# Protecting Patients and the Public: A Heritage of Excellence

Hosted by

Federation of State Medical Boards (FSMB)

National Association of Boards of Pharmacy (NABP)

National Council of State Boards of Nursing (NCSBN)

# THE FIRST TRI-REGULATOR SYMPOSIUM

Summary + Highlights

Federation of
STATE MEDICAL BOARDS
100 YEARS

NABP
NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

NCSBN
National Council of State Boards of Nursing

# A Historic Meeting of Regulators

On October 17—18, 2012, the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP), and the National Council of State Boards of Nursing (NCSBN) hosted a historic event in Washington, D.C.: the first-ever Tri-Regulator Symposium.

This milestone meeting, designed to advance consensus building and dialogue on issues of state-based regulation and licensure, brought together leaders from our three organizations for two days of presentations and open forums.

During the symposium, themed "Protecting Patients and the Public: A Heritage of Excellence," we explored a wide range of topics of interest to regulators, from telemedicine and workforce planning to the nation's opioid prescribing crisis. This publication provides a summary and highlights of those discussions.

The symposium was hosted during the centennial celebration of the FSMB, a fitting time to focus on the history of health care related regulation, as well as its future.

While each of our three organizations is autonomous, as regulators we share a deep commitment to public protection. This commitment is the driving force behind our recent decision to form the Tri-Regulator Collaborative, formally linking our organizations for shared advocacy and dialogue. There are many potential benefits to be gained for the public's health, safety and welfare through our new collaboration. Together, the members of our three organizations regulate more than 5 million health care professionals — a workforce that is critically important to our nation's health care future.

As the health care system continues to evolve and face challenges, the Tri-Regulator Collaborative will work to ensure that our system maintains the capacity to provide the highest levels of quality and safety for patients. At the heart of this work is our commitment to the state-based system of professional licensure, which offers the most effective regulatory framework for health care.

We hope you find these highlights from our symposium useful.

Sincerely,

**Humayun J. Chaudhry**, DO, MS, FACP
President and Chief Executive Officer
FSMB

**Carmen Catizone**, MS, RPh, DPh
Executive Director/Secretary
NABP

**Kathy Apple**, MS, RN, FAAN
Chief Executive Officer
NCSBN

# Protecting Patients in a New Era of Health Care

Symposium identifies challenges and opportunities for the nation's regulatory community

AT A TIME OF GREAT CHANGE in the health care system, sound regulatory policies are vital in order to protect patients from harm — and the need for cross-sector collaboration and shared advocacy in shaping these policies is more important than ever.

That's one of the key messages to emerge from the first-ever Tri-Regulators Symposium, held Oct. 17-18, 2012, in Washington, D.C. Hosted by the FSMB, NABP and NCSBN, the event brought 165 leaders from the nursing, medical and pharmacy professions together for a historic summit meeting. (See full list of participants on inside back cover.)

Topics addressed during the two-day symposium ranged from health care workforce planning to the nation's opioid prescribing crisis. Special sessions explored the history of the FSMB, which celebrated its centennial in 2012, and the use of social media by physicians. (See pages 10 and 11.)

Keynote speakers included former U.S. Department of Health and Human Services Secretary **Donna Shalala, PhD**, and U.S. Health Resources and Services Administrator **Mary Wakefield, PhD, RN**. (See pages 6 and 7.)

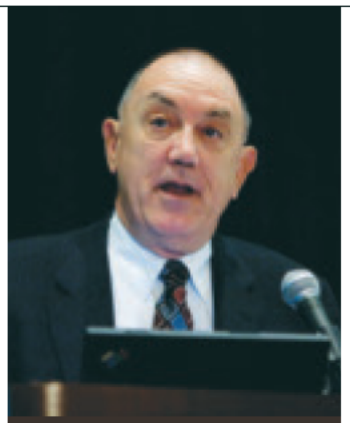
Other featured speakers addressed specific issues impacting nurses, pharmacists and physicians. **Joseph Rannazzisi,** Deputy Assistant Administrator, Office of Diversion Control at the Drug Enforcement Administration (DEA), was the featured speaker in a session on combating opioid prescription abuse. **Edward Salsberg, MPA**, Director, National Center for Health Workforce Analysis, U.S. Health Resources and Services Administration, spoke on health care workforce needs in the United States. **Carl F. Ameringer, PhD, JD**, Professor, Virginia Commonwealth University, spoke on the changing face of medical regulation.

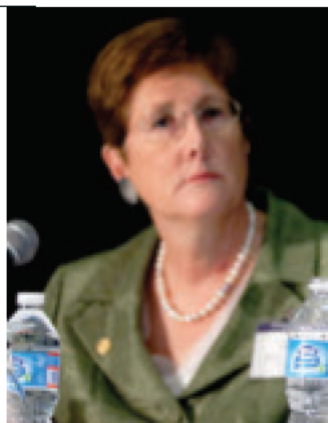
During the symposium, participants interacted in four major plenary sessions.

**Plenary Session One:** The first session, devoted to the nation's opioid prescribing crisis, included updated statistics from the federal government on the extent of the problem, followed by summaries from the three organizations on their individual initiatives in response. Among the solutions: a widely distributed book on responsible opioid prescribing by FSMB; targeted interventions by NCSBN aimed at nurses with opioid abuse problems; and efforts by the states and NABP to implement state Prescription Monitoring Programs (PMPs) and data sharing among the states through NABP's PMP Interconnect program. (See page 4.)

**Plenary Session Two:** This session centered on the future of state-based regulation of health care professionals. It included an analysis of the pros and cons of state-based vs. federally based regulatory programs; an examination of NABP's electronic licensure transfer system that facilitates pharmacy practice across state lines; a discussion of NCSBN's Nurse Licensure Compact (NLC), which allows single-license nurse practice within 24 participating states; and various initiatives (e.g., Uniform Application and Federation Credentials Verification Service) from FSMB designed to speed up licensing processes. (See page 5.)







