

The Medical Board

Oklahoma State Board
of Medical Licensure
and Supervision

SPECIAL
2007 Centennial Report



MESSAGE FROM THE EXECUTIVE DIRECTOR

It's Oklahoma's centennial anniversary of statehood. What a remarkable history our great state has enjoyed over the past 100 years... and how proud all of us at the Oklahoma State Board of Medical Licensure and Supervision are of the illustrious role this agency has played in serving this state and its citizens for 84 of those 100 years.

Initially, the Oklahoma Medical Board (OMB) was charged solely with licensing physicians and, when necessary, enforcing the disciplinary provisions of the Medical Practice Act. Yet today we license and supervise a total of 10 health-related professions.

Over the years technology has expanded not only the services we provide but also the regulations we enforce. For, while the Internet has made it possible for us to offer 24/7 access to information and services through our website (okmedicalboard.org), we are also involved with monitoring the individuals and organizations in this state that supply medicine and medical advice over the World Wide Web.

Further challenges that didn't arise for OMB—or anyone else—until the 21st century include the regulation of telemedicine (providing medical care via video conferencing). Plus, in the wake of Hurricane Katrina, we have placed an even greater emphasis on providing and tracking immediate response and assistance during national disasters, whether they occur in Oklahoma or a nearby state. As a result, OMB participates in an Emergency Drill pilot project that was developed in conjunction with the Oklahoma State Department of Health.

OMB also now creates publications for pregnant women. Printed in both English and Spanish, *A Woman's Right to Know* material, which includes a booklet and a resource directory, is designed to assist these women with their information gathering and decision-making process. The directory also helps to make pregnant women aware of the resources available to them and their unborn children, even after the children are born.

Despite all these new programs and directions, however, we continue to provide our traditional services of licensure issuance and renewal and the numbers continue to grow. All of which helps to explain why I take such pride in leading an amazing staff of dedicated and skilled individuals who meet every challenge, whether existing or new, with commitment and drive. It's due to these people and their hard work that OMB is today one of the finest service and regulatory agencies in this nation.

Details on the numerous programs I've mentioned above and more have been included in this report. I hope you'll review this material closely to get a clear and complete picture of how OMB goes about *protecting the public while serving the profession...* and how we will continue to do so as Oklahoma advances toward its second centennial and all the challenges the future is sure to hold.

Sincerely,



Lyle R. Kelsey, MBA, CAE

Certified Medical Board Executive



Lyle Kelsey

M E S S A G E F R O M D O C T O R Z U M W A L T

There is a long history of a legal basis for overseeing the practice of medicine by a regulatory agency of the State.

At the present time, this basis is found in Title 59 O.S., § 490-518 and the Oklahoma Administrative Code, Title 435:1-1-1 through 435:10-21-1. Although there has been a Medical Practice Act since at least the 1920s, it underwent a major rewrite in 1994 and has had some changes in both the law and the code (rules) thereafter. Both the requirements for licensure and the required professional conduct and practice of all licensees are covered in these documents as well as the make up, responsibilities, duties and administration of the agency.

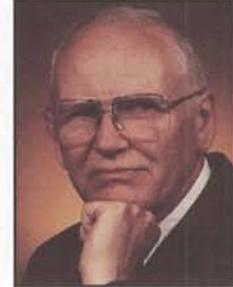
Each State passes their own practice act but in general most conform to a standard pattern developed by the Federation of State Medical Boards. Unique needs and requirements account for any difference seen in the 70 separate nationwide laws (some states, such as Oklahoma, have separate Boards for allopathic and osteopathic medicine).

The existence of each State's act imposes both drawbacks and advantages. Doctors practicing across state lines bear the responsibility of obtaining multiple licenses, becoming familiar with what constitutes professional conduct in each location and renewing these licenses in a timely manner. By assessing community needs each Board can tailor items to fill these slots. Oklahoma was one of the first states to allow the practice of physician assistants. More recently when Hurricane Katrina forced the migration of physicians (particularly those in residency) from Louisiana, the sections of Oklahoma law allowing for temporary licenses and for consultation with an Oklahoma physician by a doctor licensed in another state provided a quick and safe passage here.

Due to lobbying, primarily by the Tulsa County Medical Society, there is now a special volunteer medical license created by the Legislature which allows retired physicians to donate their medical expertise for the care and treatment of indigent and needy persons as well as participating in the emergency Oklahoma Medical Reserve Corp. These licenses are free of fees or required continuing medical education.

It is the clear and concise responsibility of each licensee to obtain, maintain and renew their license in accordance with the Act and Code. In order to attempt to insure that all physicians with Oklahoma licenses be cognizant of the contents of these regulations, the Board has formulated a Jurisprudence Examination which each applicant must (since 1990) pass prior to being licensed. For those who were previously licensed, it is urged that they obtain and review the booklet printed by the Board which contains the Act and Code, Board policies, as well as pertinent information from other agencies (e.g. Drug Enforcement Agency and Oklahoma Bureau of Narcotics).

Each allied profession (currently nine) is also governed by Oklahoma law and administrative code. Board booklets for these groups are also available at our office in Oklahoma City.



Dr. Zumwalt

OMB Promotes, Protects, Provides, and Ensures Our Mission

- To promote the Health, Safety and Well-being of the citizens (patients) of Oklahoma by requiring a high level of qualifications, standards and continuing education for our licensees.
- To protect the on-going Health, Safety and Well-being of the citizens (patients) of Oklahoma by investigating complaints, conducting public hearings, effectuating and monitoring disciplinary actions against any of the licensed professionals, while providing the licensee with proper due process and all rights afforded under the law.
- To provide any member of society, upon request, a copy of the specific public records and information on any of the licensed professionals.

Our Vision

- To ensure that qualified health care professionals are available to the citizens of Oklahoma.



A team of specialists including web designers, software experts, computer technicians and key support staff are responsible for the state-of-the-art web based services OMB provides the community.



The first Oklahoma physician renews his license online in November of 2004.



The OMB maintains an aggressive educational outreach program. Information booths, as this one at the State Capitol, are operated at various public events



Consistently recognized for performance, OMB was honored at the Quality Oklahoma Team Day in 2003 for its "Innovation in Government Solutions" in its web-based services.



The Oklahoma Medical Board

Safeguarding the Health of Oklahomans Since 1923

The Years Before Regulation

Prior to statehood, licensing and the regulation of physicians in Oklahoma Territory were largely unenforceable. Most pioneer doctors had little or no professional training. In fact, according to a report made by the Indian Territory Medical Association, those individuals who practiced medicine in Indian Territory averaged around one year of formal medical education.

Those regarded as "Quacks" with no training whatsoever were not uncommon and Indian Territory had no prescription laws. Many patent medications, whose actual ingredients were often unknown to patients and doctors alike, were frequently used or "prescribed" in place of medicine that had been prepared by a professional pharmacist. These "medicines," which tended to contain large amounts of alcohol, just as frequently did more harm than good; not the least of which was keeping people from seeking true medical service or advice.

Following statehood, various laws that dealt with the regulation of medicine were enacted by the legislature. However, these laws only dealt with the medical profession in a piecemeal fashion and tended to be largely unenforceable. Any charges of unprofessional conduct were handled on a local or community basis, if at all.

Creation of the State Board of Medical Examiners

The Oklahoma Medical Practice Act was the first piece of state legislation that dealt with the medical profession in a comprehensive fashion. It was passed in 1923. In addition to creating the State Board of Medical Examiners, this act also set forth the board's duties: regulating the practice of medicine, surgery and the "vending" of medicines in Oklahoma.

OMB Today

In addition to its official name change to The Oklahoma State Board of Medical Licensure and Supervision, the Oklahoma Medical Board (OMB) has enjoyed tremendous growth and undergone amazing transitions during its eight decades in operation.

Physicians are no longer the only profession OMB oversees. Today, the board also licenses:

- Physician Assistants
- Athletic Trainers
- Apprentice Athletic Trainers
- Dietitians
- Provisional Dietitians
- Occupational Therapists
- Occupational Therapy Assistants
- Pedorthists
- Physical Therapists
- Physical Therapy Assistants
- Registered Electrologists
- Provisional Respiratory Care Practitioners
- Respiratory Care Practitioners
- Orthotists
- Prosthetists
- Registered Prosthetist Assistants
- Registered Orthotist Assistants
- Registered Technician – Prosthetic
- Registered Technician – Orthotic

For all of these professions, OMB processes every application for licensure and renewal. The board also establishes the requirements for all of these licenses; verifies the qualifications of applicants, including those who have graduated from foreign schools; and handles all complaints related to the unprofessional conduct of any licensee.

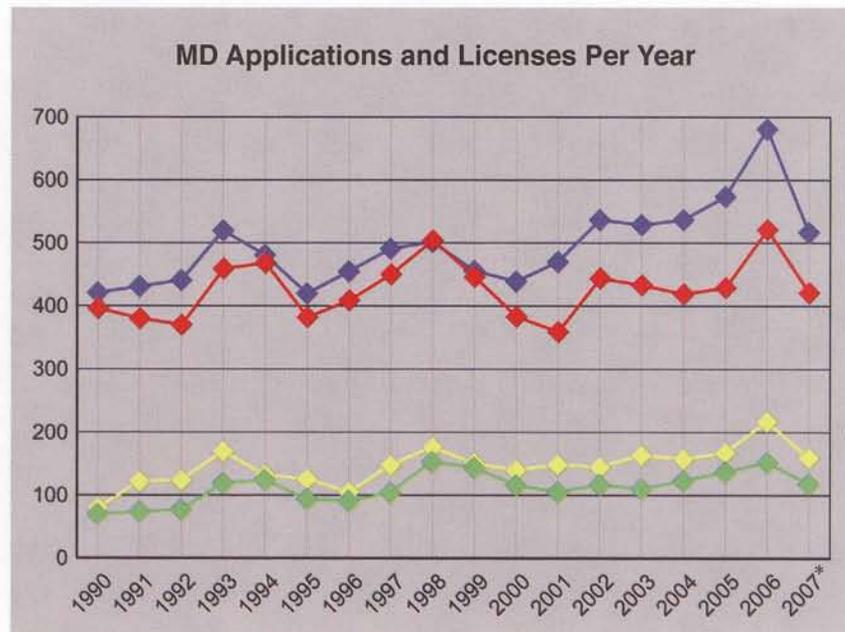
Protecting the Public While Serving the Profession, in Ever-Increasing Numbers

In the last few years (January 2001-December 2006) the Oklahoma Medical Board has experienced an increase in the sheer number of...

- Applications received—up 45 % since 2001
- Licenses issued, growing from 359 in 2001 to 521 in 2006

Obviously, some of this growth can be attributed to the increase in professions OMB now licenses. However, additional factors, such as the board's enhanced requirements, a growing expectation of professionalism—and ease of access through the website—on the part of the general public, and an increased number of physicians, are also responsible.

Year	Apps	Lic	App FMG	Lic FMG
1990	420	396	79	69
1991	430	380	121	73
1992	440	370	123	76
1993	519	459	169	118
1994	480	468	131	123
1995	419	382	125	93
1996	454	409	104	90
1997	490	450	147	103
1998	501	504	176	152
1999	455	446	150	143
2000	438	383	139	115
2001	469	359	148	104
2002	536	444	144	116
2003	528	433	163	109
2004	536	419	157	122
2005	573	429	167	136
2006	680	521	217	151
2007*	516	421	159	117



*As of September 2007

Regulation and Supervision

Medical Board Actions - Complaints									
	2001	2002	2003	2004	2005	2006	2007*	Total	Avg.
Complaints									
Received	423	459	447	426	434	522	485	3,197	457
Referred to Other Agencies	44	66	65	47	32	61	54	369	53
Investigated/ No Violation	210	257	234	224	325	249	165	1,664	238
Opened Investigation	161	140	162	166	114	193	168	1,104	158
Closed w/ Disposition	92	78	71	101	106	135	184	767	110
Citations	48	24	34	28	28	38	27	227	32
Non-Public Letters of Concern (confidential)									
LOC w/Appearance	20	21	18	24	44	33	16	176	25
LOC w/No Appearance	18	14	21	12	10	10	10	95	14

Complaints by Source	2006	2007*
Health Insurance Company	0	2
Hospital	2	2
Law Enforcement Agency/Court	3	2
Liability Insurance Carrier	0	1
Medicare/Medicaid Data	1	0
National Practitioner Data Bank	2	0
Nurse/Allied Professional	9	6
Other	11	0
Other Physician	29	17
Other State Regulatory Agency	17	11
Peer Review Organization	0	1
Pharmacy/Pharmacist	4	4
Public	445	434
Self Report	5	1
Staff	12	5
Total Complaints Filed	540	486

*As of September 2007

Support Services: Providing the Foundation for all OMB Activities

OMB's Support Services Department handles all duties related to accounting, procurement, payroll, budget, office automation and database support duties. Obviously, the office couldn't function for long if these areas weren't consistently handled on an extremely efficient basis.

Like every department at OMB, the staff assigned to Support Services is dedicated to fulfilling its responsibilities. These employees are known for taking great pride in performing their work to the best of their abilities. In fact, the stated mission of this department is "To listen to our customers, understand their needs and deliver service excellence."

For OMB's Board, Service with Honor is its Own, and *Only*, Reward

The governor appoints all nine members of the board. As required by state law, seven are physicians and two are lay members of the community. All serve terms of several years without compensation.

Yet, throughout their time on the board, every member is responsible for making difficult decisions on extremely complex issues. These relate to: professional qualifications, hearings on unprofessional conduct and recommendations regarding medical/legal legislation.



Current members of the OMB board include (l-r, top row) James Gormley, M.D., Vice President, Edmond; Eric Frische, M.D., President, Lawton; Billy Stout, M.D., Oklahoma City. (l-r, bottom row) David Browning, Jr. M.D., Tulsa; Jenny Lee Boyer, M.D., Norman and Tom Rine, Lay member, Lawton. Not pictured are Mr. Gary Brooks, Oklahoma City; Dianne Gasbarra, M.D., Oklahoma City and Curtis Harris, M.D., Ada.



Curtis Harris, MD, JD, was the first Oklahoma Physician to be elected to the prestigious position as a member of the Board of Directors of the Federation of State Medical Boards (FSMB). The FSMB is a national not-for-profit organization representing 70 medical boards within the United States and its territories. It assists state medical boards in protecting the public's health, safety and welfare through the development and promotion of high standards for physician licensure and practice. Dr. Harris brings a unique experience to the Oklahoma Medical Board and now takes Oklahoma medical ideas to the national level.

