

VERMONT BOARD OF MEDICAL PRACTICE
Minutes of the September 1, 2021 Board Meeting
108 Cherry Street, Burlington, VT
and remote via Teams

Approved

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

Richard Bernstein, MD, Chair, called the meeting to order at 12:07 PM

Dr. Bernstein allowed William Hoser, PA-C a moment to say farewell to members. Mr. Hoser served several months past the expiration of his term until another physician assistant was appointed to the Board. Dr. Bernstein shared with members that Suzanne Jones, PA-C has been appointed and will serve on the South Investigative Committee.

Members Present:

Brent Burgee, MD; Richard Clattenburg, MD; Gail Falk; Francis Heald; Rick A. Hildebrant, MD; 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; Margaret Vincent, AAG; Megan Campbell, AAG; Kurt Kuehl, AAG; Bill Reynolds, AAG; William K. Hoser, PA-C.

2. Approval of the Minutes of the August 4, 2021 Board Meeting:

Ms. McClain moved to accept the minutes of the August 4, 2021 meeting. Dr. Hildebrant seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

3. Board Issues (Dr. Bernstein):

Dr. Bernstein mentioned the email Mr. Herlihy sent to Board members regarding the FSMB position on physicians who make public statements disseminating misinformation about COVID-19. Mr. Herlihy noted that the email had invited members to let him know if they were interested in further discussing whether the Board should issue a statement on the subject. Some members had indicated interest, so the topic will be added to the agenda for the October meeting.

4. Administrative Updates (Mr. Herlihy):

Mr. Herlihy thanked Mr. Hoser for his years of service on the Board.

Mr. Herlihy noted that a new public member to serve on the Central Committee had not yet been identified and he asked members to think of qualified people who may enjoy serving.

Mr. Herlihy announced that Ms. Vincent will be retiring from state employment in October.

Mr. Herlihy informed the members who volunteered to serve on the ad hoc Telehealth Subcommittee that he will be sending out an update and asking to schedule a meeting.

Mr. Herlihy reminded members to submit their expense sheets.

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)

Ms. Hunter made a motion to accept all applicants for licensure as presented. Seconded by Ms. McClain. 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 Dr. Sproul. The motion passed; opposed: none; abstained: none; recused: none.

6. Executive Session to Discuss:

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

Dr. Sexton made a motion at 12:30 PM to go into Executive Session to discuss confidential matters related to investigations. Dr. Hildebrant seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

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

Ms. McClain made a motion at 1:05 PM to return to Open Session Mr. LeCours seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

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

MPN 058-0621 – Special Letter #1
MPN 129-0821 – Special Letter #1
MPN 120-0821 – Special Letter #1
MPN 046-0421 – Special Letter #1; Dr. Hildebrant recused
MPN 111-0821 – Special Letter #1
MPN 029-0121 – Letter #1

Ms. Hunter made a motion to close the cases presented. Mr. Heald 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 003-0121 – Letter #1

MPC 127-0821 – Special Letter #1

MPC 071-0721 – Special Letter #1; Dr. Hildebrant recused

MPC 092-0721 – Special Letter #1

Ms. McClain made a motion to close the cases presented. Mr. LeCours seconded the motion. The motion passed; opposed: none; abstained: none; recused: 1 and Central Investigative Committee.

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

MPS 099-0821 – Special Letter #1

MPS 126-0821 – Special Letter #1

Dr. Sexton made a motion to close the cases presented. Dr. Payne seconded the motion. The motion passed; opposed: none; abstained: none; recused: South Investigative Committee.

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

None

9. Other Business:

- **Board Meetings – after approximately 18 months of remote meetings this will be an opportunity to discuss the options and everyone’s preferences for how the Board will meet in the future at a time when conditions allow for in-person meetings. Members should also be prepared to discuss their thoughts on use of technology for remote participation in hearings.**

Each member was asked to share input about meeting in person and meeting remotely. Many comments were echoed by later contributors. Summaries of member views follow. “Hybrid” refers to meetings offered with the option of attending in-person or remotely by video conference.

- There is value to in-person meetings – it promotes group cohesion and results in improved functioning.
- Distance travelling to the full Board meeting is a personal challenge. Option for remote attendance would allow me to keep serving through end of term.
- Preference for in-person meetings, but until the epidemic subsides there are concerns about safety. Would masks be worn at in-person meetings? Also, in-person meetings would raise the question about whether individuals would be asked to disclose vaccination status.

