



MEDICALDIGEST

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When a Licensee is Visited or Contacted by an Investigator
page 2

Board and Staff News
page 4

Specific Complaints and Avoiding Them
page 5

Complaints to the Board
page 8

Provider Bridge - Volunteer to Respond to Public Health Emergencies
page 9

Connect Alabama
page 10

Report of Public Actions of the Medical Licensure Commission and Board of Medical Examiners
page 11

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WHEN A LICENSEE IS VISITED OR CONTACTED BY AN INVESTIGATOR

Board investigations begin by gathering information from primary sources, including witnesses, patients, complainants, insurance companies, and law enforcement. Many investigations originate with a complaint from a person or entity, but the Board can also open investigations on its own when it develops a lead. This initial information gathering phase may last for several weeks or months.

Once a Board investigator has sufficient information, he or she will meet with the licensee who is the subject of the investigation, in person when appropriate, to obtain the licensee's acknowledgement of an investigation. The physician may be personally interviewed at that time. A subpoena will be served for medical records, where applicable, and a written response to the complaint is typically requested. The written response is expected to be medically detailed, and it should be written for review by a panel of physicians. After meeting with the licensee, the investigator will continue gathering information and may meet with other physicians, pharmacies, hospital staff, insurance companies, or others.

An investigator will generally work with the licensee to meet at a mutually agreed time and place. If the licensee wishes to have the assistance of counsel, he or she is free to bring an attorney, provided that this does not cause undue delay. However, there are times, due to the nature of the complaint, that an unannounced visit is made. Board investigators will be in formal office dress with a Board Investigator pin and will produce a badge. If office personnel have any doubt, they may call the Board's office to verify their identity. Office staff should notify the physician or advanced practice provider immediately that a Board investigator is waiting.

WHAT HAPPENS NEXT

Once the investigation is complete, a report is prepared and placed on the Board's agenda for consideration and disposition. The entire investigative process typically takes several months. Some of the actions the Board could take are:

- Notify the complainant and licensee that no basis for action was found;
- Issue a confidential letter of concern if the licensee engaged in conduct that may not meet generally accepted standards;
- Continue the investigation to obtain additional information, including expert review;
- Invite the physician to attend a committee meeting to discuss the complaint;
- Order the physician to complete remediation or to submit to an assessment/evaluation;
- File disciplinary charges against the physician.

The Board is charged with ensuring, to the extent possible, safe and competent medical care for Alabama patients. When the quality of medical care or the ethics or competence of a physician is questionable, the Board must investigate the issue to ascertain the truth. If an event occurred that could have been handled differently, and/or where additional training is needed, the Board will use the occasion to try to educate the physician about how to avoid such problems in the future. In every case, the licensee will be notified of the resolution of the investigation in writing.

BE AWARE OF SCAMMERS

Scammers continue to mail, email, fax, and call physicians, claiming to be medical board investigators, FBI, DEA, even US Customs and Border Protection, and telling licensees they are under investigation or having some other issue with their agency. Sometimes they will tell you your license is suspended, a fine is due, or that you must pick up a package at an express delivery store. They can easily "spoof" legitimate telephone IDs and names of agents. Do not give these individuals any information and hang up immediately. If you do provide information, especially credit card or bank information, you should contact local law enforcement or the Attorney General and your credit card company/bank.

Be aware that Alabama Board of Medical Examiners investigators or other staff do not notify physicians of suspensions, revocations, or fines by telephone. If you receive a contact purporting to be from the Board that seems suspicious, you can ask for their direct line and say you would like to call them back. Chances are they will hang up or provide a number that does not go to our agency.



BOARD AND STAFF NEWS



Julia L. Boothe, MD transitioned off the Alabama Board of Medical Examiners in March 2024. The Board presented her with an honorary plaque and expressed appreciation for her excellent service on the Board. We will miss her insight and contributions.



Also in March 2024, longtime employee Linda Stripling retired after a distinguished career in the Advanced Practice Practitioners Department. The leadership presented her with a commemorative gift in appreciation for her service. Linda was known as being extremely helpful to everyone she worked with, including fellow staff, physicians, and Advanced Practice Practitioners.

SPECIFIC COMPLAINTS AND AVOIDING THEM

Medical Records – Patient Requests

The Board often receives questions and complaints concerning medical records. Examples include medical records that were not transferred as requested, patients who cannot locate a prior physician to obtain medical records, and patients who claim incorrect information is contained in their medical record.