Dr. Harris said "I am very honored to be the first Oklahoma doctor to be elected to the FSMB Board of Directors...what a way to celebrate our state Centennial"



Dianne Gasbarra, MD, Oklahoma City Pulmonologist, recently served as Chair of the Medical Board Subcommittee on Foreign Medical Schools. The committee was charged with reviewing all the resources available to the Board for evaluating foreign medical school for licensing purposes. The committee comprised of Dr. Gasbarra, Curtis Harris, MD and David Browning, Jr., MD finalized a report on the continuing evaluation of foreign medical schools and the issue of substantially equivalent to U.S. medical schools. Dr. Gasbarra presented the report to the medical board on November 1st, 2007 and received approval. (Report is available upon request)



Gary L. Brooks, J.D. The Governor appoints two individuals to serve on the Oklahoma Medical Board as public members. Governor Keating appointed Mr. Tom Rine, Lawton (pictured earlier) in January 1998 and Governor Henry appointed Mr. Brooks in May 2003. Mr. Brooks attended Reed College and received his Bachelors degree with High Honors from the University of Oklahoma in 1972. He graduated from the University of Oklahoma School of Law in 1975 Mr. Brooks is admitted to practice in Oklahoma, Texas and the District of Columbia. He is a member of the Oklahoma Bar Association, District of Columbia Bar, State Bar of Texas, Oklahoma Trial Lawyers Association.

Paying Our Own Way... and Adding to State Revenues

All OMB services, operations, activities, and expenses are fully covered by the fees the agency generates. OMB is completely self-supporting and neither accepts nor uses any tax dollars.

In fact, not only does the board operate without any state appropriations, but OMB actually contributes 10% of the revenue it raises—all of which comes from collecting fees for licensure—to Oklahoma's general fund. And OMB has accomplished all of this **without increasing its fees since 1991.**



Dr. James Gormley, M.D., Vice President and Dr. Eric Frische, M.D., Board President, discuss issues on an upcoming board agenda.

Extending Management Services OMB Lends Management Assistance to Two Licensing Boards

Both the Oklahoma State Board of Licensed Social Workers and the Oklahoma Board of Licensed Alcohol and Drug Counselors now offer online license renewal. The licensees of both of these boards are also able to enter continuing education information and to update the profile for their licenses 24 hours a day, 7 days a week.

"This is a great achievement. Many state agencies are not yet capable of offering this service. Yet, because of their association with the Medical Board and our technology, these two boards are now into the electronic age," Lyle Kelsey, executive director, Oklahoma State Board of Medical Licensure and Supervision, says.

Another noteworthy fact about the Alcohol and Drug Counselors Board is that it's a brand new agency. This is only its second year in operation. The Medical Board provides this organization with administrative support for all their endeavors.

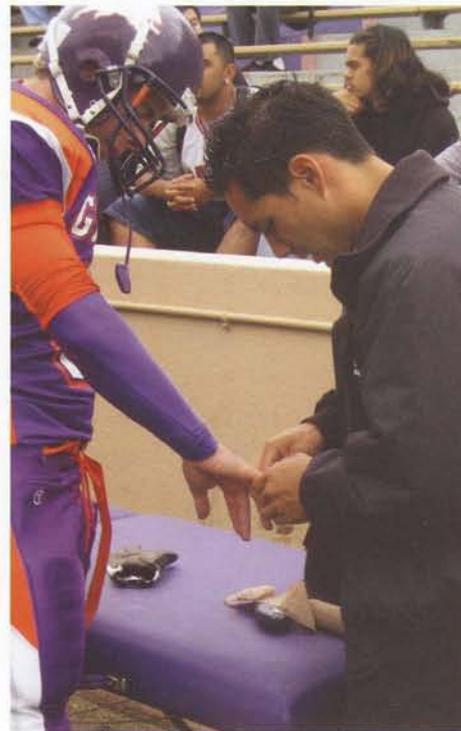
Although the Social Workers Board has been in operation for a number of years, with assistance from the Medical Board in a short five years its administrative efforts have enjoyed dramatic improvement.

Athletic Trainer Advisory Committee Deals With a Constantly Growing Profession

An outgrowth of the Athletic Trainer Practice Act of 1980, the Athletic Trainer Advisory Committee was created in an effort to protect the public from non-qualified individuals misrepresenting themselves as licensed practitioners. Therefore today, only those individuals who are licensed athletic trainers can legally practice as such in Oklahoma.

As its name implies, the Athletic Trainer Advisory Committee serves in an advisory capacity to the Oklahoma State Board of Medical Licensure and Supervision. The members of this committee include two physicians and three board-certified athletic trainers. One of the athletic trainers is required by state law to specifically represent the Oklahoma Coaches Association. The committee reviews all state applications for athletic trainer licenses and makes recommendations to the Medical Board regarding the action to be taken on each.

The interesting thing about this profession is that its need and use seems to constantly expand. As a result, in 1996 state law had to be revised to remove restrictions on where athletic trainers can practice. So athletic trainers can now be hired in this state to assist any endeavor that employs physical activity. In addition to sports related organizations, this can include corporations, dance troops... even NASCAR and NASA use athletic trainers today.



Oklahoma currently has around 250 licensed athletic trainers. Each must be indirectly supervised by a physician under a protocol that the supervising physician signs. As a result, prior to approving licensure for an athletic trainer, the Medical Board first has to check and make sure the supervising physician is properly licensed as well.

But there are numerous other professions who benefit from OMB's management and administrative support and supervision. An overview/explanation of each is listed below and all fall under OMB's responsibility.

Licensed Dietitian



"Dietetics" means the professional discipline of applying and integrating scientific principles of nutrition pursuant to different health, social, cultural, physical, psychological, and economic conditions to the proper nourishment, care, and education of individuals or groups throughout the life cycle. The term includes the development, management, and provision of nutritional services.

"Licensed dietitian," means a person licensed pursuant to the provisions of the Licensed Dietitian Act.

"Provisional licensed dietitian" means a person who has a limited license pursuant to the provisions of the Licensed Dietitian Act.

Registered Electrologist

"Electrolysis" means the practice of using an electrosurgical apparatus to accomplish permanent hair removal by inserting electric current into the hair follicle thereby destroying living tissue and germinative hair cells; and

"Registered Electrologist" means a person licensed to practice electrolysis pursuant to the Registered Electrologist Act.

Physician Assistant

Physician Assistant services require training in the diagnosis, treatment and prevention of disease, including the use and administration of drugs, and which are performed by physician assistants under the supervision and at the direction of physicians. Such services include, but are not limited to:

- a. initially performing a physical examination, delineating problems and recording data,
- b. assisting the physician in conducting rounds in acute and long-term inpatient care settings,
- c. ordering, performing or interpreting, at least to the point of recognizing deviations from the norm, common laboratory, radiological, cardiographic and other routine diagnostic procedures,
- d. ordering or performing routine procedures such as injections, immunizations, suturing and wound care, simple conditions produced by infection, trauma or other disease processes,
- e. assisting in the management of more complex illness and injuries, assisting surgeons in the conduct of operations,
- f. instructing and counseling patients regarding compliance with prescribed therapeutic regimens,
- g. facilitating the referral of patients to the community's health and social services agencies,
- h. providing health care services which are delegated by the supervising physician.

Nothing in the Physician Assistant Act shall be construed to permit physician assistants to provide health care services independent of physician supervision.

Physical Therapists

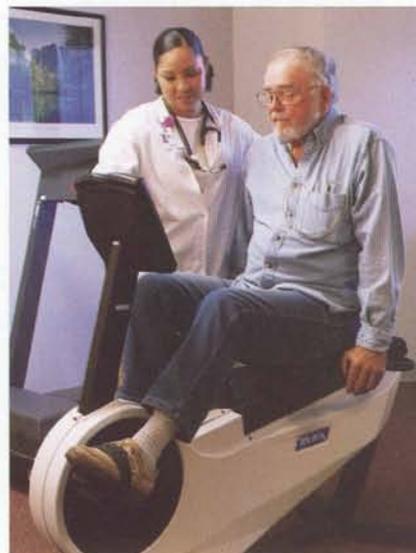
Physical therapy means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry, or podiatry and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy.

The Physical Therapy Committee assists the State Board of Medical Licensure and Supervision in conducting examinations for applicants and to advise the Board on all matters pertaining to the licensure, education, and continuing education of physical therapists and physical therapist assistants and the practice of physical therapy.

Occupational Therapy

Occupational therapy is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health.

Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills.



Respiratory Care

Practice of respiratory care shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act.

Licensed Pedorthist

"Licensed Pedorthist" means a person who is licensed as required by the Oklahoma Licensed Pedorthists Act, who regularly practices pedorthics, and who is therefore entitled to represent himself or herself to the public by a title or description of services that includes the term "pedorthist";

"Pedorthic devices" means therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses and custom made orthoses, inserts, inlays or variants thereof for use from the ankle and below, but does not include nontherapeutic accommodative inlays or nontherapeutic accommodative footwear, regardless of method of manufacture, unmodified over-the-counter shoes, or prefabricated foot care products;

"Practice of pedorthics" means the practice, pursuant to a written prescription from a physician when addressing a medical condition, of evaluating, planning treatment, measuring, designing, fabricating, assembling, fitting, adjusting, managing of the patient, or servicing necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions of the foot and ankle; and

"Therapeutic device" means a device that addresses a medical condition.

Orthosis/Orthotics and Prosthetics

"Orthosis" means a custom-fabricated or custom-fitted brace or support designed to provide for alignment, correction, or prevention of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity, not excluding those of the foot; provided, however, "orthosis" does not include soft goods such as fabric or elastic supports, corsets, arch supports, low-temperature plastic splints, trusses, elastic hose, canes, crutches, soft cervical collars, dental appliances, or essentially equivalent devices commonly sold as over-the-counter items requiring no professional advice or judgment in either size selection or use;

"Orthotics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing an orthosis under a prescription from a licensed physician for the correction or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity;

"Orthotist" means a person who evaluates, measures, designs, fabricates, assembles, fits, adjusts, or services an orthosis as prescribed by a licensed physician for the support or correction of disabilities caused by neuro-musculoskeletal diseases, injuries, or deformities;

"Prosthesis" means an artificial medical device that is not surgically implanted and that is used to replace a missing limb, appendage, or another external human body part including an artificial limb, hand, or foot; provided, however, "prosthesis" does not include artificial eyes, ears, fingers, toes, dental appliances, cosmetic devices such as artificial breasts, eyelashes, or wigs, or other devices that do not have a significant impact on the musculoskeletal functions of the body;

"Prosthetics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing prostheses under a prescription from a licensed physician;

"Prosthetist" means a person who evaluates, measures, designs, fabricates, fits, or services a prosthesis as prescribed by a licensed physician for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences;

OMB Highlights

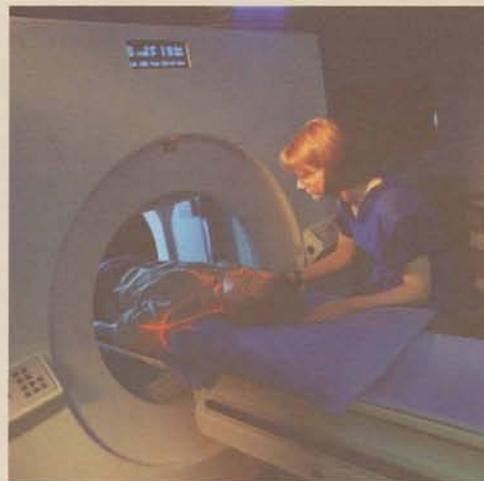
During the 20th Century

- The Oklahoma State Board of Medical Examiners is formed in 1923, becoming the state's first central registry for physicians
- OMB begins licensing other health-related professions, including:
 - Physical Therapists in 1965
 - Physician Assistants in 1971
 - Athletic Trainers in 1981
 - Dietitians and Occupational Therapists in 1985
 - Electrologists in 1986
- Law for board membership is changed to include first one, then two non-doctor members
- OMB begins publishing a newsletter in 1992
- That same year OMB works with the Oklahoma State Medical Association Physician Recovery Program to help doctors suffering with addiction
- After holding a highly visible and controversial public hearing, the board adopts a definitive rule for the proper disposal of human tissue in 1993
- OMB begins providing administrative support for the Board of Podiatric Medical Examiners in 1989 and for the Board of Examiners of Perfusionists in 1996
- An assistant attorney general is assigned to serve as OMB's full-time in-house general prosecutor in 1998
- OMB creates a mission statement and adopts a code of conduct for board members in 1999
- That same year the board adopts rules limiting the number of failures of each medical licensing exam that applicants can fail in order to apply for a license.
- Also in 1999 the board recommends a change in state law, which is passed, allowing accused physicians an option to admit guilt and surrender their license in lieu of prosecution saving Hearing time and expense.



In the 21st Century

- The board's website (okmedicalboard.org) is expanded to allow online access to application and complaint forms, meeting agendas and calendars, as well as comprehensive databases. Additional expansion occurs...
 - In 2002 – to include "Find a Doctor" which allows anyone to locate an Oklahoma doctor able to meet their individual health-care needs based on ten different criteria, including specialty, location and hospital affiliation.
 - Also in 2002 – To allow doctors to renew their licenses online through a secure system-today over 80% utilize this service.
- OMB assumes jurisdiction of orthotists, prosthetists, and pedorthists in 2001
- State law is amended in 2001 to allow OMB to levy fines on doctors who practice medicine after having their license revoked or suspended
- The board contracts with the Oklahoma State Board of Licensed Social Workers to provide all of their administrative and investigative services in 2002
- That same year OMB begins requiring foreign medical doctors to obtain national certification as part of their state licensure process
- In 2003 OMB adopts rules that allow retired physicians who want to provide free medical services to indigent and charity care clinics to obtain "Volunteer" medical licenses at no charge (with no fee)
- That same year the board updates its rules to allow reporting of unprofessional conduct on the part of the Physicians-in-training to be made to OMB
- Also in 2003 the board receives a national award from Administrators in Medicine in recognition of OMB's consumer-oriented website
- In 2004 law passed mandating the OMB to revoke a license after a physician receives a final felony conviction
- 2006 OMB launches massive outreach program to keep the public informed and expand services to the professions. Mass media advertising, participation at special events such as the state fairs, subscriber services in credentialing and collaboration with the CDC (Center for Disease Control) were some of the numerous messages that were highlighted to continue to educate and inform the public and serve the professions



Protecting the Public While Serving Professionals— Day by Day

www.okmedicalboard.org

The general public, professional licensees, and employing subscribers ... OMB serves them all 24 hours a day, 7 days a week, 365 days a year via our national-award-winning website, www.okmedicalboard.org.

