



## The California Emergency System for the Advance Registration of Volunteer Health Professionals

by Cesar A. Aristeiguieta, M.D., F.A.C.E.P.

President, Division of Medical Quality, Medical Board of California

Director, California Emergency Medical Services Authority

When a disaster strikes, thousands of health care professionals volunteer their time and skills to care for those afflicted by the catastrophe. Although well-intentioned, these volunteers usually are untrained and unprepared to provide care in the austere conditions surrounding a disaster, and many end up becoming victims themselves. For those professionals with the skills, experience, and personal fortitude to work in a disaster zone, the question might be where to sign up? Where to volunteer?

In the past, spontaneous volunteers have faced considerable challenges finding the right place to volunteer, the right setting in which to work without unbearable delays in credential and privilege checking, and the right organization to manage their deployment, security, logistics, and transportation. Just getting a volunteer coordinator who can recognize your skills and experience could be a challenge.

Many medical volunteers have wondered if there is a better way. Well, now there is!

California's Emergency Medical Services Authority (EMSA) has deployed a pre-event volunteer registry, notification, education, and deployment system through the California Medical Volunteers' Web site: [www.medicalvolunteer.ca.gov](http://www.medicalvolunteer.ca.gov).

This California version of the federally mandated, federally funded, Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a one-stop place to volunteer and be deployed when a disaster strikes. The goals of the system are to:

- Promote volunteerism among emergency medical professionals
- Help medical professionals sign up before a disaster strikes

- Perform license verification and credentialing before a disaster strikes
- Handle all of the notification and deployment safely and smoothly
- Provide the information you need to determine whether to accept a particular mission along with the appropriate mission briefings
- Provide limited liability coverage and workers compensation protection to volunteers deployed under this program

Here is how it works: You first need to visit the Web site [www.medicalvolunteer.ca.gov](http://www.medicalvolunteer.ca.gov). It will take you about 15 minutes to register online. You will be asked for contact information, licensure information, specialty and subspecialty, health and vaccination status, and various skills (including languages spoken). You also will enter your deployment preferences (local, national, or international). Once you've registered, you'll have a username and password so you can return to the site to modify and update your information. After you register,

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### 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

This issue of the Medical Board's official publication begins a new look for how we plan to communicate to our readers. My commitment as board president is to raise the level of awareness and understanding of the board and its role in healthcare delivery in California. This includes the healthcare consumers who are at the core of our mission of consumer protection, and the physicians we license and regulate and who provide that "front-line" experience of medical care. Since this publication is our main method of communication, we are instituting a new look, name, and content changes that better represent our consumer protection mission. In the past, the *Action Report*, by title, indicated that our main story was about enforcement actions against physicians. The content of our newsletter has changed over the years, and we are placing more emphasis on articles that will help physicians stay apprised of important changes affecting them and their practices in California. We also are providing information that can help healthcare consumers along their path of selection of care provided by their California doctors. There will also be profiles of our board members so you can learn more about the backgrounds of those who lead the policy decisions that implement our mission. We hope you find the newsletter useful and we encourage your feedback.

Since our last newsletter, we've been busy on a number of fronts with raising the awareness of the Medical Board. More activities are planned for the future. I've had 10 media interviews of various sorts, and have met with numerous board staff in our offices statewide. I've addressed the California Dermatological Society and the Court Executives Advisory Committee of California's Judicial Council, who are integral to our Enforcement Program.

All of these activities have provided insights about the perception of the Medical Board and what we can do to improve our communications and fulfill our mission on behalf of California's healthcare consumers and physicians. More outreach activities are planned in the coming months, including visits to medical schools, hospitals, and other venues that enhance our



Steve Alexander  
President of the Board

communications with those affected by our work. During my term, I intend to meet with each of our more than 250 staff. These visits have produced great suggestions that we've already implemented. I look forward to hearing more. If you have a venue where you believe someone from the board would be helpful, please contact Candis Cohen at our Sacramento office by e-mail or phone. We'd be pleased to entertain your recommendation.

The last few months have also been a busy time for the legislative staff and key members of the board as the legislative session drew to a close. The board sponsored seven consumer protection bills this year, all on the Governor's desk at the time of this writing. One was a request from patients and physicians to revise when the state-mandated breast cancer treatment brochure is provided. Another bill rewrote the pain management laws to make them more understandable for physicians and patients in need of pain management. Four were licensing bills to enhance the protection of patients through stronger licensing and physician identification. One bill rewrote physician reporting requirements and made technical amendments to last year's "sunset review/re-authorization" legislation. All bills were publicly heard in policy and fiscal committees in both legislative houses, the process common to development of new law.

On August 28, the last week of the legislative session, the California Medical Association (CMA) amended a bill to put the board's Diversion Program under an Advisory Council, run separately and outside of the board structure. This bill came one month after the board met to discuss an advisory body of experts to assist in program management. The bill was introduced four days prior to the end of session, which would not allow for any public review or participation in the development of this law. Luckily, for the protection of the healthcare consumer and the effective operations of this board and its program for impaired physicians, this bill failed and was not heard.

As president, I am committed to consumer protection through the development of effective, well thought-out public policy. I have publicly called upon the

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# Preventive medicine and the seven deadly sins: avoiding discipline against your medical license

by Laura Sweet, Supervising Investigator II  
Los Angeles Metropolitan Area

**Sloth** *n. 1. Aversion to work or exertion; laziness; indolence; sluggishness.*

This is the second of seven articles in the series “Preventive Medicine and the Seven Deadly Sins: Avoiding Discipline Against your Medical License.” *How*, you may wonder, can the “sin” of sloth be extrapolated to the practice of medicine? Especially, you underscore, since the mere accomplishment of completing medical school, internship and residency itself is seemingly *prima facie* refutation of the definition of sloth.

Sloth can be manifested in several ways. Sloth most often displays itself as failing to maintain adequate and accurate medical records. Sloth can also be failing to remain up-to-date on journals and current standards of medical practice. Sloth can be over-delegating to support staff or relying exclusively on ancillary staff to review laboratory results. Sloth can be disorganization — failing to correspond diagnostic test results with a patient’s file. During the past two years, I’ve seen two cases where the physician missed critical laboratory or radiology data on *two or more* occasions. Both cases resulted in patient deaths (one from cervical cancer, one from lung cancer). Both physicians had at least two sets of data, and two opportunities, to review the information that would have lead to a timely diagnosis. Essentially, sloth is failing to appreciate the *details* that make a medical practice function safely and professionally.

I will concentrate on record keeping because it is the most pervasive problem we investigators see. Did you know that aside from technical violations such as failing to notify the board of your change in address, or operating without a fictitious name permit, the most common violation resulting in a citation is failing to maintain adequate and accurate medical records? Are you surprised to know there is a section of law that sanctions inadequate record keeping?

Business and Professions Code section 2266 reads: “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

During the past three years, 93 citations have been issued to physicians for failing to maintain adequate and accurate medical records. (Note: a citation is not considered discipline. It is not reported to the National Practitioner Data Bank, although it is disclosed on the board’s Web site.)

Moreover, many physicians against whom an accusation is filed (this is not discipline, but *is* reported to the NPDB, as well as disclosed on our site) are charged with failing to maintain adequate records in addition to other quality-of-care violations.

Unfortunately, I have no riveting stories to report about record keeping violations. I can tell you, however, that we investigators can visualize your dilemma. It’s not necessarily sloth, *per se*. You’re in the office, patients are stacked up in the waiting room, you know you have to chart the visit but you’re so busy and the HMO/PPO’s aren’t paying you for charting (but just wait until you need to justify your bill...). Lackadaisical charting might be an area where a corner can be cut, where time can be saved. After all, you’re being compensated for the number of patients you see, so cutting a few corners and omitting a few details from the patient’s record, or failing to keep a record at all can’t be that ominous of a proposition. It’s not that you’re lazy, it’s more like you’re *busy*...

The California Medical Association published *CMA ON-CALL Document #1135, Contents of Medical Records* in January 2006, which sets forth guidelines for the contents of medical records. Why is the quality of medical records so important? The CMA’s publication stresses that not only do they serve as a basis for planning and maintaining quality of patient care, they often are the best defense of a physician in a medical malpractice action. Medical records also serve as a basis for reimbursement, and incomplete records interfere with the ability of a physician’s peers to perform peer review. From the Medical Board’s perspective, very often a physician who is the subject of a complaint can stop a case from going to the field for further investigation because their excellent record keeping skills answered all of the reviewer’s questions. If our initial reviewers in the Central Complaint Unit do not have information to determine whether the standard of care has been breached, the case must be referred to the field, assigned to an investigator, and the resolution of the complaint takes much, much longer.

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## Medical Board and Health Professions Education Foundation: First telemedicine conference a success!

by *Richard Fantozzi, M.D., F.A.C.S., President, Division of Licensing*

The Medical Board of California is pleased to report that the board's first telemedicine conference was held on July 11, 2006. In prior *Action Reports*, I detailed the efforts of the Medical Board and the Health Professions Education Foundation (foundation) to promote the California Physician Corps. As previously discussed, the latter is an amalgamation of the Steven M. Thompson Physician Loan Repayment Program and the Physician Volunteer Registry. The California Physician Corps was established in statute as of January 1, 2006. The volunteer physician speaker, Christian Sandroek, M.D., spoke from the UC Davis Telemedicine Center in Sacramento. The subject matter was avian flu, with the target audience including clinic staff and consumers.

