



AAOE SUMMIT MEETING MINUTES

Saturday, January 26, 2019

Hilton Lake Las Vegas Resort and Spa– Tuscany Room – Henderson, NV

9:00 AM – 11:00 AM

Fellows Present:

Mary Jo Capodice, DO, Vice President, AAOE; Wisconsin Medical Examining Board
Alexios Carayannopoulos, DO, Rhode Island Board of Medical Licensure and Discipline
Jone Geimer-Flanders, DO, Hawaii Medical Board
James Griffin, DO, Rhode Island Board of Medical Licensure and Discipline
Anna Hayden, DO, Immediate Past President, AAOE; Florida Board of Osteopathic Medicine
Gary Hill, DO, Alabama Board of Medical Examiners
Geraldine O'Shea, DO, Past President, AAOE; Board Vice-Chair, NBOME; Osteopathic Medical Board of California
Donald Polk, DO, Tennessee Board of Osteopathic Examiners
Wayne Reynolds, DO, Virginia Board of Medicine
Joel Rose, DO, Florida Board of Osteopathic Medicine
Otto Sabando, DO, New Jersey Board of Medical Examiners
Barbara E. Walker, DO, President, AAOE; North Carolina Medical Board
Michael Wieting, DO, Secretary-Treasurer, AAOE; Tennessee Board of Osteopathic Examiners
Joseph Zammuto, DO, Osteopathic Medical Board of California

Non-Members/Observers Present:

Humayun J. Chaudhry, DO, President & CEO, Federation of State Medical Boards (FSMB)
John Gimpel, DO, President & CEO, National Board of Osteopathic Medical Examiners (NBOME)
Sandra Waters, MEM, Vice President, Collaborative Assessment & Initiatives, NBOME

AOA Leaders/Staff:

Ronald Burns, DO, President-elect, AOA
Kim Kuman, Executive Assistant, State Government Affairs
William S. Mayo, DO, President, AOA
Josh Prober, JD, Senior Vice President & General Counsel, AOA
Raine Richards, JD, Director, State Government Affairs

- I. AAOE President Barbara Walker, DO called the meeting to order at 9:00 AM.
- II. Approval of agenda unanimous. Approval of July 19, 2018 meeting minutes unanimous with one minor revision.

III. **American Osteopathic Association (AOA) Update** – William S. Mayo, DO, President, AOA

- a) At present, there are 145,000 DOs and OMS in the US – this represents huge growth (54%) of the profession over the last 7-8 years
- b) Over 65% of DOs are less than 45 years old
- c) 41% are female
- d) AOA is recognizing and responding to the different wants and needs of a rapidly changing membership, in part by
 - i. Re-tooling the board certification process to ensure that AOA boards are physician-friendly, cost effective and convenient while maintaining quality
 - A newly created Board Certification Taskforce will assist in this process
 - ii. Increasing international recognition for US trained DOs
 - In June 2018, the International Labor Organization, an agency of the United Nations, affirmed that US-trained DOs are fully licensed physicians able to prescribe medications and perform surgery.
 - The Association of Medical Councils of Africa is currently considering a petition by the AOA to recognize US-trained DOs on the same basis as MDs.

IV. **NBOME/COMLEX-USA Update** - John Gimpel, DO, President & CEO, NBOME Geraldine O'Shea, DO, Board Vice Chair, NBOME Sandra Waters, MEM, Vice President for Collaborative Assessment and Initiatives, NBOME

- a) Geraldine O'Shea, DO:
 - i. Stated NBOME's appreciation of the ongoing collaboration with the AAOE
 - ii. Invited AAOE to celebrate the 85th anniversary of NBOME and its distinctive osteopathic assessment process in June 2019.
 - iii. Congratulated Dr. Walker on receiving the NBOME's Clark Award for outstanding patient advocacy in December 2018.
 - iv. Invited nominations for the NBOME's Clark and Santucci (in recognition of outstanding contributions to the NBOME's mission) Awards for 2019.
- b) Sandra Waters, MEM:
 - i. New COMLEX-USA Level 3 blueprint with a two day exam began in September 2018. The new examination content is more clinically relevant, and medical school deans and residency program directors must now attest to the examinee's good academic and professional standing before they are allowed to sit for an exam. So far, over 6,000 attestations have been received. Program directors are also able to get a copy of applicants' score reports.
 - ii. Some reports will begin to have annotations regarding factors interfering with a candidate's performance or irregularities occurring during an examination administration.
- c) John Gimpel, DO:
 - i. Reported on the October 2018 publication of an article about the evidence-based redesign of COMLEX-USA in the [Journal of Medical Regulation](#).
 - ii. COMLEX Level 1, Level 2-CE and Level 2-PE will implement the new blueprint in 2019.

