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Action Report
Medical Board of California

IN THIS ISSUE

President's Report 2

Disciplinary Action Resulting in Probation 3

Physician Volunteer Registry 5

Toward a More Accountable Profession: The Case of the Aging Physician 6

Steven M. Thompson Physician Corps Loan Repayment Program 8

New Medicare Prescription Drug Coverage: What You and Your Patients Need to Know 9

Physician Assistant History, Education, and Scope of Practice 10

Administrative Actions 11

Medical Board of California Meeting

2006

February 2-3
Los Angeles

May 11-12
Sacramento

July 27-28
San Francisco

November 2-3
San Diego

All meetings are open to the public.

Legislative Update

The following legislation, which may impact physicians licensed in California, has been chaptered into law and took effect on January 1, 2006 (bills with an urgency clause take effect upon enactment). For additional information on these bills, please contact the Web site maintained by the Legislative Counsel of California at www.leginfo.ca.gov (click on "Bill Information").

Medical Care, Licensing and Enforcement

AB 327 (de la Torre, Chapter 293) Authorizes the Medical Board to accept a voluntary $50 fee for the issuance and renewal of a physician and surgeon's certificate. The funds collected are deposited into the Medically Underserved Account, created for the Steven M. Thompson Loan Repayment Program.

AB 367 (Nakanishi, Chapter 144) Waives the initial physician and surgeon licensing fee if the applicant is requesting voluntary licensing status.

AB 592 (Yee, Chapter 304) Specifies that a physician who provides treatment for persistent Lyme Disease shall not be subject to discipline by the board provided the care rendered conforms to the current requirements for alternative and complementary medicine.

AB 998 (Chu, Chapter 133) Requires health practitioners to make a written report to a local law enforcement agency upon providing medical services to persons in the custody of law enforcement from whom evidence is sought in connection with the investigation of a sexual assault crime.

AB 1195 (Coto, Chapter 514) Requires all continuing medical education courses, on and after July 1, 2006, to include curriculum in the subjects of cultural and linguistic competency, except for courses that do not include a direct patient care component.

SB 231 (Figueroa, Chapter 674) Extends the board's existence through 2010 and makes the following substantial changes to board operations:

- Increases physician licensing/renewal fees from a cap of $600 to a fixed amount of $790.
- Implements a 2½ -year integrated quasi-vertical prosecution program with the Attorney General's Office from January 1, 2006 to June 30, 2008, which may continue if authorized by law. The Legislature's intent is that this work like vertical prosecution under one agency.
- Clarifies existing law that requires physicians to inform the board when they are subject to various court judgments in cases involving death or personal injury caused by negligence, error, or omission in practice.
- Requires the board to post on its Web site a physician who has been subject to discipline by the board, accusations that are not dismissed or withdrawn, and

(Continued on page 4)

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

Ronald H. Wender, M.D.
President of the Board

As a practicing physician I, like most of you, am faced with the daunting task of earning CME credits. But what does that really mean? We tend to collect credits like collecting stamps or coins where one has no idea what the real value might be. We are mandated to maintain an average of 25 credits per year to maintain our licenses, which includes the pain management and end-of-life 12 hours required by AB 487, to be taken by Dec. 31, 2006.

We all know the proverbial bottom line is that medicine is a continual learning experience throughout our careers and these credits supposedly signify this commitment to continuing education. What is the reality, however? Study after study demonstrates that conventional CME programs rarely achieve what they are intended to do. Rather they afford an opportunity to ski, swim, sightsee and just vacation in a partially tax deductible atmosphere.

How do we change this? Do we really want to change this? Some boards have instituted recertification every 10 years to attempt to deal with this dilemma.

Does it answer the problem? Taking a standardized test 10 or 20 years after the fact does little to reflect the character of one's practice; however, it may offer the physician the opportunity to really study what is happening in his or her specialty. Unfortunately, time is a commodity which is extremely precious and which is in short supply.

The challenge of real continuing education is to find the balance between meaningful education utilizing efficiency in time management—that is the challenge of the future. Is it an interactive computer program or simply regular morbidity and mortality meetings with the goal of education, peer review and self-reflection, which holds the key to continuing education? While they are not sexy, they are time proven to be effective. We have to examine our practices, read journals, to see what is new and hope that some of the medical journals will get the message and publish more practical information for practicing physicians.

As we start the new year we can be proud of the many accomplishments of our California physicians but know there will always be a struggle to keep our fund of knowledge at the forefront of the profession and our patient care as the very best possible for the people of California.

"As we start the new year we can be proud of the many accomplishments of our physicians but know there will always be a struggle to keep our fund of knowledge at the forefront of the profession and our patient care as the very best possible for the people of California."

As the old year has ended and a new one begins, we can look back at the accomplishments (for example, the passage of SB 231, Figueroa) and look to the future with great anticipation. Board enforcement staff is working hard on implementing the new vertical prosecution model, in which investigations are jointly assigned to Medical Board investigators and deputy attorneys general (rather than the prior method of investigators doing the investigations and then handing them off to prosecutors). This is designed to streamline and hasten the enforcement process, improving public protection and making investigation and prosecution less protracted for the physician involved.

Disciplinary Action Resulting in Probation

by Joan Jerzak, Chief of Enforcement

As each issue of the *Action Report* is released for circulation, we know it is common practice for readers to jump to the section where the names of disciplined physicians are listed. Perhaps this is due to basic human curiosity, but historically, this information was published to ensure all physician employers were aware of actions taken against licensees. Based upon the questions received at the Board, I believe there are misperceptions about discipline, particularly about the Enforcement Program's Probation Unit.

Disciplinary action can be taken when a physician violates the Medical Practice Act which is found in the Business and Professions (B&P) Code. Some of these sections are informational but others state a violation of the section constitutes unprofessional conduct, which may lead to action by the Board. Discipline ranges from a public reprimand to a term of probation to suspension (maximum one year) to revocation, the most severe form of discipline which can be imposed. B&P Code section 2229 mandates protection of the public shall be the highest priority of the Division of Medical Quality and for the Administrative Law Judges of the Medical Quality Hearing Panel. The same code section further specifies that, to the extent consistent with public protection, disciplinary actions shall be calculated to aid in the rehabilitation of licensees.

For uniformity, and to implement the mandates of section 2229, the Board has adopted the Manual of Model Disciplinary Orders and Disciplinary Guidelines (9th Edition, 2003). The Model Disciplinary Orders contain three Disciplinary Orders, 24 Optional Conditions whose use depends on the nature and circumstances of the particular case, and 13 Standard Conditions that generally appear in all probation cases. Terms and conditions are selected to assist with physician training, to ensure good medical practices are followed and to protect patients. Over the years a number of classes have been developed and added to the terms to better address medical practice and knowledge deficiencies, including: the Prescribing Practices course, the Medical Record Keeping course, the Ethics course, the Professional Boundaries Program, as well as a clinical training program which can be tailored to address all specialty areas of medicine.

Many physicians who practiced below the community standard of care are placed on probation with terms, including having a practice monitor. This is a licensed physician, nominated by the probationer and approved by the Board, who meets with the probationer, reviews their office practice and randomly reviews medical charts. The objective, unbiased role of the practice monitor, who reports quarterly to the probation investigator, is to evaluate and make recommendations for improvements to the probationer's office practice. Physicians who act in this capacity perform a vital task in helping to ensure that the probationer has integrated new knowledge gained from classes into their office practice. It is anticipated that as a result of the probation "journey," the probationer becomes a better physician.