The event was networked to multiple clinic sites in Northern, Central, and Southern California. It will be made available on the University of California TV Network cable system. The Venice Family Clinic (VFC) in Venice, CA, graciously accommodated a large turnout including their clinic staff and medical director. I made opening remarks from Venice, as did Liz Forer, M.S.W., M.P.H., CEO of the VFC. David Carlisle, M.D., Director of the Office of Statewide Health Planning and Development, made a

closing statement. The dialog was interactive, with clinics being able to talk with any one of the separate sites. The goal was a "proof of concept," and we did it. Although we networked approximately 10 sites, technology does not limit the number of sites that could be linked.

At the VFC the Asian Cable TV Network interviewed Dr. Carlisle, Gary Gitnick, M.D., chair of the foundation, and me, Richard Fantozzi, M.D., program director of the foundation. Each of us presented our perspective, sharing the vision that we are addressing access-to-care needs in our state. Representatives from multiple stakeholders, both philanthropic and technical supporters, attended who are interested in the success and promotion of licensed healthcare volunteers as educators using telemedicine to leverage the target audience.

At this point, we are soliciting input from several healthcare clinics within our state regarding common areas of interest in chronic care delivery such as diabetes and asthma. We are interested in what topics are most important to them, and how their consumer markets would be best served. We will then develop presentations using the volunteer physicians as speakers with modules of prewritten, edited, and approved educational materials.

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### *Consumer Corner*

## News from The U.S. Food and Drug Administration

### National Food Safety Education Month: Don't compromise — clean and sanitize

National Food Safety Education Month is held each year in September. The theme for 2006, "Don't compromise—clean and sanitize," is a crucial message to avoid foodborne illness. The first, cardinal rule of safe food preparation is: Keep everything clean. The cleanliness rule applies to the cook and to the areas where food is prepared.

Sanitize countertops and cutting boards. Bleach and commercial kitchen cleaning agents are the best sanitizers — provided they are diluted according to product directions. They are the most effective at getting rid of bacteria. Hot water and soap do a good job, too, but may not kill all strains of bacteria. Water may get rid of visible dirt, but not bacteria. Also, be sure to keep dishcloths and sponges clean because, when wet, these materials harbor bacteria and may promote their growth. Wash dishcloths in hot water in the washing machine. Sanitizing the kitchen sink drain periodically is a good idea as trapped food

particles and moisture create an ideal environment for bacterial growth.

Other important recommendations are:

- Wash hands with warm water and soap for at least 20 seconds before starting to prepare a meal and after handling raw meat or poultry.
- Keep the work area clean and uncluttered.
- Use smooth cutting boards made of hardwood or a non-porous material such as plastic free from cracks and crevices. Consider using one cutting board exclusively for foods that will be cooked and another only for ready-to-eat foods.
- Always use clean utensils and wash them between cutting different foods.

For more information, visit [www.foodsafety.gov/~fsg/fs-month.html](http://www.foodsafety.gov/~fsg/fs-month.html).

## Legislator Profile

# Senator Liz Figueroa

Liz Figueroa (D-Alameda and Santa Clara counties) was elected to the California State Senate in 1998 and re-elected in 2002. Before that, she served two terms in the California State Assembly. Throughout her legislative career, she has consistently carried legislation that reflects her dedication to improving access and quality of healthcare, while at the same time protecting citizens and privacy.

As chair of the Senate Business and Professions Committee, Senator Figueroa has authored several omnibus bills that have had a major impact on the board's enforcement and information-disclosure policies. SB 231 (2005) introduced sweeping reform of the Medical Board's programs that protect patients from potentially dangerous physicians and ensured that the board had the financial resources to do the job. SB 1950 (2002) reformed the way the Medical Board protects the public from dangerous physicians, including requiring the board to devote most of its resources to cases involving physical harm, and allowed the board to disclose to the public certain malpractice settlement information. AB 103 (1997) allowed the Medical

Board to post on its Web site specific information about physicians, including malpractice judgments, arbitration awards, Medical Board discipline, felony convictions, certain hospital peer review reports, and other information. It vastly expanded the amount of information available to consumers about their physicians.

In 2005, Senator Figueroa was named chair of a new Senate committee — the Government Modernization, Efficiency, and Accountability Committee (GMEAC), charged with a thorough examination of California Performance Review proposals, and with reforming state government. Her oversight of the GMEAC is complemented by her existing position as chair of the Joint Committee on Boards, Commissions, and Consumer Protection.



## New Chief of the Medical Board's Licensing Program

The Medical Board of California is pleased to announce the appointment of Gary Qualset as chief of licensing. As chief, Qualset is responsible for the overall operation of the Licensing Program, which includes licensing and regulating physicians and surgeons and certain allied health professionals, site inspections, special training programs, continuing medical education, and the consumer information unit.

Qualset has more than 17 years of state service, including a period of service as deputy director of the Licensing and Compliance Division at the California Gambling Control Commission, and management of the Licensing Program at the Bureau of Automotive Repair. Prior to these positions, he was a supervising investigative certified public accountant at the Bureau for Private Postsecondary and Vocational Education. He is a certified public accountant and spent more than 13 years as a sole practitioner in independent practice. He received his bachelor's degree in business administration with an emphasis in accountancy from California State University, Sacramento.

## Doctors in Distress

Concerned about a colleague, yourself, or a family member who may have an alcohol, chemical dependent, mental or behavioral problem? The California Medical Association/California Dental Association offer the Confidential Assistance Line, a 24-hour, voluntary phone service for physicians, dentists, medical students, residents, their families and colleagues. This service is completely confidential, and using it will not result in any form of disciplinary action or referral to the Medical Board. Physicians and dentists who volunteer their services on the line are experienced in treating professionals, including physicians with impairment problems.

**Northern California** (650) 756-7787

**Southern California** (213) 383-2691

## 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](http://www.RespondtoDV.org).

# Monterey/Salinas physician receives Medical Board's Physician Recognition Award

At its July 28 meeting in Burlingame, the Medical Board recognized the work of Ramon Jimenez, M.D., on behalf of patients in the Central Valley. Dr. Jimenez is an orthopedic surgeon and a senior orthopedic consultant with Monterey Orthopedic and Sports Medicine Institute.

Prior to this position, he served as medical director at Central Coast Medical Specialists, where he had the opportunity to treat many immigrant farm workers for work injuries. Because his parents came to California in the 1930s to work in the fields, he could easily relate to and empathize with the plight of these patients.

In the last 30 years, he has worked to improve access to healthcare for farm workers and the Latino population in the Central Valley and Mexico. He grew up in San Jose, where he later worked as an orthopedist in a practice that was almost half Latino. He still serves on the Board of Trustees for National Hispanic University, where he mentors young people to guide them in their careers and education.

He returns to Guadalajara annually to provide arthroscopic procedures and total joint replacements to those who otherwise would not have access to these necessary medical services.

Dr. Jimenez also has worked on the state and federal level to sensitize physicians treating multicultural patients —

another issue of particular interest to the board.

He has been involved with diversity issues for the American Academy of Orthopaedic Surgeons for the past eight years, and is the chairman of their Diversity Advisory Board.

The Physician Recognition Committee was created by the Medical Board to recognize the demonstration of excellence by physicians who strive to improve access and fill gaps in the healthcare delivery system for underserved populations in California.

**Nominations for 2007 are being accepted until November 15. For information, please visit the board's Web site at [www.medbd.ca.gov/Physician\\_Recognition.htm](http://www.medbd.ca.gov/Physician_Recognition.htm), or call the board's executive office at (916) 263-2389.**



Dr. Jimenez and his wife, Ann, at the Medical Board's July 28 meeting

## President's Report *(Continued from page 2)*

California Medical Association and its able leadership to institute a new era of cooperation, where we can agree on public policy that advances the board's consumer protection mission and institutes programs that create and support the delivery of quality medical care by our physician licensees. I have every confidence in our Diversion Committee chair, Laurie Gregg, M.D., and her committee, that we will examine the diversion process to ensure it is responsive to the recommendations made by the board's enforcement monitor and to the issues the CMA cares about regarding safe physician practice. I look forward to meetings in the upcoming months that will put this type of legislative tactic behind us and establish communication that truly is in the best interests of California's healthcare consumers — something to which I know CMA and its leaders are committed.

The board welcomes new members Janet Salomonson, M.D., Reginald Low, M.D., and John Chin, M.D., recent

appointees of Governor Schwarzenegger (see p. 9). All were appointed to the Division of Medical Quality, which is charged with oversight of the board's enforcement policies and programs. Drs. Salomonson and Low have already jumped into their duties and will soon be engaged in committee work and decision-making on behalf of healthcare consumers throughout the state. In addition, we welcome our new chief of licensing, Gary Qualset (see p. 5). Gary will lead the staff team charged with all application and licensing responsibilities. We are already hearing encouraging feedback about progress with that important program of the board.

Thanks to those who responded to my kick-off column and your support. As I meet with staff and talk with our board members, I know we have highly dedicated and committed people working to fulfill the board's consumer protection mission. As always, please let us know how we're doing!