This site is updated **three times a day**, so all information is current and access to that information is immediate.

FIND A DOCTOR: A Matter of *Public* Record, *Public* Service and *Public* Access

Anyone in need of a health care professional in this state now has a terrific online resource at their disposal to help in making their selection. It's aptly named "Find A Doctor."

Once someone is on the okmedicalboard.org home page, this screen can be accessed with a simple click of the mouse. "Find a Doctor" is designed to do everything possible to help members of the general public identify the practitioner most likely to meet their, or their family's, specific health care needs.

The screenshot shows the Oklahoma Board of Medical Licensure & Supervision website. At the top left is a photo of medical professionals in blue scrubs. The main header reads "Oklahoma Board of Medical Licensure & Supervision". Below this is a navigation bar with "Find a Doctor" and "By Specialty" buttons. A central text box states: "This website and its contents are updated three times daily." To the left is a "contents" sidebar with links: "Find a Doctor", "MD License Renewal", "Meetings Calendar", "MD Forms & Resources", "Public Forms & Resources", "Statistics", "Laws, Rules & Policies", "Agendas & Minutes", "Boards", "Committees", "Contact Us", and "Home". Below the sidebar is a "RESTRICTED AREAS" section with a "Renew Your MD License Online" link. In the center is a search form with a "Last Name" dropdown, a text input field, and a "Search" button. Below the search form is a "VeriDoc Service" box explaining verification of licenses to other states, with the website <https://veridoc.org/>. To the right of the search form are two promotional boxes: "Find a Medical Professional nearby with the expertise you require." and "How to file a complaint about a medical professional." Below these are sections for "Other Health Care Professionals licensed by the OSBMLS" (listing Athletic Trainers & Apprentices and Licensed Dietitians & Nutritionists) and "Update your Practice Info and Renew your MD License".

On the OMB homepage "Find a Doctor" is the first option listed under "Contents" on the left side of the screen and the top illustrated box, see "Search," on the right. By clicking on either spot, this terrific resource becomes immediately available to any member of the general public.

When using the "Find a Doctor" option, website users can narrow their search based on:

- The profession needed (doctors aren't the only ones listed; all health care professionals licensed by OMB are included)
- Medical specialty practiced
- Location/County
- Type of insurance accepted (including Medicare and Medicaid)
- Professionals who are currently accepting new patients
- Office hours
- Name of the professional: first, last or both
- Hospital(s) where the professional has privileges
- Languages the office supports
- Whether any disciplinary actions have been taken against this individual
- Whether their license is currently active or inactive

Information Available Online *Because the Public has the Right to Know*

Every visitor to the okmedicalboard.org website also has the option of obtaining the following information free of charge:

- The agendas and minutes for any board or advisory committee meeting managed by OMB's administrative staff.



-
- Statistical reports. These include:
 - Distribution of physicians by specialty or county
 - Number of physicians in rural areas
 - Total number of licensed medical professionals in any profession
 - Distribution of complaints filed
 - Board certifications, by specialty
 - Rules and laws pertaining to those professions licensed by OMB

For a nominal fee, any individual or organization can also obtain a database report in comma-delimited text, in Excel format, or as mailing labels (only one set of labels are provided per profession requested).

These reports can be provided by either email, diskette or CD-ROM. Personal mailing data, practice addresses, license information and status, and information pertaining to where and when the licensee received his or her education—going back to high school—can all be included in these reports all within a short 24 hour period.

When Problems Arise, OMB Wants to Know and Help: Complaint Forms are Available Online

In an effort to make it as easy as possible for the general public to inform OMB of any concerns regarding potentially unprofessional conduct on the part of someone licensed by this agency, a complaint form is available online at our website.

Space is provided for those completing the form to indicate, in their own words, a detailed statement of their complaint, being as specific as possible about their concerns.

Once the form is completed, it's simply printed and mailed to the OMB Investigations Department.

Referral to Other State and Federal Agencies Made Easy

Anyone who visits okmedicalboard.org will also find links for quick and direct access to the following state and federal organizations:

- Oklahoma Bureau of Narcotics
- Oklahoma State Bureau of Investigation
- Oklahoma Attorney General
- Drug Enforcement Administration
- Federal Bureau of Investigation

“With the subscriber service I can do a download feed and they'll give me all our active providers who are licensed by the Medical Board. As soon as there's a change in anyone's license, I get an email. That way, nothing slips through the cracks and now they're starting to load each doctor's NPI number in the database as well, which is another bonus for us. My advice to someone thinking about subscribing: it's well worth the money.”

Gail Tedder
Credentialing Project Coordinator
Blue Cross/Blue Shield of Oklahoma

OMB Also Provides Online Resources to Licensees

Although OMB charges its licensees and potential licensees fees for processing applications and license renewals, it also provides a number of services via the Internet at no additional cost. These include: email reminders about license renewal and access to a 24-hour helpdesk for information and assistance in using the agency's website.

In addition, all health care professionals licensed by OMB can now update information about their practice and renew their licenses online at okmedicalboard.org.

All licensees can access data files that pertain to them personally, as well as those that pertain to their practice, 24 hours a day, 7 days a week. This means extensive information may always be kept current, for the benefit of patients, potential patients, and other referral and credentialing sources.

Anytime a licensee makes a change online, that information is posted on the website within 24 hours.

Other online benefits to OMB licensees include:

- Access to all forms on the website. These forms can be completed online, printed, then mailed into the office.
- Information on CME/CEU requirements and resources
- All laws and rules pertaining to every profession OMB licenses are available for viewing, printing and download
- Back issues of OMB's newsletter, *Issues and Answers*
- VeriDoc Service – which allows all physician and physician assistants who practice in the USA to have verification of their active and inactive medical licenses sent to medical boards in any other state.

OMB was one of the first in the nation to allow Applicants to Stay Informed Electronically About The Status of Their License

All applicants for every type of license that OMB issues can view the status of their application on the agency's website at no charge. The list of any deficiencies they've been determined to have, along with the status of their application, is available for review 24 hours a day, 7 days a week, and updated twice daily.

The screenshot shows the Oklahoma Board of Medical Licensure & Supervision website. At the top, there is a navigation bar with "Find a Doctor" and "By Specialty". Below this, a search box is visible with a "Last Name" dropdown and a "Search" button. A sidebar on the right contains several promotional banners: "Find a Medical Professional nearby with the expertise you require.", "Search", "How to file a complaint about a medical professional.", "Complaint", "Update your Practice Info and Renew your MD License ONLINE!", "Lounge", "Renew Your Allied License Online", "Allied", "Renew Your Perfusionist License Online", and "Perfusion". The main content area features a "VeriDoc Service" box and a list of "Other Health Care Professionals licensed by the OSBMLS" including Athletic Trainers & Apprentices, Licensed Dietitians & Provisional Dietitians, Electrologists, Physician Assistants, Physical Therapists & Assistants, Occupational Therapists & Assistants, Orthotists/Prosthetists, Podiatrists, and Respiratory Care Practitioners. It also lists "Other Boards Administered by the OSBMLS" as the Oklahoma Board of

Subscribers Benefit from OMB Online Services Too

Organizations that hire, credential or provide services to some or all of the professions that OMB licenses often choose to subscribe to the restricted portion of our website. These organizations typically include hospitals, schools, insurance companies, state and federal agencies and others.

In addition to everything available on the public portion of the site, subscribers can also access a licensee's... educational history, practice history, other reported state licenses, supervisors, and supervisees. When licensees have disciplinary action taken against them, a scanned image of the board's orders regarding that action is added to their records and can also be viewed by subscribers.

Our subscribers assure us that having access to this information online not only saves them time and money, but also satisfies NCQA and JCAHO requirements.

To Subscribe or Receive Help in Using the OMB Website...

Contact:

Oklahoma State Board of Medical Licensure & Supervision

Support Services Division

5104 N. Francis Ave., Suite C, Oklahoma City, OK 73118

Phone: 405-848-6841 Fax: 405-848-4999

Email: supportservices@okmedicalboard.org

Certified Medical Board Investigators Always Search for Clear and Convincing Evidence

Because protecting the public is one of the Oklahoma Medical Board's primary concerns, complaints against the healthcare professionals licensed by the board are always taken seriously. The board's staff of investigators examines those situations where it appears that the actions of—or dereliction of duty on the part of—healthcare professionals have the potential of placing the public's health or safety in jeopardy.

“Without access to the database, my job would take a lot longer. I'd be on the phone a lot more and I'd probably put off calling until I had several people I needed to ask about. But with the subscriber service I can easily check things at any time during the day.

“My advice is that anyone who is considering the subscriber service definitely needs to give it a try, because it's well worth it. The Medical Board keeps improving it. It constantly gets easier to use and continually provides more information. It's just a real handy tool that makes my job easier.”

Leisa K. Burton

Director of Graduate Medical Education
OU College of Medicine

These investigative officers come from a varied background. Some are retired police officers in a new career, others are law enforcement officials from other state agencies who transferred in, and there are RNs who are trained in investigative techniques once they are hired. Bobby Tidwell, administrator of the department of medical supervision, OMB, reports that the group of investigators blends and helps each other, each bringing their own special expertise to the table.

Anyone may file a complaint with the Medical Board. "We can take complaints verbally. We have a form we can fill out right over the phone," Tidwell reports. "If they desire, the caller may remain anonymous. Or, we also have forms we can mail to them and, if they have computer access, anyone can file a complaint via email."

Tidwell says every complaint is entered into the system. Depending on the allegations, any complaint may be opened immediately. If it is, it will be sent to the board's medical director. He reviews each complaint and indicates whether the next step needs to be taken.

When a complaint appears serious enough to merit further investigation, medical billing records and hospital records are often subpoenaed.

Interviews are conducted. In fact, Tidwell says in several recent cases board investigators have interviewed as many as 30 people for one complaint. He says it's not unusual for a normal complaint to generate a final report containing several hundred pages as a result of an investigator reviewing all possible areas to determine whether there was any validity to the complaint.

Once a complaint has been fully investigated, agency officials will determine whether there appears to be clear and convincing evidence that there is a problem. If, and only if, clear and convincing evidence does seem to support



We use the subscriber service daily.

The Medical Board has made it so easy for us that if something gets attached to one of our physician's licenses, we're automatically notified. If one of our physicians doesn't get their license renewed on time, we're notified immediately without having to check. It's fantastic! Before, we didn't get immediate notification, we just had to go in and search. It could have been six months or a year before we'd even look.

Also, the staff is excellent. Reji is the greatest. He responds immediately on a question. If there's a formatting problem or we request something to be added to the page or our service, he does it. And the same cannot be said for another organization I work with. The Medical Board is great and so is their service!"

Betty Vandenburg
Director of Medical Staff
Edmond Regional Medical Center

the allegations—and those allegations are of a serious enough nature—the matter will be taken before the board and presented in a public hearing by an assistant attorney general. The nine members of the board, seven of whom are physicians themselves, serve as both judge and jury.

Until such time as a case is presented before the board, however, all investigations are confidential. And they are always kept confidential until they are taken before the board.

The Medical Board's Investigators Work Closely with Investigators from Other State and Federal Agencies

When allegations are made or complaints are filed indicating that a doctor's office is too lenient with prescriptions and the medical charts are devoid of medical necessity, the investigative staff with the Oklahoma State Board of Medical Licensure and Supervision (OMB) often work closely with federal and state law enforcement-related agencies during the course of that investigation.

"We interact with the Oklahoma Bureau of Narcotics, the OSBI, the DEA, the FBI and the US Attorney General's office during really serious prescription cases," Bobby Tidwell, administrator of the department of medical supervision, OMB, says. "All of these organizations have worked hard the last few years to make sure we keep each other abreast of problems. We have constant contact and often go to Tulsa or other locations to meet with state and federal investigators so we can all work together to plan and develop an investigation."



OMB investigators are highly trained to include law enforcement and nursing.



Protecting the Public While Serving the Professional into the 21st Century

Medical Office Inspections Provide Professionals and Their Staff with "Preventative" Care

Over the years the Oklahoma State Board of Medical Licensure and Supervision has had numerous opportunities to visit physicians' offices in order to review various aspects of their medical practices and procedures. In the past these visits have primarily occurred as the result of complaints or investigations. However, that is no longer always the case.

"We now have situations where physicians call and ask us to come out and make sure they're doing things appropriately," Lyle Kelsey, OMB executive director explains. "That's proven helpful to some physicians and their office staff that we've begun to expand this service as an educational resource."

As a result, any physician, clinic or medical organization that thinks it would benefit from the Medical Board's consultation or review is encouraged to contact its investigative staff and request an educational inspection.

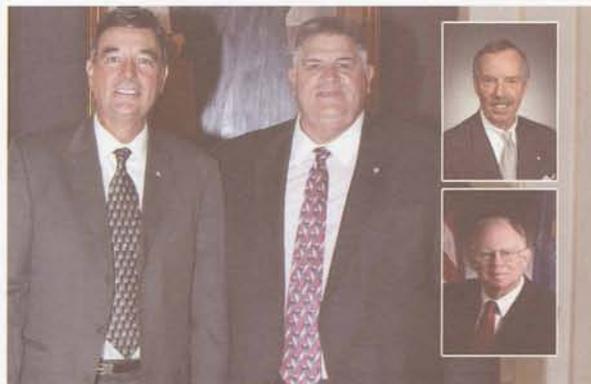
These voluntary medical office inspections can include, but aren't limited to: reviewing how medications and controlled substances are recorded and stored; office workflow; charting procedures; general cleanliness; and, if minor surgical procedures are performed on site, whether the proper equipment—such as oxygen and AED machines—are on hand.

