



## **Boards of Medicine and Osteopathic Medicine's Joint Health History Workgroup**

**Telephone Conference Call  
Meet Me #: 1 (888) 670-3525  
Participation Code: 125-528-7056**

**March 2, 2018**

### **Meeting Report**

Meeting came to order at 12 p.m.  
Roll was called by Ms. Kemp.

#### **Members Present:**

Sandra Schwemmer, D.O.  
Steven Rosenberg, M.D.  
Bridget Bellingar, D.O.  
Stephanie Haridopolos, M.D.

#### **Staff Present:**

Claudia Kemp, J.D., Executive Director  
Kama Monroe, Executive Director  
Edward Tellechea, Board Counsel  
Donna McNulty, Board Counsel  
Nancy Murphy, Certified Paralegal  
Carol Taylor, Program Operations Administrator  
Wendy Alls, Program Operations Administrator  
Shaila Washington, Board staff  
Rebecca Hewett, Board staff

#### **Introductory Remarks:**

Ms. Kemp, Executive Director of the Board of Medicine, introduced herself and identified the name of the workgroup, as well as the composition. Additionally, she provided introductory procedural remarks.

Ms. Monroe, Executive Director of the Board of Osteopathic Medicine, then noted that the purpose of the workgroup was to review the current health history questions in the licensure application due to a growing concern regarding health history questions. She further noted that the Department wants to ensure people are not dissuaded from seeking the treatment they need, while still remembering the purpose of licensure is to ensure the health, safety and welfare of the

public. The Department is currently working on a standardized application which will ask the same health history questions from almost all licensed health care professionals. The goal of the workgroup is to make recommendations to the Department for a new set of questions or to provide the Department with guidance for drafting new questions.

Ms. Kemp provided a brief overview of the agenda materials. Specifically noted was the Department's draft standardized application, the current health history questions asked by the Massachusetts Board of Registration in Medicine and the Minnesota Board of Medical Practice. Also noted were publications concerning health history questions from the American Medical Association, the Federation of State Medical Boards, the American Psychological Association, and the Council on Medical Education. Also included were articles and letters regarding health history questions and their impact.

Organizations, Associations, Experts and Individuals were given the opportunity to identify themselves if they wished to do so and had not already done so.

Dr. Schwemmer noted the purpose of the workgroup was to look at the existing application for Florida licensure and to entertain discussion for changes.

### **Public Comments:**

Kama Monroe noted that the current health history questions look back for a period of five years and the workgroup wants to determine how far back the questions should look back. It was noted that the Massachusetts' questions are very simple and look at the time of licensure, which appears to be the general route people are taking today. The workgroup should look at what do we need to know, what purpose do the questions serve, and what do they need to ask.

Dr. Rosenberg noted that of all the options the Massachusetts' model is the simplest way to go. He further noted that there are too many suicides of interns and medical students because they are afraid to seek assistance because of the effect it will have on their ability to be licensed.

There was discussion about the need for language to be defined, as opposed to simply relying on common understanding, specifically, the term "current." Discussion of this issue continued to occur intermittently, in detail, throughout the meeting.

Dr. Haridopolos noted a need for a broad overview. She noted the Massachusetts' model is too simple and the Minnesota model is too intrusive. She stated that she agrees with the American Psychological Association's two question model.

Ed Tellechea provided a background about the current health history questions in the healthcare professions application for initial licensure. This included why the timeframe of five years was included. He commented that the trend has now moved away from the five-year lookback to current status.

Dr. Schwemmer asked the PRN Associate Medical Director whether the five-year timeframe is still considered a timeframe for determining treatment success for substance abuse issues, and experiencing fewer relapses. After discussion, it was noted that it might be easier to leave the five-year timeframe and revise the questions to be less intrusive.

Claudia Kemp noted that the only time health history questions are asked is on the initial application for licensure. There are no health history questions on the renewal form and there are no requirements to self-report after licensure.

Discussion then led to suggestions for how to ask the questions. For example, do drug and alcohol abuse need to be asked differently than mental health issues. Much discussion followed which included mental health, behavioral health, physical health, the requirement to self-report, disruption of training, safe haven, interpretation of a question by a lay person, what is allowed to be asked, ADA conflicts, and the responsibility of the boards and the Department to protect the public.

Dr. Haridopolos brought the workgroup back to the American Psychological Association's model and noted that the model was a very good hybrid of the Massachusetts and Minnesota models. The group discussed how to revise the questions to meet the workgroup's needs.

It was noted that the participants had provided the Department with productive suggestions to move forward. There was much public participation during this workgroup. A second workgroup may be held to consider draft questions. Dr. Schwemmer thanked everyone for their participation.

The workgroup then adjourned.