**Plenary Session Three:** The third plenary session focused on assessment of the professional competency of doctors, nurses and pharmacists. Presenters examined new trends toward "authenticity" in medical exams; the rise of "lifelong learning" and continuous professional development among nurses, physicians and pharmacists; new programs from NABP aimed at strengthening continuing education; and a variety of issues and challenges regulators face in determining competency in their licensees. (See page 8.)

**Plenary Session Four:** Session four — devoted to health care workforce needs in the United States — was preceded by an overview of issues in health care workforce planning from Edward Salsberg of the National Center for Health Workforce Analysis. Participants then focused on a variety of topics, including the development of a minimal data set (MDS) for data gathering among the health professions; how the nursing profession is responding to projected nursing shortages; and the new CPE Monitor program from NABP, which is helping gather workforce data. (See page 9.)

In comments following the event, the CEOs of the three hosting organizations agreed that the health care regulatory community can be more effective through ongoing, formalized interactions — which they began last year with the formation of the Tri-Regulators Collaborative (see page 12). They noted that their alliance represents a new kind of partnership among regulators aimed at searching for common ground on difficult issues.

"Medical regulators will appreciate knowing that when it comes to the challenges of myriad state-based issues, they are not alone," said Humayun Chaudhry, DO, FSMB President and CEO. "Our colleagues in nursing and pharmacy are challenged, just as we are, by these issues, but we all have practical solutions we are working on."

> **"Our number one goal is protecting patients and the public from harm — while ensuring that physicians, nurses and pharmacists are not burdened in a way that distracts from patient care."**

NCSBN CEO Kathy Apple, MS, RN, FAAN, noted that the dominant theme running throughout the symposium was teamwork and collaboration, and that the three regulating organizations have "many more structural similarities than differences — which provides us with a strong base to build from in creating a productive alliance."

NABP Executive Director/Secretary Carmen Catizone, MS, RPh, DPh, added that the new spirit of collaboration must keep patient protection as its highest standard: "Our number one goal is protecting patients and the public from harm — while ensuring that physicians, nurses and pharmacists are not burdened in a way that distracts from patient care," he said.



Plenary Session One

# Combating Opioid Prescription Abuse

**Moderator: William T. Winsley, MS, RPh, NABP Past President and Past Executive Director, Ohio State Board of Pharmacy**

**Panelists: Stephen E. Heretick, JD, President, FSMB Foundation; Barbara Morvant, MN, RN, Executive Director, Louisiana State Board of Nursing; Karen M. Ryle, MS, RPh, NABP President-elect and Board Member, Massachusetts Board of Registration in Pharmacy**

**Featured speaker: Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control at the Drug Enforcement Administration (DEA).**

Joseph Rannazzisi of the DEA focused the attention of participants in Plenary Session One on the extent of the opioid abuse crisis in the United States, providing a tutorial on the complexities of drug regulation.

The crisis, during which narcotic prescriptions to combat pain nearly doubled between 2005 and 2011 and deaths related to opioids increased significantly at the same time, has impacted all three major health care regulatory communities.

Mr. Heretick noted the difficulty all regulators face in balancing public safety concerns and potential addiction problems while at the same time ensuring that patients in need have access to legitimate medications. He discussed FSMB's work in establishing various model policies and educational programs to help ensure balance between appropriate treatment of pain and responsible prescribing.

FSMB has published a book titled "Responsible Opioid Prescribing: A Clinician's Guide," which is in its second edition. More than 160,000 copies of the book have been distributed since its initial release in 2007.

Ms. Morvant focused on the particular issues of prescription misuse, diversion of drugs and opioid abuse among nurse licensees, including advanced practice registered nurses (APRNs) — an issue that NCSBN has worked with NABP to address. She said there is a strong need for standards and guidelines for prescribing among APRNs.

She highlighted efforts in Louisiana, where the board of nursing (BON) is closely aligned with the state's prescription monitoring program (PMP); nurses with substance abuse or prescribing issues are identified and can be helped into treatment and have their prescribing issues addressed by shared monitoring between the BON and the PMP.

> **"The key in combating opioid abuse is making informed decisions and looking for red flags."**

Ms. Ryle discussed progress in Massachusetts on the issue of opioid abuse. In 2009, the state began a comprehensive effort to address the problem of Oxycontin and heroin abuse. Today, it now requires a much more comprehensive use of PMPs by pharmacists, who must enroll in the PMP upon license renewal. Pharmacists are also required to distribute educational information on opioid risks to patients. The key for pharmacists in combating opioid abuse, Ms. Ryle said, is "making informed decisions and looking for red flags" — PMP alignment is a key tool.

Mr. Winsley noted that a critical step in addressing opioid abuse is reducing "doctor shopping" across state lines and the rise of pill mills. This can be accomplished by focusing greater effort on the interoperability of PMPs. NABP's new program, PMP Interconnect, facilitates the transfer of PMP data across state lines. Eleven states are now participating in the program and NABP projects that 25 states will be participating by the end of 2013.






Plenary Session Two

# The Future of State-based Regulation of Health Care Professionals

**Moderator: Myra Broadway, JD, MS, RN, President, NCSBN Board of Directors, and Executive Director, Maine State Board of Nursing**

**Panelists: Lloyd K. Jessen, JD, RPh, NABP Executive Committee member and Executive Director, Iowa Board of Pharmacy; Kennetha Julien, JD, Executive Officer, Colorado State Board of Nursing; Marty P. Paone, Executive Vice President, Prime Policy Group; Lisa A. Robin, MLA, FSMB Chief Advocacy Officer**

Participants in Plenary Session Two addressed the topic of state-based regulation in health care, which is being discussed increasingly as new technologies make multistate practice in various health care disciplines more common. The regulatory communities are seeking ways to ensure that practitioners can receive licenses in a way that is not overly costly, slow or burdensome, while retaining state-based regulation.