OMB: Adapting to Ever-Changing Needs and Options While Maintaining High Standards of Care

Every year hundreds of young Oklahoma children (over 900 in 2005 alone) receive healthcare services free of charge through the efforts of the Shriners' Organization. As part of this service, the Shriners provide transportation for the child and one parent to and from a Shriners hospital, all of which are located out of state. The First Shriners Hospital in Shreveport, Louisiana provides orthopedic care, while burn-related injuries or other skin maladies are treated at the Galveston Shriners Hospital.

This program offers incredible benefits in terms of both health and quality of life for young Oklahomans. In fact, after Louisiana children, more Oklahoma youngsters are helped each year at the Shreveport Shriners hospital than children from any other state. But no matter where they receive their care, after their time in the hospital these young patients invariably need follow-up visits with their treating physicians.

However, since they live far away and travel to and from the hospitals in vans driven by Shriner



(Left to Right) Representative Doug Cox (R-Tulsa) and Senator Johnny Crutchfield (D-Ardmore) authored the Shriners Volunteer Service bill. Representative Ron Peters (R-Tulsa) and Senator John W Ford (R-Bartlesville) (Insets) were also instrumental in the bill's passage.

volunteers, follow-up care is often extremely inconvenient for both the children and their accompanying parents. Every return visit to see the doctor easily takes a two-day trip, at minimum, for what frequently amounts to only a few minutes of face time with the doctor. Problems tend to arise as a result. Still-healing patients are often uncomfortable while traveling. And time away from school, work and the rest of the family can create difficulties for parent and child alike.

Luckily, this problem now occurs far less frequently for many of these young patients and their families. With the help of State Representatives Doug Cox M.D. , Ron Peters and State Senator Johnnie Crutchfield, technology, a pooling of resources, plus special licensing and rule-making consideration on the part of the Oklahoma Medical Board (OMB) came to the rescue.

In August of 2004 the Telemedicine Division of the Oklahoma State University Center for Health Sciences, the Oklahoma University School of Medicine-Tulsa and the Tulsa Regional Medical Center began a unique relationship with the Shriner Organization in Tulsa. The OSU Health Center installed equipment that allows the orthopedic surgeon in Shreveport to see patients currently in their care, via video. When these telemedicine clinics are conducted, an orthotics specialist and a healthcare provider from OU's bedlam clinic are in the video conferencing room with the patient.



Shriners Hospitals for Children™

To make it possible for physicians in other states to provide treatment to

Oklahoma patients in such a manner, OMB had to establish special licensing requirements. These were needed to ensure the health and safety of the

Oklahoma patients being treated. As a result, it has been determined that all out-of-state physicians providing care in this state via video or any other electronic means must first be fully licensed by OMB. In addition, the quality of the equipment used and the performance and accepted procedures followed in all such sessions must meet the standards of any appropriate specialty board or group, including but not limited to the American Telemedicine Association.

OMB also requires that a local physician or licensed healthcare provider always be present in the room with the patient during all telemedicine sessions. This local physician is responsible for receiving, interpreting and applying the diagnosis made by the out-of-state physician. The actual treatment of the patient remains in the hands of the attending physician. However, the consultant is responsible for maintaining proper standards of practice and for ensuring all information is accurately transmitted.

Due to OMB being flexible and recognizing the need for special rules and licensure requirements for telemedicine situations, young Oklahoma patients and their families today find themselves in a win-win situation. They're still receiving the highest quality of care, free of charge, but without the need to undertake extended out-of-state travel for every follow-up visit to their doctor.

Officials with the Shriners tell us they've had wonderful reviews by doctors, patients and family members alike about how well their telemedicine program is working as a result.

OMB Implements Hard-Won Lessons from Katrina

As everyone knows, massive problems and incredible tragedies occurred when Hurricane Katrina hit the Gulf Coast. As difficult as that situation was for everyone involved, however, it also afforded

medical boards across the nation the opportunity to learn extremely important lessons about how to go about protecting information and healthcare resources from being destroyed in future disasters.

Working in conjunction with the Federation of State Medical Boards (FSMB), the Oklahoma Medical Board (OMB) has taken steps to implement this hard-won wisdom. As a result, we continue to work on being better prepared than ever before to respond—and function—in times of crisis.

Each week OMB transmits an updated database to FSMB. This database contains all information, including sanctioning actions, on all of our licensees. Following this practice helps OMB ensure that no matter what type of emergency or disaster might occur in Oklahoma in the future, state clinics, hospitals and other healthcare facilities, as well as medical boards throughout the nation, will still be able to quickly access and verify the credentials of anyone claiming to be a medical professional licensed to work in this state.

We know this information will always be accessible because FSMB not only stores this data in a secure location, but also backs it up in a second, off-site secure spot.

Although no disaster plan can prepare for every possible situation, OMB has made it a point to:

- Imagine and prepare for the worst-case scenario
- Also prepare for smaller emergencies that, while not large in scope, might still hamper our ability to conduct business as usual
- Make sure everyone on staff knows our emergency plan and rehearses it periodically
- Make sure our emergency efforts are known and coordinated with the governor's office and key state agencies

If our computer system, phone lines, and/or electricity ever become inoperable due to an emergency, we've ensured that a large part of our work will continue uninterrupted. For, we have pre-



authorized FSMB to serve as our temporary agent during such circumstances. Therefore, FSMB will be able to verify the credentials of all the medical professionals we have licensed, if circumstances ever prevent us from doing so for whatever length of time.

We have also developed rules and laws that establish guidelines about how facilities in this state can accept assistance from physicians who come from out-of-state or out-of-country to volunteer medical care during times of emergency or crisis.

With help from FSMB we have:

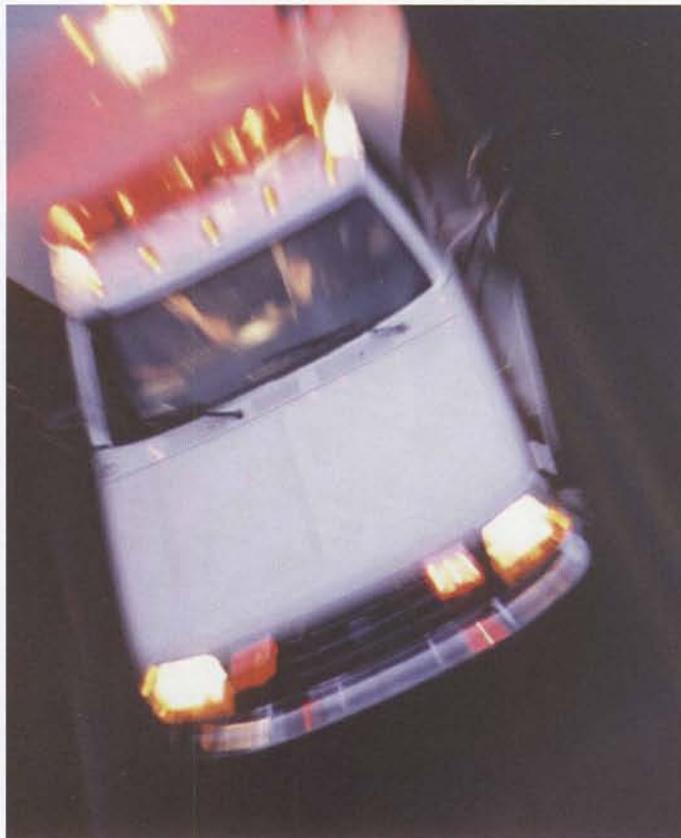
- Determined the minimum standards Oklahoma will require from incoming volunteer physicians prior to granting temporary licenses
- Developed emergency licensure application forms that can be posted on our website at a moment's notice
- Gained board authorization for issuing emergency permits/licenses outside of regular meetings following approval by staff and one or more designated individuals
- Developed a list of the types or categories of medical personnel who would be welcomed to render assistance in times of emergency
- Clarified who would meet the definition of "volunteer provider."

OMB has also identified possible alternative office space, both in state and out-of-state, in case we lose use of our headquarters on either a temporary or permanent basis. As part of this effort, we have:

- Pre-arranged lease space, equipment, telephone lines, Internet and a fax for an emergency temporary office
- Gained commitments from staff to relocate to one or more skeleton offices during an emergency
- Developed plans for hiring temporary staff if and when needed.

In addition, we have developed a plan of action that will allow us to keep our lines of communication open during a variety of disaster situations. As a result, we have:

- Prepared messages that will automatically appear on websites as they are simultaneously transmitted to the FSMB and various Oklahoma agencies; these messages are designed to provide licensees and citizens with direction, contact information and so forth
- Prerecorded telephone messages that will provide emergency contact information and instructions
- Determined what contact information we would need during an emergency for board members, the



executive director, director of investigations, building manager, attorney, and other key staff; we have collected this information and we update it as changes in personnel or their contact data occur

- Developed a secure emergency email/web page system for staff and board members that we maintain offsite
- Designated who is to serve as liaison with both the Health Department and legislative staff regarding volunteer medical personnel and other important issues
- Designated individuals who will go to a secured location and, from that vantage point, respond to telephone, email and other inquiries
- Acquired wireless computers and phones that can continue to be used during times of crisis, even when the electricity isn't working

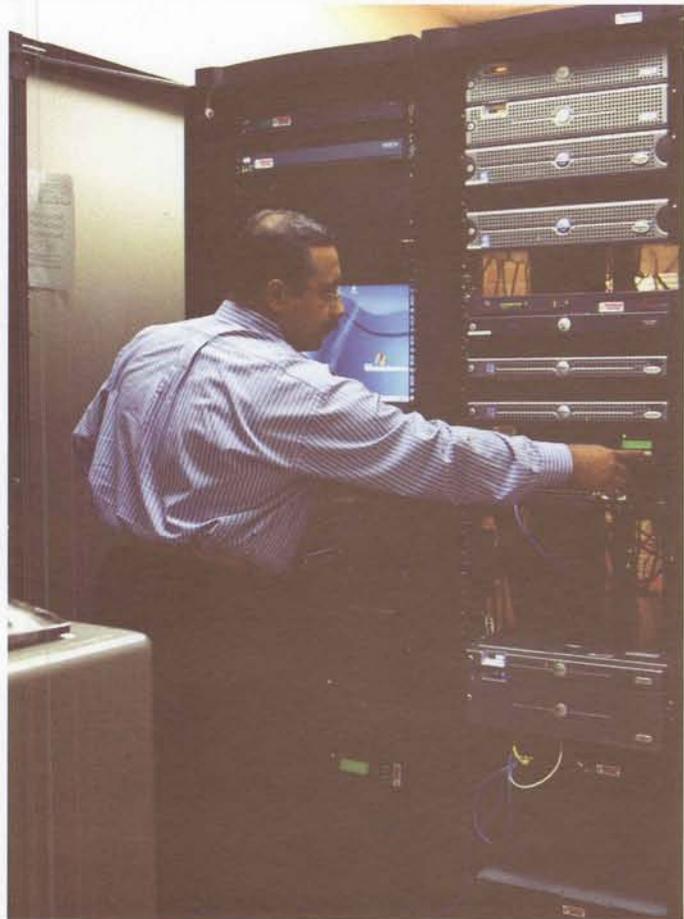
And, even though FSMB provides OMB with a double backup for our database, we also have our own off-site location where we keep all licensing information. This database is constantly updated. All of our backup data, whether at our own secure site or at FSMB, can be quickly retrieved and restored to OMB in times of need.

OMB Guards Against Poor Medical Practice Via the Internet

We live in an ever-increasingly complex and technological age. And that technology is constantly creating both opportunities and challenges for those who are charged with guarding the common good. In recognition of this fact, the Medical Board always strives to take full advantage of every new possibility that presents itself to protect the public and to serve the professional, while simultaneously responding to and guarding against each new potential danger to the public's health, safety and well-being.

One of the more recent challenges the Medical Board has faced are those that have arisen as a result of doctors prescribing medicine over the Internet.

The board operates under the direction of the Medical Practice Act (Title 59 O.S. 480-518). That act requires that physicians rendering care to patients in this state must be licensed in Oklahoma. It further indicates that unprofessional conduct includes "...prescribing or administer-

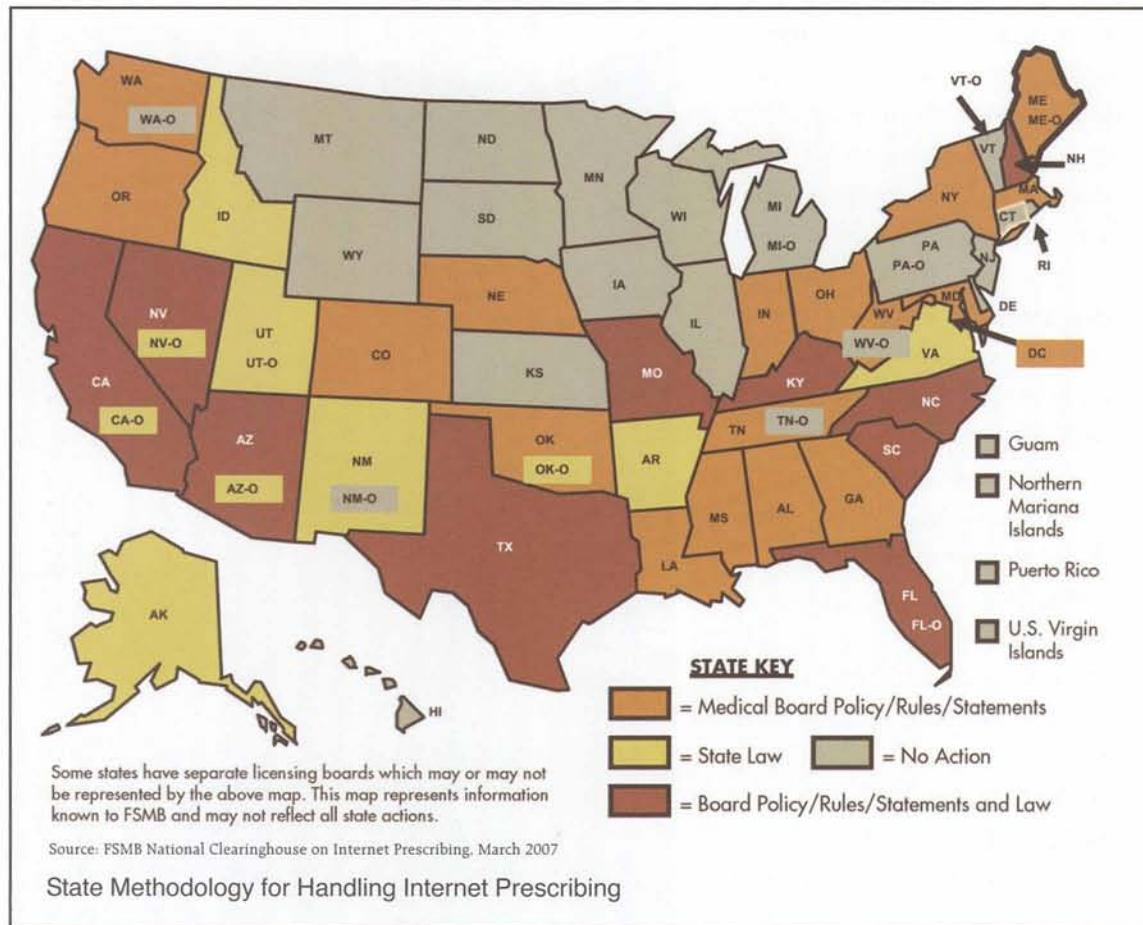


ing a drug or treatment without sufficient examination and the establishment of a valid physician/patient relationship" (Section 509-13).

