMB House of Delegates Vote in 2013 to Aggressively Study Interstate Compact

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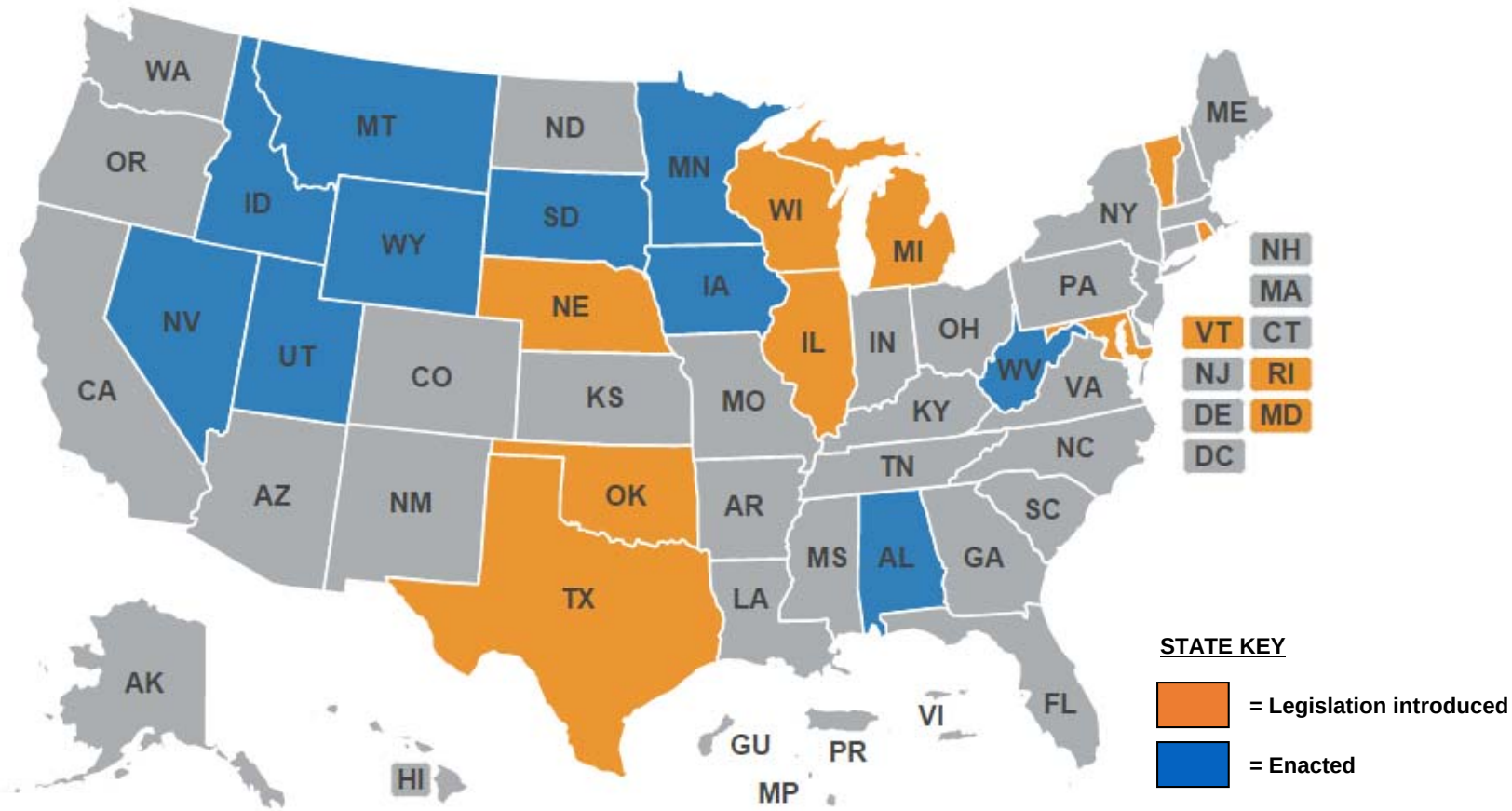
Interstate Medical Licensure Compact