Mr. Paone discussed the historical and constitutional basis for state-based regulation in the United States, which rests on the principle that regulation should reflect the values, expectations and norms of communities and is not an appropriate role for the federal government. He added that state-based regulation has withstood the test of time for a good reason: "The bottom line is that it works," he said. "The federal government doesn't have the capacity to try to graft all this expertise that you all have had for years at the state level. It would impede the quality of care."

Mr. Paone said the regulatory system faces many challenges — including a dearth of 63,000 physicians by the year 2015. The United States also faces a predicted workforce shortage of between 300,000 and 1 million nurses by 2020. But now is not the time to "weaken the requirements for competent care or allow the federal government to determine appropriate scope of practice requirements," he said.

Mr. Jessen discussed state-based regulation of pharmacists, which dates to the mid-19th century, noting that pharmacies have adapted to the new electronic environment in health care by facilitating the practice of pharmacists across state lines to assist with defining telepharmacy.

Echoing Mr. Paone, Ms. Julien said BONs are also concerned about their autonomy — suggesting that it can be preserved through innovative programming, such as the NCSBN's reciprocal license model, the Nurse Licensure Compact (NLC). Twenty four states now participate in the NLC, which allows nurses to practice freely across state lines using one license.

Ms. Robin provided a summary of various FSMB initiatives — such as its Uniform Application (UA) and Federation Credentials Verification Service (FCVS) — designed to make the process of obtaining a medical license in multiple states faster and more efficient. She noted that each state has its own unique concerns and conditions. Seeking to create more uniformity from state to state in this environment is a good idea, she said, "but the term 'uniformity' does not mean 'identical.' We must leave room to accommodate unique needs and policy decisions."

Models like the NLC offer promise for the future, but session participants noted that some states may not be able to join in reciprocal license agreements because of statutory requirements or the opposition to compacts by professional organizations; others cite lost revenue from licensing fees in their own state — which impacts their ability to provide adequate services of public protection.



# Ensuring Access to Safe, High-Quality Health Care

**Mary Wakefield, PhD, RN,** *Administrator, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services*

MARY WAKEFIELD, the Administrator of HRSA, provided symposium participants with an overview of federal efforts to provide a safety net that can assist the regulatory community as it seeks to ensure patient safety and efficient access to quality medical services.

During her remarks she commended the Tri-Regulator Collaborative for its "far-sighted decision to convene this meeting."

"We work better collaboratively when we can align our efforts around a shared agenda," she said.

HRSA, which is housed in the U.S. Department of Health and Human Services, operates 80 programs on an $8.2 billion budget. Key areas of focus include expanding access to health resources and helping extend health care to underserved populations.

> **"It's an exciting time to be in health care."**

Many of HRSA's initiatives are closely aligned with various programs of the regulatory community, including helping facilitate telehealth and improving health care data collection. HRSA is working closely with its various partners to help move forward the federal Minimum Data Set (MDS) project, for example, which seeks to create consistent data-gathering among health agencies via a short list of questions for practitioners in a variety of health care professions.

It has recently made improvements to its National Practitioner Data Bank (NPDB), including efforts to make reporting to the NPDB less burdensome — which was accomplished with the help of regulators.

Through its various initiatives it is also encouraging the use of electronic health records and better coordination of care across disciplines. HRSA is a strong proponent of the Patient Centered Medical Home (PCMH), according to Dr. Wakefield, and recently made available $4 million in funding to encourage the PCMH model in community health centers. Through its Nurse Education, Practice, Quality and Retention Program, HRSA is providing $10 million in grants that will encourage more collaboration and stronger team-building between nurses, physicians and other health providers. It is also working with organizations such as the American Academy of Family Physicians (AAFP) to implement new models of training in medical schools that emphasize care coordination across disciplines.

HRSA recently provided $4 million in funding, matched by another $4 million from private philanthropies, to establish a national Center for Inter-Professional Education and Coordinated Practice at the University of Minnesota. The new center will have a "sharp focus on eliminating gaps and fragmentation" in care delivery, Dr. Wakefield said.

In rural communities such as North Dakota, HRSA is encouraging the use of telehealth. In that state, new regulations make possible the dispensing of medications remotely. HRSA is also providing grants to improve license portability, including a major grant to the FSMB.

In all its efforts, Dr. Wakefield said, HRSA is working with an eye toward "ensuring access to high-quality, safe care" and continuing to work collaboratively with the regulatory community. "We have a lot of challenges ahead, but it's an exciting time to be in health care," she said.

<< Mary Wakefield urged participants to align efforts "around a shared agenda."

# Cross-Sector Collaboration is Key to Health Care Future

**Donna Shalala, PhD,** *President, University of Miami; former U.S. Secretary of Health and Human Services*

DONNA SHALALA, who served as U.S. Secretary of Health and Human Services under President Bill Clinton, offered symposium participants a glimpse of health care's future — one in which old orders are rapidly fading away.

The new system will be much flatter in terms of the decision-making chain, with a much higher level of shared responsibility among diverse practitioners.

"The age of hierarchy is going to gradually slip away as we move into a system in which everybody has to be a full partner," she said.

According to Dr. Shalala, health care is headed for an inevitable shift to service delivery in integrated teams — a change that is largely being driven by economics. New payment incentives, from both government and the private sector, will clearly favor health outcomes and continual quality improvement at reduced cost over today's fee-for-service model.

Even state governments will become more competitive, in an effort to attract economic growth. "States are going to be competing with each other for businesses," she said, and will begin advertising that they "provide access to affordable health care for employees."