To avoid this type of complaint, licensees should always comply with the rules on medical records management. Upon a request and release, a physician must provide a copy of a patient's medical record to the patient, another healthcare provider, attorney, or other person designated by the patient.

For continuity of care of the patient, licensees should not delay production unnecessarily. If there is going to be a delay over two weeks, notify the patient of the delay and offer the opportunity to have the last visit notes provided to a new physician.

It is especially important for pain management patients for the physician to provide requested records in a timely manner. If you dismiss a patient, they will need at least a summary of your care and medications prescribed to provide to prospective new physicians. Withholding this information can be extremely harmful to the patient. Even if you dismissed them for causes such as disruptiveness or testing for illegal drugs, you still owe the patient this duty.

Maintaining Proper Medical Records

Issues with medical records not meeting minimum standards are generally noted in connection with a complaint about another issue. The most frequent problem we see is the improper use of templates. The Board will sometimes see templated records for multiple patients that look exactly the same. The use of templates is not prohibited, if the minimum standards for medical records are met, which often requires more than just checking off boxes.

The rules containing the minimum standards for medical records state that the records shall:

- Be legible, and written in the English language;
- Contain only those terms and abbreviations that are or should be comprehensible to other medical professionals;
- Contain adequate identification of the patient;
- Indicate the date any professional service was provided;
- Contain pertinent information concerning the patient's condition;
- Reflect examinations, vital signs, and tests obtained, performed, or ordered and the findings or results of each;
- Indicate the initial diagnosis and the patient's initial reason for seeking the physician's services;

- Indicate the medications prescribed, dispensed, or administered and the quantity and strength of each;
- Reflect the treatment performed or recommended;
- Document the patient's progress during the course of treatment; and
- Include all patient records received from other health care providers, if those records formed the basis for a treatment decision by the physician.

Adequate records are necessary to ensure continuity of care. They serve important patient interests for present health care and future needs, as well as for insurance, employment, and other purposes. Physicians should maintain legible, well-documented records reflecting the history, findings, diagnosis, and course of treatment in the care of a patient.

Communication, Unprofessional Behavior, and Abandonment

Communication issues between physicians, patients, patients' families, and other healthcare providers are a common complaint we receive. Any act by a physician that violates or may violate the trust a patient places in the physician puts the relationship between physician and patient at risk. Patient trust requires that:

- There be adequate communication between the physician and the patient;
- There be no conflict of interest between the patient and the physician or third parties;
- Intimate details of the patient's life shared with the physician be held in confidence;
- The physician maintain professional knowledge and skills;
- There be respect for the patient's autonomy;
- The physician be compassionate;
- The physician be an advocate for needed medical care, even at the expense of the physician's personal interests; and
- The physician provides neither more nor less than the medical problem requires.

The most common complaints are a lack of timely call-backs and rude staff. Physicians should ensure that they have an efficient call-back system and adequately inform the patient of what that system is and what its limitations are.

Staff should remain calm and courteous at all times, even when the patient becomes heated or abusive. You should have a policy in place for when this occurs and what remedies are available to the staff.

If the patient-physician relationship devolves to a point that it is not salvageable, the relationship can be terminated; however, it should be accomplished unemotionally and according to best practices. A terminated patient should be offered thirty days of emergency care, a refill on



prescriptions, referrals, and a transfer of medical records.

If appropriate, it may be explained dispassionately to the patient why the relationship is being terminated. A formal letter of termination may be provided to the patient and a copy placed in their record.

Controlled Substances Prescribing

On one hand, we receive complaints from patients that they have been unfairly cut off from controlled medications, that they are treated as second-class citizens for taking them, and that they are asked to comply with too many restrictions to continue receiving the medications.

On the other hand, there remains serious controlled substances diversion and overprescribing in Alabama, and we continue to receive complaints about physicians writing too many controlled substances from pharmacists, insurance companies, and the licensee's staff and colleagues.

To avoid the first type of complaint, the answer is communication, communication, communication! Far too often, patients are not educated

about the medications they are taking, their risks and benefits, and the consequences of not taking them as prescribed or using illegal street drugs. They are not told why there are so many restrictions in place, which is to protect their and others' safety.

