

Department of Health Services (DHS) Issues Guidelines On HIV Testing

State Health Director Explains How and When Testing Should Be Done

By Kenneth W. Kizer, M.D., M.P.H., Director, DHS

The importance of appropriate use of HIV antibody testing cannot be overemphasized. Toward this end, the Department of Health Services has developed the following guidelines for physicians to assist them in deciding who should be tested. They are intended only as guidelines, and should not be seen as precluding testing of low-risk but still apprehensive patients.

In recent months, there have been numerous articles in the medical literature describing the state-of-the-art in testing for AIDS, ARC and HIV antibodies. There also have been many articles emphasizing the critical importance of pre- and post-test counseling. Those points need not be reviewed here. It is worth reiterating though, that HIV seropositivity should not preclude treatment of unrelated conditions, including surgery. Physicians are reminded that dismissing a patient without an appropriate referral may constitute patient abandonment.

For purposes of definition, "routinely counseled and tested" should be interpreted to mean a policy of normally providing such services to one's patients. However, as used here, routine also means that after a patient has been informed that testing should be done, and the reasons for this recommendation have been explained, individual patients have the right to decline to be tested without being denied health care or other services. Additionally, the results of the test should not be grounds for denial of services.

Patients having the following characteristics should be routinely counseled about and tested for HIV. This should occur during their encounters with the health care system regardless of the specific setting. (This includes private physician's offices.)

1. Men who have had sex with men, especially anal intercourse.
 2. Hemophiliacs
 3. Persons seeking treatment for sexually transmitted diseases.
 4. All persons seeking treatment for intravenous drug use or who have a history of intravenous drug use. Medical professionals in all health care settings should seek a history of intravenous drug use from patients and be aware of its implications for HIV testing.
 5. Women of childbearing age (usually considered ages 15 to 44) AND HAVING IDENTIFIABLE RISKS FOR HIV INFECTION. This should be the case in all prenatal care settings, with such testing being done as early in pregnancy as possible. Ideally, this counseling and testing should occur prior to pregnancy.
- For purposes of definition, women at risk for HIV infection includes women who have used intravenous drugs; have had multiple sexual partners; have engaged in prostitution; have had sexual partners who are infected or who are at risk of infection because of bisexuality, intravenous drug use, or hemophilia; or who received a blood transfusion after 1978 and before routine HIV serologic screening was instituted in 1985.

6. Prostitutes, female or male, should be counseled and tested for HIV during every encounter with the health care system. Such persons should be made aware of the risk of HIV infection to themselves and others, and they should be advised about all methods of prevention, especially cessation of prostitution.

7. Persons from areas where heterosexual transmission of HIV is believed to be common should be routinely counseled and, when appropriate, tested for HIV based on the individual's specific circumstances and risk factors.

Individuals within the following groups should be considered for HIV testing consistent with overall circumstances:

8. Persons considering marriage or entering into a sexual relationship should be advised about AIDS, the transmission of HIV infection, and methods of reducing the risk of HIV transmission. Such individuals should be counseled and tested for HIV in accordance with their individual risk factors.
9. Persons undergoing evaluation for clinical signs and symptoms that are compatible with HIV infection. Such signs and symptoms in-

Attorney is BMQA'S Newest Appointee

Governor George Deukmejian recently appointed Frank Albino to the Division of Medical Quality. Mr. Albino replaces Mr. Jack Simmons, who is retiring from the Board.



Frank Albino, Esq.

Mr. Albino received his J.D., Cum Laude, from Harvard Law School in 1969 and his B.A. Magna, Cum Laude, from St. John's University in 1966. He practices law with a Los Angeles firm and has extensive experience in representing physicians and medical corporations with respect to corporate, tax, and employee-benefit matters.

Mr. Albino is a member of the American Bar Association and the Western Pension Conference. He also is the recipient of a Distinguished Service Award for services as legal counsel to the San Fernando Valley Arts Council. His term expires June 1, 1992.

In this issue of Action Report

AIDS PRIMER ERRATA	2
AIDS - DHS Guidelines for Testing	1
AIDS - Funding for AZT	2
AIDS - Premarital Testing	2
Breast Cancer Summaries	3
BMQA - Two New Offices	3
BMQA - Governor Appoints Frank Albino to Board	2
BMQA - Tom Heerhartz Selected as Assistant Executive Director	2
Combat-Related Disorders - Call for Expert Physicians	7
Consultant's Corner	3
CME - Elder Abuse	6
Disciplinary Actions	4

AIDS: Federal Funds Available for AZT in Many Cases

Recently enacted federal legislation appropriated \$7.6 million to California to fund provision of AZT for low-income patients. Only individuals who are not covered by Medi-Cal, other third party payers (i.e. insurance or government programs) or local assistance programs are eligible.

Funds have been allocated to county health officers statewide. If you have patients who may be eligible for this assistance, referral should be made to the county health officer. For the phone number and contact person in your county contact your local health department or county administration office.

Additional information about this program also is available from the state Department of Health Services, Office of AIDS, P. O. Box 160146, Sacramento, CA 95816-0146, telephone (916) 323-7415.

MORE ON AIDS TESTING FOR MARRIAGE LICENSE APPLICANTS

The accompanying article on testing guidelines for HIV antibodies recommends testing for individuals about to marry or enter into new sexual relationships.