Truly integrated care, using expanded cross-disciplinary teams, is the only way to achieve the cost savings called for in the new payment models, according to Dr. Shalala. She warned, however, that it's not just about giving a bigger role to nurses and pharmacists — the key is more strategic deployment of their skill sets in a way that maximizes the value of their training.

"Evidence tells us that if people are allowed to work to the full extent of their training, we get higher quality health care. We train people up to here, but we only let them work up to here," she said, using her hands to indicate two uneven levels. "We've got to get over that."

Dr. Shalala said the current licensing model has restricted our ability to utilize the full value of training levels and she encouraged regulators to do more to engage diverse health practitioners and view them as "full partners."

> **"The age of hierarchy is going to gradually slip away."**

"This meeting is more important than you think it is," she said, "particularly if it leads to people talking to each other, working together and thinking about their role in the future health care system."

In the emerging team-based health system, Dr. Shalala said a new educational approach, built on joint, inter-disciplinary training, should be a priority.

Dr. Shalala said the new health care partnership model extends beyond workforce matters. Regulators should also work more proactively with federal agencies — even those they may be in conflict with. She encouraged the regulatory community to halt perceived recent encroachments from the Federal Trade Commission, for example, by engaging it and demonstrating — through evidence — the need for state-based oversight of health care. "We don't need structural change as much as just talking to each other better," she said.

<< Donna Shalala said cross-disciplinary teams are critical to medicine's future.

Plenary Session Three

# Assessment of Professional Competency of Doctors, Nurses and Pharmacists

**Moderator: William J. Cover, RPh, NABP Executive Committee Member and Board Member, Indiana Board of Pharmacy**

**Panelists: David Johnson, MA, FSMB Senior Vice President, Assessment Services; Debra Scott, MSN, RN, FRE, Area I Director, NCSBN Board of Directors and Executive Director, Nevada State Board of Nursing; Jeanne D. Waggener, RPh, NABP Executive Committee Member and President, Texas State Board of Pharmacy**

Plenary Session Three focused on the changing contours of competency assessment in the regulatory community, driven by a variety of trends in the United States. Regulators of nurses, physicians and pharmacists alike note that concerns about patient safety and a new emphasis in the health care system on performance measurement and quality improvement have led to changes in the way they assess qualifications and competency — from the way examinations are conducted to the process of maintaining a license over time.

Mr. Johnson noted that the new model is aimed at creating a culture of "continuous assessment" for health care providers. "Not that many years ago, our assessment role was largely the 'gatekeeper' at the front of the process, supporting the initial decision to issue a license," he said. But that is giving way to an environment in which health care professionals must demonstrate their skills on an ongoing basis. FSMB has launched a new initiative it calls Maintenance of Licensure (MOL), which recommends that state boards require physicians to assess their knowledge and skills, above and beyond that obtained through continuing medical education (CME), every five to six years as a condition of licensure renewal.

Ms. Scott said the nursing community has taken a similar approach to lifelong learning, noting that some patient groups and consumer activists are demanding a more rigorous model. Nursing faces a challenge in that there are 3 million nurses in the United States, practicing in widely divergent settings. Creating standardized guidelines and requirements for skill levels — and determining who should oversee continuous professional development — is consequently difficult.

NCSBN identified core competencies for nurses in 2006 and in 2009 began pilot studies on continued competence. In 2010, NCSBN published its "Guiding Principles of Continued Competence." Today, 46 BONs have implemented guidelines for continued competence.

> **"Communication and team-building should be central in future educational models."**

Ms. Scott added that the nursing community is focusing on determining what kinds of continuing education is most effective, noting that NCSBN is seeking "hard evidence about what really ensures competence" through a pilot test of continuing education models in Chicago.

Ms. Waggener acknowledged that state boards of pharmacy face similar challenges, particularly in ensuring that "the tools we use reflect the current practice of pharmacy and that we are keeping aware of changes in practice that are on the horizon." NABP has created new tools to bolster continuing education, including the Pharmacist Assessment for Remediation Evaluation (PARE) — a multidimensional assessment tool that boards may use when making decisions regarding pharmacist practice deficiencies.



Plenary Session Four

# Health Care Workforce Needs in the United States

**Moderator: Jon V. Thomas, MD, MBA, FSMB Chair-elect**

**Panelists: Malcolm J. Broussard, RPh, NABP Chair and Executive Director, Louisiana Board of Pharmacy; Lorinda K. Inman, MSN, RN, Executive Director, Iowa Board of Nursing; Janelle A. Rhyne, MD, MA, MACP, FSMB Immediate Past Chair**

**Featured speaker: Edward S. Salsberg, MPA, Director, National Center for Health Workforce Analysis, U.S. Department of Health and Human Services**

Plenary Session Four began with a health care workforce overview from Edward Salsberg, Director of the National Center for Health Workforce Analysis.

Mr. Salsberg said the nation's growing and aging population is placing an increasing burden on the health care workforce — which faces major shortages in the next decade. Finding solutions to the impending workforce shortage will require reliable data. According to Mr. Salsberg, the federal government is attempting to collect better workforce data through the Center. He said this will be best accomplished through a federal/state partnership, taking advantage of the unique position of regulatory boards in acquiring key information from licensees.

One of the Center's most important projects is the Minimum Data Set (MDS), which it hopes regulators will incorporate into their data-gathering efforts to ensure consistency. The MDS provides a short list of questions that practitioners in 13 health care professions answer — including demographics, education and practice characteristics.

Mr. Salsberg said that convincing regulatory boards to participate in MDS can be a challenge because resources for data collection may be lacking. Additionally, some boards may be reluctant to share information about their licensees broadly. But he noted that the investment in data gathering can help state governments make much smarter decisions on how to use their health care budget allocations. In addition, in the emerging health care system, payment will depend on quality outcomes and cost efficiencies — which can only be accomplished with reliable data.