# Have you met the CME requirement mandated by AB 487?

**Deadline: December 31, 2006**

As reported in previous issues of this newsletter, and as a timely reminder to physicians, Assembly Bill 487 of 2001 (Business and Professions Code section 2190.5) requires physicians to complete a mandatory continuing education course in pain management and treatment of terminally ill and dying patients. This one-time requirement of 12 credit hours is to be completed by December 31, 2006. All physicians licensed on and after January 1, 2002 must complete this requirement within

four years of their initial license or by their second renewal date, whichever occurs first.

This section of law does not apply to physicians practicing in the specialty areas of pathology or radiology.

The board has published and continues to publish in its newsletter various courses that meet this requirement. Continuing medical education courses in pain management and geriatrics that currently are available are also listed on the board's Web site at: [www.medbd.ca.gov/CME\\_Classes](http://www.medbd.ca.gov/CME_Classes).

## CME courses: fulfilling the AB 487 mandate

### Practical Pain Management: From Classroom to Treatment Room (including end-of-life and palliative care)

**November 4-5, 2006**

Ritz Carlton Marina del Rey, Los Angeles, CA

Jointly sponsored by:

Medical Education Collaborative and CMM Global

#### **12 Category 1 credits**

Cost: \$125 early bird course registration  
\$350 course registration

Contact: Erica Boyer, CMM Global  
(918) 343-6005 phone / (918) 342-5271 fax  
[erica@cmmglobal.com](mailto:erica@cmmglobal.com)

### Joint Conferences on Pain Management and Palliative Care

*Two conference dates to choose from:*

**October 21-22, 2006**

Saturday: 8 a.m. - 5:30 p.m.

Sunday: 8 a.m. - 5 p.m.

(UCSD Moores Cancer Center)

- or -

**December 8-10, 2006**

Friday: 5 p.m. - 9 p.m.

Saturday: 8 a.m. - 5 p.m.

Sunday: 8 a.m. - 12 p.m.

(W.M. Keck Conference Center at  
San Diego Hospice & Palliative Care)

Sponsored by:

San Diego Hospice & Palliative Care

San Diego County Medical Society

UC San Diego School of Medicine

#### **15 Category 1 credits**

Contact: Paula Brown, San Diego Hospice & Palliative  
Care at (619) 278-6314 or [conferences@sdhospice.org](mailto:conferences@sdhospice.org)  
[conferences.cponline.info](mailto:conferences.cponline.info)

### UC Davis Review and Update of Pain and Palliative Care Medicine (2 courses)

**October 29 - November 2, 2006**

Grand Wailea, Maui, HI

Sponsored by:

UC Davis Health System

Office of Continuing Medical Education and Department of  
Anesthesiology and Pain Medicine; Division of Pain Medicine

#### **20 Category 1 credits**

Cost: \$900

Contact: Office of CME, UC Davis Health System  
(916) 734-5390 or [cme.ucdavis.edu](http://cme.ucdavis.edu)

- and -

#### **"War on Pain" Self-Study Modules**

#### **12 Category 1 credits**

Cost: \$150 for 12 hours or \$15 per one hour

Contact: Office of CME, UC Davis Health System  
(916) 734-5390 or [cme.ucdavis.edu](http://cme.ucdavis.edu)

### Treatable Causes of Chronic Orthopaedic Pain December 9, 2006

Crowne Plaza Hotel at LAX, Los Angeles

Sponsored by:

California Orthopaedic Association and American Academy of  
Orthopaedic Surgeons

#### **12 Category 1 credits**

Cost: \$110 COA/AAOS members / \$135 non-members

*(Discount for multiple attendees from same organization)*

Register with COA office: (916) 454-9884

### Pain Management and End-of-Life Care CD-ROM course

Cosponsored by:

Cedars-Sinai Medical Center Office of Continuing Medical  
Education and Department of Anesthesiology

#### **12 Category 1 credits**

Cost: \$75

[www.ab487.net](http://www.ab487.net)

## Seven deadly sins *(Continued from page 3)*

For convenience, I will share several excerpts from the *CMA On-Call Document #1135, Contents of Medical Records*.<sup>\*</sup> A variety of organizations are cited in the document as having jointly developed the following principles for medical record content:

- a) The medical record should be complete and legible (author's note about legibility: If we cannot read your records, it is a violation of Business and Professions Code section 2266. Additionally, we will ask you to transcribe the record, which is a waste of your time and will prolong the investigation.).
- b) The documentation of each patient encounter should include: the date; the reason for the encounter; appropriate history and physical exam; review of lab, x-ray data, and other ancillary services, where appropriate; assessment; and plan for care (including discharge plan, if appropriate).
- c) Past and present diagnoses should be accessible to the treating and/or consulting physician.
- d) The reasons for and results of x-rays, lab tests, and other ancillary services should be documented or included in the medical record.
- e) Relevant health risk factors should be identified.
- f) The patient's progress, including response to treatment, change in the treatment, change in diagnosis, and patient non-compliance, should be documented.
- g) The written plan for care should include, when appropriate: treatment and medications, specifying frequency and dosage, any referrals and consultations; patient/family education; and specific instructions for follow-up.
- h) The documentation should support the intensity of the patient evaluation and/or the treatment including thought processes and the complexity of medical decision-making.

- i) All entries to the medical record should be dated and authenticated.
- j) The CPT/ICD-9 codes reported on the health insurance claim form or billing statement should reflect the documentation in the medical record.

Additionally, a physician should document the fact that the patient's consent and informed consent, when required, was obtained.

Also, don't forget that accuracy of medical records means documenting errors, too. Failing to record an adverse event can result in adverse consequences to you. If you or your staff make an error in charting, it's important to simply place a line through the error, date it, initial it, and make a comment indicating where the correct entry may be found.

The importance of proper medical record keeping cannot be emphasized enough. It may seem time-consuming to add that extra documentation, but I can guarantee it will save you *more* time (and money) in defending yourself and justifying your insurance claims. Just remember this: if you are ever the subject of a complaint, your outstanding medical records will serve a multitude of purposes. Not only do they serve the functions enumerated in the CMA document, they have the potential to substantially expedite the resolution of an investigation and leave your peer reviewers impressed with the high quality of your medical care!

### *Coming up next: Envy*

*\*This document is part of CMA ON-CALL, California Medical Association's 24-hour information-on-demand service for physicians. CMA ON-CALL contains legal information on a variety of subjects of everyday importance to practicing physicians. Written by CMA's Legal Department, all CMA ON-CALL documents are available free to members (\$2 per page for non-members) via the CMA Web site at [www.cmanet.org](http://www.cmanet.org).*

## Fee Increase

In 2005, a provision in legislation (SB 231, Figueroa) negotiated by the California Medical Association (CMA) eliminated the Medical Board's authority to seek recovery of investigative and prosecutorial costs for a disciplinary proceeding against a licensee. This represents a loss of cost recovery income of about \$850,000 annually. However, to offset that loss of income to the board, CMA suggested a further change in law, which would require that any loss of revenue resulting from this change would

be offset by an increase in the amount of the initial license fee and the biennial renewal fee. The Medical Board agreed with this compromise.

The board is promulgating regulations, which will, effective January 1, 2007, increase the board's biennial license and renewal fees by \$15 for each licensee. This equals \$7.50 per licensee per year.

Renewal notices for licenses expiring in or after January 2007 will reflect the fee increase.



# Governor Schwarzenegger names new Medical Board members

Governor Arnold Schwarzenegger recently announced the appointments of three new members to the Medical Board of California.

Reginald Low, M.D., of Sacramento, has been appointed to the Division of Medical Quality. He has served as professor and chief of the Division of Cardiovascular Medicine at the University of California, Davis, School of Medicine since 2000. Dr. Low was managing partner of Regional Cardiology Associates from 1982 to 2000 and taught at the University of Kentucky as an assistant professor in medicine from 1981 to 1982.

Janet Salomonson, M.D., of Pacific Palisades, has been appointed to the Division of Medical Quality. She has served as a plastic surgeon in private practice since 1982 and medical director of the Cleft Palate Center at Saint Johns

Health Center since 1998. She has been a member of the American Society of Plastic Surgeons and the American Cleft Palate and Craniofacial Association since 1984 and the California Society of Plastic Surgeons since 1985.

John Chin, M.D., of Sacramento, has been appointed to the Division of Medical Quality. He has been a practicing cardiologist for more than 20 years. He has been a partner in the Cardiovascular Care Medical Group since 1986 and Regional Cardiology Associates from 1996 to 2006. In addition, Chin has served as director of the Cardiac Transplant Service for the Sutter Heart Institute since 1996 and as an associate clinical professor for the University of California, Davis since 2004. He is a member of the American College of Cardiology, the American Heart Association, and the Heart Failure Society of America.

## Board member profile: Public Member Hedy Chang

Hedy Chang was appointed to the Division of Licensing by Governor Arnold Schwarzenegger in 2004. Currently, she is division secretary. She was a city council member for the City of Morgan Hill. She is also an appointee to the Morgan Hill Medical Foundation, which is tasked with rebuilding city medical services by recruiting doctors and retaining a hospital site.

Ms. Chang has been active in many volunteer groups, including serving as a past president of the Morgan Hill Chapter of the American Association of University Women, and is a former board member of the YMCA, Mt. Madonna Chapter. She was named Morgan Hill Citizen of the Year in 1994, Volunteer of the Year for the Coalition of School Administrators of Santa Clara County in 1992, Morgan Hill Volunteer of the Year for the American Heart Association in 1992, and Salinas California Professional Woman of the Year in 1977.

