



# APPNA ARIZONA CHAPTER

## ANNUAL GALA 2016



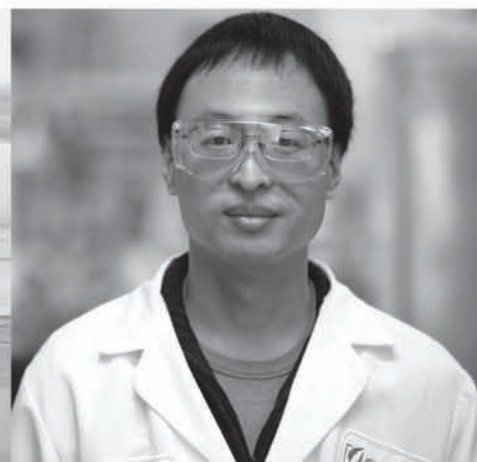
Community



**SPECIAL  
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BY  
JEFFREY  
IQBAL**

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# GILEAD

# AGENDA



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MD, FACP

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## Publication Incharge

Nadeem Kazi, MD

## Published by

Yousuf Salim

Eyemag Design & Print  
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The Association of Pakistani-Descent Physicians of North America, Arizona Chapter (APPNA-AZ),  
Annual Gala/Fund Raising Dinner

**Theme: "Giving Back To The Community"**

**Date:** Saturday, November 12th, 2016.

**Venue:** Renaissance Phoenix Downtown Hotel  
50 E Adam Street  
Phoenix, AZ 85004

## **Program:**

**CME : 7am to 1pm (Medical and Allied Professionals Only)**

Breakfast: 7am to 8am

Lectures: 8 to 12pm

Speakers and Topics:

1. Shahzad Shadmany MD - Endocrine and metabolism.  
*"Treatment of T2DM in 2016"*
2. Aqsa A.Khan MD - Urology  
*"Overactive Bladder"*
3. Iyad Agha MD - Interventional Radiology  
*"Outpatient interventional radiology"*
4. Abdul Nadir MD - Hepatology  
*"Treatment of Hepatitis in Pakistan."*
5. Nazish Ahmad DO - Hematology / Oncology  
*"Paroxysmal Hemoglobinuria"*
6. Ahtisham Shakoor MD - Cardiology  
*"Dont Harm Me"*

Lunch: 12pm to 1pm

**Bazaar: 1pm to 7pm (Open To All)**

**Banquet/ Dinner and Entertainment: 6pm to Midnight (Ticketed Event - Open to All)**

Speeches/Presentations: 6pm to 8pm

Welcome

APPNA AZ History by Dr. Imran Bhatti

Syrian Medical Association, Dr. Zaki Lababidi

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Shine Humanity Water Project by Dr. Salman Naqvi

President – APPNA-AZ Chapter, Dr. Maqbool Halepota

Keynote Speaker/Chief Guest, Dr. Carolyn Warner

Dinner: 8pm to 9pm

Music/Cultural Show: 9pm to Midnight with *"Jeffrey Iqbal"*

**Conclusion: Midnight**





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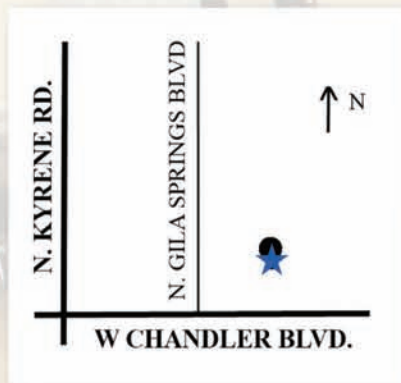
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# PRESIDENT'S MESSAGE



Dear APPNA-AZ Members:

It is my greatest honor and pleasure to share this message, as President of the Arizona Chapter of Association of Physicians of Pakistani Descent (APPNA-AZ). I am extremely grateful and humbled for the opportunity to serve in this capacity. It has been a truly challenging year, which includes the irony of both setbacks and the newer opportunities for growth.

