California preparations for pandemic human influenza

by Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director, Emergency Medical Services Authority
President, Division of Medical Quality, Medical Board of California

There is little argument about the impact of healthcare advances on the quality and longevity of human life, yet little progress has been made in mankind’s ability to prevent pandemic influenza outbreaks. Most experts currently believe that pandemic influenza is not only inevitable, but long overdue. During the 20th century, the world experienced three influenza pandemics leading to the death of 654,000 Americans, the last one being the Hong Kong Flu of 1968/69. Given our current population density and liberal international travel, it is conceivable that the next pandemic will spread rapidly around the world, making containment and quarantine largely ineffective.

The world currently faces the threat of a human influenza pandemic from the H5N1 virus. Like other influenza viruses, H5N1 has a natural reservoir in the bird population. In fact, the virus has reached pandemic levels in the bird population. H5N1 has been isolated in birds in every continent except the Americas. Given the overlap of migratory bird flyways, it is only a matter of time before an infected bird reaches California. When infected with H5N1, humans have demonstrated no natural immunity to the virus.

The World Health Organization (WHO) classifies pandemics into six phases. H5N1 is currently in the alert phase (level 3–4), which is characterized by widespread presence in the bird population, but human spread remains limited. Fortunately the virus has failed, so far, to develop the ability for human-to-human transmission. Should H5N1 develop such capacity, rapid spread in the human population is expected, and a pandemic would ensue.

The Center for Disease Control and Prevention models predict that an H5N1 human pandemic in the U.S. could have an attack rate of 30 percent and a mortality rate of two-and-a-half percent. Two million Americans would die, 30 million people would miss three or more weeks of work, and the national gross domestic product (GDP) would fall five percent. The economic hit on the nation would exceed $675 billion. The pandemic is expected to last 12 to 18 months and to come in three waves. At their peak, these waves are likely to require California healthcare facilities to care for an additional 54,000 patients. The WHO has warned that the world must prepare for massive social and economic disruption.

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President’s Report

The first president’s column should be the toughest. You try to establish what matters as you begin your term. You need just the right perspective as you seek a focus on what will be important to those who take the time to read the newsletter, and your column. You ask, “What will interest our readers, primarily the physicians and surgeons whom we regulate?” The audience includes, as well, medical students, consumer groups, trial attorneys, legislators, and board members and staff from this and other boards in and outside California.

My goal during my presidency and these columns was two-fold:

1. to set a high standard for our communications efforts to all these key audiences by reaching as many of them as possible, and
2. to help our physician/licensees understand that for most healthcare consumers, it’s the individual interaction with their physician that primarily shapes the consumer’s healthcare experience, one moment at a time.

And yet, it’s this, my last column, that is surprisingly difficult to write. I want to say I did so much more in a year. I want a mark to be left that’s recognizable and distinguishable. The truth is, the year moved quickly and the time has come and gone, and now another president will begin where this one leaves off. Whether I have accomplished anything with my two goals will be tested over a longer period of time.

A quick recap of the year includes the following:

- The new enforcement model will have been implemented and evaluated, and soon the Legislature will decide—did it create a more effective, timely enforcement process that has benefited consumers whose complaints were handled more timely, more effectively? Did the board find a way of filtering out those enforcement actions that were less significant, with time to focus on the critical cases where patient harm and major violations of the Medical Practice Act occurred?

- The board’s diversion program is being evaluated as well – is it protecting consumers and providing a model for how impaired physicians can be rehabilitated and returned to the effective practice of medicine? Is the program worth the cost and impact it has on the time, talent and treasury of the board?

- The board has set in motion a restructuring process to bring efficiencies and more effectiveness to its policy-making and program oversight. Only at its recent strategic planning session did it become obvious how disconnected the licensing and enforcement divisions have been as the board seeks new ways of evaluating how it’s doing in its role of effectively licensing physicians whom we can feel confident will not later be subject to our disciplinary programs.

- The hiring of a new executive officer is well underway as the board faces a transition in leadership with Dave Thornton soon departing after 32 years of service with the board, from investigator to enforcement chief to its chief executive. A great loss for all Californians and a critical choice for this board in the next few months.

- The board has initiated a look, through Cesar Aristeiguieta, M.D.’s leadership, at an approach to medical errors that may radically change how we view and implement our enforcement philosophy.

“Our governor has catapulted our state into the national spotlight, where we should be. One of the largest and most diverse states in the nation ought to be at the forefront of this national issue that consistently polls at the top of an aging nation’s mind.”
Preventive medicine and the seven deadly sins: avoiding discipline against your medical license

by Laura Sweet, Supervising Investigator II
Los Angeles Metropolitan Area

This is the fourth of seven articles in the series, “Preventive Medicine and the Seven Deadly Sins.” This quarter’s issue explores the sin of anger.

Each of these sins reminds me of some truly outlandish investigations, and anger is no exception. Anger rages in a variety of styles. Some cases are predictable, some are eccentric, and a few, with only the names changed to protect the innocent, could be made into movies starring Anthony Hopkins and Jodie Foster.

Let me give a few examples:

• A physician became angry with his accountant and hired a hit man to murder him. At the time the undercover police officer consummated the deal, the physician had a change of heart and decided he merely wanted the officer to break the accountant’s legs.

• A surgeon became infuriated with a scrub nurse and hurled blood on her during an operation.

• Another surgeon graciously offered his services as an assistant during his wife’s operation. He sutured his wife's vagina completely closed.

• A physician under peer review investigation by a hospital surreptitiously (or so he thought) wandered around the hospital parking lot keying the cars of hospital administrators.

• A surgeon purposely slashed his assistant’s hand with a scalpel.

• An emergency room physician arrested for drunk driving told the officer that if he showed up in the doctor's ER, the doctor would let him die.

• An attending surgeon grew impatient with a fledgling resident and began throwing instruments in the operating room.

Most of the examples cited above also were criminal violations of law for which the physician was convicted and sanctioned criminally. When physicians are arrested and charged with a felony, or convicted of a felony, the Medical Board is notified. The Medical Board then will investigate pursuant to Business and Professions Code section 2236, which defines certain convictions as “unprofessional conduct.”

Specifically, section 2236 reads: “(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

• “(b) The district attorney, city attorney, or other prosecuting agency shall notify the Division of Medical Quality of the pendency of an action against a licensee charging a felony or misdemeanor immediately upon obtaining information that the defendant is a licensee. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license as a physician and surgeon.

• “(c) The clerk of the court in which a licensee is convicted of a crime, shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board. The division may inquire into the circumstances surrounding the commission of a crime in order to fix the degree of discipline or to determine if the conviction is of an offense substantially related to the qualifications, functions, or duties of a physician.

• “(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.”

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President’s Report (Continued from page 2)

And ahead are other significant issues. The board, through its recent strategic planning process, is grappling with its role in the larger framework of how to help meet the increasing demand for access to healthcare for all Californians. Our governor has catapulted our state into the national spotlight, where we should be. One of the largest and most diverse states in the nation ought to be at the forefront of this national issue that consistently polls at the top of an aging nation’s mind.

