



Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER
GOVERNOR
PATTY JUDGE
LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

Executive Director's Report

(Prepared 8/12/10 for the August 19-20, 2010, Board meeting)

PERSONNEL-OFFICE UPDATES: The process is well under way to hire three health professions investigators to fill vacancies caused by retirements earlier this year. Nearly 90 applications were received. Interviews will begin in late August.

Russell Bardin, chief investigator, recently attended the Administrators in Medicine-Federation of State Medical Boards' certification training for health professions investigators. Mr. Bardin will draw on information from this training to develop appropriate orientation for the new hires.

Concurrently, the office may need to be rearranged to accommodate the new hires, all of whom will be based in Des Moines.

* * *

NEW ALTERNATE MEMBER: Janece Valentine, a Fort Dodge attorney, has been appointed to serve as an alternate member of the Board. Governor Culver appointed Valentine, a regular member of the Board from 2000 to 2009, on July 8 to the pool of alternate members who can serve on Board panels for administrative hearings. The Board has four alternate members.

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DATABASE, TECHNOLOGY UPDATES: Staff is working with the vendor on data conversion – migrating files from the existing system to the new system. This leg of the new data base installation is worth noting because of concern about the stability of the old system. Staff also continues to test processes (performance of programmed software) of the new system, which is expected to “go live” in late October or early November.

New laptops have been distributed to Board members and computer/monitor replacements are being distribution to staff work stations. Staff will receive training on the new operating system, Windows 7.

Steve Ervin, technology specialist, is working to establish website delivery of all materials for Board meetings and administrative hearings. The goal is to have this set up by the end of 2010.

* * *

LICENSURE UPDATES: Amy Van Maanen, director of licensure, will attend a Federation of State Medical Boards' meeting August 18 in Dallas for boards that are using FSMB's uniform application. The application will be used for the Iowa Board's online licensure process when the new database system goes live this fall.

Kent Nebel, director of legal affairs, will attend the National Governors Conference's state alliance for e-health licensure meeting on August 31 in Washington, D.C. He and other state board attorneys will develop model application questions that are in compliance with the Americans with Disabilities Act.

Amy Van Maanen, John Olds, M.D., Board medical advisor, and Mark Bowden participated in a teleconference on July 29 with regulators from seven other Midwest states to look at license portability and/or reciprocity. Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri and Wisconsin are involved in this project, which is funded with an America Recovery and Reinvestment licensure portability grant. The group will continue discussions at a meeting in Madison, Wis., in November. Jeanine Freeman of the Iowa Medical Society has been asked to represent Iowa on an ad hoc committee that will provide oversight of the project, as per grant guidelines.

* * *

ENFORCEMENT UPDATES: The Complaint Review Committee reviewed the priorities assigned to complaints to ensure appropriate responses, given the temporary reduction in the investigative staff. The number of complaints received this year seems to be running equal to last year. Open cases that had been handled by retiring investigators have been reassigned.

* * *

COMMUNICATIONS TO IOWA HOSPITALS: Letters were sent in August to the chief administrators and chiefs of medical staff at all Iowa hospitals, reminding them of their obligation to report hospital disciplinary action taken against Board licensees. This is an annual communication with the hospitals and included promotion of the Board's public education outreach program.

* * *

AUGUST-SEPTEMBER CALENDAR:

Hearings

(Updated 8/12/10. Subject to delays or continuances)

August 19, 3:30 p.m. – Fawad S. Zafar, M.D.

August 20, 9 a.m. – Robert A. Bischoff, M.D.

August 20, 11 a.m. – Vernon P. Varner, M.D.

August 26-27, 8:30 a.m. – Dorothy Cline-Campbell, D.O.

September 20, 8:30 a.m. – Wendy R. Smoker, M.D.