Due to circumstances beyond our control, we remain disappointed with the temporary closing of our clinic in Phoenix. However, I assure you that we continue to devote the utmost diligence in exploring each and every opportunity that holds the potential to restore the APPNA-AZ clinic.

Nonetheless, I am thrilled to inform you that our Tucson Clinic continues to flourish, under the very capable leadership of Dr. Taqi Azam.

In an effort to maintain the positivity, we have continued to make improvements to our website and have created an email group, entitled "Appna AZ", which will ultimately enhance communication with our membership on a more permanent basis. In creating a constant contact system, we will essentially be furthering the scope of our reach.

Additionally, Mr. Ayaz Khan, a prominent community member, has very graciously permitted APPNA-AZ to use his own office address and telephone number. This contribution is highly regarded and appreciated, as this provides APPNA-AZ a permanent "home" within the Valley.

The Executive Committee (EC) alongside members of the Organizing Committee (OC), have been working diligently on our annual event. The last few months have been dedicated to arranging our Annual Banquet, which includes an impressive Medical Education Conference, Bazaar, Dinner and Musical Evening.

Although the members of the EC maintain extra responsibility, as a community based organization, APPNA-AZ depends on each and every one of its members to attain maximum potential. Therefore, I request that each and every one of you come forward to assist APPNA-AZ in any capacity available to you. For instance: volunteer your time/effort, donate financially, and/or share fresh ideas. These are just a few of the ways to give back to your community, in order to provide a haven in the midst of unrest.

In the face of many challenges, we must remain focused on managing the "anti-Pakistani" rhetoric in the media on the following levels: local, national, and global. As healers of Humanity, we can and should always strive to be positive examples and ambassadors of our country and faith. In this regard, the EC will perpetually look towards its membership for advice and guidance in an effort towards continued improvement of both our image and our messaging.

As a philanthropic organization, we will continue to attempt to assist community members irrespective of their rights as human beings, protected under the tenets of the law. Consequently, we will continue to work towards breaking the barriers that have prevented numerous sectors of our community, such as women and younger generations, from actively and successfully managing the leadership roles within APPNA-AZ.

In sum, I am confident that we will accomplish these difficult tasks immediately, as a collective force. Even though the "impossible" may take a bit longer, it is the collaboration of individuals that thrusts positive change throughout the diversity of the world.

Regards,

*Maqbool Halepota, MD, FACP*  
*President APPNA-AZ 2016*



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# CHIEF GUEST

## **DR. CAROLINE WARNER**



Carolyn Warner is founder and chairman of Corporate// Education Consulting, Inc. (C//ECI), a national-scope consulting firm based in Phoenix, Arizona. She has been active for more than three decades on state and national levels as a respected and effective educational advocate and public policy leader. An acclaimed speaker and best-selling author, Warner has led U.S. delegations to Japan, Australia, Germany, Romania, Russia, Scotland, Spain and China, and conducted on-site studies of European Union vocational and technical training programs.

Warner served for twelve years as Arizona's elected State Superintendent of Public Instruction, the first non-educator to hold that post. In this position, she was a member and executive officer of the State Board of Education/Career and Technical Education, and served on the Arizona Board of Regents and the State Community College Board. Hallmarks of Warner's tenure were increased services to schools, greater accountability, greater involvement of business and the community in education policy, groundbreaking Basic Skills and Employability Skills initiatives, and the creation of the Arizona Educational Foundation. In 1986, she was her party's nominee for Governor of Arizona.

Proving that there is "life after politics," Warner received Congressional and Presidential appointments to the National Skill Standards Board and the White House Conference on Small Business, and was a Presidential appointee to the National Commission on the Public Service. She currently serves on the National Board of Advisors of InfiLaw, as National Treasurer of Jobs for America's Graduates – the nation's most successful school-to-work transition program, is Co-Chair of the Arizona Career and Technical Education Quality Skills Commission, and is past Chair of the United Methodist Foundation for Higher Education and past President of the Arizona Women's Forum.

