

FILED OF RECORD

AUG 21 2023

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1923

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY AARON M. FERDA, M.D., LICENSE NO. 48494, 928
BELMER DRIVE, LEXINGTON, KENTUCKY 40509

ORDER TERMINATING
AMENDED AGREED ORDER

At its August 17, 2023 meeting, the Kentucky Board of Medical Licensure, acting by and through its Inquiry Panel A considered a request by the licensee to terminate the terms and conditions imposed upon his Kentucky medical license by Amended Agreed Order filed of record April 20, 2020.

In addition to the licensee's request, the Panel has considered a memorandum by the Board's General Counsel, dated July 12, 2023; the Amended Agreed Order filed of record April 20, 2020; Center for Personalized Education for Professionals Education Plan, Summary Report, released October 26, 2021; and Board consultant reports [with Expert Review Worksheets], dated August 19, 2022 and April 17, 2023; and Compliance Inspection Reports prepared by Jon Marshall, Medical Investigator, dated January 7 and July 30, 2020; January 14 and July 9, 2021; January 11 and July 11, 2022; and January 6 and July 10, 2023. The licensee appeared before the Panel and assured them that he has no intention of ever resuming the practice of obstetrics and gynecology.

Having considered all of this information and being sufficiently advised, the Panel hereby GRANTS the licensee's request and **ORDERS** that the Amended Agreed Order in this Case No. 1923 be and is hereby **TERMINATED**, effective immediately upon the filing of this Order.


SO ORDERED on this 21st day of August, 2023.



WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A

Certificate of Service

I certify that the original of this Order Terminating Amended Agreed Order was delivered to Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222 and copies were mailed to the licensee, Aaron M. Ferda, M.D., License No. 48494, 928 Belmere Drive, Lexington, Kentucky 40509 and his counsel, Christopher J. Shaughnessy, McBrayer, 201 East Main Street, Suite 900, Lexington, Kentucky 40507 on this 21st day of August, 2023.



Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
502/429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1923

APR 20 2020

KB.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY AARON M. FERDA, M.D., LICENSE NO. 48494, 928 BELMERE DRIVE, LEXINGTON, KENTUCKY 40509

AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (“the Board”), by and through its Inquiry Panel A, and AARON M. FERDA, M.D. (“the licensee”), and, based upon the licensee’s request to resume the practice of medicine, hereby enter into the following **AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Amended Agreed Order:

1. At all relevant times, Aaron M. Ferda, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee’s medical specialty is Obstetrics/Gynecology.
3. On or about January 23, 2019, the licensee submitted an application to renew his medical license in Kentucky. On his application for renewal, the licensee answered “Yes” to Category I, Question 6, which asked:

Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privilege for cause, or taken any other disciplinary action against your privileges?

4. On or about April 20, 2018, the Medical Executive Committee of Clark Regional Medical Center required the licensee to have a proctor for all gynecological procedures based on clinical concerns due to unexpected gynecological surgical complications. The proctorship

was never completed, therefore, no final determination was made by the Medical Executive Committee or the Board of Directors regarding the licensee's competency to perform gynecological services.

5. In a written response dated May 5, 2019, the licensee acknowledged that he had several surgical complications and chose to stop performing gynecologic surgery rather than complete an outside proctorship to improve his surgical skills. The licensee stated that he resigned his privileges at Clark Regional Medical Center and resigned from the obstetrics/gynecology practice in which he was employed. The licensee stated he was then practicing at an addiction clinic in Cynthiana, Kentucky and that he had no intention of returning to the practice of obstetrics/gynecology.
6. The licensee and his counsel appeared before the Panel on June 20, 2019 and answered questions from the Panel members. Before the Panel, the licensee stated that he began practicing medication assisted treatment ("MAT") in late November 2018. He stated that he had completed eight to twelve hours of online continuing medical education courses specific to MAT.
7. The licensee entered into an Agreed Order on July 8, 2019, which prohibited the practice of medicine by the licensee until further order of the Panel. The Agreed Order required the licensee to provide a clinical skills assessment report and remediation plan (if recommended) in MAT prior to the Panel's consideration of the licensee's request to resume the practice of medicine.
8. The licensee obtained a clinical skills assessment in MAT through the Center for Personalized Education for Professionals ("CPEP") in September, 2019. The assessment identified both strengths as well as educational needs.

9. CPEP developed an Education Plan for the licensee in February 2020.
10. The licensee completed the *Prescribing Controlled Drugs: Critical Issues and Common Pitfalls* course offered by CPEP on July 10-12, 2019.
11. On April 16, 2020, the Panel approved the licensee's request to resume the practice of medicine, pursuant to terms and conditions set forth in this Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(21). Accordingly, there are legal grounds for the parties to enter into this Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Amended Agreed Order.

AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon the licensee's request to resume the practice of medicine, the parties hereby enter into the following **AMENDED AGREED ORDER**:

1. The license to practice medicine in the Commonwealth of Kentucky held by AARON M. FERDA, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;

2. During the effective period of this Amended Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:

- a. The licensee SHALL NOT practice medicine in the specialty of obstetrics and gynecology;
- b. Beginning immediately, the licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed, dispensed or otherwise utilized. The controlled substances log SHALL include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets SHALL be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions SHALL be maintained in the following manner: 1) patient; 2) chart; and 3) log;
 - i. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants;
 - ii. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Amended Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Amended Agreed Order;
 - iii. The licensee understands and agrees that at least two (2) favorable consultant reviews must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Amended Agreed Order. The licensee understands and agrees that no consultant reviews will be conducted unless and until the licensee has prescribed controlled substances to establish sufficient records for meaningful review;
- c. The licensee SHALL SUCCESSFULLY complete all requirements of the Educational Intervention Plan Developed February 2020, a copy of which is attached and fully incorporated herein, at his expense and as directed by CPEP;
 - i. If deemed necessary and appropriate by CPEP, the licensee SHALL SUCCESSFULLY COMPLETE the Post-Education Assessment, at his expense and as directed by CPEP;
 - ii. The licensee SHALL TAKE ALL NECESSARY STEPS, including the execution of waivers and/or releases, to ensure that CPEP provides timely

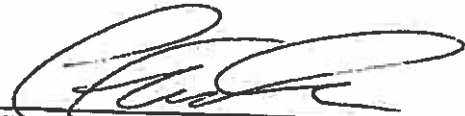
written reports to the Board outlining his compliance with the Educational Intervention Plan; and

- d. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The Panel SHALL NOT consider a request by the licensee to resume the practice of medicine in the specialty of obstetrics and gynecology unless and until the Board has received an assessment report and educational or remediation plan (if recommended) following the licensee's completion of a clinical skills assessment in obstetrics and gynecology at either:
 - a. Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241 or
 - b. LifeGuard, 777 East Park Drive, Harrisburg, Pennsylvania, 17111, Tel. (717) 909-2590.
 4. The licensee expressly agrees that if he should violate any term or condition of this Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Amended Agreed Order; and

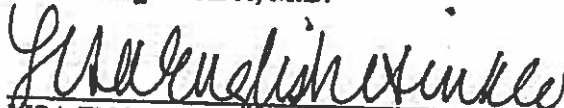
5. The licensee understands and agrees that any violation of the terms of this Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 20th day of April, 2020.