Mr. Broussard discussed NABP's efforts to improve data collection, highlighting CPE Monitor, a new program that requires continuing education providers in pharmacy to assign a unique identifier to pharmacists who participate. The electronic ID is then shared with NABP. The vast majority of U.S. pharmacists will now have a unique ID accessible to NABP, thus creating the core element needed for building a truly comprehensive database for pharmacy.

Ms. Inman said NCSBN is assisting its member boards with the collection of MDS related to nursing workforce supply through its national database, Nursys®. She said the nursing community must also put a greater emphasis on more accurate assessment of educational workforce needs to ensure a well-trained pipeline of new nurses.

Dr. Rhyne discussed FSMB's formal MDS initiative, which was adopted as policy by its House of Delegates in 2012. FSMB is encouraging its member boards to implement the MDS initiative by incorporating 12 basic provider questions into the licensing process. The key to success in getting an MDS widely incorporated, she said, relies on three simple principles: "Make the questions easy to answer, make sure it is electronic and make sure the questions take about 10 minutes to complete."



Special Session

# Past, Present and Future of Medical Regulation in the United States

The year 2012 marked the 100th anniversary of FSMB, and a special session during the symposium was devoted to examining the growth and impact of medical regulation on health care in the United States.

**David Johnson, MA**, Senior Vice President of Assessment Services at FSMB, offered a historical overview of medical regulation — starting with the evolving practice of medicine in the United States dating back to the 18th century.

The FSMB was founded in 1912 through a merger of two separate national regulatory organizations. Over time, FSMB embraced its role as a policy-making body, highlighted by the creation of the first *Essentials of a Modern Medical Practice Act* in 1956. By the 1970s it had assumed a critical role as the national repository for a disciplinary database. During the 1980s and 1990s, FSMB became a much more focused advocacy organization, creating model policies to address a variety of pressing issues in health care. As it moved into the 2000s, FSMB's data-service capabilities grew, with the development of such resources as national disciplinary action alerts and the Federation Credentials Verification Service (FCVS). In 2010 it achieved another milestone with the creation of its first national physician demographic census.

The important advances of the 1980s, 1990s and 2000s were compared in a session titled "Looking Backward and Leaping Forward," moderated by **Blake Maresh, MPA**, Executive Director of the Washington Board of Osteopathic Medicine and a member of FSMB's Board of Directors, and made up of three FSMB leaders: **Bryant Galusha, MD**, who served as FSMB CEO from 1984 to 1989; **James R. Winn, MD**, who served as FSMB CEO in the 1990s; and **Lance A. Talmage, MD**, FSMB's current Board Chair.

Dr. Galusha, speaking by conference call, recalled important highlights from the 1980s, including the expansion of licensing of foreign medical graduates and refinement of medical license testing, the development of the first independently hosted annual meetings, and the modernization of FSMB's national office — which was transformed from what he called a "pen and pencil system" to a "highly sophisticated, responsive, digital center for member boards."

Dr. Winn recalled the 1990s as a time for the "redefining of the vision and mission of the Federation — what we were going to do and how we were going to do it." The 1990s also marked the launch of the United States Medical Licensing Examination and the creation of FCVS.

Dr. Talmage noted the strong national partnerships FSMB has built in the 2000s, along with a better organized and intensive advocacy operation in Washington, D.C. The launch of major initiatives such as Maintenance of Licensure (MOL) and FSMB's effort to educate physicians about the nation's opioid crisis are indicative of its new focus on advocacy.

**Carl F. Ameringer, PhD, JD**, a professor at Virginia Commonwealth University, closed the session with thoughts on the changing profile of FSMB and what its future role might be. Dr. Ameringer noted that a variety of trends have created a new environment in which the FSMB's focus will need to shift to issues arising from care delivery models. As an example, he cited the issues of medically unnecessary treatment and overutilization of services — both of which are increasingly the focus of consumer advocates and policy makers.

> **"During the 1980s and 1990s, FSMB became a much more focused advocacy organization, creating model policies to address a variety of pressing issues in health care."**

Special Session

# Social Media: Let the Physician Beware

**Introduction: Humayun J. Chaudhry, DO, MS, FACP**
**President and CEO, FSMB**

**Panelists: Janelle A. Rhyne, MD, MA, MACP, FSMB Immediate Past Chair; Jon V. Thomas, MD, MBA, FSMB Chair-elect and President, Minnesota Board of Medical Practice; Ramy Khalil, George Washington University School of Medicine, Class of 2013**

One of the most important developments affecting health care regulation in recent years has been the explosive growth of online communication. Beyond its positive use as a key clinical component in telemedicine, this new tool has also introduced issues for health professionals — one of which is the inappropriate use of social media.

Symposium participants spent time exploring some of the new issues in social media during a session that focused specifically on how various online communications can pose pitfalls for physicians.

Dr. Chaudhry kicked off the session by discussing a survey on social media by the FSMB that became the subject of a 2012 *JAMA* study. Findings indicated that state medical boards are reporting a sharp increase in online professionalism violations. "The results were quite shocking and alarming," he said. "Of the 48 boards who responded, 92 percent said that this was a problem."

Dr. Rhyne provided a detailed analysis of the study, which showed that the most common issues in the use of social media were inappropriate contact with patients (69 percent), inappropriate prescribing (63 percent) and misrepresentation of credentials or clinical outcomes (60 percent). In response to these violations, 71 percent of boards held formal disciplinary proceedings and 40 percent issued informal warnings. Outcomes from the disciplinary proceedings included serious actions, such as license limitation, suspension or revocation of licensure.

As a result of evidence that social media poses potential problems for physicians, FSMB recently published its *Model Guidelines for the Appropriate Use of Social Media and Social Networking in Practice* and will be releasing a joint policy statement on the subject with the American College of Physicians in 2013.

