CHANGING TRENDS IN THE PRESCRIBING OF PSYCHOACTIVE DRUGS IN CALIFORNIA

Responding to the 1970s permissive societal attitude concerning drugs, a very small number of California physicians began prescribing psychoactive substances without medical indications to patients on request. The Board of Medical Quality Assurance (BMQA) reacted to these "scriptwriting" physicians in 1978 by initiating a drug strike force intent upon prosecuting doctors who excessively misprescribed drugs of abuse. BMQA data for the past five years reflects the result. One of every physicians involved excessive prescribing of psychoactive drugs. BMQA discipline (Table 2); and data on the most frequently filled triplicate prescriptions by all California physicians. (Table 3)

In 1981, among BMQA disciplined physicians, the most commonly misprescribed drugs were amphetamines, Quaaludes, the codeine compounds, and Schedule II barbiturates. In that same year, California physicians wrote almost 300,000 prescriptions for amphetamines, 38,000 for Quaalude, and 157,000 for Nembutal, Seconal, and Tuinal.

Since 1981 the percentage of doctors disciplined for misprescribing Quaaludes and Schedule II barbiturates has decreased. The BNE triplicate data during the same period similarly shows that all California physicians have reduced significantly their prescribing of these depressant drugs.

AMPHETAMINES STILL MISPRESCRIBED

Although the BNE data shows that California physicians have reduced their prescribing of amphetamines, there has been no reduction in the percentage of BMQA disciplined physicians for misprescribing amphetamines. In fact, for 1981, 1982 and 1983 amphetamines remain the number one drug most misprescribed by disciplined doctors. This finding, together with the appearance in the data of physicians misprescribing Plegine, Didrex, and Ionomon, suggests that a few physicians are still inappropriately prescribing all schedules of stimulant drugs.

CODEINE COMPOUNDS MOST MISPRESCRIBED NARCOTIC

Among the BMQA disciplined doctors, the codeine compounds were the most misprescribed of the narcotic drugs. Moreover, by 1983 the codeine compounds had risen to the second most frequently misprescribed drug overall among BMQA disciplined doctors.

No direct comparison can be made among all California physicians because the codeine compounds are Schedule III drugs, not on BNE triplicates. However, it is possible to review the DEA Drug Abuse Warning Network (DAWN) data for 1981 and 1982 (Table 4). These reports from emergency rooms...
in Los Angeles and the San Francisco Bay Area confirm that the codeine compounds are among the top three prescription drugs most frequently found in the overdosed patient. This data, coupled with the BMQA findings that 40 percent of disciplined physicians in 1981, and 50 percent in 1982 misprescribed codeine compounds, suggests that many more physicians do not recognize the abuse potential of these drugs.

DILAUDID MISPRESCRIBING INCREASING

Another narcotic that bears watching is Dilaudid. Among BMQA disciplined doctors, this drug was misprescribed by 12 percent of those doctors in 1981, and by 20 percent in 1982. By 1983, Dilaudid hit a new high of 26 percent, second only to the codeine compounds.

The BNE triplicate data shows a similar increase in the prescribing of Dilaudid by all California physicians. These findings confirm current observations by BMQA, BNE, and Board of Pharmacy investigators that Dilaudid prescriptions have reached a new and higher level of "popularity."

PERCODAN PRESCRIPTIONS INCREASED YEARLY

Although the percentage of BMQA physicians disciplined for misprescribing Percodan in 1981, 1982, and 1983 has remained constant at about 15 percent, BNE triplicate data for the same period shows a noticeable yearly increase in the prescribing of this narcotic by California physicians. Of the approximate one million triplicate prescriptions written in California, in 1983 about one-half of them were for Percodan.

BMQA disciplinary actions against physicians for misprescribing Valium peaked in 1982 and may be waning. However, the DAWN data for 1981 and 1982 (1983 data not available) continues to show that Valium, followed by Dalmane, are the most frequent prescription drugs found in the overdosed patient arriving at emergency rooms in Los Angeles and the San Francisco Bay Area.

SUMMARY

BMQA disciplinary actions against physicians for misprescribing psychoactive drugs gradually increased from 1977 to peak in 1982. Data for 1983 shows a significant drop for the first time in eight years. This downward trend is particularly evident in the 1981 1982 1983 data for the most frequently abused prescription drugs.