FOR THE LICENSEE:




AARON M. FERDA, M.D.




LISA ENGLISH HINKLE
COUNSEL FOR THE LICENSEE

FOR THE BOARD:



KENNETH J. PAYNE, M.D.
CHAIR, INQUIRY PANEL A



SARA FARMER
Assistant General Counsel
Kentucky Board of Medical Licensure
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Tel. (502) 429-7150



EDUCATIONAL INTERVENTION PROGRAM
EDUCATION PLAN

Developed February 2020

for

Aaron M. Ferda, M.D.

NATIONALLY RECOGNIZED ■ PROVEN LEADER ■ TRUSTED RESOURCE

720 S. Colorado Boulevard, Suite 1100-N
Denver, Colorado 80246
Phone: 303-577-3232
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EDUCATION PLAN

OVERVIEW

- Section I Introduction and Plan Design
- Section II Individual Learning Goals
- Specific areas of educational need
- Section III Performance Objectives (Modules A and B)
- Self-study, CME, Preceptor Meetings
- Section IV Initiation of the Plan and Preceptor Approval
- Determining the start of activities
 - Education Notebook
 - Preceptor Approval Process
- Section V Participation and Monitoring
- Participation Expectations
 - Evaluation Process
- Section VI Duration

APPENDICES

- Appendix A Practice Profile
- Appendix B Federal Regulations of Privacy of Individually Identifiable Health Information
- Appendix C Glossary and Educational Terms

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I. INTRODUCTION

In accordance with the Kentucky Board of Medical Licensure's (Board's) Agreed Order effective July 8, 2019, Aaron M. Ferda, M.D., was required to complete a clinical skills assessment at either CPEP or another organization in order to request resumption of practice by the Board. Further, he was to receive an assessment report and an educational/remediation plan (if recommended).

In September 2019, Dr. Ferda completed an Assessment; the report was released on January 9, 2020. The Assessment identified areas of educational need. The development of this Education Plan (Plan) is based on those needs. The Plan is also based on data gathered by CPEP and information obtained from Dr. Ferda. The purpose of this Plan is to provide a framework in which Dr. Ferda can address his educational needs.

A glossary of Educational Intervention terms is enclosed.

FOCUS OF PLAN

This Plan addresses Dr. Ferda's practice of addiction medicine with a focus on medication-assisted treatment (MAT) of opioid use disorder (OUD). If areas of educational need other than those addressed in this Plan are identified while Dr. Ferda is participating in the Plan, CPEP will notify the referring organization and Dr. Ferda and determine if the educational needs can be addressed within the context of this Plan.

Of note, Dr. Ferda trained in and subsequently practiced obstetrics/gynecology from July 2013 through September 2018. In November 2018, he initiated the practice of addiction medicine with MAT of OUD. He has been away from practice since July 2019.

LIMITATIONS

It is the participant's responsibility to identify and present a Preceptor candidate for CPEP approval. For the participant's educational benefit, the Preceptor must meet the qualifications as described in the *Preceptor Overview*. Additionally, CPEP must approve the Preceptor in order for any precepted activities to be applicable to the Plan. CPEP cannot guarantee that a Preceptor and/or an appropriate setting can be identified to address this Plan.

LICENSING and OTHER CREDENTIALING

Because CPEP Education Plans are practice-based, physician-participants must have a medical license in order to complete a Plan. Some activities, such as self-study, may be completed without a medical license. *It is the participant's responsibility* to ensure that he practices within the parameters of his licensure status.

Further, it is the participant's responsibility to ensure that he has obtained appropriate insurance coverage, DEA registration, privileges/credentials, and met other legal requirements as appropriate for his practice circumstances.

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DESIGN

The individual Learning Goals described below in *Section II* were derived from the findings of the Assessment. This Plan was designed to address those Learning Goals through Medical Knowledge Enhancement and Patient Care Enhancement educational activities described in *Section III* as Modules A and B. Evaluation of Dr. Ferda's progress and oversight of his participation will be provided by the CPEP Associate Medical Director. The Plan is designed around continuous and timely participation so that maximum educational benefit is received and ongoing progress is made. Following is more detailed information about the Modules and the Associate Medical Director oversight.

Note: The requirements of this Plan are not intended to supersede or exclude any requirements specific to his employer, credentialing, or licensure regulations. However, some activities may be applicable to both the Plan and such requirements. In addition, the state(s) in which the participant practices may have legislation that applies to medical practice, for example, regarding the prescribing of controlled substances. The requirements in this Plan are not intended to contradict or supersede any federal or state laws, rules or regulations. The participant is responsible for ensuring that he is practicing within the applicable laws, rules, and regulations of the state(s) in which he plans to practice.

A. Medical Knowledge Enhancement (Module A)

The Medical Knowledge Enhancement Learning Goals are addressed independently by the participant as well as through discussions with the Preceptor. The activities are designed to improve the participant's medical knowledge specific to the Learning Goals. Other improvements are generally realized as a result of the activities. A Preceptor is not needed to begin the activities described in Module A. CPEP encourages Dr. Ferda to begin the activities as soon as he has initiated the Plan. The recommended activities include:

- Independent self-study;
- Evidence-based research;
- Continuing medical education activities and/or courses.

B. Patient Care Enhancement (Module B)

Dr. Ferda will work with a Preceptor who has a practice similar to his. He will participate in Point of Care (PoC) activities as described below. Concurrently, Dr. Ferda will participate in a longitudinal learning experience that is reliant on regularly scheduled Preceptor Meetings. During these experiences, Dr. Ferda will:

- Address his more immediate educational needs by initially engaging in an intensive review of each patient for whom he is initiating the prescribing of buprenorphine or buprenorphine/naloxone, or for whom will be assuming the prescribing initiated by another physician of buprenorphine or buprenorphine/naloxone, and present all patients to a Preceptor to discuss risk stratification, individualization of treatment, and monitoring;
- Retrospectively review charts with the Preceptor of patients for whom Dr. Ferda provided independent care;

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- Receive one-on-one coaching and constructive feedback with regard to medical knowledge, clinical judgment and documentation, particularly with regard to those areas identified in the Plan Learning Goals (see *Section II*);
- Discuss and reinforce new information and skills gained for full integration into daily patient care;
- Appreciate the value of lifelong learning, peer relationships, and self-assessment to the quality of patient care.

C. Oversight

The Associate Medical Director oversight includes Preceptor training, consideration of the feedback provided by the Preceptor and review of educational materials submitted by Dr. Ferda (see *Section V*). The Associate Medical Director will regularly communicate with and provide ongoing feedback and coaching to Dr. Ferda and the Preceptor with regard to Dr. Ferda's progress.

