

VERMONT BOARD OF MEDICAL PRACTICE
Minutes of the May 5, 2021 Board Meeting
*****REMOTE MEETING*****

Unapproved

1. Call to Order; Call the Roll; Acknowledge Guests:

Richard Bernstein, MD, Chair, called the meeting to order at 12:03 PM

Members Present:

Brent Burgee, MD; Richard Clattenburg, MD; Allen Evans; Gail Falk; Rick A. Hildebrant, MD; William K. Hoser, PA-C; Patricia Hunter; Leo LeCours; David Liebow, DPM; Sarah McClain; Christine Payne, MD; Ryan Sexton, MD; Marga Sproul, MD; Margaret Tandoh, MD; Robert E. Tortolani, MD.

Others in Attendance

David Herlihy, Executive Director; Paula Nenninger, Investigator; Scott Frennier, Investigator; Karen LaFond, Operations Administrator; Tracy Hayes, Licensing Specialist; Margaret Vincent, AAG; Megan Campbell, AAG; Kassandra Diederich, AAG; Bill Reynolds, AAG.

2. Approval of the Minutes of the April 7 and April 21, 2021 Board Meetings:

Dr. Liebow moved to accept the minutes of the April 7, 2021 meeting. Ms. McClain seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

Dr. Tortolani moved to accept the minutes of the April 21, 2021 meeting. Dr. Liebow seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

3. Board Issues (Dr. Bernstein):

Dr. Bernstein invited Dr. Sproul to provide a brief update to members about Dr. Tandoh, who was appointed as the Dean to the Senior Advisory Group regarding diversity and inclusion at UVMHC. Dr. Sproul also noted that former Board Chair, Patricia King, MD, was selected to receive the UVM Larner College of Medicine Alumni Association award for distinguished academic achievement.

Dr. Bernstein stated that he had been reflecting upon his remarks during the hearing portion of the April meeting and proposed to members that it might be helpful to have a brief review of the recusal process. Mr. Herlihy observed that it has been some time since the Board has had a session about conflicts of interest. He added that although it is reviewed during member orientation it merits periodic review. He proposed including this as a training update on conflicts and the State of Vermont ethics policy, which relates to the topic of conflicts, as an agenda topic for the June or July meeting.

4. Administrative Updates (Mr. Herlihy):

Mr. Herlihy updated members about the status of remote board operations. While there has been information about the general loosening of COVID-19 restrictions, there has been no specific guidance on boards holding in-person meetings.

5. Presentation of Applications:

Applications for physician, physician assistant and limited temporary physician licensure were presented and acted upon as detailed in Appendix A, incorporated by reference into these minutes.

Dr. Bernstein moved for the issuance of physician licenses and physician assistant licenses (See Appendix A)

Dr. Liebow made a motion to accept all applicants for licensure as presented (it was clarified that one of the names read by Dr. Bernstein was not forwarded by the Licensing Committee and that one application was not acted upon). Seconded by Dr. Tortolani. The motion passed; opposed: none; abstained: none; recused: none.

Dr. Bernstein moved for the issuance of limited temporary licenses to practice medicine. (See Appendix A)

Recommended by Dr. Hildebrant for licensure. Seconded by Ms. McClain. The motion passed; opposed: none; abstained: none; recused: none.

6. Other Business:

- **Standard Closing Letters** – continuation of discussion of draft letters and approval of updated standard formats.

Mr. Herlihy reviewed the drafts of the closing letters with members. He provided Option A and Option B for each. (See Appendix B)

For the closing letter where a complaint has been received by the Board, Mr. LeCours made a motion to accept Option A. Dr. Tortolani seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

For the closing letter where no complaint has been received, such as the Board received an NPDB report, Dr. Tortolani moved to accept Option A. Dr. Sproul seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

- **Report on FSMB Annual Meeting** – Vice Chair Sarah McClain provided an overview of actions taken during the FSMB's virtual House of Delegates.

Highlights included:

- HOD voted to adopt amending the By-Laws to address the process of expelling a member medical board. Decision lands with the HOD not solely the Board of Directors.
- HOD voted to eliminate the category of "Courtesy Members."