### Table 1: BMQA DISCIPLINARY ACTIONS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplinary Actions</td>
<td>134</td>
<td>135</td>
<td>127</td>
<td>160</td>
<td>125</td>
<td>144</td>
<td>134</td>
</tr>
<tr>
<td>Excessive Prescribing</td>
<td>23</td>
<td>25</td>
<td>27</td>
<td>40</td>
<td>34</td>
<td>40</td>
<td>31</td>
</tr>
<tr>
<td>Percentage</td>
<td>18%</td>
<td>19%</td>
<td>21%</td>
<td>25%</td>
<td>27%</td>
<td>28%</td>
<td>23%</td>
</tr>
</tbody>
</table>

### Table 2: MOST FREQUENTLY MISPRESCRIBED CONTROLLED DRUGS

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>1981</th>
<th>1982</th>
<th>1983</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMQA Disciplinary Actions</td>
<td>123</td>
<td>144</td>
<td>134</td>
</tr>
<tr>
<td>For Excessive Prescribing</td>
<td>34 (27%)</td>
<td>40 (28%)</td>
<td>31 (23%)</td>
</tr>
<tr>
<td>Depressants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quaalude</td>
<td>41%</td>
<td>35%</td>
<td>26%</td>
</tr>
<tr>
<td>Nembutal, Seconal, Tuinal</td>
<td>32%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Valium</td>
<td>18%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Doriden</td>
<td>6%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Stimulants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>53%</td>
<td>63%</td>
<td>60%</td>
</tr>
<tr>
<td>Ritalin</td>
<td>30%</td>
<td>26%</td>
<td>13%</td>
</tr>
<tr>
<td>Plegin, Didrex, Ionomine</td>
<td>15%</td>
<td>35%</td>
<td>23%</td>
</tr>
<tr>
<td>Narcotics—Analgesics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demerol</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Percodan</td>
<td>15%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>12%</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>Codeine Compounds</td>
<td>40%</td>
<td>50%</td>
<td>45%</td>
</tr>
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</table>

### Table 3: MOST FREQUENTLY FILLED TRIPlicate PRESCRIPTIONS

<table>
<thead>
<tr>
<th></th>
<th>1981</th>
<th>1982</th>
<th>1983</th>
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</thead>
<tbody>
<tr>
<td>Depressants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quaalude</td>
<td>38,483</td>
<td>26,387</td>
<td>10,000</td>
</tr>
<tr>
<td>Nembutal, Seconal, Tuinal</td>
<td>137,318</td>
<td>109,509</td>
<td>90,000</td>
</tr>
<tr>
<td>Stimulants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>298,944</td>
<td>142,498</td>
<td>125,600</td>
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<tr>
<td>Ritalin</td>
<td>107,823</td>
<td>109,683</td>
<td>109,834</td>
</tr>
<tr>
<td>Narcotics—Analogesics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demerol</td>
<td>77,796</td>
<td>78,402</td>
<td>74,076</td>
</tr>
<tr>
<td>Percodan</td>
<td>450,953</td>
<td>469,381</td>
<td>520,318</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>53,724</td>
<td>57,614</td>
<td>61,600</td>
</tr>
</tbody>
</table>

### Table 4: MOST FREQUENTLY ABUSED PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Location</th>
<th>1981 (June-November)</th>
<th>1982 (June-November)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>Valium 290</td>
<td>Valium 334</td>
</tr>
<tr>
<td>44 Emergency</td>
<td>Dalmane 145</td>
<td>Dalmane 180</td>
</tr>
<tr>
<td>Rooms</td>
<td>Codeine Compounds 128</td>
<td>Codeine Compounds 165</td>
</tr>
<tr>
<td></td>
<td>Barbiturates 83</td>
<td>Barbiturates 146</td>
</tr>
<tr>
<td></td>
<td>Elavil 65</td>
<td>Haldol 88</td>
</tr>
<tr>
<td>San Francisco</td>
<td>Valium 26</td>
<td>Valium 70</td>
</tr>
<tr>
<td>Oakland</td>
<td>Dalmane 22</td>
<td>Codeine Compounds 37</td>
</tr>
<tr>
<td>7 Emergency</td>
<td>Codeine Compounds 19</td>
<td>Dalmane 31</td>
</tr>
<tr>
<td>Rooms</td>
<td>Dalmane 14</td>
<td>Barbiturates 28</td>
</tr>
<tr>
<td></td>
<td>Elavil 13</td>
<td>Dilantin 21</td>
</tr>
</tbody>
</table>
MAY A PHYSICIAN DISPENSE SCHEDULE II CONTROLLED SUBSTANCES TO A PATIENT?