On the same subject, legislation passed last year requires that all physicians offer HIV screening to marriage license applicants. Senate Bill 1001, authored by Senator John Doolittle, amended Section 4300 of the Civil Code relating to physician's certificates. The new section reads:

The certificate shall indicate that a test, including any appropriate confirmatory tests for positive reactors was offered to detect infection by the probable causative agent of acquired immune deficiency syndrome. It is the intention of the Legislature that the results of any such tests shall be transmitted to the marriage license applicant, and that follow-up counseling by a knowledgeable and experienced person shall be made available.

Information about whether the test was actually performed, or about the results of the test, are not to be included in the physician's certificate. Such information continues to be subject to the existing laws on confidentiality and disclosure.

DHS AIDS Testing Guidelines

Continued from page 1

clude generalized lymphadenopathy; generalized herpes; chronic candidiasis; chronic, unexplained fever or diarrhea; unexplained weight loss; tuberculosis; unexplained dementia; and sexually transmitted diseases.

A special note should be made regarding tuberculosis. In California, to date, we have not seen the same magnitude of HIV infection among persons with tuberculosis as has been evident in some other states. However, because persons infected with both HIV and the tubercle bacillus are at high risk for severe tuberculosis, prudence would dictate that all persons with active tuberculosis should be routinely counseled and tested for HIV infection.

10. Persons who received blood components or transfusions between early 1978 and mid-1985 should be counseled regarding the potential risk of HIV infection and offered antibody testing, when appropriate, based upon that review. Obviously, the greatest risk would be among individuals who received large amounts of blood or who received blood collected from areas believed to have a high prevalence of HIV infection.

11. Persons admitted to hospitals, especially those persons in age groups at risk for infection or in communities believed to have a high prevalence of HIV infection. It is important to emphasize, however, that the need for routinely testing patients admitted to the hospitals should be based on the need for clinical information and a review of the patient's individual risk factors.

In California, about 85 percent of all AIDS cases have occurred among individuals between the ages of 19 and 45. For purposes of definition, communities having a "high HIV-antibody prevalence" are those with a HIV seropositivity rate of greater than 1 per 1,000.

12. All other persons who consider themselves at risk for HIV infection for whatever reason

should be counseled and, when appropriate, tested for HIV based on a review of the individual's specific circumstances and known risk factors for acquisition and transmission of HIV infection.

The practice of HIV testing in clinical settings should become more prevalent than it is now. These recommendations provide useful guidelines for doing so. However, this is an evolving situation, and it is possible that these recommendations will be modified over time, or that additional recommendations will be made based on new or changing data. Contact the Department of Health Services' Office of AIDS, (916) 445-0553; or CMA's Department of Education, (415) 882-5183, for further information.

(Note: This information is excerpted from a longer article in California Physician, January 1988, and is reprinted with generous permission from the author and the California Medical Association.)

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ERRATA

In our last issue, we enclosed a pull-out section on the diagnosis and treatment of the various conditions associated with AIDS. The following changes reflect a misprint (the first change) and additional experience gained since the original article was written.

Page 4, col. 3, line 1 should read: "SMX 1 bid, Fansidar 1-2 x/week, or Dapsone 25-50 mg qd (i.e. daily)."

Page 3, col 3, line 31: "...oocytes..."

Page 4, col 2, line 11: "day 10 and day 17."

Page 5, col 1, after line 16, add: "In addition, a polymyopathy has been described as secondary to AZT."

Page 6, col 1, lines 6-11 should read: "A note of caution, however: palatine lesions, when radiated with traditional doses, have been

AIDS: A PRIMER FOR THE PRIMARY CARE PRACTITIONER

associated with severe mucositis. Lower doses are required."

Page 6, col 1, line 14, delete "I" at beginning of line.

Page 6, col 2, Part VII, line 5 should read: "...and may be due to HIV infection of the retina itself."

Page 6, Part VII, para. 2, the second sentence should read: "It presents initially with symptoms which may be indistinguishable from 'floaters'. This may rapidly progress to dark spots in the visual field and if left untreated may rapidly progress to blindness."

Finally, at the end of column 2 of page 6, please add: "One must also include the possibilities of toxoplasmosis and syphilis in the differential diagnosis of this retinitis."

CONSULTANT'S CORNER

by Sidney Franklin, M.D., Medical Consultant, BMQA

This space periodically reviews interesting and significant cases which come to the Board's attention. This issue focusses on cases which led to physician conferences or interviews at the Santa Ana Regional Office. Names are not used nor do we identify the physician under discussion.

The Board of Medical Quality Assurance is very involved in assessing major complaints related to quality issues such as gross negligence and incompetence. But what about lesser complaints?

In calendar year 1987, at the Santa Ana Regional Office we held about sixty physician conferences or interviews. Many of these cases started with lesser patient complaints. What is of interest and importance is that certain patterns emerge:

1. The types of patients making the complaints: In general, the type of patient who complains to us is the type who will not really complain to you. Are they passive-aggressive, perhaps? However, in general they feel that "they have been had," unsupported, uncared for, treated impersonally but expensively - just an anonymous number in a huge system. The elderly are especially sensitive, and many feel that if it weren't for their medicare payment, the doctor wouldn't care at all. As one patient wrote in her complaint, "he wasn't interested in my cataract at age 64, but his attitude sure changed when I became 65." As it turned out she was not justified in making that accusation, but that is how she perceived it.

2. The types of issues which anger patients enough to file complaints with BMQA.



Sidney N. Franklin, M.D.