- iii. Spoke about NBOME's research initiatives in partnership with other organizations, citing multiple recent publications and others submissions which are pending.
- iv. AMA resolution introduced in 2018 stated that COMLEX and USMLE should explore the possibility of going to pass/fail scoring rather than three digit standard numerical scores. Advantages, disadvantages and unintended consequences were discussed. The issue has also been discussed with the National Board of Medical Examiners (NBME) and FSMB as well. There will be a NBME/AMA conference on USMLE scoring in March 2019 to further explore the issue. Student wellness is a factor contributing to this movement, in addition to licensure exams being used in ways for which they were not intended. Other unintended consequences were discussed, such as discrimination based upon the medical school attended if residency program directors are no longer able to use scores.
- v. AMA passed Resolution 955, which recognizes equality between the COMLEX-USA and USMLE examinations, in November 2018. COMLEX-USA Level 3 score reports cover multiple domains of competency, which provides valuable clinical performance data to program directors.

V. Update: Osteopathic Manual Practitioners - Josh Prober, JD, Senior Vice President & General Counsel, AOA

- a) Canadian-trained chiropractor (Shawn Pourgol) who was disciplined in Canada for holding himself out as a DO has established an unaccredited degree program in "osteopathic manual practice" at the "National University of Medical Sciences," a school that he created in Canada and Spain. He is promoting this "D.O.M.P." credential as similar to DO licensure, even though the program is mainly online with a "hands on" component occurring outside of the United States. His organization "self-accredits" its training programs and he has attempted to trademark the name and credential. The AOA successfully blocked the trademark application but remains vigilant as another application could be filed at any time.
 - i. The state of Nevada is currently investigating a letter that the AOA submitted regarding unlicensed graduates of Mr. Pourgol's program providing "osteopathic services" in the state. The group has also received a certificate of incorporation in Florida, which they are using as a mark of legitimacy to drive interest in their program. No "education" currently occurs in the state but they do have an office in Naples. The AOA is concerned about the misleading marketing tactics used by this organization and has expressed concerns about the program's quality and legitimacy to the state.
- b) Several unaccredited and unregulated osteopathic schools have been created in Canada (mostly in Quebec and Ontario), and they are reaching out to US-based massage therapists and physical therapists to promote their programs as providing supplemental "osteopathic" training. Program "graduates" are advertising the delivery of osteopathic services, which has potential anti-trust ramifications for the AOA.
- c) US COMs are seeing a growth in the number of Canadian students who enroll with the intention of returning to Canada to pursue postgraduate training and licensure. Canadian residency programs are also increasingly accepting US trained DOs, especially Canadian citizens. Michigan State University COM (MSUCOM) has taken the initiative to specifically recruit and provide scholarships for Canadian applicants

who are interested in primary care, in order to help promote osteopathic medicine in Canada. Graduates of MSUCOM are recognized by the Canadian Resident Matching Service as an approved non-Canadian medical school.

- d) The above factors have created confusion about the different types of osteopathic credentials and training in Canada, and the government of Quebec has been particularly responsive to helping the AOA promote qualified US-trained DOs as possessing the legitimate training and credentials that uniquely qualify them to deliver osteopathic services.

VI. Update: FSMB's "Artificial Intelligence in Health Care: The Role of Medical Boards" Seminar and Recent Activities – Humayun J. Chaudhry, DO, President & CEO, FSMB

- a) Seminar
- i. FSMB jointly sponsored a symposium in November 2018 to discuss the impact of artificial/augmented intelligence (AI) on the practice of medicine, as well as its impact on medical licensure. AI is viewed as having great potential as a clinical decisionmaking support tool.
 - ii. There are concerns regarding the use of AI in place of physicians
 - iii. There is no standard definition of AI
 - iv. Most AI funding has been devoted to helping hospitals with business analytics and financial operations
 - v. If AI technology gets federal approval, there will be a need for increased involvement by state licensing authorities. Is there a need for state medical boards to decide how to regulate AI? How does a "device" create a treatment plan, reach a diagnosis, etc.? Studies have also shown that issues can occur related to programming bias – who is responsible for liability/AI "malpractice"?
 - vi. Could AI be used for risk-based regulation by state licensing boards to predict which licensees might warrant additional attention?
 - vii. AI is not being taught in a standardized way in medical school curricula.
 - viii. AI may warrant a future FSMB work group.
- b) Recent Activities
- i. FSMB will have a website to collect input regarding licensing exam score reporting and use.
 - ii. FSMB Ethics Committee is looking at how students and physicians use social media.
 - iii. FSMB continues to work with IAMRA to achieve recognition of US-trained DOs.
 - iv. FSMB work group on sexual boundary violations began in 2018 but meetings have demonstrated a need for a more detailed look at this issue before recommendations can be made – work group may be extended to multiple years.
 - v. Half of the states have joined the Interstate Medical Licensure Compact, and legislation is currently active in 6 more states.

