

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS
OPEN BOARD MINUTES
September 14, 2005

The meeting of the New Jersey State Board of Medical Examiners was held on September 14, 2005 at the Richard J. Hughes Complex, 25 Market Street, 4 th Floor Conference Center, Trenton, New Jersey. The meeting was called to order at 9:00 A.M. by Bernard Robins, M.D. F.A.C.P., President.

PRESENT

Board Members Ciechanowski, Criscito, Criss, Farrell, Lomazow, Patel, Paul, Perry, Ricketti, Rokosz, Robins, Walsh and Weiss.

EXCUSED

Board Member Harrer, Haddad, Huston, and Mendelowitz

ABSENT

Board Members Desmond and Wallace.

ALSO PRESENT

Assistant Attorney General Sharon Joyce, Deputy Attorneys General Dick, Ehrenkrantz, Flanzman, Gelber, Kenny, Levine and Warhaftig; Executive Director Roeder and Medical Director Gluck.

STATEMENT CONCERNING THE ANNUAL NOTICE OF PUBLIC MEETINGS

The requirements of the "Open Public Meetings Act" have been satisfied by notice of this meeting given in the annual notice adopted by the New Jersey State Board of Medical Examiners on October 13, 2004 which was transmitted to the ATLANTIC CITY PRESS, STAR LEDGER, CAMDEN COURIER POST, ASBURY PARK PRESS, BERGEN RECORD and the TRENTON TIMES, all on the 1st day of November 2004.

ANNOUNCEMENTS

Executive Director Roeder announced that the Board office has been working with the Federation of State Medical Boards to facilitate any licensure issues that arise as a result of Hurricane Katrina. He explained that The Federation of State Medical Boards ("FSMB") and Administrators in Medicine ("AIM") are helping coordinate emergency efforts to assist the state medical boards and physicians stricken by Hurricane Katrina. FSMB and AIM have set up processes to assist state medical boards, hospitals, clinics and other organizations needing to verify the licensure status of Louisiana physicians. For physicians or residents with an established Federation Credentials Verification Service ("FCVS") file (or one in process), FCVS will expedite those files to help medical boards in their efforts to expedite temporary permits/licenses. Similarly, the Division of Consumer Affairs has made arrangements with Sagem Morpho to expedite the fingerprinting process for victims of Hurricane Katrina who are emigrating to New Jersey and seeking licensure as health care professionals.

Executive Director Roeder also reported that the US Department of Health and Human Services is coordinating the volunteer physicians, nurses, and other health care professionals' efforts to help Hurricane Katrina victims. Physicians and other medical professionals with any state license who can commit to short-term, long-term or rotating coverage are urgently needed in Louisiana, Mississippi, Alabama, Florida and Texas. Interested parties should contact JCNationwide, the entity that the department has contracted with for coordination, at (800) 272-2707. He also mentioned that he had various telephone numbers and web sites for those physicians who may be interested in volunteering their services to the people stricken by Hurricane Katrina. If anyone would like specific

telephone numbers for Louisiana, Mississippi, Alabama, Florida or Texas, please contact the Board office.

MINUTES THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE JULY 13, 2005 OPEN BOARD MINUTES.

MINUTES THE BOARD, UPON MOTION MADE AND SECONDED VOTED TO APPROVE THE AUGUST 10, 2005 OPEN BOARD MINUTES.

MINUTES THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE JULY 18, 2005 OPEN CREDENTIALS COMMITTEE MINUTES.

MINUTES THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE AUGUST 15, 2005 OPEN CREDENTIALS COMMITTEE MINUTES.

NEW BUSINESS

PRESENTATION

Former Board Member, George T. DiFerdinando, Jr., M.D., M.P.H. made a presentation to the Board on a web based CME course regarding cultural competency. Dr. DiFerdinando is the Physician Clinical Advisor for the PRONJ, The Healthcare Quality Improvement Organization of New Jersey, Inc., out of East Brunswick, New Jersey.

He reminded the Board that each state in the nation has a contract with the United States government as it relates to the quality and safety in their individual states, in particular as it relates to Medicare. He went on to explain that there is also a contract with the Department of Human Services providing similar services for Medicaid population. One aspect of its mission is to decrease the disparity of healthcare received or offered based on a perceived cultural attitude. He stressed that cultural competency is a destination of life long learning.

He explained that the web based course consists of three different modules. After the practitioner signs up on the site, (s)he can do any one independent of the others. The first of the three modules provides an overview consisting of different scenarios in which the doctors interact with different individuals from different cultures. In each, the licensee is asked a series of questions and to write one's reactions to the scenario. The following pages then offer the appropriate comment and/or direction of how to properly interact in that given situation. The second module concentrates on language skills while the third module emphasizes how to create an office setting that is more culturally competent. The web based course only takes about nine hours and in particular, office managers should be encouraged to work on the third module.

Because there is a growing concern about racial and ethnic disparities in health care services and the need for health care systems to accommodate increasing diverse patient populations that include not only racial or ethnic related, but can also be age related or minimal language ability; PRONJ has created a program that helps to work with individual practitioners to work through these issues at a training center at the East Brunswick facility. He invited members of the Board to participate in the program and give PRONJ its reactions.

1. LEGISLATION

A 4325 Seeks to revise the standards for expert witnesses in medical malpractice actions. Introduced by Assemblyperson Herb Conaway on June 30, 2005 and referred to the Assembly Health and Human Services Committee.

The Board recommended support because it recognized the value in not permitting the "professional" expert from offering an opinion that does not find support within the medical literature. The Board also noted that it was not sure that the requirement of having to be credentialed by a hospital was necessary and this requirement may be over reaching. The Board further noted that the proposed legislation would automatically exclude individuals who might otherwise be qualified, for example, those individuals that are over 65 who pay a reduced licensure fee, do

not hold any hospital privileges or affiliations with any HMO, but still maintain an active license. The Board also believed that limiting it to the listed organizations may be too limited and it was suggested that the proponent include broader language and permit one to qualify as an expert with qualifications of "equal scope or rigor." The Board also noted that this would be the beginning of intruding into the power of the Court to determine those that might qualify and serve as an expert witness.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO SUPPORT THE LEGISLATION.

A 4182 Seeks to establish that certain utilization management decisions on behalf of certain insurers to be considered the practice of medicine. Introduced by Assemblyperson Conaway and referred to the Assembly Financial Institutions and Insurance Committee.

The Board recommended support and further recognized that this will thwart attempts to circumvent the use of ERISA as a shield. The Board also believed that the legislation would ultimately be in the best interest of Patient care.

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO SUPPORT THE LEGISLATION.

OLD BUSINESS

None.

INFORMATIONAL

- CPEP - Patient Care Documentation Course
- "When Bad Medicine Happens to Good People"
- PRIM~E course brochure

PUBLIC COMMENT

Respectfully submitted,

Bernard Robins, M.D., F.A.C.P.
President

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