II. LEARNING GOALS

A. Medical Knowledge

To improve evidenced-based medical knowledge including, but not limited to, the following areas:

1. American Society of Addiction Medicine (ASAM) levels of care;
2. Indications and options for home induction;
3. Duration of MAT (discharge criteria);
4. Buprenorphine/naloxone (Suboxone):*
 - a. Pharmacokinetics, including but not limited to, half-life and peak activity;
 - b. Receptor activity;
 - c. Recommended dosing intervals;
 - d. Approach to induction if patient has been taking benzodiazepines;
5. Sublocade: method of administration;
6. Risks associated with Subutex;
7. Urine drug screening (UDS):*
 - a. Review of interpretation and limitations;
 - b. How long oxycodone stays in urine;
 - c. How long commonly used benzodiazepines stay in urine;
 - d. UDS differences between oxycodone, heroin, and morphine;
 - e. Likelihood of synthetic and semi-synthetic opioid detection;
8. Kratom;
9. Naloxone: absence of gastrointestinal tract absorption;
10. Federal Regulation 42 CFR Part 2 regarding sharing of records.

*Subtopics may be combined into one summary; two references required.
(See *III.B* below for description of topic summaries.)

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B. Clinical Judgment

To *consistently* demonstrate appropriate clinical judgment in the areas that include, but are not limited to, the following:

1. Ability to gather information in an organized and complete fashion, including but not limited to, other drugs of abuse, physical examination, lab evaluation;
2. Appropriate index of suspicion for infectious disease;
3. Appropriate index of suspicion for diversion of prescribed medications;
4. Adequate index of suspicion for overdose and ability to correctly assess emergent situations and make appropriate plans;
5. Consistent and satisfactory management of abnormal urine drug screens;
6. Appropriate treatment planning from beginning to end;
7. Application of knowledge to actual patient care;
8. Appropriate monitoring of patients with KASPER reports and pill counts.

C. Documentation

The participant will learn principles of documentation that are based on recommendations and requirements of nationally recognized organizations such as the Joint Commission and Centers for Medicare and Medicaid Services (CMS) and recommendations of national specialty societies and will *consistently* demonstrate appropriate patient care documentation that includes, but is not limited to, the following:

1. Attention to detail regarding male patients record as being pregnant;
2. Appropriate individualization of each visit note (avoidance of "copying and pasting" from one visit note to another);
3. Consistently detailed physical examination findings;
4. Consistent documentation of clinical thinking;
5. Consistent record of sufficient detail regarding the induction process;
6. Consistently detailed treatment plan sections, including but not limited to medication dosing, frequency, or number of films/pills;
7. Consistent clear documentation of the management of UDS results;
8. Consistent inclusion of informed consent discussions and forms;
9. Inclusion of Kentucky prescribing drug monitoring program (KASPER) reports;
10. Inclusion of pill counts;
11. When prescribing medications include the number to be dispensed and the number of refills authorized.

Guideline

Adequate documentation requires inclusion of sufficient detail in visit notes such that the notes "stand alone" and determination of the level of care provided does not require verbal input from the documenting physician to be fully understood. Ultimately, adequate documentation includes chart organization and systems tools that allow another physician to easily assume care of a patient.

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D. Practice-based Learning

Dr. Ferda will:

1. Expand his medical content resources to include ASAM meetings and involvement with the Kentucky Society of Addiction Medicine.

E. Physician-Patient Communication Skills

To *consistently* demonstrate appropriate communication skills in the areas that include, but are not limited to, the following:

1. Slow down pace of patient interview;
2. Use open-ended questions;
3. Avoid using medical jargon;
4. Improve empathy and avoid the perception of a rush to judgement;
5. Improve provision of patient education.

III. PERFORMANCE OBJECTIVES

Performance Objectives are specific educational activities that provide focused learning experiences designed to assist the participant with achievement of the Learning Goals (*Section II*). The participant will integrate newly learned information into his daily practice and demonstrate long-term improved patient care during Module B Activities.

MODULE A

MEDICAL KNOWLEDGE ENHANCEMENT

Module A activities do not require approval of a Preceptor to initiate. Dr. Ferda will:

- Document all activities, including ongoing case-based activities, continuing medical education activities (CME) and self-study on an Education Log provided by CPEP;
- Participate in self-study activities during participation in the Plan that demonstrate lifelong learning skills;
- Submit certificates of completion for any courses, if applicable.

Timelines

The timelines below are recommended to maximize participation in the Plan.

- Independent activities, such as self-study, should be initiated immediately once the Plan has begun.
- Topic/subtopic summaries should be completed within 60 days of beginning the Plan activities.
- Courses and/or CME activities should be completed no later than the fourth month of participation.

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Guideline

It will be essential that Dr. Ferda develop a strategy that ensures he submits all topic/subtopic summaries within 60 days of initiating the Plan so that he has ample time to demonstrate his application of new knowledge to his actual patient care during the Precepted Education component.

Associate Medical Director Approval of Resources

For any course or activity required by the Plan, detailed information regarding the course or activity must be submitted to the Associate Medical Director for approval prior to registration or attendance. Dr. Ferda may identify educational resources other than those mentioned below; however, the Associate Medical Director must approve those resources in advance in order for the activities to be applicable to the Plan.

A. Courses

Dr. Ferda will:

1. Attend a medical record keeping seminar, approved by the Associate Medical Director. If ongoing documentation deficiencies are identified, the Associate Medical Director will make further recommendations.
2. Participate in a physician-patient communication course with simulated patients and immediate feedback, approved by the Associate Medical Director. See *G. Communication* below for additional activities.

It will be important for Dr. Ferda to attend the seminar and course noted above early in his participation in the Plan rather than later so that he has time to integrate newly learned skills and sufficiently demonstrate his maintenance improvements in charts reviewed.

B. Evidence-Based Self-Study

The purpose of this module is to demonstrate self-directed learning and to create educational resources for reference. Dr. Ferda will:

1. *For each of the topics and subtopics* listed in the Medical Knowledge Enhancement Learning Goals, submit a brief paragraph, case based discussion, outline, or algorithm to summarize the major points learned;
 - a. In preparing the submission, Dr. Ferda will use *at least two resources for each of the topics and subtopics* listed in the Medical Knowledge Enhancement Learning Goals. The submission should explain the applicability of knowledge to his practice, including how he will utilize the learned information in his practice. If the information is not applicable to his practice, he should explain his rationale;
 - 1) Appropriate resources are current, peer-reviewed, evidence-based medical references. Notes from a pertinent conference may be utilized with prior Associate Medical Director approval;
2. Identify and become familiar with the resources for current guidelines relevant to the Medical Knowledge Learning Goals;
 - a. Document and submit appropriate clinical guideline resources on an Education Log;

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3. Research all applicable state laws, rules, and regulations, including those issued by his state licensure board, pertaining to the prescribing of controlled substances, and discuss with the Preceptor.
 - a. Document this research and discussion in the self-study section of the Education Log;
4. Engage in monthly pharmacology review using resources such as *The Medical Letter*, *Prescriber's Letter*, the Journal of Prescribing Practice, and/or UpToDate – “What’s New in Drug Therapy?”
 - a. Document this review in the self-study section of the Education Log;
5. Read Chapters 1-11 of Learning Clinical Reasoning, Second Edition by Jerome P. Kassirer, M.D., John B. Wong, M.D., and Richard I. Kopelman, M.D., and discuss with the Preceptor;
 - a. Document reading and discussions on Education Logs;
6. Participate in self-study relevant to his practice for the duration of the Plan. Specific references, articles or internet links may be recommended by the Associate Medical Director for review and inclusion on the Education Log.