According to a California Attorney General's Opinion (No. CR 78/27), a physician may not dispense Schedule II controlled drugs to a patient except as specified under a 1981 change of the law (see below, Section 11158(b) Health and Safety Code).

"Dispense" generally means the giving of drugs to a patient to take home or to be used off the physician's premises. "Administer" generally means to instill a drug into the body of the patient. "Prescribe" generally means to issue a prescription for the patient.

This Attorney General's Opinion was an interpretation of various sections of the California Uniform Controlled Substances Act, including the following statute:

Section 11158 (Health and Safety Code)

(a) Except as provided in Section 11159 or in subdivision (b) of this section, no controlled substance classified in Schedule II shall be dispensed without a prescription meeting the requirements of this chapter. Except as provided in Section 11159 or when dispensed directly to an ultimate user by a practitioner, other than a pharmacist or pharmacy, no controlled substance classified in Schedule III, IV, or V may be dispensed without a prescription meeting the requirements of this chapter.

(b) A practitioner specified in Section 11150 may dispense directly to an ultimate user a controlled substance classified in Schedule II in accordance with the subdivisions of Section 11158. A practitioner specified in Section 11150, may administer controlled substances in the regular practice of his or her profession.

Section 11159 mentioned in the above statute provides for a hospital exception. It states that when controlled substances are ordered for use by a patient in a county or licensed hospital, no prescription is necessary but a hospital record of each use shall be made and kept.

Section 11164(f) mentioned above states that in addition to the prescriber's record being required,

... any practitioner dispensing a controlled substance classified in Schedule II in accordance with subdivision (b) of Section 11158 shall prepare a written record thereof on the official forms (triplicate prescription blanks) issued by the Department of Justice and... shall transmit a copy (retain the original and the duplicate and send the third copy) to the Department of Justice.

The Attorney General's Opinion makes the following conclusions:

A physician may not dispense without a prescription (but in compliance with Pharmacy Laws) any Schedule III, IV or V controlled substance directly to an ultimate user, if the user is his patient, in such quantity and for such time as is reasonably necessary to treat a disease, ailment, injury or infirmity attendant upon old age.

SCHEDULE II SUBSTANCES

The drugs in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II substances include certain narcotic drugs and certain nonnarcotic drugs.

Examples of narcotic drugs under Schedule II are: Opium, Morphine, Codeine, Hydromorphone (Dilaudid), Methadone (Dolophine), Pantopon, Meperidine (Demerol), Cocaine, Oxycodone (Percodan), Anileridine (Leritine), and Oxymorphone (Numorphin).

Examples of nonnarcotic drugs under Schedule II are: Phentemazine (Prelu­din), Methylphenidate (Ritalin), Amphetamines and Methamphet­amines, Amobarbital, Pentobarbital, and Secobarbital.

To find out which schedule a brand name drug might be classified under, a busy physician may wish to refer to an up-to-date copy of the Physicians' Desk Reference (PDR).

SPECIAL NOTE

Effective January 1, 1984, Methaqualone is classified as Schedule I in California.

For further information concerning controlled substance laws, contact the Bureau of Narcotic Enforcement, Sacramento, CA. (916) 739-5445.

ANKLE SURGERY CERTIFICATION BY THE PODIARY EXAMINING COMMITTEE

A new law, AB 563, was passed in 1983 requiring that podiatrists who wish to perform ankle surgery be certified by the Podiatry Examining Committee. Though the law was effective January 1, 1984, regulations to implement this legislation are not yet in place. The earliest possible date the Committee will be able to consider applications is May 15, 1984.

Podiatrists desiring certification are required to demonstrate sufficient knowledge of surgical treatment of the ankle by passing a special oral and clinical examination, or by passing the certification examination of the American Board of Podiatric Surgery and provide evidence of staff privileges at a licensed general acute care facility. For further information, contact Carol Sigmann, Executive Officer for the Podiatry Examining Committee, at (916) 920-6347.
BMQA LEGISLATIVE APPOINTMENTS

Two new public members have been appointed to the Board of Medical Quality Assurance by the State Legislature. These legislative appointments were made pursuant to SB 1911 (1982). The Senate Rules Committee appointee is Mr. Neal Maslan of Encino; the Speaker of the Assembly has appointed Mr. Andy Camacho, also of Encino. Both appointees will serve four year terms, to expire June 1, 1987. Mr. Maslan replaces Roslyn Lindheim, on the Division of Medical Quality. Mr. Camacho replaces Joyce Kelly, R.N., on the Division of Allied Health Professions.

