

IDFPR MEDICAL BOARDS NEWSLETTER

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In This Issue

In our second issue, we profile the Medical Disciplinary Board Chair, Dr. Joseph Szokol. We also hear from the Licensing Board regarding common issues they encounter when reviewing applications. And don't miss the special feature on the physician's final duty to their patient.

New Chief of Medical Investigations

The Medical Boards welcome Mr. Greg Marion as the new Chief of Medical Investigations. While new in this position, Mr. Marion is no stranger to the Department, having worked for IDFPR for over 20 years. Most recently, he has served as a Medical Investigator but he has also been the Supervisor of the Enforcement Administration Unit. Mr. Marion brings a wealth of experience to his new position.

Meet the Board Member

*Joseph W. Szokol, MD, JD, MBA
Chair, Medical Disciplinary Board*

Dr. Szokol did not set out to become a physician. After graduating from the University of Southern California with a degree in history, his first graduate degree was a JD from Pepperdine University. He practiced law in California for approximately three years before matriculating to the University of Southern California School of Medicine. After receiving his MD in 1991, Dr. Szokol came to Chicago for his medical internship and anesthesia residency, both at Northwestern Memorial Hospital. He's remained in the Chicago area ever since, earning a Masters of Business Administration, also from Northwestern, along the way.



Currently the Harris Family Foundation Chairman of Anesthesiology at the NorthShore University HealthSystem in Evanston and a Clinical Professor of Anesthesiology at the Pritzker School of Medicine, Dr. Szokol is an award-winning teacher and prolific researcher. The author of forty peer-reviewed manuscripts and a dozen book chapters, Dr. Szokol also remains very active in organized medicine at the state and national level.

All of this while serving on the Medical Disciplinary Board since 2013 and Chair since January of 2018. His tenure has been marked by a new measure of effectiveness and efficiency as well as a focus on evidence-based assessment of physician performance.

Board Meeting and Holiday Schedule

Medical Disciplinary Board

The Medical Disciplinary Board (MDB) meets the first and third Wednesday of every month, generally at 9 am, although it may start earlier if the agenda requires it. The public is invited to the Open Meeting portion of the MDB. The agenda is published at least one week ahead of time at: <https://www.idfpr.com/profs/Boards/MedDisc.asp>. All meetings are held in Chicago at the Thompson Center, 100 W Randolph Street.

Medical Licensing Board

The Medical Licensing Board (MLB) meets the second Wednesday, also in Chicago at the Thompson Center. Due to the confidential nature of their work, the bulk of MLB meetings are generally not open to the public. However, the agenda of the Open Meeting portion may be found at: <https://www.idfpr.com/profs/Boards/MedLic.asp>.

2018 Holiday Schedule

All Departmental offices, both in Chicago and Springfield will be closed for the following State holidays:

May 28, 2018	Monday	Memorial Day
July 4, 2018	Wednesday	Independence Day
also no MDB meeting that day		
September 3, 2018	Monday	Labor Day
October 8, 2018	Monday	Columbus Day
November 6, 2018	Tuesday	Election Day
November 12, 2018	Monday	Veteran's Day celebrated
November 22 & 23, 2018	Thursday & Friday	Thanksgiving Holiday
December 25, 2018	Tuesday	Christmas Day

IDFPR Contacts

Executive Director:

Jessica Baer, JD

jessica.Baer@illinois.gov

312-814-4477

Chief Medical Coordinator:

Brian S. Zachariah, MD, MBA

brian.zachariah@illinois.gov

312-814-4580

Medical Disciplinary Board Liaison

Kathleen M. Walsh

kathleen.m.walsh@illinois.gov

312-814-3135

Medical Licensing Board Liaison

Todd Robertson

todd.robertson@illinois.gov

217-557-3209

Chicago Office:

100 W Randolph Street

Suite 9-300

Chicago, IL 60601

1-888-473-4858

Springfield Office:

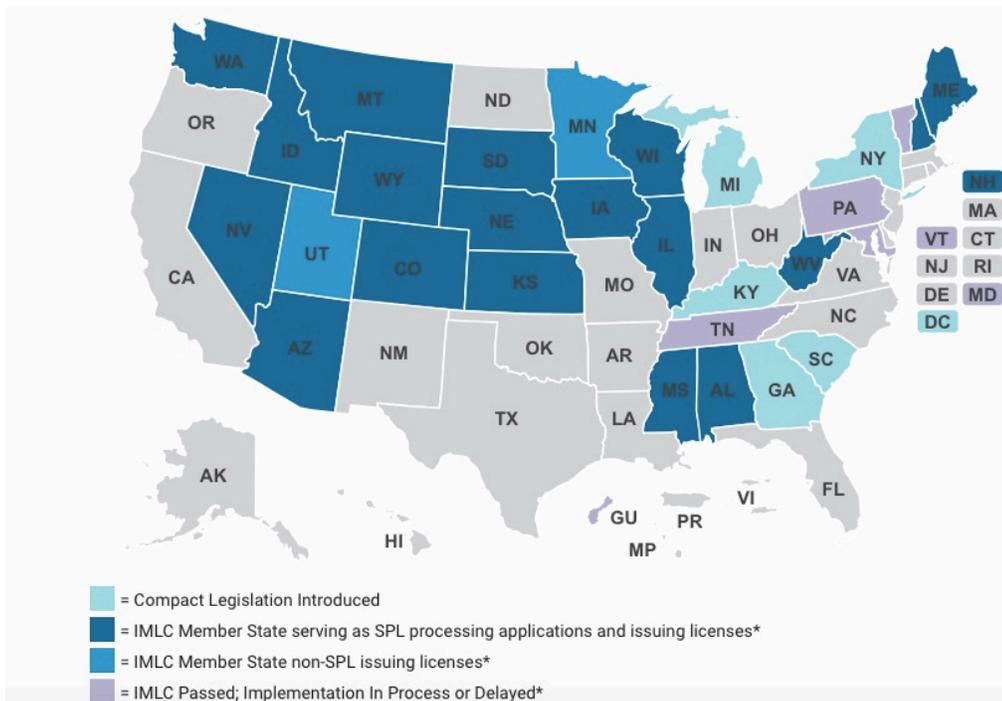
320 W Washington

Springfield, IL 62786

Licensing Call Center:

1-800-560-6420

Interstate Medical Licensing Compact Now Covers Almost Half of the Country



With the Governor's signing of Senate Bill 0234, Maryland is now the 25th Member State/Territory to join the Interstate Medical Licensure Compact Commission.

Application Pointers from the Medical Licensure Board

The State of Illinois application for a physician or PA license has several questions that may appear straight forward but can actually be complex at times. While an individual's training and career path may take unique twists and turns, it is expected that all of the facts and circumstances should be fully described in the appropriate sections of the IDFPR application form as required. Therefore, it is important to remember that you should either complete the application yourself or, if you delegate that process to others, personally review each and every line for accuracy. **You are**

responsible for the truthfulness and accuracy of your application. Do not conceal or omit any information, as the Department will both receive and verify information from many sources such as the NPDB, other state boards, the FSMB data base, the FBI criminal background database, etc.

Omissions, incomplete information, or misrepresentations (intentional or accidental) will, at minimum, delay the processing of your application, may require you to appear in person before the MLB to explain the discrepancies, and/or may lead to discipline. At worst, if your application is unsatisfactory or deficient it may result in an Intent to Deny you a license at all.

There are some specific common errors noted by the IDFPR staff and members of the MLB. One such error is failure to list all USMLE or COMLEX attempts, including failures. Discipline or other adverse actions taken by any other licensing jurisdiction, professional organization, hospital or training program must be fully and accurately listed as well. As should any mental, physical or substance abuse issues that may impact your ability to practice with reasonable judgment, skill and safety.

When the applicant fully reveals all professional and personal issues the application may be presented to the MLB with a recommendation for approval. However, concerns, confusion and unanswered questions may lead to requests for more information, the necessity of appearing at an Informal Conference or even Formal Hearing before the Board, and perhaps a denial of licensure all together.