C. Case-Based Activities

Dr. Ferda will:

1. Review cases in chapters 12-22 of Learning Clinical Reasoning, Second Edition that illustrate concepts applicable to identified needs;
 - a. Document this review in the self-study section of the Education Log;
2. Pursue case-based learning through online resources.

D. Practice-based Learning

Dr. Ferda will:

1. Review current peer-reviewed, evidence-based medical literature pertinent to addiction medicine, with a focus on MAT of OUD, throughout the duration of the Plan including literature or resources recommended by the Preceptor or Associate Medical Director;
2. Review the information pertaining to reducing administrative frustrations and increasing time with patients found at <https://stepsforward.org>;
3. Utilize appropriate Internet web sites and other medical resources.

E. Systems-based Practice

Dr. Ferda will:

1. Discuss with the Preceptor ways to augment his awareness of systems-based practice such as:
 - a. Familiarity with different types of medical practice and delivery systems;
 - b. Awareness of resources for patients and ways to help patients work within that system;
 - c. Understanding of issues within the medical system which contribute to and reduce medical error;
 - d. Understanding of cost effective resource allocation and appropriate prescribing patterns to that end;
 - e. Participating in interdisciplinary teams as appropriate.

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Core competencies which have been adopted by the American Board of Medical Specialties and the Accreditation Council for Graduate Medical Education can be found here:
http://www.abms.org/maintenance_of_certification/MOC_competencies.aspx

F. Internet-Based Medical Information Resources

Dr. Ferda will:

1. If he does not already do so, utilize electronic resources at the point of care, such as a computer with access to the Internet. Software or web sites should assist with immediate access to up-to-date medical information relevant to medication prescribing and drug interactions, and patient care decisions, including formulating an adequate differential diagnosis, interpreting test results and evaluating treatment options.

G. Communication

Dr. Ferda will:

1. Participate in a physician-patient communication course with simulated patients and immediate feedback, approved by the Associate Medical Director, as noted above.
 - a. Submit documentation of completion.
2. After completion of the course, submit to CPEP completed patient questionnaires addressing Dr. Ferda's communication skills.
 - a. The questionnaire and more direction will be provided by CPEP.

MODULE B

PATIENT CARE ENHANCEMENT

During the activities described in this Module the Preceptor will provide feedback to Dr. Ferda with regard to improvements in all areas of the Learning Goals. The Preceptor will coach Dr. Ferda to integrate improved knowledge, decision-making and documentation into daily patient care. All meetings and activities will be documented on an Education Log provided by CPEP.

Timeline

- See *Section IV* for complete time frames for the Preceptor approval process and initiation of Preceptor Meetings and the Point of Care Experience.
- Once initiated, Preceptor Meetings and chart reviews will continue for the duration of the Plan.

A. POINT OF CARE EXPERIENCE

During this experience, Dr. Ferda will:

1. For a period of time to be determined by the Preceptor and Associate Medical Director:
 - a. Engage in a structured review of the profile of each patient for whom he is initiating the prescribing of buprenorphine or buprenorphine/naloxone or for whom will be assuming the prescribing initiated by another physician of buprenorphine or buprenorphine/naloxone;
 - 1) A template will be provided by CPEP;

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- b. Present all patients to the Preceptor to discuss risk stratification, individualization of treatment, and monitoring;
- c. Maintain and submit the spreadsheet reflecting this intensive review to CPEP each month;
- d. Ensure that the Preceptor speaks with the Associate Medical Director when the Preceptor recommends conclusion of this review.

Controlled Substances Prescribing Log

At the conclusion of the PoC Experience and throughout the duration of the Plan, Dr. Ferda will:

1. Maintain a *daily* prescribing log for all controlled substances prescribed for review and discussion with the Preceptor during meetings and for monthly submission to CPEP.
2. The log is a daily record of controlled substances prescribed and will be completed at the time the patient is seen.
 - a. A template will be provided by CPEP.
3. At each meeting with the Preceptor, each entry in the prescribing log will be reviewed. The appropriateness of each prescription will be discussed and confirmed with the Preceptor, including the patient's evaluation, diagnosis, treatment plan and goal, other treatments considered and tried and the outcome, indication for the medication, risks for misuse, appropriate monitoring, and plan for follow up. After review with the Preceptor, each page of the log will be signed and dated by the Preceptor.
4. Copies of the signed log will be submitted monthly to CPEP for review.

B. PRECEPTED EDUCATION

It will be important that the Preceptor Meetings and activities are thorough and that the Preceptor provides objective feedback sufficient to support Dr. Ferda's improvement with regard to the specific Plan Learning Goals. All meetings and activities will be documented on an Education Log provided by CPEP.

Guideline

Having knowledge is distinct from applying knowledge. It is essential that, when reviewing charts, the Preceptor determine whether or not the participant *applied* his knowledge to actual patient care.

PRECEPTOR MEETINGS

Concurrently with the PoC Experience, Dr. Ferda will:

1. Meet with the Preceptor twice monthly for the duration of the Plan. To provide a quality learning experience, CPEP recommends that each meeting be a minimum of two hours;
2. With the Preceptor and in conjunction with the activities described below in *Preceptor Meeting Activities*, utilize the following to address the Learning Goals:
 - a. Chart review and case-based discussions;
 - b. Controlled substance prescribing log;
 - c. Hypothetical case discussions;
 - d. Topic discussions;
 - e. Current medical literature reviews;
 - f. Utilization of appropriate Internet web sites and other medical resources.

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Guideline

Although impromptu collegial discussions may occur outside of Preceptor Meetings, such discussions are separate from the Preceptor Meeting requirement.

PRECEPTOR MEETING ACTIVITIES

Chart Review Objectives

Charts are the primary method of evaluating the participant's application of knowledge and clinical judgment and reasoning. Therefore, charts submitted to the Preceptor and the Associate Medical Director as described below should demonstrate the participant's integration of feedback and information learned as a result of completing Module A activities. Submitted charts should reflect consistent improvements in overall patient care.