Adoptions and Introductions (July, 2015)



www.licenseportability.org

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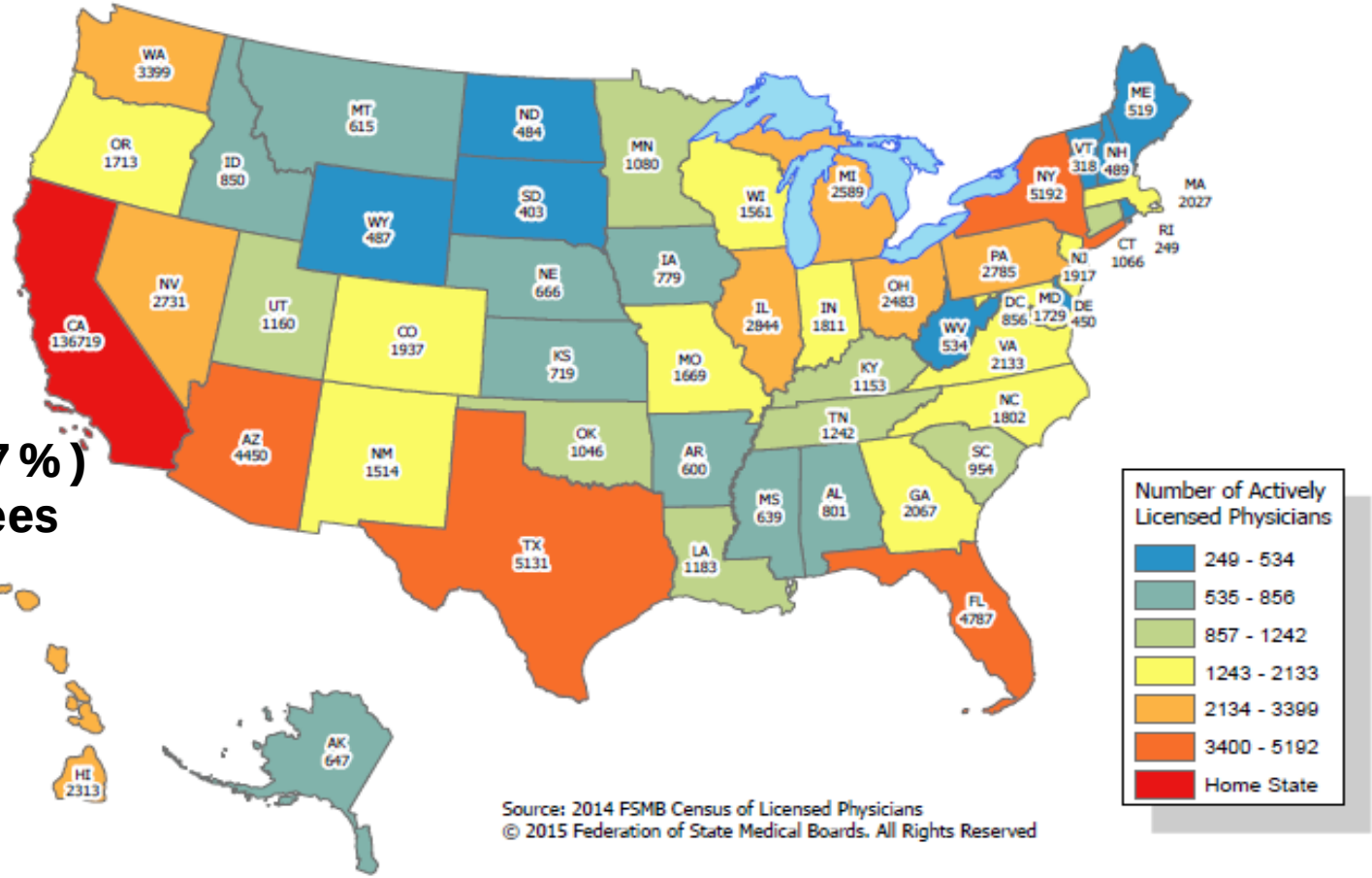
Medical Board of California
Actively Licensed Physicians with Licenses in Other States

38,817 (27%) of licensees



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Journal of the American Medical Association

Opinion

VIEWPOINT

Ensuring Competency and Professionalism Through State Medical Licensing

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Federation of State Medical Boards, Euless, Texas.