Dr. Rhyne discussed FSMB's new policies and suggested parameters for appropriate use of social media by physicians in clinical settings, noting that they should consider the same variables they would in any interaction with medical colleagues or patients. "The standards are really the same, whether you have face-to-face communication or online communication," she said.

> **"Everything you do on Facebook and Twitter is owned by them, forever."**

Mr. Khalil noted that younger generations, who grew up using social media, might have the most trouble adhering to new policies governing its use because their habits became ingrained before privacy policies and other guidelines evolved. He observed that medical professionals must be constantly vigilant of their own actions — uploading photos, for example, or posting comments at social media sites — because they can easily violate Health Insurance Portability and Accountability Act (HIPAA) regulations. "For obvious reasons it becomes very difficult to uphold [HIPAA] with the introduction of insecure media," he said.

According to Mr. Khalil, one of the greatest problems is that most users of social media have significant misperceptions about what is secure and what is not. "Everything you do on Facebook and Twitter is owned by them, forever," he said.

Dr. Thomas discussed various social media scenarios that seemed innocent but had ramifications for the patient-physician relationship, including a consulting physician-colleague who used a photo of a patient's facial tumor on his cell phone to solicit advice. The rise of mobile technology — which creates content that is even less secure than on computers — is compounding the challenges for physicians. "Everybody is using smart phones to communicate and that's just another piece of the puzzle," he said.

# About the Tri-Regulator Collaborative

A shared agenda of patient protection and health care quality

Together, FSMB, NABP and NCSBN regulate more than 5 million health care professionals, significantly impacting national health policy. While each organization is autonomous, with its own constituent membership, common values about public protection through state-based licensure unite them for dialogue and consensus building.

Recognizing the potential benefits to be gained by collaborating more closely to better protect public health, safety and welfare, FSMB, NABP and NCSBN formally launched the Tri-Regulator Collaborative in 2011.

The Collaborative meets periodically to discuss issues of mutual concern, exchange ideas and share resources in an effort to better protect patients and improve the quality of care.

Among its activities, the Collaborative has developed consensus statements on issues of importance to the regulatory community — including strong endorsement of state-based licensure for health professionals.

The Collaborative believes a system of state-based regulation — as mandated in the 10th Amendment of the U.S. Constitution — offers the most effective regulatory framework for health care, ensuring close monitoring of health care professionals in every region of the country and responding to the diverse circumstances and needs of each state.

The Collaborative has also taken a strong position as an advocate for improvements in the nation's efforts to collect workforce data about health care professionals. It strongly supports a more robust national effort to compile evidence-based, comprehensive data and analysis of the health care workforce in order to meet the growing needs of patients across the nation. The First Tri-Regulator Symposium is intended to strengthen a sense of partnership and common purpose by providing a national forum for shared dialogue on these and other issues critical to the future of health care.

