

LA Medical Disclosure Panel
December 5, 2012 | 10:30a – 12:00p

Members Present:	Members Absent:
Regan	Mitchell
Daly	
Blankenship	
Mouton	
Samuels	
Garrett	
Pressly	
Marier	
Yount	
Williams	
Levet	
Morvant	
Hall	
Miller	
Berger	

Call to order 10:31am.

Introduction of members.

Quorum established.

Duties

Michelle Christopher (DHH) reviewed requirements of panel and DHH.

Selection Chair and Vice-Chair

Williams nominated as Chairman. Seconded by Garrett. Motion carried.

Williams nominated Marier to be Vice Chair. Seconded by Blankenship. Motion carried.

Meeting Schedule

Williams discussed meeting schedules and recommended quarterly meetings. Adding that next meeting should be held in the first quarter of 2013.

Williams motion to meet 1st quarter 2013. Second by Marier. Motion carried.

Approved

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General discussion was had regarding preferred dates for the next meeting.

DHH to send out meeting date request to schedule next meeting.

Next Steps

Williams – Disclosure forms are so outdated. Many new procedures are not included. Need a document that is helpful to physicians. Contact specialty societies and get procedures relevant to them for updated risks.

Berger – Agrees

Marier- Numerous CPT codes...thousands. Curious as to relationship between our current list and the current procedures terminology. Do data mining to identify procedures.

Waddell – Existing list is promulgated through the APA and is legally sound. Panel not starting from scratch. Recommends going to respective societies or associations to get list of procedures to be included in disclosure for updating existing list. Bring back to Panel to make decision what procedures and risks to include or not. Get awareness out to doctors of searchable database.

Mouton –Shouldn't we get list of all procedures from various societies and determine which procedures to be included?

Williams – poll specialty societies for next meeting. We decide what is going to be included in our Panel endorsed risk consent form.

Blankenship – Need to make sure we have mechanism to notify each practitioner so as not to hang them out to dry in court. Creating medical, legal document. Need send notice to all doctors through their respective licensing boards.

Get comments about particular risks for procedures. panel have some way of sorting what should and shouldn't be

Williams – everyone has malpractice insurance. Their carrier would want to make sure that they are aware of disclosure. That would be a way to get information out.

Marier – LSBME can identify every physician.. Licensing board in good position to notify everyone. Mandatory.

Marier – benefit to asking societies risk associated with procedures.

Comments on particular risks with various procedures. Panel can then sort

Williams – have information from AMA and societies and prepare for next meeting

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Marier – Texas has similar statute and list of procedures on the web. We should look at them.

Hall – Question that comes to mind is categorization. Describe risks of bunionectomy procedure or osteomy surgery. How long do you want the document to be?

Williams – as simple as possible. Any additional risks are identified by your provider. Important for physicians to know they should fill form out in entirety. Educating colleagues.

Blankenship- agrees. Panel's task to strive balance between practical aspect and affording maximum protection. Should not make it too simple. Common complications should be included. More information in consent form is better for malpractice carrier and attorney.

Mouton – cannot possible list all risks of procedures. Provide main points.

Williams – as long as not repeating ourselves

Regan – check with insurance carrier to get list of procedures

Williams - motion for next meeting DHH will:

- Contact specialty societies for their forms
- Send existing risk form
- Send AMA link for comparison of surgeries and risks
- Forward Texas medical disclosure form
- Send copy of Act 279 to Drs. Williams and Marier

Seconded by Dr. Marier. Motion carried.

Williams – after receiving info go to doctors in specialty areas and talk to them to get input since we don't have specialties

Panelists named medical specialty that they would contact for input.

- Williams – Ob/Gyn
- Marier – Internal Medicine, Infectious Diseases, Neurosurgery
- Miller – General Optometry
- Guidry – Pediatrics
- Berger – Nurse Practitioners, Anesthesiology
- Hall – Podriatry
- Morvant – Chiropractic
- Blankenship – Urology
- Regan – Oral Surgery
- Daly – Dentistry

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- Garrett – Ophthalmology
- Yount – Cardiology, Thoracic Vascular
- Pressly – Rheumatology
- Levet – Occupational Therapy, Physical Medicine
- Mouton – General Surgery, Radiology

Williams provided her contact number: (504) 628-3757 and email: klwmd@me.com

Panel members to forward contact numbers to DHH to update member list.

Meeting adjourned 11:34 motion – Williams, Second- Hall.