



**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
December 15, 2021**

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of November 17, 2021 (6-11)

C. Introductions, Announcements and Recognition

- 1) DSPS and MTX Enter New Partnership to Modernize Licensing with Salesforce and mavQ Technology **(12-13)**

D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration

- 1) Board, Department and Staff Updates
- 2) Board Members – Term Expiration Dates
 - a. Bond, Jr., Milton – 7/1/2023
 - b. Chou, Clarence P. – 7/1/2023
 - c. Ferguson, Kris – 7/1/2025
 - d. Gerlach, Diane M. – 7/1/2024
 - e. Goel, Sumeet K. – 7/1/2023
 - f. Lerma, Carmen – 7/1/2024
 - g. Parish, Michael A. – 7/1/2023
 - h. Sattler, Rachel E. – 7/1/2024
 - i. Schmeling, Gregory J. – 7/1/2025
 - j. Siebert, Derrick R. – 7/1/2025
 - k. Wasserman, Sheldon A. – 7/1/2023
 - l. Yerby, Lemuel G. – 7/1/2024
 - m. Yu, Emily S. – 7/1/2024
- 3) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 4) Assignment of Screening Panel and Examination Panel Liaisons
- 5) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

- F. Legislative and Policy Matters – Discussion and Consideration**
- G. Administrative Rule Matters – Discussion and Consideration (14)**
 - 1) Med 10, Relating to Performance of Physical Examinations
 - 2) Med 1, Relating to Licensure
 - 3) Med 13, Relating to Continuing Education
 - 4) Pod 1 and 2, Related to Language Updates **(15-17)**
 - 5) OT 3, Related to Continuing Education **(18-21)**
 - 6) Status Update: Cos 2, 3, 5, & 8
 - 7) Pending or Possible Rulemaking Projects
- H. Board Setting of Goals to Address Opioid Abuse – Wis. Stat. s. 440.035(2m)(c) – Discussion and Consideration (22)**
- I. COVID-19 – Discussion and Consideration**
- J. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
 - 1) 7th Annual Survey of State Medical Boards – Key Findings
- K. Controlled Substances Board Report**
 - 1) 2021 Quarter 3 Report **(23-40)**
- L. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration**
- M. Newsletter Matters – Discussion and Consideration**
 - 1) Review of Distribution Report and Future Planning **(41-45)**
 - 2) Pain Management Article **(46)**
- N. CE Broker – Discussion and Consideration**
- O. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**
 - 1) Travel Report: License Portability for Physician Assistants Stakeholder Meeting – November 18, 2021 – Derrick Siebert
 - 2) Speaking Engagement Request: Wisconsin Medical Society Doctor’s Day – February 8, 2022
- P. MED-PA Collaboration Committee Report**
 - 1) Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson
- Q. Screening Panel Report**
- R. Future Agenda Items**
- S. Discussion and Consideration of Items Added After Preparation of Agenda:**
 - 1) Introductions, Announcements and Recognition
 - 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 3) Administrative Matters
 - 4) Election of Officers
 - 5) Appointment of Liaisons and Alternates

- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Policy Matters
- 11) Administrative Rule Matters
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

T. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

U. **Deliberation on DLSC Matters**

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 20 MED 272 – Aleksandar V. Rosich, MD **(47-54)**
 - b. 21 MED 054 – Joseph A. Locke, DO **(55-61)**
 - c. 21 MED 181 – Javier E. Font, PA **(62-67)**
 - d. 21 MED 265 – Morgan Budde, MD **(68-75)**
 - e. 21 MED 283 – Tyler D. Miller, MD **(76-81)**
 - f. 21 MED 308 – Paul W. Sperduto, MD **(82-86)**
- 2) **Administrative Warnings**
 - a. 18 MED 092 – D.B.S. **(87-88)**
 - b. 20 MED 483 – J.I.N. **(89-90)**
 - c. 20 MED 491 – T.J.R. **(91-92)**
 - d. 21 MED 127 – D.D.K. **(93-94)**
 - e. 21 MED 294 – A.B.B. **(95-97)**
 - f. 21 MED 301 – J.F.D. **(98-99)**

- 3) **Case Closings**
 - a. 20 MED 174 – A.M.L., S.S. **(100-117)**
 - b. 20 MED 179 – P.J.B. **(118-123)**
 - c. 20 MED 347 – Q.N. **(124-142)**
 - d. 20 MED 362 – K.S. **(143-150)**
 - e. 21 MED 062 – J.D.W. **(151-171)**
 - f. 21 MED 263 – C.J.S. **(172-180)**
 - g. 21 MED 315 – J.S.B. **(181-186)**
 - h. 21 MED 326 – M.V.R. **(187-192)**
 - i. 21 MED 348 – W.M.L. **(193-242)**
 - j. 21 MED 357 – S.E.D. **(243-254)**

V. Credentialing Matters

- 1) Consideration of Waiver of 24 Months of ACGME/AOA Approved Post-Graduate Training
 - a. Zarina Markova **(255-283)**

W. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Complaints
- 15) Case Closings
- 16) Board Liaison Training
- 17) Petitions for Extension of Time
- 18) Petitions for Assessments and Evaluations
- 19) Petitions to Vacate Orders
- 20) Remedial Education Cases
- 21) Motions
- 22) Petitions for Re-Hearing
- 23) Appearances from Requests Received or Renewed

X. Open Cases

Y. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Z. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

AA. Open Session Items Noticed Above Not Completed in the Initial Open Session

BB. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

VIRTUAL/TELECONFERENCE

11:30 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of **zero (0)** (at time of agenda publication) Candidates for Licensure – **Dr. Ferguson** and **Dr. Wasserman**

NEXT MEETING: JANUARY 19, 2022

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
MEETING MINUTES
NOVEMBER 17, 2021**

PRESENT: Milton Bond, Jr. (*excused at 8:03 a.m.*), Clarence Chou, M.D.; Diane Gerlach, D.O.; Sumeet Goel, D.O.; Kris Ferguson, M.D. (*arrived at 8:04 a.m.*); Carmen Lerma; Michael Parish, M.D.; Rachel Sattler; Derrick Siebert, M.D.; Sheldon Wasserman, M.D. (*excused at 11:03 a.m., arrived at 11:12 a.m.*); Lemuel Yerby, M.D.; Emily Yu, M.D.

EXCUSED: Gregory Schmeling, M.D.

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Sheldon Wasserman, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with eleven (11) members present.

ADOPTION OF AGENDA

Amendment to the Agenda

- Closed Session: Under item “T. Deliberation on DLSC Matters; 3) Case Closings; n. 21 MED 276” **AMEND:**
 - 21 MED ~~276~~ **273** – K.W.P.

MOTION: Clarence Chou moved, seconded by Michael Parish, to adopt the Agenda as amended. Motion carried unanimously.

(Milton Bond, Jr. was excused at 8:03 a.m.)

APPROVAL OF MINUTES OF OCTOBER 20, 2021

MOTION: Michael Parish moved, seconded by Lemuel Yerby, to approve the Minutes of October 17, 2021 as published. Motion carried unanimously.

(Kris Ferguson arrived at 8:04 a.m.)

CONTINUING MEDICAL EDUCATION UPDATE

Scope Statement – Opioid Continuing Medical Education

MOTION: Sumeet Goel moved, seconded by Michael Parish, to request DSPS staff draft a Scope Statement revising Wis. Admin. Code chapter Med 13, relating to continuing medical education. Motion carried unanimously.

CLOSED SESSION

MOTION: Derrick Siebert moved, seconded by Rachel Sattler, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Sheldon Wasserman, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Clarence Chou-yes; Kris Ferguson-yes; Diane Gerlach-yes; Carmen Lerma-yes; Sumeet Goel-yes; Michael Parish-yes; Rachel Sattler-yes; Derrick Siebert-yes; Sheldon Wasserman-yes; Lemuel Yerby-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:03 a.m.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations, Final Decisions and Orders

18 MED 376 – Krishna P. Pandey, MD

MOTION: Michael Parish moved, seconded by Kris Ferguson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Krishna P. Pandey, MD, DLSC Case Number 18 MED 376. Motion carried unanimously.

18 MED 453 – Cha Lee, MD

MOTION: Kris Ferguson moved, seconded by Lemuel Yerby, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Cha Lee, MD, DLSC Case Number 18 MED 453. Motion carried unanimously.

20 MED 314 – Marion E. Pruitt, MD

MOTION: Clarence Chou moved, seconded by Michael Parish, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Marion E. Pruitt, MD, DLSC Case Number 20 MED 314. Motion carried unanimously.

20 MED 370 – John N. Gietzen, Jr., DO

MOTION: Emily Yu moved, seconded by Kris Ferguson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against John N. Gietzen, Jr., DO, DLSC Case Number 20 MED 370. Motion carried unanimously.

21 MED 125 – Dana J. Onifer, MD

MOTION: Michael Parish moved, seconded by Kris Ferguson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Dana J. Onifer, MD, DLSC Case Number 21 MED 125. Motion carried unanimously.

21 MED 253 – Matthew A. Sherrill, MD

MOTION: Kris Ferguson moved, seconded by Emily Yu, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Matthew A. Sherrill, MD, DLSC Case Number 21 MED 253. Motion carried unanimously.

Administrative Warnings

19 MED 092 – B.S.W.

MOTION: Sumeet Goel moved, seconded by Parish, to issue an Administrative Warning in the matter of B.S.W., DLSC Case Number 19 MED 092. Motion carried unanimously.

21 MED 199 – P.R.H.

MOTION: Lemuel Yerby moved, seconded by Emily Yu, to issue an Administrative Warning in the matter of P.R.H., DLSC Case Number 21 MED 199. Motion carried unanimously.