ANDY CAMACHO received his B.A. from California State University, Los Angeles, and his law degree from Southwestern University School of Law in Los Angeles. In addition to membership in the American Bar Association and the State Bar of California, Mr. Camacho is a member of the Mexican-American Lawyer's Club and the Barrio Ghetto Committee of the Los Angeles County Heart Association. Under President Carter, Mr. Camacho also served as Special Ambassador to South America.

NEAL MASLAN is Senior Vice President and Western Division Director for American Medical International, Inc., a major hospital management and ownership firm. Mr. Maslan’s background includes 19 years of health care management experience in hospital administration. He holds a Master’s Degree from Yale University and Undergraduate Degree from University of Virginia. He serves on the Statewide Health Care Cost Committee of the California Chamber of Commerce and on the Provider Task Force of the Legislative Coalition on Health Care Costs.

BMQA’S MEMBERS

DIVISION OF LICENSING

Raymond H. Mallel, Board President, Los Angeles (vice-president of an apparel manufacturing and importing firm)
Maire McAuliffe, M.D., Division President, San Francisco
William J. Coffey, Jr., M.D., M.S., Los Angeles
Galal S. Gough, M.D., Division Vice-President, Montebello
Lindy F. Kumagai, M.D., Board Vice-President, Sacramento
James Magnall, M.D., Division Secretary, Long Beach
Florence Stroud, San Francisco (Deputy Director, Department of Health, San Francisco)

DIVISION OF MEDICAL QUALITY

Barry Warshaw, M.D., Division President, Lynwood
Eugene J. Ellis, M.D., Division Vice-President, Los Angeles
Rendel Levonian, M.D., Pico Rivera
James Lockhart, M.D., Menlo Park
Neal Maslan, Brea (hospital administrator)
Miller Medearis, Division Secretary, Los Angeles (attorney)
Ben Winters, Los Angeles (businessman/consultant)

Executive Director:
Kenneth J. Wagstaff
Assistant Executive Director:
Stephen R. Wilford

DIVISION OF ALLIED HEALTH PROFESSIONS

Charles Aronberg, M.D., Division President, Beverly Hills

Andy M. Camacho, Encino (attorney)
Jeffrey B. Gordon, M.D., San Diego
Warren Mills, M.D., Division Vice-President, Sunnyvale
Anne E. Salsbury, San Francisco (health consultant)

Raymond H. Mallel (right), a public member from the Los Angeles area, has replaced Jeffery B. Gordon, M.D. (left) as President of the Board.
HOW THE BMQA EVALUATES A COMPLAINT AGAINST A PHYSICIAN
FOR ALLEGED GROSS NEGLIGENCE AND/OR INCOMPETENCE

WHO REVIEWS A COMPLAINT AGAINST A PHYSICIAN?

Following the receipt of a complaint, the Board investigator seeks out all pertinent information and obtains the patient records. This material is brought to the Board's regional medical consultant who makes a preliminary determination as to whether or not the physician's diagnosis and treatment of the patient was appropriate and standard. The Board's consultant might invite the physician to a conference in order to clarify the matter.

If the Board's consultant concludes that the physician's care constituted an extreme departure from the standards of medical care (gross negligence), or showed a lack of knowledge or ability in carrying out medical responsibilities (incompetence), the consultant will ask one or more expert peer consultants to review the case.

HOW DOES BMQA SELECT EXPERT PEER CONSULTANTS?

The regional medical consultants solicit expert peer reviewers from the ranks of medical practitioners who belong to specialty groups, medical societies, hospital medical staffs, or teaching institutions.

Expert peer review consultants for the BMQA must fulfill the following criteria:

1) The expert has no economic or social ties to the physician under review.
2) The expert must be in active clinical practice.
3) The expert peer must not be under BMQA restrictions.
4) No members of the Board of Medical Quality Assurance or Medical Quality Review Committees may serve as experts.
5) The expert must be a peer physician who is board qualified or board certified.
6) Only those specialties listed in the Directory of Medical Specialists will be recognized for purposes of determining a peer. The names of the selected experts together with their curriculum vitae are forwarded to the chief medical consultant for final approval.
7) The expert must be willing to present his opinions at a formal Board hearing, if necessary.

WHAT IS THE ROLE OF THE EXPERT REVIEWER?

The experts are asked to render an opinion to the Board's consultant as to whether or not the physician's treatment constituted any or several of the following:

1) Standard practice (case closed),
2) a departure from the standard of practice (negligence),
3) an extreme departure from the standards of practice (gross negligence), or
4) a lack of knowledge or ability in carrying out medical responsibility (incompetence).