Physicians on probation are monitored by Board investigators whose primary function of public protection is to ensure physicians comply with the imposed terms and conditions. While the majority of physicians on probation fully comply with all terms and conditions, a small number violate probation, which can lead to additional disciplinary action by the Board, including revocation. At the present time, there are approximately 700 physicians monitored by the Board's Probation Unit, which represents about half of 1 percent of all physicians and surgeons licensed in California.

News From the U.S. Food and Drug Administration

FDA Rapid Response Team to Combat Pandemic (Avian) Flu

In response to the emerging threat of pandemic (Avian) influenza, the FDA formed a Rapid Response Team to ensure an adequate and timely supply of antiviral drugs such as oseltamivir phosphate (Tamiflu) in the event they are needed. "Making sure Americans are protected against an outbreak of Avian flu is one of FDA's top priorities," said Andrew von Eschenbach, M.D., Acting FDA Commissioner.

The Rapid Response Team will address roadblocks to increased manufacturing of products and with partners, will support the design and conduct of clinical studies to test new potential treatments for Avian influenza. In the event of a pandemic, new medications could be made available under Emergency Use Authorization. In addition, the Rapid Response Team will facilitate the development and availability of safe and effective vaccines that could help protect Americans against a future pandemic, including from Avian flu. Efforts include measures to help increase vaccine manufacturing capacity and production of currently licensed vaccines using Avian flu strains, and facilitating and evaluating studies that use new technologies.

Additional information:
www.hhs.gov/nvpo/pandemics/dhhs.html
www.cdc.gov/flu/pandemic/
www.pandemicflu.gov

Legislative Update *(Continued from page 1)*

misdemeanor convictions (when they are required to be reported) that are substantially related to the qualifications, functions, or duties of a physician. The reporting and disclosure for misdemeanor convictions will only become effective upon enactment of a legislative proposal developed by the board, in consultation with other interested parties, defining those misdemeanor offenses considered to be substantially related to the qualifications, functions, or duties of a physician and surgeon.

- Gives the board explicit authority to cite and fine a physician who fails to follow existing law to provide the board with medical records that a patient has authorized the board to review.
- Sunsets the Diversion Program on January 1, 2009, unless a later enacted statute deletes or extends the date.
- Deletes the requirement that attorneys file a Notice of Intent to file a lawsuit against a physician with the board.
- Specifies, with respect to the use of expert testimony in matters brought by the board, that no expert testimony shall be permitted by any party unless a detailed written report by the expert witness is exchanged by the parties in advance of the hearing.
- Deletes cost recovery and makes the loss of cost recovery monies revenue neutral by allowing regulations to be written to increase the licensing and renewal fees to offset the loss of cost recovery.
- Requires a study of peer review and the information the board makes public regarding its licensees; a review of the Diversion Program and the board's composition and licensure fees; and an audit of the board's financial matters.

Public Health

AB 800 (Yee, Chapter 313) Requires all health facilities and all primary care clinics to include a patient's principal spoken language on the patient's health records but provides an exception for long-term care facilities meeting certain criteria.

AB 929 (Oropeza, Chapter 427) Requires the Radiologic Health Branch of the Department of Health Services to adopt regulations regarding quality assurance standards for medical and dental facilities using specified radiation-producing equipment.

AB 1676 (Richman, Chapter 434) Enacts the Advance Directives and Terminal Illness Decisions Program. It requires the Secretary of State, working with the Department of Justice and Department of Health Services, to develop information about end-of-life care, advance healthcare directives, and registering the advance healthcare directives at the Secretary of State's advance directives registry. Further, it requires links to this information and the registry be available on specified agency Web sites, including the Medical Board's.

SB 615 (Figueroa, Chapter 550) Extends the scope of the Cervical Cancer Community Awareness Campaign, conducted by the Department of Health Services, to include provider education aimed at promoting awareness of human papillomavirus and its link to cervical cancer, if voluntary contributions are received.

SB 650 (Ortiz, Chapter 442) Enhances the IMPACT Program to require the Department of Health Services to develop and implement a program to provide quality prostate cancer treatment for low-income and uninsured men.

Other Medical

AB 354 (Cogdill, Chapter 449) Commencing July 1, 2006, and until January 1, 2009, this law authorizes, under the Medi-Cal program, teleophthalmology and teledermatology by store and forward. Teleophthalmology and teledermatology by store and forward means an asynchronous transmission of medical information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology, where the physician at the distant site reviews the medical information without the patient being present in real time. A patient receiving teleophthalmology or teledermatology by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician.

AB 920 (Aghazarian, Chapter 317) Effective July 1, 2006, this law moves the Steven M. Thompson Physician Corps Loan Repayment Program (LRP) and the Volunteer Physician Program from the Medical Board of California to be placed as two programs in the California Physician Corps Program within the Health Professions Education Foundation (HPEF). It also adds two members to the HPEF Board, appointed by the Medical Board, effective January 1, 2006.

AB 1711 (Strickland, Chapter 58) Authorizes a registered nurse or pharmacist to administer, in skilled nursing facilities, influenza and pneumococcal immunizations to a patient over 50 years of age, pursuant to standing orders and without patient-specific orders, if the standing orders meet prescribed federal recommendations and are approved by the medical director of the facility.

(Continued on page 5)

(Continued from page 4)

SB 279 (Cedillo, Chapter 596) Provides that a temporary physician staffing agency, commonly referred to as a locum tenens agency (LTA), is not an employer of physicians it places.

SB 367 (Speier, Chapter 723) Enacts the Patient and Provider Protection Act. It requires health insurers, who contest or deny a claim, to include in the notice to the healthcare provider the factual and legal basis known at that time by the health insurer for each reason to contest or deny the claim. Requires each contract between insurers and healthcare providers to contain provisions requiring a fast, fair, and cost-effective dispute resolution mechanism. Requires, by July 1, 2006, the Insurance Commissioner to establish a Web page dedicated exclusively to providing information regarding processing complaints and inquiries from insureds and their healthcare providers relating to health insurance issues.

SB 614 (Figueroa, Chapter 266) Authorizes a certified nurse-midwife to furnish or order Schedule II controlled substances under conditions applicable to Schedule III, IV, or V controlled substances and deletes the requirement that Schedule II controlled substances be ordered in a hospital. It further requires a certified nurse-midwife, with an active furnishing number, to provide specified documentation of continuing education relating to Schedule II controlled substances.

SB 644 (Ortiz, Chapter 417) Prohibits a healthcare licentiate (such as a pharmacist) from obstructing a patient from obtaining prescribed drugs or devices, except under specified conditions (e.g., if a pharmacist refuses to fill a prescription for moral or religious reasons, the pharmacist's employer must by law provide an alternate means for the patient to obtain the prescription – either arrange for another pharmacist to fill the prescription or another pharmacy to fill the prescription).

SB 941 (Alquist, Chapter 671) Existing law provides that the County Emergency Medical Services Fund and Physician Services Account shall be used to reimburse physicians and surgeons for losses incurred for emergency services, as defined, provided to patients who meet two criteria. This law adds to those criteria that the patient does not have health insurance coverage for emergency services and care. It further makes physicians eligible to receive payments for patient care provided by a nurse practitioner or physician's assistant and revises the reimbursement rate.

SCR 49 (Speier, Chapter 123) Creates a panel, members to include a representative of the California Medical Association, to study the causes of medication errors and to recommend changes in the healthcare system that would reduce the errors associated with the delivery of prescription and over-the-counter medication to consumers. It requires the panel to convene by October 1, 2005, and submit to the Assembly Committee on Health and the Senate Committee on Health a preliminary report by March 1, 2006, and a final report by June 1, 2006.