Ms. Chang is the chair of the Workgroup to Implement the Cultural and Linguistic Competency of Physicians Act of 2003, and she is actively involved in insuring that the requirements of AB 1195 (Coto) — Cultural and Linguistic Training in CME — are implemented. She also is a member of the Federation of State Medical Boards and serves on its program committee.

She received her bachelor's degree from National Taiwan University and a master's degree from the University of Illinois.

## Emergency *(Continued from cover)*

your license and credentials are checked against state and national databases to ensure that you have a full and unrestricted license. Your current privileges also will be verified so that you may be more quickly moved into a work setting that is consistent with your training and experience.

When a disaster strikes, emergency managers at EMSA will determine what levels and kinds of volunteer health professionals are needed. As they fill specific missions, EMSA managers will search the state's ESAR-VHP database for volunteers who meet the mission parameters. Those volunteers who match the mission criteria will be contacted, using the contact methods you indicated when you registered (phone, pager, fax, etc.). Once contacted, you will be given a quick synopsis of the mission and instructed how to accept or decline the deployment. If you accept, you will then be sent additional information — where and when to report for deployment, what to expect, and so on. After completing your mission, your ESAR-VHP profile automatically will be updated to indicate your mission history and experience.

The state's ESAR-VHP has been fully deployed since September 1, 2006. Physicians, nurses, paramedics, pharmacists, and behavioral health professionals are encouraged to register. We hope that you take a few moments to become a disaster medical volunteer, and we look forward to your comments regarding your experience as one of the first Californians to participate in this exciting program. Register today and please spread the word to your colleagues!

# Free counseling services available to help patients with diabetes quit smoking

by Susan Lopez-Payan, California Department of Health Services

Free counseling services are available to help patients with diabetes quit smoking. This comes as the result of a collaboration between the California Diabetes Program, the Tobacco Control Section in the Department of Health Services, and the California Smokers' Helpline.

Doctors can refer their patients to the Helpline (1-800-NO-BUTTS) where they can quickly get self-help materials, county referral lists, and work with a quit-smoking counselor.

Smoking exacerbates complications for people living with diabetes, making them 11 times more likely to have a heart attack or stroke than people who don't have diabetes and don't smoke. Diabetes experts estimate that 18% of Californians who have diabetes also smoke.

"Physicians don't always have a lot of time to spend with patients, nor are we trained to provide counseling services," said Dr. Jennifer Tuteur, medical director of San Diego's National Medical Association Comprehensive Health Center. "So, having this free service to refer patients to is great."

The most important service available to patients is ongoing one-on-one counseling provided by the California Smokers' Helpline. People who use the telephone counseling are twice as likely to quit successfully as those trying to quit on their own.

Helpline services are available six days a week in English, Mandarin, Cantonese, Korean, Spanish, and

Vietnamese, as well as on a TDD line for the hard of hearing. There are also specialized services for teens, pregnant women, and those who chew tobacco.

## Resources for Doctors

**California Diabetes Program**  
www.caldiabetes.org  
916-552-9888

**Download: "Be Proactive Campaign Toolkit 02-2006"**  
California Smokers' Helpline  
www.nobutts.org

**Chewline (Chewing Tobacco)**  
1-800-844-CHEW / 1-800-844-2439

## Free Counseling Services Available to Help Patients with Diabetes Quit Smoking

**California Smokers' Helpline**  
Monday-Friday 7 am – 9 pm / Saturday 9 am – 1 pm  
Voice mail available 24 hours a day

**English:** 1-800-NO-BUTTS / 800-662-8887

**Spanish:** 1-800-45-NO-FUME / 800-456-6386

**Vietnamese:** 1-800-778-8440

**Korean:** 1-800-556-5564

**Cantonese:** 1-800-838-8917

**Mandarin:** 1-800-838-8917

**TDD/TTY:** 1-800-933-4TDD / 1-800-933-4833

## New reporting requirements for cases of HIV infection

On April 17, 2006, a new California law took effect changing the reporting requirements for cases of HIV infection. The California Department of Health Services (CDHS) has created an informational letter to share with physicians about changes in the law (Health and Safety Code section 121022) which may affect HIV reporting practices. The letter can be viewed on CDHS' Web site at [www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS).

## "A Patient's Guide to Blood Transfusion"

*Revised brochure now available*

Health & Safety Code section 1645 (Paul Gann Blood Safety Act) requires that whenever there is a reasonable possibility that a blood transfusion may be necessary as a result of a medical or surgical procedure, the physician, by means of a standardized written summary, must inform the patient of the positive and negative aspects of receiving blood from volunteers. Brochures are available in English and Spanish from the Medical Board, at no charge, in bundles of 50 (six bundles maximum per order) and are provided with a master copy. To order, please fax your request to (916) 263-2479.

## News from the FDA

### Requirements for drug products containing pseudoephedrine, ephedrine, and phenylpropanolamine

The Combat Methamphetamine Epidemic Act of 2005 bans over-the-counter sales of cold medicines that contain pseudoephedrine, ephedrine, and phenylpropanolamine (PPA) that are commonly used to make methamphetamines. Retailers must keep these products in cabinets or behind the counter. The act also limits the amount of cold medicines with these ingredients that an individual can purchase in a 30-day period, requires individuals to present photo identification, and requires retailers to keep personal information about these customers for at least two years. This law became effective on September 30, 2006.

In response to the issue of misuse of PPA and pseudoephedrine-containing products, many companies are voluntarily re-formulating their products to exclude PPA, ephedrine, and pseudoephedrine. Single-dose packages (<60 milligrams) have to remain behind the counter, but are exempt from the “logbook” requirement. There are many different dosages and formulations of cold medicines containing these ingredients, so patients may need to consult with their pharmacist for specifics as to how much can be purchased over a 30-day period for the products that they use.

#### **FDA announces new prescription drug information format to improve patient safety**

Recently, the FDA unveiled a major revision to the format of prescription drug information (package insert) to give healthcare professionals clear and concise prescribing information. In an effort to manage the risks of medication use and reduce medical errors, the newly designed package insert will provide the most up-to-date information in an easy-to-read format that draws physician and patient attention to the most important pieces of drug information before a product is prescribed. The new format also will make prescription information more accessible for use with electronic prescribing tools and other electronic information resources.

The new format requires that the prescription information for new and recently approved products meets specific graphical requirements and includes the reorganization of critical information so physicians can find the information they need quickly. Some of the more significant changes include:

- A new section called “Highlights” to provide immediate access to the more important prescribing information about benefits and risks including: Boxed Warning, Indications and Usage, and Dosage and Administration.
- A Table of Contents for easy reference to detailed safety and efficacy information.

- The date of initial product approval, making it easier to determine how long a product has been on the market.
- A toll-free number and Internet reporting information for suspected adverse events to encourage more widespread reporting of suspected side effects.
- A Patient Counseling Information section designed to help doctors advise their patients about important uses and limitations of medications.

The new prescription information format will be integrated into the FDA’s e-Health initiatives. As prescription information is updated in this new format, it will be forwarded to DailyMed — a new, interagency, online health information clearinghouse with the most up-to-date medication information. DailyMed can be accessed through the National Library of Medicine at <http://dailymed.nlm.nih.gov>. In the future, this new information also will be available at [facts@fda](mailto:facts@fda), a comprehensive Internet resource designed to give one-stop access for information about all FDA-regulated products.

The rule was effective on June 30, 2006. New drug applications are required to conform with the new content and format requirements as of June 30. Drug products approved within the past five years gradually will be required to revise prescribing information, based on how recently the drugs were approved. The agency is encouraging drug makers to consider complying with the new labeling requirements earlier on a voluntary basis.

For additional information, please visit CDER’s Web site: [www.fda.gov/cder/regulatory/physLabel/default.htm](http://www.fda.gov/cder/regulatory/physLabel/default.htm)

#### **Clarification**

In reference to the article entitled, “Use of Mid-level Practitioners for Laser, Dermabrasors, Botox, and Other Treatments,” on page 9 in the July 2006 issue of this newsletter:

**Q: I see these ads for “Botox Parties” and think that it has to be illegal. Is it?**

**A:** The response should have read, “The law does not restrict where Botox treatments may be performed by physicians. There are restrictions on where registered nurses, licensed vocational nurses, and physician assistants can perform Botox injections, and then only under a physician’s supervision.”

For information on scope of practice relating to RNs, LVNs, and PAs, please contact the respective licensing boards.

# Gonorrhea in California: A Re-emerging Problem

by Heidi Bauer, M.D., M.P.H. and Gail Bolan, M.D., Sexually Transmitted Disease Control Branch

After three decades of decline, we are now seeing a resurgence of gonorrhea throughout California. The incidence of infection has increased every year since 1999, with particularly sharp increases since 2003. The incidence rate of reported infections in 2005 was 66% higher than the rate in 1999. Many California counties experienced gonorrhea increases of more than 100% over this period. These increases affect both females and males across a wide age spectrum and in all racial/ethnic groups. There are many explanations that the California Department of Health Services (CDHS) is actively investigating. Clinicians should be aware of the numerous resources available to them to guide their clinical practice including screening and treatment guidelines. This article reviews the current epidemiology and summarizes current clinical practice guidelines for California.