- Preference for a hybrid schedule. There is benefit to in-person meetings but even aside from COVID-19, long travel distances are a concern, especially during the winter. Suggestion that when we start with in-person meetings we start first with the regional committee meetings, which involve smaller groups and shorter driving distances.
- Agreement with hybrid – in-person for Committee meetings and remote, or at least remote option, for Board meeting. Also concerns over long drive on Interstate to attend Board meeting – would need remote option for the full Board meeting.
- Agreement with the idea of first trying in-person meetings for the Committee meetings. Agreement that there is utility to in-person meetings, but there should also be the option to attend remotely.
- A downside for newer members who were appointed after meetings became remote is that they have not been able to form relationships the same as when meetings were held in person. As more new members are appointed it will become even more important to have some in-person meetings.
- Agreement with idea of having a hybrid option, with a mix of in-person and remote meetings and the option to attend remotely. Even apart from the pandemic there are times when being in-person doesn't work, such as when one is coming down with a cold.
- Until children are able to be vaccinated members who have children under 12 years old will not want to attend in person. Also, we need to consider that members who are in clinical practice are likely to be high risk from exposure to COVID-19 in practice. For those reasons strong support for hybrid with option to attend meetings remotely. A remote participation option, which eliminates travel time, also would allow members to participate when busy schedules might otherwise make them unavailable for meetings.
- Preference for in-person meetings, but uncertainty around the impact of the pandemic in the next several months means that the option to meet remotely will be necessary.
- Prefer in-person meetings but meeting indoors with a large group seems difficult now. Remote meetings have worked better than expected. Some concern about ventilation in the South Committee location and about offering hybrid meetings with both in-person and remote participation – has found that can be challenging.
- Agreement with all the points raised. In particular support the concept of the Committees meeting in-person first. Noted that when Respondents meet with Investigative Committees there is benefit to being in person.
- The last member commenting joined late but agreed with all the comments heard after joining the meeting.

The discussion then addressed contested hearings. One member noted that she had participated in a remote hearing and that it had worked well, but also noted that the Respondent had not participated. Another member noted that if it were necessary for participants to be masked for in-person hearings that would interfere with reading facial expressions of participants. He also noted that while remote hearings would allow participants to be unmasked, it would not allow members to observe body language of witnesses.

Staff then offered comments. One AAG noted that not all witnesses are in Vermont and that requiring them to travel could pose risks for them while traveling and risks for all at a hearing being exposed to them. She noted that handling exhibits during remote hearings can be a challenge. Another AAG noted that his wife found leading hybrid classes as a college professor difficult. It is difficult for remote attendees to fully participate in the same way as in-person students.

Mr. Herlihy acknowledged the concerns expressed and stated that decisions about how to meet going forward will not be made before the end of the year given the current uncertainty about the pandemic. For now, meetings are warned for both remote and in-person at the Board office and at least one staff person is present at the office during the meetings. Current guidance calls for staff to return to the office with a hybrid schedule in November, but there is no requirement to change Board or Committee meetings to in-person or hybrid at this time.

- **Board website – staff was contacted by a group doing a review of all medical board websites and asked to respond to a report presenting the findings about the BMP website. Documents related to the review and the response submitted are attached. The scope of the review included general aspects relating to how the website serves the public as a resource for information about licensees and as a means to learn about and access the complaint process. It also reviewed presentation of information about unprofessional conduct related to sex, whether sexual abuse, assaultive offenses, or boundary violations. The purpose of this discussion is to seek member input on how the website might be modified to improve service to the public.**

Mr. Herlihy began the discussion with a summary of the findings of the review of the Board's website by an advocacy organization called "the Medical Board Roundtable." The group had established a checklist of desirable features of a medical board website and boards' sites were checked against the list. Negative findings included: no express mission statement on site; lack of a direct link from notation on a licensee's profile of a discipline action to the document; lack of information about the statute of limitations for complaints/investigation (there is none); lack of consumer-oriented information about sexual abuse/misconduct/boundary violations. Mr. Herlihy explained that he and staff will be using the findings to make recommendations of changes to the Board for revisions to the website. Technical limitations of the VDH website environment somewhat limit the ability to make improvements that are targeted directly to patients/consumers. Changes being considered include: providing more information about provider/patient boundaries; adding patient-oriented content about the *Board's Recommendations for Intimate Exams in Outpatient Settings*; and providing information about the provisions in Vermont law aimed at protecting the privacy of victims of sexual misconduct. During this initial discussion of the topic one member noted that care needs to be taken to not create new policies or standards when putting out information on these topics, but rather to only report the standards and policies that exist. Another member suggested that the Board should establish a mission statement. Staff will continue work on these issues and return to the Board for more input before making changes to the website.