Case Closings

MOTION: Clarence Chou moved, seconded by Kris Ferguson, to close the following DLSC Cases for the reasons outlined below:

1. 20 MED 035 – L.R.B., S.U.R., S.J.S. – No Violation
2. 20 MED 105 – S.A.K. – Prosecutorial Discretion (P3)
3. 20 MED 140 – Unknown – No Violation
4. 20 MED 142 – D.M.N., D.K.F., J.E., J.I.W., C.E.S., A.D., N.B., E.A.Z., C.D.S., S.V.Z. – No Violation
5. 20 MED 372 – A.B.M. – Lack of Jurisdiction (L2)
6. 21 MED 020 – C.K. – Prosecutorial Discretion (P1)
7. 21 MED 027 – T.J.K. – No Violation
8. 21 MED 067 – H.H.R. – Prosecutorial Discretion (P5)
9. 21 MED 080 – V.R.V. – No Violation
10. 21 MED 128 – Unknown – No Violation
11. 21 MED 159 – M.J.R. – Prosecutorial Discretion (P5)
12. 21 MED 209 – P.A.B. – Insufficient Evidence
13. 21 MED 304 – D.A. – No Violation

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

21 MED 273 – Adil Humayun, MD

MOTION: Sumeet Goel moved, seconded by Michael Parish, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Adil Humayun, MD, DLSC Case Number 21 MED 273. Motion carried unanimously.

Case Closings

21 MED 273 – K.W.P.

MOTION: Michael Parish moved, seconded by Sumeet Goel, to close DLSC Case Number 21 MED 273, against K.W.P., for No Violation. Motion carried unanimously.

21 MED 240 – R.R.K.

MOTION: Michael Parish moved, seconded by Sumeet Goel, to close DLSC Case Number 21 MED 240, against R.R.K., for No Violation. Motion carried.

Monitoring Matters

Sean Cashin, MD – Requesting Full Licensure

MOTION: Michael Parish moved, seconded by Lemuel Yerby, to grant the request of Sean Cashin for Full Licensure. Motion carried unanimously.

(Sumeet Goel recused himself and left the room for deliberation and voting in the matter concerning the request of Sean Cashin for full licensure.)

CREDENTIALING MATTERS

Full Board Oral Examination

Stephan Green, Medicine and Surgery Applicant

MOTION: Diane Gerlach moved, seconded by Lemuel Yerby, to issue a three-option letter in the matter of Stephan Green, requesting that he provide evidence of completion of his residency program with supporting information regarding his remedial program. Motion carried unanimously.

Consideration of Waiver of 24 Months of ACGME/AOA Approved Post-Graduate Training

Harris Schneider, MD

MOTION: Sumeet Goel moved, seconded by Emily Yu, to approve the Waiver of 24 Months of ACGME/AOA Approved Post-Graduate Training, once all requirements are met. Motion carried unanimously.

(Sheldon Wasserman disconnected at 11:03 a.m. Clarence Chou assumed Chairperson responsibilities in his absence.)

Application Reviews

Muhammad Choudhry, Medicine and Surgery Applicant

MOTION: Sumeet Goel moved, seconded by Diane Gerlach, to request that Muhammad Choudhry appear for a Full-Board Oral Examination at a future meeting. Motion carried unanimously.

(Sheldon Wasserman reconnected at 11:12 a.m.)

Syed Ahkter, Medicine and Surgery Applicant

MOTION: Lemuel Yerby moved, seconded by Clarence Chou, to deny the Medicine and Surgery application of Syed Ahkter. Reason for Denial: Med 10.03(3)(c) and 10.03(3)(i). Motion carried unanimously.

Dustin Hisel, Respiratory Care Practitioner Applicant

MOTION: Diane Gerlach moved, seconded by Michael Parish, to deny the Respiratory Care Practitioner application of Dustin Hisel. Reason for Denial: 111.335(4)(c). Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Diane Gerlach moved, seconded by Michael Parish, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:18 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Clarence Chou moved, seconded by Lemuel Yerby, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Sumeet Goel moved, seconded by Diane Gerlach, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Sumeet Goel moved, seconded by Diane Gerlach, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:19 a.m.

DRAFT



PRESS RELEASE—CONTACT DPS NEWSROOM AT (608) 576-2491

November 18, 2021

DSPS Announces New Partnership with MTX Group to Modernize Licensing with Salesforce and mavQ Technology

MADISON, Wis. – The Department of Safety and Professional Services (DPS) is partnering with MTX Group to further modernize its occupational credentialing process using Salesforce technology. This project is designed to move paper applications online for registered nurses, physicians, pharmacists, dentists, and other health care professionals, which together account for more than half of the agency’s total licensing volume. This will help streamline the application process and expedite decisions for individuals who have met all professional requirements and are ready to enter the health care workforce.

This is the second collaboration with MTX, which began work to automate data entry and document management tasks with its mavQ artificial intelligence platform in October. In this project, MTX will work closely with DPS to tailor the Salesforce Licensing, Permitting, and Inspection Solutions to agency operations. It will help further automate aspects of the credentialing process, particularly those steps that remain largely paper-based and manual. This will help the DPS team reduce errors, improve efficiency, and free staff members to focus on higher-level efforts, including application evaluation and customer interaction.

“This strategy will position our staff to be more effective, and that will enable us to deliver better service to all the people seeking to obtain or renew a license in Wisconsin,” said DPS Secretary Dawn Crim. “When we talk about modernizing the agency, this is it. This is what we need to do to operate the way our customers expect and deserve.”

The project plans to deliver a tailored online portal with an accessible and intuitive interface for applicants and staff. It also aims to enable online application, allow electronic signatures, and offer secure, online payment. Advanced reporting features of the built solution will help DPS track revenue figures as well as robust data about the licensing process and individual professions.

“We are proud to play a role in such important work,” said Tommie Fern, Senior VP, Public Sector Sales State and Local. “The Wisconsin DPS team provides a great example for how the industry at large can digitize and modernize the way people enter the workforce. We are excited to celebrate a mission-critical investment that will support people in pursuing their dreams and helping their communities.”

DPS plans to eventually transition all DPS credentials online. This is a major step forward for the high-volume agency that issues more than 240 unique occupational licenses in dozens of industries and fields, for which it handled nearly a half million applications and renewals in the last biennium alone.

“Our list is long, our workload is heavy, and both continue to grow,” Crim said. “This project will be transformational. While it will make a tremendous difference for our staff, it will be most significant to our customers who want to get into the licensed workforce and remain in the licensed workforce.”

MTX has worked with states across the country on a wide range of government services in a variety of sectors, including licensing, transportation, health services, and more.

“At MTX, we prioritize putting people first and creating improved happiness, health, and economic outcomes,” said MTX Founder & CEO Das Nobel. “Our mavQ offering will accelerate the safe entry and re-entry for professionals into the workforce, translating to faster earning potential for Wisconsinites, a promotion to the local economy, and overall improvement for the health care ecosystem.”

The Department of Safety and Professional Services issues more than 240 unique licenses, administers dozens of boards and councils that regulate professions, enforces state building codes, runs the state fire prevention program, and maintains the award-winning Wisconsin Enhanced Prescription Drug Monitoring Program, which is a key tool in the multi-faceted public health campaign to address the opioid epidemic. A fee-based agency, the Department of Safety and Professional Services is self-sustaining and receives no general fund tax dollars for its day-to-day operations. With five offices and 250 employees throughout Wisconsin, DSPS collaborates with constituents and stakeholders across a wide range of industries to promote safety and advance the economy.

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Jennifer Garrett, Communications Director, Wisconsin Department of Safety and Professional Services, (608) 576-2491, Jennifer.garrett@wisconsin.gov

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jameson Whitney, Board Counsel		2) Date When Request Submitted: 12/3/21 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 12/15/21	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration -Med 10, Physical Examinations – preliminary draft -Med 1, Licensure- implemented scope -Med 13, Continuing Education – requested scope statement -Pod 1 and 2, language updates – review by MEB -OT 3, Continuing Education – review by MEB	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board should review, take necessary action, and give drafting instructions regarding the referenced administrative rule projects.			
11) Signature of person making this request Jameson Whitney	Authorization	Date 12/3/21	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PODIATRY AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	PODIATRY AFFILIATED
PODIATRY AFFILIATED	:	CREDENTIALING BOARD
CREDENTIALING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Podiatry Affiliated Credentialing Board to amend Pod 1.03 (2) and 2.01 (21), relating to licensure and professional conduct.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.695 (1) (a) and (2), Stats.

Statutory authority:

Sections 15.085 (5) (b) and 448.695 (1) (a) and (2), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 448.695 (1) (a), Stats., requires the Podiatry Affiliated Credentialing Board to promulgate rules which “defin[e] the acts or attempted acts of commission or omission that constitute unprofessional conduct under s. 448.60 (5).”

Section 448.695 (2), Stats., provides that “[t]he affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter.”

Related statute or rule:

None.

Plain language analysis:

The rule updates ss. Pod 1.03 (2) and 2.01 (21) to reflect that the Council on Education has been renamed the Council on Podiatric Medical Education, and that the American Board of Foot and Ankle Surgery and American Board of Podiatric Medicine are the recognized specialty boards in the podiatric medical profession.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: The Illinois administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (68 Ill. Admin. Code s. 1360.20 (b)). The Illinois code does not list the specialty boards that are approved by the department (68 Ill. Admin. Code s. 1360.85 (d)).

Iowa: Iowa administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (645 IAC 220.4 (1)). Iowa provides that false or misleading advertising is grounds for disciplinary action, but it does not expressly require the podiatrist to provide the name of the specialty board in the advertisement (See 645 IAC 224.2 (5)).

Michigan:

Michigan administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (Mich. Admin Code s. R 338.8113). The code does not appear to expressly regulate podiatrist advertising.

Minnesota:

Minnesota administrative rules reflect that the Council on Education is now referred to as the Council on Podiatric Medical Education of the American Podiatric Medical Association (Minn. Admin Code s. 6900.0020 (2)). Minnesota code does not provide grounds for disciplinary action. Minnesota statute does provide that false or misleading advertising is grounds for disciplinary action, however it does not expressly require the podiatrist to provide the name of the specialty board in the advertisement (See Minnesota Statutes, Section 153.19 (1))

Summary of factual data and analytical methodologies:

The proposed rules are needed to reflect a name change to the council which approves podiatry education programs, as well as to reflect the names of the currently recognized specialty boards in the podiatric medicine profession.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rules will be posted for a period of 14 days for public comment on the economic impact of the proposed rules, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Jon Derenne, Attorney, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-266-0955; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. Pod 1.03 (2) is amended to read:

Pod 1.03 (2) Verified documentary evidence of graduation from a school of podiatric medicine and surgery approved by the board and a verified photographic copy of the diploma conferring the degree of doctor of podiatric medicine or its equivalent as determined by the board granted to the applicant by the school. The board shall approve the podiatric medical schools recognized and approved at the time of the applicant's graduation by the ~~council on education of the American podiatric association~~ Council on Podiatric Medical Education of the American Podiatric Medical Association.