If the experts conclude that the physician was repeatedly negligent, or grossly negligent, or incompetent, the case will be sent to the Attorney General for filing an Accusation against the physician. At the time of the administrative hearing before an Administrative Law Judge and a Medical Quality Review Committee panel, the experts would testify to their conclusions.
<table>
<thead>
<tr>
<th>Name</th>
<th>M.D. (No.)</th>
<th>Location</th>
<th>Reason</th>
<th>Stipulated/Convicted Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEN, David R.</td>
<td>G-25028</td>
<td>Buena Park, CA</td>
<td>Stipulated decision. Ignored the consultation of psychiatrists in his grossly negligent and incompetent treatment of a suicidal patient with a severe psychiatric illness.</td>
<td>Stipulated decision. Revoked, stayed, 5 years probation on terms and conditions. (November 12, 1983)</td>
</tr>
<tr>
<td>ANDERSON, Robert L.</td>
<td>C-12166</td>
<td>Poway, CA</td>
<td>Stipulated decision. Gross negligence and incompetence in the diagnosis and treatment of sick infants and children.</td>
<td>Stipulated decision. Revoked, stayed, 5 years probation on terms and conditions. (October 12, 1983)</td>
</tr>
<tr>
<td>ATKINSON, Russell E.</td>
<td>G-7289</td>
<td>Laguna Niguel, CA</td>
<td>Stipulated decision. Gross negligence and incompetence in performing an abortion, and in treating a sick baby.</td>
<td>Stipulated decision. Revoked, stayed, 5 years probation on terms and conditions. (August 30, 1983)</td>
</tr>
<tr>
<td>BERNEY, Daniel T.</td>
<td>C-16134</td>
<td>Laguna Niguel, CA</td>
<td>Stipulated decision. Gross negligence and incompetence in the diagnosis and treatment of sick infants and children.</td>
<td>Stipulated decision. Revoked, stayed, 5 years probation on terms and conditions. (December 21, 1983)</td>
</tr>
<tr>
<td>BLACK, James Rutherford</td>
<td>C-24939</td>
<td>Birmingham, AL</td>
<td>Disciplined by Alabama for gross malpractice or repeated malpractice in performing unnecessary diagnostic tests or medical or surgical services on patients, resulting in one death and the endangerment of two other patients.</td>
<td>Stipulated decision. Revoked, stayed, 5 years probation on terms and conditions. (December 21, 1983)</td>
</tr>
<tr>
<td>BLANTON, Frederick M.</td>
<td>A-19590</td>
<td>Union City, CA</td>
<td>Conviction for filing false Medi-Cal claims.</td>
<td>Stipulated decision. Conviction for filing false Medi-Cal claims. Revoked, stayed, 5 years probation on terms and conditions. (August 9, 1983)</td>
</tr>
<tr>
<td>BRENDER, Elliott</td>
<td>G-23902</td>
<td>San Francisco</td>
<td>Stipulated decision. Federal conviction for obtaining controlled substances by misrepresentation.</td>
<td>Stipulated decision. Conviction for obtaining controlled substances by misrepresentation. Revoked, stayed, 5 years probation on terms and conditions. (August 9, 1983)</td>
</tr>
<tr>
<td>BROWN, John</td>
<td>A-15857</td>
<td>Newport Beach, CA</td>
<td>Conviction for theft.</td>
<td>Stipulated decision. Conviction for theft. Revoked, stayed, 10 years probation on terms and conditions. (December 15, 1983)</td>
</tr>
<tr>
<td>BRENNER, Nicholas G.</td>
<td>A-21927</td>
<td>Torrance, CA</td>
<td>Conviction for prescribing a controlled substance to a person not under his treatment for a pathology or condition.</td>
<td>Stipulated decision. Conviction for prescribing a controlled substance to a person not under his treatment for a pathology or condition. Revoked, stayed, 5 years probation on terms and conditions. (January 18, 1983)</td>
</tr>
</tbody>
</table>

**DISCIPLINARY ACTIONS**

Physicians and Surgeons

July 1, 1983-December 1983

**ALLEN, David R., M.D. (G-25028)—Buena Park, CA**

Stipulated decision. Ignored the consultation of psychiatrists in his grossly negligent and incompetent treatment of a suicidal patient with a severe psychiatric illness.