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

- **September 9, 2021, Central Investigative Committee Meeting, 9 AM, 108 Cherry Street, Burlington, VT and remote via Teams**
- **September 10, 2021, North Investigative Committee Meeting, 9 AM, 108 Cherry Street, Burlington, VT and remote via Teams**
- **September 15, 2021, Board Meeting on pending applications, 12:10 PM, 108 Cherry Street, Burlington, VT and remote via Teams**

- **September 15, 2021, South Investigative Committee Meeting, 12:15 PM, 108 Cherry Street, Burlington, VT and remote via Teams**
- **October 6, 2021, Licensing Committee Meeting, 11:00 AM, 108 Cherry Street, Burlington, VT and remote via Teams**
- **October 6, 2021, Board Meeting, 12:00 PM, 108 Cherry Street, Burlington, VT and remote via Teams**

APPENDIX A

PRESENTATION OF FULL APPLICATIONS

September 1, 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
Allison, Christopher MD	University of Pennsylvania	Emergency Medicine	SWVMC
Ashley, Charles MD	University of Vermont	OB/GYN	UVMMC
Bean, Elizabeth PA-C	Wake Forest University		TBD
**Chaudhry, Tariq MD	Liaquat Medical College (Pakistan)	Anesthesiology (BC)	RRMC
Clippinger, Benjamin MD	SUNY Stony Brook	Orthopedic Surgery (BC)	Carlos Otis Healthcare
Culler IV, George MD	Baylor College	Neurophysiology	SWVMC
Duerinckx, Andre MD	University of Miami	Diagnostic Radiology (BC)	Virtual Radiologic
Geriani, Disha MD	Kasturba Medical College India)	Internal Medicine (BC)	SWVMC
Griffin, Andrea AA-C	Quinnipiac University		UVMMC
**Heaton, Todd MD	University of Virginia	Pediatric Surgery (BC)	UVMMC
**Heinrich, Erica MD	UVM	A & C Pathology (BC)	NVRH
**Howard, Caleb PA-C	Mass College of Pharmacy		Peraza Dermatology
**Hubbard, Natalie MD	University of Michigan	Surgery (BC)	Copley Hospital
**Hughes, Douglas MD	Howard University	Diagnostic Radiology (BC)	Virtual Radiologic
**Jordan, Shane PA-C	Mass College of Pharmacy		My MDLive Network
Kellogg, Carlton PA-C	Albany Medical College		TBD
Kellogg, Jeffrey PA-C	Albany Medical College		SVMC Pownal
Krishna, Raju MD	Emory University	Anesthesiology (BC)	Brattleboro Memorial
**Kulkarni, Kedar MD	University of Bombay (India)	Diagnostic Radiology (BC)	Virtual Radiologic
Lee, Jonathan MD	Brown University	Orthopaedic Surgery (BC)	Hinge Health Inc.
Mills, Andrew MD	University of Washington	Internal Medicine (BC)	Better Life Partners

**Pappy, Adlai MD	University of Miami	Anesthesiology (BC)	UVMMC
**San Miguel, Virginia MD	University of Texas	OB/GYN (BC)	Anthem
**Sayles, Timothy MD	Virginia Commonwealth University	OB/GYN (BC)	SWVMC
Seaman, Andrew MD	University of Washington	Internal Medicine (BC)	Better Life Partners
Sizemore, Daniel MD	University of Toledo	Family Practice (BC)	Comm. Health Castleton
Storn, JohnDavid MD	University of Florida	Emergency Medicine	Brattleboro Memorial
Toussaint, Marissa MD	Temple University	Family Practice (BC)	Telemedicine
Trella, Tamara MD	NY Medical College	Radiology (BC)	Virtual Radiologic
Verhey, Peter MD	University of Nebraska	Diagnostic Radiology (BC)	Virtual Radiologic

9/1/2021

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:

<u>Name</u>	<u>Program</u>	<u>Hospital</u>	<u>Start Date</u>	<u>Type</u>
Bock, Lindsay MD	Family Medicine	DHMC	9/1/21	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.

September 1, 2021

042.0015437-COMP	Melvin Emeka Omodon
042.0015438-COMP	Kim Maletta Shibley
042.0015467-COMP	Rakesh Amin
042.0015468-COMP	RICHMOND GYAMFI
042.0015469-COMP	Ngu Thien Nguyen
042.0015470-COMP	Christina Shearer Palmer
042.0015471-COMP	Miral Patel
042.0015472-COMP	Norah Claire Farley Baker
042.0015473-COMP	Kimberly Kay Truong
042.0015474-COMP	Jeffrey Wessler
042.0015475-COMP	Carol Jia-Luh Yuan-Duclair
042.0015476-COMP	Kelly Camryn Henkler
042.0015477-COMP	Jonathan William Kole
042.0015478-COMP	Grace Iyabo Komolafe
042.0015479-COMP	Lucas Paul Mailander
042.0015480-COMP	Vipul Ravjibhai Patel
042.0015481-COMP	Alexis Petra
042.0015482-COMP	Jeremy Simon
042.0015483-COMP	Isabelle Von Kohorn
042.0015484-COMP	Roger Young