Warner is the recipient of numerous awards, including the Racial Justice Award – YWCA of the USA; Policy Leader of the Year – National Association of State Boards of Education; Carl Perkins Humanitarian Award – American Association for Career and Technical Education; Distinguished Service Award – National Association of Secondary School Principals.

Carolyn Warner is the author of four books, *Promoting Your School: Going Beyond PR*; *Everybody's House – the School House*; *The Words of Extraordinary Women*; and best-seller, *The Last Word: a Treasury of Women's Quotations*.



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# TREASURER'S REPORT



It has been an honor to be the treasurer of APPNA-AZ again for 2016. APPNA Arizona chapter has had a great track record for doing exemplary social work and giving back to our community as well as national projects. For this we have counted heavily on our member's as well as our community's help and donations. This is an ongoing process and we need to keep our income sources strong. We can do this by keeping our records transparent for our members and have results to show for our expenses.

APPNA AZ started this year with \$ 47528.00 in January. So far during this year our expenses till September 30<sup>th</sup> have been \$12303.00 which have included some carried over from 2015. Our income is \$ 3990.00 during the same period. Our balance as of October 1<sup>st</sup> was \$43158.00.

Thank you for allowing me to serve as your Treasurer for 2016. I hope to continue to serve this organization in future also.

Khaver Kirmani, MD, FAAP  
2016 Treasurer APPNA-AZ

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## **HEART DISEASE: SCOPE AND IMPACT**

Heart disease (which includes Heart Disease, Stroke and other Cardiovascular Diseases) is the No. 1 cause of death in the United States, killing nearly 787,000 people alone in 2011.

Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics and Whites. For Asian Americans or Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer.

Cardiovascular diseases claim more lives than all forms of cancer combined.

Coronary heart disease is the most common type of heart disease, killing nearly 380,000 people annually.

In the United States, someone has a heart attack every 34 seconds. Every 60 seconds, someone in the United States dies from a heart disease-related event.

About 720,000 people in the U.S. suffer heart attacks each year. Of these, 515,000 are a first heart attack and 205,000 happen in people who have already had a heart attack.

In 2011, about 326,200 people experienced out-of-hospital cardiac arrests in the United States. Of those treated by emergency medical services, 10.6 percent survived. Of the 19,300 bystander-witnessed out-of-hospital cardiac arrests in the same year, 31.4 percent survived.

Direct and indirect costs of heart disease total more than \$320.1 billion. That includes health expenditures and lost productivity

## **WOMEN & HEART DISEASE**

Heart disease is the No. 1 killer of women, and is more deadly than all forms of cancer combined.

While 1 in 31 American women dies from breast cancer each year, 1 in 3 dies of heart disease. Women-and-Heart-Disease-Image

Heart disease causes 1 in 3 women's deaths each year, killing approximately one woman every minute.

Only 1 in 5 American women believe that heart disease is her greatest health threat.

An estimated 43 million women in the U.S. are affected by heart disease.

Ninety percent of women have one or more risk factors for developing heart disease.

Since 1984, more women than men have died each year from heart disease.

The symptoms of heart disease can be different in women and men, and are often misunderstood.

Women and men are not the same when it comes to heart disease. Visit the Information on Women and Heart Disease page of our blog to learn more.



# **THE AMERICAN HEART ASSOCIATION TOP 10 MYTHS ABOUT CARDIOVASCULAR DISEASE**

**CONTRIBUTED BY DR. AHTESHAM SHAKOOR**

**Myth 1: Heart disease is only a problem for elderly people. Your lifestyle now affects your risk for cardiovascular diseases later. The plaque that leads to clogged arteries accumulates from childhood on. Over 30% of Americans have heart disease, but not all of them are seniors. Even young and middle-aged people can develop heart problems!**

**Myth 2: I would know if I had high blood pressure**  
It is called the "silent killer" precisely because you don't usually know you have it. You may never experience symptoms. A sure way to know if you have high blood pressure is to have it checked regularly! High blood pressure is one thing that can cause heart attack (as well as stroke, kidney damage and other serious health problems).