Charts reviewed during Preceptor Meetings will be those of patients for whom Dr. Ferda provided independent care. Charts as described below should address the Plan Learning Goals as much as possible.

During the Precepted Education, Dr. Ferda will:

1. Retrospective Chart Reviews:
 - a. Submit to the Preceptor for review no fewer than 24 redacted* charts per month (12 charts per twice-monthly sessions);
 - 1) The Preceptor may also specify cases to be reviewed;
 - 2) Redacted* copies of charts should be submitted to the Preceptor in time for the Preceptor to review them before the meetings;
 - b. Submit to CPEP by the fifth of *every other* month (month to be determined), six of the 24 redacted* charts used in the Preceptor Meetings;
 - 1) The Associate Medical Director may also specify charts to be submitted;
 - c. Cases should be specifically relevant to the Plan as well as representative of the scope of Dr. Ferda's practice.
2. Didactic Discussions and Coaching:
 - a. Clinical Judgment:
 - 1) With the Preceptor, discuss the Clinical Judgment Learning Goals and application of knowledge to patient care;
 - 2) Develop and discuss with the Preceptor systems (protocols, algorithms, and/or chart templates) or other strategies for organizing the clinical evaluation to ensure that the Clinical Judgment Learning Goals are addressed and that improvements are integrated into his daily patient care;
 - b. Documentation:
 - 1) Receive coaching from the Preceptor that addresses general documentation principles as well as the specific areas of need described in Learning Goal C, *Documentation*, including strategies and/or use of chart templates for improved documentation;

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- c. Medical Knowledge:
 - 1) Discuss with the Preceptor each topic and subtopic identified in Module A, including applicable and current evidence-based guidelines as available. Dr. Ferda should also discuss his topic/subtopic summaries with the Preceptor;
3. Lifelong Learning:
 - a. Develop lifelong learning skills:
 - 1) Discuss and develop a plan with the Preceptor for maintaining current standards in addiction medicine, with a focus on MAT of OUD, after conclusion of the Educational Intervention. Discuss the plan with the Associate Medical Director and demonstrate ongoing learning throughout the duration of the Plan. The plan should:
 - a) Incorporate Internet-based resources;
 - b) Integrate evidence-based medicine resources;
 - c) Promote lifelong learning;
 - d) Include activities that address clinical decision-making, such as case studies.
 - b. CPEP encourages Dr. Ferda to:
 - 1) Review and reflect on the status of his learning and improvements on an ongoing basis;
 - 2) Keep a learning journal on his reflections, including which activities were beneficial, or not beneficial, and why.

** Refer to Appendix B, Privacy of Individually Identifiable Health Information*

Guidelines

- During the Preceptor Meetings, the Preceptor should provide coaching and recommendations to the participant to ensure that improvements in all Learning Goals identified in the Plan are collectively and consistently applied to Dr. Ferda's actual patient care.
- The participant's progress will be determined based on the achievement of the Learning Goals and in consideration with generally accepted standards of care. The constraints of a physician's practice circumstances, such as the availability of local medical resources, are taken into consideration when reviewing a physician's actual practices.

IV. INITIATING THE PLAN

A. Determining the Start Date and Beginning Educational Activities

1. Dr. Ferda will sign and return the Plan to CPEP by February 28, 2020. He will then:
 - a. Initiate the Plan the first day of the month following CPEP's receipt of the signed Plan;
 - b. Receive an Education Notebook from CPEP with directions, Education Logs, resources, and other information to complete the educational activities;
 - c. Initiate and document self-study activities and course participation;

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- d. *After reviewing* the Preceptor qualifications described in the *Preceptor Overview*, identify a Preceptor candidate if Dr. Ferda has not already done so;
 - 1) The Preceptor must be board certified in the same specialty and have a practice similar to Dr. Ferda's;
2. Provide a copy of the Plan, *Preceptor Overview*, Confidentiality Statement, and a copy of the Assessment Report to the proposed Preceptor so that the approval process, as described below, can progress accordingly.

B. Preceptor Approval

1. By March 30, 2020, Dr. Ferda will submit to CPEP:
 - a. The proposed Preceptor curriculum vitae (CV) including the Preceptor name and contact information;
 - b. Signed CPEP Authorization to Release/Receive Information form authorizing CPEP to communicate with the Preceptor;
 - 1) A telephone call with the Preceptor and the Associate Medical Director will then be scheduled as part of the approval process;
 - 2) The participant will be notified of the approval;
2. Upon notification of approval, Dr. Ferda will begin meeting regularly with the Preceptor. He should document meetings on an Education Log.

Guideline

For the participant's educational benefit, the Preceptor must meet the qualifications as described in the *Preceptor Overview and Agreement*. Additionally, CPEP must approve the Preceptor in order for any precepted activities to be applicable to the Plan.

V. PARTICIPATION AND MONITORING

Consistent participation in educational activities, including regular and timely submission of materials and participation in scheduled CPEP conference calls, enhances the educational experience. Such participation may also impact the duration of the Plan. Because the Associate Medical Director must be able to evaluate the participant's ongoing progress and provide timely and pertinent feedback, Dr. Ferda will:

1. Maintain Education, PoC Logs and Controlled Substance Prescribing Logs:
 - a. Education Logs should document all educational activities including Preceptor Meetings and the content of the Meetings, and those activities that are outside of the scope of the Plan but relevant to his practice;
 - b. PoC Logs should document PoC activities as previously described in Module B;
2. Submit materials:
 - a. By the fifth of every month, submit:
 - 1) Education Logs;
 - 2) Preceptor Report forms completed by the Preceptor;
 - 3) Controlled Substance Prescribing Log;

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- 4) Other materials relevant to the Plan or as requested by the Associate Medical Director;
- b. By the fifth of every month and until the following has been completed, submit:
 - 1) PoC Logs;
 - 2) Topic/subtopic summaries;
 - 3) CME certificates and/or other documentation of completed activities specified in the Plan (if applicable);
3. Submit Charts:
 - a. Either monthly or every other month, as directed by CPEP, submit charts,** as described in Module B. Charts must be complete and if possible, include one year of patient care and include the Preceptor's written comments either on or with the copies of the charts. More information will be provided when the Plan is initiated;
 - b. At the request of the Associate Medical Director, submit randomly selected charts for review from Dr. Ferda's appointment schedule;
4. Communication:
 - a. Participate in calls with CPEP as requested;
 - b. Respond to emails or letters from CPEP in a timely fashion;
5. Be responsible for his and his Preceptor's participation in the Plan activities and his educational progress;
6. Demonstrate maintenance of improvements for all Learning Goals prior to conclusion of the Patient Care Enhancement activities.

**See *Module B, Retrospective Chart Review* to determine if charts should be submitted monthly or every other month

FORMATIVE EVALUATION

Evaluation of Educational Progress

Ongoing progress is measured using formative evaluation tools such as regular chart reviews, review of topic/subtopic summaries, participant and Preceptor discussions with the Associate Medical Director, and written Preceptor Reports.