SECTION 2. Pod 2.01 (21) is amended to read:

Pod 2.01 (21) Using in advertising the term "board certified" or a similar phrase of like meaning by a licensee unless certified by the ~~council on podiatric medicine of the American podiatric medical association~~ American Board of Foot and Ankle Surgery or the American Board of Podiatric Medicine, and unless disclosure is made in the advertising of the complete name of the board which conferred the certification.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

STATE OF WISCONSIN
OCCUPATIONAL THERAPISTS
AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	OCCUPATIONAL THERAPISTS
OCCUPATIONAL THERAPISTS	:	AFFILIATED CREDENTIALING
AFFILIATED CREDENTIALING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to **amend** ch. OT 3.06 (3), and (table), relating to continuing education.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 440.03 (4m), Stats.

Statutory authority:

Sections 15.085 (5) (b) and 448.965 (1) (b), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .” The proposed rule will provide guidance concerning the supervision and practice of occupational therapy assistants.

Section 448.965 (1) (b), Stats., provides the Occupational Therapists Affiliated Credentialing Board may promulgate rules that establish “[c]ontinuing education requirements for license renewal for an occupational therapist or occupational therapy assistant under s. 448.967 (2).”

Related statute or rule:

None.

Plain language analysis:

- Section OT 3.06 (3) is revised to specify that the continuing education points obtained through means other than professional development activities in Table 3.06 should be in courses, programs, or other educational activities related to the licensee’s practice.

- Table OT 3.06 is revised to include webinars approved by the Wisconsin Occupational Therapists Association (WOTA), the American Occupational Therapists Association (AOTA), and/or the National Board for Certification in Occupational Therapy (NBCOT), initial certification in specified subjects, and specialty certifications from AOTA in the list of professional development activities for continuing education credit.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: 68 Ill. Admin. Code 1315.145 b) specifies the requirements for continuing education courses for occupational therapists to be approved. All CE activities shall be relevant to the advancement, extension, and enhancement of professional clinical skills and scientific knowledge in the practice of occupational therapy; provide experiences that contain scientific integrity, relevant subject matter and course materials; and be developed and presented by persons with education and/or experience in the subject matter. Subsection c) specifies other activities from which CE may be earned, and subsection d) names approved sponsors of CE programs.

Iowa: 645 IAC 207.3(1) and (2) specify general and specific criteria for approval of continuing education activities for occupational therapists. General criteria include that the program constitutes an organized program of learning which contributes directly to the professional competency of the licensee; that it pertains to subject matters which integrally relate to practice; that it is conducted by individuals who are qualified by education, training, and experience; that it fulfills stated program goals and/or objectives; and that it provides proof of attendance to licensees. Specific criteria expands into what types of activities and what subjects generally are and are not acceptable for continuing education credit.

Michigan: Mich Admin Code, R 338.1252 provides the requirements for acceptable continuing education for occupational therapists and occupational therapists assistants, including format and subject matter requirements. Subsection (3) provides a table of acceptable continuing education activities along with the maximum allowable hours of credit that can be completed for each activity.

Minnesota: The Minnesota Statutes provide standards for determining qualified continuing education activities and define activities that qualify for continuing education contact hours (Minnesota Statutes 2017, section 148.6443, Subds. 2. and 3.). To qualify for continuing education credit, an activity must constitute an organized program of learning; it must reasonably be expected to advance the knowledge and skills of the practitioner; it must pertain to subjects directly related to the practice of occupational therapy; it must be conducted by a sponsor approved by the American Occupational Therapy Association or by individuals who should be considered experts on the topic due to their education, training, and experience; and it must be presented by a sponsor who has a means to verify attendance and maintain records for three years. Subd. 3. defines acceptable means of obtaining continuing education credit through various courses and

activities and the maximum allowable hours that can be obtained through any particular activity.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of ch. OT 3 to ensure consistency with current standards for drafting style and format and applicable Wisconsin statutes.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Fiscal Estimate and Economic Impact Analysis:

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Jameson Whitney, Attorney, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-266-8098; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Jameson Whitney, Attorney, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held on the proposed rules. Information concerning the date, time, and location of the public hearing will be published in the Wisconsin Administrative Register and posted on the Legislature’s website at <https://docs.legis.wisconsin.gov/code/chr/hearings>.

TEXT OF RULE

SECTION 1. OT 3.06 (3) is amended to read:

OT 3.06 (3) At least 12 points of the continuing education required under subs. (1) and (2) shall be accumulated through 2 or more professional development activities listed under Table OT 3.06 that are related to occupational therapy. The remainder of the continuing education required under subs. (1) and (2) shall be accumulated through courses, programs, or other educational activities related to the licensee’s practice. In

Table OT 3.06, “contact hour” means not less than 50 minutes of actual professional activity.

SECTION 2. OT 3.06 (3) (table) lines (b), (f), and (g) are amended to read:

PROFESSIONAL DEVELOPMENT ACTIVITIES	PROFESSIONAL DEVELOPMENT POINTS
(b) Attendance at seminars, workshops, lectures, professional conferences, interactive online courses and video courses <u>and webinars approved by the Wisconsin Occupational Therapists Association (WOTA), the American Occupational Therapists Association (AOTA), and/or the National Board for Certification in Occupational Therapy (NBCOT).</u>	1 point per contact hour of attendance.
(f) Initial completion of specialty board certification in <u>physical rehabilitation, mental health, pediatrics, or gerontology from AOTA,</u> or certification in <u>neurorehabilitation, pediatrics, hand therapy, occupational therapy, including certification in neurorehabilitation, pediatrics, hand therapy, gerontology, driver rehabilitation, advanced practice, neuro-developmental treatment, case management, and rehabilitation counseling.</u>	12 points.
(g) Authorship of a book in occupational therapy or a related professional area <u>Specialty certification in low vision, driving and community mobility, school system, feeding/eating/swallowing, or environmental modification from AOTA.</u>	<u>10 points.</u> 12 points

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

 (END OF TEXT OF RULE)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Tom Ryan, Executive Director		2) Date When Request Submitted: 11/29/2021 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 12/15/2021	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Setting of Goals to Address Opioid Abuse – Wis. Stat. s. 440. (2m) (c)	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (<u>Fill out Board Appearance Request</u>) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p>Wis. Stat s. 440.035 (2m) (c) 1. The medical examining board shall ... annually submit a report to that sets goals for addressing the issue of opioid abuse, as that issue pertains to or implicates the practices of professionals regulated by the board.</p> <p>The Board should review these draft goals and consider a motion approving them:</p> <p>Goal 1: Continuing Education Related to Prescribing Controlled Substances - The Board's goal is to continue to promote best practices for prescribing controlled substances in alignment with current data, including Board evaluation of its 2-hour opioid continuing education requirement and Department review of courses on opioid prescribing that may be used to meet the requirement.</p> <p>Goal 2: Enforcement Action - The Board's goal is to, independently and in partnership with the Controlled Substances Board's Referral Group, continue to proactively investigate physicians whose prescriptive practices with opioids may be inconsistent with the standard of minimally competent medical practice. In addition, the Board will continue to exercise its disciplinary authority to hold practitioners accountable for opioid diversion and abuse.</p> <p>Goal 3: Opioid Prescribing Guideline - The Board will continue to monitor its prescribing Guideline and make updates as needed to keep it current and relevant to physicians and their patients.</p> <p>Goal 4: Track and Monitor Physician Prescribing of Controlled Substances - The MEB will continue to explore ways to leverage the expertise of the ePDMP to effectively track and monitor optometrist prescribing of controlled substances and to identify opioid abuse trends. This may include discussions at Board meetings with ePDMP staff and/or review of CSB referrals, PDMP and CSB data and reports.</p> <p>Goal 5: Continued Outreach and Leadership - The Board will continue to explore avenues independently and with other organizations such as the ePDMP and the FSMB to advance its active participation in statewide and national efforts to combat opioid abuse.</p>			
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Controlled Substances Board



WISCONSIN | **ePDMP**

Report 18

2021 Quarter 3 Summary

Contact Information

Wisconsin Controlled Substances Board

Chairperson: Doug Englebert

Members:

Englebert, Doug, Chairperson	Department of Health Services Designated Member
Bloom, Alan, Vice Chairperson	Pharmacologist
Bellay, Yvonne M., Secretary	Department of Agriculture, Trade and Consumer Protection Designated Member
Barman, Subhadeep	Psychiatrist
Ferguson, Kris	Medical Examining Board Representative
Kallio, Peter J.	Board of Nursing Representative
Kaske, Herbert M.	Dentistry Examining Board Representative
Koresch, Sandy M.	Attorney General Designee
Weitekamp, John G.	Pharmacy Examining Board Representative

Wisconsin Department of Safety and Professional Services

4822 Madison Yards Way

Madison, WI 53705

608-266-2112

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Website: <https://dsps.wi.gov>

Wisconsin Prescription Drug Monitoring Program

PDMP@wisconsin.gov

608-266-0011

Website: <https://pdmp.wi.gov/>

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Introduction

This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DSPS) about the Wisconsin Prescription Drug Monitoring Program (WI PDMP). This report is intended to satisfy that requirement for the third quarter of 2021 and will primarily focus on analysis of PDMP data from Q3 2021 and the preceding 12 months. For annual analysis of the WI PDMP from 2015 through 2020, see the Q4 2020 report found at <https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>.

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched in January 2017, allowing the WI PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) provides interactive data visualizations for much of the data contained in this report, including county-level data for many of the charts.

User Satisfaction

DSPS conducted a survey of WI ePDMP users in September 2021 to measure user satisfaction and inform current and future system enhancements. The survey was sent to approximately 1,600 randomly selected users out of nearly 26,000 ePDMP users who were identified as “active,” or users who had logged into the ePDMP in the past twenty-four months. A total of 166 complete responses were collected between September 21 and October 17, 2021. Eighty-eight percent of respondents were Healthcare Professionals, including Prescribers (52.0%), Pharmacists (11.5%), Delegates (13.0%), and Non-Prescribers (11.5%). The remaining twelve percent of respondents were Pharmacies, Submitters, Medical Coordinators, Law Enforcement, Government Employees, and Medical Examiner/Coroners.

The survey indicates that most users are satisfied with the WI ePDMP. Seventy-two percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either “Satisfied (20.0 %)” or “Very Satisfied (52.4%).” Satisfaction increased to 80% for respondents who have the option to access the ePDMP via an Electronic Health Record (EHR) interface.

