

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
May 1, 2019

The Hospice meeting of the Mississippi State Board of Medical Licensure was held on Wednesday, May 1, 2019, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

Jeanne Ann Rea, M.D., Columbus, President
David W. McClendon, Jr., M.D., Ocean Springs, Vice President
Charles D. Miles, M.D., West Point
Daniel Edney, M.D., Vicksburg

ALSO PRESENT:

Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Anna Boone, Interim Director, Licensure Division
Leslie Ross, Director of Investigations
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Investigations Supervisor
Frances Carrillo, Staff Officer
Major General (Ret.) Erik Hearon, Consumer Health Committee
Shoba Gaymes, Jackson, Consumer Health Committee
Hope Ladner, The Clay Firm
Tina Highfill, Mississippi Board of Nursing
Susan McCoy, Mississippi Board of Pharmacy
Ronnie Bagwell, Mississippi Board of Pharmacy
Ryan Harper, Mississippi Board of Pharmacy
Thomas Dobbs, M.D., Mississippi State Dept of Health
Gerry Ann Houston, M.D., MACM
Edward Henning, DEA

The meeting was called to order at 1:03 p.m., by Dr. Rea, President. Dr. Rea opened the meeting with introductions of Board members and extended a welcome to all visitors present at the meeting. Dr. Rea advised that the objective of the meeting was to discuss, at the request of the Governor and the Legislature, Hospice patient care.

Dr. Rea introduced and welcomed Board members and staff from the Board of Nursing, Board of Pharmacy, Dept of Health, MACM and DEA.

Dr. Rea requested each speaker identify who they represent, and they will have five minutes to speak on an issue, reserving questions and comments for the end of the meeting.

Dr. Rea advised that the premise of this meeting is to discuss the health and welfare of Hospice patients. She advised that the purpose of this Board is to ensure appropriate care

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for any patient, without regard to the social, economic status or phase of life of that patient, to make sure they get appropriate medical care from the Board's Licensees.

The Board's focus will be what is the best practice for physicians in caring for Hospice patients and to develop generalized rules to ensure good care to apply across the board, realizing there will be exceptions to the rule. The focus will also be on good care methods, and speakers may discuss what they consider is the best hospice care method for the patient - starting with the premise from the AMA that within good physician care there is a doctor / patient relationship that is been established whether implied or set by contract.

Dr. Rea recognized Gerry Ann Houston, M.D., MACM

Dr. Houston advised that she is a Hospice Medical Director and associated with Medical Assurance Company of Mississippi (MACM). She commented she was not certain that the doctor / patient relationship has to be a face to face visit, but that the Medical Director can establish a doctor / patient relationship without a face to face visit.

Dr. Rea asked the question, "How does a patient become an outpatient hospice patient?"

Dr. Houston explained the hospice admission procedure her hospice follows; beginning with physician referral / orders and finding the patient hospice appropriate with a prognosis of six months or less of disease.

Dr. Cleveland asked the question, to everyone in attendance, if anyone representing a hospice agency recruited patients from nursing homes or otherwise. No one responded in the affirmative to Dr. Cleveland's question to recruiting hospice patients.

Dr. McClendon advised, as a former hospitalist director, that representatives of hospice companies have visited the hospital with lunches to politely ask for business and could be construed as recruiting.

Dr. Houston commented that there are individuals that visit church groups, certain events and nursing homes and ask patients if they wish to be hospice patients, offering free care and medication, and they are not hospice appropriate.

Dr. Cleveland stated that recruitment of illegitimate patients into hospice has become a problem. He asked and discussed live discharge rates with Dr. Houston, who stated that there was a news article citing Mississippi with the highest live discharge rate in the nation.