Physician Volunteer Registry

by Richard Fantozzi, M.D., President, Division of Licensing

The Medical Board launched the online Physician Volunteer Registry in 2004. The idea for a registry was developed by the board's Access to Care Committee and its concern with increasing the availability of healthcare in California. The registry is intended to be used by clinics or other entities seeking volunteer physicians. The board has been a strong advocate for access to care in medically underserved areas of the state, and has worked vigorously to improve the opportunity for physicians to volunteer their medical services.

Currently, I am collaborating with malpractice insurance industry leaders to convene working groups, which will attempt to find solutions to the problems some volunteer physicians may face that impede them from serving their communities due to the lack of malpractice insurance. I am also working with California Telemedicine & eHealth Center and the University of California system seeking access to their telemedicine program for volunteer physicians to use as a tool to improve the quality of care they provide.

Effective July 1, 2006, AB 920 (Aghazarian, Statutes of 2005) establishes the California Physician Corps Program and transfers the Volunteer Physician Program with the Steven M. Thompson Loan Repayment Program to the Health Professions Education Foundation (HPEF). Two Medical Board members, Barbara Yaroslavsky and I, have been appointed to serve on the HPEF's board effective January 1, 2006. I envision that both programs will live and prosper within the HPEF, as community leaders continue to work to improve access to care for all Californians.

If you have any questions or would like to be added to the volunteer registry, please contact Letitia Robinson at (916) 263-6668 or Lrobinson@medbd.ca.gov.

Toward a More Accountable Profession: The Case of the Aging Physician

William A. Norcross, M.D., PACE administrator, with Heather A. Ching, M.F.T., and William Sieber, Ph.D.

The Medical Board of California (Board) asks the UCSD Physician Assessment and Clinical Education (PACE) Program, an independent program of the UCSD School of Medicine, to assess physicians for clinical competency. Typically, this assessment follows after administrative charges are filed against the physician's license and disciplinary action is imposed. PACE faculty and staff conduct a number of tests to determine if a physician has deficiencies in any area of clinical competency or if there could be other factors which contributed to the disciplinary action. (A description of the UCSD PACE Program can be found at www.paceprogram.ucsd.edu.) Over the years, several MBC referrals have led to the discovery of physicians who have neurocognitive deficits sufficient to interfere with their ability to practice medicine safely.

A typical instance was one of an 80-year-old vascular surgeon who was disciplined because of problems with the postoperative management of a patient that resulted in a fatal outcome. He was found to have significant deficits in memory, a diminished ability to learn new information, abnormal visuospatial perception, and a deficit in fine motor function of the dominant hand.

Another example is that of a 74-year-old primary care physician who demonstrated confusion, disorientation, and inappropriate responses while participating in a PACE educational program. He was referred for a medical evaluation and formal neuropsychological testing which revealed findings consistent with a chronic organic brain syndrome.

In all cases in which health concerns are discovered, the information is shared with the physician and he/she is strongly encouraged to be evaluated by his/her personal physician(s).

We believe it is likely that in many of these cases, as in the example above, the neurocognitive deficits that PACE uncovered were directly related to the event(s) that led to their discipline by the Board. In the majority of these cases there was no evidence that the physician's hospital or medical group questioned his competency, put restrictions on his practice, or made an effort to refer him for further evaluation. Sadly, this was true even in cases in which the doctor suffered a stroke, and there was gross evidence of paralysis, abnormal speech, and/or an obvious decline in mental function. As a profession, physicians are very reluctant to approach a colleague with a perceived health problem. Moreover, physicians with cognitive problems are often unwilling or unable to seek help or retire from clinical practice. It is sad to witness a physician end a career of dedication and service in such a tragic manner.

Although the majority of physicians who choose to continue to practice medicine beyond age 65 are likely to be competent and sufficiently healthy to practice medicine safely, the incidence of many serious diseases increases directly with age. Unfortunately, many of these diseases occur insidiously and may not be apparent to the person afflicted. In population-based studies of community-dwelling persons age 65 and older, mild Parkinsonism was found in about 25% of people over age 65[1], and symptoms and signs of predementia in 1%-2%[2,3], with a significant rate of annual conversion to dementia. While higher education appears to confer a mild protective effect from dementia, there is no reason to suspect that physicians would not suffer the risk of increasing likelihood of neurodegenerative processes with age. Other studies show a significant incidence of hearing impairment[4] and vision loss[5] with aging.

Commercial airline pilots, a profession to which the medical profession is often, arguably, compared, deals with the increasing incidence of disease with age through a program of mandatory, intensive testing and assessment and compulsory retirement from flying at age 60. (I am told that the latter is neither evidence-based nor purely related to health or fitness concerns. I offer this only as an interesting point of comparison with another highly regarded profession whose members are responsible for the welfare and safety of the public.)

There is no consensus regarding routine health or competency screening of physicians. To our knowledge, the only mandatory assessment program for aging physicians is conducted by the College of Physicians and Surgeons of the Province of Ontario, which requires physicians age 70 and older who wish to continue in active medical practice, to undergo a compulsory peer review every five years[6]. But world opinion is divided on

(Continued on page 7)

The Aging Physician *(Continued from page 6)*

this issue: In considering the same general issue, the New Zealand Human Rights Commission stated that any form of compulsory assessment of physicians based solely on age represented age discrimination[7].

While we agree that discrimination based solely on age is abhorrent, we feel compelled to recognize that a host of diseases causing decrements in physical, sensory, and neurocognitive functions increases sharply with advanced age. Whether related or not to physical and mental decline, a growing body of evidence demonstrates that physicians who have been in practice longer are at significant risk for providing lower-quality care[8]. Because of this growing body of scientific evidence, we believe that the real risks to the public safety outweigh any theoretical concerns for individual physicians.

The development of a uniform and validated assessment of health and general competency for all physicians licensed in California who wish to continue actively practicing medicine beyond age 65 or 70 seems to be a reasonable response to this problem. We propose that such a program be created and implemented by the profession itself and not be mandated by legislation. The composition of such a program, as well as the age at which it would begin and the subsequent interval at which it would be required, should be evidence-based to the extent possible, and should include the input of all stakeholders. Although the goal is universal competency screening, we acknowledge that such a program would be a "shock" to the culture of our profession in the United States, and there would be many significant and justified concerns about it. For those reasons, we suggest that, at least in its first few years, while it is being studied, the program be voluntary, confidential, and non-punitive. Over time, such a program would do much to ensure the public safety and enhance the trust that our patients invest in us.

Disclaimer: *The content of this article represents the views of the authors and should not necessarily be construed as representing the views of the Medical Board.*

References:

1 Louis ED, Tang MX, Schupf N, et al. Functional correlates and prevalence of mild Parkinsonian signs in a community population of older people. Arch Neurol 2005; 62: 297-302.

2 Ganguli M, Dodge HH, Chen P, et al. Ten-year incidence of dementia in a rural elderly U.S. community population: the MoVIES Project. Neurology 2000; 54: 1109-1116.

3 Solfrizzi V, Panza F, Colacicco AM, for the Italian Longitudinal Study on Aging Working Group, et al: Vascular risk factors, incidence of MCI, and rates of progression to dementia. Neurology 2004; 63: 1882-1891.

4 Lee DJ, Gomez-Martin O, Lam BL, et al. Trends in hearing impairment in United States adults: The National Health Interview Survey, 1986-1995. J Gerontol 2004; 59A: 1186-1190.