Among the functionalities available to different types of users, 73% of respondents were “Extremely or Very Satisfied” with “Querying Patient History” followed by “Account Registration” with 63% “Extremely or Very Satisfied.” (Figure 1). Sixty-seven percent of respondents acknowledged “Patient History Details” as “Extremely or Very Useful” in informing their work 59% rated “Prescriber-Reported Alerts” on patient reports as “Extremely or Very Useful” (Figure 2).

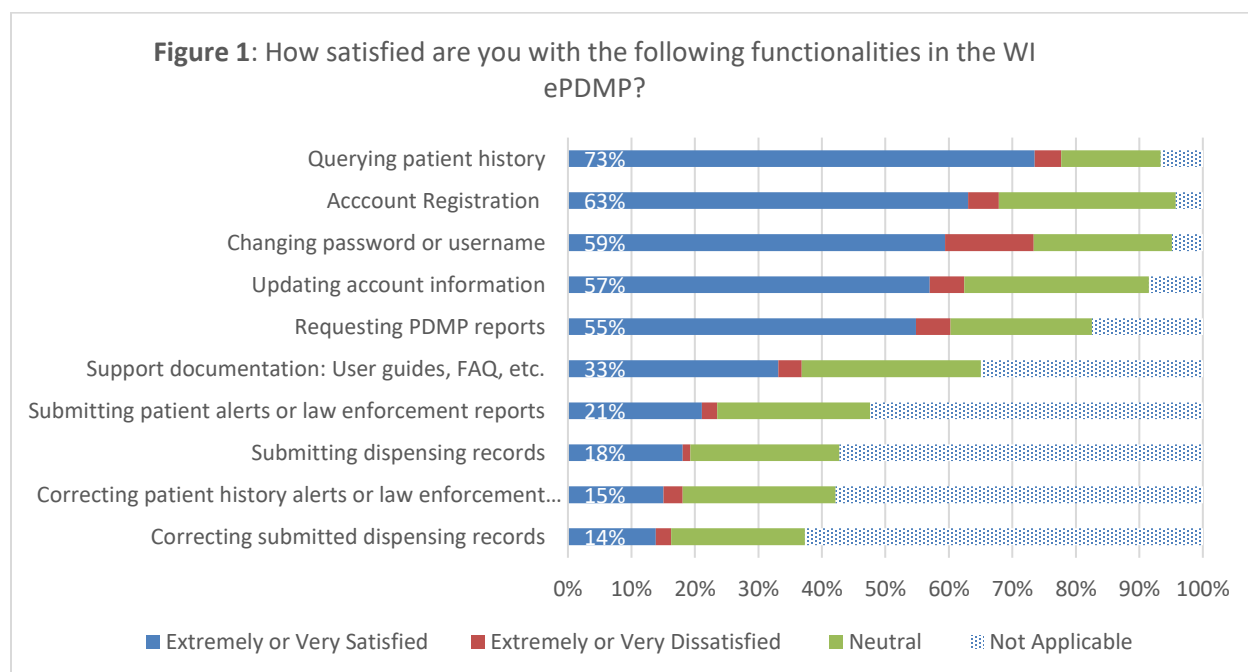
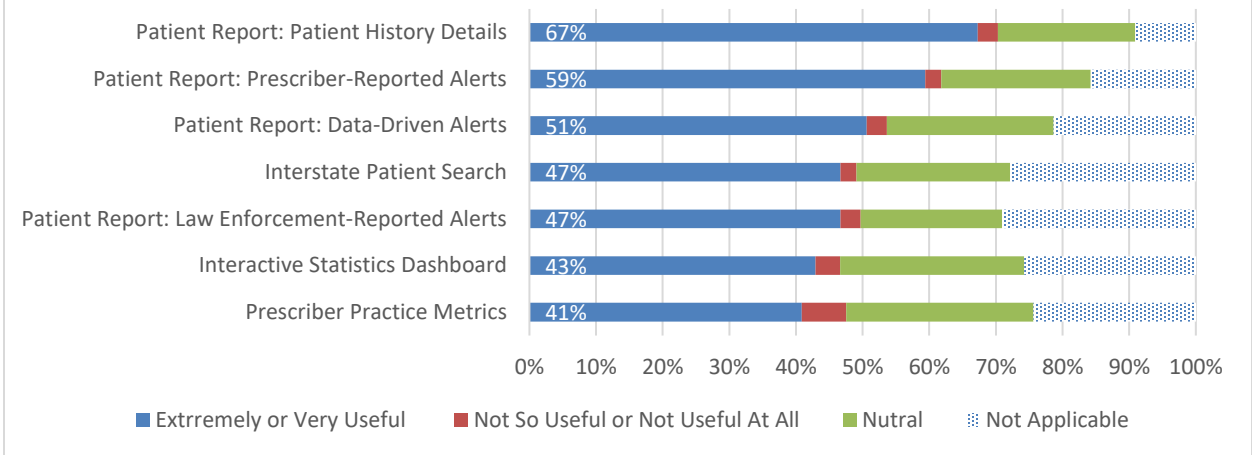


Figure 2: How useful do you find the following features in the WI ePDMP in informing your work?



User feedback continues to be utilized throughout the development process to ensure enhancements meet the needs of WI ePDMP users. In addition to the most recent survey, two user focus group sessions were conducted in recent months and PDMP Roundtables are being organized to engage local community members and stakeholders.

Impact on Referrals for Investigation

Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may disclose PDMP data to a licensing or regulatory board and refer for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program or if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. In 2018, the CSB Referral Criteria Workgroup was formed to develop recommendations for how the CSB could define suspicious or critically dangerous conduct or practices.

Based on the initial recommendations, the Wisconsin Medical Examining Board (MEB), Dentistry Examining Board (DEB), and Board of Nursing (BON) received summaries of the PDMP dispensing data specific to their professions at their meetings in the fall of 2018. Based on the data presented, the following actions occurred:

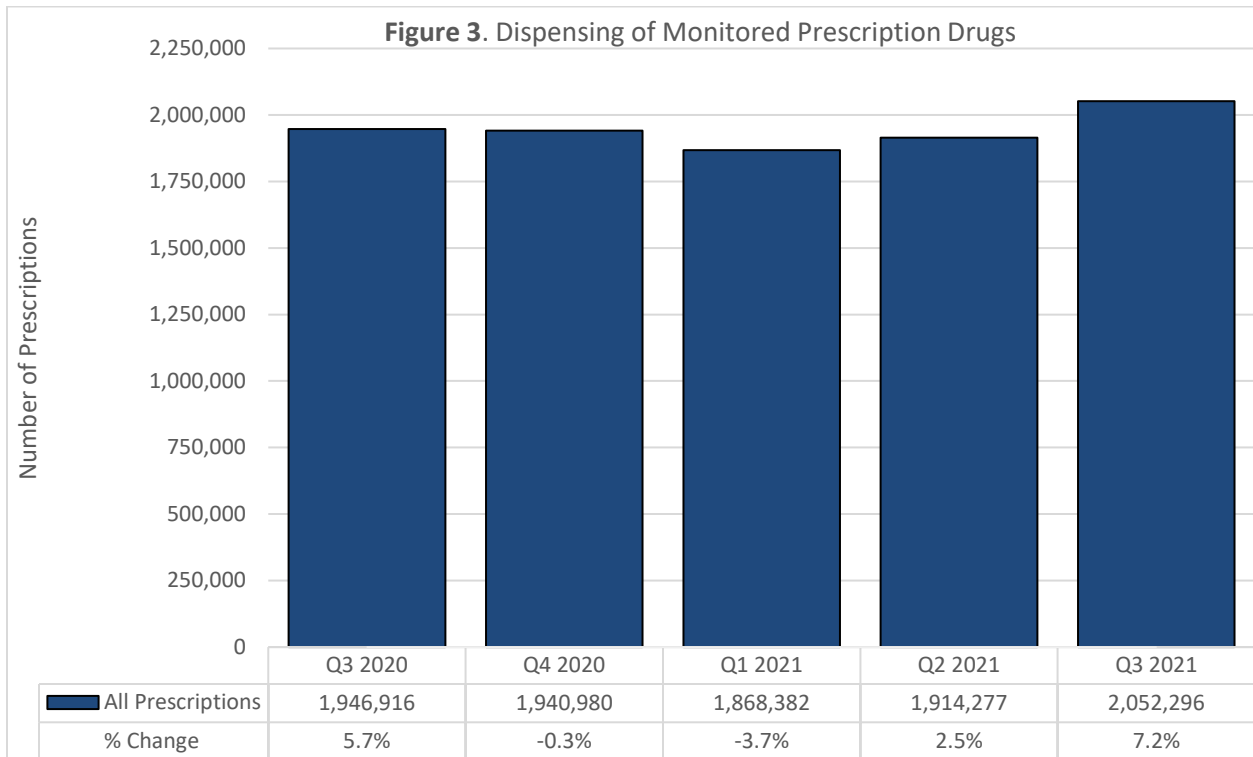
- The top seven physician (MD/DO) prescribers and the top seven physician assistant (PA) prescribers, based on opioid dispensing volume, were referred to the MEB.
- The top four dentistry prescribers, based on opioid dispensing volume, were referred to the DEB. An additional 12 dentistry prescribers were referred from the highest 1% of opioid prescribers for the profession for having written prescriptions for over three days without any indication of use of the WI ePDMP.
- The top four Advanced Practice Nurse Prescribers (APNP), based on opioid dispensing volume, were referred to the BON. The BON requested additional targeted outreach to over 800 APNPs who had an estimated WI ePDMP usage of less than 50% in an effort to educate these prescribers about the requirement to use the PDMP, as well as the tools available in the PDMP that can help promote safe prescribing practices.

After only meeting once in 2020 due to the pandemic, the Workgroup resumed meeting in September 2021. The Workgroup has continued to refine the process for using PDMP data to proactively monitor licensees and their prescribing practices for suspicious or critically dangerous conduct or practices and to determine when such activity should result in a referral to the appropriate examining board. Results of the current investigations will also be used by the CSB Referral Criteria Workgroup to guide the process of proactive monitoring and referrals.