The board may even be looking at expanding its mission and statutory authority to play a significant role in facilitating physician licensing to meet the demand for larger numbers of properly trained personnel to meet our healthcare needs throughout our state. Look for more and ongoing creative approaches to this issue under the leadership, past, present and future, of Gary Gitnick, M.D.

The list goes on. Much has been done. Even more remains.

As I approach my last board meeting as president, I again thank my fellow board members for their confidence and support this past year. We have a dedicated group, new and senior members alike, who strive to be the best board in the country. They succeed at it. It’s an honor to work closely with them and the outstanding staff who support us so well in our commitment to public protection. Worth mentioning for their tireless, behind-the-scenes counsel to me during this year are the board’s general counsel, Anita Scuri, and our public information officer, Candis Cohen. Their effect and influence on my presidency and the work of this board are profound.

If transition to a new president goes as usual, the board will soon be welcoming Richard Fantozzi, M.D., as its next leader. Richard is a brilliant person who has dedicated much of his past years as president of licensing, vice president of the board, and one of our more active members. He will serve well the interests of healthcare consumers in California. I am deeply committed to his transition as president.

In my parting column, I would urge him not to anticipate much free time outside the board. If he blinks, his one-year term will be gone.

There’s much to be done in this pivotal year. As your past president, I will be the first to propose that the next president be given a term of two years. Though the pace is grueling, you barely get started when it’s time to reflect, take stock, and hope your time has mattered.

Governor Schwarzenegger names new Medical Board member

Governor Arnold Schwarzenegger recently announced the appointment of a new public member, Dorene Dominguez of Granite Bay, to the Medical Board of California’s Division of Medical Quality.

Ms. Dominguez has served as president of the Vanir Development Company since 2004 and vice president of Vanir Construction Management since 1991, where she also serves on the board of directors. She previously was vice president of the Vanir Development Company from 1989 to 1991, and is a past member of the Los Angeles Planning Commission, and the California Board of Geology and Geophysics.

Free online CME course on domestic violence

Blue Shield Foundation of California recently launched a new Web site offering free online CME and training for California doctors treating domestic violence victims. The program provides specific information regarding California reporting laws and provides doctors the tools and information needed to help patients who may be victims of domestic violence.

Up to 16 Category 1 credits

www.RespondtoDV.org
Seven deadly sins (Continued from page 3)

When a physician is convicted, an investigation customarily will involve obtaining the criminal charging and conviction documents and police reports. We then will invite the physician to attend an interview to provide their side of the event. This information is assimilated into a package that is forwarded to the Office of the Attorney General where a determination is made whether administrative charges should be filed.

What happens in the above-cited examples when a conviction does not accompany the act that brought the physician to our attention? When it comes to anger, the board has another mechanism by which to insure public safety: the mental/physical examination. This happens frequently in cases where a physician is arrested, but not convicted, for domestic violence. Often the victim of the abuse does not wish to cooperate with law enforcement authorities. Business and Professions Code section 820, however, allows for the board, when good cause exists, to compel a physician to be examined. Section 820 reads:

“Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate’s ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to section 822.”

If the examiners conclude the licentiate’s ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action against the license. This action may include revoking the license, suspending it, placing the licentiate on probation or taking such other action in relation to the licentiate as the licensing agency, in its discretion, deems proper.

In many instances, the examining psychiatrist will indicate a physician needs therapy or medication management. The question we then pose is, can the physician practice safely without therapeutic or other types of intervention? If the answer is yes, the matter is closed. If the answer is no, the board files an accusation so that appropriate conditions can be imposed in order to insure patient safety.

Anger has even resulted in a new classification of doctors, the “disruptive physician.” This term has become so commonplace that it yielded about 986,000 hits on a Google search. The disruptive physician is the one who blames everyone except himself or herself for everything that goes awry. This is the physician who has tantrums, the one who lambasts nurses for calling with concerns about patients, the one who throws instruments. These individuals can and do impact patient care. They subject themselves, and others, to liability for creating a hostile work environment. They can intimidate nurses, for example, from contacting the physician with a concern about a patient. We’ve seen several cases where nurses were afraid to contact an obstetrician about a worrisome fetal monitor strip for fear of being ridiculed or chastised. Some of these cases resulted in fetal and/or maternal demise.

I recently investigated a case where the subject was alleged to be caustically abusive to O.R. staff, and especially to the residents he was charged with mentoring. I had no difficulty establishing that this physician was remarkably proficient in spewing insults and bruising egos. My job, however, was to determine whether or not his volatile personality traits imposed on his ability to treat patients safely. In that sense, no correlation could be made. I found it interesting, though, that during the interview, the physician suggested his behavior with residents imparted his prodigious work ethic. He sincerely believed he was teaching the residents to care as much as he did. He admitted he could be harsh but he believed his tactics yielded conscientious and hard-working practitioners. I questioned whether the turmoil he caused in the O.R., the fear his outbursts generated, and the stress of deflecting (or absorbing) his acerbic critiques extracted the best performance from those he was teaching.

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James A. Bolton, Ph.D., M.F.T., was appointed as a public member to the Division of Licensing in 1999 by Senator John Burton, chairman, Senate Rules Committee, and was reappointed in 2003. The appointment was recommended by Senators Teresa Hughes and Adam Schiff. Preceding the appointment, Dr. Bolton completed a 30-year career as a faculty member of the California State University, Los Angeles, School of Education, where he retired as professor emeritus.

While at the university, he took a two-year leave of absence to become an education specialist for the Commission on Teacher Credentialing in Sacramento. In this capacity, he worked with education administrators in universities and colleges as they developed their teacher education programs to meet the requirements legislated under the sponsorship of the late Senator Leo Ryan. UCLA, Stanford, UC Berkeley, and USC were among the institutions with education programs developed under Dr. Bolton’s supervision and assistance. Some of the projects included public school service programs such as social worker, nursing, psychologists, administrators, and librarians. Other work for the commission included assisting in designing the external assessment process, a system for conducting site visits to determine if the teacher education programs were in compliance with legislative requirements.

Dr. Bolton is past president and past vice president of the board’s Division of Licensing. During his tenure on the board, he helped develop policies and regulations supporting public protection. His work for public safety included his membership on the Executive, International Schools, Midwifery, and Diversion committees. As chair of the International Medical Schools Committee, he served as lead for the team that conducted a site inspection at Saba Medical School in the Netherlands Antilles.

In 2000, during the annual Federation of State Medical Boards’ conference, federation past president, Dr. Alan Shumacher, assigned Dr. Bolton to serve as a teller in the House of Delegates. Preceding presidents of the organization also placed Dr. Bolton on federation committees. Dr. Ron Agresta appointed him to the editorial committee of the federation’s Journal of Medical Licensure and Discipline; Dr. Thomas Kirksey assigned him to chair the Special Committee on Scope of Practice. This committee was charged with developing a document that would assist medical regulatory agencies in defining appropriate functions for medical practitioners who are not M.D.s. In preparation for his scope of practice assignment, Dr. Bolton received indispensable help from Medical Board Research Specialist Janie Cordray. In addition to the appointments, he was elected to the federation’s nomination committee.