As to the patient complaints, the patterns keep repeating often enough to teach us all something. These complaints fall into several categories, but I must emphasize that what I will enumerate are based on complaints as perceived by the patient, not necessarily as it really happened.

a. **"My bill was outrageous":** "He never told me how much it would cost. He shouldn't have charged me for the reading glasses after he was paid all that money for the cataract."

b. **"Too many tests I didn't need":** "I came in for a cold and walked out with a huge bill. All I wanted was a pap smear not a hysterectomy. I mentioned headaches and got allergy tests."

c. **"Questions about surgery":** "I became suspicious when he told me the cyst in my ovary was still there, so I got a copy of the ultrasound from the hospital. I was right so I went to two other doctors for second and third opinions on my own." As it turned out the gynecologist was referring to increased ovarian size and the patient heard ovarian cyst.

d. **"We weren't kept informed":** "Just because my mother is 91 and had a stroke, he just let her die. Why didn't he discuss it with the family? With my mother dying, he didn't even return my call. I begged him to call her previous doctor, and he didn't."

In commenting on these perceived complaints, it is my opinion that, even after exhaustive investigation, the key to the riddle won't always become apparent until the doctor comes in personally and talks to us. That is why we think the interview process is so important. It frequently exonerates the physician completely, and is always a learning experience for everyone concerned.

As to prevention, I believe there are things you can do.

a. Talk to your patients, explain everything you do, and keep the best records in town.

b. All costs should be discussed openly and freely and then documented in patients' records. If office personnel are doing it, make sure it meets with your approval. Explain to the patient why you are ordering the studies, especially if expensive.

c. If your patient is gravely ill, remind yourself what the family is going through, and rather than react, take the initiative and ask a family representative if there is anything more you can do. Don't let your receptionists or secretary "protect" you from patients asking for a return call.

These suggestions won't eliminate all complaints, but hopefully you will at least be prepared to deal with them.

Please direct all comments to:

Sidney N. Franklin, M.D., F.A.C.P.
Regional Medical Consultant
Santa Ana Regional Office
343 Brookhollow Drive
Santa Ana, CA 92705

New BMQA Regional Office Locations in Los Angeles

New location for Los Angeles Airport Office:

Los Angeles - Central

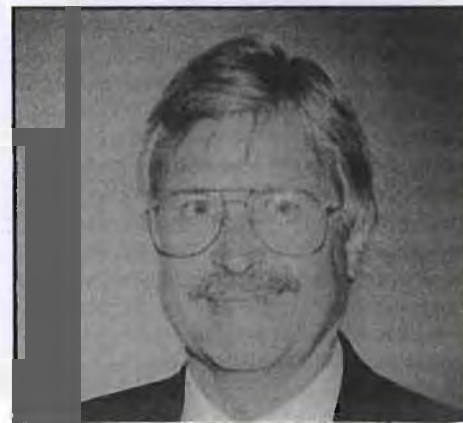
21171 Western Avenue, Suite 120
Torrance, CA 90501
(213) 320-8530

Los Angeles - Valley

20631 Ventura Boulevard, Suite 201
Woodland Hills, CA 91364
(818) 713-0124

Board Hires Assistant Executive Director

The Board of Medical Quality Assurance recently hired H. Thomas Heerhartz as its Assistant Executive Director. Mr. Heerhartz received his B.A. in business administration from the University of Washington in 1961. He also has completed postgraduate training courses in public administration and health care administration.



H. Thomas Heerhartz

Among his career experiences, Heerhartz has served as Senior Negotiator for the California Medical Assistance Commission; Vice President and Chief Operating Officer for Foundation Health Plan in Portland, Oregon; and, manager of a number of bureaus and sections for the California State Department of Health Services.

BREAST CANCER SUMMARIES MUST BE PROVIDED TO YOUR PATIENTS WITH BREAST CANCER

It recently came to the Board's attention that not all California physicians are aware of a law that requires them to inform their breast cancer patients, by means of a specific written summary, of alternative efficacious methods of treatment. The failure of a physician and surgeon to inform his or her patients, by means of the summary, constitutes unprofessional conduct.

This requirement became effective with the passage of SB 1893, by Senate President pro Tempore David Roberti, in 1981. The summary was developed by the Department of Health Services on the recommendations of the Cancer Advisory Council and was written in layman's language, to be understood by the patient. Copies of the summary are available in Spanish as well as English and may be purchased in lots of 25 for \$3.65, including tax and shipping. To order, please send your request and check to:

State of California
Publications Section
P. O. Box 1015
North Highlands, CA 95660

DISCIPLINARY ACTIONS

November 1987 to March 1988
Physicians and Surgeons

ALLISON, Stanley C., M.D. (C-29575) - Tacoma, WA
2305 B&P Code
Disciplined by Washington State medical board.
Revoked. Default.
March 30, 1988

AUSTIN, Charles E., M.D. (C-16391) - Anderson, IN
2305 B&P Code
Disciplined by Indiana medical board.
Revoked. Default.
February 16, 1988

BOBECK, Charles J., M.D. (C-20863) - Long Beach, CA
2234(d) B&P Code
Incompetency in the work-up, treatment, surgery, or management of numerous patients.
Revoked.
January 22, 1988

CHIZEN, John H., M.D. (G-5424) - Santa Monica, CA
730 B&P Code
Stipulated Decision. Sexual misconduct. Prior discipline.
Revoked, stayed, add 3 years to prior probation on terms and conditions.
March 10, 1988