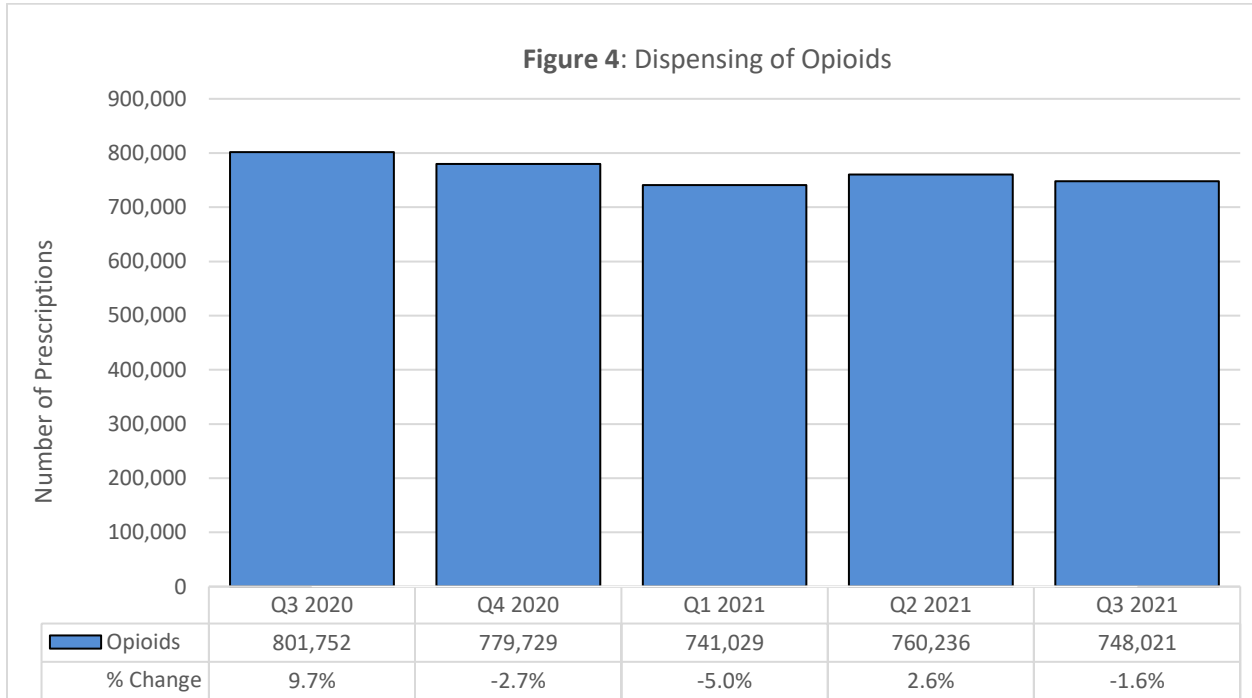
Additionally, the CSB conducts audits of dispenser requirements with the requirement to submit dispensing data to the WI ePDMP. Targeted outreach efforts are made after each audit to bring all non-exempt licensed pharmacies into compliance with the requirement to submit and correct dispensing data. Pharmacies that appear to remain out of compliance after multiple outreach attempts are referred to the Pharmacy Examining Board (PEB). In Q1 2020, 23 pharmacies were identified for referral for possible noncompliance. Due to the pandemic, this was the only dispenser audit conducted in 2020.

Monitored Prescription Drug Dispensing Trend

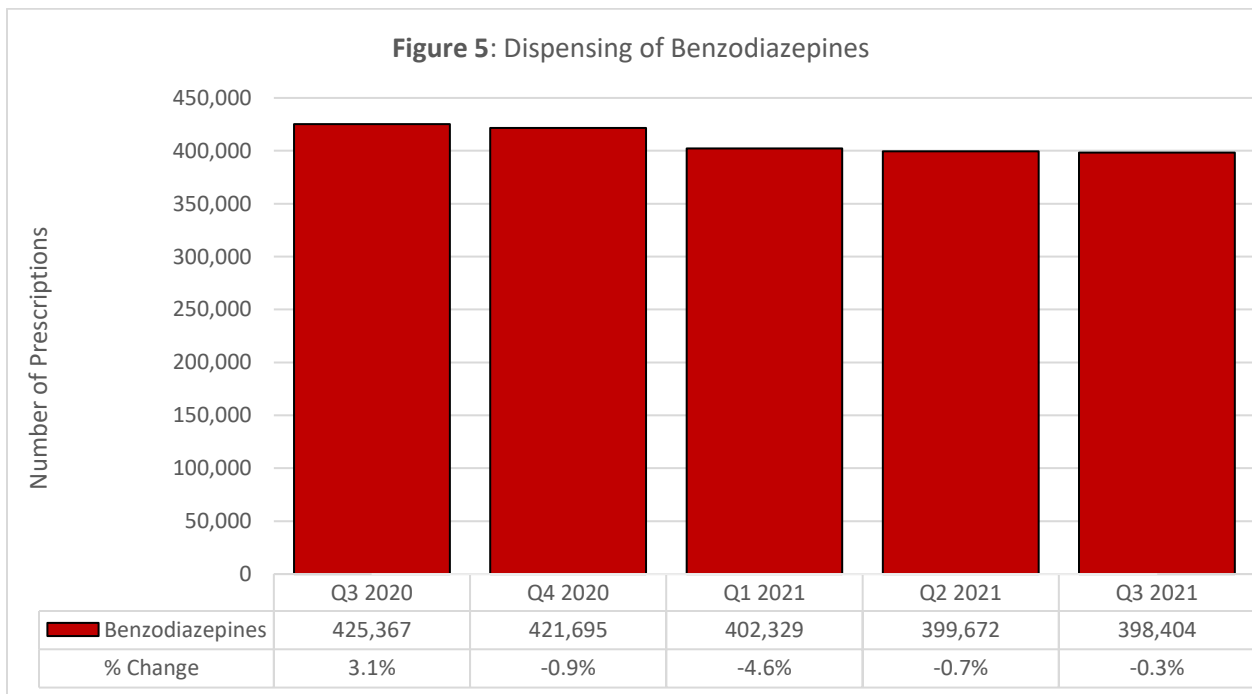
From Q2 to Q3 2021, the quarterly dispensing of all monitored prescription drugs increased by 7.2%. Compared to the same quarter in 2020, dispensing in Q3 2021 increased by 5.4% (Figure 3). During the quarter, Gabapentin became a newly monitored prescription drug due to it having a substantial potential for abuse. Its 157,175 dispensings were more than the 138,019 overall increase in monitored prescription drug dispensings.



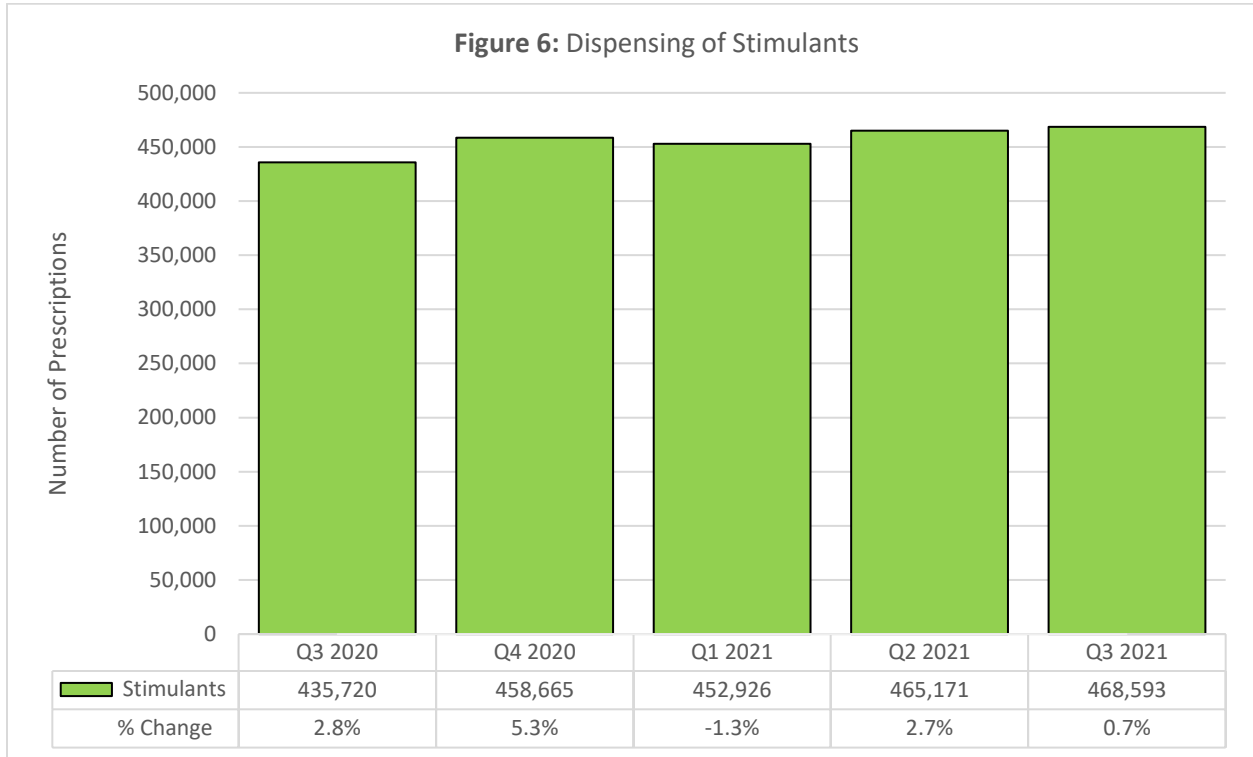
Quarterly data from the ePDMP show that opioid dispensing from Q2 to Q3 2021 decreased by 1.6%, and 6.7 % compared to the same quarter in 2020 (Figure 4).



Quarterly dispensing of benzodiazepines from Q2 to Q3 2021 decreased slightly by less than 1% (Figure 5). Q3 dispensing equates to an 6.3% reduction from the dispensing levels of the same quarter in 2020.



The quarterly dispensing of stimulants increased by 0.7% between Q2 and Q3 2021. It is a notable 7.5% increase compared to the same quarter period in Q3 2020 (Figure 6).



Top 15 Dispensed Monitored Prescription Drugs

Table 1 shows the top 15 most dispensed monitored prescription drugs in Q3 compared to Q2 2021, ranked in order of the number of prescriptions dispensed in Q3. The order of the top 15 drugs dispensed in recent quarters has been consistent overall, except for Gabapentin, which moved into the list in Q3 for the first time. Gabapentin was identified by the board as having a substantial potential for abuse and became a monitored prescription drug on September 1st. The top 15 drugs make up nearly 88% of the dispensing of monitored prescription drugs for any given quarter.