Meetings

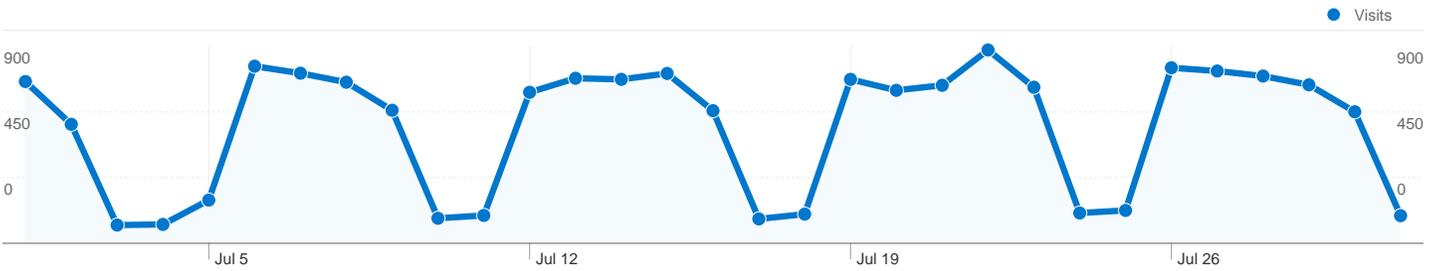
August 19-20 -- Regular Board meeting

September 9 -- Board teleconference meeting

September 17 -- Iowa Physician Health Committee Meeting

Office Closing

The Board will be closed Monday, September 6, 2010, in observance of Labor Day.



Site Usage

16,476 Visits

43.71% Bounce Rate

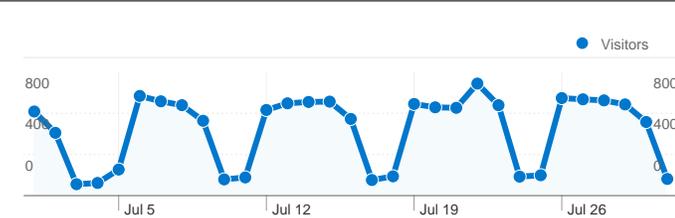
59,372 Pageviews

00:03:14 Avg. Time on Site

3.60 Pages/Visit

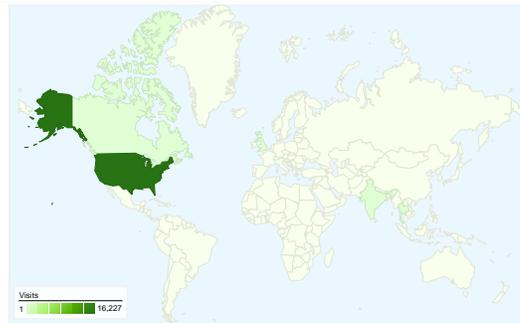
41.34% % New Visits

Visitors Overview

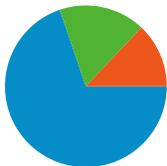


Visitors
8,826

Map Overlay



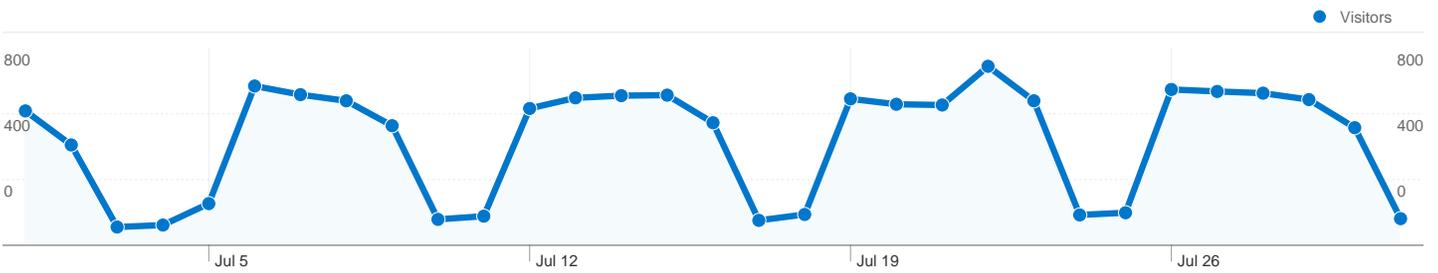
Traffic Sources Overview



- **Direct Traffic**
 11,497.00 (69.78%)
- **Referring Sites**
 2,844.00 (17.26%)
- **Search Engines**
 2,135.00 (12.96%)

