MEDICAL BOARD OF CALIFORNIA
Newsletter
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Legislative Update

Board-sponsored legislation
AB 1767 (Hill, Chapter 451)

This bill requires the Office of the Attorney General to provide representation to a licensed physician who provides expertise to the Medical Board (Board) in the evaluation of the conduct of a licensee when, as a result of providing the expertise, the physician is subject to a disciplinary proceeding undertaken by a specialty board of which the physician is a member. It also extends the sunset date of the two members of the Health Professions Education Foundation that are appointed by the Board, from January 1, 2011 to January 1, 2016.

SB 1489 (Sen. B&P Comm., Chapter 653)

The provisions in this bill relating to the Medical Board were sponsored by the Board, and do the following: delete and correct obsolete references related to the Board's Division of Licensing and exams; correct by reinstating the postgraduate training requirement for licensure; allow the Board to consider good cause or reason, time spent in various training programs, and current and active practice in another state or Canadian province when considering the period of validity of the written examination scores required for licensure; and clarify provisions related to the reporting requirements for licensed midwives.

Other legislation signed into law
AB 52 (Portantino, Chapter 529)

This bill requests the University of California (UC) to develop a plan to establish and administer the Umbilical Cord Blood Collection Program (UCBCP) for the purpose of collecting units of umbilical cord blood for public use, which is defined as blood units from genetically diverse donors that will be owned by the UC. It increases the fee for birth certificate copies by $2 to provide funds to implement the UCBCP, and requires the UC to implement the plan, contingent on an unspecified amount of funds being available in the UCBCP Fund.

AB 583 (Hayashi, Chapter 436)

This bill requires health care practitioners to disclose their name, license type, and highest level of academic degree to their patients in their office or in writing in at least 24-point type in a specified format. It also requires physicians and surgeons, including osteopathic physicians, to disclose the name of their certifying board or association.

AB 867 (Nava, Chapter 416)

This bill authorizes the California State University (CSU), until July 1, 2018, to establish a Doctor of Nursing Practice (DNP) degree pilot program at three campuses chosen by the Board of Trustees to award the DNP degree. This bill distinguishes the DNP degree from the doctor of philosophy degree offered at the University of California. It requires the DNP degree pilot program to be designed to: enable

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IN THIS ISSUE

The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions.

President's Report

Barbara Yaroslavsky
President of the Board

First, I would like to acknowledge to Medical Board staff that the Board Members and I are very aware of how difficult this past year has been both with the mandatory furloughs and the licensing application backlog. I sincerely thank staff for their commitment, fortitude and "let's get the job done" attitude. Thank you!

The Board recently received a Program Evaluation Summary Report in conclusion of a Board-wide review performed by an outside management consultant company. Assessments were completed of the Board's complaint intake and screening, investigation, and prosecution processes as well as other aspects of the Board's programs. The more important and urgent recommendations called for augmenting the Board's staffing for medical consultants to be available to district offices all of the time (one full-time equivalent position per office). In anticipation of this additional need, the Board, through its last two issues of this newsletter, has notified physicians of upcoming medical consultant examinations to fill these positions, and we have received an overwhelming response. Also, the report recommended eliminating the limitation on the reutilization of medical experts, augmenting the medical expert pool, and enhancing their capabilities. The Board takes seriously these recommendations and their implementation is a high priority.

The Medical Board recently held a meeting of the Advisory Committee on Physician Responsibility in the Supervision of Affiliated Health Care Professionals in Sacramento – one in a series of meetings. This Committee is tasked with addressing issues surrounding physician supervision and delegation of assignments to unlicensed persons or to affiliated health care professionals. At the last Committee meeting in October, questions arose regarding the Board's power or authority to promulgate regulations.

Subsequently, the Board's legal counsel provided the following insight:

> *It is critical to understand the difference between statutes and regulations. Statutes are passed by the California Legislature and signed by the Governor; they are the framework or skeleton from which a state agency operates. Regulations are rules that are adopted to add flesh to the statutory skeleton. However, a regulation cannot expand or alter the scope of statute. If it does, it is void. The test for determining if a regulation is valid consists of two parts: 1) The regulation is consistent and not in conflict with existing statute, and 2) it is reasonably necessary to effect the purpose of the statute. Of course, there must be sufficient statutory authority for the agency to promulgate the regulation.*
>
> *Conclusion: In those areas where the Legislature has spoken on the issues of physician delegation and supervision, the Board has a clearer path toward the adoption of regulations that set parameters for physician supervision of allied health care providers. In areas where the Legislature has not so opined, the path is not so clear. Committee members should be aware that whenever the Board exercises its regulatory function, public protection is paramount.*

I was pleased with the amount of informational sharing at the meeting – and grateful to legal counsel for the many comprehensive answers provided in response to questions posed at the October meeting. We heard from several interested physicians, the Board of Registered Nursing, the Physician Assistant Committee, nurses, physician assistants, and interested parties, and take seriously their suggestions.