Approximately every four months, Progress Reports will be generated and provided to Dr. Ferda and to other entities for which Dr. Ferda has provided authorization. The Progress Reports will capture Dr. Ferda's progress as demonstrated during Formative Evaluations conducted during that reporting period.

SUMMATIVE EVALUATION

Post-Education Evaluation

Following the completion of the Plan activities, Dr. Ferda will participate in a Post-Education Evaluation (Evaluation) to demonstrate that he achieved the Learning Goals and successfully completed the Educational Intervention. The Evaluation will be focused on the areas identified as

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Learning Goals in the Plan and will consider Dr. Ferda's scope of practice. (See Section 3.4 (d) of the CPEP *Educational Intervention Participation Agreement* for more information.)

VI. ESTIMATED DURATION

Plan Learning Goals and Performance Objectives

Most participants complete an Education Plan in approximately 12-18 months. The actual duration varies depending on many factors including the scope of educational needs identified.

CONDITIONS

- Modifying an approach to overall patient care, specifically application of knowledge, clinical judgment and documentation may be challenging. Additionally, certain aspects of the Plan cannot be predicted, such as spectrum of patients and cases presented, as well as the participant's dedication to the educational activities. Therefore, the duration of the Plan can only be estimated.
- CPEP reserves the right to change the content and/or duration of the Education Plan.
- CPEP is not responsible for ensuring that the participant obtains any required privileges or credentials while participating in the Education Plan; this is the responsibility of the participant.
- Once the participant has completed the Education Plan and/or has been authorized to complete the Post-Education Evaluation, CPEP is no longer reviewing charts or providing educational services to the participant.
- If Dr. Ferda does not engage in this Plan by March 20, 2021, CPEP may require completion of additional Assessment activities to ensure that his current educational needs are addressed.

SIGNATURES

Aaron M. Ferda, M.D.

Date

Abigail C. Anderson, M.D.
Associate Medical Director

Date

Return the signed original Education Plan to CPEP. Keep copies of the Plan for your reference and to forward to Preceptor candidates.

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Education Plan
Aaron M. Ferda, M.D.

**APPENDIX A
Prospective Practice Profile**

Aaron M. Ferda, M.D.

Dr. Ferda provided the following information to CPEP in February 2020. He should notify CPEP of any changes to his profile while participating in the Plan.

Specialty

Addiction Medicine with a focus on MAT of OUD

Licensure

Licensing State
Kentucky

Status
Restricted/Limited

Practice Setting

Outpatient

Practice Profile - anticipated

Volume of patients per day: 30
Number of days worked per week: 5
Number of patients admitted per month: 0
Number of days on-call per month: 0

Commonly Encountered Diagnoses

Opioid dependence

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APPENDIX B

[Code of Federal Regulations]
[Title 45, Volume 1]
[Revised as of October 1, 2002]
From the U.S. Government Printing Office via GPO Access
[CITE: 45CFR164.514]

TITLE 45--PUBLIC WELFARE AND HUMAN SERVICES

PART 164--SECURITY AND PRIVACY

Subpart E--Privacy of Individually Identifiable Health Information

Sec. 164.514 Other requirements relating to uses and disclosures of protected health information.

(a) Standard: de-identification of protected health information. Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

(b) Implementation specifications: requirements for de-identification of protected health information. A covered entity may determine that health information is not individually identifiable health information only if:

(1) A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:

(i) Applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and

(ii) Documents the methods and results of the analysis that justify such determination; or

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

(A) Names;

(B) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:

(1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and

(2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

(C) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates

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(including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

- (D) Telephone numbers;
 - (E) Fax numbers;
 - (F) Electronic mail addresses;
 - (G) Social security numbers;
 - (H) Medical record numbers;
 - (I) Health plan beneficiary numbers;
 - (J) Account numbers;
 - (K) Certificate/license numbers;
 - (L) Vehicle identifiers and serial numbers, including license plate numbers;
 - (M) Device identifiers and serial numbers;
 - (N) Web Universal Resource Locators (URLs);
 - (O) Internet Protocol (IP) address numbers;
 - (P) Biometric identifiers, including finger and voice prints;
 - (Q) Full face photographic images and any comparable images; and
 - (R) Any other unique identifying number, characteristic, or code; and
- (ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

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APPENDIX C
CPEP GLOSSARY
AND
DESCRIPTION OF EDUCATIONAL PROCESS

EDUCATIONAL INTERVENTION

The Educational Intervention describes the entire educational program, which includes the development and monitoring of the Education Plan and services provided by CPEP, such as progress reports, ongoing support to the participant, and the Post-Education Evaluation.

EDUCATION PLAN

A CPEP Education Plan (Plan) is an individualized structured educational process based on the findings of the Assessment (see below). Because CPEP Plans are personalized, each Plan contains requirements that are specific to the needs of the participant for whom the Plan was developed. Requirements, such as the type of educational activity, the intensity or duration of an activity, or the level of observation, will vary per Plan. Requirements may also be modified as the participant's needs evolve over time. The Plan typically concludes with a Post-Education Evaluation (Evaluation) so that the participant can objectively demonstrate that the Goals of the Plan have been achieved.

ASSESSMENT

The Assessment is designed to evaluate the participant through use of specialty-specific, individualized testing tools. An Associate Medical Director oversees the Assessment and attends clinical interviews to ensure that the process is reflective of the participant's practice specialty and takes into account any noted reason for referral. Results from the participant's performance in each assessment modality are incorporated into an Assessment Report. The Assessment Report reflects the effort and analysis of CPEP's Medical Director, Associate Medical Director, and administrative staff.

ASSOCIATE MEDICAL DIRECTOR

The CPEP Associate Medical Director (AMD) is a qualified physician who oversees the participant's educational progress and compliance during the Plan. The AMD also provides training to and communicates with the Preceptor (see below).

EDUCATIONAL PRECEPTOR (PRECEPTOR)

A Preceptor is a qualified physician who is approved by CPEP, and the referring organization if applicable. The Preceptor's main function is educational. He is expected to teach, provide educational guidance, and evaluate the participant's educational progress. The Preceptor provides one-on-one education, incorporates case reviews and discussions into the meetings, and may provide observation (see below) during patient encounters or procedures as directed in the Plan. A secondary Preceptor may be identified to address specific/specialty areas (e.g., cardiology, pharmacology) or to address the unique needs of a participant.

LEARNING GOALS

A Learning Goal describes the measurable areas of knowledge, skills, and/or concepts that a participant will gain by completing the described educational activities. Learning Goals are developed based on the findings of the Assessment. At the request of a referring organization or the participant, other goals may also be included.