In their respective years as president of the Medical Board of California, Drs. Mitchell Karlan and Gary Gitnick appointed Dr. Bolton as the voting delegate to the federation’s annual conference. Recently, Medical Board President Steve Alexander gave him the same assignment for the federation’s May 2007 conference, where he also will serve as conference faculty and moderator for the session, “Driving Legislative Change: Strategies to Ensure Success.” Mr. Jerry Klepner and former Senator Liz Figueroa will be speakers.

In 1977, he became a marriage and family therapist in a private practice that involves helping neglected and abused foster children succeed in education and career development. Related to this therapeutic work, he wrote research articles for professional publications, including the Journal of Clinical Psychology, Adolescence, and the Journal of Perceptual Motor Skills.

On November 17, 2006, in Washington, D.C., the United States Commission on Civil Rights approved Dr. Bolton’s appointment to its California State Advisory Committee. Members of the committee investigate charges regarding civil rights violations and make recommendations to the commission.

A native of Tulsa, Oklahoma, Dr. Bolton was inducted into the Booker T. Washington High School, Alumni Hall of Fame, and was the recipient of the Distinguished Alumni Award from his undergraduate school, Langston University. Dr. Bolton credits his parents, wife Jeanne, his pastor Dr. William Turner, and his graduate school professor, the late Dr. Thomas Jarrett, for inspiring and encouraging his passion for public service.
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Legislator Profile
Assemblyman
Alan Nakanishi, M.D.

Alan Nakanishi, M.D. (R-Lodi) was first elected to the California State Assembly in 2002. Dr. Nakanishi’s priorities in the Legislature are improving access to quality healthcare, improving economic prosperity, improving education excellence, and fixing California’s aging streets and highways.

As a legislator, Dr. Nakanishi has regularly worked to eliminate costly barriers to physician volunteerism (see boxed article below). His AB 367 (2005), (Business and Professions Code, section 2083), waives the initial license fee for applicants with volunteer physician status, and another measure asks the Medical Board to make recommendations regarding the creation of a program to purchase malpractice insurance for volunteer physicians.

He is the vice chair of the Assembly Health Committee, and a member of the Appropriations Committee, Education Committee, and the Joint Legislative Audit Committee.

Prior to his election to the State Assembly, Dr. Nakanishi was a councilman and mayor in his hometown of Lodi. He continues to practice medicine as an ophthalmologist at Delta Eye in Stockton.

Malpractice insurance for volunteer physicians

AB 2342 (Nakanishi) was signed into law in 2006 and requires the board, in conjunction with the Health Professions Education Foundation, to study the issue of providing medical malpractice insurance for physicians who provide voluntary, unpaid services to indigent patients in medically underserved or critical-need population areas of the state. The request for funding of the study was approved and included in the 2007/08 budget. The board is working on a contract proposal and anticipates that the study will begin on July 1, 2007. The findings must be reported to the Legislature on or before January 1, 2008.

Pandemic flu  (Continued from cover)

With such dire predictions in mind, California has focused preparedness efforts on surveillance and epidemiology, public health interventions, surge capacity, and communications. Under Governor Schwarzenegger’s leadership, California committed an unprecedented $215 million for FY 06/07 for the purchase of:

- An antiviral stockpile to cover 25 percent of the state population
- A stockpile of 300 million N95 masks to protect California healthcare workers
- A stockpile of more than 2,000 ventilators
- Three 200-bed mobile field hospitals with isolation and 60 percent ventilator capacity
- Equipment and supplies for alternate care sites for surge capacity

California has also undertaken a large-scale assessment of statutes, regulations and licensing requirements needed to care for patients during a large-scale pandemic. To manage the surge manpower needed during a pandemic, the state is also implementing the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP), (see MBC Newsletter dated October 2006). Finally, California is in the final phases of developing three California Medical Assistance Teams (CalMAT), and has purchased personal protective equipment for ambulance personnel statewide.

Although the state has engaged in extensive planning to improve hospital surge capacity, stockpile equipment and supplies, and organize volunteers, physicians, clinics and hospitals must also actively participate in pandemic preparedness efforts at the local level.

For further information on the state pandemic plan and other public-health efforts, please visit the Department of Health Services’ Web site at: www.dhs.ca.gov. For further information on the mobile field hospitals, CalMAT, or ESAR-VHP, please visit the Emergency Medical Services Authority Web site at: www.emsa.ca.gov.
Drug orders by physician assistants

AB 2626 (Plescia, Chapter 452, Statutes of 2004), became effective on January 1, 2005, amending Business and Professions Code section 3502.1(e) to read:

“(e) The medical record of any patient cared for by a physician assistant for whom the supervising physician and surgeon’s Schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.”

What does this change mean?

A supervising physician is required to countersign the medical record of a patient within seven days where a physician assistant has issued a drug order for a Schedule II medication. Prior to this amendment, a supervising physician was required to countersign the medical record of a patient where a physician assistant issued any drug order within seven days.

However, the following requirements remain in place:

- Each supervising physician who delegates the authority to issue a drug order to a physician assistant must first prepare and adopt, or adopt, a written, practice-specific formulary and protocols that specify all criteria for the use of a particular drug or device and any contraindications for the selection. The drugs listed must constitute the formulary and must include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician.
- Patient-specific, advance approval for drug orders (including refills) of Schedule II-V medications is required.
- If protocols and guidelines are not in place, chart review and countersignature by the supervising physician of all patient medical records is required within 30 days.
- If protocols and guidelines are in place, chart review and countersignature of at least a 10 percent sample of patient medical records is required within 30 days.

A supervising physician may choose to adopt a more restrictive countersignature regimen if he or she determines that it may be more appropriate to the practice setting and the experience of the physician assistant.

The physician assistant laws and regulations are available on the Physician Assistant Committee (PAC) Web site at www.physicianassistant.ca.gov.

If you have any questions, please contact the PAC staff at (916) 561-8780.

Note: This document does not purport to be an exhaustive analysis of laws relating to drug orders. This is not a declaratory opinion of the Physician Assistant Committee.

Need license verification today? Consider using VeriDoc

VeriDoc is a Web site intended for use by physicians who hold one or more medical licenses in the United States and need immediate verification of the status of their active and inactive medical licenses sent to another medical or osteopathic board. The Medical Board of California is one of 17 participating state licensure boards that are registered with VeriDoc. The purpose of the site is to expedite the verification process.

A licensure verification statement can be sent to verify the status of a license issued by any of the participating state licensing boards. A physician still will need to contact non-participating state boards individually to have a verification statement sent from those boards. A verification statement can be sent from VeriDoc to any medical or osteopathic licensing board in the U.S.

The Medical Board of California charges $20 each for verification statements using VeriDoc. The fee is twice the cost of obtaining verifications directly from the Medical Board; however, they are immediately available online. The fee to obtain a verification statement directly from the Medical Board is $10 and it can take up to seven days to receive the verification statement.