5 Taylor HR, Keeffe JE, Vu, HTV, et al. Vision loss in Australia. MJA 2005; 182: 565-568.

6 St George I, Kaigas T, McAvoy P. Assessing the competence of practicing physicians in New Zealand, Canada, and the United Kingdom: progress and problems. Fam Med 2004; 36 (3): 172-77.

7 New Zealand Human Rights Commission (May 14, 2002)

8 Choudry NK, Fletcher RH, Soumerai SB. Systematic review: the relationship between clinical experience and quality of health care. Ann Intern Med 2005; 142: 260-273.

Please note:

All physicians, except radiologists and pathologists, are required to complete 12 hours of CME in pain management and the treatment of terminally ill and dying patients. This one-time requirement (AB 487, effective Jan. 1, 2002) added section 2190.5 to the Business and Professions Code and must be completed by Dec. 31, 2006.

Steven M. Thompson Physician Corps Loan Repayment Program

The Steven M. Thompson Physician Corps Loan Repayment Program was established in 2003 to offer student loan repayments, up to $105,000, to recently licensed physicians willing to work for three years in underserved areas of the state.

Tania Media, M.D., and Salvador Garfias, M.D. work at Clinica Msr. Oscar Romero in Los Angeles, with Clinic Assistant Medical Director Paul Giboney, M.D. (middle of picture).

The challenge of raising funds continues, yet the Medical Board has met those expectations by ensuring that there are enough resources for the program to continue. In addition to a $500,000 matching grant awarded by The California Endowment, $200,000 was received through a private donation. In the state budget for 2005-06, $3 million was earmarked for the loan repayment program; this money came from the Cigarette and Tobacco Products Surtax Fund.

2005 Class of Awardees

Chibuike Anucha, MD
Clinica Sierra Vista
Arvin and Lamont

Jason Auriemma, MD
Communicare Health Centers
Woodland

Marjan Banooni, MD
St. Anthony Medical Center
Hollywood

Carmen Espitia, MD
San Joseph Medical Clinic
Van Nuys

Lyle Forehand, MD
Stanislaus Health Services
Modesto

Goretti Garcia, MD
Clinica Msr. Oscar Romero
Los Angeles

Salvador Garfias, MD
Clinica Msr. Oscar Romero
Los Angeles

Patrick Giesemann, MD
Neighborhood Healthcare
Escondido

Wendi Joiner, MD
Humboldt Medical Group
Fortuna and Ferndale

Lamia Kadir, MD
Tri-City Health Center
Fremont

Shirley Leong, MD
North East Medical Services
San Francisco

John Lynn, MD
Neighborhood Healthcare
Lakeside

Miles Masatsugu, MD
Community Care Health Centers
Huntington Beach

Huey Merchant, MD
Valley Child Guidance Clinic
Palmdale

My-Linh Pham, MD
Sequoia Comm. Health
Fresno

Marlene Rodriguez, MD
La Clinica de La Raza
Oakland

Erica Shoemaker, MD
Augustus F. Hawkins Clinic
Los Angeles

Lorrie Strohecker, MD
San Diego Family Care Clinics
San Diego

Brian Thomas, MD
Mendocino Comm Health
Ukiah, Lakeport and Willits

Matt Rosenberg, M.D., and his assistant, Monica, work for the Chapa-De Indian Health Program in Woodland, CA.

During the spring of 2005, the Medical Board received applications from 65 physicians who wanted to be considered for an award. The qualified applicants represented a cumulative request of almost $7.8 million in loan repayments. There was significant diversity in the applicants' cultural backgrounds, the languages they speak, and the geographic locations of the practice settings. Awards were given to 19 physicians working in 27 practice settings (see listing below); a total of $1.7 million in loan repayments were funded.

Assembly Bill 327 (de la Torre), passed by the Legislature and signed into law, became effective on January 1, 2006. This bill authorizes the board to accept a voluntary $50 fee for the issuance and renewal of a physician's license, to provide support for the loan repayment program. The Medical Board hopes that you will consider making a donation when you renew your license.

Jason Auriemma, M.D., and staff member, Michelle, work at the Communicare/Peterson Clinic in Woodland, CA.

Taking into account all money which has been committed to the loan repayment program and interest earned, over $8 million has been raised. Cumulatively, almost $5.9 million has been encumbered in the contracts signed with the 65 physicians in the 2003, 2004, and 2005 classes of awardees.

2006 Applications

Applications for the 2006 Loan Repayment Program will be available on the board's Web site by February 1. For updated information, please check: http://www.medbd.ca.gov/MDLoan.htm. You may also register to receive news blasts by sending an e-mail to: MDLoan@medbd.ca.gov.

New Medicare Prescription Drug Coverage: What You and Your Patients Need to Know

In 2003, Congress signed into law the Medicare Prescription Drug Improvement and Modernization Act. This included a prescription drug benefit called Medicare Part D. Beginning January 1, 2006, Medicare Part D pays for prescription drugs for Medicare/Medi-Cal dual-eligible recipients and all other Part D-eligible recipients through private prescription drug plans. This change also applies to beneficiaries in managed care plans.

Healthcare providers supplying drugs to Medicare Part D-eligible recipients should submit claims with the Prescription Drug Plan (PDP) or Medicare Advantage-Prescription Drug (MAPD) Plan in which the recipient is enrolled. Recipients should have an MAPD or PDP card. Medi-Cal may be able to provide the recipient's MAPD or PDP information when providers check recipient eligibility through their Benefits Identification Card (BIC).

How does the coverage work?

- Medicare Prescription Drug Coverage is a voluntary Medicare program that helps pay for both brand name and generic prescription drugs at participating pharmacies.
- Private companies provide the coverage. Patients choose a drug plan and pay a monthly premium. Medicare covers a percentage of your patient's annual drug cost.
- Medicare Prescription Drug Coverage enrollment began November 15, 2005 and coverage started January 1, 2006.
- Patients have to choose the plan that meets their needs.
- Some people may not wish to change the way they get prescription drugs today. However, it is always best for patients to compare plans and see what works for them in the short and long term, before they make a decision.

How does your patient select a plan?

- Patients have to make a choice among the prescription drug plans available in their area.
- Patients should look for:

  Coverage: Verify that their prescription drugs are covered in the plans.

  Convenience: Find out if the pharmacies they use are part of the plan network.

  Costs: Compare monthly premium fees.

  Peace of mind: Coverage that protects them from higher prescription drug costs in the future.

Even though there are nine categories of drugs excluded from coverage under Part D, drug plans have the option of covering drugs within those categories. Medi-Cal will continue to pay providers' claims for the six "Part D excluded" categories of drugs that Medi-Cal currently covers. The categories that Medi-Cal will continue to cover are:

- Anorexia, weight loss or weight gain
- Symptomatic relief of coughs and colds
- Non-prescription drugs (Part D, not Medi-Cal, covers insulin and syringes)
- Barbiturates
- Benzodiazepines
- Prescription vitamins and minerals (Select single vitamins and minerals pursuant to prior authorization or utilization restrictions. Combination vitamin and mineral products are not a benefit. Vitamins or minerals used for dietary supplementation are not a benefit.)

Six drug classes of special concern have been specified in which all drugs will be on formulary: anti-neoplastics, anti HIV/AIDS drugs, immunosupressants, anti-psychotics, anti-depressants and anti-convulsants.

Helping your patients can be as simple as referring them to 1-800-MEDICARE and www.medicare.gov. Assistance is available in English or Spanish.

Additional clarifying information for fee-for-service (FFS) Medicare providers can be viewed at www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0557.pdf.