VII. AOA State Government Affairs Update – Raine Richards, JD, Director, State Government Affairs, AOA

- a) Notified the Fellows that the revised AAOE meeting briefing book contains an updated State Government Affairs report.
- b) NH revived its 2018 Assistant Physician (now “Graduate Physician”) bill to allow medical school graduates who did not match into a residency program to provide primary care (including OB/GYN services) – AOA jointly opposed with NHOA, ACOFP and ACOI and the bill died.
- c) Scope of Practice
 - i. In the fall of 2018, the Pennsylvania Osteopathic Medical Association became the second osteopathic state affiliate after Oklahoma to be awarded a Scope of Practice Partnership grant (jointly with PAMED) to create a campaign to oppose nurse anesthetist independent practice and educate legislators and the public about the importance of physician led, team-based care.
 - ii. Nurses
 - 1. Last summer, the American Association of Nurse Practitioners launched a \$2 million campaign to encourage patients to choose NPs instead of physicians and push for independent practice in the states where this is not currently allowed.
 - 2. Bills have been introduced in three states to allow APRNs in shortage areas to interpret test results and serve as independent primary care providers.
 - iii. PAs
 - 1. The American Academy of Physician Assistants (PAs) changed the organization’s preferred terminology from “physician assistant” to “PA” and adopted a new “Optimal Team Practice” (OTP) model to allow PAs to practice independently of physicians. The AAPA would like decisions about PA practice authority and collaboration to be made at the individual practice level, and they are seeking independent PA licensing boards and direct reimbursement by insurers in order to compete with independent practice nurses. In 2019, Hawaii and South Carolina became the first states to introduce OTP legislation.
 - 2. The Physician Assistant Education Association disagrees with the AAPA about independent practice for PAs, and believes that it could harm PAs and patients.
 - iv. Physical therapists would like to create an independent licensing board in Indiana.
 - v. Naturopaths are seeking licensure as “physicians” in NM and MS, and would like to prescribe testosterone and some controlled substances.
 - vi. Multiple states have bills to allow psychologists to prescribe medication, including Schedule II controlled substances for the treatment of attention deficit hyperactivity disorder.

VIII. State Roundtable: Open Discussion of Issues Impacting Osteopathic Medical Regulation/Licensure

- a) Tennessee – Minimum disciplinary standards for prescribers who violate opioid prescribing laws will be codified in 2019.

- b) New Jersey – Governor supports replacing opioids with medical marijuana for patients with chronic pain.
- c) North Carolina –Naturopaths have requested licensure under the aegis of the state medical board, which the medical board opposes. A work group has been created to discuss options and concerns.

IX. Announcements

- a) New AAOE Representative on the AOA’s Bureau of State Government Affairs
 - i. Jone Geimer-Flanders, DO, appointed to fill remainder of James Griffin, DO term expiring 2021.
- b) Upoming AAOE Meeting Dates
 - i. AAOE Annual Business Meeting and Officer Elections – Friday, April 26, 2019 from 6 – 8 am in conjunction with the FSMB Annual Meeting which runs from April 24-27, 2019 at the Omni Ft. Worth, TX.
 - ii. AAOE Business Meeting – *(tentative)* Thursday, July 25, 2019, in conjunction with the AOA House of Delegates which runs from July 22-28, 2019 at the Chicago (IL) Marriott Magnificent Mile.
- c) AAOE Elections
 - i. AAOE Officer Elections for 2019-2021 term will be held during the AAOE Annual Business Meeting in April 2019. Nominees and Fellows must be present to run/vote.
 - ii. Deadline to submit nominations was December 14, 2018. The Nominating Committee will hold a closed meeting immediately following this meeting to review nominations.

X. There being no further business, meeting adjourned by Dr. Walker at 11:07 AM.

Respectfully Submitted,
Michael Wieting, DO
AAOE Secretary-Treasurer