The Medical Licensing Board (MLB) is here to serve the public and the physicians and Physician Assistants who work hard for the health of the people of our great state. We are seven gubernatorial appointees who donate our time in the service of the public and our professions. We would like the application process to be as smooth and transparent as possible. At right, board member Philip Dray, MD lists some pointers that can help the review and processing of your application go as smoothly as possible.

Craig Niederberg, MD.
Chair, MLB

The Vexing Problem of Death Certificates

That's what then Chief Medical Examiner of Cook County, Stephen J. Cina, MD called the problem of physicians failing to sign the death certificate of their recently deceased patients in a 2014 article in Chicago Medicine. Since that article first appeared, the number of complaints received by IDFPR involving physicians failing to sign death certificates has unfortunately skyrocketed. In large part this is the reason Dr. Cina wrote that article in the first place. The Cook County Medical Examiner's Office (the only such office in the state) and other county Coroner's Offices are overworked and underfunded. Shootings in Chicago, car crashes on the highways, overdose deaths statewide all tax an already overburdened system. Medical Examiners and Coroners can hardly keep up with the cases they are mandated by law to deal with. So when a patient's physician refuses to sign their patient's death certificate and instead tries, inappropriately to refer the case to the local ME or Coroner, the funeral home and especially the family, is caught in the middle and a complaint to the Department often ensues.

Most natural deaths, even if unexpected, do not fall under the jurisdiction of the ME or Coroner unless there are suspicious circumstances. And unless their involvement is legally required, the ME or Coroner is not bound to sign the death certificate just because the patient's clinician is uncomfortable doing so. Rather the Illinois Vital Records Act states that physicians who are attending to a patient are responsible for signing their patient's death certificate within 48 hours of death. Importantly, attending to does not only mean physical presence. A physician may be considered attending to a patient if the person is being seen in the physician's office or at the patient's home by the physician or their designee or if the patient is refilling prescriptions written by that physician. There is also nothing in the Vital Records Act that suggests that such "attendance" needs to be "recent", especially in the case of patients with chronic diseases who are only seen once or twice a year anyway.

Violation of the Vital Records Act is a misdemeanor and is also, as mentioned, a frequent cause of complaints to the Department. While not all of these complaints result in discipline, many do when the Department determines that the physician was obligated to sign the death certificate but failed to do so. The usual reason given for this failure is that "I don't know what they died of." While all physicians want to be correct in making a diagnosis, even a diagnosis of cause of death, the standard for completing a death certificate is not certainty, it is "more likely than not." To quote Dr. Cina, "Most patients who die suddenly and have a history of cardiovascular disease risk factors will die of a cardiac dysrhythmia, acute myocardial infarction, cerebrovascular accident, or aortic disease or aneurysm rupture." It is not necessary to know which one of these was the final cause of death, simply indicating arteriosclerotic cardiovascular disease or hypertensive cardiovascular disease covers all of these likely scenarios and is sufficient for the death certificate. It is also okay to preface the cause of death with "probable."

In this article Dr. Cina also referred to signing the death certificate as the physician's final service to their patient (and his or her family). Until the death certificate is signed, the patient can not be buried or cremated and their family can not get the closure they need and deserve. Discomfort with the sudden and unexpected death of a stable patient with known risk factors, fear of litigation or simply fear of being incorrect should not prevent you from fulfilling this final duty to your patient.

Assistance in Completing Death Certificates

The Cook County Medical Examiner's Office is staffed 24 hours a day 7 days a week and is available to provide advice to physicians on how best to certify the deaths of their patients. They can be reached at: 312-666-0200.



Just before this issue of the Medical Boards Newsletter went to press, the Joint Committee on Administrative Rules (JCAR) approved the Department's proposed rule incorporating the Federation of State Medical Board's Guidelines for the Chronic Use of Opioid Analgesics into the Rules for the Administration of the Medical Practice Act. This change will take effect July 6, 2018 when the adopted rule is published in the *Illinois Register*. For more on these guidelines see www.FSMB.org.