Visit www.cms.hhs.gov/medlearn/drugcoverage.asp to view the toolkit for healthcare professionals: Medicare Prescription Drug Coverage. It includes downloadable educational materials specifically for physicians and other healthcare professionals and their staff to learn the basics about Medicare Prescription Drug Coverage. It also includes materials to distribute to Medicare patients.

Physician Assistant History, Education, and Scope of Practice

Richard L. Wallinder, Jr., Executive Officer
Physician Assistant Committee

After almost 30 years of licensing physician assistants (PAs) in California the question is still asked: What is a PA? PAs are healthcare professionals who have completed a rigorous nationally accredited training program, passed a national written examination, and are licensed to practice medicine under physician supervision.

History

In 1965, primary care physicians were in short supply, particularly in rural and inner city areas. In an effort to augment scarce medical supply, Dr. Eugene Stead of Duke University created the PA concept and established its first training program. He believed that under the supervision of a physician, PAs could safely and effectively provide services previously provided solely by physicians. He was accurate in his vision. Today there are over 46,000 physician assistants licensed nationwide. In California there are over 5,700 licensed PAs. PAs practice with physician supervision in all areas of medicine. They practice in the areas of primary care medicine including family medicine, internal medicine, pediatrics, and obstetrics and gynecology, as well as in surgery and the surgical subspecialties.

Education and Licensure

To be licensed in California, a PA must attend a physician assistant training program associated with a medical school and the curriculum must include both classroom studies and clinical experience. An academic degree and/or certificate is awarded upon graduation. Many PAs have two or four-year academic degrees before entering a PA training program. Most PA training programs require prior healthcare experience (e.g., medical assistant, emergency medical technician, registered nurse, etc.).

After completing their training, PAs must pass a rigorous national written examination to complete the licensing process and obtain a license to practice from the Physician Assistant Committee.

Supervision, Scope of Practice, and Drug Orders

PAs cannot practice independently. Every PA must be supervised by a licensed physician (either M.D. or D.O.). The physician supervises the PA either when both are at the same location or by electronic means (e.g., telephone). The supervising physician must always be available. The supervising physician is responsible for following each patient's progress. Additional information about physician supervision can be found on the Physician Assistant Committee (PAC) Web site at www.physicianassistant.ca.gov. Generally, physicians may supervise two PAs at any one time. In state-designated medically underserved areas, they may supervise up to four PAs at any one time. To determine if a practice area is designated as medically underserved, please contact the Physician Assistant Committee at (916) 561-8780.

The PA's scope of practice is defined by their supervising physician. Whatever medical specialty a physician practices (e.g., general practice, cardio-thoracic surgery, dermatology, etc.) defines the PA's scope of practice. A Delegation of Services Agreement between the PA and their supervising physician defines exactly what tasks and procedures a physician is delegating to their PA. These tasks and procedures must be consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition. Copies of the Delegation of Services forms may be found on the PAC Web site at www.physicianassistant.ca.gov.

If it is part of their supervising physician's practice and the supervising physician delegates the authority, a PA may issue drug orders to patients. PAs must obtain their own DEA Certificate when authorized by their supervising physician to issue drug orders for Schedule II-V medications.

ADMINISTRATIVE ACTIONS: August 1, 2005 - October 31, 2005

PHYSICIANS AND SURGEONS

AHMED, KHAJA R., M.D. (A45423) Torrance, CA

B&P Code §2266. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Public reprimand and ordered to pay cost recovery of $2,107. October 14, 2005

AINBINDER, DENNIS JOEL, M.D. (G29248) Encino, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a clinical training program, a medical record keeping course, a professional boundaries course, an ethics course, and paid cost recovery of $3,000. Public Reprimand. August 1, 2005

ALBERT, SAMUEL HARRY, M.D. (G18039) Fountain Valley, CA

B&P Code §2266. Stipulated Decision. Failed 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, 60 days actual suspension, completing a medical record keeping course and an ethics course, obtaining a billing monitor, and ordered to pay cost recovery of $4,000. September 15, 2005

ALDRIDGE, SEAN SHERRON-EDWA, M.D. (G44695) Palm Springs, CA

B&P Code §§2234(b)(c)(d), 2238, 2242, 2266. Stipulated Decision. Committed acts of gross negligence, incompetence, and repeated negligence; violated federal or state drug statutes; and failed to maintain adequate and accurate medical records by prescribing approximately 6,073 prescriptions over the Internet without a good faith examination. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME, a prescribing practices course, and a medical record keeping course; obtaining a practice monitor; prohibited from prescribing over the Internet, and ordered to pay cost recovery of $5,000. September 7, 2005

ALIYAR, PAREED, M.D. (A37971) Lake Havasu, AZ

B&P Code §§141(a), 2234, 2305. Disciplined by Arizona for inappropriately prescribing excessive doses of Lovastatin. Public Letter of Reprimand. October 25, 2005

ANDERSON, PAUL WILLIAM, M.D. (G61583) Mill Valley, CA

B&P Code §2234(d). Stipulated Decision. Committed an act of incompetence by demonstrating a critical lack

Explanation of Disciplinary Language and Actions

"Effective date of decision" — Example: "August 2, 2005" 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.

of knowledge with regard to the basic anatomy of the human spine. Physician completed a clinical training program. Public Letter of Reprimand. October 26, 2005

ANDRADE, SERGIO GILBERTO, M.D. (A25096) San Gabriel, CA

B&P Code §§2234(a), 2266, 2285, 2415. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 6 patients and practiced without a Fictitious Name Permit. Probation is extended an additional 2 years with terms and conditions including, but not limited to, completing a medical record keeping course and an ethics course, and ordered to pay cost recovery of $5,000. September 19, 2005

ASSAF, PIERRE BECHARA, M.D. (A36989) Fontana, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of 1 patient. Physician was ordered to pay cost recovery of $3,000. Public Reprimand. September 5, 2005

BAHREINI, MARYAN, M.D. (A33520) Indian Wells, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a medical record keeping course and ordered to pay cost recovery of $2,500. Public Reprimand. September 1, 2005

BHATTACHARYYA, ALOK K., M.D. (A42257) Lakeport, CA

B&P Code §§2234(c), 2266. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and ordered to pay cost recovery of $25,000. August 8, 2005

BLODGETT, JOHN R., JR., M.D. (G6431) Palmdale, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, prescribing without medical indication, and failing to maintain adequate and accurate medical records in the care and treatment of numerous patients. Surrender of license and ordered to pay cost recovery of $16,948. August 9, 2005

CAHN, PAUL JEFFREY, M.D. (G71606) San Rafael, CA

B&P Code §§141(a), 2305. Disciplined by Oregon for departing from the standard of practice in numerous instances. Also disciplined by New York for the action taken by Oregon. Revoked and ordered to pay cost recovery of $973. August 15, 2005

CHANDLER, BERRY MARSHALL, M.D. (C42865) Mandeville, LA

B&P Code §§141(a), 2236, 2305. Disciplined by Louisiana for being convicted of dispensing controlled substances without a medical purpose and simple battery. Revoked and ordered to pay cost recovery of $556. October 3, 2005

DAHHAN, ABDULKADER, M.D. (A37100) Harlan, KY

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Kentucky for verbal abusive behavior toward the nursing staff. Public Letter of Reprimand. October 27, 2005

FELKEL, JOHN ROBERT, M.D. (G25038) Redlands, CA

B&P Code §§2232, 2236. Convicted of 2 counts of a lewd act upon a child and required to register as a sex offender. Revoked and ordered to pay cost recovery of $2,615. August 8, 2005