Content Overview

Pages	Pageviews	% Pageviews
/find_physician/index.html	30,458	51.30%
/practitioners/physicians.html	5,273	8.88%
/Press/index.html	3,633	6.12%
/services/verifications.html	2,301	3.88%
/a_z_listing/index.html	1,269	2.14%



8,826 people visited this site

16,476 Visits

8,826 Absolute Unique Visitors

59,372 Pageviews

3.60 Average Pageviews

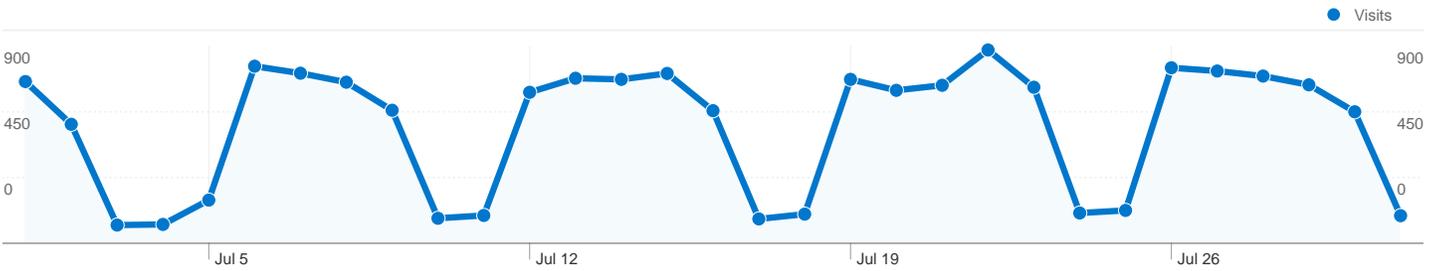
00:03:14 Time on Site

43.71% Bounce Rate

41.34% New Visits

Technical Profile

Browser	Visits	% visits	Connection Speed	Visits	% visits
Internet Explorer	13,667	82.95%	Unknown	5,185	31.47%
Firefox	1,685	10.23%	T1	3,825	23.22%
Safari	702	4.26%	Cable	3,583	21.75%
Chrome	355	2.15%	DSL	3,303	20.05%
Mozilla Compatible Agent	16	0.10%	Dialup	507	3.08%