The subject of medical spas was raised several times at the same meeting and I thought I would take this opportunity to remind the medical community that elective cosmetic procedures are the practice of medicine, and physicians are responsible for their patients, regardless of who performs the treatments. There is no law that allows physicians to collect a fee for signing their name to an agreement to lend their license to an entity to practice medicine. Legally, the clients of the spa or salon are patients – the physician's patients, and that arrangement comes with all of the responsibility and liability that goes with any other physician-patient relationship.

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Legislator profile

Senator Gloria Negrete McLeod

Senator Gloria Negrete McLeod (D-Chino) was elected to the Senate in 2006.

Senator Negrete McLeod represents the 32nd District, which includes Colton, Fontana, Montclair, Ontario, Rialto and San Bernardino, and the City of Pomona and portions of Chino.

She is the former Chair of the Senate Business, Professions and Economic Development Committee. This committee has jurisdiction over and considers legislation that pertains to business regulation and professional practices, and licensing that fall under the Department of Consumer Affairs. Senator Negrete McLeod is also a member of the Senate Budget, Governmental Organization, Health, and Veterans Affairs committees. A recent appointment to Budget Subcommittee #4 will allow Senator Negrete McLeod to work directly on the state budget and find savings and achieve real reform.

Senator Negrete McLeod's legislative bills that affect Medical Board of California (MBC) licensees, include SB 674 (2009), which covered a variety of subjects, including advertising by practitioners, accreditation of surgical clinics, the wearing of name tags, and disclosure of public information. Most relevant to the Board was the portion of the bill (SB 674) that addressed the supervision by physicians of those using laser and intense pulsed light (IPL) device procedures. Specifically, it would have required the Board to adopt regulations regarding the appropriate level of physician availability for facilities using lasers or IPLs. This bill was successful in the Legislature, but was vetoed by the Governor.

Following the veto of SB 674, Senator Negrete McLeod asked that the Board consider conducting a review of the issues surrounding physician supervision and availability. The establishment of the Board's Advisory Committee on Physician Responsibility in the Supervision of Affiliated Health Care Professionals is partially a response to the Senator's request.

In addition, she authored SB 700 (Chapter 505) which specifies that peer review is the process in which the basic qualifications, staff privileges, employment, outcomes and conduct of licentiates are reviewed to determine if licensees may continue to practice in the facility and if so, under what, if any, parameters. It clarifies that a report regarding the discipline or termination of a physician (called an "805 report") must be filed within 15 days. It recognizes that peer review committees within hospitals provide a confidential report to the MBC of any serious problems with physicians. It also requires an 805 report to be maintained electronically for dissemination for a period of three years after receipt. It also adds that minutes or reports of peer review be included with the documents that the MBC may inspect. This bill prohibits the MBC from disclosing to the public any peer review summaries completed by a hospital if a court finds that the peer review was not conducted in good faith. It requires the Board to remove from its Web site any information concerning a hospital disciplinary action that is posted if a court finds that the peer review was not done in good faith. Lastly, it requires the MBC to post on its Web site a fact sheet that explains and provides information on 805 reporting.

From 2000 to 2006, Senator Negrete McLeod represented the 61st District in the State Assembly. While a member of the Assembly, she authored the Board-sponsored AB 1586 that revised the special program laws for physicians reporting their practice status and board certification. Prior to being elected to the State Legislature, she served as the President of Chaffey Community College Board and was a board member for five years.

Clarification pertaining to radiological networks

Note: The following provides clarification and amends the closing sentence in the radiological networks article which ran in the October issue of this newsletter. "The Board notes that the 2009 opinion issued by the Attorney General is more recent than previous letters or publications issued by the Board."

New data collection vendor for California CURES' prescription monitoring

Effective January 1, 2011, the California Department of Justice (DOJ) has contracted with a new company for the collection of controlled substance prescription data. The company, Atlantic Associates, Inc. (AAI), is incorporating several new and essential features in their data collection process which will provide significant benefits to pharmacies, physicians, and the Bureau of Narcotic Enforcement.

All controlled substance prescription data needs to be submitted in the American Society for Automation in Pharmacy (ASAP) standards, ASAP 2009 version 4.1 format. All pharmacies and dispensing prescribers/clinics must submit their controlled substance prescription data electronically in the ASAP 2009 version 4.1 format. All other format submissions will be rejected.

AAI will accept controlled substance prescription data in ASAP 2009 version 4.1 format per the DOJ's mandate; however, until July 1, 2011, AAI will continue to accept controlled substance prescription data in ASAP 2005 version 3.0 format.

The DOJ has provided AAI with a set of requirements for validating the controlled substance prescription data submitted by individual pharmacies and dispensing prescribers/clinics. AAI will perform the validations and only accept files that meet the established criteria, and reject files that do not meet the criteria. AAI also will be notifying pharmacies when controlled substance prescription data has been validated and accepted or rejected.