Arthur S. Hengerer, MD
Federation of State Medical Boards, Euless, Texas.

The primary mission of state medical boards in the United States is to protect the public and ensure that only persons who are qualified and fit to practice medicine do so. State boards generally view the practice of medicine as a privilege and not a natural right. In some respects, state boards serve as the ultimate gatekeeper for physicians by issuing medical licenses and authorizing disciplinary actions when professional misconduct occurs. In 2014, a total of 4043 physicians received disciplinary actions (eg, licensure limitation, suspension, or revocation), representing less than half of 1% of the 916 264 actively licensed physicians in the United States.[1]

State medical boards, which also regulate physician assistants and sometimes other health professionals, were among the first entities to gain statutory recognition and jurisdiction over the practice of medicine in the United States.[2] The legal rights of the states were broadly vested in the Tenth Amendment to the Constitution, ratified under the Bill of Rights in 1791, and specifically articulated in the Medical Practice Acts that govern medical licensure and discipline in every state. The earliest actions of state boards focused on preventing so-called quacks and charlatans from practicing medicine fraudulently.

State boards evolved as circumstances and times warranted. Eligibility requirements for medical school matriculation, for instance, shifted from a high school diploma to a baccalaureate degree in the early 1900s. The assessment of a physician's professional competency by state medical board examiners switched from a written essay examination unique to every state to multiple-choice questions beginning in the 1950s, and then to computer-based testing and clinical skills tests with standardized patients during the last 2 decades. Some of these advances were gradual, whereas others were precipitated during the

When state boards contemplate changes to their Medical Practice Act, both physicians and the organizations that represent them (eg, the American Medical Association and the American Osteopathic Association) testify in favor or against the proposals. State legislators also may propose laws that modify licensure or disciplinary regulations; however, such proposals also encourage engagement before adoption. Licensing and disciplinary decisions of state boards are subject to due process protections for physician respondents that also ensure their engagement in individual matters.

Public Participation

State medical boards were once described as entities whereby "physicians looked out for other physicians," but that perception began to change in 1961 when the Medical Board of California became the first in the nation to include a public member. Today, almost all state medical boards include public members, and even among boards without public members, the public is invited to attend meetings and, as with physicians and other organizations, their testimony and input are welcomed.

Communication

Most state medical boards communicate their decisions and are required by state law to announce planned meetings through electronic or print newsletters and online on websites. This enables interested physicians, the public, and other stakeholders to be informed about decisions, policies, and regulations and anticipated changes to them.

Transparency

In 2011, Illinois became the last state in the union to make practice profiles of its licensed physicians available on-

New England Journal of Medicine

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

APRIL 23, 2015

Improving Access and Mobility — The Interstate Medical Licensure Compact

Humayun J. Chaudhry, D.O., Lisa A. Robin, M.L.A., Eric M. Fish, J.D., Donald H. Polk, D.O., and J. Daniel Gifford, M.D.

Interstate compacts — negotiated agreements among participating states that have the legal status of both contract and statutory law — allow states to address issues of mutual regulatory or administrative interest without modification of the federal government's authority or reordering of the federal structure of government.[1] Such compacts have been used widely since the founding of the United States to resolve boundary disputes and settle water rights, among other matters. Now,

state boards have since voted to support the model language, and legislation to enact it is now pending in 11 states; Wyoming, South Dakota, Idaho, Utah, and West Virginia have already adopted it as state law.