COHEN, Frederick J., M.D. (G-26218) - Brooklyn, NY
2305 B&P Code
Stipulated Decision. Disciplined by New Mexico medical board.
Revoked, stayed, 10 years probation on terms and conditions.
February 25, 1988

CZMUS, Akim F., M.D. (G-53422) - Glendale, CA
2261 B&P Code
Stipulated Decision. Filed false application for hospital privileges, including a false document indicating he was board certified in ophthalmology.
Revoked, stayed, 5 years probation on terms and conditions.
December 7, 1987

GLOVER, James R., M.D. (A-23866) - Santa Rosa, CA
2238, 2239(a), 26630, 26650 B&P Code; 11173(a), 11170, 11190 H&S Code
Violated statutes governing controlled drugs. Prior discipline.
Revoked, stayed, 2 more years added to prior probation on additional terms and conditions.
February 8, 1988

GUBERSKY, Victor, M.D. (C-26785) - Carmichael, CA
Stipulated Decision. Conviction for driving under the influence of alcohol. Violated prior discipline prohibiting the use of alcohol.
Amend condition in prior discipline to include compliance with Diversion Program.
February 22, 1988

KOKERNOT, Robert H., M.D. (G-2024) - Los Freanos, TX
2305 B&P Code
Disciplined by Illinois medical board.
Revoked. Default. January 6, 1988

LEVINE, David, M.D. (C-34040) - Los Angeles, CA
490, 2234, 2236, 2242, 2261 B&P Code
Stipulated Decision. Conviction for being an accessory. Knowingly signed a death certificate misrepresenting the true cause of death.

30 days suspension, stayed, 5 years probation on terms and conditions.
November 27, 1987

McMAHON, Joseph A., M.D. (G-49920) - Pawcatuck, CT
725, 2234(b),(c),(d), 2238, 2242 B&P Code; 11153, 11154, 11157 H&W Code
Clearly excessive prescribing of controlled substances not for legitimate medical purposes and without good faith prior examination and medical indication. Pre-signed blank prescriptions and permitted prescriptions to be signed by physician assistant.
Revoked. Default.
February 11, 1988

MOORE, M. Carolyn, M.D. (G-11570) - New Castle, DE
2234, 2238, 2234(e) B&P Code
Drug abuse. Diverted Demerol from hospital supplies through deception and subterfuge for self-use.
Revoked, stayed, 5 years probation on terms and conditions.
March 28, 1988

MONGRAIN, Dale, M.D. (G-29446) - Brawley, CA
822 B&P Code
Stipulated Decision. Ability to practice safely impaired by emotional disorder.

Revoked, stayed, 3 years probation on terms and conditions.
February 29, 1988

NACHMAN, Roy, M.D. (G-37898) - Santa Monica, CA
821, 822 B&P Code
Failed to comply with order compelling psychiatric exam. Ability to practice safely impaired by mental illness.
Revoked. Default.
January 8, 1988

PATWARDHAN, Vinod C., M.D. (A-29318) - Montclair, CA
Stipulated Decision. Failed to follow terms and conditions of probation of prior discipline.
Revoked, stayed upon passing oral clinical exam (which he did), 3 years probation less credit, on terms and conditions.
March 28, 1988

PETRUSKY, Robert M., M.D. (G-29873) - South Lake Tahoe, CA
821, 2242, 2239 B&P Code

BOARD OF MEDICAL QUALITY ASSURANCE

HIGHLIGHTS OF PHYSICIAN ACTIONS: 1984-1987

	<u>84-85</u>	<u>85-86</u>	<u>86-87</u>
Investigations Opened	2,254	2,117	2,172
Cases to Attorney General for legal action	223	185	202

ACTIONS UNDERTAKEN BY BOARD

Physicians called in for medical review	223	236	212
Admitted to Diversion Program	37	33	29
Accusations and Petitions			
o Petition for Psychiatric Exam	9	8	9
o Petition for Competency Exam*	1	8	8
o Accusations/Temp. Restraining Orders	164	143	126
Subtotal Accusations and Petitions	<u>174</u>	<u>159</u>	<u>143</u>
Decisions			
o Licenses Revoked	17	22	39
o Licenses Voluntarily Surrendered	25	22	14
o Suspension, Probation, Other	61	65	66
Subtotal, Decisions	<u>103</u>	<u>109</u>	<u>119</u>
TOTAL ACTIONS	<u><u>537</u></u>	<u><u>537</u></u>	<u><u>503</u></u>

*New law in effect 1985

KOSHAK, Michael, M.D. (A-36588) - Hollywood, CA
2238, 2239, 2242, 2505 B&P Code
Stipulated Decision. New York license disciplined by that state. In California, dispensed Demerol without good faith prior examination; self-administered Demerol; failed to keep accurate records of Schedule II controlled substances.
Revoked, stayed, 5 years probation on terms and conditions.
March 30, 1988

LASERSOHN, William B., M.D. (G-47192) - Salem, OR
2305 B&P Code
Stipulated Decision. Oregon license disciplined by that state.
Revoked, stayed, 5 years probation on terms and conditions.
March 30, 1988

Disciplinary Actions

Continued from Page 4

Copies of complete Decisions can be ordered by writing to: **BMQA, Enforcement, 1430 Howe Avenue, Sacramento, CA 95825.**

For quick, orderly processing, please send your request by letter and enclose a check based on \$2.00 for each copy of Decision requested. Please, no orders by telephone during the busy month following the Action Report.