All traffic sources sent a total of 16,476 visits

 69.78% Direct Traffic

 17.26% Referring Sites

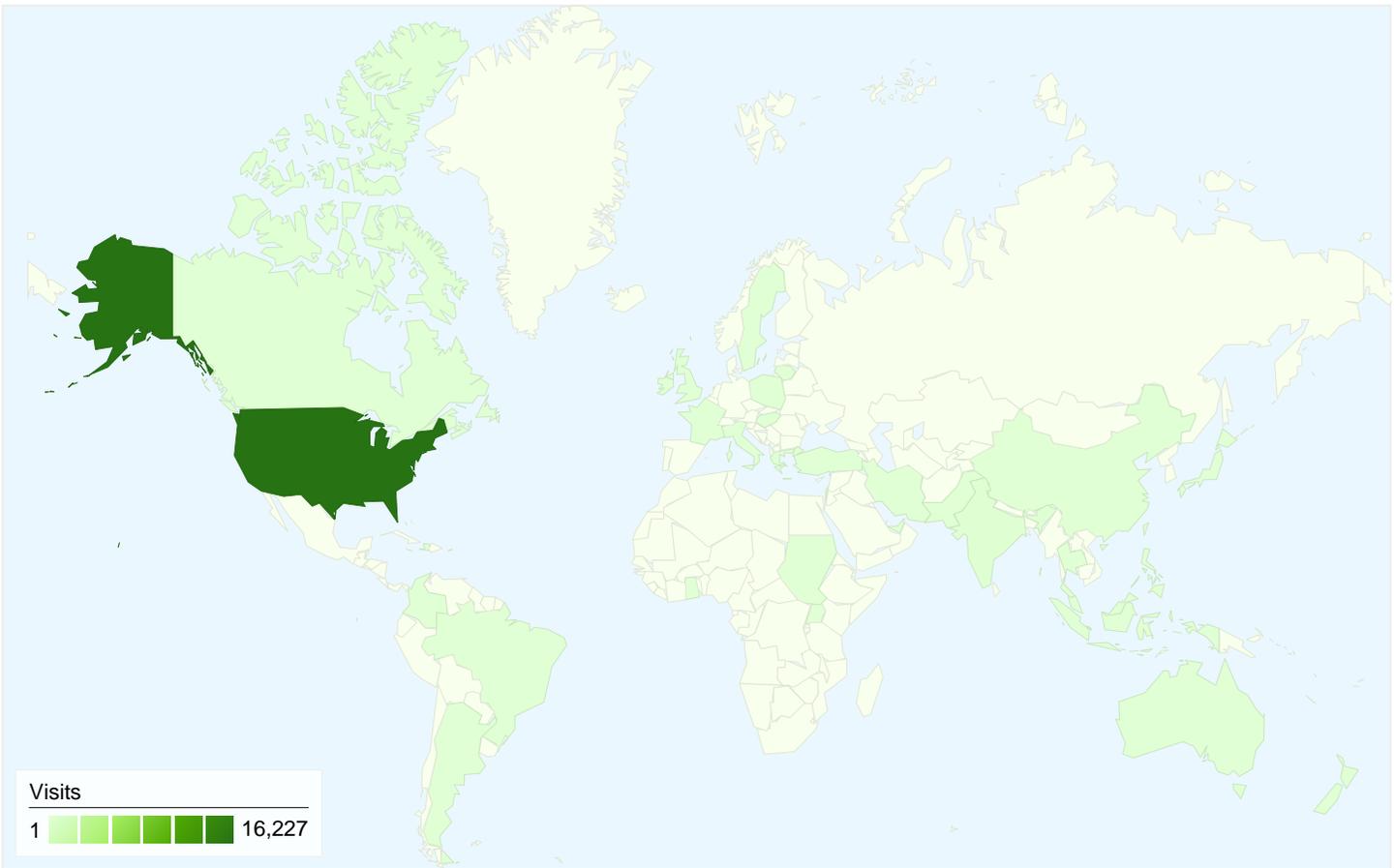
 12.96% Search Engines



- Direct Traffic
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- Referring Sites
2,844.00 (17.26%)
- Search Engines
2,135.00 (12.96%)