It is easy to simply tell a patient "I can't prescribe you any more _____ because the Medical Board/DEA/drug laws say I can't." It is a disservice and confusing to the patient to hear this type of misinformation, and often leads to a distressed phone call and possibly a complaint to the Board of Medical Examiners.

For the second type of complaint, overprescribing of controlled substances, the answer is to be sure to follow state and federal regulations. The Board has rules concerning maintenance of records and inventories, controlled substances prescription guidelines, and risk and abuse mitigation strategies. Your best protection is documented compliance with all applicable regulations. Your documentation should be thorough, meet all medical records requirements, and contain detailed notes on how diagnoses were reached, what records

and tests were reviewed, and the rationale behind any procedure and/or prescription regimen.

Physicians are expected to stay updated on the latest regulations surrounding controlled substances, as they change from time to time. The Board annually offers live courses on prescribing controlled substances, and live and online CME on controlled substances topics is easily available. All Board rules concerning controlled substances are available at the Board/Commission website. Board investigative and legal staff is always available to answer questions or talk through an issue concerning controlled substances prescribing. There is really no excuse for a physician not to be thoroughly familiar with the regulations and to comply with them.

Quality of Care

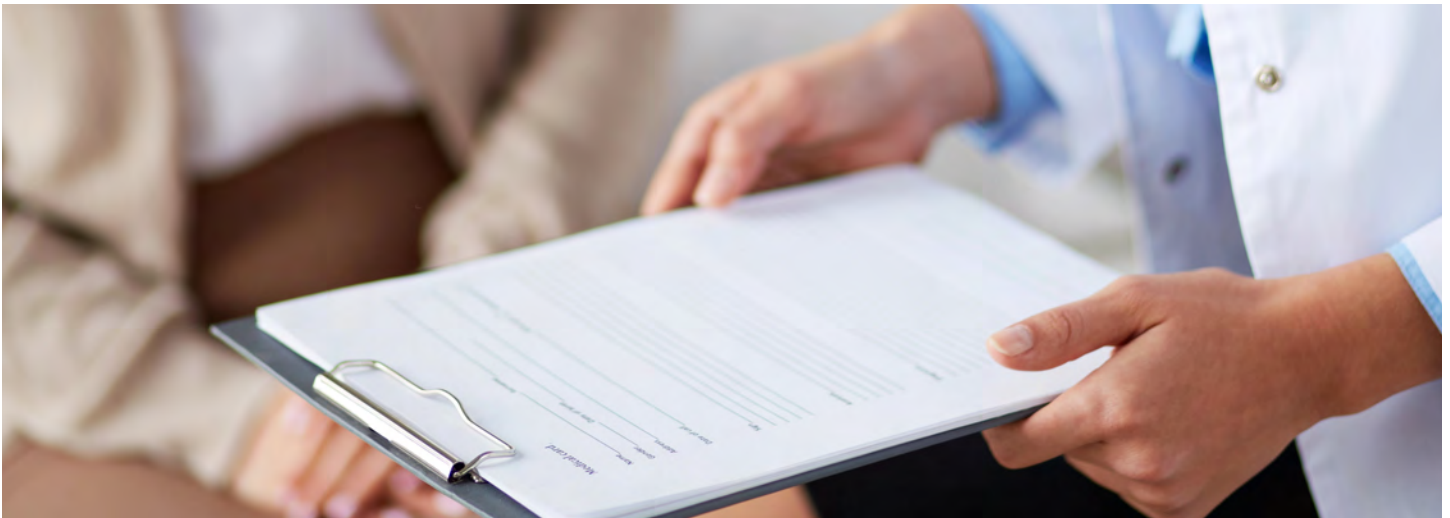
Other common patient complaints concern quality of care. Many of these complaints can also be avoided with proper communication. A detailed, oral explanation of the risks and benefits of any treatment or medication regimen is best to avoid misunderstandings when things go wrong (in addition to the standard written consent).

Some examples of quality of care complaints are unsatisfactory results from cosmetic procedures, drug reactions/interactions, failure to diagnose and/or treat a condition, failure to refer, and failure to follow up.

The Board may make a decision on these investigations based on its own medical knowledge, or could send the medical records to an expert for an opinion.

Boundary Issues

The report of the Council on Ethical and Judicial Affairs of the American Medical Association indicates that most researchers now agree that the effects of physician-patient sexual contact are almost always negative or damaging to the patient. Patients are often left feeling humiliated, mistreated, or exploited.