The following state licensure boards also are registered with VeriDoc: Alaska, California, Georgia, Idaho, Maine, Minnesota, Montana, New Mexico, North Dakota, Oklahoma (Osteopathic and Medical boards), Oregon, Rhode Island, South Dakota, Utah (Osteopathic and Medical boards), and Wyoming.

For more information: www.veridoc.org, (701) 319-6500, or support@veridoc.org.
News from the U.S. Food and Drug Administration

MedWatch reporting by consumers

MedWatch is the Food and Drug Administration’s (FDA) program for reporting serious reactions, product quality problems and human medical products/use errors, such as drugs and medical devices.

If you think you or someone in your family has experienced a serious reaction to a medical product, you are encouraged to take FDA’s reporting form to your doctor. Your healthcare provider can provide clinical information based on your medical record that can help the FDA evaluate your report.

You can download the reporting form online at www.fda.gov/medwatch/report/consumer/consumer.htm.

However, the FDA understands that for a variety of reasons, you may not wish to have the form filled out by your healthcare provider, or your healthcare provider may choose not to complete the form. Your healthcare provider is NOT required to report to the FDA. In these situations you may complete the Online Reporting Form yourself via the Internet.

You will receive an acknowledgement from the FDA after they receive your report. You will be personally contacted only if additional information is needed.

For information about a medical product, please call the FDA’s toll-free information line at (888) 473-6332.

MBC enforcement staff profile

This is the second in a series of profiles on Medical Board staff. We would like to acquaint you with the employees of the board who work diligently to fulfill our mission of public protection.

Jerry Cummins is a public disclosure staff services analyst in the Discipline Coordination Unit (DCU) of the Medical Board. She is responsible for managing and processing all aspects of DCU’s public disclosure functions. She insures that the board complies with all applicable statutes and regulations governing information disclosure and federal government reporting responsibilities. Jerry began state service in 1978 and has been with the board for the past 18 years.

Specifically, Jerry reviews, verifies, determines, and posts information to be released for public disclosure regarding disciplinary actions. She daily updates the public information that is reflected on the board’s Web site, www.mbc.ca.gov, to make the most current and accurate information available.

Federal law requires the board to report adverse actions pursuant to the Health Care Quality Improvement Act of 1986. As DCU’s public disclosure staffer, Jerry reviews and determines report content, and, if needed, personally posts general, disciplinary National Practitioner Data Bank (NPDB) entries. She is the enforcement program representative and liaison to the NPDB and the Health Care Integrity and Protection Data Bank, which are maintained by the U.S. Department of Health and Human Services.

Jerry is both diligent and committed to the board’s mission of providing the most accurate and current information about licensees to help meet the board’s consumer protection mandate.
From monitoring to mentoring: Free CME course

by Brad Buchman, M.D., Director
UCSD Physician Enhancement Program, Physician Assessment and Clinical Education Program (PACE)

Coming this June:
How can we improve quality of care in California?

Learn how to become an effective physician mentor!
Attend a novel, free CME course offered by the UCSD PACE program’s Physician Enhancement Program (PEP), entitled “From Monitoring to Mentoring,” in San Diego on Saturday, June 30, 2007, from 8 a.m. to noon at the UCSD main campus.

Course content
Course participants will be given an overview of the history of the Medical Board of California (MBC), its Division of Medical Quality, and its physician monitoring program. Participants will be given a detailed review of the key components of our improved PEP, real-life examples of how to assist physicians in integrating these components into an effective practice improvement plan, and practical tips on becoming an effective and influential physician mentor. The registration fee for the course is $50, which will be refunded to participants on the day of the program. Attendees who stay for the entire program will receive 4 category 1 CME credits.

To sign up for this free program, please contact us at ucpace@ucsd.edu or (619) 543-6770.

Benefits to participants
The MBC currently recognizes the UCSD PEP or its equivalent in lieu of a requirement for a practice monitor. Any physicians who are current MBC monitors, or who wish to participate in the MBC monitoring program, are free to attend this program and use any or all of the materials provided in the course of their work as an MBC monitor. Participants who complete the course and are interested in becoming a physician mentor for PEP also will be given an opportunity to apply for our program.

A vision for improving quality of care in California
By offering regular presentations of core concepts and proven methodologies in the area of physician and practice enhancement, PEP plans to create a network of well-trained and experienced physician mentors from across the state to address California’s need for effective practice improvement. We further aspire to develop a community of physician mentors, and physicians being mentored, to facilitate the dissemination of current medical knowledge and practices, to recognize and embrace the diversity among California’s physicians and their practices, and to promote collaboration among these groups—to further improve the quality of medical care throughout California. We welcome feedback from the MBC and input from physicians throughout our state as we take the initial steps toward this goal. We are excited about the prospect that, through collaborative effort, we can make this vision a reality for Californians.

Medical Board and California Hospital Association form partnership

Recently, the Medical Board partnered with the California Hospital Association (CHA) in a joint effort to notify hospitals as soon as practice privileges are suspended, restricted, surrendered, or revoked.

Currently, the board distributes information on enforcement-related actions through its monthly publication, the Hot Sheet, and its quarterly publication, the Medical Board of California Newsletter. A system was needed to advise hospitals as soon as actions against physicians occurred.

Through this newly created partnership, when the board advises the CHA of any recent disciplinary actions, it will disseminate the information via electronic mail to all its member hospitals and non-member hospitals. Immediate notification allows hospitals to take the necessary steps to protect the safety of patients and staff, and further fulfills the board’s mission to protect healthcare consumers.
Just last year, the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) revised the IFPMA Code of Pharmaceutical Marketing Practices and now bars companies belonging to their organization from giving physicians lavish gifts or money in exchange for influencing certain drug choices. This has been a commonplace practice for pharmaceutical companies. For those companies that are members of the IFPMA, this practice is now forbidden.

The Medical Board brings you this excerpt from the 2006 Revision of the IFPMA Code of Pharmaceutical Marketing Practices, General Principles, sections 2.1 through 2.5, for informational purposes only.

The IFPMA Code

2. General Principles

2.1 Basis of Interaction

Member companies’ relationships with healthcare professionals are intended to benefit patients and to enhance the practice of medicine. Interactions should be focused on informing healthcare professionals about products, providing scientific and educational information and supporting medical research and education.

2.2 Independence of Healthcare Professionals

No financial benefit or benefit-in-kind (including grants, scholarships, subsidies, support, consulting contracts or educational or practice related items) may be provided or offered to a healthcare professional in exchange for prescribing, recommending, purchasing, supplying or administering products or for a commitment to continue to do so. Nothing may be offered or provided in a manner or on conditions that would have an inappropriate influence on a healthcare professional’s prescribing practices.

2.3 Appropriate Use

Promotion should encourage the appropriate use of pharmaceutical products by presenting them objectively and without exaggerating their properties.

2.4 Local Regulations

In all cases, all relevant laws, local regulations and industry codes must be observed and companies have a responsibility to check local requirements, in advance of preparing promotional material or events in any specific country.