Sexually transmitted *Neisseria gonorrhoeae* can infect the urethra, cervix, rectum, and pharynx; in rare circumstances, it can also cause disseminated gonococcal infection (DGI). In women, unrecognized gonococcal infections can lead to adverse reproductive health outcomes, including pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, and tubal infertility. Gonorrhea infection also increases the risk of transmitting and acquiring HIV, particularly with respect to rectal infections in men who have sex with men (MSM). Infection during pregnancy can lead to postpartum infectious complications, as well as neonatal infections. Many gonorrhea infections are asymptomatic and detectable only through screening.

## Gonorrhea Rates in California

Gonorrhea is the second most common reportable communicable disease in California. In 2005, California received over 34,000 reports of gonorrhea cases, for an incidence of 92.6 per 100,000 population. The highest rates were in the counties of San Francisco, Sacramento, Kern, Fresno, and Alameda. More than half of gonorrhea cases are among people under age 30.

The prevalence of gonorrhea varies widely among different communities and clinic settings. In 2005, the gonorrhea prevalence among women was less than 1% in family planning and managed care clinics and about 5% in STD clinics and juvenile detention facilities. Among men, many of whom were tested because of symptoms, the prevalence was 3% in managed care clinics and 7% in STD clinics.

Interviews of gonorrhea cases in a statewide sample in 2004 revealed a high rate of methamphetamine use with 12% of cases reporting use in the past 12 months. A high rate of incarceration was found as well: thirty-three percent of heterosexual male cases were incarcerated in the year prior to their gonorrhea diagnosis, and 37% of female cases reported a sex partner who was incarcerated in the year prior to their diagnosis. Multiple sources of data indicate that African Americans are at increased risk of gonorrhea infection. In California, the incidence of gonorrhea infection is nearly 10 times higher among African Americans, compared to that among non-Latino whites. High rates of poverty and incarceration, poor access to medical care, and high rates of infection within sexual networks may all contribute to this disparity.

## Screening

Conducting a sexual risk assessment is essential for all patients seeking primary care, family planning, or sexual health services. Resources and clinical tools are available through the California STD/HIV Prevention Training Center on the "Resources" page at [www.stdhivtraining.org](http://www.stdhivtraining.org).

Appropriate screening identifies asymptomatic infection, improves patient health outcomes, and reduces the burden of disease in the community. Recently, the CDHS released guidelines for gonorrhea screening for women seeking reproductive health services. These guidelines, along with national screening recommendations, are summarized below and available in more detail on the California STD Web site at [www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm](http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm). In general, routine screening should be offered to sexually active women who are age 25 years or younger or have risk factors, MSM and other high-risk men, and HIV-infected patients.

## Summary of Gonorrhea Screening Guidelines

**Non-pregnant women:** Sexually active women 25 years of age and younger should be screened for gonorrhea (and chlamydia) annually. Among women older than 25 years of age, screening should be targeted to those with risk factors for STD (history of gonorrhea or chlamydia in the past two years, more than one sex partner in the previous year, or partner with other partners); African American women up to age 30 years are also at higher risk for gonorrhea infection.

*(Continued on page 13)*

## Gonorrhea in California *(Continued from page 12)*

**Pregnancy:** Pregnant women 25 years of age and younger (and those older than age 25 with risk factors for infection) should be screened for gonorrhea (and chlamydia) at the first prenatal visit. Repeat screening prior to term should be performed for those at continued risk.

**Men:** The Centers for Disease Control and Prevention (CDC) recommends that sexually active MSM be screened at least annually for gonorrhea (and other STDs) at all sites of sexual exposure, or more frequently (every 3-6 months) if risk for STDs is elevated. Other men at high risk for gonorrhea include those in STD clinics and correctional settings.

**HIV-infected patients:** CDC recommends that HIV-infected patients be screened for gonorrhea (and other STDs) at least annually or more frequently (every 3-6 months) if risk for STDs is elevated.

### Diagnostic Testing

Patients with clinical exam findings consistent with gonococcal or chlamydial infection should be tested for these infections. Gonorrhea should be considered in women with cervicitis and pelvic inflammatory disease (PID), in men with urethritis and epididymitis, and in any at-risk patient with proctitis. Patients who report sexual contact with a person with gonorrhea, chlamydia, urethritis, cervicitis, PID, epididymitis, trichomoniasis, syphilis, or HIV should be tested for gonorrhea and chlamydia. Patients with a newly diagnosed STD (including chlamydia, trichomoniasis, syphilis, or HIV) also should be tested for gonorrhea and chlamydia.

The most commonly used tests for gonorrhea include nucleic acid amplification tests (NAATs), non-amplified probe tests, and culture. NAATs include GenProbe Aptima(tm), Becton-Dickinson ProbeTec(tm), and Roche Amplicor(tm). The GenProbe PACE 2(tm) and Digene Hybrid Capture 2(tm) are non-amplified probe tests. All nucleic acid tests offer the advantage of combined gonorrhea and chlamydia testing. Compared to other tests, NAATs are somewhat more sensitive for gonorrhea and can be used on urine and self-collected vaginal swab specimens (Aptima(tm) only), making pelvic exams unnecessary when not otherwise indicated. Although NAATs are highly sensitive and specific for rectal and pharyngeal testing, they are not FDA-cleared for testing specimens from these anatomic sites. Thus, local laboratories must complete Clinical Laboratory Improvement Amendments (CLIA) verification studies ([www.stdhivtraining.org/gcctnaat](http://www.stdhivtraining.org/gcctnaat)). Culture specimens are required for antimicrobial susceptibility testing.

### Fluoroquinolone-Resistant Gonorrhea in California

Over the past five years the rate of fluoroquinolone-resistant gonorrhea has increased dramatically in California. In 2005, 25% of gonococcal isolates were resistant to ciprofloxacin. Because of this high rate, the first-line treatments are limited to cephalosporins. Treatment recommendations are summarized below and available in more detail on the California STD Web site ([www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm](http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm)).

### Summary of Gonorrhea Treatment Guidelines

Patients with a high likelihood of gonorrhea infection (e.g., those who present with clinical exam findings or report sexual contact with a person with gonorrhea) should be presumptively treated on the day of visit without waiting for test results to confirm those infected.

Fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) should not be used to treat gonorrhea in California.

#### Recommended treatment options for uncomplicated gonococcal infections of the cervix, urethra, and rectum

- Ceftriaxone 125 mg intramuscularly in a single dose <sup>a</sup>
- Cefixime 400 mg orally in a single dose <sup>b</sup>

#### Alternative treatment options for uncomplicated gonococcal infections of the cervix, urethra, and rectum

- Cefpodoxime 400 mg orally in a single dose
- Cefuroxime axetil 1 g orally in a single dose
- Single-dose injectable cephalosporins, including Ceftriaxone 500 mg intramuscularly, Cefixime 2 g intramuscularly with Probenecid 1 g orally, or Cefotaxime 500 mg intramuscularly
- Spectinomycin 2 g intramuscularly in a single dose <sup>b</sup>
- Azithromycin 2 g orally in a single dose <sup>c</sup>

#### Treatment options for gonococcal infections of the pharynx

- Ceftriaxone 125 mg intramuscularly in a single dose

*(Continued on page 14)*

<sup>a</sup>Ceftriaxone is the antibiotic of choice, especially when pharyngeal gonorrhea is suspected or confirmed.

<sup>b</sup>The future availability of cefixime tablets and spectinomycin is uncertain.

<sup>c</sup>Azithromycin 2 g is a treatment option for cephalosporin-allergic patients, particularly given the current lack of availability of spectinomycin, however patients require close clinical follow-up and a test-of-cure because of concerns of emerging azithromycin resistance.

# Gonorrhea in California *(Continued from page 13)*

## Co-treatment for Chlamydia

Patients with gonorrhea often are co-infected with chlamydia. Co-infection rates in California range from 35-50% among women and 24-50% among men, depending on the clinical setting. Because of these high rates of co-infection, co-treatment of chlamydia is recommended by adding to the gonorrhea regimen either Azithromycin 1 g orally in a single dose, or Doxycycline 100 mg orally twice a day for seven days. In patients in whom chlamydia infection has been ruled out using a highly sensitive NAAT, or azithromycin 2 g was used to treat gonorrhea in a cephalosporin-allergic patient, co-treatment for chlamydia is not needed.

## Treatment of Sex Partners

All sex partners in the 60 days prior to diagnosis should be evaluated, tested for gonorrhea and chlamydia, and treated presumptively for both gonorrhea and chlamydia. The local health department may be able to provide assistance with patients who fail to return for treatment and with partner notification and treatment.

## Reporting Gonorrhea Cases\*

The California Code of Regulations mandates that medical providers report all gonorrhea infections to their local health departments. Although patient permission is not required for communicable disease reporting, notification is advisable, since local health department staff may contact the patient to verify treatment and provide assistance with partner management. Additionally, some cases and their providers will be contacted as a component of the California Gonorrhea Case Report Surveillance System.

## Notice to Providers

In collaboration with local health departments, the STD Control Branch is beginning statewide data collection on a sample of gonorrhea case patients. The California Gonorrhea Case Report Surveillance System will contribute significantly to our understanding of gonorrhea epidemiology in California by obtaining key data on patient demographics, medical history and behavioral risk factors which are not on the Confidential Morbidity Report form. Cases and their providers will be contacted by local health department and/or state health department staff. Providers will be requested to supply further clinical information on reported cases, including symptom status at time of diagnosis, drugs and dosages prescribed to treat the case, and date of treatment.