Introduction of sexual behavior into the professional relationship violates patient trust because the physician's own personal interests compete with the interests of the patient. This produces not only serious negative psychological consequences for the patient but also destroys the trust of the public in the profession.

Sexual conduct with a patient occurs in a variety of circumstances ranging from situations where a physician is unable to effectively manage the emotional aspects of the physician-patient relationship to consciously exploitative situations. The physician must recognize and set the boundaries between the care and compassion appropriate to medical treatment and the emotional responses which may lead to sexual misconduct.

To avoid problems in this area, physicians should:

- Be alert to feelings of sexual attraction to a patient and discuss with a colleague if appropriate; transfer the care of the patient to another physician and seek help on resolving these feelings without acting on them.
- Be alert to signs indicating a patient may be encouraging a sexual relationship and take all steps necessary to maintain the boundaries of the relationship, including transferring the patient as appropriate.
- Respect the patient's dignity at all times and provide appropriate gowns

and private facilities for dressing, undressing, and examination; in most situations, the physician should not be present in the room when a patient is dressing or undressing.

- Have a chaperone present for all patient encounters, but especially during the examination of any sensitive parts of the body, and refuse to examine sensitive areas without a chaperone present if it appears the patient is sexualizing the examination.
- Explain the need for each of the various components of the examination and for all procedures and tests.
- Choose their words carefully so that their communications are clear, appropriate, and professional.
- Seek out information and formal education in the area of sexual attraction to patients and sexual misconduct and in turn educate other health care providers and students.
- Not discuss their intimate personal problems/lives with patients.
- Not blur professional and personal lines, even in platonic/non-intimate relationships; for example, do not "friend" patients on social media, provide your private cell phone number to patients, or provide your private email address to patients.

Substance Use Disorder

Physicians with possible substance use disorder are generally self-reported or reported by a colleague, staff, or family member. The Board handles

these instances on a case-by-case basis, but it will often involve a formal evaluation, entering a contract for monitoring, and possible private or public license restrictions. Our first priority is ensuring the absolute safety of patients, but we are also concerned with the wellness of our licensees and will work with a number of resources to chart a path to recovery, and if appropriate, a return to practice.

Licensees have another option to self-report to the Alabama Professionals Health Program (APHP). APHP is a confidential, first-line resource for Alabama health professionals with depression, anxiety, and burnout as well as substance abuse issues. The APHP will evaluate the individual and may recommend formal evaluation, a monitoring contract, or a break from practice. So long as the licensee is in compliance with APHP's directives, the matter remains confidential from the Board; however, if the individual refuses the recommendations of the APHP, they have a statutory obligation to report that person to the Board.

The Board and Commission recognize that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. We expect our licensees to address their health concerns and ensure patient safety.



COMPLAINTS TO THE BOARD

Introduction

As a core part of its mission to protect the health and safety of Alabama patients, the Board investigates all properly filed complaints to determine if the licensee committed any wrongdoing. There are many individual circumstances that result in complaints, but they are mainly in these areas:

- Quality of care
- Controlled substances prescribing
- Boundary issues
- Substance use disorder
- Communication
- Maintaining proper medical records
- Abandonment
- Patients and medical records

Complaints may be submitted by a patient, hospital, pharmacist, insurance company, or other party, or the Board may initiate an investigation on its own.

Complaints Process Generally

All complaints are first reviewed to determine legitimacy and whether they are within the Board's jurisdiction to investigate. The complainant is notified either that their complaint will be investigated or that the subject matter is not within our jurisdiction.

When an investigation is opened:

- A Board investigator meets with the licensee in person wherever possible.
- The licensee is served with complaint (unless circumstances prevent it), and the process is explained.
- The licensee signs an acknowledgement of investigation and is asked to provide a written, medically detailed