Revoked, stayed, 5 years probation on terms and conditions. (September 12, 1983)

**ANDERSON, Robert L., M.D. (C-12166)—Poway, CA**

Stipulated decision. Gross negligence and incompetence in the diagnosis and treatment of sick infants and children.

Revoked, stayed, 5 years probation on terms and conditions. (October 12, 1983)

**BRENDER, Elliott, M.D. (G-23902)—San Francisco, CA**

Federal conviction for obtaining controlled substances by misrepresentation.

Revoked, stayed, 5 years probation on terms and conditions. (August 9, 1983)

**BROWN, John, M.D. (A-15857)—Newport Beach, CA**

Stipulated decision. Conviction for theft.

Revoked, stayed, 10 years probation on terms and conditions. (December 15, 1983)

**BRENNER, Nicholas G., M.D. (A-21927)—Torrance, CA**


Revoked, stayed, 5 years probation on terms and conditions. (November 17, 1983)
LA SCOLA, Raymond L., M.D. (C-7555)-Los Angeles
493, 2226, 2227, 2228 (2299.5) B&P Code
Stipulated decision. Conviction for issuing a fictitious prescription for Diltiazem. Also, prescribing Biphentame-rine without a good faith prior examination and medical indication.
Revoked, stayed, 7 years probation on terms and conditions.
November 14, 1983

LEE, Vivian F., M.D. (A-21866)—Carson City, NV
2234(b), (m), (d) B&P Code
Gross negligence, incompetence, and repeated similar negligent acts in obstetrics and neonatal pediatric care.
Revoked, stayed, 7 years probation on terms and conditions.
October 12, 1983

LEWIS; Robert Harris, M.D. (C-30822)—San Diego
LOCHAUSEN, Wesley, M.D. (G-1658)—Long Beach
MAC DONALD, Jeffrey R., M.D. (G-19922)—San Diego.

October 13, 1983

PRICES, Mitchell P., M.D. (A-27870)—Palms Springs
2234(b), (d) B&P Code
Stipulated decision. Gross negligence and incompetence in the diagnosing, prescribing and treatment of a patient with a history of chronic obstructive pulmonary disease which included bronchial asthma.
Revoked, stayed, 5 years probation on terms and conditions.
October 13, 1983

RICHARDSON, Darwin L., M.D. (C-28735)—Nevada
Simpulated surrender of license in consideration for dismissal of accusation.
September 15, 1983

ROBERTS, Edward, M.D. (C-36923)—Crescent City
725 B&P Code
Stipulated decision. Repeated acts of clearly excessive treatment in orthopedic surgery.
Revoked, stayed, 5 years probation on terms and conditions.
July 8, 1983

TREVIN, Merlo L., M.D. (A-19997)—Vallejo
2234, 2238 B&P Code; 11173 H&S Code
Stipulated decision. Issued 35 triplicate prescriptions for Demerol and Percodan in the names of patients or friends, but diverted the drugs to family use. After the surrender of his DEA narcotic privileges, unlawfully ordered narcotics for his wife at the hospital.
Revoked, stayed, 5 years probation on terms and conditions.
August 22, 1983

WEBER, William Neilis, M.D. (G-12532)—San Francisco
2221(b) B&P Code
Failed to cooperate or comply with the terms of probation under a prior discipline.
Revoked, stayed, 5 years probation on terms and conditions, including 30 days actual suspension.
October 12, 1983

WREN, David, Jr., M.D. (G-22810)—Richmond
725 B&P Code
Stipulated decision. Repeated acts of clearly excessive treatment in orthopedic surgery.
Revoked, stayed, 5 years probation on terms and conditions.
July 8, 1983

CORRECTION
We wish to correct a statement made in the last Action Report, summarizing the Board’s action concerning Lloyd G. Sciarone, M.D., respondent. The correction is that respondent suffers from a medical condition and not a mental condition. We sincerely regret and apologize for this typographical error.

Podiatrists 1983

DIANA, James L., D.P.M. (E-2229)–Torrance
490, 2235, 2236, 2237, 2238, 2239, 2297 B&P Code
Stipulated decision. Repeated similar negligent acts in obstetrical practice.
Revoked, stayed, 5 years probation on terms and conditions.