As a result, the Oklahoma Medical Board has interpreted that a "sufficient examination" and "establishment of a valid physician/patient relationship" is impossible without an initial face-to-face encounter with the patient. And obviously, a face-to-face encounter is not possible over the Internet. So it has unequivocally stated that the complete management of a patient's care via the Internet, email or other forms of electronic communications is inappropriate.

As discussed earlier in this section of the report (see "OMB: Adapting to Ever-Changing Needs and Options While Maintaining High Standards of Care" above), the Medical Board does allow for physician-to-physician consultation on an occasional basis. However, the board has stated that when dealing directly with patients, physicians are required—at a minimum—to:

1. Verify that the person requesting the medication is who they claim to be;
2. Establish a diagnosis through the use of accepted medical practices, such as a patient history, mental status exam, physical examination, and appropriate diagnostic and laboratory testing by the prescribing physician;
3. Discuss the diagnosis with the patient, as well as the evidence that leads to that diagnosis, the risks and benefits of various treatment options; and



-
4. Ensure that either the physician or coverage for that physician will be available to the patient for appropriate follow-up care. And to be considered "appropriate," follow-up care must include a face-to-face encounter at least once a year and as often after that as necessary to ensure medication can safely continue to be prescribed.

Due to these rules and guidelines, any healthcare professional in Oklahoma who is suspected of treating, prescribing or shipping medication to any individual, whether that person resides in this state or anywhere else in the world, will be investigated. If the evidence seems to warrant it, that professional will be brought before the board for possible disciplinary action, up to and including a full suspension of license. And, when appropriate, local, state and/or national law-enforcement agencies will be apprised of the situation and given access to all records for use in possible legal action against the involved healthcare professional.

Medical Franchising Presents a New and Growing Challenge

Due to the rise in the expense of operating a medical practice, combined with reduction in insurance payments, a number of doctors have begun looking for ways to increase their income. For some, this has entailed exploring medical franchising opportunities. As a result, some doctors are beginning to serve as the medical director of multiple medical "spas" and walk-in clinics, while maintaining their private practice. This has the potential of leading to problems for patients and physicians alike.

Lyle Kelsey, OMB executive director explains, "A physician's license can be at risk in this type of situation when problems and complications occur."

Because medical franchising exists and is on the rise, the Medical Board is in the process of developing rules and guidelines for these types of facilities and situations. Documents are being drafted and rules will be forthcoming in the months and years to come.

"We want to make sure physicians understand the potential liabilities, responsibilities and accountabilities of becoming either employed or financially involved with these kind of business arrangements," Kelsey concludes.

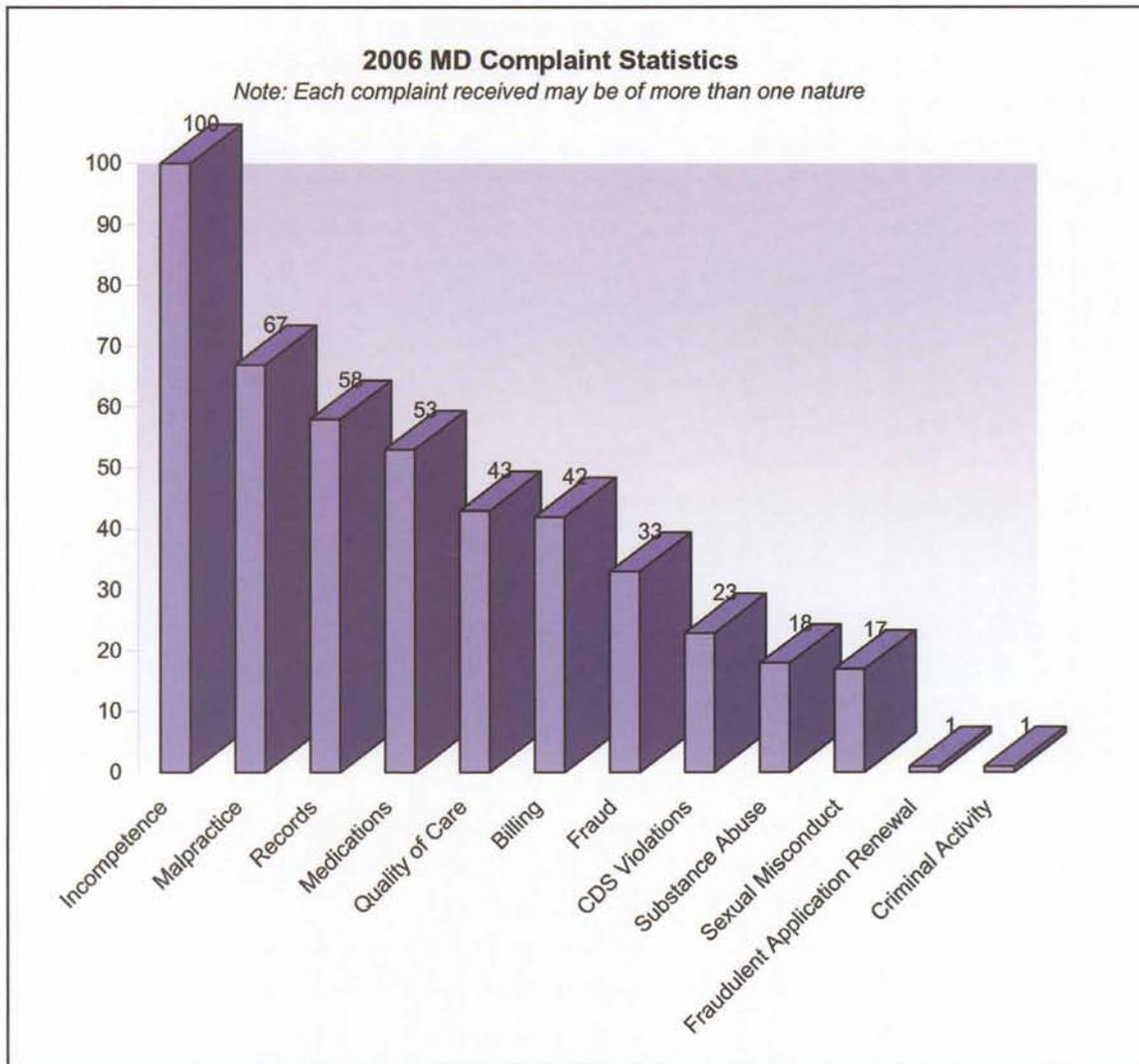
Protecting the Public Takes Many Guises for the Oklahoma Medical Board

The Oklahoma State Board of Medical Licensure and Supervision provides protection to the general public through its participation in a nationwide program, as well as through its own policies, actions and procedures.

Created by the Federation of State Medical Boards (FSMB) in 2000, the Federation Alert System helps to protect the public by providing notification across state lines when disciplinary action is taken against a physician.

"We collect licensure information from every state board and then we match this information up to discover whether physicians are licensed to practice in multiple states," Tim Knetter, senior vice president, of finance and operations, FSMB, explains. "Then, when disciplinary action against a physician is reported to us by one state, we'll notify any other state where that physician is licensed to practice."

As an example, he mentioned that a number of physicians are licensed to practice in both Oklahoma and Texas. If Texas were to report taking a disciplinary action against one of those physicians, the Federation Alert System would notify the Oklahoma Medical Board so the board could investigate



to determine if the public's health and safety would be best protected by restricting that individuals practice of medicine in this state as well.

The Medical Board further protects the public through its extensive application process. Robyn Hall, director of licensing, OMB, says that when physicians apply for a medical license in this state her department verifies their education, training, other state licenses, and exam history.

Her department also now conducts an extended background check on every applicant. This consists of learning whether any legal action, such as being arrested, has been taken or if they have any outstanding warrants.

"There've been a few times when people have checked 'no' on their application, when we've later learned through their extended background check that they've had arrests or other problems they didn't list," Hall says.

If the problem is something like being arrested for DUI several times, then the Medical Board has the option of placing the physician on probation. When that happens the physician's actions are

monitored for a period of time, typically for several years, to help ensure that it's safe to allow them to practice medicine and that they're not drinking or taking some type of drug while working.

Bobby Tidwell, administrator of the department of medical supervision, OMB, reports that at any given time 70 to 100 healthcare professionals are on probation with the Medical Board.

Newly licensed or otherwise, these professionals are placed on probation if, after hearing the evidence, the Medical Board makes a determination that there is clear and convincing evidence that the allegations against them are true. Tidwell says a standard probation for substance abuse is five years.

For the entire length of their probation, whatever it might be, the professional must submit monthly reports to the board. If there are any restrictions placed on them as part of their probation, they and their employers must adhere to those restrictions for the entire time the professional is on probation.

Also, in cases of substance abuse, one of the board's probation officers will make unannounced visits to the probationary professional's place of work. While there, the officer may or may not require that the professional provide an urine analysis (UA) specimen. When required, all UA specimens must be given while "observed" by the officer, to make sure there's no opportunity to substitute someone else's urine for the test. And, when a probation officer appears at the probationary professional's work site, that professional is expected to appear within just a few minutes.

There is no set number of visits that a probationary officer may make. However, a report is generated for each visit and that report is viewed by at least three individuals. As a result, all healthcare professionals placed on probation are closely monitored throughout their probationary period to help ensure that the public's health and safety is always protected.





OMB Reaches Out to Help Both the Community and Professionals

OMB Supports *A Woman's Right to Know*

State law (Title 63, Section 1-738.2) precludes abortions in this state without the voluntary and informed consent of the woman considering the procedure. The only time an exception can legally be made is in the case of a medical emergency. Under the law, prior to performing the procedure, abortion providers must offer their patients the option of reviewing either published material or an affiliated website containing facts and figures that can assist them in their decision-making and information-gathering process.

www.awomansrighttoknowok.org

A Woman's Right to Know



English | Español

Introduction

Characteristics of the Unborn Child
Gestational Stages
Photos & Drawings

Abortion Procedures

Pregnancy & Childbirth

Resource Directory - [Click Here](#)
To Search for Services by County - [Click Here](#)
Download Resource Directory PDF File - [Click Here](#)
24 Hour Pregnancy Information and Referral Hotline/Hotlines - [Click Here](#)

A Woman's Right to Know Resource Directory includes helpful services and agencies from across Oklahoma. Public and private agencies, including adoption agencies, have been included that might assist a pregnant woman throughout her pregnancy, upon childbirth, and while her child is dependent. Twenty-four (24) hour toll-free Pregnancy Information and Referral Hotline/Hotlines are also available.

[Privacy Policy](#) | [Disclaimer](#)

[Click to Download Booklet](#)



Information to help you make an informed decision.

[Click to Download "A Physician's Guide" Brochure](#)
Legal size paper
8.5 x 14

Legislative Updates:

Unborn Child Pain Awareness/Prevention Act

Free Ultrasound Imaging and Heart Tone Monitoring Facilities



The law of the State of Oklahoma (**Title 63, Section 1-738.2 - [click here](#)**) requires that the information found on this website be offered and available to a woman considering termination of a pregnancy, except in cases constituting medical emergencies.

INFORMING OKLAHOMANS™



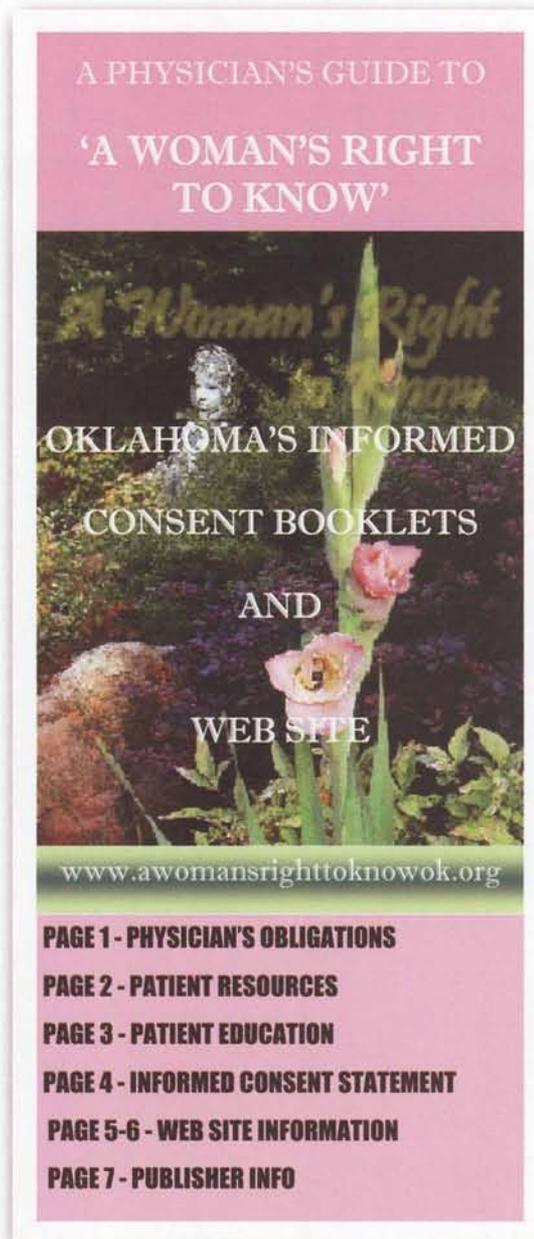
In response to this state mandate, the Oklahoma Medical Board (OMB) has published an informational booklet and a statewide resource directory. Both the booklet and the directory are bilingual: they are printed in English on one side and in Spanish on the other. In addition, both the booklet and the directory are entitled *A Woman's Right to Know*.