FILBECK, JOSEPH LEE, JR., M.D. (C35780) San Diego, CA

B&P Code §§2234(b)(c)(d), 2238, 2242, 2242.1, 2266 Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, failing to maintain adequate and accurate medical records, and violating federal or state drug statutes by prescribing over the Internet without a good faith examination. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; completing an educational course in addition to required CME; completing a prescribing practice course; obtaining a practice monitor; prohibited from prescribing over the Internet; and ordered to pay cost recovery of $3,000. September 2, 2005

FISHER, FRANK BENSELL, M.D. (G48224) El Cerrito, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and excessive prescribing in the care and treatment of multiple patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; completing an educational course in addition to required CME; and obtaining a practice monitor. August 10, 2005

FRIEDMAN, MARNI JONNA, M.D. (A65852)
Hollister, CA

B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence and incompetence in the care and treatment of 1 patient by failing to use, perform, or interpret appropriate examinations and tests; and failing to support the billing codes used. Physician completed a medical record keeping course and paid cost recovery of $1,500. Public Letter of Reprimand. August 10, 2005

FRY, MARION P., M.D. (G57771)
Cool, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 5 patients. Physician completed a medical record keeping course and paid cost recovery of $1,500. Public Reprimand. August 11, 2005

FUNDORA, LUIS ENRIQUE, M.D. (G48695)
Temple City, CA

B&P Code §§732, 2234(a)(c)(d), 2266. Stipulated Decision. Committed acts of repeated negligence, incompetence, unprofessional conduct, failed to maintain adequate and accurate medical records, and failed to refund a duplicate payment in the care and treatment of 2 patients. Physician completed a medical record keeping course and paid cost recovery of $1,000. Public Reprimand. September 19, 2005

GILL, MUZAFFAR LATEEF, M.D. (A63446)
Islamabad, Pakistan

B&P Code §§2234, 2236(a). Convicted of 2 felony offenses for assault and terrorist threats. Revoked and ordered to pay cost recovery of $3,266. August 10, 2005

GILLIAM, RICHARD LEONARD, M.D. (G85035)
Pacific Grove, CA

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Maine for failing to properly diagnose and treat a patient for shock. Physician completed a clinical training program and paid cost recovery of $400. Public Reprimand. August 1, 2005

GIRAY, EROL F., M.D. (G49143)
San Luis Obispo, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with dishonest or corrupt conduct, gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records by entering into a dual relationship with 4 patients and creating a therapeutic conflict of interest. Revoked, stayed, placed on 10 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing a medical record keeping course, an ethics course, and a professional boundaries program; obtaining a practice/billing monitor; ordered to pay restitution in the amount of $129,000; and ordered to pay cost recovery of $10,000. September 2, 2005

GODIWALLA, SHIRLEY YEZDI, M.D. (A44921)
Pewaukee, WI

B&P Code §§141(a), 2305. Disciplined by Wisconsin for departing from the standard of practice in the care and treatment of several pediatric patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program; obtaining a practice/billing monitor; prohibited from engaging in solo practice; and ordered to pay cost recovery of $1,112. August 8, 2005

GUNNOE, BRYAN ANDREW, M.D. (G71016)
Phoenix, AZ

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Arizona for failing to confirm the appropriate level intra-operatively, resulting in spinal surgery at the wrong level. Public Letter of Reprimand. October 25, 2005

HASSLER, SHAWN KENT, M.D. (A62683)
San Francisco, CA

B&P Code §§726, 2234(c). Committed acts of repeated negligence and sexual misconduct during 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; prohibited from consulting, examining, or treating male patients without a third-party chaperone; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; completing an educational course in addition to required CME; completing a prescribing practice course, a medical record keeping course, an ethics course, and a professional boundaries course; obtaining a practice/billing monitor; and ordered to pay cost recovery of $19,153. September 12, 2005

HATHERLEY, JOHN ANTHONY, M.D. (G52940)
Huntington Beach, CA

B&P Code §§2234(e), 2238, 2239. Stipulated Decision. Committed acts of dishonesty and corruption, self-abused controlled substances, used controlled substances and alcohol while in the Diversion Program and violated drug statutes by furnishing and prescribing controlled substances for his own use. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing the Diversion Program; prohibited from prescribing, dispensing, administering or possessing any controlled substances except in an emergency room setting; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; abstaining from the personal use or possession of controlled

substances and alcohol; submitting to biological fluid testing; and ordered to pay cost recovery of $4,000. October 27, 2005

HO, GLENN MICHAEL, M.D. (A38922) Arcadia, CA

B&P Code §2234(c). 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 an ethics course and ordered to pay cost recovery of $9,929. October 12, 2005

HO, JOHN S., M.D. (A43073) San Francisco, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, dishonesty or corruption, 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, prohibited from practicing obstetrics during probation, completing an ethics course, providing 100 hours of free medical or non-medical community service, and ordered to pay cost recovery of $6,000. August 22, 2005

HOUGHTON, ROBERT ANTUNEZ, M.D. (A49774) San Diego, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 4 patients. Physician must complete a medical record keeping course and ordered to pay cost recovery of $7,000. Public Reprimand. September 19, 2005

IACONO, ROBERT PAUL, M.D. (G40733) Redlands, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with dishonesty, making false statements on an application for privileges, and unprofessional conduct. Surrender of license and ordered to pay cost recovery of $7,386. September 19, 2005

IBRAHIM, NIZAR ISA, M.D. (A70310) Moreno Valley, CA

B&P Code §§2234(c), 2266. Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 2 patients, failed to maintain adequate and accurate medical records, and committed unprofessional conduct by engaging in conduct which breaches the rules of the medical profession. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing an educational course in addition to required CME; completing a medical record keeping course, an ethics course, and a professional boundaries course; obtaining a practice monitor; prohibited from consulting, examining, or treating female patients without a third party chaperone; and ordered to pay cost recovery of $5,000. August 24, 2005

JACKSON, D. ANTHONY, M.D. (G33174) Monterey Park, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive treatment, prescribing without a good faith prior examination or medical indication, dishonesty, insurance fraud, creating false and/or fraudulent records, and failure to maintain adequate and accurate medical records in the care and treatment of 14 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 240 days actual suspension; completing an educational course in addition to required CME; completing a medical record keeping course, an ethics course, and a clinical training program; obtaining a practice/billing monitor; prohibited from providing medical services to any patient in a residential facility; and ordered to pay cost recovery of $5,732. September 5, 2005

JACKSON, GEORGE F., JR., M.D. (G9779) Glendale, CA

B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence and incompetence in the care and treatment of 1 patient and has a condition affecting his ability to practice medicine safely. Surrender of license. August 19, 2005

JOHNSON, WILLIAM H., M.D. (G46239) Pittsburg, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Probation is extended until December 31, 2005, with terms and conditions including, but not limited to, completing a medical record keeping course, obtaining a practice monitor, and maintaining a record of all controlled substances prescribed, dispensed, or administered. September 19, 2005

KARPF, RICHARD JAMES, M.D. (A42401) Great Neck, NY

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New York for felony possession of a weapon. Surrender of license. August 1, 2005

KHALID, SHAHPER, M.D. (A49816) Riverside, CA

B&P Code §2234(b)(c). Stipulated Decision. Committed acts of repeated negligence and gross negligence 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, and an ethics course; obtaining a practice monitor; prohibited from solo practice; and ordered to pay cost recovery of $5,000. October 7, 2005