2.5 Transparency of Promotion

Promotion should not be disguised. Clinical assessments, postmarketing surveillance and experience programmes and postauthorization studies must not be disguised promotion. Such assessments, programmes and studies must be conducted with a primarily scientific or educational purpose. Material relating to pharmaceutical products and their uses, whether promotional in nature or not, which is sponsored by a company should clearly indicate by whom it has been sponsored.


Laws relating to the practice of...

Now available: 2007 edition of Laws Relating to the Practice of:

- Physicians and Surgeons
- Research Psychoanalysts
- Dietitians
- Doctors of Podiatric Medicine
- Medical Assistants
- Licensed Midwives
- Registered Dispensing Opticians
- Perfusionists

The 2007 edition includes the most current laws in California related to the medical professions with a comprehensive table of contents, a table of the laws affected by recent legislation, and a comprehensive index.

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Doctors are everyday heroes. They are also human. Substance abuse, depression, and career burnout can impact anyone, including doctors. The Physicians’ and Dentists’ Confidential Line is here to help.

This is a confidential hotline for impaired physicians and dentists. Its sole mission is to help impaired doctors and dentists help themselves before their lives and livelihood are jeopardized.

**How it works**
Callers are quickly put in touch with hotline staff, all of whom are physicians or dentists with expertise in the field of addiction. They are supportive and nonjudgmental, and all calls are treated with the utmost confidentiality.

**New midwife annual reporting requirement**
Beginning in 2007, midwives who assist in childbirths where the intended place of birth at the onset of care was an out-of-hospital setting must annually report to the Office of Statewide Health Planning and Development (OSHPD). The reports are to include activity related to the births attended by midwives, or that of student midwives supervised by midwives, for the calendar year 2007, and annually thereafter. The first reports are due to OSHPD by March 31, 2008.

The Medical Board notified all licensed midwives of this reporting requirement and is working in conjunction with OSHPD and the Midwifery Advisory Council to develop a coding system and reporting form for filing the required information with OSHPD. This information will be compiled and aggregate data will be reported in the board’s annual report to the Legislature.

For information that is required to be reported each year, please refer to Business and Professions Code section 2516.

**Who should call**
Physicians or dentists looking for help dealing with substance abuse or a psychological or emotional problem.

**Physicians and dentists confidential lines**

**Northern California:** (650) 756-7787  
**Southern California:** (213) 383-2691

The Physicians’ and Dentists’ Confidential Line is a project of the California Medical Association, with additional support from the California Dental Association. Membership in these organizations is not required to use the PDCL.

**Seven deadly sins** (Continued from page 5)
As with every sin, we all experience anger. What makes us different is how we respond to it. Could you be considered a disruptive physician? What is interesting about this phenomenon is that those who are disruptive often don’t recognize it. I suppose that component of denial can be attached to the unique personality of the disruptive person, but I also believe it derives from the failure of colleagues and friends to communicate honestly when observing behavior that passes beyond the threshold of good taste and decorum. We are often reluctant to confront inappropriate behavior, no matter how destructive it is.

There are numerous anger management courses available to the general public, but the University of California, San Diego, has a unique course that addresses anger management for healthcare professionals. It is offered at their Physician Assessment and Clinical Education Program (PACE) and participants receive Category 1 continuing medical education credits. It was instituted in February 2005, and approximately 48 physicians have participated, most of whom were referred by Medical Executive Committees. If you or someone you know might benefit from this course, additional information can be obtained from PACE’s Web site: www.paceprogram.ucsd.edu

Coming up next: Gluttony
Administrative actions: November 1, 2006 — January 31, 2007

Physicians and surgeons

AJILORE, EBENEZER OLATUNDE, M.D. (A30816)
Pasadena, CA

AKHONDI, MICHAEL, M.D. (A60601)
Bellflower, CA
Stipulated Decision. Committed acts of unprofessional conduct and dishonesty by claiming he was board certified when he was not. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course. November 20, 2006

ALI, MAHMOUD ISMAIL, M.D. (A81127)
San Francisco, CA
Stipulated Decision. Committed acts of repeated negligence and gross negligence in the care and treatment of 1 patient; convicted of misdemeanor DUI; self-abused controlled substances and alcohol, violated statutes regulating dangerous drugs; and committed acts of dishonesty or corruption. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program; abstaining from the personal use or possession of controlled substances and alcohol; submitting to biological fluid testing; completing the Diversion Program; and completing an ethics course. January 29, 2007

Explanation of disciplinary language and actions

“Effective date of decision” — Example: “January 8, 2007” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence” — An extreme deviation from the standard of practice.

“Incompetence” — Lack of knowledge or skills in discharging professional obligations.

“Judicial review pending” — The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or State Supreme Court. The discipline is currently in effect.

“Probationary License” — A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

“Public Letter of Reprimand” — A lesser form of discipline that can be negotiated for minor violations, usually before the filing of formal charges (Accusations). The licensee is disciplined in the form of a public letter.

“Revoked” — The license is canceled, voided, annulled, rescinded. The right to practice is ended.

“Revoked, stayed, five years probation on terms and conditions, including 60 days suspension” — “Stayed” means the revocation is postponed. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days of actual suspension from practice. Violation of probation may result in the revocation that was postponed.

“Stipulated Decision” — A form of plea bargaining. The case is formally negotiated and settled prior to trial.

“Surrender” — To resolve a disciplinary action, the licensee has given up his or her license — subject to acceptance by the board.

“Suspension from practice” — The licensee is prohibited from practicing for a specific period of time.

Copies of public documents from 2004 to the present are available at www.mbc.ca.gov. Click on “Enforcement Public Document Search,” or for copies of all public documents call the Medical Board’s Central File Room at (916) 263-2525.
ALLIEGRO, ANSELMO MIGUEL (C38447)  
Glendale, CA  
Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation by demonstrating incompetence and failing to successfully complete a clinical training program. Surrender of license. December 14, 2006

ALSTON, ADRIENNE THERESA, M.D. (G44804)  
Los Angeles, CA  
Stipulated Decision. Convicted of felony insurance fraud for creating false medical records pertaining to personal injury insurance claims. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course. January 3, 2007

BARTH, HANYA, M.D. (A31974)  
San Francisco, CA  
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, unprofessional conduct, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a clinical training program, a prescribing practices course, a medical record keeping course, an educational course in addition to required CME; and obtaining a practice monitor. January 16, 2007

BECERRA, LUIS IGNACIO, M.D. (A48520)  
San Diego, CA  
Disciplined by the U.S. Department of the Navy for practicing neurology outside of the standard of care in the care and treatment of 6 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, is prohibited from practicing neurology until passing an examination; prohibited from engaging in the solo practice of medicine; completing a clinical training program and a medical record keeping course; and obtaining a practice monitor. January 8, 2007

BHULLAR, INDERMEET SINGH, M.D. (A55423)  
Orlando, FL  
Stipulated Decision. Disciplined by Texas for a history of polysubstance abuse. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing the Diversion Program, abstaining from the personal use or possession of controlled substances and alcohol, and submitting to biological fluid testing. January 8, 2007

BLOCK, JEFFREY PETER, M.D. (G36760)  
Thousand Oaks, CA  
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a clinical training program and a medical record keeping course. Public Reprimand. January 17, 2007

CANTRELL, FRANK THEODORE, M.D. (G62439)  
Loganville, GA  
Disciplined by Florida for discharging a patient without performing and/or ordering appropriate examinations, failing to consult and/or refer patient to a specialist, and failing to maintain adequate and accurate medical records justifying his course of treatment. Public Reprimand. November 22, 2006

Check your physician profile on the Medical Board’s Web site

Your address of record is public.  
www.mbc.ca.gov

Click on “Licensee Information” and “Check My Profile.”