The booklet includes:

- Current and medically reliable information and illustrations concerning the growth and development of an unborn child at various gestational stages throughout pregnancy
- Methods of commonly used abortion procedures
- Medical risks commonly associated with each procedure
- Risks commonly associated with carrying a child to term
- Common emotional reactions that result from...
 - Having an abortion
 - Undergoing childbirth

The resource directory provides information on agencies located in the state that are capable of offering assistance to a pregnant woman. This includes services available throughout pregnancy, upon childbirth and while the child is still dependent and living at home. Adoption agencies and organizations that offer alternatives to abortion are included. The services are listed by statewide geographical area and by county and include:

- Medical assistance
- Financial assistance
- Housing assistance
- Help with basic living expenses
- Legal assistance
- Educational benefits
- Employment opportunities
- Childbirth classes
- Parenting classes
- Personal improvement opportunities
- Child care resources
- Child support enforcement agencies
- And others



The directory provides the names, addresses and telephone numbers of listed agencies as well as 24-hour hotline/helpline numbers. Some agencies listed in the directory have special eligibility requirements. As a result, OMB recommends that, prior to assuming a certain organization will automatically offer them assistance, interested women first contact that organization to make sure they qualify for services.

Everything published in both the booklet and the resource directory can also be found at the affiliated website, which is also produced and underwritten by the Medical Board. Every effort has been made to ensure that this site is secure and that no one will be able to collect or record any information on individuals who access and use: www.awomansrighttoknowok.org

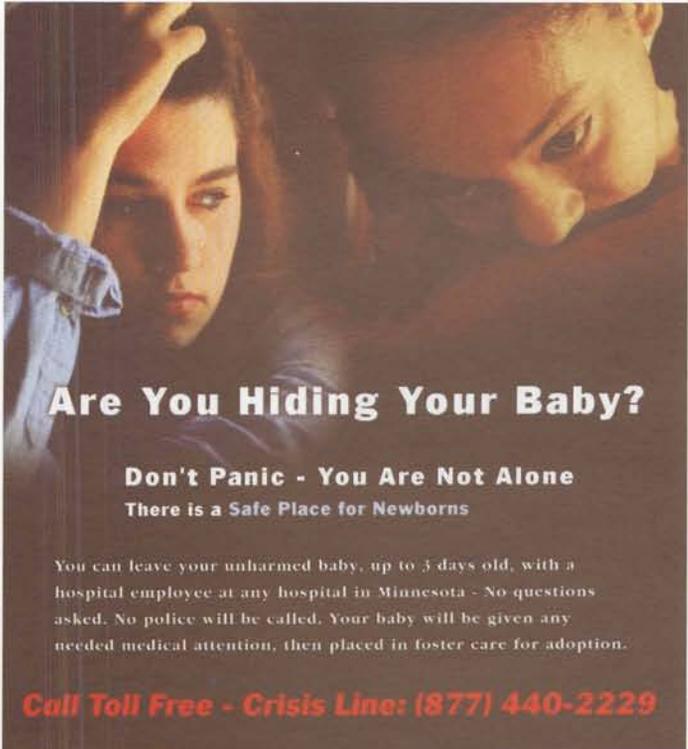
OMB Spreads Word of Safe Haven

In conjunction with the state law (Title 63, Section 1-738.2) that precludes abortions in this state without the voluntary and informed consent of the woman considering the procedure, Oklahoma also has a "Safe Haven" law. The Safe Haven law allows women who give birth to legally leave that baby, when it is seven days old or younger, in a safe place and not return for it if they find themselves weighed down or frightened by the prospect of being a parent.

As long as the baby isn't hurt, the mother will not be charged with a crime. "Safe Places," for the purpose of this law, include:

- A medical services provider
- A child rescuer, which is any employee or designated person on duty at a...
 - Police station
 - Fire station
 - Child protective services agency
 - Hospital or other medical facility

A baby young enough to qualify for the Safe Haven program can be left in any of these locations, with no questions asked.



Are You Hiding Your Baby?

Don't Panic - You Are Not Alone
There is a Safe Place for Newborns

You can leave your unharmed baby, up to 3 days old, with a hospital employee at any hospital in Minnesota - No questions asked. No police will be called. Your baby will be given any needed medical attention, then placed in foster care for adoption.

Call Toll Free - Crisis Line: (877) 440-2229

safe place for newborns

For more information contact:
Safe Place for Newborns
120 S. 6th St., Suite 1250
Minneapolis, MN 55402 Phone: (612) 317-2895
safeplace@safefornewborns.com
safefornewborns.com

This law was created to save the lives of newborns in danger of abandonment, and to help preserve the future of their mothers. It provides a legal and safe alternative to those mothers who find themselves overwhelmed and unprepared for the realities of parenthood, who might otherwise take steps that would place the health or safety of the child at risk.

The Safe Place for Newborns Telephone Crisis Line is available *24 hours a day, 7 days a week*. Anyone wishing to speak to someone about leaving a newborn baby through this program can contact a child rescuer at one of the "Safe Place" locations mentioned above, call Toll Free: 1-877-440-2229 or go online and visit <http://www.safeplacefornewborns.com/statefiles/ok.html>.

The Medical Board is working to make the general public aware of this program by including information of its existence in the *A Woman's Right to Know* Resource Directory.

Medical Board Conducts Survey of Public Awareness at State Fair

To help increase public awareness of the Oklahoma State Board of Medical Licensure and Supervision and its role in this state, OMB had a booth at the 2006 Oklahoma State Fair as well as the 2007 Tulsa State Fair.



While there, the Medical Board conducted a survey concerning the board and its areas of responsibility. There were a total of 484 survey responses. The results can be seen below:

Oklahoma State Board of Medical Licensure & Supervision 2006 State Fair of Oklahoma Survey Results Sept. 14 - Sept. 24, 2006

Total Survey Responses: 484

	Yes	No	No Answer/ Don't Know
1. Have you heard of the Oklahoma State Medical Board?	387 80%	97 20%	0 0%
Newspaper:	36 9%		
TV:	63 16%		
Radio:	9 2%		
State Fair:	74 19%		
Friend:	66 17%		
Other:	76 20%		

2. Did you know that disciplinary actions taken by the Board are public information?	234 48%	247 51%	3 1%
3. Did you know you can search for a Medical Doctor or Healthcare Professional on the Medical Board's Website 24 hours a day?	197 41%	284 59%	3 1%
4. Do you know if your Medical Doctor is required by law to be licensed with the Medical Board?	353 73%	129 27%	2 0%
5. Have you ever inquired about a Medical Doctors background with the Medical Board?	92 19%	385 80%	7 1%
6. Is your Medical Doctor's license current with the Medical Board?	171 35%	48 10%	265 55%
7. How did you choose your current Medical Doctor?			
Yellow Pages:	21 4%		
Hospital Directory:	9 2%		
Referred by Physician:	81 17%		
Referred By Family/Friend:	179 37%		
Insurance Directory:	90 19%		
Other:	82 17%		
Not Specified:	22 5%		

Age:	Gender:	Education:
Not Specified: 38 8%	Not Specified: 31 6%	Not Specified: 18 4%
0-18: 13 3%	Male: 99 20%	High School: 203 42%
19-30: 69 14%	Female: 354 73%	Associates: 96 20%
31-40: 112 23%		Bachelors: 101 21%
41-50: 111 23%		Masters: 53 11%
51-60: 97 20%		Doctorate: 13 3%
61-70: 28 6%		
71+: 12 2%		
Average Age: 39.50		

Board's Public Service Announcements Aimed at Physicians and Public Alike

The Oklahoma State Board of Medical Licensure and Supervision (OMB) has been conducting a public service campaign that is meant to do more than simply inform the public about the Medical Board; it's also intended to encourage physicians to keep their practice information with the board current as well.

"We hope this campaign will encourage physicians to go to our website (www.okmedicalboard.org) and update their material," Lyle Kelsey, OMB executive director says. "The incentive is that we're informing the general public about how our website can help them find a doctor who meets their individual needs. As a result, physicians want to make sure the information listed about them on our website is current and correct. Otherwise, a potential patient who learns about them from our website might not be able to locate them to book an appointment.

"We're trying to help physicians understand that our website is something more than just the typical government registry. It's actually something that can help them market their services. They can even indicate if they're board certified, where they've trained or are receiving addition training, and so forth."

Ads for the campaign were placed in the *Tulsa World*, the *Daily Oklahoman*, the *Norman Transcript*, and in specialty health inserts in publications around the state. They've also been placed in local medical journals, the Oklahoma County and Tulsa County Medical Society bulletins and the State Medical Association's journals. The whole focus of the campaign is to advertise the Medical Board's website and how it can be used to go about finding a doctor.

Many publications are in Spanish



www.awomansrighttoknowok.org

El contenido del Directorio de Recursos y Folleto de Información están incluidos en "Los Derechos que una Mujer Debe Conocer" sitio Web y pueden ser descargados e impresos. Los materiales impresos y sitio Web son proporcionados tanto en inglés como en español. Usted también puede tener acceso a este sitio Web en su biblioteca local. Para lugares listados de biblioteca cerca de usted llame # 405-236-0701

Los Derechos que una Mujer Debe Conocer

Para información confidencial y remisiones para cuidado prenatal y recursos de comunidad de asistir a una mujer en todas partes de su embarazo, sobre el parto, y mientras su niño/a es el/la dependiente, póngase en contacto:

Línea directa Prenatal hispana nacional # 1-800-504-7081 (Sólo de Día)
Envíe petición de materiales impresos a
Informing Oklahomans P.O. Box 18844 OKC, OK 73154

"We call our website the living directory, because doctors can change their data 24/7," Kelsey says. "So, if doctors open a new office, get a new phone number or move, they can go on the site, make any changes and the new, current information will be there for everyone to see within 24 hours. We're really working at informing everyone that www.okmedicalboard.org is an ongoing, updated, current directory of healthcare providers."

He says that in the near future the Medical Board's public service campaign might expand to include television. The board is also looking into including ads in some of the aging booklets that are published locally for senior citizens.

The Medical Board Helps But NEVER Coddles Chemically Dependent Professionals

When, following a complete investigation, the Oklahoma Board of Medical Licensure and Supervision determines that a healthcare professional has a problem with substance abuse, it proceeds in a manner designed to:

- Protect the health, safety and well-being of those individuals who receive healthcare from the professional
- Provide the healthcare professional with the direction and means to find freedom from addiction and to rehabilitate his or her life and career.

With this goal of rehabilitation in mind, the Medical Board has worked with the Health Professionals Program (HPP) since it was created in 1983. During that time more than 800 physicians and healthcare providers with alcohol or chemical dependency issues have been helped.

As an outreach program HPP both supports and monitors its clients. All HPP services are confidential and free of charge. Any physician, resident, medical student, group practice, HMO network, or hospital can receive confidential assistance from HPP for any of the following concerns:

- Stress
- Substance use disorders
- Behavioral health issues

Participation with HPP is strictly on a voluntary basis. However, it is often a requirement for those who have been placed on probation by the Medical Board. Failure on the part of any such professional to fully participate in this program can result in the suspension of that individual's license.

As a result, the documentation of participation in and compliance with HPP's monitoring program can be essential to certain professionals. It can help those who've been placed on probation to maintain their license, while making it possible for some with suspended licenses to have their licenses eventually restored.

Although HPP does not provide direct treatment, officials with the program do suggest specific treatment options. In addition, if concerned families, colleagues, patients, friends, or employers (such as hospitals) contact the program directly about a professional who has not yet come under investigation or charges from the Medical Board, HPP program officials will provide coordinated interventions and referrals to treatment. Professionals who recognize that they personally have a problem can also contact the program directly for help.

For all of these individuals, HPP hosts a number of support group meetings. These meetings are open to all professionals, medical students, residents in recovery, as well as those seeking peer support.

Effective, compassionate help is available for physicians and medical professionals with drug and alcohol abuse and behavioral problems at the Health Professionals Program 24-Hour Confidential Hotline: 405-427-4391.

“Although HPP operates independently of the Medical Board, we strongly support its goals and mission. This program offers a very real and necessary service. Here at OMB, it’s our hope that all healthcare professionals who find themselves trapped in addictive and unhealthy behavior will receive the help they so desperately need. This is why, once they come to our attention, we refer all such individuals to HPP.

“However, this type of referral is not a gift that can simply be given to these individuals. It comes with a price. Addicted professionals must be ready and willing to recognize that they have a problem and to fully participate in their own recovery. While they can be shown the way, ultimately they are the only ones who can take the steps to eventually free themselves from addiction. If and when they are not willing to do so, we cannot allow them to continue practicing medicine in this state. For, as much as we want to help these individuals, we can never knowingly allow them to place their patients or the public’s safety at risk.”

Lyle R. Kelsey, MBA, CAE
Executive Director, Oklahoma State Board of Medical Licensure and Supervision
Certified Medical Board Executive

Professionals Wanting to Provide Free Medical Service in this State Can Now Receive a Special Volunteer License

In response to state law, the Oklahoma Medical Board has established rules that allow a special volunteer medical license to be issued to physicians who wish to donate their expertise for the care and treatment of indigent and needy Oklahomans. Physicians who qualify for this license are those who have either retired from active practice or who are actively licensed and practicing in another state.

When granted, a special volunteer license can only be used for situations where the physician has no expectation of receiving any payment or compensation, with one exception: out-of-state physicians who participate in the free medical care given by means of Telemedicine through the Shriners Hospitals for Children national network.

Any other use of this license will be considered unprofessional conduct and, as a result, could be grounds for disciplinary action by the Medical Board.

These volunteer licenses are renewable annually upon approval of the board and are issued:

- Without application, license or renewal fees
- Without any continuing education requirements in Oklahoma
- For one fiscal year

To qualify for this license, physicians must:

- Complete a special license application that includes documentation proving graduation from medical school and provides the history of their practice;
- Provide documentation showing they were previously issued a full and unrestricted license to

practice medicine in Oklahoma or another state and that they have never been the subject of any medical disciplinary action in any jurisdiction:

- Submit documentation acknowledging that their volunteer license will only be used to provide medical care to needy and indigent Oklahomans or to people living in medically underserved areas in this state;
- Acknowledge that they will not receive any payment or compensation, either direct or indirect, while rendering service under the volunteer license.

