

**EXECUTIVE SESSION MINUTES**  
**STATE BOARD OF MEDICAL EXAMINERS OF SOUTH CAROLINA**  
**May 2 – May3, 2011**

Board Meeting  
Synergy Business Park  
The Kingstree Building  
110 Centerview Dr., Room 108  
Columbia, South Carolina

**MEETING CALLED TO ORDER**

Dr. Louis E. Costa, II, President of the Board, called the regular meeting of the S.C. Board of Medical Examiners to order at 8:00 A.M., on Monday, May 2, 2011, at 110 Centerview Drive, Room 108, Columbia, South Carolina, with a quorum present. Dr. Costa announced the meeting was being held in accordance with the Freedom of Information Act by notice emailed to The State newspaper, Associated Press, WIS-TV and all other requesting persons, organizations, or news media. In addition, notice was posted on the Board's website and on the bulletin boards located at both of the main entrances of the Kingstree Building where the Board's office is located.

Board members present for this meeting were:

Dr. Louis E. Costa, II, President, of Charleston  
Dr. David deHoll, of Iva  
Dr. Jim Chow, of Columbia  
Dr. Robert T. Ball, Jr., of Charleston  
Dr. Timothy Kowalski, of Columbia  
Dr. Stephen R. Gardner, of Greenville  
Dr. Robert E. Turner, of Florence

Members of the S.C. Department of Labor, Licensing and Regulation (LLR) staff participating at various times in the meeting included:

S.C. Board of Medical Examiners

Bruce F. Duke, Board Administrator  
April Dorroh, Program Assistant  
Brenda Eason, Administrative Assistant  
Ieshia Watson, Administrative Assistant  
Laura McDaniels, Administrative Assistant

Office of General Counsel

Sheridon Spoon, Assistant General Counsel  
Patrick Hanks, Assistant General Counsel  
Lil Ann Gray, Assistant General Counsel  
Paula Magargle, Assistant General Counsel  
Georgia Lewis, Assistant General Counsel

Professional and Occupational Licensing (POL) Division

James Saxon, Hearing Counsel  
Dean Grigg, Hearing Counsel

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## **REVIEW/APPROVAL OF AGENDA**

An agenda for this meeting was reviewed, amended and approved.

## **REVIEW/APPROVAL OF MINUTES FROM NOVEMBER 2010 BOARD MEETING:**

After considering recommendations, additions, deletions and corrections, a motion was made to approve the minutes by Dr. Welsh. Dr. deHoll seconded the motion and the minutes were unanimously passed.

## **TELEMEDICINE**

**Dr. Costa introduced the issue of telemedicine and how the discussion would be structured. He asked that the telemedicine ad hoc committee comprised of board members Dr. Ball and Dr. deHoll, and Board appointee Dr. Robert Adams from MUSC present its report from its meeting in Washington, D.C., followed by any comments from interested parties in attendance. Dr. Costa also indicated the Board would take information under advisement but would not formulate policy until the August meeting. Dr. Costa stated the central question needing to be addressed was how the public could be best served while incorporating available technology. Specifically, is it appropriate for a licensed SC physician to prescribe legend drugs without a physical encounter or maintaining the historical and conventional physician-patient relationship heretofore practiced in South Carolina.**

**Dr. deHoll addressed the Board and stated that he and Dr. Ball had attended a national conference in Washington, D.C. concerning telemedicine hosted by the Federation of State Medical Boards (FSMB). Dr. deHoll recognized that new and improved forms of communication has been applied to the practice of medicine in South Carolina by the specific transfer of patient medical data through interactive audio, video, or data communication. Information is provided to a South Carolina licensed physician who, in turn, provides consultative services to another South Carolina licensed physician who is in actual physical contact with the patient.**

**Dr. deHoll stressed that the basic principles of the quality pertaining to the patient-physician encounter and relationship must be maintained no matter how the information has been obtained. In addition Dr. deHoll noted that issues related to interstate pharmacy rules, interstate prescribing regulations and intra-state prescribing must be fully understood by the Board so as to formulate a comprehensive and appropriate policy.**

**Dr. Ball addressed the Board and stated that he preferred waiting for the Federation's report before developing a policy on this subject. He emphasized that patient safety was considered paramount by all the Boards in attendance at the Washington conference. He stated that South Carolina had traditionally recognized and allowed various forms of telemedicine (teleradiology, teleneurology and telepathology) which primarily involved the interpretation of slides and other diagnostic tools.**

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**Dr. Ball then indicated he believed the Board's policy should address situations involving other types of telemedicine(direct patient contact via communication technologies whereby the patient located in South Carolina could reach a physician located anywhere in the world and the physician could phone in the pharmacopeia he thinks best for the patient without physical contact with the patient).**