Signed address changes may be submitted to the board by fax at (916) 263-2944, or by regular mail at:

Medical Board of California  
Division of Licensing  
1426 Howe Avenue, Suite 54  
Sacramento, CA 95825
CARABETH, JULIAN (A49768)
Avila Beach, CA

CEREVKA, JOSEPH MICHAL (AFE26777)
Beverly Hills, CA
Stipulated Decision. No admissions but charged with the self-abuse of alcohol and failure to successfully complete the Diversion Program. Surrender of license. December 15, 2006

DAVIDSON, ELAINE HOVEY, M.D. (A55617)
Valley Center, CA
Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 1 year probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course. January 29, 2007

DEGREGORIO, PETER A. (G19551)
Jacksonville, NC
Physician has a condition affecting his ability to practice medicine safely. Revoked. December 15, 2006

DEVLIN, MICHAEL ANDREW, M.D. (A78010)
Little Rock, AR
Disciplined by Arkansas for having sexual relations with a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prohibited from consulting, examining, or treating female patients without a third-party chaperone; completing an ethics course and a professional boundaries program; and obtaining a practice monitor. November 30, 2006. Judicial review pending.

DORROS, GERALD, M.D. (G54448)
Wilson, WY

FLORES, PEPITO LIM, M.D. (A37508)
Hemet, CA
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence in the care and treatment of 4 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, an ethics course, a medical record keeping course, an educational course in addition to required CME; and obtaining a practice monitor. December 15, 2006

FRANCO, MICHAEL GUSTAVO, M.D. (G84559)
Sherman Oaks, CA
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, prescribing without a good faith prior examination or medical indication, aiding and abetting the unlicensed practice of medicine, making false statements, and failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician completed an ethics course, a medical record keeping course; and paid cost recovery of $1,000. Public Letter of Reprimand. November 30, 2006

GEEVARGHESE, SUNIL KOSHY, M.D. (AFE71443)
Franklin, TN
Disciplined by Tennessee for having a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 4 years probation with terms and conditions. November 27, 2006

GOLCHINI, KEIVAN, M.D. (A48800)
Beverly Hills, CA
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course; and obtaining a practice monitor. November 6, 2006
GRANT, MARSHALL WILLIAM, M.D. (A40835)
Indio, CA
Stipulated Decision. No admissions but charged with repeated negligent acts and gross negligence in the care and treatment of multiple patients and failed to provide appropriate supervision to physician assistants. Physician must complete a medical record keeping course. Public Reprimand. January 29, 2007

GRAY, JEFFREY THOMAS (G56251)
Sacramento, CA

GUIDRY, PAUL LEE, JR., M.D. (G73021)
Los Angeles, CA
Stipulated Decision. Convicted of a misdemeanor for soliciting, accepting, or referring business to or from an entity that intends to commit insurance fraud. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing an ethics course, a medical record keeping course, and an educational course in addition to required CME; and is prohibited from practicing, performing, or treating any patient in connection with personal injury or workers’ compensation-related claims. January 29, 2007

HAYES, FREDDIE L., M.D. (C21598)
Fresno, CA

HOGEN, VICTOR S. (A13117)
Northridge, CA
Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. December 31, 2006

HOLLOMAN, JOHN D. (C24131)
San Luis Obispo, CA
Stipulated Decision. No admissions but charged with violating his board-ordered probation by failing to enroll in a clinical training program. Surrender of license. January 31, 2007

HUGHES, DEREK PATRICK, M.D. (A61410)
Elk Grove, CA
Stipulated Decision. Committed acts of unprofessional conduct by self-abusing controlled substances and alcohol and failed to successfully complete the Diversion Program. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the personal use or possession of controlled substances and alcohol, submitting to biological fluid testing, and completing the Diversion Program. November 27, 2006

IN, GEORGE CHITAM, M.D. (A48565)
Los Angeles, CA
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence by failing to either refer a patient to a specialist or rule out all other potential diseases and/or diagnoses with standard testing, inquiry, examinations, and work-ups. Physician completed a clinical training program and a medical record keeping course. Public Reprimand. December 4, 2006

JAFRI, SYED FAISAL, M.D. (A72962)
Leawood, KS
Stipulated Decision. Disciplined by Kansas for using the letterhead of the University of Kansas Physicians, Inc. to direct patients to the location of his new practice after tendering his resignation. Public Letter of Reprimand. January 24, 2007

JOHNSON, JACK WALLACE, M.D. (G21314)
Garden Grove, CA
Stipulated Decision. No admissions but charged with sexual misconduct, repeated negligent acts, gross negligence, and failure to maintain adequate and accurate medical records in the care and treatment
of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a professional boundaries program, an ethics course, a medical record keeping course, and an educational course in addition to required CME. December 15, 2006

**KARALLA, MARK H. (AFE39792)**  
Los Angeles, CA  
Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely.  
Surrender of license. January 24, 2007

**KAYNE, MARK DAVID, M.D. (G50792)**  
Chatsworth, CA  
Stipulated Decision. Convicted of a misdemeanor for unlawfully forging prescriptions, committed acts of dishonesty by writing false prescriptions, made false statements, and failed to maintain adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension; prohibited from ordering, prescribing, dispensing, administering, or possessing any controlled substances and any recommendation or approval of marijuana; abstaining from the personal use or possession of controlled substances and alcohol; submitting to biological fluid testing; and completing a prescribing practices course. November 17, 2006

**LANCASTER, THOMAS JEROME, M.D. (G70162)**  
Yuba City, CA  
Stipulated Decision. Committed acts of repeated negligence and gross negligence in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course in addition to required CME, a medical record keeping course, and a prescribing practices course; prohibited from engaging in the solo practice of medicine or changing his current employer or place of practice without board approval; prohibited from engaging in the clinical practice of psychiatry outside of his current place of employment; and obtaining a practice monitor. January 26, 2007

**LANSON, STUART Z. (G14235)**  
Scottsdale, AZ  
Disciplined by Arizona for misdiagnosing vasculitis and recommending unconventional therapy.  
Revoked. November 27, 2006

**LAZARUS, VERONICA A., M.D. (A43363)**  
Santa Monica, CA  
Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Public Reprimand.  
January 5, 2007

**LEE, MICHELE SIMONE, M.D. (A70423)**  
Miramar, FL  
Stipulated Decision. Disciplined by Maine for failing to conduct an appropriate consultation on a patient by not obtaining or reviewing the patient’s chart.  
Public Letter of Reprimand. December 1, 2006