Prescribing without good faith prior examination and medical indication; excessive use of alcohol; failed to comply with an order compelling a psychiatric exam.
Revoked.

January 15, 1988

PHAM, Dat Thanh, M.D. (A-35618) - Glendale, CA

2236, 2234(e), 2261 B&P Code

Stipulated Decision. Conviction for Medi-Cal fraud.

Revoked, stayed, 5 years probation on terms and conditions.
December 30, 1987

PUGH, JR., Marion C., M.D. (C-13537) - Dallas, TX

2305 B&P Code

Disciplinary action by the Florida Medical Board.

Revoked. Default.

December 2, 1987

RATWANI, Mina, M.D. (A-38728) - Rancho Palos Verdes, CA

810, 490, 2236, 2234(e), 2261 B&P Code

Stipulated Decision. Conviction for filing false claims and reports to insurance company in connection with a clinic handling personal injury cases.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days actual suspension.
December 16, 1987

SCALLY, Jerome T., M.D. (G-46808) - New York, NY

2234, 2236 B&P Code

Conviction in New York for filing false Medicaid claims.

Revoked. Default.

December 30, 1987

SEYMOUR, Richard B., M.D. (C-21191) - Visalia, CA

2261, 2234(c) B&P Code

Repeated similar negligent acts in failing to adequately and timely document patient histories, physical exams and discharge summaries.

Revoked, stayed, 5 years probation on terms and conditions.
November 13, 1987 (Judicial review recently completed.)

SLUTSKY, Robert A., M.D. (G-30527) - New York, NY

2261, 2234(e) B&P Code

Stipulated Decision. Research fraud in fabricating findings in 13 manuscripts submitted for publication during his association with a medical school.

Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension.
March 8, 1988

SULLIVAN, Francis J., M.D. (C-25510) - Palm Desert, CA

821, 822 B&P Code

Failed to comply with an order compelling a psychiatric exam. Ability to practice safely impaired by mental illness.

Revoked. Default.

December 28, 1988

UNTERTHINER, Rudi, M.D. (A-23118) -

Rancho Mirage, CA

2234(b)(d), 2261, 2234 B&P Code

Stipulated Decision. Committed gross negligence and incompetence on performing facelift surgeries; falsified medical records; made false statements in application for hospital privileges.

Revoked, stayed, 5 years probation on terms and conditions.
February 29, 1988

WALLACE, Robert D., M.D. (C-29427) - Salt Lake City, Utah

2305 B&P Code

Stipulated Decision. Disciplined by Utah and Texas.

Revoked, stayed, 5 years probation on terms and conditions.
January 8, 1988

WASHINGTON, Lawrence, M.D. (C-32257) - Sacramento, CA

2234 B&P Code

Stipulated Decision. Treated two patients in a grossly negligent fashion.

Revoked, stayed, 5 years probation on terms and conditions, including 270 days suspension.

February 10, 1988

WEINER, Daniel E., M.D. (C-36993) - Palm Springs, CA

725 B&P Code

Stipulated Decision. Repeated acts of clearly excessive prescribing of controlled substances.

Revoked, stayed, 5 years probation on terms and conditions.
March 3, 1988

WELCH, John, M.D. (C-22100) - El Cajon, CA (corrected summary from the last Action Report, March 1988)

2262, 2234(e), 2306, 725, 2242, 2238 B&P Code; 11153, 11154 H&S Code

Stipulated Decision. Excessive prescribing of controlled substances without good faith prior exam and medical indication, and to persons not under his treatment for pathology or condition. Falsified medical records. Issued fictitious prescriptions. Practiced while suspended under prior discipline.

Revoked.

August 28, 1987

WILLIAMSON, William T., M.D. (A-08964) - Redlands, CA

2239, 2262, 2234(e), 725, 2242, 2238 B&P Code; 11153, 11154, 11157 H&S Code

Violated statutes regulating controlled substances, excessive prescribing without good faith prior exam and medical indication. Self administration of Talwin. Falsified medical records. Prior discipline.

Revoked.

February 8, 1988

Voluntary Surrenders of License Accepted While Case Pending

FOWLIE, John A., M.D. (C-06457) - Santa Rosa, CA

March 30, 1988

GOULD, Herbert L., M.D. (G-05039) - White Plains, NY

March 30, 1988

HUTHSTEINER, George, M.D. (C-13819) - Encino, CA

December 21, 1987

HUTTNER, Donald, M.D. (C-24027) - Denver, CO

February 11, 1988

PODIATRIST CASES

APKARIAN, Albert, D.P.M. (E-1000) - Canoga Park, CA

Stipulated decision. Voluntary surrender of podiatry license accepted while accusation pending.
March 18, 1988

WENER, Michael D., D.P.M. (E-01281) - San Francisco, CA

By special agreement of the parties. If stipulated conditions are performed and satisfied, case will be dismissed. If not, the Board may impose a one year suspension, after notice and hearing.

March 7, 1988

APPLICANT CASES

Decisions affecting applicants for physician's license, after request for formal charges (Statement of Issues) and a hearing.

ACOFF, Amos - Los Angeles, CA

480a,(1)(2)(3), 2034(a)(e), 2052, 2261, 2221 B&P Code

Stipulated Decision. Unlawful practice of medicine before any license was issued.

Limited license granted, 3 years probation on terms and conditions.

January 18, 1988

COOPER, Leonard O. - Loma Linda, CA

480(c), 2089, 2089.5 B&P Code

Stipulated Decision. Application contained contradictory data concerning his medical education at CETEC, UNETampico and Juarez.