**Myth 3: Chest pain is the sign of a heart attack**  
Not always. Although it's common to have chest pain or discomfort there may be different symptoms such as shortness of breath, nausea, feeling lightheaded, and pain or discomfort in one or both arms, the jaw, neck or back. Call 911 even if you are not sure whether it is a heart attack or not.

**Myth 4: Having Diabetes won't affect heart health as long as blood sugar is under control**  
Diabetics have increased risk for heart disease even when their diabetes is under control. The risk factors that contribute to diabetes (obesity, smoking, lack of exercise, and high blood pressure) make you more likely to develop cardiovascular disease.

**Myth 5: Heart disease is hereditary so there is nothing you can do about it**  
A family history of heart disease does increase your risk, but there are many things you can do to minimize it: exercise regularly, eat a heart healthy diet, check your blood pressure, don't smoke, drink alcohol sparingly or not at all (no more than 1 drink a day for women, 2 for men).

**Myth 6: There is no need to check cholesterol unless you are overweight or elderly**  
The American Heart Association recommends you start getting your cholesterol checked at age 20 or even younger if your family has a history of heart disease.

**Myth 7: Heart failure and cardiac arrest are the same thing**  
During cardiac arrest the heart stops beating, the person loses consciousness and stops breathing normally. With heart failure the heart fails to pump blood as well as it should, causing shortness of breath, swelling in the feet and ankles or persistent coughing and wheezing.

**Myth 8: Pain the legs is a sign of aging, not potentially a sign of heart disease**  
Leg pain in the muscles could be a sign of a condition called peripheral artery disease (PAD) which results from blocked arteries in the legs. The risk for heart disease increases five-fold for people with PAD.

**Myth 9: If your heart is beating fast you are having a heart attack**  
Some variation in heart rate is normal; for example, the rate speeds up during exercise and slows down when you're asleep. But sometimes, it can be a sign of arrhythmia, an abnormal or irregular heartbeat. Most arrhythmias are harmless, but some can last long enough to impact how well the heart works and require a doctor's care.

**Myth 10: Do not exercise after a heart attack**  
It is important to get active with a plan approved for you by your doctor! Research shows that heart attack survivors who are regularly physically active and make other diet and lifestyle changes live longer than those who don't.



# HISTORY OF APPNA ARIZONA

The APPNA organization was established in 1976 and is one of the largest ethnic medical organizations within the United States and Canada serving causation for the betterment of humanity. National APPNA serves as an umbrella for 33 surrounding chapters of the U.S and Canada.

The embodiment of AZ APPNA Chapter began on March 4, 2002. This was a despairing epoch for Pakistani descent physicians of Arizona. Dr. Safdar Zaidi, an Arizona physician, was assassinated on the streets of Karachi, Pakistan due to sectarian violence. Local friends and family members were devastated when the alarming news came about. Dr. Zaidi's Pakistani descent colleagues of Arizona were despaired and began deliberations with the national APPNA President, Dr. Muhamad Sulaiman, regarding this diabolic crime entailing brutally murdering specific physicians of certain sects of origin.

Within days the executive council of central APPNA approached the US State Department convincing them to pressurize the Pakistani Government in efforts to apprehend the culprits involved in the carnage of 88 physicians. There were four archaic felons arrested and the brutality was at a standstill for some period of time.

This incident brought together the Arizona physicians of Pakistani origin to feel the need to give back to APPNA and therefore, establishment of the AZ APPNA Chapter entrenched in 2002. The council presided by APPNA's second female president, the late Dr. Rana Akbar, officially approved AZ APPNA Chapter.