**LEVITT, STEPHEN BARRY, M.D. (A32061)**  
Dayton, OH  
Stipulated Decision. Disciplined by Ohio for purporting to notarize a signature by signing the name of a notary and affixing an official notary seal to a document when he was not a notary. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, providing 40 hours of free, non-medical community service; completing an ethics course; and obtaining a practice and billing monitor. November 13, 2006

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**Use care when identifying the licensees in these summaries**

Some physicians have the same name or a similar name. To insure that you have identified the correct physician in your search, take additional steps and check the city and/or license number carefully. While a few same-named physicians may practice in a particular city, they will never have the same license number.
LOTFY, ABDOU MAGED MICHA (A49878)  
Ontario, CA  
Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to successfully complete a clinical training program. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. January 2, 2007

LOVALVO, LEONARD J. (A20687)  
Fresno, CA  

MAEWAL, HRISHI KESH (A25648)  
Fort Worth, TX  
Disciplined by Texas for the care and treatment he provided to 2 patients. Revoked. January 10, 2007

MANSOUR, MEDHAT NOSSIHI, M.D. (A24055)  
Los Angeles, CA  

MARTIN, MALVERSE, M.D. (G38477)  
West Hills, CA  
Stipulated Decision. Committed acts of repeated negligence, failed to maintain adequate and accurate medical records, made or signed false medical documents in the care and treatment of 3 patients; and prescribed dangerous drugs without a good faith prior examination or medical indication in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension and completing a clinical training program, a medical record keeping course, and an ethics course. January 29, 2007

MATTHEWS, MERRITT STEWART, M.D. (C31976)  
San Diego, CA  
Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course, and obtaining a practice monitor. November 29, 2006

MCCARTHUR, ELLIS DOUGLAS (G77931)  
Omaha, NE  
Stipulated Decision. No admissions but charged with failure to comply with an order compelling an examination. Surrender of license. November 27, 2007

MIR, JEHAN ZEB (A24647)  
Lynwood, CA  
Committed acts of repeated negligence, gross negligence, incompetence, dishonesty, making false statements, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked. January 5, 2007

MARINO, JAMES FRANCIS, M.D. (G40978)  
La Jolla, CA  
Committed acts of repeated negligence in the care and treatment of 3 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program and an ethics course; prohibited from engaging in any kind of surgery until notified by the board; prohibited from engaging in any kind of experimental or endoscopic surgery; obtaining a proctor for the first 10 surgeries performed when acting as the primary surgeon; and obtaining a practice monitor. January 5, 2007. Judicial review pending.
NAYYAR, MANMOHAN, M.D. (A42225)
Apple Valley, CA
Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of multiple patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a clinical training program, a prescribing practices course, an ethics course, a medical record keeping course, and an educational course in addition to required CME; and obtaining a practice monitor. January 1, 2007

NEFF, MERLIN LEE, JR. (A19918)
Chino Hills, CA
Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to successfully complete a clinical training program. Surrender of license. January 12, 2007

ORGEL, JEREMY EUGENE, M.D. (G72591)
San Francisco, CA
Stipulated Decision. Committed acts of gross negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing a professional boundaries program and an ethics course; completing an educational course in the areas of professional boundaries, interpersonal communications, and transference/countertransference; and obtaining a practice monitor. January 17, 2007

PAIK, PHILLIP CHUNG PIL, M.D. (A50381)
San Diego, CA
Convicted of a misdemeanor for sexual exploitation of a patient and committed acts of sexual misconduct and unprofessional conduct in the care and treatment of 1 patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 60 days actual suspension; is prohibited from performing pubic hair transplants on female patients and from consulting, examining, or treating female patients without a third-party chaperone; completing an educational course in addition to required CME, a professional boundaries program, and an ethics course; and obtaining a practice monitor. November 22, 2006

PEKEROL, MEHMET CENAB, M.D. (A51117)
Los Angeles, CA
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, unprofessional conduct, failure to maintain adequate and accurate medical records, prescribing without a good faith prior examination or medical indication, and violating statutes regulating dangerous drugs or controlled substances in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a professional boundaries program, and an ethics course. November 22, 2006

RAD, SHAMSEDIN F., M.D. (C42341)
Rancho Palos Verdes, CA
Stipulated Decision. Committed acts of repeated negligence by failing to inform 2 patients of abnormal lab results. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program. November 16, 2006

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Join the Medical Board of California’s Subscribers’ List to obtain e-mail updates of MBC’s newsletter; Hot Sheet; meeting agendas, notices, and minutes; and regulations.
Go to: www.mbc.ca.gov/subscribers.htm.
RIGG, ROBERT WILLIAMS, JR., M.D. (G50286)  
Canoga Park, CA  
Stipulated Decision. Committed acts of gross negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a prescribing practices course, an ethics course; and paid cost recovery of $4,000. Public Reprimand. November 20, 2006

SACK, JOHANNES REINHARD, M.D. (G48845)  
San Diego, CA  
Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation by violating state and federal drug statutes, self-administering controlled substances, and committing acts of dishonesty and unprofessional conduct. Revoked, stayed, current probationary period is extended and he is placed on 5 additional years of probation with terms and conditions including, but not limited to, all previous terms and conditions remain in effect; completing the Diversion Program; submitting to biological fluid testing; completing a prescribing practices course and an ethics course; prohibited from self-prescribing any controlled substances or prescription medicines; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana. December 29, 2006

SEGALL, STEPHEN ARTHUR (G49548)  
Poplar Bluff, MO  
Stipulated Decision. Disciplined by Missouri for failure to maintain adequate and accurate medical records of controlled substances dispensed or prescribed. Surrender of license. November 6, 2006

SIEGEL, HOWARD M. (G57480)  
Huntington Beach, CA  
Violated the terms and conditions of his board-ordered probation by self-administering controlled substances, creating false and fraudulent medical records, dishonesty, and unprofessional conduct. Revoked. November 16, 2006

SORENSEN, ERIC NEIL, M.D. (A34991)  
Hanford, CA  

SPENCER, CHRISTOPHER SCOTT, M.D. (G45684)  
Lancaster, CA  
Stipulated Decision. Committed acts of unprofessional conduct by failing to contact the on-call surgeon to evaluate a patient and/or by not taking the patient in for immediate surgery after a diagnosis of a perforated viscus, and twice attempting to transfer the patient to another hospital when medically unjustified. Physician completed a clinical training program and paid cost recovery of $3,500. Public Reprimand. December 6, 2006

TAM, HELEN BAO, M.D. (G72782)  
Orinda, CA  
Stipulated Decision. Committed acts of repeated negligence by failing to order a pulse oximetry, failing to factor in multiple lab abnormalities, and failing to recognize the significance of hypotensive blood pressure and pulse reading which did not improve with IV rehydration during the care and treatment of 1 patient. Physician completed a clinical training program. Public Letter of Reprimand. November 17, 2006