- HOD voted to adopt language clarifications throughout the “Guidelines for the Structure and Function of a State Medical and Osteopathic Board” in order to:
 - Align with FSMB policy on Physician Wellness and Burnout;
 - Include language in accordance with Interstate Medical Licensure Compact;
 - Provide flexibility for Board operations during public health emergencies;
 - Emphasize diversity of Board composition;
 - Include gender identity, sexual orientation, marital status to list of qualifications that should not preclude Board membership;
 - Allow for the use of electronic verification of documents and credentials;
 - Update the Physician Assistant section to reflect current trends.
 - HOD voted to adopt the position statement on “Treatment of Self, Family Members and Close Relationships.” The Ethics and Professionalism Committee’s position statement outlines professional expectations for the avoidance of treatment for self, family and close relations, except in urgent or emergent situations, or where geographic isolation or other circumstances prevent access to care from another health professional. “These expectations are meant to help licensees avoid relationships that involve competing responsibilities and thereby threaten the objectivity of medical advice provided.”
 - HOD voted to adopt recommendations contained in the report of the workgroup on “Emergency Preparedness.”
 - HOD voted to adopt the “Policy on Physician Illness and Impairment” towards a model that optimizes patient safety and physician health, which has been revised and expanded in light of new and emerging issues.
 - HOD voted to adopt Substitute Resolution “Incorporating the Care of Persons with Intellectual and Developmental Disabilities into the Medical School Curriculum.”
 - HOD held elections for New Chair Elect, Treasurer, 4 members of the Board of Directors and 3 members of the Nominating Committee.
- **VPHP Liaison** – Mr. Herlihy asked for members to participate in a virtual meeting (yet to be scheduled) with representatives of the VPHP program.

Dr. Tortolani, Dr. Bernstein and Ms. McClain volunteered to participate in the upcoming VPHP Liaison meeting. Mr. Herlihy Members asked to email him with any concerns, questions or topics they wish to be discussed at the meeting.

- **Training on Rule for Prescribing Opioids** – Mr. Herlihy informed members of an opportunity for the Board to have a professionally created training presentation on the Opioid Rule using grant funding. He asked members for input on the idea before moving forward. He explained that the intent is to have a training tool available for new licensees, licensees who’ve been identified as being deficient in following the Opioid Rule, and potentially as an alternative activity for meeting part of the requirement for CME on prescribing controlled substances. H asked Members for input. Members provided comments supporting the project.

7. Reconvene meeting; Executive Session to Discuss:

- **Investigative cases recommended for closure**
- **Other matters that are confidential by law, if any**

Dr. Tortolani made a motion at 1:05 PM to go into Executive Session to discuss confidential matters related to investigations. Ms. Hunter seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

8. Return to Open Session; Board Actions on matters discussed in Executive Session:

Ms. Hunter made a motion at 2:20 PM to return to Open Session Dr. Hildebrant seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

Mr. LeCours, North Investigative Committee, asked to close:

MPN 055-0720 – Special Letter #1
MPN 004-0121 – Special Letter #1
MPN 095-1120 – Special Letter #1 – Dr. Hildebrant recused
MPN 022-0121 – Special Letter #1
MPN 099-0619 – Letter #1 – Dr. Hildebrant recused
MPN 098-0619 – Letter #1 – Dr. Hildebrant recused

Dr. Sexton made a motion to close the cases presented. Dr. Tortolani seconded the motion. The motion passed; opposed: none; abstained: none; recused: 1 and North Investigative Committee.

Dr. Sexton, Central Investigative Committee, asked to close:

MPC 007-0121 – Special Letter #1
MPC 063-0820 – Special Letter #1
MPC 068-0920 – Special Letter #3
MPC 014-0121 – Letter #1
MPC 017-0121 – Letter #1
MPC 019-0121 – Letter #1
MPC 018-0121 – Letter #1
MPC 015-0121 – Letter #1
MPC 016-0121 – Letter #1
MPC 067-0820 – Special Letter #1 – Dr. Sproul and Dr. Tandoh recused
MPC 076-0920 – Special Letter #1

Ms. McClain made a motion to close the cases presented. Mr. Hoser seconded the motion. The motion passed; opposed: none; abstained: none; recused: 2 and Central Investigative Committee.