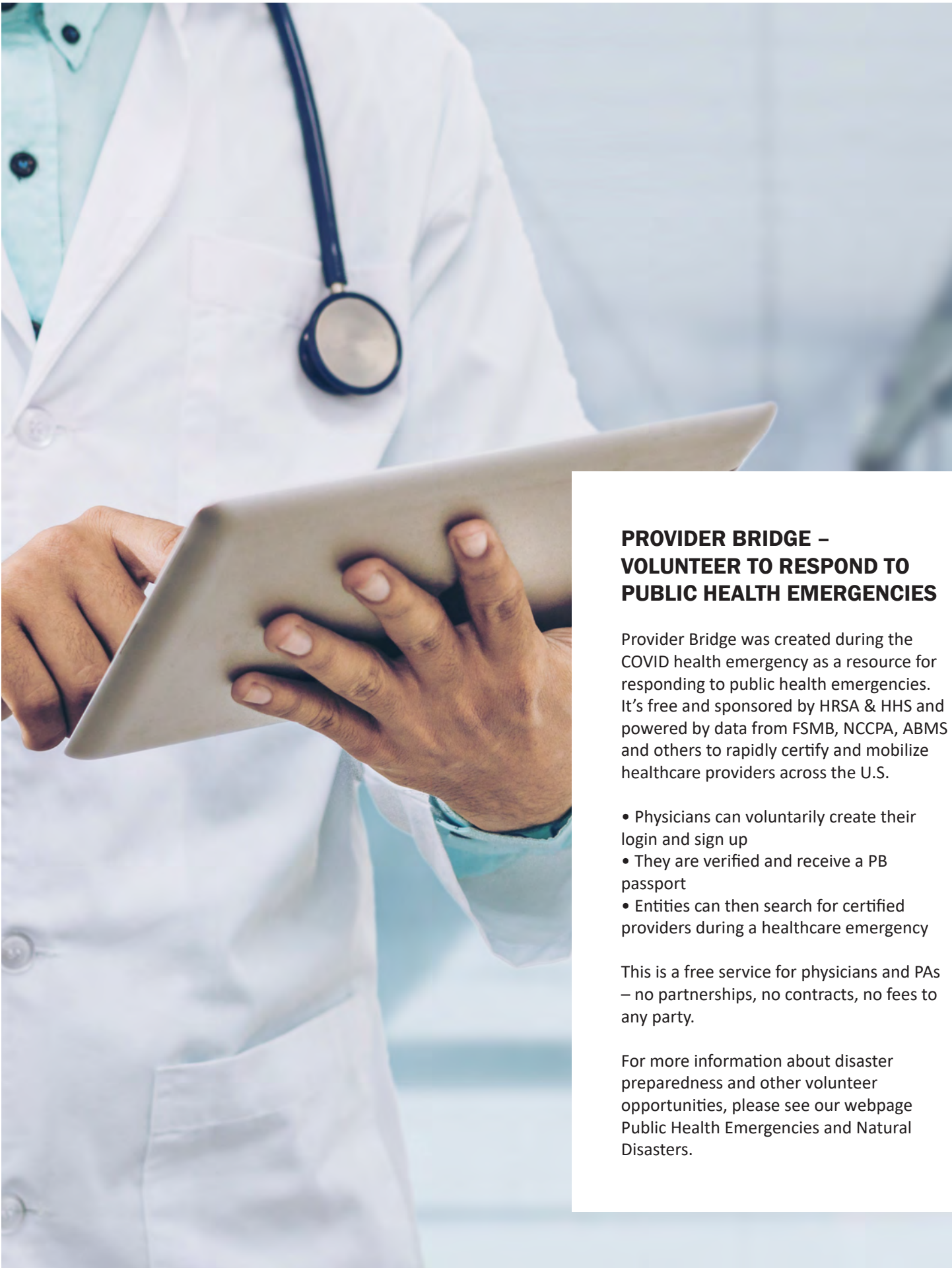
response and medical records, where applicable.

- The investigator may also obtain information from other physicians, pharmacies, hospitals, insurance companies, etc.

Once the investigation is complete, the following occurs:

- A report is placed on the Board's agenda for consideration.
- The complaint, medical records, and other investigative information is reviewed, and the Board votes on a disposition.
- Options for actions the Board could take include to:
 - Notify the complainant that no basis for action was found.
 - Issue a confidential letter of concern if there was questionable behavior that did not rise to the level of discipline.
 - Continue the investigation to obtain additional information, including expert review.
 - Invite the physician to attend a committee meeting to discuss the complaint.
 - Order the physician to complete remediation or to submit to an assessment/evaluation.
 - Send records for expert review.
 - File disciplinary charges against the physician.

No licensee ever seeks to be the subject of an investigation. However, cooperation with the Board and an understanding of the process will often facilitate a fair and expedient resolution of the matter.