Easing physicians' ability to practice across state lines is not a

using this service, which verifies primary-source documents such as medical school degrees and provides a central repository for future use of these documents in applications for licensure, hospital admitting privileges, or participation in health plans. And in 2004, we at the Federation of State Medical Boards (FSMB) created a uniform licensure application (with state-specific addenda) that is now used by 24 states. Both services, though helpful, still require physicians who want to be licensed in more

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NEJM and JAMA Article Impacts

- **Percentile among all NEJM articles: 46th**
- **Percentile among all JAMA articles: 96th**
  - USA, Canada, Japan, Russia, Colombia, Brazil, Argentina, Australia, Indonesia, Iran, China, India, Pakistan, Mexico, Germany, Norway, Israel, Turkey, Portugal, France, Portugal, Italy, Spain, South Africa, New Zealand, Poland, Egypt, Ukraine, Bosnia, South Korea, Philippines, Saudi Arabia, Romania, Chile, Bangladesh, Greece, Iraq, Syria, Sweden, Finland, Ecuador, Bolivia, Kyrgyzstan, Oman

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Resolution to Revise the FSMB *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* Adopted by HOD

- **In April 2015, the House of Delegates voted to establish a workgroup revise the FSMB's model policy**
  - Workgroup of state medical and osteopathic boards and other key stake holders
    - AMA, AOA, specialty societies/state medical associations
  - Review the current science
  - Revise the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*
  - Submitted by the Washington Medical Quality Assurance Commission

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Safe Prescribing CME

Title: ***Extended-Release and Long-Acting Opioids: Assessing Risks, Safe Prescribing***

- Launched April 1, 2014
- Consists of six (6) free, online modules; each module no longer than 30 minutes
- Accredited for *3.0 AMA PRA Category 1 Credit™* and *3.0 AOA Category 2B Credit*

www.fsmb.org/safeprescribing

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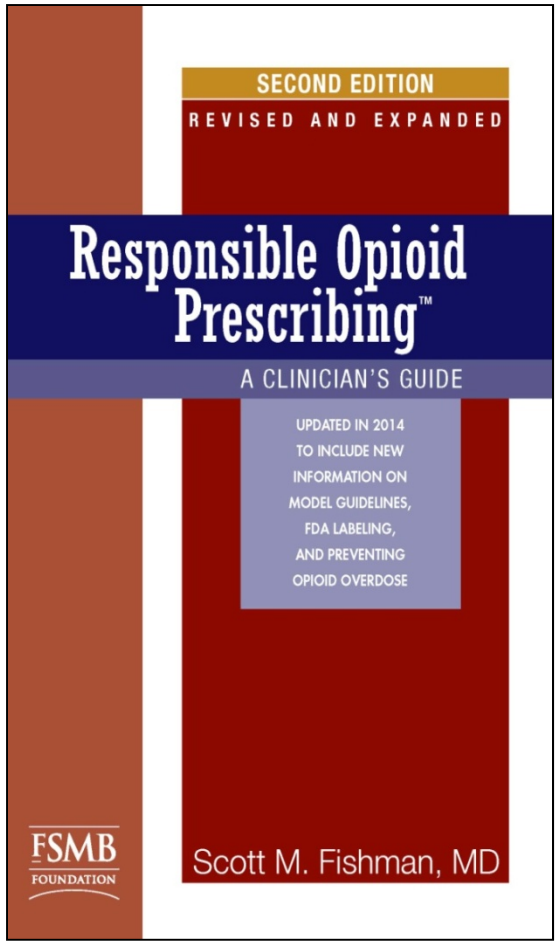
FSMB Foundation



Responsible Opioid Prescribing: Expanded 2nd Edition Revised

***Responsible Opioid Prescribing: A Clinician's Guide,* by pain expert Scott M. Fishman, MD**

- Updated in October 2014 to include new information on Model Guidelines, FDA labeling, and Preventing Opioid Overdose
- Offers corresponding CME credit in 3 online modules (*7.25 AMA PRA Category 1 Credit*™) available at http://www.fsmb.org/books
- More than 180,000 copies have been distributed/purchased

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We want you!

- **Elected Positions for Board of Directors and Nominating Committee**
  - For more information, see "Become a Leader" and "Leadership FAQ" at http://www.fsmb.org/about-fsmb
- **Appointments to Other Committees/Workgroups**
  - For more information, see "FSMB Committees" at http://www.fsmb.org/about-fsmb
- **USMLE – Contact David Johnson, djohnson@fsmb.org**
  - Item Writing and Test Development
  - Standard Setting
  - Governance Committees
  - Quality Assurance Program
  - Special Committees and Projects

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