License denied, but may reapply upon satisfying specified terms and conditions.

March 1, 1988

LABRAGUE, Miguel A. - Wilmington, DE

480(a)(2) B&P Code

Dishonesty in filing altered documents in connection with his license application.

License denied. Default.

January 18, 1988

If we don't have your current address, we cannot send your next RENEWAL APPLICATION
Don't risk losing your HOSPITAL PRIVILEGES
because you failed to renew your license!

New Legislation:

BOARD TO ACCEPT CME COURSES ON ELDER ABUSE

General Articles Sought

In its concern with abuse or neglect of dependent senior citizens, the Legislature has directed the Board to consider including courses in elder abuse in its continuing education requirements. Chapter 267 of the Statutes of 1986 also requires the Board to periodically develop and disseminate information on elder abuse and educational material to all physicians and hospitals in California.

In that regard, we would welcome contributions from experts in the field. Manuscripts of 500 to 2500 words (2-10 double spaced pages), directed towards a general physician audience, will be considered for publication in coming issues of the ACTION REPORT.

Detection and treatment of the physical and mental abuse of elders, whether it is by caretakers, family members, or others, has gained considerable attention in recent years. Since physicians often are the first outsiders to see evidence of such abuse, it is important that they be able to recognize the difference between accidents and mistreatment.

While mental abuse is more difficult to recognize, physicians need to be sensitive to the often subtle signs. Unaccountable changes in behavior, depression, withdrawal or anxiety may reflect an abusive situation.

Public agencies exist which assist in the protection of abused dependent adults. It is important for physicians to know what and where such agencies are.

For these and other reasons, the Board encourages all physicians who treat elders to include appropriate continuing education in these areas. We are working with the California Medical Association and other organizations to offer Category I credit for such classes.

For additional information, please contact the Department of Social Services, Division of Adult Protective Services at (916) 323-6340, or your county adult protective services agency. Manuscripts should be submitted to Editor, ACTION REPORT, Board of Medical Quality Assurance, 1430 Howe Avenue, Suite 100, Sacramento, CA 95825.

A Reminder . . .

Physicians who supervise physician's assistants must register with the Physician's Assistant Examining Committee. For information please contact: Physician's Assistant Examining Committee, 1430 Howe Avenue, Sacramento, CA 95825 (916) 924-2626

PHYSICIANS CAN REQUEST NON-SUBSTITUTION BY PHARMACISTS

A survey of physicians in California, including personal interviews with physicians recently conducted by the Department of Health Services, indicates that many physicians in California appear to be unaware that they can take steps to prohibit drug product selection by pharmacists when the physician wants the pharmacist to provide a specific drug product prescribed.

Section 4047.6 of the Business and Professions Code contains provisions under which physicians can direct a pharmacist to dispense only the specific drug product prescribed by the physician.

Section 4047.6(b) of the Business and Professions Code states:

In no case shall a selection be made pursuant to this section if the prescriber personally indicates either orally or in his own handwriting 'Do not substitute' or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked 'Do not substitute'; provided that the prescriber personally initials such box or check mark.

Section 4047.6 goes on to state that the above provisions apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program (Medi-Cal).

Physicians who have questions regarding Section 4047.6 of the Business and Professions Code should contact the Supervising Inspector, State Board of Pharmacy either at (916) 445-5014 (Sacramento) or (213) 620-3860 (Los Angeles).

Is Your License Valid?

Each month several hundred license renewal forms are returned to us by the post office marked "Addressee Unknown" or "Moved, No Forwarding Address".

Unfortunately for those physicians, a delinquency fee of \$25.50 must be paid if the license remains delinquent for 30 days. After 90 days an additional \$127.50 in penalty fees are due before the license can be renewed.

The longer the license fees remain unpaid the more fees must be paid. For example: If a physician forgot to renew his or her license during one renewal period but did renew on the second cycle, the following fees would be due: \$255 current renewal, 255 past renewal, 25.50 delinquency fee, and 127.50 penalty fee, or \$663.

The consequences of not renewing a license can be much worse. Section 2428 of the Business and Professions Code states in essence that a license which is not renewed within 5 years after its expiration may not be renewed, reissued, reinstated or restored. The physician would have to apply for a new license, pay the current applications fee and pass any necessary examinations.

Section 2052 of the Business and Professions Code states that it is a misdemeanor to practice medicine without a valid license.

Couple these with malpractice insurance and hospital privilege problems and you can see the ramifications of not keeping your license fees paid.

These problems can be avoided by keeping us advised of change of mailing address and paying fees on time. If you don't receive a renewal notice within 30 days of the expiration of your license call us at (916) 920-6943.

BOARD OF MEDICAL QUALITY ASSURANCE LICENSING STATISTICS: 1984-1987

	1984-85	1985-86	1986-87
BASIS OF LICENSURE			
National Board Exam ¹	2,416	2,421	2,978
Federation Licensing Exam (FLEX) ²	886	883	962
Reciprocity ³	467	315	124
Totals	3,769	3,619	4,064
FLEX as percentage of total	23.5%	24.4%	23.7%

¹ Administered by U.S. and Canadian medical schools

² Prepared by Federation of State Medical Boards; administered by BMQA; 95% of examinees are trained outside the U.S.