TOBINICK, EDWARD LEWIS, M.D. (G37710)  
Los Angeles, CA  
Stipulated Decision. No admissions but charged with unprofessional conduct for practicing without a fictitious name permit and for advertising a drug without published peer-review or scientific studies showing the effectiveness of the treatment for human back pain and without an approved or pending application or use. Suspended from the practice of medicine for 60 days, stayed, placed on 1 year probation with terms and conditions
including, but not limited to, completing an ethics course and a prescribing practices course; and obtaining a practice monitor. January 29, 2007

TONKENS, ROSS MICHAEL, M.D. (G29946) Cary, NC

VAHID, KHOSRO, M.D. (A42627) Brentwood, CA
Stipulated Decision. No admissions but charged with gross negligence, incompetence, prescribing without medical indication, and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an educational course in pediatrics or cardiology in addition to required CME and a medical record keeping course; and obtaining a practice monitor. January 3, 2007

VORPERIAN, ADELINA, M.D. (C50390) Glendale, CA
Stipulated Decision. Convicted of a felony for receiving and soliciting remuneration in the form of cash kickbacks from a clinical laboratory. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension; completing an ethics course; and obtaining a billing monitor. November 27, 2006

VORPERIAN, KEVORK ARTIN, M.D. (C50258) Glendale, CA
Stipulated Decision. Convicted of a felony for receiving and soliciting remuneration in the form of cash kickbacks from a clinical laboratory. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension; completing an ethics course; and obtaining a billing monitor. November 27, 2006

WATSON, LOUIS HERMAN, M.D. (G32156) Claremont, CA
Committed acts of unprofessional conduct by being convicted of a misdemeanor for battery, making or signing false statements related to the practice of medicine, dishonesty, and for the self-use of alcohol or drugs. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension; abstaining from the personal use of alcohol, submitting to biological fluid testing, completing the Diversion Program; and completing an ethics course. November 29, 2006. Judicial review pending.

WHITE, JERALD D., M.D. (G9677) Del Mar, CA

Drug or Alcohol Problem? Mental Illness?
If you have a drug or alcohol problem, or are suffering from a mental illness, you can get help by contacting the Medical Board’s confidential Diversion Program.

Information about a physician’s participation in the Diversion Program is confidential. Physicians who enter the program as self-referrals without a complaint filed against them are not reported to the Enforcement Program of the Medical Board.

Contacting the Diversion Program does not result in the filing of a complaint with the Medical Board.

www.mbc.ca.gov
(916) 263-2600 or (866) 728-9907 (toll-free)

All calls are confidential.

Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825
WHITE, LLOYD GEORGE, M.D. (G37804)  
Murrieta, CA  
Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation by failing to obtain a proctor, submit quarterly reports, and pay cost recovery or probation-monitoring costs. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, prohibited from performing facial plastic surgery except in connection with medically indicated surgery; obtaining a proctor for the first 24 major surgeries performed; and completing an educational course in addition to required CME. January 18, 2007

YACOBIAN, SONIA H., M.D. (A52602)  
Glendale, CA  
Stipulated Decision. No admissions but charged with violating the terms and conditions of her board-ordered probation by failing to complete a clinical training program, a medical record keeping course, a prescribing practices course, and an ethics course; and committing acts of dishonesty by submitting false quarterly reports. Revoked, stayed, current probation is extended to May 16, 2010 with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, a prescribing practices course, and an ethics course; prohibited from engaging in solo practice; and obtaining a practice and billing monitor. January 22, 2007

YAREMA, THOMAS ROBERT, M.D. (C41819)  
Kapaa, HI  
Disciplined by Hawaii for performing acupuncture without a license. Public Letter of Reprimand. November 1, 2006

Doctor of podiatric medicine

AVAKIAN, FREDERICK, D.P.M. (E4191)  
Valencia, CA  
Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, making or signing false documents, dishonesty, prescribing without a good faith examination or medical indication, and failing to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and an ethics course; and obtaining a practice monitor. January 2, 2007

Physician assistants

BENDERT, MICHAEL (PA14660)  
Imperial, CA  
Disciplined by New York for providing care and treatment that fell below the standard of care to multiple patients; and for providing false information and failing to disclose criminal convictions on various employment or licensing applications. Revoked. December 14, 2006

KEEFE, RYAN JOSEPH, P.A. (PA18772)  
Los Altos, CA  
Stipulated Decision. Convicted of a misdemeanor for obstructing and/or resisting a public officer, 2 misdemeanor convictions for DUI, and a misdemeanor for driving without a license. Probationary license issued, placed on 7 years probation with terms and conditions including, but not limited to, completing the Diversion Program. Decision effective November 29, 2006, license issued December 6, 2006.
RAHEEN, MOHAMMAD H., P.A. (PA16134) 
Elk Grove, CA
Stipulated Decision. Committed acts of gross negligence and unprofessional conduct by engaging in sexual misconduct with a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension; prohibited from consulting, examining, or treating female patients without a third party chaperone; obtaining a supervising physician; completing a professional boundaries program and an ethics course; and ordered to pay cost recovery of $5,517. November 21, 2006

SANDOVAL, JOSE SERGIO, P.A. (PA15741) 
Downey, CA
Convicted of a felony for submitting false Medi-Cal insurance claims. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prohibited from participating in the Medi-Cal Program until authorized by DHS; completing an ethics course; obtaining an on-site supervising physician; and ordered to pay cost recovery of $3,065. November 13, 2006. Judicial review pending.

SHARMA, SUDHA, P.A. (PA12831) 
Modesto, CA
Stipulated Decision. Committed acts of unprofessional conduct, dishonesty, violated federal and state drug statutes by self-prescribing controlled substances. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prohibited from prescribing, dispensing, administering or possessing any controlled substances except those in Schedules IV and V; maintaining a record of all controlled substances prescribed, dispensed, or administered; abstaining from the personal use or possession of controlled substances or alcohol; submitting to biological fluid testing; completing the Diversion Program; providing 48 hours of free medical services; completing an educational course in narcotic abuse and an ethics course; obtaining a supervising physician; and ordered to pay cost recovery of $3,500. December 4, 2006

TREBINO, ROSANNE ELIZABETH, P.A. (PA18795) 
Sacramento, CA
Stipulated Decision. Physician assistant has a condition affecting her ability to practice medicine safely. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program. Decision effective December 8, 2006, probationary license issued December 21, 2006.

Licensed midwives

PERRONE, JAN (LM43) 
Bayside, CA

ROCK, CONSTANCE JEAN, L.M. (LM117) 
Santa Monica, CA
Stipulated Decision. No admissions but charged with aiding and abetting the unlawful practice of medicine and gross negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course and an educational course in addition to required CME; providing 40 hours of free non-medical community service; prohibited from engaging in solo practice; and ordered to pay cost recovery of $750. November 15, 2006
Business and Professions Code section 2021(b) & (c) require physicians to inform the Medical Board in writing of any name or address change.
See: www.mbc.ca.gov/Address_Record.htm

Medical Board of California
Meetings—2007

April 26-27: Sacramento
July 26-27: San Francisco
November 1-2: San Diego
All meetings are open to the public.

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