The most dispensed drug, Hydrocodone-Acetaminophen, has a decrease of 2.3%. Among the stimulant classification, the dispensing of Amphetamine-Dextroamphetamine has an increase of 2% and Methylphenidate HCl has a decrease of 1.5%. Pregabalin has increased 2.9% from Q2 to Q3 2021 after a notable increase of 5% from Q1 to Q2.

The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate is the 14th most dispensed monitored prescription drug in Q3 2021 with a slight increase (less than 1%) from Q2. Buprenorphine HCl-Naloxone HCl Dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. Note that the ePDMP statistics do not include dispensing that occurs at most opioid treatment programs due to federal regulation 42 CFR Part 2, which has recently been revised to permit federally funded opioid treatment programs to report dispensing data to state PDMPs pending patient consent and in pursuant to the state statutes. Buprenorphine HCl-Naloxone HCl Dihydrate has an increase of nearly 4.5% in the past 12 months and a notable 55% increase since Q3 2018, the first quarter when Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs.

	Drug Name	Drug Class	Q2 2021 Dispensing	Q3 2021 Dispensing	Percent Change
1	Hydrocodone-Acetaminophen	Opioid	242,984	237,512	-2.3%
2	Amphetamine-Dextroamphetamine	Stimulant	215,016	219,217	2.0%
3	Gabapentin	Other	N/A	157,175	N/A
4	Tramadol HCl	Opioid	150,734	149,149	-1.1%
5	Oxycodone HCl	Opioid	128,614	126,841	-1.4%
6	Lorazepam	Benzodiazepine	126,206	126,244	0.03%
7	Alprazolam	Benzodiazepine	118,200	118,097	-0.1%
8	Lisdexamfetamine Dimesylate	Stimulant	108,773	109,237	0.4%
9	Clonazepam	Benzodiazepine	106,830	106,144	-0.6%
10	Zolpidem Tartrate	Other	99,594	100,180	0.6%
11	Methylphenidate HCl	Stimulant	99,893	98,401	-1.5%
12	Pregabalin	Other	69,395	71,392	2.9%
13	Oxycodone w/ Acetaminophen	Opioid	70,590	69,150	-2.0%
14	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	61,061	61,257	0.3%
15	Diazepam	Benzodiazepine	41,828	41,119	-1.7%

Data-Driven Alerts

The WI ePDMP application performs sophisticated data analytics on a patient's prescription history to assess the patient's monitored prescription drug history and to alert WI ePDMP users to potential indications of abuse or diversion, such as early refills and multiple prescribers or dispensers, or factors that increase overdose risk, such as high morphine milligram equivalent (MME) doses and overlapping benzodiazepine and opioid prescriptions. Data-driven alerts are presented on the patient report to call attention to specific detail from the dispensing data.

The 6 types of data-driven concerning patient history alerts are:

1. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine, a combination that significantly increases the patient's risk of overdose.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least one opioid prescription from two or more prescribers for 90 or more days.
3. **High Daily Dose of Opioids Alert**, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 MME, thereby increasing the patient's risk of overdose.
4. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription two or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
5. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least five prescribers or five pharmacies within the previous 90 days. The five prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping; it is simply a flag for further inspection of the dispensing history.
6. **Multiple Same Day Prescriptions Alert**, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

The quarterly number of concerning patient alerts has a decrease of 5.2% from Q2 to Q3 2021. Most notable are the decreases in Long Term Opioid Therapy (10.8%) and Multiple Prescribers or Pharmacies Alert (8.5%). The decreasing trend is also observed for the Early Refill Alert (2.7%), Concurrent Benzodiazepine and Opioid Alert (2.7%), Multiple Same Day Prescription (0.5%) and High Opioid Daily Dose alert (0.4%) from Q2 to Q3 2021.

Among the most frequently occurring alerts, Concurrent Benzodiazepine and Opioid Prescriptions Alert, the number of occurrences in Q3 2021 was 4.5% lower than the same quarter in 2020 and 41.4% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017. The rate of occurrence of Long-Term Opioid Therapy Alert in Q3 2021 was 11.9% lower than the same quarter in 2020 and 35.5% lower than the first quarter the alerts were made available to WI ePDMP users in Q1 2017.

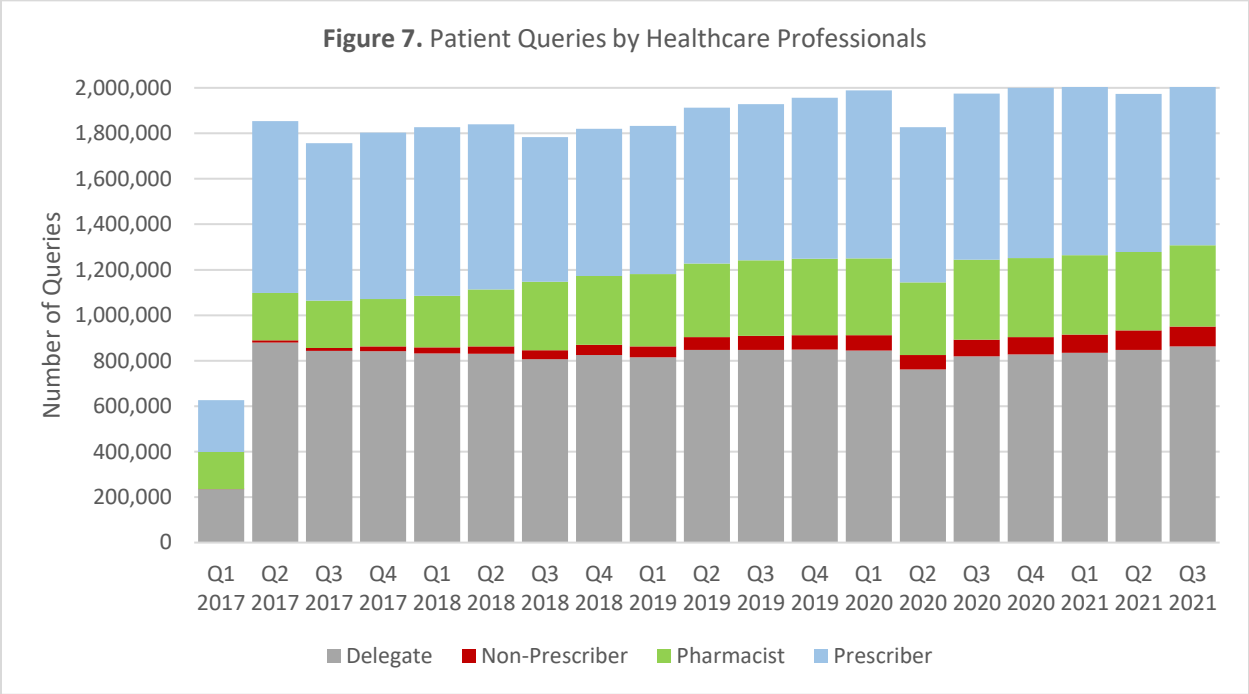
See Table 2 for the percent changes of all data-driven alert types that occurred from Q1 2017 to Q3 2021.

Values for preceding quarters may be modified after the conclusion of a quarter, based on the duration of prescriptions that bridge quarters, which is why it is important to view the number of occurrences for Q3 2021 not only in relation to the preceding quarter, but also in relation to the same quarter of the previous year, as well as a part of the overall trend compared to the first quarters during which the alerts were presented to WI ePDMP users.

Table 2. Concerning Patient History Alerts Listed by Volume of Alerts Generated				
	Alert Type	Q1 2017	Q3 2021	Percent Change
1	Concurrent Benzodiazepine and Opioid	38,446	22,545	-41.4%
2	Early Refill	24,354	16,762	-31.2%
3	High Opioid Daily Dose	40,005	15,685	-60.8%
4	Long Term Opioid Therapy	34,819	22,443	-35.5%
5	Multiple Prescribers Or Pharmacies	24,379	12,533	-48.6%
6	Multiple Same Day Prescriptions	3,009	942	-68.7%
	All Alert Types	165,012	90,910	-44.9%

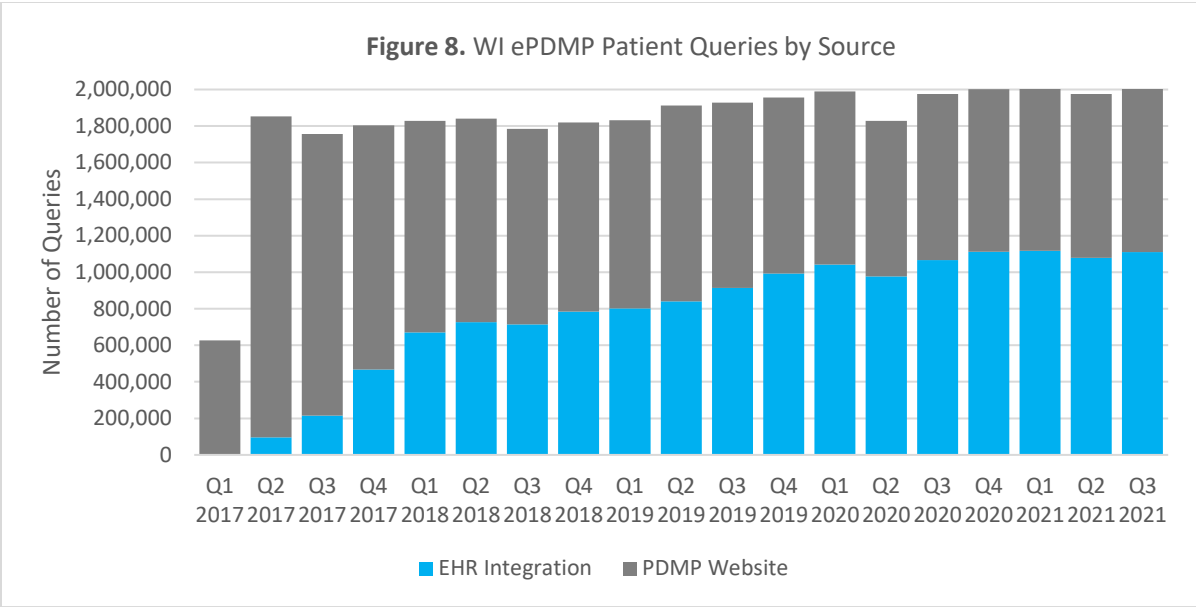
Disclosure of WI PDMP Data

Between April 1 and September 30 (Q3), 2021, healthcare users made a total of 2,011,381 patient queries, a slight decrease compared to Q1 2021 by 1.9%. Among them, 43% of the queries were performed by delegates of prescribers or pharmacists, 35% were performed by prescribers, 18% by pharmacists, and nearly 4% by other non-prescribing healthcare professionals. Percentages of the queries performed by various user type have been consistent between Q2 and Q3 2021 (Figure 7).