PERFORMANCE OBJECTIVES/EDUCATIONAL ACTIVITIES

Performance Objectives specify the educational activities that are recommended to achieve the Learning Goals. Appropriate completion of the activities demonstrates that the information/skills/concepts have been addressed by the participant's utilization of the defined strategies or learning tools. See *Description of Educational Activities*.

EVALUATION METHODS

CPEP incorporates both formative and summative evaluations:

- A formative evaluation occurs during the educational program to assess initial and ongoing learning as the educational experience progresses, i.e., AMD and Preceptor discussions, topic/subtopic summaries, chart reviews, etc.
- A summative evaluation focuses on the outcomes and impact of the learning experience at the completion of an educational program, i.e., Post-Education Evaluation.

PARTICIPATION/COMPLIANCE

The CPEP staff and AMD monitor the participant's participation/compliance with the Plan. Participants must regularly participate in acceptable educational activities as directed by the Plan and submit materials within the timeframes established by CPEP. The participant must also demonstrate progress toward attainment of the Learning Goals. Inappropriate participation/noncompliance will be reported to the referring agency. If a participant is not participating or progressing appropriately, the Plan may be placed in one of the following categories:

- *Hold*: Occasionally, CPEP, in conjunction with the referring organization, may allow a participant to postpone, or place educational activities on hold, for a predetermined period of time (typically one to three months). Generally the hold status is offered to allow the participant the opportunity to address personal or professional issues that would prevent him from appropriately focusing on educational activities. A postponement of educational activities is not recommended, and should be limited to a one-time occurrence.
- *Suspension*: CPEP may suspend the participant's Education Plan if it is determined that the participant has:
 - Participated in inappropriate or minimal educational activity;
 - Failed to provide documentation of educational activities,
 - Failed to respond to CPEP requests or direction;
 - Not benefited from participation in the Plan.

It may be possible for the participant to reengage in educational services.

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COMPLETION OF THE PERFORMANCE OBJECTIVES

Completion of Performance Objectives with approval to participate in a Post-Educational Evaluation: Overall, formative evaluations indicate that the participant completed the Performance Objectives by adequately demonstrating appropriate gains in knowledge/skills to achieve the Learning Goals. The participant will be advised to schedule a Post-Education Evaluation.

- *Incomplete Performance Objectives:* The participant has made insufficient progress toward completion of Performance Objectives or toward achievement of the Learning Goals. Based on the areas of remaining educational need and CPEP staff review of the participant's activities, CPEP will provide recommendations that may include the following:
 - a. *Termination due to Maximum Educational Benefit:* While the participant may have made progress in the Plan, he has not demonstrated successful completion in one or more of the Plan's Goals or Objectives. Prior improvements may not have been maintained and/or regression in the educational process was demonstrated. CPEP determined that there would be little or no benefit for the participant to continue with an educational program at that time.
 - b. *Termination due to Non-Compliance:* The participant has violated or would not comply with the CPEP Participation Agreement and/or the Education Plan such that an appropriate working relationship with the participant is not possible. Future CPEP services would not be available to the participant.

POST-EDUCATION EVALUATION (EVALUATION)

The Evaluation is a summative assessment that measures the maintenance of the improvements made by the participant as a result of progressing in and completing the Plan. The content of the Plan and the participant's scope of practice will be addressed during the Evaluation. The method of the Evaluation is similar to the Assessment process.

COMPLETION OF THE EDUCATIONAL INTERVENTION

- *Successful Completion:* The participant successfully completed the Plan Objectives and the summative evaluation). There are generally no or limited recommendations for further educational activities.
- *Insufficient Progress to Support Successful Completion of the Plan:* In the summative evaluation, the participant has not demonstrated sufficient achievement of one or more Learning Goals to successfully complete the Educational Intervention. Based on the areas of remaining educational need identified in the Post-Education Evaluation and on CPEP staff review of the prior Plan activities, CPEP may recommend:
 - a. *Education Plan Addendum:* An extension of the Plan designed to address residual areas of need identified in the summative evaluation;
 - b. *Maximum Educational Benefit:* Following completion of the Post-Education Evaluation, CPEP may determine that the participant has not demonstrated successful completion of the Plan and/or integration of improvements into daily patient care and would not benefit from further educational activities.

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LIMITATIONS

- A CPEP Education Plan is not intended to provide the same rigor of training or depth of curriculum as a residency nor can it lead to eligibility for board certification. A residency program is provided through an accredited graduate medical education program.
- The Education Plan is not intended to provide proctoring, either for the purpose of gaining hospital privileges or to fulfill any other entities requirement for proctoring. Proctoring is an objective evaluation of a physician's clinical competence by a physician who represents and is responsible to the health care facility medical staff or another entity. A proctor does not teach or make recommendations for improved patient care.
- The Preceptor's role is not the same as a practice monitor, who is expected to focus on patient safety, evaluate the physician's practice, and report to an authoritative entity. The Preceptor should be able to focus only on the Education Plan. CPEP strongly recommends that the preceptor and the practice monitor not be the same individual.

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DESCRIPTION OF EDUCATIONAL ACTIVITIES

MEDICAL KNOWLEDGE ENHANCEMENT

Educational activities are recommended to improve medical knowledge. Some activities are topic specific while others are more broad. Topic-specific activities may include literature searches that acquaint and familiarize the participant with reliable and current information and resources. This activity often introduces the use of the Internet to participants as well as directs their attention to the need for ongoing professional development. The participant must identify appropriate literature resources and materials for reading and research. The participant will submit a written synopsis of articles and/or guidelines specific to the Plan. An acceptable synopsis will adequately describe how the participant can apply the information to his/her practice.

To meet the need for a broader review of medical knowledge, the Plan may recommend continuing medical education (CME) activities and/or courses. The Plan generally recommends online activities, but occasionally the Plan will recommend an onsite course. CME may also be recommended for certain topics or knowledge areas in which CME would provide a more optimal educational experience.

POINT OF CARE EDUCATIONAL EXPERIENCE (POC)

PoC education occurs at the moment of the patient encounter. PoC education can occur in the outpatient, inpatient, or surgical setting. CPEP's PoC experiences are designed to allow the Preceptor to observe, educate, and/or provide observation as the participant is providing patient care or performing procedures. The length of time and the level of observation are determined based on the participant's educational goals. Following are descriptions of the levels of observation that may be included in a Plan:

A. Focused PoC Training

This is a finite educational experience, which generally lasts from one day up to four weeks. It is designed to provide focused training and an enriched educational experience in a particular skill, exposure to a particular disease, and/or a particular patient population. This experience may occur in a single block of time or may occur incrementally over an extended period, depending on the scheduling requirements of the preceptor and the facility. It may or may not be required to occur at the beginning of the Plan. The Focused PoC Training may address:

- Skills in the management of acute medical conditions (e.g., asthma, chest pain, pediatric emergencies);
- Skills in the management of a particular patient population (e.g., pediatrics, chronic pain patients);
- Procedural skills (e.g., endoscopy, casting, suturing, laparoscopy, intubation of the difficult airway).