Provision of such data is not in violation of Health Insurance Portability and Accountability Act (HIPAA).

\*Of note, a cluster of DGI cases among heterosexuals has been identified in the state of Washington.

Although no similar increase in DGI has been reported in California to date, we are encouraging providers to report any suspected or confirmed DGI cases immediately to their local health department.

## Retesting after Treatment

Patients treated for gonorrhea are at high risk for repeat gonorrhea infection, which may increase the risk of complications. Most cases are not the result of treatment failure, but, rather, re-exposure to an untreated sex partner. Patients treated for gonorrhea or chlamydia should have a repeat test for re-infection three months after treatment. This is distinct from a test-of-cure at three to four weeks following treatment, which is not necessary if cephalosporin treatment regimens, as listed above, are used. Clinicians who encounter a treatment failure, in the absence of re-exposure, need to obtain a culture specimen. Any isolates should be sent to the local public health laboratory for antimicrobial susceptibility testing.

## Conclusion

California medical providers have a key role in the early diagnosis and treatment of gonorrhea. Currently available diagnostic tests for gonorrhea are accurate, relatively inexpensive, and noninvasive. Appropriate screening identifies asymptomatic infection and allows timely treatment to prevent complications and further transmission. Recommended antibiotic therapy cures infection in the vast majority of those treated, prevents the development of complications, and interrupts further transmission to sex partners. Together, we can reduce the burden of gonorrhea in California.

## Resources

**California Department of Health Services  
STD Control Branch**

[www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm](http://www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm)

**California STD/HIV Prevention Training Center**

[www.stdhivtraining.org](http://www.stdhivtraining.org)

For questions related to gonorrhea screening and treatment, please contact the STD Control Branch at (510) 620-3400 or (510) 625-6000.

## Administrative actions: May 1, 2006 – July 31, 2006

### Physicians and surgeons

**ALAVI, NASSER, M.D. (A51905)**  
**La Mesa, CA**

Convicted of multiple felony counts of sexual battery and rape by foreign object. Revoked. May 29, 2006

**BAILIE, KARLEN LEE, M.D. (G61692)**  
**Turlock, CA**

Stipulated Decision. Committed acts of unprofessional conduct by failing to take an adequate history and perform necessary studies in the care and treatment of 1 patient. Physician completed a clinical training program and paid cost recovery of \$3,900. Public Letter of Reprimand. May 30, 2006

**BASILE, JOSEPH FRANK, M.D. (G74601)**  
**Orinda, CA**

Stipulated Decision. Aided and abetted the unlicensed practice of medicine and practiced without a fictitious name permit. Revoked, stayed, placed on 4 years probation with terms and conditions. June 19, 2006

**BELFORD, PAUL DOUGLAS, M.D. (A32146)**  
**Surprise, AZ**

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to notify the board of his change of address and disciplined by North Carolina for failing to provide advanced patient notification in how to obtain continued medical care

and copies of or transferring their medical records. Surrender of license. June 16, 2006

**BLANCHARD, PHILLIP BRIAR, M.D. (G51137)**  
**Long Beach, CA**

Disciplined by Vermont for sexually abusing a patient. Revoked. June 19, 2006

**BLANK, WILLIAM, M.D. (G37456)**  
**Manlius, NY**

Disciplined by New York for failing to perform adequate postoperative evaluations, maintain adequate and accurate medical records and conduct an adequate physical examination prior to surgery; performing surgeries without adequate medical justification; and conducting inadequate preoperative evaluations 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 medical record keeping course and an educational course in addition to required CME, obtaining a practice/billing monitor, and prohibited from engaging in solo practice. July 5, 2006

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

### Explanation of disciplinary language and actions

**"Effective date of decision"** —  
Example: "July 24, 2006" 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.

**BORGQUIST, WARREN GREGORY, M.D. (A24321) Sonora, CA**

Stipulated Decision. Committed acts of unprofessional conduct by engaging in a sexual relationship with a patient. 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, an ethics course, and a professional boundaries program, and prohibited from consulting, examining, or treating female patients without a third-party chaperone. July 27, 2006

**BOUVIER, LUCIENNE SIMONE, M.D. (G79050) Milpitas, CA**

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. Physician completed a clinical training program. Public Letter of Reprimand. May 30, 2006

**CARBAJAL, ULYSSES M., M.D. (A16695) Azusa, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Indefinite suspension. July 27, 2006

**CASNER, PAUL DAMIAN, M.D. (G76569) Oakhurst, CA**

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 9 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing an ethics course and a professional boundaries program; obtaining a practice monitor; prohibited from consulting, examining, or treating female patients without a third-party chaperone; and prohibited from practicing, performing or treating female patients with hypnosis or hypnotherapy. June 19, 2006

**CHINDRIS, LIVIU A., M.D. (A45753) Glendale, CA**

Stipulated Decision. 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 completed a medical record keeping course, and completed a course in "end-of-life" and basic internal medicine. Public Reprimand. June 19, 2006

**COHN, DANIEL JAY, M.D. (G29375) Temecula, CA**

Stipulated Decision. Violated drug statutes by administering Type A Botulinum Neurotoxin to himself and approximately 200 patients without informing them that the toxin was not approved by the FDA, was for research purposes only, and was not intended for human use. Public Letter of Reprimand. June 28, 2006

**CRABBE, LINDA H., M.D. (G35349) West Hartford, CT**

Stipulated Decision. Disciplined by Connecticut for failure to treat a patient who returned to the emergency room for a second time with a high fever and met the criteria for sepsis syndrome. Public Letter of Reprimand. July 21, 2006

**DAVIDI, FARHAD, M.D. (A41397) Beverly Hills, CA**

Stipulated Decision. No admissions but charged with conviction of a felony for sexual penetration by a foreign object, forcible rape, and rape of an unconscious victim. Revoked. July 27, 2006

**DESHMUKH, AVI TRIMBAK, M.D. (C42380) Stephenville, TX**

Stipulated Decision. Disciplined by Texas for prescribing the sulfa drug Siptra to a patient with a sulfa allergy. Public Letter of Reprimand. July 5, 2006

**ECKSTEIN, LARRY, M.D. (G29690) Boulder, CO**

Stipulated Decision. Disciplined by Colorado for prescribing medication, including narcotics, to a patient who had relocated to Virginia without personally seeing the patient for a clinical evaluation and follow-up. Surrender of license. June 16, 2006

**ERASMUS, BINA KUMARI, M.D. (A35234) Fremont, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence in the care and treatment of 1 patient. Physician completed a clinical training program and paid cost recovery of \$3,500. Public Reprimand. July 31, 2006

**FAUSTINA, GILBERT E., M.D. (C26359) Rancho Palos Verdes, CA**

Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation by aiding and abetting the unlicensed



practice of medicine; practicing without a fictitious name permit; committing dishonest acts and providing false and misleading information; failing to maintain adequate and accurate medical records; failing to submit quarterly declarations; and failing to pay costs. Suspended for 6 months, suspension stayed, current probation extended for 18 months from the effective date of this decision with additional terms and conditions including, but not limited to, completing an ethics course. July 10, 2006

**FERRER, RAMON MARABE, M.D. (A54269)**  
**Fair Oaks, CA**

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, passing an oral and/or written examination; completing a clinical training program, a professional enhancement program, and a prescribing practices course; obtaining a practice monitor; and prohibited from engaging in solo practice. May 25, 2006. Judicial review pending.

**FOOTE, WILLIAM W., M.D. (A21252)**  
**San Francisco, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, and dishonest acts in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and a professional boundaries program. May 22, 2006

**Check your physician profile on the  
Medical Board's Web site**

Your address of record is public.

**[www.mbc.ca.gov](http://www.mbc.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

**FUJII, KEN, M.D. (G70963)**

**Santa Rosa, CA**

Stipulated Decision. Committed acts of gross negligence by inadvertently excising the scaphoid bone instead of the trapezium while performing a sectional arthroplasty. Public Letter of Reprimand. May 4, 2006

**GALLOWAY, CARL ANTHONY, M.D. (C35766)**  
**Westlake Village, CA**

Stipulated Decision. No admissions but charged with altering or modifying patient medical records, creating false medical records, failure to maintain adequate and accurate medical records, and dishonest acts in the care and treatment of 2 patients; and violated a board order. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and an ethics course. May 18, 2006

**GARRETT, WAYNE E., M.D. (GFE3058)**

**Olympia, WA**

Disciplined by Washington for having a condition affecting his ability to practice medicine safely. Revoked. June 21, 2006

**GOLDBERG, MICHAEL DAVID, M.D. (A49409)**  
**Burbank, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence in the care and treatment of 2 patients. Physician completed a clinical training program and paid cost recovery of \$1,000. Public Reprimand. May 2, 2006

**GRILLO, ISAAC ADETAYO, M.D. (A19718)**

**Lansing, KS**

Committed acts of unprofessional conduct and incompetence by failing to successfully complete a clinical training program. Revoked. May 25, 2006

**HANTZ, TIMOTHY DANIEL, M.D. (G67579)**

**San Bernardino, CA**

Stipulated Decision. Committed acts of gross negligence by failing to promptly refer a patient with an elevated PSA level and an increased risk for prostate cancer to a urologist. Physician completed a clinical training program. Public Letter of Reprimand. May 23, 2006

**HASTY, BENJAMIN R., M.D. (G49025)**

**Lynn Haven, FL**

Stipulated Decision. Disciplined by Florida for performing laser eye surgery on the wrong eye. Public Letter of Reprimand. June 21, 2006

**HENRY, KIMBERLY ANNE, M.D. (G74346)**

**Larkspur, CA**

Stipulated Decision. Violated drug statutes by administering Type A Botulinum Neurotoxin to herself and approximately 40 patients without informing them that the toxin was not FDA approved, was for research purposes only, and was not intended for human use. Public Letter of Reprimand. July 12, 2006

**JOHANSON, CRAIG ARTHUR, M.D. (G18148)**

**San Francisco, CA**

Stipulated Decision. Committed acts of unprofessional conduct, self-abused alcohol and was convicted of a misdemeanor for false imprisonment of a cohabitant and driving under the influence of alcohol. Surrender of license. June 27, 2006

**KATIRAIE, SEPEHR, M.D. (A54478)**

**Huntington Park, CA**

Committed acts of repeated negligence, gross negligence, incompetence, excessive treatment, prescribing without a good faith prior examination or establishing a medical indication, and failure to maintain adequate and accurate medical records 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. May 31, 2006. Judicial review pending.