Dr. Liebow, South Investigative Committee, asked to close:

MPS 010-0121 – Special Letter #1
MPS 102-1220 – Special Letter #1
MPS 101-1220 – Special Letter #1 – Dr. Sproul and Dr. Tandoh recused

Dr. Clattenburg made a motion to close the cases presented. Ms. McClain seconded the motion. The motion passed; opposed: none; abstained: none; recused: 2 and South Investigative Committee.

9. Board Actions on Committee recommendations regarding any non-confidential matters:

None

10. Upcoming Board meetings, committee meetings, hearings, etc.: *(Locations are subject to change. You will be notified if a change takes place.)*

- **May 13, 2021, North Investigative Committee Meeting, 9 AM *(Remote)***
- **May 14, 2021, Central Investigative Committee Meeting, 9 AM *(Remote)***
- **May 19, 2021, Board Meeting on pending applications, 12:10 PM *(Remote)***
- **May 19, 2021, South Investigative Committee Meeting, 12:15 PM *(Remote)***
- **June 2, 2021, Licensing Committee Meeting, 11:00 AM *(Remote)***
- **June 2, 2021, Board Meeting, 12:00 PM *(Remote)***

APPENDIX A

PRESENTATION OF FULL APPLICATIONS

May 5, 2021

Note: Applicants listed below have been notified that their applications for licensure appear to be complete and may be presented at the next scheduled Board Meeting.

**** Must pass through licensing prior to being presented.**

Name	School	Specialty	Practice Location
Abdalla, Yoosif MD	Garyounis University (Libya)	Nephrology	TBD
**Barnett, Vernie MD	University of Illinois	Internal Medicine (BC)	TBD
Bell, Sarah MD	University of Michigan	OB/GYN	UVMC
Cahill, Samuel PA-C	Idaho State University		CHCRR
Charos, Alexandra MD	Temple University	Dermatology (BC)	UVMC
**Chowdhury, Nagib MD	Dhaka Medical College (Bangladesh)	Psychiatry (BC)	Specialists on Call
**Dowd, Leslie MD	NY Medical College	Pathology (BC)	SWVMC
**Fitzgerald, Caroline PA-C	UMDNJ		TBD
**Gonzales-Beicos, Aldo MD	Universidad Cent. De Venezuela	Radiology (BC)	Virtual Radiologic
Hardin, Joshua MD	University of Texas Galveston	Ophthalmology (BC)	Ophthalmic Consult VT
Helmy, Marwah MD	University of California Davis	Diagnostic Radiology (BC)	Virtual Radiologic
**Kaminski, Peter MD	Brown University	Internal Medicine (BC)	UVMC
Kleeman-Forsthuber, Lindsay MD	UVM	Adult Recon.Ortho (BC)	VT Orthopedic Clinic
**Knapp Jr., Avery MD	University of Missouri	Diagnostic Radiology (BC)	Teleradiology
Kotton, Camille MD	University of Chicago	Infectious Disease (BC)	Telemedicine
**Kulkarni, Kedar MD	University of Bombay (India)	Diagnostic Radiology (BC)	Virtual Radiologic
Lash, Erica MD	University of Rochester	Emergency Medicine	UVMC
Marsh, Michael MD	Ross University (Dominica)	Internal Medicine (BC)	Telemedicine
Muehrcke, Cecile MD	University of Illinois	Internal Medicine (BC)	Telemedicine
O'Brien, Casey PA-C	Northeastern University		TBD
**Reed, Thomas MD	Albert Einstein Medical College	Radiology (BC)	SWVMC

**Sharma, Anuradha MD	Maharishi Markandeshwar Inst. (India)	Internal Medicine (BC)	Hospitalist
**Sheehan, Sean MD	SUNY Upstate	Internal Medicine (BC)	SWVMC
Sheridan, Andrew MD	UVM	Family Practice	TBD
Shiel, Matthew MD	Albany Medical College	Pediatrics (BC)	UVMMC
Takacs -di Lorenzo, Eva MD	SUNY Buffalo	OB/GYN (BC)	SWVMC
**Tennant, Corina MD	Univ of Pennsylvania	OB/GYN (BC)	Brattleboro Memorial Hosp
Tidman, Andrea MD	UVM	Pediatrics	Richmond Pediatrics
**Walker, Robert MD	University of Illinois	Neuroradiology (BC)	Virtual Radiologic