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B. Comprehensive PoC Experience

This educational experience is designed to provide preceptor oversight and training covering a broad spectrum of practice issues. Generally, this experience will be completed in a specified and continuous block of time at the beginning of the Plan. Examples of situations that may be appropriate for this experience include:

- A participant returning to practice after an extended absence;
- A participant returning to practice after prior revocation or suspension of licensure;
- The quantity or spectrum of the participant's educational needs is such that the participant would benefit from an intense one-on-one educational experience that would address immediate educational needs.

PoC Process

The PoC experience process is generally as follows.

1. Shadowing/Assisting: The participant observes and/or assists the Preceptor.
2. Direct Observation: The Preceptor is physically present during the patient encounter or procedure conducted by the participant.
 - a. In some instances, the Plan will specify that the participant received 100% observation. The Plan will specify if this applies to all patient encounters or to patient encounters of a specific type (e.g., pediatric patients; laparoscopic procedures). In the specific areas requiring PoC observation, CPEP recommends that the participant *not* provide patient care of this type outside of this PoC experience.
 - b. If 100% observation is *not* specified, the observation would apply only in the context of the PoC activity. The participant would provide patient care outside of the PoC experience.
3. Onsite Consultation: The participant sees patients independent with onsite consultation. Consultation will occur as designated by the education plan.

PATIENT CARE ENHANCEMENT

Precepted education provides a longitudinal learning experience that occurs through regularly scheduled meetings with the Preceptor. The Precepted Education may occur concurrently with the PoC Experience. The meetings address the Plan's Learning Goals through didactic exercises, chart reviews, review of literature and appropriate Internet web sites, as well as case-based and hypothetical discussions. Precepted Education may include any or all of the following:

- *Initial observation*: The Preceptor may observe the participant in his/her practice setting to provide insight to the preceptor about the participant's practice and environment. (Generally four to eight hours of observation.)
- *Prospective chart review*: The Preceptor and the participant will discuss treatment and/or procedural plans, treatment alternatives, and procedure and patient selection.
- *Retrospective chart review*: The Preceptor reviews charts from prior patient encounters. Such reviews facilitate discussions that address medical knowledge, clinical judgment, application of knowledge, and documentation, as well as overall patient care.

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JUL - 8 2019

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1923

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY AARON M. FERDA, M.D., LICENSE NO. 48494, 928 BELMERE DRIVE, LEXINGTON, KENTUCKY 40509

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), by and through its Inquiry Panel A, and AARON M. FERDA, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, hereby enter into the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Aaron M. Ferda, M.D., was licensed by the Board to practice ~~medicine within the Commonwealth of Kentucky.~~
2. The licensee's medical specialty is Obstetrics/Gynecology.
3. On or about January 23, 2019, the licensee submitted an application to renew his medical license in Kentucky. On his application for renewal, the licensee answered "Yes" to Category I, Question 6, which asked:

Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privilege for cause, or taken any other disciplinary action against your privileges?
4. On or about April 20, 2018, the Medical Executive Committee of Clark Regional Medical Center required the licensee to have a proctor for all gynecological procedures based on clinical concerns due to unexpected gynecological surgical complications. The proctorship

was never completed, therefore, no final determination was made by the Medical Executive Committee or the Board of Directors regarding the licensee's competency to perform gynecological services.

5. In a written response dated May 5, 2019, the licensee acknowledged that he had several surgical complications and chose to stop performing gynecologic surgery rather than complete an outside proctorship to improve his surgical skills. The licensee stated that he resigned his privileges at Clark Regional Medical Center and resigned from the obstetrics/gynecology practice in which he was employed. The licensee stated he was then practicing at an addiction clinic in Cynthiana, Kentucky and that he had no intention of returning to the practice of obstetrics/gynecology.
6. The licensee and his counsel appeared before the Panel on June 20, 2019 and answered questions from the Panel members. Before the Panel, the licensee stated that he began practicing medication assisted treatment ("MAT") in late November 2018. He stated that he had completed eight to twelve hours of online continuing medical education courses specific to MAT.
7. The licensee agrees to enter into this Agreed Order in lieu of a formal Complaint and an Emergency Order of Suspension being issued against his license.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.

2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(21). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon the parties' mutual desire to fully and finally address this pending investigation, without an evidentiary hearing, the parties hereby enter into the following **AGREED ORDER**:

1. The license to practice medicine in the Commonwealth of Kentucky held by AARON M. FERDA, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:
 - a. The licensee SHALL NOT perform any act within the Commonwealth of Kentucky which would constitute the "practice of medicine or osteopathy," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities," unless and until approved to do so by the Panel;
 - b. The Panel SHALL NOT consider a request by the licensee to resume the practice of medicine unless and until the Board has received an assessment report and educational/remediation plan (if recommended) following the licensee's completion of a clinical skills assessment in medication assisted treatment at either:

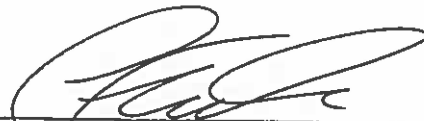
- i. Center for Personalized Education for Professionals (“CPEP”), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 or
 - ii. LifeGuard, 777 East Park Drive, Harrisburg, Pennsylvania, 17111, Tel. (717) 909-2590; and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly understands and agrees that if the Panel should allow the licensee to resume the practice of medicine in the future, it will do so by an Amended Agreed Order, which shall at least require that:
 - a. The licensee successfully complete the educational/remediation plan, if such a plan was recommended and developed, at his expense and as directed by CPEP/LifeGuard;
 - b. The licensee maintain a “controlled substances log” for all controlled substances prescribed, dispensed or otherwise utilized and shall provide for at least two (2) favorable consultant reviews of the log and relevant records by Board agents before the Order may be modified/terminated;
 - c. The licensee SHALL BE indefinitely restricted from practicing in the specialty of obstetrics and gynecology unless and until the Board has received an assessment report and educational/remediation plan (if recommended) following the licensee’s completion of clinical skills assessment in his specialty of obstetrics and gynecology at CPEP or LifeGuard; and
 - d. Any other conditions deemed necessary by the Panel at that time.
4. The licensee expressly agrees that if he should violate any term or condition of the Agreed Order, the licensee’s practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board’s General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency

Order, the parties agree and stipulate that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order; and

5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 3 day of July, 2019.

FOR THE LICENSEE:

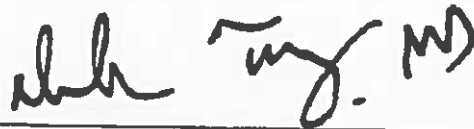


AARON M. FERDA, M.D.

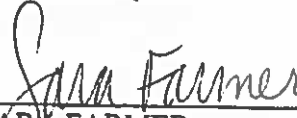


SARAH E. HINES
COUNSEL FOR THE LICENSEE

FOR THE BOARD:



DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL A



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