Top Traffic Sources

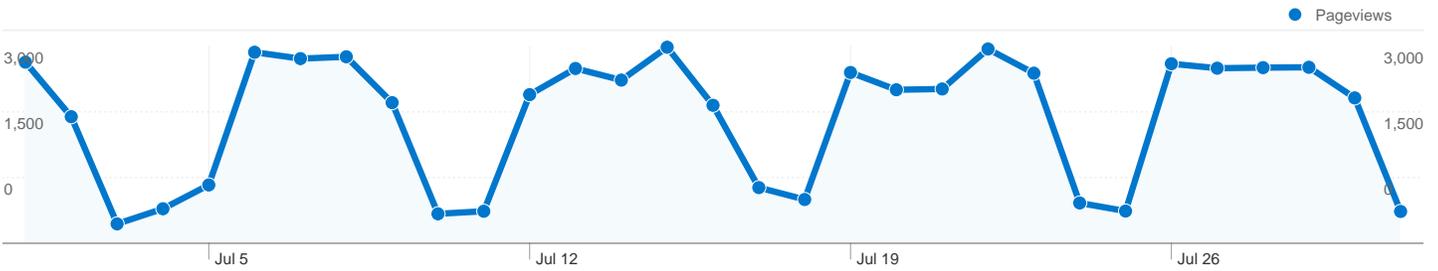
Sources	Visits	% visits	Keywords	Visits	% visits
(direct) ((none))	11,497	69.78%	iowa board of medicine	138	6.46%
google (organic)	1,985	12.05%	license verification	67	3.14%
docboard.org (referral)	1,193	7.24%	iowa medical board	41	1.92%
healthguideusa.org (referral)	570	3.46%	online renewal	33	1.55%
ratemds.com (referral)	481	2.92%	iowa medical license lookup	28	1.31%



16,476 visits came from 38 countries/territories

Site Usage						
Visits	Pages/Visit	Avg. Time on Site	% New Visits	Bounce Rate		
16,476 % of Site Total: 100.00%	3.60 Site Avg: 3.60 (0.00%)	00:03:14 Site Avg: 00:03:14 (0.00%)	41.39% Site Avg: 41.34% (0.12%)	43.71% Site Avg: 43.71% (0.00%)		
Country/Territory	Visits	Pages/Visit	Avg. Time on Site	% New Visits	Bounce Rate	
United States	16,227	3.62	00:03:15	40.92%	43.62%	
India	93	3.08	00:01:38	55.91%	45.16%	
Canada	45	1.87	00:01:04	88.89%	68.89%	
Thailand	16	4.12	00:03:13	25.00%	0.00%	
United Kingdom	14	1.79	00:01:13	78.57%	71.43%	
Philippines	10	3.50	00:01:36	100.00%	50.00%	
Australia	6	3.83	00:01:54	100.00%	33.33%	
Indonesia	5	1.00	00:00:00	100.00%	100.00%	
New Zealand	5	5.40	00:06:37	80.00%	40.00%	

United Arab Emirates	4	6.50	00:03:59	75.00%	25.00%
					1 - 10 of 38



Pages on this site were viewed a total of 59,372 times

59,372 Pageviews

28,245 Unique Views

43.71% Bounce Rate

Top Content

Pages	Pageviews	% Pageviews
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IOWA BOARD OF MEDICINE
MARK BOWDEN
EXECUTIVE DIRECTOR

August 1, 2010

Hospital
Address

Dear

This letter is a reminder to hospital and physician administrators of your responsibility, under Iowa law, to report physicians to the Board of Medicine under three independent reporting conditions. In addition, the letter will explain how to use the Iowa Physician Health Program.

Hospital Disciplinary Reporting

Iowa law requires a hospital administrator or the chief of medical staff to report hospital disciplinary action to the Board if the following occurs:

1. The hospital takes final disciplinary action based on a physician's professional competence,
2. The disciplinary action results in a limitation, suspension or revocation of the physician's privileges, and
3. The hospital board of trustees approves the disciplinary action.

The hospital administrator or the chief of medical staff must also report a physician who voluntarily relinquishes or limits privileges to avoid formal hospital disciplinary action. A physician's unethical or unprofessional conduct is also reportable if such behavior interferes with, or has the potential to interfere with, patient care or the effective functioning of health care staff. Such behavior relates to the physician's professional competence.