**Dr. Adams appeared and told the Board that the Medical university of South Carolina had been using telemedicine for urgent care situations to decide whether patients were candidates for thrombolysis after having a stroke. He added that this was considered a consultation by the neuro specialists and a very good thing to do as long as there was a physician actually there with the patient and who knew the patient's history. Dr. Adams indicated that they had performed over 1,300 consults since the middle of May, 2008 and that approximately 250 patients had received clot-busting drugs. He said that their symptomatic hemorrhage rates were 2%, whereas the national benchmark is 6%. He added that half of the hemorrhages nationally are fatal, as well as half of the cases at MUSC. He then told the Board that 54% of the patients treated at MUSC go home, which is roughly in keeping with the modified Rankin 1 or 2, which in turn was how the drug was approved by the FDA.**

**Scott Richardson from ISelect appeared and told the Board that ISelect was interested in providing care to South Carolina patients via telemedicine for non-emergent situations. He added that 400,000 to 800,000 people in South Carolina did not have insurance and many of these individuals could benefit from I Select's services. Mr. Richardson also indicated that the cost (25\$ per incident and 4\$ a month for access) would allow for many less advantaged individuals to have access to a physician.**

**Jim Ritchie from ISelect appeared and told the Board that the Board currently has the authority under the Medical Practice Act to allow physicians employed by ISelect to operate in South Carolina, whereby these physicians could prescribe medications without actually having physical contact with the patients. He added that this practice occurred every day in South Carolina currently as on call physicians prescribed for patients without physically seeing the patient.**

**Lee Ann Bundrick, Administrator of the South Carolina Pharmacy board appeared and spoke to the Board about various pharmacy related items and how it pertains to telemedicine.**

**Dr. Griffin Cupstid, representing the South Carolina Academy of Family Physicians, appeared and told the Board that primary care physicians supported the use of technology by means of an e-visit. However, he emphasized that they could only support this concept for physicians who had already established a physician-patient relationship which included physical contact. He also indicated that to do otherwise is unprofessional and is contrary to recommendations made by the American Medical Association, the Federal Drug Administration, and the Drug Enforcement Agency.**

**He also told the Board that he belonged to a group practice of 35 physicians who provided call for each other but had rules regarding their call practices. For example, he**

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indicated that they did not prescribe antibiotics over the phone for such illnesses as sinus infections and URIs, as to do so would run counter to recommendations made by the Center for Disease Controls (CDC).

Scott Hulstrand, General Counsel for the South Carolina Medical Association appeared and told the Board the telemedicine issue had been discussed by the Association's Inner Specialty Council. He told the Board the Council supported using developing technologies to enhance the practice of medicine. However, the Council also believed adopting new technologies as it pertains to medical care should not be done quickly and should take time for considerable deliberation to ensure patients are not harmed. He also indicated that this entire issue represents a paradigm shift in the way medicine is practiced in South Carolina and the Council urges the Board to be deliberative in its consideration of this issue.

Mr. Hulstrand also said the council is concerned about the recent emphasis at the State and Federal levels about the "medical home" and the necessity for care to be centralized with a primary care physician and how allowing care to be provided by a remote physician may lessen the continuity of care for patients.

Dr. Costa concluded the discussion with acknowledging all the hard work done by everyone concerned with this issue and reminded everyone the Board's mission is to protect the public and that concept would be paramount as the Board moved forward towards developing a policy.

**Joseph Willard Washington Jr., M.D.**  
**Mandatory reappearance before the Board**

A motion was made by Dr. deHoll to give a copy of Dr. Washington's evaluation from Florida to him for his review, Continue with the previous stay of his suspension and ask that he reappear before the Board in August 2011 to provide a response to how he has acted upon the recommendations of the evaluation in Florida.

Motion was seconded by Dr. Ball

Motion carries

**Thomas Luther Roberts III, M.D.**  
**Required Biannual Board appearance**

A motion was made by Dr. deHoll for all physician monitoring to be removed where all other elements are to stay in place.

Motion was seconded by Dr. Gardner

Motion carries

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## **FINAL ORDER HEARINGS**

**A motion was made and passed for the Board to go into Executive Session to conduct Final Order Hearings.** Each hearing was held in Executive Session, and a transcript of each hearing, as well as the Board's Final Order, are on file at the Board Office. After testimony for each case, the Board entered a private deliberative session. No votes were made or actions taken while the Board was in Executive Session. **A motion was made and passed to return to Public Session and the Board voted on the following sanctions after each Final Order Hearing:**

### **Final Order Hearing**

## **OGC-OIE REPORTS**

Mr. Hanks from the Office of General Counsel, along with Mr. Dorman and Mr. Faglie from the Office of Investigations and Enforcement presented recommendations from the Investigative Review Committee.