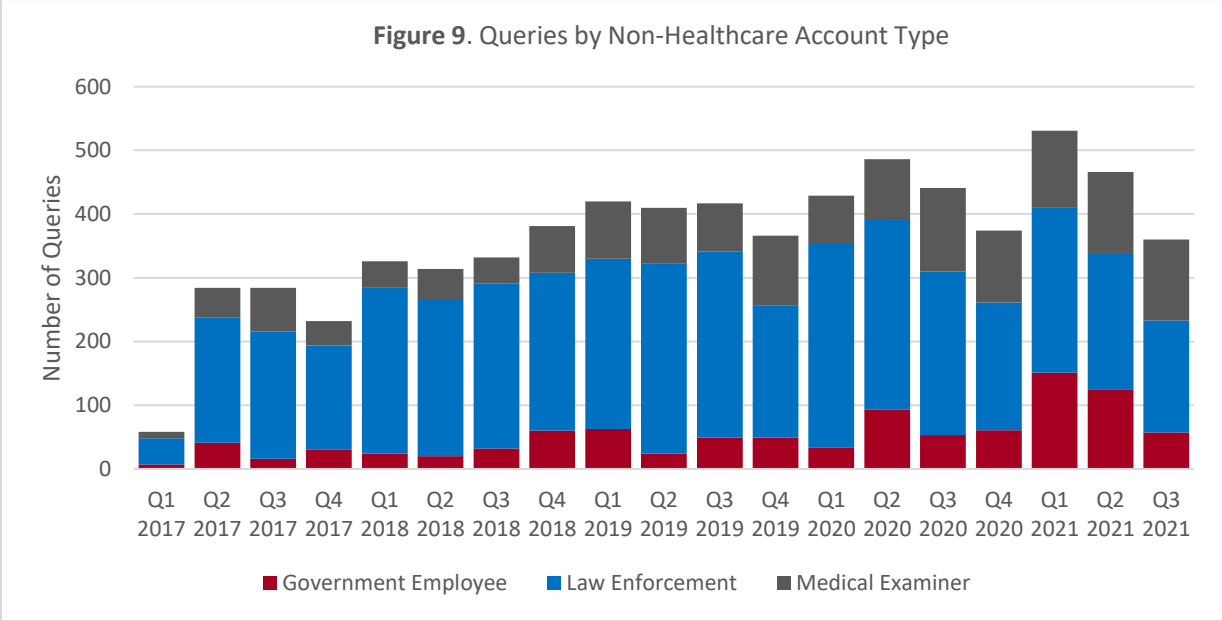


Utilizing the National Association of Boards of Pharmacy’s PMP InterConnect (PMPi) and the RxCheck interstate data sharing hub, the WI ePDMP is currently connected with 29 state PDMPs as well as the Military Health System. This interstate data exchange allows healthcare users to expand the WI ePDMP patient query to return results from PDMPs in other states, including Wisconsin’s border states of Minnesota, Michigan, Illinois, and Iowa.

Healthcare professionals from 20 health systems in Wisconsin now have one-click access to the WI ePDMP from within their electronic health record (EHR) platform to facilitate patient queries within a provider’s workflow. Figure 8 below shows that, in Q3 2021, over 55% of patient queries were through the direct EHR integration, which is up from 51% in Q4 2019, the first quarter where EHR integration accounted for more than 50% of queries.



Authorized individuals from non-healthcare groups made a total of 360 requests for PDMP data in Q3 2021, which is a 23% decrease over the previous quarter. As Figure 9 shows, authorized law enforcement queries continue to make up the largest proportion of the total non-healthcare queries (46%).

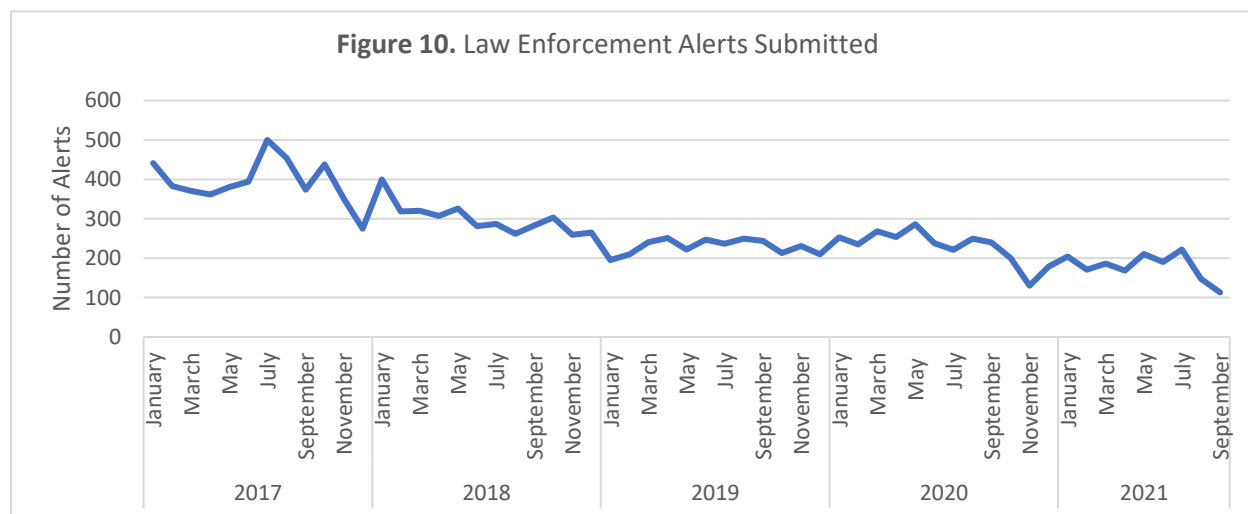


Law Enforcement Reports

In Q3 2021, there were 482 events reported to the WI ePDMP by Wisconsin law enforcement agencies as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

1. When a law enforcement officer receives a report of a stolen controlled substance prescription.
2. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
3. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
4. When a law enforcement officer believes someone died as a result of using a narcotic drug.

Prescribers of patients associated with these events receive a proactive email notice from the WI ePDMP, in addition to the event being captured as an alert on the patient report in the WI ePDMP. Figure 10 shows the number of law enforcement reports submitted to the WI ePDMP by month since the WI ePDMP was launched. There is no statutory requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event, and outreach efforts continue to emphasize the value that law enforcement reporting brings for healthcare clinical decision making.



The distribution of submission by report type varied from one quarter to the next. The 2021 year-to-date distribution by report type can be seen below:

- 47.2% of the reports submitted were for suspected non-fatal opioid-related overdose events.
- 26.4% of the reports submitted were reports of stolen controlled substance prescriptions.
- 18.8% of the reports submitted were for suspected violations of the Controlled Substances Act.
- 7.6% of the reports submitted were for suspected narcotic-related deaths.

Summary

The third quarter of 2021 shows an overall increase in dispensing of monitored prescription drugs in Wisconsin compared to Q2 2021 or the same quarter in Q3 2020. The monitoring of Gabapentin, which started on September 1, 2021, accounted for 157,175 dispensings, which is more than the 138,019 overall dispensing increase.

The continuation of a decreasing trend is observed when the number is compared to the pre-pandemic quarters prior to Q2 2020. The decreasing trend is observed across drug classes including opioids and benzodiazepines, but not for stimulants and others. The dispensing of stimulant prescriptions in Q3 has a slight increase (less than 1%) compared to Q2 2021, the first quarter exceeds the number of Q4 2020 when the dispensing of stimulant prescriptions in Wisconsin peaked since Q1 2014. Given that the number of patient queries performed per month has remained consistent, WI ePDMP continues to be a valuable tool to support safe prescribing, treatment, and dispensing decisions as the drug abuse epidemic continues to evolve.

From Q2 to Q3 2021, the quarterly dispensing of all monitored prescription drugs increased by 7.2%, which equates a 5.4% increase compared to the same quarter of the past year in 2020. The breakdown of dispensing by drug class is as follows:

- The number of opioid prescriptions dispensed in Q3 2021 increased by 1.6% compared to the previous quarter, which is nearly a decrease of 6.3% compared to the same quarter in 2020.
- The number of benzodiazepine prescriptions dispensed in Q3 2021 decreased slightly (less than 1%) compared to the previous quarter and a decrease of 6.3% compared to the same quarter in 2020.
- The dispensing of stimulant prescriptions increased in Q3 2021 by 0.7% compared to the previous quarter, which equates a notable 7.5% increase compared to the same quarter period in 2020. Moreover, the dispensing of stimulants in Q3 2021 exceeds the Q4 2020 by 2.2% when the stimulant dispensing peaked since 2014.
- The dispensing of the top 15 most dispensed monitored prescription drugs in Q3 2021 compared to Q2 2021 has overall decreased. The greatest increases were found in Pregabalin (2.9%), and Amphetamine-Dextroamphetamine (2.0%).

Encouraging trends found in the WI ePDMP continued in Q3 2021.

- The dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate is the 14th most dispensed monitored prescription drug in Q3 2021. With a slight increase (less than 1%) from Q2. Buprenorphine HCl-Naloxone HCl Dihydrate is one of the medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder. With the increase, Buprenorphine HCl-Naloxone HCl Dihydrate has an increase of nearly 4.5% in the past 12 months and a notable 55% increase since Q3 2018, the first quarter when Buprenorphine HCl-Naloxone HCl Dihydrate moved into the top 15 dispensed monitored prescription drugs.
- The quarterly number of concerning patient alerts has a 5.2% decrease from Q2 to Q3 2021. Most notable is the decrease in Long Term Opioid Therapy (10.8%) and Multiple Prescribers or Pharmacies Alert (8.5%). The overall alerts decreased by 44.9% compared to Q1 2017 when the information was

first made available. The data-driven alerts are automated to alert authorized WI ePDMP healthcare providers of potential indications of abuse or diversion of prescribed controlled substances of their patients. Most notable is the decrease in Multiple Same Day Prescription Alert (68.7%), High Opioid Daily Dose (60.8%), and Multiple Prescribers or Pharmacies (48.6%).