Dr. Rea recognized Mr. Jamey Boudreaux, Executive Director, Louisiana ~ Mississippi Hospice and Palliative Care Organization

Mr. Boudreaux introduced himself and his organization. Mr. Boudreaux discussed the live discharge rates provided by Medicare for Mississippi and other parts of the country. He discussed Medicare standards of care for hospice patients and costs for that care. Inpatient versus outpatient admissions were discussed. Mr. Boudreaux was asked what he believed

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was in the best interest of the patient as far as hospice care and being evaluated by a physician. His response was that the multi-disciplinary approach that was modeled and developed by the hospice works best towards the individual needs of the patient and their family. He answered questions from the panel before leaving the podium.

Panel discussion continued covering topics of Hospice Director salary, the role of attending physicians, issuing medication prescriptions, utilizing Advanced Practice Nurse Practitioners and continuity of care.

Dr. Cleveland asked if anyone was aware of any State law or regulation in any state that specifically exempts Hospice Medical Directors from having to see the patient before writing a prescription.

Hope Ladner responded that South Carolina may have a regulation that allows a fourteen-day window whereby a physician can write a prescription before a face to face visit.

Mr. Boudreaux responded that he was not aware from his colleagues of any other state that is reporting a problem with the manner Hospice Medical Directors are writing prescriptions to hospice patients.

Mr. Henning with the DEA was asked for an opinion regarding the face to face requirement prior to writing a prescription to a hospice patient in following federal regulation and enforcement. Mr. Henning responded that his knowledge is in enforcement, not regulatory, and he will have to get back with the Board as to what the official stance of the DEA would be in this type of practice.

Standard policy in handling narcotics in hospice care, specifically in the patients' home, was discussed.

Dr. Rea recognized Dr. Edney, Vicksburg, MS

Dr. Edney discussed his role as a Medical Director of a hospice in regard to prescribing to hospice patients, utilizing an Advanced Practice Nurse Practitioner and a Physician Assistant.

Dr. Rea commented that a solution is needed to fill the gap problem for situations when the patient is referred to hospice in obtaining their medication and continuity of care.

Dr. Cleveland recommended to physicians to use your education, training and experience to make the best decision possible for that patient at that time and to document why you made that decision.

Dr. Rea calls for a break at 2:03 pm

Dr. Rea calls the meeting back in order. Dr. Rea briefly summarized the meeting discussion of the state of hospice care in Mississippi. She commented that everyone seems to agree there is an issue regarding the gap in care. She also voiced concerns of patients

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who are receiving schedule II and III medications without a relationship between the person writing the prescription and the patient receiving them.

Dr. Rea recognized Dr. Lucius Lampton, Mississippi Academy of Family Physicians (MAFP)

Dr. Lampton introduced himself to the panel. Dr. Lampton discussed the national model of Hospice as a team-based approach. He addressed the patient / physician relationship in prescribing to hospice patients utilizing the team-based approach.

Dr. Rea summarized points of discussion and re-iterated the problem of a gap in care for hospice patients, including concerns of narcotic issues and diversion. She also stated there is a need to adopt a hospice best practice for hospice patients.

Dr. Cleveland commented there are hospices and hospice medical directors that are using the hospice terminology to admit patients who are not terminal, and patients are admitted through recruitment. The Board is seeking to manage complaints regarding practices that are not following the Medicare standards that maintain addiction and discharging live hospice patients, which the Board considers illegitimate hospice practice.

Dr. Cleveland recommended forming a small working group to find common ground to build regulation around the illegitimate practice of hospice by Licensees. Dr. Cleveland calls on Dr. Lampton representing MAFP, Mr. Boudreaux, Mississippi Hospice and Palliative Care Organization, Dr. Houston, Dr. Dobbs, Dr. Miles, Dr. Brunson, MSMA and others. Dr. Cleveland advised that he meet with a couple of Board members and discuss potential options to present to the larger group.

ADJOURNMENT

There being no further business, the meeting adjourned at 3:01 p.m.



Jeanne Ann Rea, M.D.
President

Minutes taken and transcribed
By Frances Carrillo
Staff Officer
May 1, 2019