Physicians who hold a volunteer license are held to the same rules for competence and professional conduct as those who are fully licensed by the Medical Board.



**Oklahoma State Board
of Medical Licensure and Supervision**
License Number: 25

Licensee Name: **JOHN WILLIAM MARKS, M.D.**
 License Type: Medical Doctor - Volunteer
 License Restrictions:
 Beginning On **01-Jan-2007** To: **01-Jan-2008**
 The undersigned certifies that the person has been issued a license to practice in the State of Oklahoma.

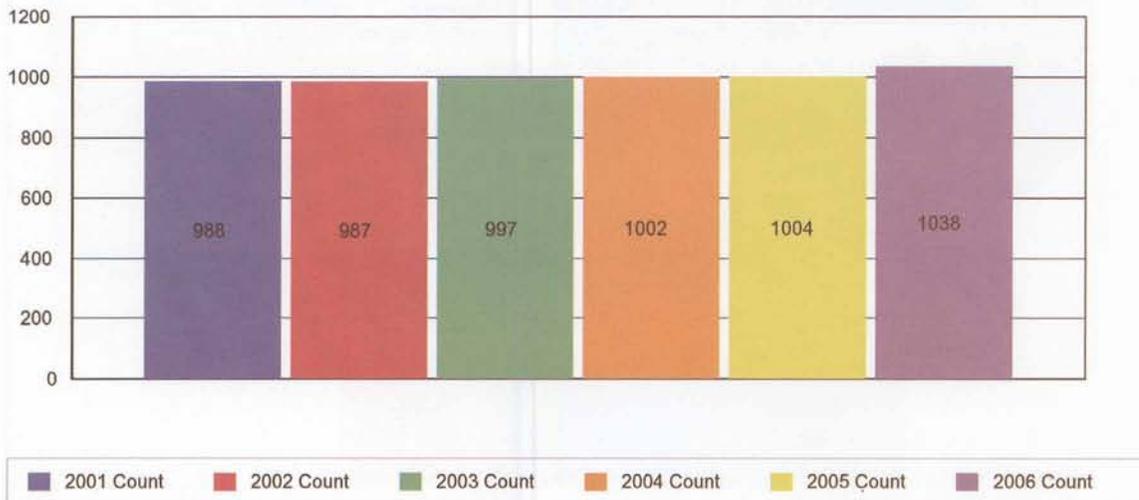
David C. [Signature] Sec'y, Medical Board

Medical Board Data Helps to Identify and Relieve Physician Staffing Problems in Rural Oklahoma

Information from the Oklahoma Medical Board is used to help the federal government determine whether a location in Oklahoma can be designated as a Health Professional Shortage Area (HPSA). When that designation is made, the area then becomes eligible for various federal programs. Although even when the HPSA designation is given, receipt of these programs is not guaranteed.

Possible programs of assistance for HPSA locations include allowing for the recruitment of

Total MDs in Rural Areas by Year



of specialty care," Brown says. "Although that is not our primary focus or responsibility, we feel that it is very important in terms of continuity of care for Oklahomans that we look not only at primary preventative care, but also at some of the secondary tertiary systems of care and see how well those are available and accessible in terms of the full continuity of care provided."

Brown says the licensure database from the Medical Board allows his department to learn how many specialists practice in this state and where they are located. This provides an idea as to whether certain areas of the state are losing specialty care and, as a result, requiring the citizens who live there to travel long distances to obtain that type of care.

"A study that was done a number of years ago shows that in Oklahoma, in terms of overall physician availability, we don't necessarily have a shortage of physicians, but there's certainly a problem with distribution. We're finding it more and more difficult to get physicians in the rural areas."

Rick Ernest, executive director of the Physician Manpower Training Commission, says his state agency receives around \$5 million each year primarily for the purpose of addressing that problem. The Physician Manpower Commission gets physicians involved in programs that will encourage them to practice in rural areas of this state.

"The way we do that is to obligate doctors primarily through scholarship programs. We give money to medical students and to family practice residents. In turn, those individuals then owe us an obligation in rural Oklahoma when they finish their training," Ernest says. "We also have a program where a rural community might be able to recruit a doctor from out of state or from Oklahoma City or Tulsa to come to their rural community."

That's where information from the Medical Board comes in. When recruiting individuals for the Physician Manpower program, Ernest's agency verifies and double checks the applicants' licenses. The commission then uses the Medical Board's database to make sure these individuals have their records up-to-date, that their licenses are intact, and that there are no problems of which Physician Manpower or the involved rural community are unaware.



Oklahoma One of Only Five States to Participate in CDC Pilot Project

In late 2005, the Centers for Disease Control (CDC), after witnessing the massive communication problems that resulted from Hurricane Katrina, started a pilot project for contacting physicians in emergency situations. Oklahoma was one of only five states invited to participate in the CDC's Emergency Drill Pilot Project, and the Oklahoma State Board of Medical Licensure and Supervision played a vital role in this state's participation.

Developed in conjunction with the Federation of State Medical Boards, the CDC's Emergency Drill Pilot Project included Oklahoma, Maine, North Dakota, Rhode Island, and Virginia. It involved collecting, on a voluntary basis, contact information from physicians in each participating state. The contact information included each physician's office phone number, fax number, address, home phone and cell phone numbers.

Kim Mitchell, health alert network coordinator for the Oklahoma Department of Health, says the CDC does not have and has never kept this data in their possession. Instead, the program is set up so that the CDC will be able to access each state's database in the event of a catastrophic emergency. The pilot project was deemed so successful that many more states are now developing their own Emergency Drill databases.

The Oklahoma Medical Board began its participation in the Emergency Drill pilot project by mailing out forms. In addition to explaining the purpose of the project, these forms made it possible for physicians to provide the above-mentioned contact information. The completed forms were then returned to the board. Physician response was great.

It was so good, in fact, that next the Medical Board incorporated emergency contact information into their online license renewal program. So today, while renewing their licenses, physicians can simply click on "CDC Information" and then add or update their emergency contact information.

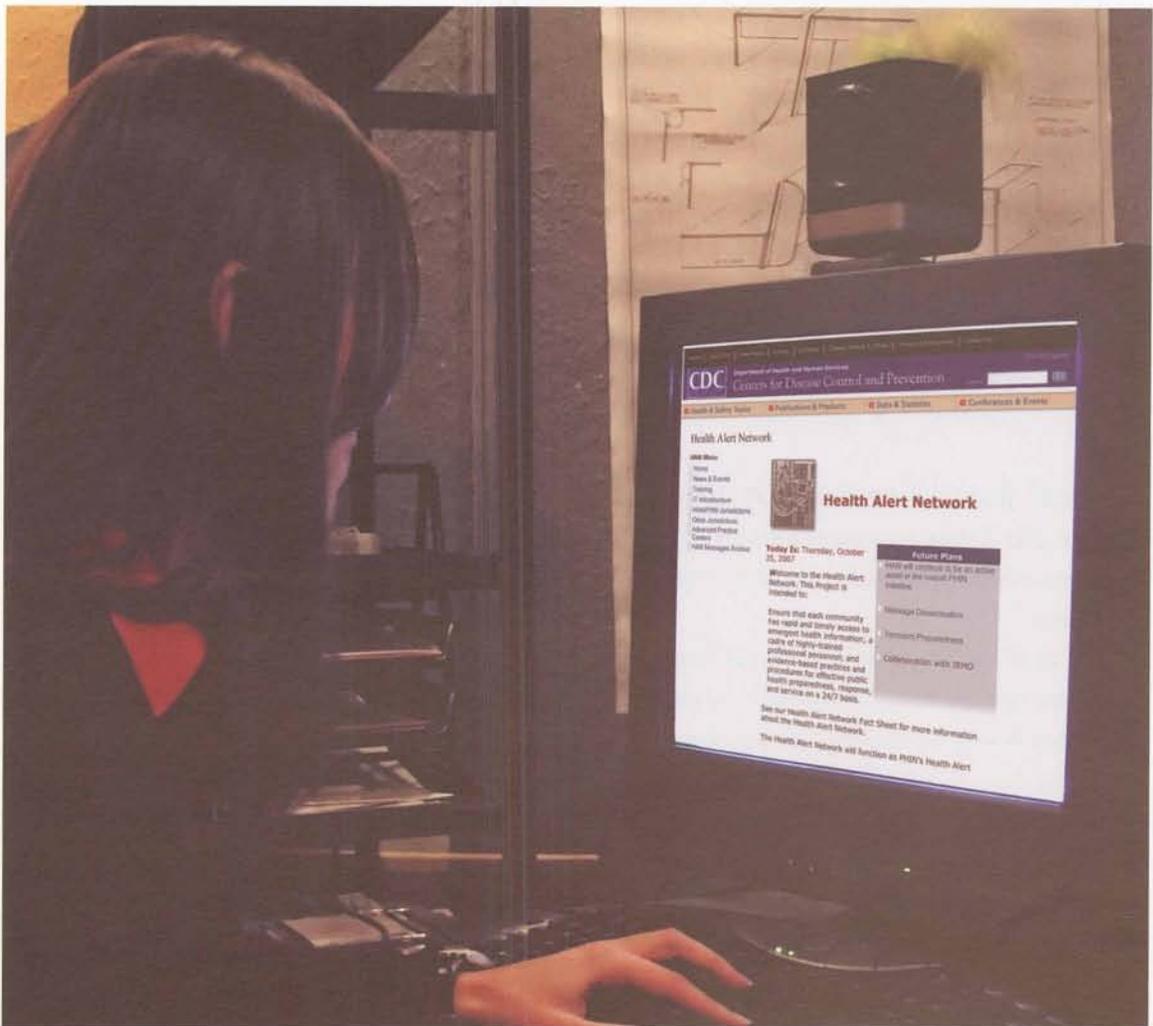
A Helping Hand from Medical Board Helps Oklahoma Health Department Create HANS

The Health Department entered into an agreement with the Medical Board to access their CDC emergency contact database in 2006. As a result, the Health Department is now able to use this data in their Health Alert Network System (HANS).

A national directive has required every state and U.S. territory to either have or have access to a HANS. Each state's HANS must make it possible for state officials to contact "public health partners" in the event of an emergency. It's up to each individual state to determine whether the term "public health partners" includes physicians. In addition, each state also establishes its own guidelines for how its individual HANS works, who receives these alerts and what they include. Each state must have a database that allows it to contact everyone in the network quickly and they must be able to send their alerts in a secure format.

Health alert network coordinator, Kim Mitchell says that the State Health Department's agreement with the Medical Board allows it to use the secure database that the Medical Board had already created. This has saved the state resources, since the Health Department hasn't had to recreate something that already existed.

The Medical Board gave the Health Department a log-in and password, allowing them to download



all of the board's physician information—including the emergency data—at any time.

"Currently, we access it once a month and download it into our Health Alert Network database to keep the information current," Mitchell explains. "We've never used the physicians private contact information. The only time we'd ever do so is if a catastrophic emergency warranted infringing on their privacy."

She says that since obtaining state physician's office fax numbers, her office has sent out around 20 faxed Health Notifications. Some of these notifications have been sent statewide, others have only been sent to physicians in a specific county or group of counties. For example, if there's a disease outbreak in a particular county, the Health Department will send a notification to the physicians in that county and the surrounding areas advising them of the outbreak and reminding them that all cases of this disease need to be reported to the State Health Department.

The alerts have proven to be a success. "We've received feedback about cases that have been specifically reported to us because of a HANS advisory we've sent, so we're really pleased with the program," Mitchell says. "The Medical Board really went above and beyond by letting us have access to

this information and setting it up so that we can have access to the data at any time."

Twice a year she sends faxes simply to test her database. "Our system tells us whether the fax was delivered or if it came back as a number no longer in service. This allows us to learn how accurate and up-to-date our data is," Mitchell says. "The more advisories we fax, the more responses we get back from physicians and the nurses who work in their offices telling us they now recognize what a health alert is and what the advisories look like. These physicians and nurses say they've found the advisories helpful and now look for them to learn what's happening in their area.

"Throughout this process, the staff at the Medical Board has been really great," Mitchell adds. "They've been quick to respond to any questions and they've been more than willing to assist with anything I've needed. If every organization I dealt with was as helpful, my work would be much, much easier."

Medical Board Continually Interacts with Other Health-Related Agencies

When Lyle Kelsey, executive director of the Oklahoma State Board of Medical Licensure and Supervision, first came to the agency in 1997, interaction between health-related Oklahoma state agencies was infrequent.

"Part of it was personalities and part was nobody had really taken the first step," Kelsey explains. "Someone needed to say 'Why don't we get together and talk about things we have in common and even areas where we disagree. At the very least we can then better understand what those disagreements are.'"

So, shortly after being hired as executive director at the Medical Board, Kelsey called his counterparts at the Nursing Board, the Osteopathic Board, the Pharmacy Board and the Dental Board and suggested they all meet and learn what concerns they shared.