Federation of STATE MEDICAL BOARDS 100 YEARS

NABP NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

NCSBN National Council of State Boards of Nursing

## Tri-Regulator Symposium Attendees

**Joseph L. Adams, RPh**
National Association of Boards of Pharmacy

**Nancy Adams, MBA, RN**
Maryland Board of Nursing

**Katherine J. Adamson, PA C, MA**
National Commission On Certification of Physician Assistants

**Maryann Alexander, PhD, RN**
National Council of State Boards of Nursing

**Kelly C. Alfred, MS**
Federation of State Medical Boards

**Carl F. Ameringer, PhD, JD**
Virginia Commonwealth University

**Eleni Anagnostiadis, RPh**
US Food & Drug Administration

**Wendy Anderson, RPh**
Colorado State Board of Pharmacy

**Christina Apperson, JD**
North Carolina Medical Board

**Kathy Apple, RN, MS, FAAN**
National Council of State Boards of Nursing

**James C. Appleby, RPh, MPH**
DC Dept of Health Board of Pharmacy & Pharmaceutical Control

**Cheri Atwood, RPh**
Mississippi Board of Pharmacy

**Louise Bailey, MEd, RN**
California Board of Registered Nursing

**Joe Baker, Jr.**
National Council of State Boards of Nursing

**Diana Berkland, MS, RN**
South Dakota Board of Nursing

**Theodore B. Berndt, MD**
Nevada State Board of Medical Examiners

**Mary Blubaugh, MSN, RN**
Kansas State Board of Nursing

**Josh Bolin, BA**
National Association of Boards of Pharmacy

**Shirley Brekken, MS, RN**
National Council of State Boards of Nursing

**Myra Broadway, JD, MS, RN**
National Council of State Boards of Nursing

**Malcolm J. Broussard, RPh**
National Association of Boards of Pharmacy

**Lee Ann Bundrick, RPh**
South Carolina Dept of Labor Licensing & Regulation

**Leslie M. Burger, MD, FACP**
Washington Medical Quality Assurance Commission

**Philip P. Burgess, RPh, DPh, MBA**
Illinois State Board of Pharmacy

**Michael A. Burleson, RPh**
National Association of Boards of Pharmacy

**Freda M. Bush, MD, FACOG**
Federation of State Medical Boards

**Bertha Camacho, MSN, NP**
Northern Mariana Islands Commonwealth Board of Nurse Examiners

**Jay Campbell, JD, RPh**
North Carolina Board of Pharmacy

**Wayne Carlsen, DO**
National Board of Osteopathic Medical Examiners

**Carmen A. Catizone, MS, RPh, DPh**
National Association of Boards of Pharmacy

**Hedy L. Chang, MS**
Federation of State Medical Boards

**Humayun J. Chaudhry, DO, FACP**
Federation of State Medical Boards

**Darra James Coleman, JD**
South Carolina Dept of Labor Licensing & Regulation

**Mark T. Conradi, JD, RPh**
National Association of Boards of Pharmacy

**John Coster, PhD, RPh**
National Community Pharmacists Association

**Charlene Cotton, RN**
Alabama Board of Nursing

**William J. Cover, RPh**
National Association of Boards of Pharmacy

**Robert Cowan, CPA, CAE**
National Association of Boards of Pharmacy

**John B. Crosby, JD**
American Osteopathic Association

**Patricia D'Antonio, MS, RPh, MBA, CG**
DC Dept of Health Board of Pharmacy & Pharmaceutical Control

**Gloria Damgaard, MS, RN, FRE**
National Council of State Boards of Nursing

**Pamela M. Dean, MBA**
National Commission on Certification of Physician Assistants

**James T. DeVita, RPh**
National Association of Boards of Pharmacy

**Jay Patricia Douglas, RN, MSM, CSAC**
Virginia Board of Nursing

**Michael P. Dugan, MBA**
Federation of State Medical Boards

**Sandra Evans, MAEd, RN**
Idaho Board of Nursing

**Jennifer L. Filippone**
Connecticut Medical Examining Board Dept of Public Health

**Lewis R. First, MD, MS**
National Board of Medical Examiners

**Linda Gage White, MD, PhD, MBA**
Federation of State Medical Boards

**Martha M. Gagné**
Office of National Drug Control Policy

**Bryant L. Galusha, MD**

**Josette Gbemudu**
National Governors Association

**Julie George, MSN, RN**
National Council of State Boards of Nursing

**Cary Gibson**
Prime Policy Group

**J. Daniel Gifford, MD**
Alabama State Board of Medical Examiners

**John R. Gimpel, DO, MEd**
National Board of Osteopathic Medical Examiners

**Kim Glazier, MEd, RN**
Oklahoma Board of Nursing

**Bob Goetz, RPh**
Minnesota Board of Pharmacy

**Nathan Goldman, JD**
Kentucky Board of Nursing

**Fern Goodhart**
Office of Senator Tom Udall NM

**Cynthia Grubbs, JD, RN**
US Health Resources & Services Administration

**Carolyn Ha, PharmD**
National Community Pharmacists Association

**Rebecca J. Hafner Fogarty, MD, MBA**
Minnesota Board of Medical Practice

**Cindy Hamilton, DPh**
Oklahoma State Board of Pharmacy

**Rula Harb, MS, RN**
Massachusetts Board of Registration In Nursing

**William L. Harp, MD**
Virginia Board of Medicine

**George Hebert, MA, RN**
New Jersey Board of Nursing

**R. David Henderson, JD**
North Carolina Medical Board

**Arthur S. Hengerer, MD, FACS**
New York State Office of Professional Medical Conduct

**Stephen E. Heretick, JD**
Virginia Board of Medicine

**Valerie Lowe Hoffman, DC**
Virginia Board of Medicine

**Andrew Holt, PharmD**
Tennessee Board of Pharmacy

**Betsy Houchen, JD, MS, RN**
National Council of State Boards of Nursing

**Chris Humberson, RPh**
Washington State Board of Pharmacy

**Galicano F. Inguito, Jr., MD, MBA, CPE, FAAFP**
Federation of State Medical Boards

**Lorinda Inman, MSN, RN**
Iowa Board of Nursing

**Jonathan Jagoda, MPP**
Federation of State Medical Boards

**Lloyd K. Jessen, JD, RPh**
National Association of Boards of Pharmacy

**David A. Johnson, MA**
Federation of State Medical Boards

**Mark D. Johnston, RPh**
National Association of Boards of Pharmacy

**Jenna Jones, CPM**
Arizona Board of Osteopathic Examiners In Medicine & Surgery

**Kennetha Julien, JD**
Colorado State Board of Nursing

**Connie Jung, RPh, PhD**
US Food & Drug Administration

**Caroline D. Juran, RPh**
Virginia Board of Pharmacy

**Constance Kalanek, PhD, RN**
North Dakota Board of Nursing

**Ramy Khalil**
George Washington University School of Medicine

**Patricia A. King, MD, PhD**
Vermont Board of Medical Practice

**Patrick Knue**
PDMP Center of Excellence At Brandeis University

**Murray Kopelow, MD, MS, FRCPC**
Accreditation Council For Continuing Medical Education

**Paul Larson**
Paul Larson Communications

**Teresa Lazo, Esq**
Pennsylvania State Board of Medicine

**John B. Lewis, Jr., LLB**
North Carolina Medical Board

**Robert Lubran, MS, MPA**
US Substance Abuse & Mental Health Services Administration