³ Based on prior licensure in another state

A Call for Physicians With Expertise in Combat - Related Disorders

Do you have experience or expertise in treating combat related disorders, either mental or physical? The Department of Veterans Affairs (DVA) wants to know about physicians who are qualified to treat the unusual problems which result from war.

Numerous California veterans from the Viet Nam era and earlier, need physicians with special expertise in treating the disabilities remaining from their combat experiences. Under a 1987 law, the DVA and the Board are required to identify such medical experts, and to assist County Veterans Service Offices in developing a referral system.

The brief questionnaire below is intended to help in creating a county by county roster of physicians interested in serving disabled veterans. If you have special skills or knowledge in this field and are interested in receiving referrals please locate your specialty(ies) in the list to the right and enter on the form. If your specialty is not listed write it in. Then cut out the form and mail it to the appropriate county Veterans Service Officer from the second list. Response to the questionnaire is voluntary and may result in your name, address and telephone number being provided to veterans requesting referrals. Your interest and participation are greatly appreciated.

A	Allergy	HNS	Head and Neck Surgery	PM	Physical Medicine and Rehabilitation
ABS	Abdominal Surgery	HS	Hand Surgery	PNP	Pediatric Nephrology
ADL	Adolescent Medicine	ID	Infectious Diseases	PS	Plastic Surgery
AI	Allergy and Immunology	IG	Immunology	PTH	Anatomic/Clinical Pathology
AM	Aerospace Medicine	IM	Internal Medicine	PUD	Pulmonary Diseases
AN	Anesthesiology	IP	Immunopathology	PYA	Psychoanalysis
ATP	Anatomic Pathology	LM	Legal Medicine	R	Radiology
BLB	Bloodbanking	MFM	Maternal and Fetal Medicine	RENEN	Reproductive Endocrinology
CCM	Critical Care Medicine	MM	Medical Microbiology	RHU	Rheumatology
CD	Cardiovascular Diseases	N	Neurology	RIP	Radioisotopic Pathology
CDS	Cardiovascular Surgery	NA	Neuropathology	TR	Therapeutic Radiology
CHN	Child Neurology	NEP	Nephrology	TRS	Traumatic Surgery
CHP	Child Psychiatry	NM	Nuclear Medicine	TS	Thoracic Surgery
CLP	Clinical Pathology	NPK	Neonatal-Perinatal Medicine	U	Urological Surgery
CMP	Chemical Pathology	NR	Nuclear Radiology	VS	Vascular Surgery
CRS	Colon and Rectal Surgery	NS	Neurological Surgery	OS	Other, Physician designated specialty
D	Dermatology	NIR	Nutrition		
DIA	Diabetes	OBG	Obstetrics and		
DLI	Diagnostic Laboratory Immunology	OBS	Obstetrics		
		OM	Obstetrics and Gynecology		
DMP	Dermatopathology	ON	Oncology		
DR	Diagnostic Radiology	OPH	Ophthalmology		
EM	Emergency Medicine	ORS	Orthopedic Surgery		
END	Endocrinology	OTO	Otolaryngology		
FOP	Forensic Pathology	P	Psychiatry		
FP	Family Practice	PA	Clinical Pharmacology		
FPS	Facial Plastic Surgery, Otolaryngology	PD	Pediatrics		
		PDA	Pediatric Allergy		
GE	Gastroenterology	PDC	Pediatric Cardiology		
GER	Geriatrics	PDE	Pediatric Endocrinology		
GO	Gynecological Oncology	PDR	Pediatric Radiology		
GP	General Practice	PDS	Pediatric Surgery		
GPM	General Preventive Medicine	PH	Public Health		
GS	General Surgery	PHO	Pediatric Hematology-Oncology		
GYN	Gynecology				
HEM	Hematology				

II. Psychiatric Specialties

Anxiety Disorders
Depression/Suicide
Organic Mental Disorders
Paranoid Disorders
Personality Disorders
Post-Traumatic Stress Disorder
Schizophrenic Disorders
Sleep Disorders
Substance use Disorders
Other Psychiatric Designated Specialty