5/5/2021

Presentation of Limited Temporary License Applications for Board Approval

26 VSA Section 1391 (e) authorizes a limited temporary license to practice medicine/Podiatry in the State of Vermont for a period of one year only. The following persons have applied for limited temporary licenses:

Name	Program	Hospital	Start Date	Type
Abu-Jaber, Faiz MD	Internal Medicine	UVMHC	6/1/21	MD
Alejos Castillo, David MD	Hem/Onc	UVMHC	6/1/21	MD
Champ, Michel MD	Psychiatry	UVMHC	6/1/21	MD
Cunningham, Nicholas MD	Radiology	UVMHC	6/1/21	MD
David, Christopher MD	Psychiatry	UVMHC	6/1/21	MD
DiCosmo, Alyssa MD	Radiology	UVMHC	6/1/21	MD
**Duane, Hannah MD	Internal Medicine	DHMC	6/1/21	MD
Forsythe, Charles MD	Internal Medicine	UVMHC	6/1/21	MD
Franssen, Nathan MD	Radiology	UVMHC	6/1/21	MD
Hyson, Peter MD	Infectious Disease	UVMHC	6/1/21	MD
Kariya, Christine MD	Vascular Surgery	UVMHC	6/1/21	MD
Le, Joyce-Christie MD	Radiology	UVMHC	6/1/21	MD
Lythgoe, Jacob MD	Radiology	UVMHC	6/1/21	MD
Nakamura, Takahiro MD	Gastroenterology	UVMHC	6/1/21	MD
**Orsbon, Courtney MD	Radiology	UVMHC	6/1/21	MD
Senser, Ethan MD	Cardiovascular	DHMC	6/1/21	MD
Tooker, Graham MD	Radiology	DHMC	6/1/21	MD
Wark, Tyler MD	Cardiology	UVMHC	6/1/21	MD
Watson, Joseph MD	Pulmonary/Critical Care	UVMHC	6/1/21	MD
White, Karah MD	Pathology	UVMHC	6/1/21	MD

** Must pass through licensing prior to being presented.

These applications appear to have met the requirements. The Board, pursuant to 26 VSA Section 1391 (e), grants to each of them a limited temporary license.

**PRESENTATION OF FULL APPLICATIONS THAT HAVE BEEN ISSUED THROUGH THE
COMPACT**

Note: Applicants listed below have already received a license through the compact.

May 5, 2021

Credential Number	Name
<u>042.0015277-COMP</u>	Raafia Muhammad
<u>042.0015278-COMP</u>	Gagandeep NA Singh
<u>042.0015293-COMP</u>	Rochelle Annette Broome
<u>042.0015294-COMP</u>	Vernon Christenson
<u>042.0015295-COMP</u>	Jerry michael Greenberg
<u>042.0015296-COMP</u>	Phillip Andrew Mitchell
<u>042.0015297-COMP</u>	Chike Nzerue
<u>042.0015298-COMP</u>	Anika Monae' Ramos
<u>042.0015299-COMP</u>	ANN Z SONG
<u>042.0015300-COMP</u>	June Michelle Steely
<u>042.0015301-COMP</u>	Amy Tan
<u>042.0015302-COMP</u>	Matthew Douglas Evans
<u>042.0015303-COMP</u>	Vincent Teodoro Leon
<u>042.0015304-COMP</u>	Patricia Danielle Pittman
<u>042.0015305-COMP</u>	Kanishka Wijegunaratne

APPENDIX B

Drafts for Discussion at Board Meeting on May 5

Closing Letter #1 in a case with a complaint

Option A: “concerns raised”

Dear Respondent:

The Vermont Board of Medical Practice has completed the investigation and consideration of the concerns raised in this case. **The Board found no unprofessional conduct, and the case has been closed.** The Board was satisfied that the investigation was adequate and appropriate.