**Gayle L. MacAfee, MS**
Delaware Board of Medical Licensure & Discipline

**Betsy Mann, DNP, RN, CNE**
Mississippi Board of Nursing

**Randal C. Manning, MBA, CMBE**
Maine Board of Licensure In Medicine

**Blake T. Maresh, MPA, CMBE**
Washington Board of Osteopathic Medicine & Surgery

**Robert P. Marshall, RPh**
Nebraska Board of Pharmacy

**Maegan Martin, JD**
Federation of State Medical Boards

**Linda L. Mascheri**
American Osteopathic Association

**Suellyn Masek, MSN, RN, CNOR**
Washington State Nursing Care Quality Assurance Commission

**Patricia C. McCarty**
Federation of State Medical Boards

**Brenda McCrady, RPh**
Arkansas State Board of Pharmacy

**Tammy L.H. McGee, MBA**
Federation of State Medical Boards

**Cece McNamara Spitznas, PhD**
Office of National Drug Control Policy

**Donald E. Melnick, MD, MACP**
National Board of Medical Examiners

**Steven E. Minnick, MD, MBA**
Educational Commission For Foreign Medical Graduates

**Lawrence Mokhiber, RPh**
New York State Board of Pharmacy

**Barbara Morvant, MN, RN**
Louisiana State Board of Nursing

**Nancy Murphy, MS, RN, BC, CPM**
South Carolina State Board of Nursing

**Joe Napolitano, PhD, MPH, RN, CRNP**
Pennsylvania State Board of Nursing

**Lois Margaret Nora, MD, JD, MBA**
American Board of Medical Specialties

**Ann O'Sullivan, PhD, FAAN, CRNP**
National Council of State Boards of Nursing

**Dana Oberman**
National Association of Boards of Pharmacy

**Anthony Oliver**
US Health Resources & Services Administration

**Marty P. Paone**
Prime Policy Group

**Steve Parker**
Mississippi Board of Pharmacy

**Todd A. Phillips, MBA**
Federation of State Medical Boards

**Donald H. Polk, DO**
Tennessee Board of Osteopathic Examiners

**Carole Pratt**
Office of Senator John D Rockefeller, West Virginia

**Rae Ramsdell**
Michigan Dept of Licensing & Regulatory Affairs

**Joseph T. Rannazzisi, JD, RPh**
Drug Enforcement Administration

*continued on back page*

## Tri-Regulator Symposium Attendees *continued*

**Dianne L. Reynolds Cane, MD**
Commonwealth of Virginia
Department of Health Professions

**Laura Rhodes, MSN, RN**
West Virginia Board of Examiners
for Registered Professional Nurses

**Janelle A. Rhyne, MD, MA, MACP**
Federation of State Medical Boards

**Joey Ridenour, MN, RN, FAAN**
Arizona State Board of Nursing

**Stancel M. Riley, Jr., MD, MPA, MPH**
Massachusetts Board of Registration
in Medicine

**Lisa A. Robin, MLA**
Federation of State Medical Boards

**Benjamin J. Rodriguez, MD**
Nevada State Board of
Medical Examiners

**Karen M. Ryle, MS, RPh**
National Association of Boards
of Pharmacy

**Edward S. Salsberg, MPA**
US Department of Health and
Human Services

**Lori Scheidt**
Missouri State Board of Nursing

**Gary A. Schnabel, RPh**
Oregon State Board of Pharmacy

**Karen Scipio Skinner, MSN, RN**
District of Columbia Board of Nursing

**Debra Scott, MSN, RN, FRE**
National Council of State Boards
of Nursing

**Donna E. Shalala, PhD**
University of Miami

**Richard G. Shugarman, MD**
Florida Board of Medicine

**June Sivilli**
Office of National Drug Control Policy

**Lynda A. Smirz, MD, MBA**
Medical Licensing Board of Indiana

**Marschall S. Smith**
Colorado Medical Board

**Gregory B. Snyder, MD, DABR**
Minnesota Board of Medical Practice

**Steven J. Stack, MD**
American Medical Association

**Cheryl Stegbauer, PhD,**
**RN, APN, FNP BC**
Tennessee Board of Nursing

**Scott A. Steingard, DO**
Arizona Board of Osteopathic Examiners
in Medicine and Surgery

**Jean R. Sumner, MD, BSN, MSN**
Georgia Composite Medical Board

**Lance A. Talmage, MD**
State Medical Board of Ohio

**Kay D. Taylor**
Federation of State Medical Boards

**Sue Tedford, MNSc, RN**
Arkansas State Board of Nursing

**Jon V. Thomas, MD, MBA**
Minnesota Board of Medical Practice

**Joel C. Thornbury, RPh**
Kentucky Board of Pharmacy

**Jeanne D. Waggener, RPh**
National Association of Boards
of Pharmacy

**Mary K. Wakefield, PhD, RN**
US Health Resources & Services
Administration

**William A. Walker, MD, FACS**
North Carolina Medical Board

**Vickie Walling**
Prime Policy Group

**Hal Wand, MBA, RPh**
National Association of Boards
of Pharmacy

**Tracy Wasserberger, RNC, NNP**
Wyoming State Board of Nursing

**Jacqueline A. Watson, DO, MBA**
District of Columbia Board
of Medicine

**Natalie Weiner**
Federation of State Medical Boards

**Bill West, MA, RN**
US Health Resources & Services
Administration

**Cody Wiberg, MS, RPh**
Minnesota Board of Pharmacy

**Stuart T. Williams, JD**
Minnesota Board of Pharmacy

**James R. Winn, MD**

**William T. Winsley, MS, RPh**
National Association of Boards
of Pharmacy

**Emmaline Woodson, DNP,**
**MS, RN, FRE**
National Council of State Boards
of Nursing

**Lisa S. Wynn**
Arizona Medical Board

**Pamela Zickafoose, EdD, MSN, RN,NE BC**
Delaware Board of Nursing

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### The Federation of State Medical Boards

The Federation of State Medical Boards is a national non-profit organization whose members are the 70 state medical and osteopathic licensing and disciplinary boards of the United States and its territories. FSMB is focused on improving the system of medical licensure in the United States and advancing the quality, safety and integrity of health care in general. The FSMB celebrated its 100th anniversary in 2012.

### The National Association of Boards of Pharmacy (NABP)

The National Association of Boards of Pharmacy (NABP) was founded in 1904 and represents all of the pharmacy regulatory and licensing jurisdictions in the United States, eight provinces of Canada, Australia, and New Zealand. NABP is an independent, international, and impartial association that assists its member boards and jurisdictions in developing, implementing, and enforcing uniform pharmacy standards.

### The National Council of State Boards of Nursing (NCSBN)

The National Council of State Boards of Nursing provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. Founded in 1978, NCSBN provides the opportunity for U.S. state and territorial boards of nursing to act and counsel together on matters of common interest and concern affecting public health, safety and welfare. NCSBN's members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are 12 associate members.