KHAN, M. IBRAHIM, M.D. (C41598) Beverly Hills, CA

B&P Code §§2234(b)(c)(d), 2266. Committed acts of repeated negligence, gross negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician also violated the terms and conditions of his board-ordered probation by failing to enroll in and complete a medical record keeping course, an educational course in addition to required CME, and an ethics course; failing to submit proof of notification and quarterly declarations; failing to update his address of record; and failing to make cost recovery payments. Revoked. September 15, 2005

KRIL, MERVIN PETER, M.D. (A31299) Redwood City, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts and incompetence in the care and treatment of 6 patients and having a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program and an educational course in addition to CME; prohibited from practicing surgery, specifically neurosurgery while on probation; and ordered to pay cost recovery of $2,000. September 6, 2005

LESKOVAR, TOMISLAV, M.D. (A50132) Moraga, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts and incompetence in the care and treatment of 7 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course in addition to CME, and ordered to pay cost recovery of $8,000. October 24, 2005

LEWIS, JEFFREY EARL, M.D. (G29805) Denton, TX

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Texas for failure to effectively address a patient's condition following post-operative complications. Public Letter of Reprimand. October 27, 2005

MAURICE, PHILIP BRIAN, M.D. (A31057) Thousand Oaks, CA

B&P Code §§725, 2234(c), 2266. Committed acts of repeated negligence, failed to maintain adequate and accurate medical records in the care and treatment of multiple patients, and prescribed an excessive amount of Adderall to 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and ordered to pay cost recovery of $26,666. September 12, 2005

MCCLANAHAN, JEFFREY SCOTT, M.D. (G62238) Los Gatos, CA

B&P Code §2234. 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. Surrender of license and ordered to pay cost recovery of $9,000. August 25, 2005

MCCLINTOCK, JOHN SCOTT, M.D. (G75194) Chula Vista, CA

B&P Code §2236. Convicted of 8 counts of lewd and lascivious acts with children under the age of 14. Revoked. August 31, 2005

MISKO, JOHN C., M.D. (C26843) Portland, OR

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Oregon for failure to complete a multi-disciplinary evaluation ordered by Oregon. Surrender of license. September 6, 2005

MITCHELL, ACCIE M., M.D. (C28274) Los Angeles, CA

B&P Code §§2234(b)(d), 3502.1. Committed acts of gross negligence, incompetence, and unprofessional conduct by failing to adequately supervise a physician assistant providing care and treatment to 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, ordered to pay cost recovery of $11,106. September 23, 2005

MOORE, RUFUS WILLIAM, JR., M.D. (A31507) Pomona, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients.

Copies of some public documents are available at www.caldocinfo.ca.gov, click on "Enforcement Public Document Search," or call the Medical Board's Central File Room at (916) 263-2525. (Minimal copy charge.)

Physician must complete an educational course in the care and treatment of elder patients, complete a medical record keeping course, and ordered to pay cost recovery of $3,000. Public Reprimand. September 30, 2005

MORIARTY, SARAH ALICE, M.D. (A93218)
Merced, CA

B&P Code §§480(a)(2)(3), 2238. Stipulated Decision. Arrested for attempting to obtain a controlled substance for personal use with a false prescription. Probationary license issued, 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. Decision effective September 9, 2005, probationary license issued November 2, 2005.

MYERS, JEFFREY MARTIN, M.D. (A49094)
Riverside, CA

B&P Code §2263. Stipulated Decision. Violated patient confidentiality by improperly exposing patient medical histories and pertinent identifying information to the general public. Public Letter of Reprimand and ordered to pay cost recovery of $1,250. September 20, 2005

NAPOLITANO, RALPH ANGELO, M.D. (G69492)
Camarillo, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with sexual misconduct and unprofessional conduct with 1 patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a professional boundaries program; completing an ethics course; obtaining a practice monitor; prohibited from solo practice; prohibited from consulting, examining, or treating female patients without a third-party chaperone; and ordered to pay cost recovery of $2,500. October 11, 2005

NGUYEN, DAVID HUAN, M.D. (A70948)
Sun City, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, dishonest acts, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Public Reprimand and ordered to pay cost recovery of $5,000. September 8, 2005

ODONNELL, JOSEPH EDWARD, M.D. (C41378)
Fallbrook, CA

B&P Code §2234. 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 2 patients. Surrender of license. September 19, 2005

OTTESTAD, EINAR, M.D. (A92865)
Stanford, CA

B&P Code §§480(a)(1), 2239(a). Convicted of driving under the influence of alcohol. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the personal use of alcohol, submitting to biological fluid testing, and completing the board's Diversion Program. Decision effective September 2, 2005, probationary license issued September 21, 2005.

OTTO, STEVEN RUPERT, M.D. (G32539)
Chandler, AZ

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Arizona for performing a surgical procedure without proper patient consent and failing to arrange adequate physician coverage. Physician completed an educational course in the area of obstetrics and gynecology with emphasis on informed consent and patient communication and paid cost recovery of $400. Public Reprimand. August 1, 2005

PATTARELLI, PHILIP PATRICK, M.D. (G72661)
San Jose, CA

B&P Code §2234(b). Stipulated Decision. Committed gross negligence by diagnosing malignant tumors as benign lesions. Physician completed a clinical training program and paid cost recovery of $1,615. Public Letter of Reprimand. October 26, 2005

PEREL, MICHAEL JOSEPH, M.D. (C37819)
Las Vegas, NV

B&P Code §§136(a), 2021, 2234(b)(c)(d), 2261, 2262, 2266. Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, unprofessional conduct, and failed to maintain adequate and accurate medical records in the care and treatment of 22 patients; altered, modified or created false medical

Please Check Your Physician Profile at the Medical Board's Web Site

Your Address of Record is Public

www.caldocinfo.ca.gov

Click on "Check Your Doctor Online"

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

records in the care and treatment of 1 patient; and failed to maintain his address of record. Surrender of license. August 8, 2005

PERRY, KEITH ONEIL, M.D. (G54688)
Los Angeles, CA

B&P Code §§2234(e), 2236(a). Convicted of mail fraud, making false statements to Medicare, wire fraud, aiding and abetting, and bankruptcy fraud. Revoked and ordered to pay cost recovery of $13,216. September 2, 2005

RASHID, AHSAN U., M.D. (A48233)
Irvine, CA

B&P Code §§2234(b)(c)(d), 2238, 2242, 2242.1, 2266. Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, prescribing over the Internet, prescribing without a good faith examination, violating federal or state drug statutes, and failing to maintain adequate and accurate medical records in the care and treatment of 7 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; completing an educational course in addition to CME; completing a prescribing practices course and a medical record keeping course; prohibited from prescribing over the Internet; and ordered to pay cost recovery of $5,000. October 20, 2005

ROSE, KENNETH ARTHUR, M.D. (G43728)
Bryn Mawr, CA

B&P Code §§650, 652, 2052, 2234(b)(c)(d)(e), 2261, 2262, 2264, 2266, 2286, 2400. Stipulated Decision. Aided and abetted the unlicensed practice of medicine; engaged in the practice of prohibited referrals; committed acts of repeated negligence, gross negligence, incompetence and unprofessional conduct; committed acts of dishonesty, corruption, and falsification of medical records; 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; completing an educational course in addition to required CME; completing a medical record keeping course and an ethics course; and obtaining a practice-billing monitor. September 19, 2005

SCHELL, GARY H., M.D. (A21185)
Beverly Hills, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, creating false medical records, failing to maintain adequate and accurate medical records, excessive use of diagnostic tests, and unprofessional conduct in the care and treatment of 2 patients. Physician must complete a medical record keeping course, an ethics course, and ordered to pay cost recovery of $1,000. Public Reprimand. August 31, 2005