### **Recommendation from IRC for Dismissal**

Cases 1-17

**Dr. Kowalski moved to accept and Dr. Turner seconded the motion**  
**All in Favor**  
**Motion Carries**

### **Recommendation from IRC for Formal Complaint**

Cases 18-25

**Dr. Gardner moved to accept and Dr. Kowalski seconded the motion**  
**All in Favor**  
**Motion Carries**

### **Recommendation from IRC for Letters of Caution**

Cases 26-36

**Dr. Costa moved to accept and Dr. Kowalski seconded the motion**  
**All in favor**  
**Motion Carries**

**Chrisadel Gabourel Heath, M.D.**  
**Applicant for Licensure**

**Dr. Ball made a motion to allow applicant to pursue licensure**

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**Motion Seconded by Dr. Turner  
Motion Carries**

**Steven Goldberg, M.D  
Applicant for licensure**

**Dr. Gardner made a motion to allow applicant to pursue licensure  
Motion seconded by Dr. Chow  
Motion carries**

**ADJOURN**

**BOARD ADJOURNS AT 5:50 PM**

**BOARD RECONVENED AT 8:30 AM, TUESDAY, MAY 3, 2011**

**Michael Herrin, M.D.  
2005 – 245  
Request to be released by Board order**

**Dr. Costa made a motion to grant the request to be released from Board Order and to strongly urge the petitioner to consider participation in the senior program  
Dr. deHoll seconded the motion  
Motion carries**

**James Leon Floyd Jr, M.D.  
2002 – 199  
Request to be released from Board order**

**Dr. Turner made a motion to grant the petitioner's request to be released from Board order  
Motion seconded by Dr. Kowalski  
Motion Carries**

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**Sujai Deep Nath, M.D.**  
**Applicant for licensure**

**Dr. Gardner made a motion to approve applicant to pursue licensure**  
**Motion seconded by Dr. deHoll**  
**Motion Carries**

**Todd Alford, M.D.**  
**2009 – 164**  
**Final Order Hearing**

**Dr. Kowalski made a motion to accept Memorandum of Agreement with License suspended and stayed on satisfactory completion of the following:**

- **Indefinite enrollment in RPP**
- **Evaluation for psychiatric and professional boundary issues by Dr. Gregg Dryer at MUSC**
- **Continuation of current treatment and monitoring programs as has been established**
- **Site-Specific practice with Bryan Hospital only**
- **Re-appearance before the after completion of evaluation by Dr. Dryer**
- **Pay Court Cost of \$ 1084.00 to be paid within 12 months**
- **Pay fine of \$5,000 to be paid within 12 months**
- **Quarterly reports from the treating psychiatrist to be provided to the Board**

**Dr. Ball seconded the motion**  
**Motion carries**

**Roslyn Harris, M.D.**  
**Request to modify Board final order**

**Dr. Gardner made a motion to modify the Boards final order to reflect Dr. Harris's license to be in good standing from the period of her receipt of her Final Order until October 18<sup>th</sup>**  
**Dr. deHoll seconded the motion**  
**Motion carries**

**Kevin Schuller, M.D.**  
**2010 – 159**  
**Final Order Hearing**

**Dr. Kowalski made a motion as follows:**

- **Accept Memorandum of Agreement**

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- **Public Reprimand**
  - **Suspension stayed upon the following conditions:**
    - **Pay cost of \$846.50**
    - **Proof of completion of the Abel recommended ethics course**
    - **Fine of \$5,000.00 to be paid within 12 months**
    - **Continued psychiatric treatment that must be approved by the Board and reports received quarterly**
    - **Respondent may see male patients only until seeing all patients is approved by the Board**

**Dr. Turner seconded the motion**

**Dr. Costa abstained**

**Motion carries**

#### **PHYSICIAN ASSISTANTS ADVISORY COMMITTEE RECOMMENDATIONS**

Mr. Duke presented recommendations from the April 2011 Physician Assistants Advisory Committee' meeting for the Board's review. Dr. deHoll moved and Dr. Turner seconded the motion to approve the recommendations. The Board unanimously approved the following recommendations (see attached).

#### **RESPIRATORY CARE ADVISORY COMMITTEE RECOMMENDATIONS**

Mr. Duke presented the recommendations from the Respiratory Advisory Committee's April 2011 meeting. Dr.deHoll moved to accept the recommendations. Dr. Chow seconded the motion and the Board unanimously approved the recommendations (see attached)

### **BOARD ORDERS ON WEBSITE**

**Dr. Costa asked the Board to consider how long public Board orders should remain on the Board's website. Dr. Costa stated that the Federation of State Medical Boards had determined, based on responses from 15 State Medical Boards, most states left the orders on their websites indefinitely. He added that Colorado removed orders after five years.**

**After discussion the Board determined that public orders should be removed from the website five years after a respondent had completed all terms and conditions in the order. Dr. Costa and Dr. Gardner emphasized that all public orders would remain public and would always be retrievable by the public if requested.**

**ADJOURN**



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**THE BOARD ADJOURNED AT 7:15 pm**

**Respectfully Submitted  
Bruce Duke  
Administrator**