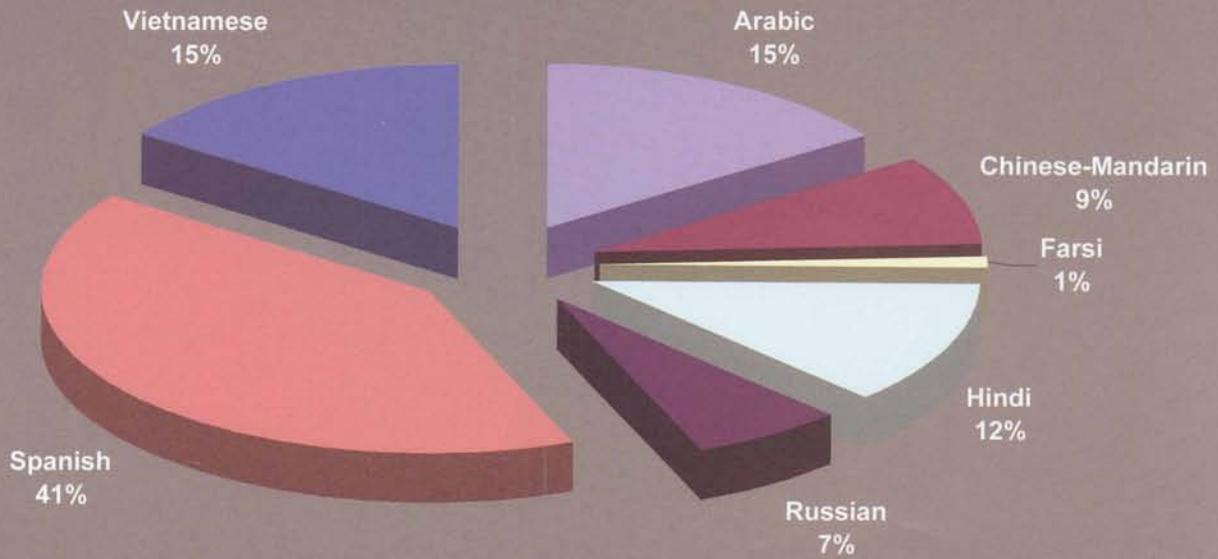
Before long the group found their interaction so valuable they began to meet on a fairly regular basis. They now make it a point to get together a minimum of once a quarter.

As a result, they've been able to pool resources in certain circumstances. For example, they've shared training workshops for investigators. This has proven to be a major bonus because it makes it easier for the investigators to network with each other and keep each other informed about problems that cross individual board lines.

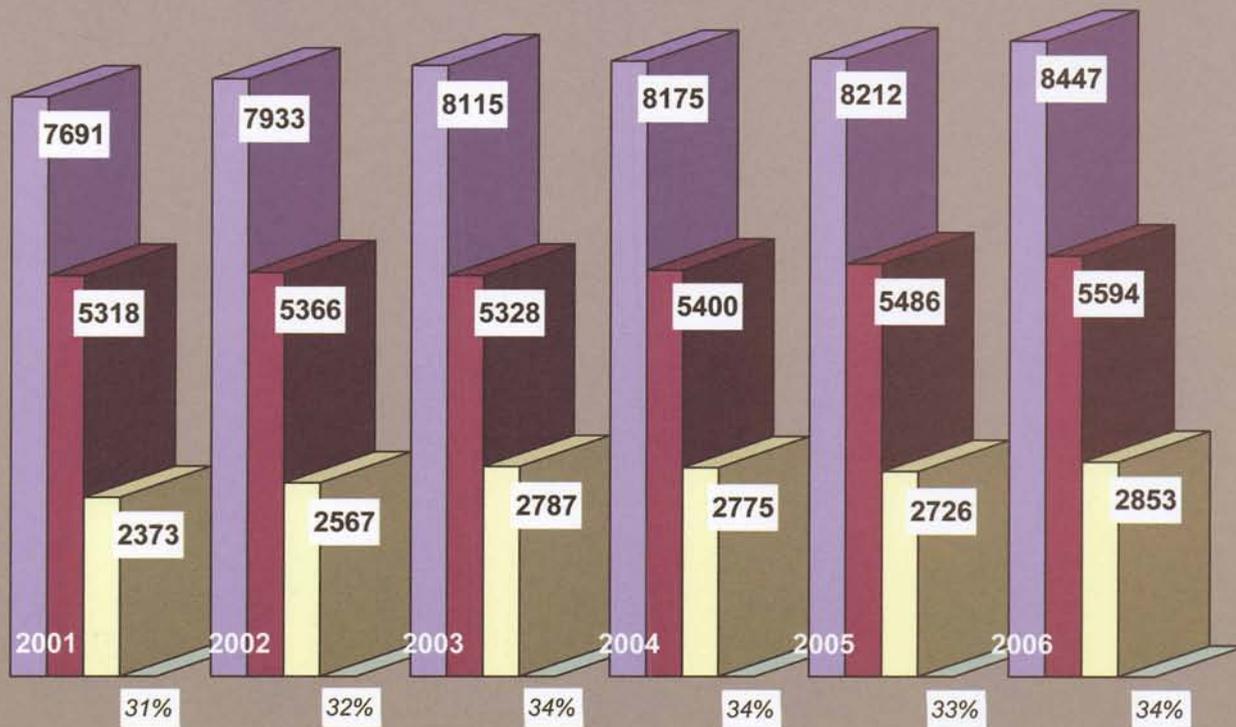
"The most recent example of our discovering a shared problem occurred the last time we met," Kelsey says. "I mentioned I was working on guidelines for medical spas where Botox injections and similar procedures are performed. Since RNs are often the individuals delegated to perform such procedures in these offices, the Nursing Board ended up developing a declaratory ruling about what RN's can and cannot do in such locations. A lot of it came about because we were talking and communicating together."

Kelsey says every time this group meets at least one agency tends to learn important and helpful information based on another's experience. "Although we don't always agree on the approach to take, we invariably find we have more shared concerns than disagreements," he says.

Percentage of all Foreign Languages Supported in MD Offices in Oklahoma

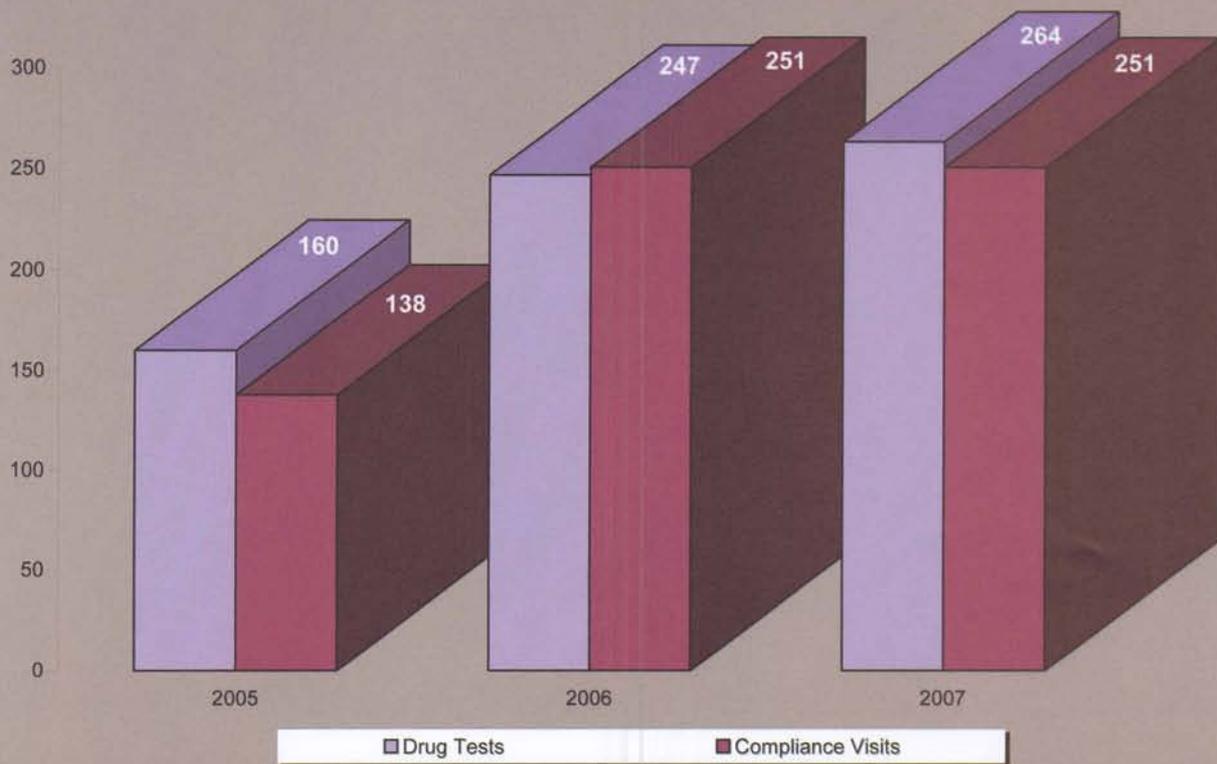


MDs Licensed in Oklahoma

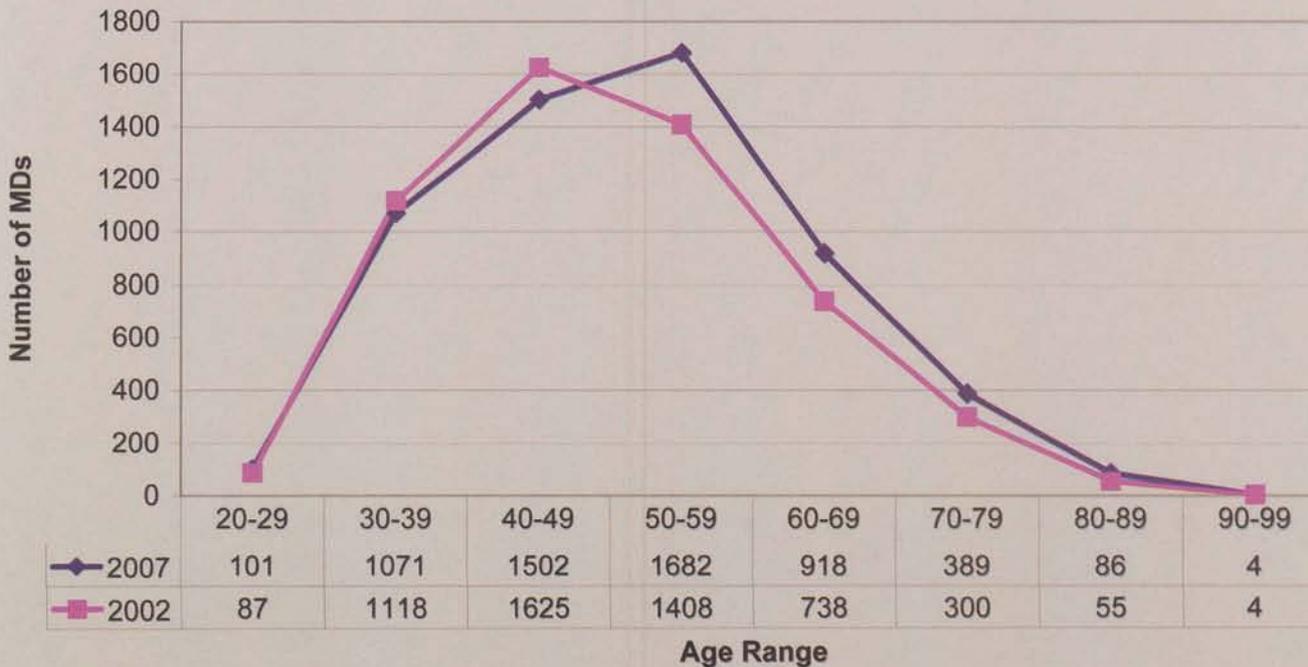


■ Total Licensed
 ■ Practicing in State
 ■ Practicing out of State
 % of MDs Practicing Out of State

Compliance Visits and Drug Testing Conducted
From January 2005 through October 2007



5 year change in Age Distribution of MDs Working in Oklahoma



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Number of PAs by County vs MD

	PA	MD	Ratio
ADAIR	2	10	1:5
ALFALFA	2	0	0:0
ATOKA	4	0	0:0
BEAVER	0	2	0:1
BECKHAM	2	30	1:15
BLAINE	2	9	1:4
BRYAN	7	39	1:5
CADDO	4	8	1:2
CANADIAN	19	47	1:2
CARTER	15	73	1:4
CHEROKEE	7	46	1:6
CHOCTAW	2	2	1:1
CIMARRON	1	3	1:3
CLEVELAND	35	207	1:5
COAL	1	0	0:0
COMANCHE	29	186	1:6
COTTON	0	2	0:1
CRAIG	1	14	1:14
CREEK	3	27	1:9
CUSTER	5	23	1:4
DELAWARE	2	28	1:14
DEWEY	0	3	0:1
ELLIS	0	5	0:1
GARFIELD	17	100	1:5
GARVIN	4	12	1:3
GRADY	13	33	1:2
GRANT	1	1	1:1
GREER	2	3	1:1
HARMON	0	1	0:1
HARPER	2	1	2:1
HASKELL	6	5	1:1
HUGHES	3	2	1:1
JACKSON	1	27	1:27
JEFFERSON	1	0	0:0
JOHNSTON	3	4	1:1
KAY	11	48	1:4
KINGFISHER	2	6	1:3
KIOWA	4	5	1:1
LATIMER	2	12	1:6

	PA	MD	Ratio
LEFLORE	13	16	1:1
LINCOLN	8	11	1:1
LOGAN	6	11	1:1
LOVE	3	2	1:1
MCCCLAIN	5	11	1:2
MCCURTAIN	7	16	1:2
MCINTOSH	2	7	1:3
MAJOR	0	2	0:1
MARSHALL	4	3	1:1
MAYES	0	16	0:1
MURRAY	4	10	1:2
MUSKOGEE	17	125	1:7
NOBLE	0	4	0:1
NOWATA	3	2	1:1
OKFUSKEE	3	4	1:1
OKLAHOMA	288	2,405	1:8
OKMULGEE	3	23	1:7
OSAGE	8	8	1:1
OTTAWA	5	22	1:4
PAWNEE	1	3	1:3
PAYNE	13	98	1:7
PITTSBURG	10	52	1:5
PONTOTOC	16	72	1:4
POTTAWATOMIE	13	52	1:4
PUSHMATAHA	5	4	1:1
ROGER MILLS	1	2	1:2
ROGERS	9	44	1:4
SEMINOLE	7	12	1:1
SEQUOYAH	5	10	1:2
STEPHENS	7	35	1:5
TEXAS	1	14	1:14
TILLMAN	2	3	1:1
TULSA	151	1,475	1:9
WAGONER	4	9	1:2
WASHINGTON	11	77	1:7
WASHITA	0	2	0:1
WOODS	2	4	1:2
WOODWARD	1	17	1:17
NOT OKLAHOMA	58	2,898	1:49

Total Active s : 917 8,719 1:10

Your Oklahoma Medical Board wants you to know...

If you're searching for a doctor or other medical professional, the Oklahoma Medical Board has the most comprehensive online listing of licensed doctors in the state.

If you have a concern and need assistance with a sensitive medical situation involving your doctor, the Oklahoma Medical Board is here to help you.



For more information, or to access their free online directory, log on to www.okmedicalboard.org, or call 1-800-381-4519.

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