Iowa law does not establish a minimum period of a suspension of a physician's privileges before the suspension is reportable to the Board. When a hospital board takes final disciplinary action against a physician, or a physician voluntarily relinquishes or restricts privileges to avoid final hospital action, **the information must be reported to the Board within 10 days.** Individuals participating in the hospital's disciplinary proceedings that resulted in action and the individual who makes the report to the Board are immune from civil liability with respect to the disciplinary proceedings and reporting.¹

¹ Iowa Code section 147.135(2007)

Malpractice Judgments and Settlements

Malpractice action against a physician that results in an adverse judgment or settlement must be reported. A report together with a copy of the judgment or settlement **must be filed in the Board's office within 30 days** of the date of the judgment or settlement.²

Wrongful Acts or Omissions

Iowa licensed physicians have a legal duty to report another licensed physician to the Board for any wrongful acts or omissions that might be the basis for disciplinary action in Iowa.³ This includes serious competency concerns, unprofessional conduct and any condition that may impair another physician's ability to practice medicine in a safe manner. Every physician, including the chief of staff, has a duty to make a report to the Board, unless the physician is exempted by being directly involved in the hospital's peer review process of these particular wrongful acts or omissions.⁴

Any act or omission is reportable when the physician has personally observed the conduct, received information of the conduct from a reliable source or obtained information of reportable conduct under circumstances causing a physician to believe that wrongful acts or omissions have occurred. The **physician** must report the **physician** and improper conduct to the Board **within 30 days** of learning of the conduct.⁵

Iowa Physicians Health Program (IPHP)

The Board has established the IPHP for the purpose of evaluating and monitoring physicians who are impaired by any mental or physical disorder or disability or as a result of alcohol or drug abuse, dependency, or addiction. These descriptions may be helpful in determining who should be reported to the Board:

- Any physician who requires a leave due to health concerns that potentially impairs the physician's ability to practice medicine in a safe manner.
- Any physician who fails to fulfill major obligations at home or elsewhere.

Do not wait to report until problems show up in the work setting because patient harm may be done and, as a result, the physician may no longer be eligible to participate in the program.

A physician who suspects that a colleague is impaired may report the individual to the IPHP and direct the colleague to self-report within 24 hours. If the self-report occurs within that time period and the reported physician meets the program eligibility, the Board will not initiate the disciplinary process.

The IPHP doesn't always find reported physicians to be impaired or in need of monitoring. However, if the physician is accepted into the IPHP and is meeting the program's requirements,

² Iowa Code section 272C.9(3)(2007) and 653 IAC—22.1

³ Iowa Code section 272C.9(2)(2007) and 653 IAC—22.2

⁴ Iowa Code section 147.135(2)(2007)

⁵ 653 IAC—22.2(2)a

the physician's identity and information about the case will not be made public or reported to the National Practitioner Data Bank.

If a report to the IPHP seems appropriate or you are unsure, please contact Deb Anglin, IPHP coordinator, at (515) 281-6491 or deb.angling@iowa.gov or the program's case manager, Mary Knapp, at (515) 281-6006 or mary.knapp@iowa.gov

Other Reporting

Russell Bardin, the Board's chief investigator, will accept reports of physician incompetence or unprofessional conduct at 400 SW Eighth Street, Suite C, Des Moines, IA 5039-4686 or russell.bardin@iowa.gov. You may speak with him at (515) 281-5847.

Questions

If you have any questions or concerns regarding the physician reporting requirements in Iowa, please contact Kent Nebel, J.D., the Board's director of legal affairs. He can be reached at (515) 281-7088 or kent.nebel@iowa.gov.

I know we share an interest in Iowans receiving the best health care and I trust that you will help the Board in fulfilling our part of that mission. Thank you.

Sincerely,



Mark Bowden
Executive Director
(515) 242-3268
mark.bowden@iowa.gov

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COMMITTEE COMPOSITION

Membership of the Iowa Physician Health Committee includes, but is not limited to:

- a recovering physician;
- substance abuse professional;
- psychiatrist;
- public member; and
- the executive director of the Board.