**PROVIDER BRIDGE –
VOLUNTEER TO RESPOND TO
PUBLIC HEALTH EMERGENCIES**

Provider Bridge was created during the COVID health emergency as a resource for responding to public health emergencies. It's free and sponsored by HRSA & HHS and powered by data from FSMB, NCCPA, ABMS and others to rapidly certify and mobilize healthcare providers across the U.S.

- Physicians can voluntarily create their login and sign up
- They are verified and receive a PB passport
- Entities can then search for certified providers during a healthcare emergency

This is a free service for physicians and PAs – no partnerships, no contracts, no fees to any party.

For more information about disaster preparedness and other volunteer opportunities, please see our webpage [Public Health Emergencies and Natural Disasters](#).



CONNECT ALABAMA IS NOT JUST A TREATMENT FINDER!

First Responders, Public Safety Officers, community leaders, and everyone in the community now have access to the most up-to-date information on behavioral health services, treatment, recovery housing, crisis lines, and so much more. Healthcare and community service providers can use Connect Alabama as a resource for quick access to information and it's easy to share resource information with those who need it by helping them download the app.

Everyone can browse through the app for information about mental health, substance use, prevention, treatment, and the latest information on behavioral health services located in your area.

CONVENIENT AND EASY-TO-USE TREATMENT & SERVICES FINDER

The Connect Alabama treatment finder app is a convenient resource that makes it easy to find out

everything there is to know about treatment, such as the types of treatment, what to expect, how much it costs, and how to get started.

The Services locator tool allows you to select the type of treatment providers you are looking for: Mental Health, Prevention, Substance Use, or Medication Disposal Locations.

You can then choose between the services that are offered: Co-occurring Care, Residential, Outpatient, Detox, MAT, Recovery Housing, or Faith Based Services and how far within the state of Alabama the individual is willing to travel for treatment.

The app will display a list of treatment providers that match the preferences selected including the name of the provider, city, and phone number.

To find treatment and access information about treatment services, what to expect, and how to get started, download the Connect Alabama app.

If you have an Apple Iphone, click here to be taken to the App Store.



For Android users, click here to be taken to the Google Play Store.



Connect Alabama | Download The Smartphone App - VitAL Alabama
To find treatment services, select "Services Finder" in the bottom toolbar of the app. Follow the instructions on the screen.

REPORT OF PUBLIC ACTIONS OF THE MEDICAL LICENSURE COMMISSION AND BOARD OF MEDICAL EXAMINERS



April 2024

- Apr. 8 - Victor M. Tseng, MD (MD.48442), Virginia Beach VA - the license is administratively suspended following the suspension of Dr. Tseng's Georgia medical license.
- Apr. 24 - Kristin J. Dobay, MD (MD.48792), Saltillo TN - the license is issued with restrictions.
- Apr. 24 - Laurence D. McMillan, MD (MD.38242), Mobile - license is restored to full and unrestricted status.

- Apr. 25 - Divya A. Carrigan, MD (MD.37650), Birmingham - license is temporarily suspended pending a hearing on the allegations.

May 2024

- May 20 - Steven G. Miller, MD (MD.46851), Prospect KY - the restrictions on the certificate of qualification are terminated effective July 31, 2024.
- May 21 - Christopher T. Nichols, MD (MD.23044), Lake Charles LA - the Alabama Controlled Substances Certificate is reinstated to full and

unrestricted status.

June 2024

- Jun. 4 - Kristin J. Dobay, MD (MD.48792), Saltillo TN - proposed practice plan is approved.
- Jun. 4 - Steven G. Miller, MD (MD.46851), Mobile - the license is reinstated to full, unrestricted status, effective July 31, 2024.
- June 10 - Eric R. Beck, MD (MD.18624), Huntsville - the license is suspended.



Alabama State Board of Medical Examiners
Alabama Medical Licensure Commission

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Upcoming BME Meeting Dates

Jul 18 • Aug 15 • Sep 19

The public portion of each meeting is scheduled for 10 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Meeting agendas and a full list of meeting dates and times can be found online at www.albme.gov.

Upcoming MLC Meeting Dates

Jul 24 • Aug 28 • Sep 25

Meetings are held in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL unless otherwise indicated.

Have questions or need assistance?

Alabama Board of Medical Examiners (334) 242-4116

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