December 16, 1983

JAYE, Steven M., D.P.M. (E-1588)—Los Angeles
Violated numerous predisciplinary conditions of prior discipline. Drove while under the influence of drugs. Willfully inflicted corporal injury on wife. Prescribed a barred controlled substance. Failed to continue with psychotherapy, as ordered. No appearance by respondent.
Revoked.
June 22, 1983

LISNER, Leslie E., D.P.M. (E-831)—Arcadia
2234, 2297 B&P Code
Stipulated decision. Incompetence in foot surgery. (Osteotomy was not performed at the base of the proximal phalanx and the treatment failed to correct the patient’s condition.)
Revoked, stayed, 5 years probation on terms and conditions.

November 28, 1983

MILLANG, Richard B., D.P.M. (E-1623)—Santa Cruz
2234(b), (d) B&P Code
Stipulated decision. Gross negligence and incompetence in performing a tenotomy on the toes of a 60 year old patient, and in failing to provide adequate post-operative care, resulting in amputation of the right great toe.
Revoked, stayed, 3 years probation on terms and conditions.
January 20, 1983

SCHOLL, Siegmund E., D.P.M. (E-1732)—Novato
725, 2234, 2238 B&P Code; 11173 H&S Code
Stipulated decision. Issued 30 triplicate prescriptions for Demerol and Percodan in the names of patients or friends, but diverted the drugs to family use. After the surrender of his DEA narcotic privileges, unlawfully ordered narcotics for his wife at the hospital.
Revoked, stayed, 5 years probation on terms and conditions.

March 18, 1983
HOW THE BOARD HANDLES CONSUMER COMPLAINTS

The Board's Regional Offices are staffed with Consumer Service Representatives (CSRs) whose job is to assist the public with complaints against physicians (and allied health practitioners: acupuncturists, audiologists, hearing aid dispensers, physical therapists, physicians' assistants, podiatrists, psychologists, speech pathologists, registered dispensing opticians).

Many times the patient can resolve the problem by discussing it with the physician first. The CSR will encourage complainants to do this.

If the patient is unable to resolve his or her complaint in this way, they can obtain a complaint form from the nearest Regional Office.

The CSR will review the complaint and make every effort to assist the patient. The patient will be advised by letter or telephone if the representative determines that the problem can best be handled by another state or local agency or organization.

If a formal investigation is initiated, the patient may be contacted by one of the Board's investigators. ALL FACTS, NAMES, OR INFORMATION OBTAINED ARE CONFIDENTIAL DURING THE INVESTIGATION.

If warranted at the conclusion of the investigation, and upon the advise of the Regional Medical Consultant, the case may be submitted to the Attorney General's Office for review. If sufficient evidence exists that a physician is in violation of the Medical Practice Act, an accusation may be filed. A BMQA accusation is a matter of public record.

In the event that insufficient evidence exists to support a violation of the Medical Practice Act, the complainant will be notified. By law, the contents of the investigation cannot be revealed.

Complaints which deal with fee disputes or ethical matters are not within the jurisdiction of the Board. The CSR will suggest that persons who have these types of complaints contact their local County Medical Society.

Medi-Cal complaints should be referred to the State Department of Health, Surveillance and Utilization Review, 714 P Street, Sacramento, CA 95814.

Medicare complaints should be referred to a local Federal Social Security Office.

BMQA's CONSUMER SERVICES REPRESENTATIVES

COUNTIES REPRESENTATIVE

Alpine, Amador, Butte, Calaveras,Colusa, El Dorado, Fresno, Glenn, Inyo, Kern, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento San Joaquin, San Luis Obispo, Shasta Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Trinity, Yolo, and Yuba.


Los Angeles, Santa Barbara, and Ventura.

Imperial, Orange, Riverside, San Bernardino, and San Diego.

ALLIED HEALTH PROFESSIONS:

Statewide

(See return address on last page for phone numbers)

Tom O'Connor
Sacramento Regional Office

Maggie Reetz
San Mateo Regional Office

Joane Kinnard or Alicemary Hoffman
Los Angeles Regional Office

Bertha Ruiz
Santa Ana Regional Office

Mildred Harris
Headquarters Office
PHYSICIAN ASSISTANTS—SCOPE OF PRACTICE AND SUPERVISION

Major changes have recently been adopted in the regulations which govern both the supervision and scope of practice of California's physician assistants. The changes simplify and clarify previous regulations and are the direct result of a two year review of all Practice Act regulations required by AB 1111 (1981). The regulations are contained in the California Administrative Code (CAC), Title 16, Chapter 13.7, and took effect on October 20, 1983.

One major effect of the new regulations will allow the Physician's Assistant Examining Committee (PAEC) to provide only one category of license to physician assistants rather than the five categories which previously existed. Under new Section 1399.540, CAC, "A physician assistant may provide only those medical services which he or she is competent to perform and which are consistent with their education, training and experience. The Committee may require proof and demonstration of competence from any physician assistant for any practice, procedure or therapy he or she is performing."