Additional detail about the WI ePDMP data, including county-level detail for many of the charts, can be found on the WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>), under the corresponding tabs of Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kimberly Wood, Program Assistant Supervisor-Adv.		2) Date when request submitted: 12/3/2021 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 12/15/2021	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters <ul style="list-style-type: none"> • Review of Distribution Report and Future Planning 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: The Board should review the attached report outlining delivery information for the newsletter distributed in November 2021. The Board should then consider topics for its February 2021 communication.			
11) Authorization			
<i>Kimberly Wood</i>		12/3/2021	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Subject: Wisconsin Medical Examining Board Newsletter
 Sent: 11/30/2021 03:46 PM CST
 Sent By: Kimberly.Wood@wisconsin.gov
 Sent To: Subscribers of Medical Examining Board

47,815

Recipients

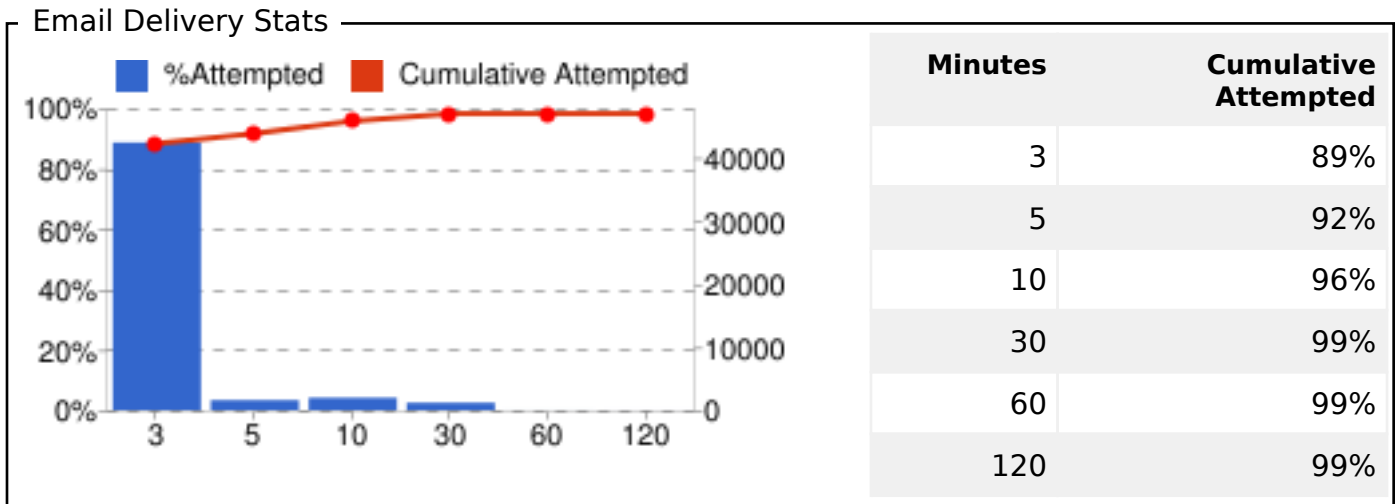
- ✓ Email
- ✗ SMS
- ✗ Facebook
- ✗ Twitter
- ✓ RSS

95%

Delivered



- 0% Pending
- 5% Bounced
- 35% Open Rate
- 23% Click Rate



Delivery Metrics - Details

47,815	Total Sent
45,309 (95%)	Delivered
0 (0%)	Pending
2,506 (5%)	Bounced
0 (0%)	Unsubscribed

Bulletin Analytics

23,702	Total Opens
15906 (35%)	Unique Opens
14,516	Total Clicks
10583 (23%)	Unique Clicks
58	# of Links

Delivery and performance

These figures represent all data since the bulletin was first sent to present time.

	Progress	% Delivered	Recipients	# Delivered	Opened Unique	Bounced/Failed	Unsubscribes
Email Bulletin	Delivered	94.7%	47,598	45,092	15906 / 35.3%	2,506	0
Digest	n/a	n/a	217	217	0 / 0.0%	0	0
SMS Message	Delivered	0.0%	0	0	n/a	0	n/a

Link URL	Unique Clicks	Total Clicks
https://online.drl.wi.gov/decisions/2021/ORDER0006497-000...	805	1,170
https://online.drl.wi.gov/decisions/2021/ORDER0007690-000...	556	867
https://online.drl.wi.gov/decisions/2021/ORDER0007693-000...	433	640
https://online.drl.wi.gov/decisions/2021/ORDER0007386-000...	435	590
https://online.drl.wi.gov/decisions/2021/ORDER0007604-000...	377	556
https://online.drl.wi.gov/decisions/2021/ORDER0007604-000...	323	495
https://online.drl.wi.gov/decisions/2021/ORDER0007692-000...	317	491
https://online.drl.wi.gov/decisions/2021/ORDER0007695-000...	303	384
https://online.drl.wi.gov/decisions/2021/ORDER0007649-000...	291	365
https://online.drl.wi.gov/decisions/2021/ORDER0007644-000...	268	345
https://online.drl.wi.gov/decisions/2021/ORDER0007603-000...	264	344
https://online.drl.wi.gov/decisions/2021/ORDER0007646-000...	263	339
https://dsps.wi.gov/Pages/SelfService/OrdersDisciplinaryActio...	221	337
https://online.drl.wi.gov/decisions/2021/ORDER0005673-000...	228	312
https://online.drl.wi.gov/decisions/2021/ORDER0007696-000...	222	310
https://online.drl.wi.gov/decisions/2021/ORDER0007691-000...	233	297
https://online.drl.wi.gov/decisions/2021/ORDER0007167-000...	232	293
https://online.drl.wi.gov/decisions/2021/ORDER0007552-000...	228	279
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https://online.drl.wi.gov/decisions/2021/ORDER0002362-000...	179	270
https://online.drl.wi.gov/decisions/2021/ORDER0007275-000...	204	259
https://online.drl.wi.gov/decisions/2021/ORDER0007694-000...	207	258

Link URL	Unique Clicks	Total Clicks
https://online.drl.wi.gov/decisions/2021/ORDER0007551-000...	199	246
https://online.drl.wi.gov/decisions/2021/ORDER0004312-000...	172	239
https://online.drl.wi.gov/decisions/2021/ORDER0007555-000...	178	236
https://online.drl.wi.gov/decisions/2021/ORDER0007323-000...	183	225
https://online.drl.wi.gov/decisions/2021/ORDER0007688-000...	174	224
https://online.drl.wi.gov/decisions/2021/ORDER0007046-000...	172	223
https://online.drl.wi.gov/decisions/2021/ORDER0007227-000...	170	218
https://online.drl.wi.gov/decisions/2021/ORDER0007477-000...	169	216
https://online.drl.wi.gov/decisions/2021/ORDER0007227-000...	167	215
https://online.drl.wi.gov/decisions/2021/ORDER0007606-000...	150	209
https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx?...	131	208
https://online.drl.wi.gov/decisions/2021/ORDER0007647-000...	162	204
https://online.drl.wi.gov/decisions/2021/ORDER0007645-000...	161	200
https://online.drl.wi.gov/decisions/2021/ORDER0007556-000...	153	192
https://online.drl.wi.gov/decisions/2021/ORDER0007554-000...	141	189
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https://online.drl.wi.gov/decisions/2021/ORDER0007605-000...	112	152
https://online.drl.wi.gov/decisions/2021/ORDER0007476-000...	118	145
https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx?...	101	140
https://online.drl.wi.gov/decisions/2021/ORDER0007627-000...	104	140
https://online.drl.wi.gov/decisions/2021/ORDER0007174-000...	98	122
https://public.govdelivery.com/accounts/WIDSPS/subscriber/e...	89	106
https://online.drl.wi.gov/decisions/2021/ORDER0006002-000...	85	96
https://dsps.wi.gov/Pages/BoardsCouncils/MEB/Meetings.asp...	54	84
https://dsps.wi.gov/Pages/BoardsCouncils/MEB/Default.aspx?...	44	73
https://evers.wi.gov/Pages/Application_Process.aspx?utm_me...	37	66
https://content.govdelivery.com/accounts/WIDSPS/bulletins/2...	37	66

Link URL	Unique Clicks	Total Clicks
https://dsps.wi.gov/Pages/RulesStatutes/Medicine.aspx?utm_...	46	62
https://docs.legis.wisconsin.gov/code/admin_code/med/10/03...	9	16
https://subscriberhelp.govdelivery.com/	7	7
https://dsps.wi.gov/Pages/RulesStatutes/RealEstate.aspx?ut...	5	6
https://twitter.com/wi_dsps?utm_medium=email&utm_sourc...	4	5
https://subscriberhelp.granicus.com/?utm_medium=email&u...	3	3

Pain can be described as an uncomfortable sensation in the body. Treating pain is complex as pain is the coalescence of the physical state of the body, one's emotional state as well as past experiences. When managing acute pain, non-opioid therapy, physical therapy, interventional and behavioral health strategies should be used, if possible, prior to prescribing opioid medications. Chronic pain management is more complex. Non-opioid therapy, physical therapy and behavioral health strategies should be used prior to considering opioid therapy. There are a host of pain management strategies that do not involve opioid therapy. A physician is not obligated to prescribe opioids as evidence for chronic opioid prescribing is poor. However, if alternative measures have failed, it would be reasonable to start and continue opioid prescriptions if there is functional benefit and the patient is compliant with the opioid compliance protocol. If a patient is on chronic opioid therapy, the goal is to keep the morphine milligram equivalence (MME) under 50 and there should be a compelling reason to go over 90 MME. It is recognized that there is individual variance in drug metabolism and these number are guides rather than hard rules. It is recommended that if a patient has pain beyond the normal healing process, or persistent pain that is not treatable with conservative measures, it is suggested that a referral be made to an ACGME board certified pain physician for an early and accurate diagnosis and timely multidisciplinary treatment. If there is suspicion of addiction, consider medication assisted treatment and referral to addiction specialist.