IMPORTANT NOTICE

Law requires health care practitioners to report knowledge of another practitioner's possible impairment to the IBM; reporting to the IPHP meets this obligation. Health care practitioners who fail to report colleagues with a possible impairment may subject themselves to disciplinary action by the IBM.

Physicians have a right and an obligation to ask for help when they are struggling with impairment. When they request assistance, they deserve the same care and respect they show their own patients every day.

The IPHP doesn't always find reported physicians to be impaired or in need of monitoring. However, if the physician is accepted into the IPHP and is meeting the program's requirements, the physician's identity and information about the case will not be made public or reported to the National Practitioner Data Bank.

Iowa Physician Health Program

400 SW 8th Street, Suite C
Des Moines, IA 50309-4686
Phone: 515-281-6491
Fax 515-242-0155
Email: deb.anglin@iowa.gov
<http://www.iphp.iowa.gov>

IOWA PHYSICIAN HEALTH PROGRAM (IPHP)

A physician's practice and reputation do not have to be damaged as a result of impairment if supportive services are put in place at an early stage.

Tel: 515-281-6491

PURPOSE

The Iowa Physician Health Program (IPHP) was established in 1996 in response to a need in the medical community for ongoing support for physicians dealing with impairment issues. Impairment is defined as an inability, or significant potential for inability, to practice with reasonable safety and skill as a result of:

- mental disorder or disability;
- physical disorder or disability; or
- alcohol or drug abuse or dependency.

REPORTING

“Self-report” means an applicant or licen-see contacts the IPHP about impairment before the Iowa Board of Medicine (IBM, formerly known as the Iowa Board of Medical Examiners) receives a complaint or report about the problem from another source. The physician’s case is then reviewed by the IPHP to determine eligibility for participation in the program. An individualized program is designed to meet the specific needs of the physician.

By self-reporting and cooperating with the IPHP, physicians are able to avoid the negative exposure of formal disciplinary action which is a matter of public record, reported to the press, the National Practitioner Data Bank, insurance companies and other state and federal authorities.

ENROLLMENT

If a physician has been involved in any of the following, it is in that person’s best interest to self-report as soon as possible:

- missed work for more than two weeks due to a mental or physical disorder or disability of a chronic or debilitating nature;
 - been diagnosed with a chronic illness with a known mental health component (for example MS, Parkinson’s, HIV);
 - had problems related to drug and alcohol use such as DUI or other alcohol or drug related offenses; disciplinary action by a federal or state agency for this reason; self prescribed controlled substances; or practiced medicine under the influence of alcohol or other mood altering substances;
 - experienced problems with anger management; or
 - been urged by friends, family or colleagues to get help for mental health issues such as depression, physical disabilities, or substance abuse.
-

ELIGIBILITY

To be eligible for participation in the IPHP, a physician must self-report an impairment or suspected impairment directly to the IPHP coordinator or be referred to the IPHP by the IBM. The physician is deemed ineligible to participate as a self-reporter in the program if the IPHP finds sufficient evidence of any of the following:

- the physician engaged in the unlawful diversion or distribution of controlled or illegal substances to a third party or for profit or gain;
 - at the time of self-reporting, the individual is already under an IBM order related to an impairment;
 - the physician has caused harm or injury to a patient;
 - the IBM is currently investigating the individual for matters related to an alleged impairment; or
 - the physician provided inaccurate, misleading, or fraudulent information or failed to fully cooperate with the IBM or IPHP.
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What is the Iowa Board of Medicine?

The Iowa Board of Medicine offers a public education program to help physicians and the public understand the unique role the Board plays in Iowa's health care system. The program consists of a slide show and a Q&A segment on physician licensing and regulation and the resources the Board offers to the public. Arrangements for presentations should be made at least three weeks prior to the event. Please contact:

**Mark Bowden
Iowa Board of Medicine
400 SW Eighth Street, Suite C
Des Moines, IA 50309
(515) 242-3268
mark.bowden@iowa.gov**