Soon after, the AZ chapter hosted their first Executive fall Council meeting in October 2002. Dr. Nadeem Kazi was the first elected AZ APPNA Chapter President. He and his chapter council members successfully hosted a most memorable four day executive APPNA national meeting in which Dr. Akbar quoted, "The 2002 APPNA Fall Executive meeting was a role model conference". By virtue of our dedicated volunteers, council members, and the local Phoenix community, APPNA attendees nationwide were bonafide with the gracious hospitality they received.

The AZ Chapter has continued their activities both locally and globally. Beginning with the Southeast Asian earthquake that occurred in 2005, they accumulated well over \$165,000.00 within a month period in which a remarkable fundraiser was hosted and organized by the Arizona chapter members and their families. Arizona chapter networked with the local Pakistanis and PICO. PICO independently raised 25k in which they amicably entrusted to the AZ APPNA Chapter. The funds aided the AZ chapter in establishing an academic institution for female students residing in the village of Kathai, Pakistan. Due to the severity of the earthquake, the local village schools were destroyed and survivors of this natural disaster were devastated. Not only did they lose their loved ones but they lost all hopes of their academic future.

Dr. Nadeem Kazi was elected APPNA National President for 2007 and subsequently chairman of the APPNA National Board. Locally, throughout Arizona from Yuma to Tucson to Phoenix to Kingman, APPNA AZ Chapter has successfully remained active. They have been servicing free clinics in Tucson and Phoenix. The first clinic was started in 2004 at 32nd St Mosque in Phoenix and then at the Cultural Food Cup, finally at the Baseline clinic. The chapter is locally involved with ARMA, Continuing Medical Education seminars, networking with Midwestern University medical students, and various medical educational programs.

## **Past Presidents of APPNA Arizona Chapter:**

Nadeem Kazi, MD	2003	Yousuf Khan, MD	2004
Akhtar Hamidi, MD	2005	Azam Khan, MD	2006
Asim Khwaja, MD	2007-2008	Taqi Azam, MD	2009-2010
Azher Jan, MD	2011	Faran Bashir, MD	2012
Nusrum Iqbal, MD	2013	Habib Khan, MD	2014-2015

## **Past Secretaries and Treasurers of APPNA Arizona Chapter:**

Mehtab Siddiqi, MD	Pervez Akhter, MD	Rushda Mumtaz, MD
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**First meeting to organize APPNA AZ chapter - 2002**



**Executive committee of 2007 meeting to arrange APPNA National council meeting in Arizona**



**APPNA Arizona members visiting Katthai Village adopted by APPNA**



**Saba Mansoor (Child Psychiatrist from AZ) evaluating children in Kathai for PTSD**



**Kathai Girls School destroyed by earthquake in 2005**



**APPNA Arizona youth volunteers helping at fundraising event to rebuild Kathai Girls School**



**Earthquake proof construction of school began in 2006**



**Kathai Middle Girls Schools inauguration, December 23rd, 2007**



# APPNA-AZ FREE CLINIC (PHOENIX)

Submitted by Dr. Habib Khan



## INTRODUCTION:

"To accomplish great things, we must not act, but also dream, not only plan, but also believe". Antole France.

This is exactly what we did in Arizona when we decided to established an APPNA-AZ Free clinic.. The clinic is situated in the heart of Phoenix and is seeking to serve the poor and less fortunate population irrespective of their race, religion, or believe. The values which our parent organization carries has resulted in establishing a network of APPNA Free clinics across the country.

## THE CLINIC:

APPNA-AZ (The Arizona Chapter) has established means by which patients can seek primary care at our Free clinic.

The clinic is operated under the supervision of physicians who have dedicated their time for this great cause. While the clinic provides primary care only, in an out patient setting, we have created a network of specialists who can see these patients at no cost at their respective clinics throughout Arizona.

The clinic operates once a week form 10 am to 1.00pm, on Saturdays. Patients don't need to schedule an appointment to be seen at the clinic. We accept all walk in patients before 1.00 pm. Currently we are getting patients through paper ads and mainly the word of mouth. Ms Ramos, our clinic coordinator is very active in spreading the word around.