**KEH, MILAGROS S., M.D. (C41566)**

**Americus, GA**

Stipulated Decision. Disciplined by Georgia for prescribing dangerous drugs and controlled substances without documenting a medical indication for the prescriptions and without documenting a good faith examination or informed consent. Surrender of license. May 2, 2006

**KENDALL, ARNOLD L., M.D. (A21038)**

**Surprise, AZ**

Stipulated Decision. Disciplined by Arizona for failing to timely initiate aggressive treatment resulting in the patient's deterioration. Surrender of license. May 2, 2006

**KHATIBLOO, MATHEW SAEED, M.D. (A39389)**

**Irvine, CA**

Committed acts of unprofessional conduct by failing to respond to a citation order issued by the board for failing to report his indictment within 30 days. Revoked. June 30, 2006

**KIM, WALTER HYUN, M.D. (A86185)**

**Oxnard, CA**

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by being disciplined by Iowa for consuming alcohol in violation of the terms and conditions of Iowa's probation order. Probationary license revoked, stayed, placed on an additional 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, and completing the Diversion Program. July 28, 2006

**KING, JEREMY ALAN, M.D. (A76036)**

**San Antonio, TX**

Stipulated Decision. Disciplined by the U.S. Department of the Air Force for inappropriate sexual contact with a patient. Public Reprimand. May 30, 2006

**LANDECK, ANYA ELIZABETH, M.D. (A65186)**

**San Rafael, CA**

Stipulated Decision. Violated drug statutes by administering Type A Botulinum Neurotoxin to herself and approximately 30 patients without informing them that the toxin was not approved by the FDA. Public Letter of Reprimand. May 3, 2006

**LAUGHLIN, DONELLE AILEEN, M.D. (A65672)**

**Monterey, CA**

Stipulated Decision. No admissions but charged with gross negligence and incompetence in the care and treatment of 1 patient. Physician completed a clinical training program. Public Reprimand. July 5, 2006

**LAVI, DARIUSH S., M.D. (A70042)**

**Huntington Beach, CA**

Stipulated Decision. Physician had 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, prohibited from engaging in solo practice, prohibited from engaging in the full-time practice of medicine, must obtain a practice monitor, and submit to biological fluid testing. June 5, 2006

**LEE, HARRISON HEEYOUNG, M.D. (G83622)**  
**Beverly Hills, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician completed a medical record keeping course and a course in abdominoplasty complications. Public Reprimand. May 2, 2006

**LIU, JAMES HOU, M.D. (G64811)**  
**San Gabriel, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts and incompetence in the care and treatment of 4 patients and failure to maintain adequate and accurate records in the care and treatment of 1 patient. Physician must complete a clinical training program, a medical record keeping course, and an ethics course. Public Reprimand. May 29, 2006

**LUKE, HAROLD POHANG, M.D. (G24934)**  
**Redlands, CA**

Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a medical record keeping course. Public Reprimand. May 26, 2006

**MAALOU, NADEEM MOUNIR, M.D. (C51582)**  
**Orange Park, FL**

Disciplined by Florida for failure to properly examine and/or order x-rays for a patient prior to ordering an incision of an abdominal abscess when the patient was later determined to have an incarcerated, strangulated umbilical hernia and intracutaneous fistula. Revoked. June 26, 2006

**MARTIN, PHILIP GUSTAVE, M.D. (A45448)**  
**San Pedro, CA**

Stipulated Decision. Committed acts of sexual misconduct, gross negligence, dishonesty, and unprofessional conduct in the care and treatment of 2 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, obtaining a worksite monitor; prohibited from treating female patients pending completion of an evaluation; and if permitted to treat female patients, shall have a third-party chaperone while consulting, examining or treating them. June 26, 2006

**MARTINEAU, WADE DEE, M.D. (G70982)**  
**Ogden, UT**

Disciplined by Utah for misappropriating Fentanyl for personal use and sexual activity with a patient. Revoked. May 1, 2006

**MATHEWS, ROGER D., M.D. (A20921)**  
**Carmichael, CA**

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to make and maintain a current and accurate inventory of the acquisition and disposition of controlled substances and dangerous drugs. Revoked, stayed, previously ordered probation of 10 years is continued with superseded terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, and ordered to pay restitution of \$472,500 as ordered by an associated criminal judgment decision. June 21, 2006

**MAY, LANCE A., M.D. (G84676)**  
**Tacoma, WA**

Disciplined by Texas for sexual molestation. Revoked. July 10, 2006

**Drug or Alcohol Problem?  
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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.

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Medical Board of California  
Physician Diversion Program  
1420 Howe Avenue, Suite 14  
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**MAYS, JAMES ARTHUR, M.D. (C31115)**

**Los Angeles, CA**

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Public Letter of Reprimand. May 23, 2006

**MICHAEL, Wafa Fahmy, M.D. (A26448)**

**Upland, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and incompetence in the care and treatment of 4 patients. Surrender of license. May 15, 2006

**MONTAZERI, ATA O., M.D. (A38685)**

**Marina Del Rey, CA**

Violated the terms and conditions of his board-ordered probation by failing to obtain a practice monitor, submit quarterly declarations, and pay probation monitoring costs. Revoked. July 14, 2006. Judicial review pending.

**MONTH, STACY ROBIN, M.D. (G61440)**

**Oakland, CA**

Stipulated Decision. Committed acts of gross negligence in the care and treatment of 1 patient. Physician completed a clinical education program. Public Reprimand. July 27, 2006

**MORALES, RAYMUNDO A., M.D. (A64001)**

**Yucaipa, CA**

Stipulated Decision. 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 must complete a clinical training program and a medical record keeping course. Public Reprimand. May 8, 2006

**MUELLER, GREGORY PAUL, M.D. (A49185)**

**Beverly Hills, CA**

Stipulated Decision. Committed acts of gross negligence in the care and treatment of 1 patient. Physician completed a clinical training program and paid cost recovery of \$3,000. Public Reprimand. July 5, 2006

**NELSON, DONALD G., M.D. (A12127)**

**Bakersfield, CA**

Committed acts of unprofessional conduct by failing to respond to a citation order issued by the board for making false statements in documents and failing to maintain adequate and accurate medical records. Revoked. June 30, 2006

**NISAR, AZRA-AFREEN, M.D. (A41503)**

**Fullerton, CA**

Committed acts of repeated negligence, incompetence, unprofessional conduct, prescribing without a medical indication, and failure to maintain adequate and accurate medical records 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 and ordered to pay cost recovery of \$15,061. May 1, 2006

**ORDOG, GARY JOSEPH, M.D. (G43038)**

**Newhall, CA**

Committed acts of repeated negligence, gross negligence, and failure to maintain adequate and accurate medical records in the care and treatment of 4 patients; committed dishonest or corrupt acts; made false statements; and had false or misleading advertising. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 90 days actual suspension; prohibited from engaging in a medical-legal or forensics practice of medicine; and completing a medical record keeping course and an ethics course. May 26, 2006. Judicial review pending.