**PLEASE SEND TEAROFF
RESPONSE FORM TO THE
APPROPRIATE ADDRESS
FROM THE LIST BELOW.**

COUNTY VETERANS SERVICE OFFICES

Alameda 10910 East 14th Street, Oakland, CA 94603
*Alpine 360 Fair Lane, Placerville, CA 95667
Amador 108 Court Street, Jackson, CA 95642
Butte 196 Memorial Way, Chico, CA 95932
Calaveras Government Center, San Andreas, CA 95249
Colusa 547 Market Street, Colusa, CA 95932
Contra Costa 2425 Bisco Lane, Concord, CA 94520
Del Norte 810 H Street, Crescent City, CA 95531
El Dorado 360 Fair Lane, Placerville, CA 95667
Fresno 2220 Tulare Street, Fresno, CA 93721-2104
Glenn 540 W. Sycamore Street, Willows, CA 95988
Humboldt 825 5th Room 305, Eureka, CA 95501-1172
Imperial 836 Main Street, El Centro, CA 92243
Inyo P.O. Box 216, Independence, CA 93526
Kern 2717 O Street, Bakersfield, CA 93301
Kings 1197 S. Drive, Hanford, CA 93230
Lake 255 N. Forbes Street, Lakeport, CA 95453
Lassen Veterans Memorial Bldg., Main Street, Susanville, CA 96130
Los Angeles 1816 S. Figueroa Street, Los Angeles, CA 90015
Madera 2009 W. Yosemite Avenue, Madera, CA 93637
Marin Civic Center Room 423, San Rafael, CA 94903
Mariposa P. O. Box 774, Mariposa, CA 95338
Mendocino Courthouse, Ukiah, CA 95482
Merced P.O. Box 89, Merced, CA 95341
Modoc Modoc County Courthouse, Alturas, CA 96101
*Mono 1819 K Street, Sacramento, CA 95814
Monterey 455 Reservation Road, Suite G, Marina, CA 93933
Napa 2344 Old Sonoma Road, Napa, CA 94559
Nevada 255 S. Auburn Street, Grass Valley, CA 95945
Orange 1300 S. Grand Avenue, Bldg. B, Santa Ana, CA 92705
Placer 2995 First Street, Auburn, CA 95603
Plumas P.O. Box 707, Quincy, CA 95971-0707
Riverside 4220 Lemon Street, Riverside, CA 92501
Sacramento 1819 K Street, Sacramento, CA 95814
San Benito 649 San Benito Street, Hollister, CA 95023
San Bernardino 175 W. 5th Street, 2nd Floor, San Bernardino, CA 92415-0470
San Diego 7949 Mission Center Court, W-401, San Diego, CA 92108
San Francisco 211 Main Street, Room 1208, San Francisco, CA 94105
San Joaquin 24 South Hunter Street, Room 101, Stockton, CA 94105
San Luis Obispo 801 Grand Avenue, San Luis Obispo, CA 93401
San Mateo 274 W. 20th Avenue, San Mateo, CA 94403
Santa Barbara P.O. Box 4698, Santa Barbara, CA 93140
Santa Clara 591 N. King Road, San Jose, CA 95133-1656
Santa Cruz P.O. Box 572, Santa Cruz, CA 95061
Shasta 1535 B Oregon Street, Redding, CA 96001
*Sierra 255 S. Auburn Street, Grass Valley, CA 95945
Siskiyou 800 S. Main Street, Yreka, CA 96097
Solano 711 Empire Street, Fairfield, CA 94533
Sonoma 2300 County Center Drive, Bldg. B, Room 166, Santa Rosa, CA 95401
Stanislaus P.O. Box 1143, Modesto, CA 95350
*Sutter 938 14th Street, Marysville, CA 95901
Tehama 444 Oak Street, Room C-1, Red Bluff, CA 96080
Trinity P.O. Box 206, Weaverville, CA 96093
Tulare County Courthouse, Visalia, CA 93291
Tuolumne 171 N. Washington Street, Sonora, CA 95370
Ventura 242 W. Second Street, Oxnard, CA 93030
Yolo P.O. Box 1195, Woodland, CA 95695
Yuba-Sutter 938 14th Street, Marysville, CA 95901

*No County Veterans Service Office.

PHYSICIAN REFERRAL SURVEY

NAME: Last First M. I. Phone

Address City Zip County

Your response to the information provided below will help in the treatment of combat-related disorders for California veterans. Please indicate your practice specialization(s) from list above.

☐ ☐ ☐ ☐ ☐

By signing this form I authorize the release of my name, address and office phone to veterans who may need treatment for combat-related disorders.

Signature _____

Some Physician's Assistant Inpatient Services Now Covered By Medicare

Nursing Home, Intermediate Care Patient Visits Are Reimbursable

Physician's Assistants who provide care to Medicare beneficiaries now are eligible for reimbursement for many services. The federal Health Care Financing Administration has implemented a policy, effective in 1987, which provides for payments at a reduced level when inpatient services are performed by a PA under the supervision of a physician.

Under the new federal rules, a physician or facility which employs PAs may submit claims for Medicare covered services provided by a PA in a hospital, skilled nursing or intermediate care facility (SNF or ICF). Covered services include

assisting in surgery, performing physicals, minor surgery, casting and splinting, interpreting X-rays, and other activities which usually are performed by physicians.

Services which would not be covered by Medicare if performed by a physician, such as routine physicals or routine foot care are not eligible for reimbursement under these rules.

There are certain other restrictions under the 1987 policy. PAs must meet additional qualifications beyond state licensure. Claims must be submitted by the employing physician or facility, and must have modifier codes. And, reimbursement may not exceed specified fractions of the allowable reimbursement for comparable services performed by a physician. For example, SNF/ICF claims may not exceed 85% of the prevailing charge.

BOARD OF MEDICAL QUALITY ASSURANCE 1430 HOWE AVENUE

SACRAMENTO, CALIFORNIA 95825

EXECUTIVE OFFICE (916) 920-6393

Physicians and Surgeons:

Applications & Examinations (916) 920-6411

Chief Medical Consultant (916) 920-6393

Complaints - call nearest regional office:

Fresno (209) 445-5664

Los Angeles Region

Torrance (213) 320-8530

Woodland Hills (818) 713-0124

Sacramento (916) 920-6013

Santa Ana (714) 558-4452

San Bernardino (714) 383-4755

San Mateo (415) 573-3888

Continuing Education (916) 920-6074

Disciplinary Information (916) 920-6343

805 Reporting (916) 924-2338

Fictitious Names (916) 920-6074

License Renewals (916) 920-6943

Verification of Licenses (916) 920-6343

Allied Health Professions:

Complaints: (916) 920-6341

Licensing:

Acupuncture (916) 924-2642

Hearing Aid (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 Care (916) 924-2314

Speech & Audiology (916) 920-6388

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BMQA has many phone numbers. To avoid transfers, please refer to the above list before calling the Board.