The Clinic has formed alliance with Wal-Mart for prescription medications, with Walgreens for Flu shots and Theranos Laboratories for basic labs. AZ Tech Radiology provides our patients X- rays at minimal cost to them. Clinic uses EMR for maintaining patient's data and follows the HIPPA guidelines for patient's privacy.

Clinic is also good source of education and learning for Medical students and Young physicians looking to apply for residency position. It develops sense of giving back to society from the beginning of their career but also help them get positions in medical schools and residencies.

We also participate in APPNA NATIONAL HEALTHCARE DAY observed every year in October to show solidarity with other chapters and the communities we live in. The clinic is solely funded by APPNA-AZ ( the Arizona Chapter). Contribution comes from membership and community through fundraisers for the cause. Proceeds form chapter meetings also applied towards clinic funds. Currently we need around \$1200 a year to run the clinic. However in future we are planning to have our own space to run this operation and to start similar projects in other cities of the valley.



Dr. Habib Khan with volunteers at APPNA free clinic



The clinic would not have been established without the contribution of APPNA leadership and members who are fully committed to the cause and have volunteered their time to make this project successful. We also have volunteers from the community, including social workers, technicians and nurses who contribute with their time and skills. I would specially like to thanks doctors Abdul Nadir, Irfan Jamil, Nadeem Hussain, Nadeem Kazi, Shahid Yakoob for their time and dedication. Specially Dr Nadeem Hussain who has been provided us the space at his offices, at no cost. Also a very special thanks to Ms Arlene Ramos, our clinical coordinator for her time, effort and contribution towards the cause.

#### VISION & MISSION

- 1) To provide basic healthcare to poor, needy and indigent people in the communities we live, irrespective of race , gender, cast, religion or nationality.
- 2) To Provide mentorship to young physicians and medical students.
- 3) To build bridges and give back to communities we live in.

"Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect."  
Chief Seattle



Dr. Nadeem Kazi discussing a case with students

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Dr Khaver Kirmani, MD, FAAP

*Welcomes you  
to the*

APPNA Arizona  
*2016 Annual meeting & Banquet*



## APPNA-AZ FREE CLINIC (TUCSON)

A COLLABORATIVE PROJECT BETWEEN APPNA ARIZONA CHAPTER & MUSLIM COMMUNITY CENTER OF TUCSON.

This clinic was started with concept of engaging with local community in Tucson, giving back to community by providing free basic medical services.

We participated in APPNA National Health Care Day in June, 2010. It was very successful event and we provided care to approximately 150 un-insured and indigent patients. We were inspired by National Health Care Day – 2010, the community response, recognition and health care need. The Tucson Free Clinic was started in spring 2011.



We started with Islamic Center of Tucson and later moved to Muslim community center of Tucson that provides logistics and Pakistani Physicians providing basic health care. This clinic was awarded with Stanley Feldman Certificate of Honor from Human Relations Commission of Tucson, in 2011.

We have received, many letter of appreciations from patients for our service to Tucson community. Free Health Clinic, Services have been reported in, Tucson Weekly, Arizona Daily Star, NPR, and Spanish Radio.







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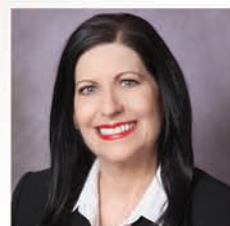
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## Opioid Recommendations in the State of Arizona

### Key Points



### *Abstract*

**Importance:** The opioid epidemic in the United States has become a raging public health crisis. And medical boards across the country have taken careful note of it and begun to develop strategies to curtail this serious public health concern. Indeed, the serious risks of opioid pain medication prescribing in medical settings has been well observed and investigated, but it is imperative to analyze the aggressive stance that state medical boards have developed regarding the prescribing of opioids to further promote the safe practice of medicine; one that is free of the fear of regulatory inquisition and reprisal. Therefore, to shed more light on this public health crisis, this article will focus on the Arizona Medical Board's methodology for rendering adverse decisions against the licenses of those physicians that the Board determines have prescribed opioids inappropriately.