**ORGAN, PAUL GERARD, M.D. (A39998)**

**Eureka, CA**

Violated the terms and conditions of a board-ordered probation by testing positive for the use of controlled substances and failing to successfully complete the board's Diversion Program. Revoked. May 5, 2006

**PATEL, RAMANBHAI MAFATLAL, M.D.**

**(A38482) Lancaster, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a medical record keeping course and paid cost recovery of \$2,000. Public Reprimand. June 13, 2006

**PEPER, ERIC ANTHONY, M.D. (G54484)**

**Whitewater, CO**

Stipulated Decision. Disciplined by Colorado after an investigation of the care and treatment of 19 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 required CME, and obtaining a practice monitor. June 30, 2006

**POLLOCK, WILLIAM JACK, M.D. (C31161)**  
**Fresno, CA**

Stipulated Decision. No admissions but charged with gross negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Surrender of license. June 21, 2006

**POSER, JOHN SHEARER, M.D. (A26206)**  
**Gainesville, FL**

Stipulated Decision. Disciplined by Florida for failing to take appropriate action when a patient experienced respiratory arrest and failing cardiac function. Physician completed an educational course focusing on surgical complications, responding to surgical emergencies, and preoperative workups. Public Reprimand. June 22, 2006

**RABKIN, LAWRENCE EDWARD, M.D. (G48285)**  
**Riverside, CA**

Stipulated Decision. Committed acts of gross negligence, dishonesty or corruption, unprofessional conduct and was convicted of a misdemeanor for sexual misconduct with a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor, completing a professional boundaries program, prohibited from solo practice, and prohibited from treating female patients. July 27, 2006

**REARDON, PAUL F., M.D. (A49699)**  
**Newport Beach, CA**

Stipulated Decision. No admissions but charged with gross negligence, incompetence, excessive prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a clinical training program, a prescribing practices course, and a medical record keeping course. Public Reprimand. June 21, 2006

**ROBINSON, RICHARD HUGH, M.D. (G50892)**  
**Merced, CA**

Stipulated Decision. No admissions but charged with gross negligence, incompetence, failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a clinical training program and paid cost recovery of \$2,500. Public Reprimand. July 31, 2006

**ROMERO, ANTONIO ANGELES, M.D. (A34298)**  
**Downey, CA**

Stipulated Decision. Violated the terms and conditions of a board-ordered probation by failing to pass an

examination. Physician is suspended from the practice of medicine until he passes an examination. All terms and conditions from the previous order remain in effect. June 19, 2006

**ROTH, MICHAEL A., M.D. (C30405)**  
**Novi, MI**

Disciplined by Michigan for treating several patients without adequate medical evaluation or creating adequate medical records, performing ultrasounds without medical justification, prescribing without medical indication, inappropriately maintaining and labeling controlled substances, and placing a patient on a diet plan without documenting the prescribed medication, assessment, or evaluation. Physician completed a prescribing practices course, a medical record keeping course, an educational course in bariatrics, and paid cost recovery of \$868. Public Reprimand. May 2, 2006

**SABO, VICTOR OLIVER, II, M.D. (A45215)**  
**Hesperia, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, and incompetence in the care and treatment of 1 patient. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. July 24, 2006

**SANCHEZ, ALFONSO R., M.D. (A14537)**  
**Monterey Park, 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 4 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program. June 23, 2006

**SANDERFER, TERRY LEE, M.D. (G39736)**  
**Riverside, 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 11 patients. Surrender of license. July 28, 2006

**SAYYAH, MASOOD R., M.D. (A42949)**  
**Santa Monica, CA**

Violated the terms and conditions of his board-ordered probation by failing to successfully complete a clinical training program. Revoked. July 24, 2006

**SCHMIDT, ISAAC, M.D. (A41633)**

**Los Angeles, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, and incompetence 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, a medical record keeping course, an ethics course, and obtaining a practice monitor. June 1, 2006

**SCHMUCKER, CELESTE A., M.D. (G57171)**

**Montville, NJ**

Stipulated Decision. Committed acts of unprofessional conduct by failing to submit to an evaluation. Surrender of license. June 1, 2006

**SCOGGIN, JOSEPH MICHAEL, M.D. (G75790)**

**Starkville, MS**

Stipulated Decision. Disciplined by Arizona for the self-abuse of controlled substances. Surrender of license. May 31, 2006

**SIMMONS, EARL MELVIN, M.D. (G43704)**

**Encinitas, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. June 27, 2006

**SIMON, JUSTIN, M.D. (A15207)**

**Berkeley, CA**

Stipulated Decision. Committed acts of unprofessional conduct by failing to report suspected child abuse. Public Reprimand. May 24, 2006

**SIMON, ROBERT JEFFREY, M.D. (A46574)**

**Sherman Oaks, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, failure to maintain adequate and accurate medical records, and unprofessional conduct in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. July 17, 2006

**SMIALOWICZ, RONALD KENNETH, M.D.**

**(G34157) San Francisco, CA**

Stipulated Decision. No admissions but charged with gross negligence, dishonest or corrupt acts, knowingly making a false document, and sexual misconduct in the care and treatment of 1 patient. Surrender of license. June 2, 2006

**SODERLING, ERIC MOTT, M.D. (A68357)**

**Discovery Bay, CA**

Committed acts of gross negligence, unprofessional conduct, altering and creating a false medical record, and violating drug statutes and regulations in the care and treatment of 2 patients; committed dishonest acts; and made or signed a certificate or document containing a false statement. Revoked. June 28, 2006

**STEWART, KERBY JAMES, M.D. (A39131)**

**Austin, TX**

Stipulated Decision. Disciplined by Texas for alcohol abuse. Revoked, stayed, placed on 10 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; maintaining a record of all controlled substances prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana; obtaining a practice monitor; prohibited from engaging in solo practice; and completing the board's Diversion Program. May 4, 2006

**UMANSKY, MICHAEL R., M.D. (A42790)**

**Los Angeles, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. May 1, 2006

**VALDEZ, ROMULO C., M.D. (C38178)**

**Chula Vista, CA**

Committed acts of dishonesty or corruption and unprofessional conduct by being convicted of a felony for Medi-Cal fraud. Revoked. May 17, 2006

**WAGNER, JAMES DUNBAR, II, M.D.**

**(GFE23026) Vandalia, IL**

Stipulated Decision. Disciplined by Illinois for failing to diagnose an arterial occlusion and improperly diagnosing the pain as deep vein thrombosis. Public Letter of Reprimand. July 5, 2006

**WALLACE, ELIZABETH ANN, M.D. (G86801)**

**Rancho Cucamonga, CA**

Self-abused controlled substances, forged a prescription, and has a condition affecting her ability to practice medicine safely. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, passing an oral and/or written examination, prohibited from engaging in solo practice and must obtain a practice monitor. May 3, 2006

**WANG, JIING TSONG, M.D. (A32418)  
El Monte, CA**

Stipulated Decision. Convicted of a misdemeanor for being an accessory to Medi-Cal fraud. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing a medical record keeping course and an ethics course, and obtaining a practice/billing monitor. July 10, 2006

**WRIGHT, ROBERT ELDON, M.D. (C50474)  
Greenwood Village, CO**

Stipulated Decision. Disciplined by Colorado for substance abuse. Surrender of license. May 12, 2006

**YEE, ROBERT Y., M.D. (C30713)  
Santa Rosa, CA**

Stipulated Decision. Committed acts of unprofessional conduct by making inappropriate comments to a patient and a coworker. Public Letter of Reprimand. May 31, 2006

### **Doctors of podiatric medicine**

**PERALES, THERESA ANNE, D.P.M. (E4017)  
Ventura, CA**

Stipulated Decision. Committed acts of repeated negligence 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 a prescribing practices course and obtaining a practice monitor. May 8, 2006

**ROBERTS, JOSHUA C., D.P.M. (EL1668)  
Laguna Beach, CA**

Stipulated Decision. Convicted of a felony for purchasing a controlled substance. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the personal use or possession of controlled substances and submitting to biological fluid testing. Decision effective March 17, 2006, license issued June 28, 2006.

**TABASSIAN, MITRA, D.P.M. (E4061)  
Palos Verdes Estates, CA**

Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, failure to maintain adequate and accurate medical records, and dishonesty in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to,

30 days actual suspension; completing a clinical training program and an ethics course; obtaining a practice monitor; prohibited from performing any surgical procedures; and ordered to pay cost recovery of \$7,500. July 6, 2006

### **Physician assistants**

**BLANCHFIELD, CHRISTOPHER CODY, P.A. (PA16066)  
Fontana, CA**

Stipulated Decision. Committed acts of gross 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, obtaining a supervising physician, completing an educational course in blood thinners, and ordered to pay cost recovery of \$1,453. July 31, 2006

**DRAMIS, NICHOLAS MICHAEL, P.A. (PA11756)  
Rancho Mirage, CA**

Stipulated Decision. No admissions but charged with sexual misconduct with a minor patient, corruption, illegal use of drugs, conviction of a crime, gross negligence, prescribing without a good faith examination, and unprofessional conduct. Surrender of license. July 18, 2006

**FLAGER, JAMES DEAN, P.A. (PA13738)  
Alta Loma, CA**

Stipulated Decision. Violated state and federal drug laws by self-administering controlled substances. Revoked, stayed, placed on 7 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, completing the Diversion Program and an ethics course, obtaining a supervising physician, and ordered to pay cost recovery of \$2,823. July 26, 2006

**GROTEWOLD, THOMAS MURRAY, P.A. (PA10775)  
Los Angeles, CA**

Convicted of a felony for possession of a controlled substance. Revoked. June 16, 2006

### **Spectacle lens dispenser**

**RENTERIA, JOSE SALAZAR (SL4726)  
Santa Maria, CA**

Convicted of a felony for corporal injury to a spouse. Revoked. July 6, 2006

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Medical Board of California  
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Sacramento, CA 95825-3236

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## Medical Board of California Meetings 2006-2007

### 2006

**November 2-3:** San Diego

### 2007

**February 1-2:** Los Angeles

**April 26-27:** Sacramento

**July 26-27:** Oakland

**November 1-2:** San Diego

*All meetings are open to the public.*

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##### MEDICAL BOARD OF CALIFORNIA NEWSLETTER - OCTOBER 2006

Candis Cohen, Editor (916) 263-2389 (ccohen@mbc.ca.gov)

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