SHAH, MUKESH H., M.D. (A44952)
Santa Ana, CA

B&P Code §§2234(a), 2236. Violated the terms and conditions of his board-ordered probation by being convicted for filing a fraudulent insurance claim. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension; completing an educational course in addition to required CME; completing an ethics course; obtaining a practice monitor; prohibited from engaging in solo practice; and prohibited from consulting, examining, or treating female patients. September 6, 2005

SMITH, MILTON PERRY, M.D. (G28352)
Pasadena, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a medical record keeping course, an educational course in cardiovascular medicine, and ordered to pay cost recovery of $2,500. Public Reprimand. October 3, 2005

SMITH, SIDNEY DION, M.D. (C32250)
San Francisco, CA

B&P Code §§726, 2234. Stipulated Decision. Committed acts of sexual misconduct and unprofessional conduct in the care and treatment of 1 patient. Surrender of license and ordered to pay cost recovery of $11,763. October 13, 2005

SPEIER, SUSANA ALICIA, M.D. (A53714)
Mission Viejo, CA

B&P Code §§822, 2239. Physician has a condition affecting her ability to practice medicine safely. Revoked. August 22, 2005

STOUFFER, JOHN EARL, M.D. (G66916)
Anaheim, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a clinical training program, a prescribing practices course, and paid cost recovery of $3,500. Public Letter of Reprimand. August 1, 2005

THOMPSON, VINSON CLEO, M.D. (C38912)
Phoenix, AZ

B&P Code §§141(a), 2305. Disciplined by Arizona for exercising negligent medical judgment in the care and treatment of 1 patient. Physician completed

an educational course focusing on preoperative examination and assessment, and paid cost recovery of $1,014. Public Reprimand. August 11, 2005

TITLE, STANLEY H., M.D. (G6319)
New York, NY

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New York for departing from the standard of practice in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME, obtaining a practice monitor, passing an oral and/or written examination, and ordered to pay cost recovery of $500. August 26, 2005

UTRATA, PETR, M.D. (A54495)
San Leandro, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Physician completed a clinical training program, a medical record keeping course, and paid cost recovery of $12,000. Public Reprimand. August 1, 2005

WANG, WILHELM MARTIN, M.D. (A44748)
Stockton, CA

B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by failing to follow up and confirm if the appropriate consultation, documentation, and referral had been made for 1 patient referred to an appropriate specialist. Physician completed a clinical training program and paid cost recovery of $919. Public Letter of Reprimand. October 26, 2005

WHITE, JAMES GREGORY, M.D. (A30743)
Redding, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 5 patients. Revoked, stayed, placed on 5 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, and an ethics course; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; and ordered to pay cost recovery of $2,500. September 29, 2005

WISE, PHILLIP GREGORY, M.D. (A44108)
Jenison, MI

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Michigan for behaving inappropriately while conducting an examination. Ordered to pay cost recovery of $300. Public Reprimand. September 19, 2005

YANG, THERESE HUNLEY, M.D. (G64469)
Santee, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, excessive prescribing, prescribing to or treating an addict, violation of drug statutes, prescribing without a good faith prior examination, and failure to maintain adequate and accurate medical records in the care and treatment of 5 patients. Revoked, stayed, placed on 5 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, and obtaining a practice monitor. September 2, 2005

YOUSSEF, GEORGE FOUAD, M.D. (A42255)
Anaheim, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, and excessive prescribing in the care and treatment of 1 patient. Physician must complete a prescribing practices course and ordered to pay cost recovery of $2,000. Public Reprimand. August 18, 2005

ZACHARIAH, ABRAHAM, M.D. (A37144)
Los Gatos, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in the care and treatment of 3 patients. Physician completed a medical record keeping course and paid cost recovery of $8,000. Public Reprimand. September 2, 2005

ZAKY, WASSIM FOUAD, M.D. (A36981)
Huntington Park, CA

B&P Code §§810, 2234(e), 2261, 2262, 2266. Committed acts of insurance fraud, dishonesty or corruption, and unprofessional conduct by knowingly falsifying a statement of facts relating to the practice of medicine, making false statements under oath, and failing to maintain adequate and accurate medical records in the care and treatment of 8 patients. Revoked. August 1, 2005

ZELKIND, DONALD RAY, M.D. (G47017)
Denver, CO

B&P Code §§141(a), 822, 2305. Stipulated Decision. Disciplined by Colorado for having a condition affecting his ability to safely practice medicine with reasonable skill and safety to patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, ordered to pay cost recovery of $400. September 7, 2005

DOCTORS OF PODIATRIC MEDICINE

DELZOTTO, THOMAS ANGELO, D.P.M. (E3662) Folsom, CA

B&P Code §2234(b). Stipulated Decision. Committed gross negligence in regards to the accuracy and content of the documentation of medical records provided to the board. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, providing 60 hours of free medical or non-medical community service; completing an ethics course and a medical record keeping course; and ordered to pay cost recovery of $5,250. October 27, 2005

DUFF, JONNA CAROLYN, D.P.M. (E2297) Oxnard, CA

B&P Code §2234(e). Committed acts of dishonesty or corruption by obtaining and using another physician's prescription pads to write prescriptions for her own use. Revoked. September 1, 2005

PHYSICIAN ASSISTANTS

DAWSON, RAYNE, P.A. (PA11108) Los Angeles, CA

B&P Code §2234(c). Stipulated Decision. Committed repeated negligence acts in the care and treatment of 1 patient by failing to consult with the supervising physician, providing inaccurate and incomplete information to a patient, and failing to document a referral to, and the receipt of, alternative medical treatment. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an ethics course, a medical record keeping course, and ordered to pay cost recovery of $4,288. September 16, 2005

GORDON, JOYCELYN ALBERTHA, P.A. (PA15165) Palmdale, CA

B&P Code §§725, 2234(a)(b)(c), 2266, 3502, 3502.1(c), 3527. Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, prescribing without authority, excessive use of diagnostic or laboratory procedures and tests, practicing without adequate supervision or exceeding scope of practice, unprofessional conduct, and failure to maintain adequate and accurate medical records in the care and treatment of 18 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, 60% on-site supervision by the supervising physician, and ordered to pay cost recovery of $7,500. September 5, 2005

REECE, LYDIA M., P.A. (PA10192) Palmdale, CA

B&P Code §§2234(a)(e), 2261, 2266, 3527(a). Stipulated Decision. Committed acts of dishonesty or corrupt conduct, making false statements, practicing without physician supervision, and failure to maintain adequate medical records by preparing and signing a false work excuse slip. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing an ethics course and ordered to pay cost recovery of $725. August 8, 2005

SAAVEDRA, DAVID, P.A. (PA11688) Chino, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts 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 ordered to pay cost recovery of $5,000. August 8, 2005

MIDWIFE

COUGHENOUR, CLAUDETTE LOUISE, L.M. (LM75) Petaluma, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, unprofessional conduct, and failure to have a supervising physician in the care and treatment of 2 patients. Surrender of license and ordered to pay cost recovery of $10,000. August 30, 2005

REGISTERED DISPENSING OPTICIAN

BIRD, SCOTT SIMPSON (SL4698) Santa Monica, CA

B&P Code §§490, 2559.3, 2555.1. Convicted of grand theft. Revoked. October 7, 2005

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Action Report — January 2006
Candis Cohen, Editor (916) 263-2389

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