**Objective:** Since medical boards do not always provide clarity about the standard of care that should be followed by healthcare providers when prescribing opioids, insights can be drawn through a thorough analysis of Board disciplinary actions.

**Process:** The Arizona Medical Board makes every adverse decision rendered against a physician's license available as a matter of public record.

**Evidence Synthesis:** Conclusions were derived from a review of administrative cases over a five year period in the state of Arizona regarding opioid prescribing that resulted in an advisory letter, a letter of reprimand, a decree of censure, a period of probation, suspension and/or revocation of a physician's licensure altogether

**Recommendations:** There are several notable recommendations that emanated from the analyzed evidence. For example, proper chart documentation is vital and often regarded as a reflection of physician professionalism. Another is that the Board clearly requires urine toxicology testing in patients being treated chronically with opioids as part of the firewall against the risk of patient misuse, abuse, and/or diversion. Increasingly, the Board also frowns upon healthcare providers prescribing opioids to patients who are also taking benzodiazepines and/or alcohol regularly.

**Conclusions and Relevance:** The intentions of the conclusions presented in this guideline is to further improve the safety of prescribing opioids by highlighting the disciplinary action cases rendered by the Arizona medical board.

### Introduction

Physicians throughout history have struggled with the challenge of helping their patients while doing no harm. In modern terms, this implies that physicians must engage in an ongoing risk-benefit analysis of every treatment modality contemplated. When the analysis justifies it,



even potentially dangerous modalities can be contemplated. For example, in the face of overwhelming sepsis an infectious disease specialist can contemplate the use of an antibiotic that is ototoxic or nephrotoxic. Similarly, an oncologist when treating a patient faced with a life threatening malignancy may choose to use a chemotherapeutic agent that is potentially cardiotoxic. Nowhere in medicine is this ongoing clinic risk benefit analysis being more carefully scrutinized than in the prescribing of opioids. Physicians are encountering extraordinary scrutiny from both the DEA as well as state medical boards in this regard. To make matters worse, physicians have been and continue to be held accountable for the adverse effects of opioid prescribing not only to their patients, but also foreseeable third parties who may suffer detriment from the opioids. Thus it is not surprising that 44% of the adverse decisions rendered against a physician's medical license by the Medical Board is related to opioid prescribing either directly or indirectly. The Arizona Medical Board is not atypical in its obsession. Our analysis reveals that the Arizona medical board is quite typical in their concern of inappropriate opioid prescribing. This article provides analysis of the issue, information about the Medical Board and its function, and information that has been collected from published adverse decisions by the Medical Board. This information has allowed our firm to determine certain aggravating and mitigating factors affecting the Arizona Medical Board's decision-making process. Our analysis of this rubric hopefully will allow physicians to prescribe opioids more safely and free from regulatory inquisition and reprisal.

### ***Guide Development Process***

#### ***Results***

We first determined the number of disciplinary actions that took place from February of 2012 till September of 2016. During this time frame, there were 246 disciplinary actions in Arizona medical boards (allopathic and osteopathic). Of these 246 cases, 71 physicians were disciplined due to an offense related to prescribing opioids. Of these 71 cases, 7 cases resulted in suspensions of license, 14 were reprimands, 6 were censures, 17 were license revocations, and 27 were probations.