The record of the complaint, which includes this letter, will remain permanently in your file. The record is confidential and will not be shared with the public but may be reviewed by the Board at the time of any future investigation. In addition, it is our practice to inform complainants of the fact that an investigation has closed without action by the Board.

In fulfilling its responsibility to investigate all complaints, the Board gathers information from multiple sources, including requesting that the subject of an investigation prepare statements and send pertinent documents. We recognize that responding to this investigation required your time and resources. We appreciate your cooperation with this process and contributions to the practice of medicine. The Board also acknowledges that being investigated by a licensing board is stressful even when, as here, it results in no action. Thank you for your patience with the process.

Sincerely,

Option B: “the complaint received”

Dear Respondent:

The Vermont Board of Medical Practice has completed the investigation and consideration of the complaint received. **The Board found no unprofessional conduct, and the case has been closed.** The Board was satisfied that the investigation was adequate and appropriate.

The record of the complaint, which includes this letter, will remain permanently in your file. The record is confidential and will not be shared with the public but may be reviewed by the Board at the time of any future investigation. In addition, it is our practice to inform complainants of the fact that an investigation has closed without action by the Board.

In fulfilling its responsibility to investigate all complaints, the Board gathers information from multiple sources, including requesting that the subject of an investigation prepare statements and send pertinent documents. We recognize that responding to this investigation required your time and resources. We appreciate your cooperation with this process and contributions to the practice of medicine. The Board also acknowledges that being investigated by a licensing board is stressful even when, as here, it results in no action. Thank you for your patience with the process.

Sincerely,

Closing Letter #1 in a case with no complaint

Option A: “concerns raised”

Dear Respondent:

The Vermont Board of Medical Practice has completed the investigation and consideration of the concerns raised in this case. **The Board found no unprofessional conduct, and the case has been closed.** The Board was satisfied that the investigation was adequate and appropriate.

The record of the case, which includes this letter, will remain permanently in your file. The record is confidential and will not be shared with the public but may be reviewed by the Board at the time of any future investigation.

In fulfilling its investigatory responsibilities, the Board gathers information from multiple sources, including requesting that the subject of an investigation prepare statements and send pertinent documents. We recognize that responding to this investigation required your time and resources. We appreciate your cooperation with this process and contributions to the practice of medicine. The Board also acknowledges that being investigated by a licensing board is stressful even when, as here, it results in no action. Thank you for your patience with the process.

Sincerely,

Option B: “this matter”

Dear Respondent:

The Vermont Board of Medical Practice has completed the investigation and consideration of this matter. **The Board found no unprofessional conduct, and the case has been closed.** The Board was satisfied that the investigation was adequate and appropriate.

The record of the case, which includes this letter, will remain permanently in your file. The record is confidential and will not be shared with the public but may be reviewed by the Board at the time of any future investigation.

In fulfilling its investigatory responsibilities, the Board gathers information from multiple sources, including requesting that the subject of an investigation prepare statements and send pertinent documents. We recognize that responding to this investigation required your time and resources. We appreciate your cooperation with this process and contributions to the practice of medicine. The Board also acknowledges that being investigated by a licensing board is stressful even when, as here, it results in no action. Thank you for your patience with the process.

Sincerely,

Closing Letter to Complainant

Dear Complainant:

The Board of Medical Practice has completed its review of your complaint. The details are confidential, but you can be sure that the information you provided was thoroughly investigated.

Typically, the Investigative Committee asks the subject of a complaint to respond to the Committee with pertinent information and associated documentation and medical records. The investigative process varies depending on the particulars of the case. The process of each investigation is confidential.

Based on this investigation, the Investigative Committee and the Assistant Attorney General concluded that the evidence does not support bringing a formal charge of unprofessional conduct. A report of the investigation was presented to the full Board of Medical Practice. After considering the Investigative Committee's report, the Board of Medical Practice voted to close the case without formal disciplinary action.

The investigative report for this case will remain on file with the Board of Medical Practice. It may be helpful for you to know that professionals who are the subject of complaints to the Board can learn important lessons from the complaint process, even if formal discipline does not result.

We understand that it is not always easy to come forward with a complaint, and we thank you for doing so.

Sincerely,