The existence of this new regulation thus eliminates the requirement for "additional task approvals" which formerly existed in regulations. Both the PAEC and the Board of Medical Quality Assurance/Division of Allied Health Professions (BMQA/DAHP) felt that the former requirement had become, with the maturing of the PA profession, an unnecessary intrusion into the authority of the PAs approved supervising physicians. The administrative approval process which had developed to handle additional task approvals was characterized by witness at public hearings as unnecessarily complex, cumbersome, slow and costly. The Committee and the Division agreed. They also saw the approval process as no longer necessary in light of the BMQA and PAEC's proactive enforcement programs and felt the process was hindering physicians from delegating appropriate health care tasks to qualified physician assistants.

Section 1399.542 now reads, "The delegation of any medical services to a physician assistant under Section 1399.541 shall not relieve the supervising physician of primary continued responsibility for the welfare of the patient." As in the past, ongoing and substantive supervision of the activities of the physician assistant by the approved supervising physician continues to be required. New Section 1399.545 now reads as follows:

"1399.545. Supervision Required. (a) Except as provided, the supervising physician shall review with the physician assistant either in person or by electronic means the findings of the patient's history and physical examination and the performance by the physician assistant of the services specified in Section 1399.541 on a continuing and timely basis depending on the significance of the findings and the status of the patient. Supervision and review of such procedures or tasks need not be done prior to treatment. (b) The supervising physician and the physician assistant shall establish in writing guidelines for timely supervision of the services referred to in Section 1399.541, subsections (b) and (c). These guidelines may be general or specific and may include standing orders or protocols, individual patient orders, immediate consultation guidelines, and/or chart review mechanisms. (c) Except in a life-threatening situation, a physician assistant shall perform surgery requiring other than local anesthesia only under the direct and immediate supervision of an approved physician. (d) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously."

Single copies of the recently adopted regulations and single copies of the newly revised booklet entitled, "What is a Physician Assistant?" may be obtained free of charge by contacting: Physician's Assistant Examining Committee, 1430 Howe Avenue, Suite 95, Sacramento, CA 95825 or by calling (916) 924-2626.

SPECIAL FEE NOTICE

As of January 1, 1984 the fee for the following services will be $10.00:

- Letters of Good Standing
- Endorsements
- Letters of Certification
- Duplicate Wallet Certificates
- Duplicate or Name Change Wall Certificates (Additional $5.00 for Calligraphy)

To help us save time, your written request for one of the above services should include your license number, your reference number and your check for $10.00.
It's hard to admit it, but for several months now physicians have been facing sometimes lengthy delays getting their licenses renewed. Over the past year the BMQA developed a renewal backlog of more than two month's work. The causes of the backlog were complex, including staffing shortages and growing numbers of licensees. 

BMQA is working hard to catch up. In recent weeks, a new supervisor has been transferred into the renewal unit and there have been other staffing changes. Employees have been working nights, weekends and holidays for over three months to process renewals (over 5,000 are received each month). Further, the Board is locating automated cashiering equipment to replace the existing hand-processing methods.

The workload has been brought up to about a four-week lag, and should be current soon. However, if your license is going to be expiring in the next few months, you can help avoid a delay by sending in your renewal card (and check) as soon as you get it. Be sure to read and sign the CME and CPR certifications on the back of the card.
BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE
SACRAMENTO, CA 95825

Physicians and Surgeons:
Applications & Examinations (916) 920-6411
Chief Medical Consultant (916) 920-6393
Complaints—Call nearest Regional Office:
   Los Angeles (213) 412-6363
   Sacramento (916) 920-6013
   San Mateo (415) 573-3888
   Santa Ana (714) 558-4452
Continuing Education (916) 920-6943
Disciplinary Information (916) 920-6343
Fictitious Names (916) 920-6943
Verification of Licenses (916) 920-6343

Allied Health Professions:
Complaints (916) 920-6341
Licensing:
   Acupuncture (916) 924-2642
   Hearing Aid Dispensers (916) 920-6377
   Physical Therapy (916) 920-6373
   Physician’s Assistant (916) 924-2626
   Podiatry (916) 920-6347
   Psychology (916) 920-6383
   Registered Dispensing Opticians (916) 924-2612
   Respiratory Therapy (916) 924-2314
   Speech Pathology/Audiology (916) 920-6388