The most common causes for discipline amongst these 71 cases attributed to:

- Over prescribing pain medication
- Failing to recognize/appropriately respond to signs of drug abuse
- Inappropriately prescribing/monitoring pain medication without proper diagnostic evaluation or monitoring
- Self-prescribing controlled substances, either directly or in the name of a family member for personal use
- Prescribing controlled substances to a family member
- Substance abuse problem without self-prescribing issues
- Under investigation or had received disciplinary action by an out of state medical board for conduct relating to a controlled substance
- Failure to maintain "adequate records"
- Failure to review past records, order or undertake diagnostic testing periodically to accurately assess the appropriateness and need for continued prescribing and failure to consider alternative treatment plans



- Providing early refills of pain medication, providing pain medication with refills and/or writing an excessive number of prescriptions for pain management

### ***Discussion***

The causes listed above may seem obvious, but it is worthwhile to determine how physicians may deviate from the path the Medical Board views as appropriate for treatment of chronic pain patients. One of the most common red flags observed in these cases is failing to maintain adequate medical records. Adequate records are defined by Arizona law to mean, "legible medical records, produced by hand or electronically, containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment." Documentation is a vital resource for the medical board because it is used to understand the circumstances regarding the possible misconduct. When the Board has determined that inappropriate opioid prescribing has taken place, it tends to review certain factors that would either aggravate or mitigate the severity of the disciplinary action contemplated. Factors found to aggravate the punishment levied against the physician's license were:

- ☐ Engaging in misconduct that is likely to have serious/fatal consequences to patients.
- ☐ Relapse into repeating a prior misconduct.
- ☐ Other serious medical misconduct accompanying the controlled substance misconduct.
- ☐ Committing medical misconduct relating to the treatment of a larger number of patients over a longer period of time.
- ☐ Violating an existing agreement or order.
- ☐ Refusing to cooperate with the board during investigatory process.
- ☐ Refusal to enter/complete assessment/treatment directed by the Board.
- ☐ Making false statements relating to the practice of medicine (to the Board, to DEA, on licensing application, etc.).
- ☐ Any other factor that may have increased the seriousness of the offense

The factors noted above tended to make decisions by the Board more severe and punitive. However, it also became clear from our analysis that the Board view some factors as mitigating circumstances and when present, resulted in Board decisions that were more lenient. These factors are:

- ☐ Self-reporting misconduct.
- ☐ Timely responding to inquiries regarding a reported misconduct.
- ☐ Agreeing to undergo approved evaluation and treatment.



- ☐ The misconduct involved is a first time offense.
- ☐ Committing medical misconduct relating to the treatment of only a few patients.
- ☐ Engaging in only one or two acts of less serious related misconduct.

The presence of such mitigating factors tends to show the Board that the physician has realized that a mistake was made, and the physician is attempting to remedy the situation. Also, self-reporting misconduct and agreeing to undergo approved evaluation shows remorse for the actions taken. Our review of the adverse decision cases and the causes of the discipline as well as analysis of aggravating, and mitigating factors has helped create a list of recommendations to insulate a physician's practice from regulatory inquisition and reprisal.

### ***Recommendations***

It is vital to promote safe medical practices especially with the prescribing of opioids, which arguably can be classified as a preventable epidemic. The Arizona Medical Board is committed to stopping the widespread misuse of opioids in Arizona. It is the principal reason for its aggressive stance against physicians casually prescribing opioid pain medications. The adverse Arizona Medical Board decisions that we reviewed make several clinical recommendations prudent:

Review historical charts of any patient being started on opioids to rule out a history of misuse, abuse and/or diversion.

Determine and carefully document the full etiology of the pain.

Always make a good faith effort to engage non-addictive modalities of treatment for pain.

Commit at all times to a multidisciplinary approach to patient care.

Check the PDMP database at every visit to minimize the risk of polyprovider and/or polypharmacy.

Utilize quantitative urine toxicology testing routinely on patients being prescribed opioids and meaningfully respond to the results obtained.

Consider pharmacogenetic testing in patients that require higher than usual morphine equivalents for adequate pain control.

Document thoroughly at all times and maintain on file current informed consent, treatment plans, and treatment contracts.

*Zaheer A. Shah, MD, JD is a board certified internist with 20 years of clinical experience and the founder of the law firm, Shah and Associates. He proudly defends Arizona Physicians before the Arizona Medical Board. Mahir Qureshi is a graduate of the Barrett Honors College at Arizona State University.*



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