Online Direct Dispense Reporting Application

Effective January 1, 2011, if you have the capability, you may submit your direct dispense controlled substance data to the Department of Justice using the ASAP 2009 version 4.1 format. You also have the option to use ASAP 2005 version 3.0 format until July 1, 2011. If you do not have either of these capabilities, please contact Atlantic Associates for assistance. In the near future, you will be able to submit your direct dispense controlled substance data using an electronic application provided by Atlantic Associates. For more information on submitting your direct dispense data electronically please contact Atlantic Associates at data@aainh.com or (800) 539-3370.

The following link on the Board's Web site, ***www.mbc.ca.gov/licensee/cures_data_collection.pdf***, takes you to a December 9, 2010 informational letter from the Department of Justice that details these recent changes, and more, that effect controlled substance prescription data submissions to CURES. If after reviewing the letter you have questions or need additional information, please visit the Attorney General's Web site at ***www.ag.ca.gov***, or contact the CURES Program at (916) 319-9062.

President's Report

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Becoming involved in these types of business arrangements may, in the short term, raise a physician's economic bottom line. In the long run, however, the risks are great. In reality, the bottom line is that physicians who become involved in these illegal arrangements may lose their license, or their livelihoods. To view the article, The Bottom Line: The Business of Medicine – Medical Spas, in its entirety, visit the Board's Web site at ***www.mbc.ca.gov/licensee/medical_spas-business.pdf.***

Update your e-mail address online

Please keep the Board informed of your current e-mail address so we may contact you immediately with updates about the Board and your profession. Go to ***https://www2.mbc.ca.gov/UpdateMyEmail/*** to complete this easy process — it only takes one minute! We appreciate your time. Thank you!

Legislative Update *(continued from cover)*

AB 867 continued

professionals to earn the degree while working full time; train nurses for advanced practice; and prepare clinical faculty to teach in postsecondary nursing programs. It requires CSU to enroll and maintain no more than 90 full-time equivalent students in the degree pilot program at all three campuses combined. Initial funding must come from existing budgets, without diminishing the quality of undergraduate programs or reducing enrollment therein. Additionally, this bill requires CSU, the Legislative Analyst's Office, and the Department of Finance to jointly conduct a statewide evaluation of the degree pilot program and report the results to the Legislature and the Governor on or before January 1, 2017.

AB 1487 (Hill, Chapter 444)

This bill extends the date by which the California Department of Public Health (CDPH) is required to adopt regulations prescribing sperm processing facilities' handling and storage of sperm from donors who are carriers of human immunodeficiency virus (HIV) and human T lymphotrophic virus (HTLV), to January 1, 2014. It also requires a physician providing insemination and advanced reproductive technologies to make specified disclosures to a recipient of sperm from a HIV or HTLV reactive spouse, partner, or designated donor.

AB 1937 (Fletcher, Chapter 203)

This bill authorizes physician assistants, nurse practitioners, licensed vocational nurses, and nursing students acting under the supervision of a registered nurse, to administer immunizations to students with written parental consent. It applies existing requirements that are relavent to nurses in the administration of immunizations to these health care practitioners.

AB 2382 (Blumenfield, Chapter 425)

This bill authorizes the California State University (CSU) to award a Doctor of Physical Therapy (DPT) degree. It requires that the degree be focused on preparing physical therapists to provide health care services, and that it be consistent with meeting the requirements of the Commission on the Accreditation in Physical Therapy Education (CAPTE). This bill caps the fees that may be charged students in these programs at the rate charged for students in state-supported DPT programs at the UC (including joint programs of the CSU and UC). It requires that start-up funding for these programs be met within existing academic program support budgets, without diminishing the program support offered to undergraduates, and prohibits funding of these programs from reduced undergraduate enrollment at the CSU. Additionally, this bill requires the CSU, Department of Finance and the Legislative Analyst's Office to jointly conduct a statewide evaluation of the implementation of the DPT programs authorized by this bill, and requires the evaluation to be submitted to the Legislature and the Governor by January 1, 2015. This bill sunsets on January 1, 2019.

AB 2386 (Gilmore, Chapter 151)

This bill allows non-military hospitals to enter into an agreement with the Armed Forces of the United States to authorize a physician, PA, or RN to provide medical care if: the physician, PA, or RN holds a valid license, in good standing, in any state or territory in the United States; the medical care is provided as part of a training or educational program designed to promote combat readiness; and, the agreement complies with federal law. This bill requires the physician, PA, or RN while working in the hospital to wear a name tag that includes, in at least 18 point type, his or her name and license status, his or her state of licensure, and a statement that he or she is a member of the Armed Forces of the United States. It also requires the physician, PA, or RN to register with the board that licenses his or her respective health care profession in California, on a form provided by that board.

AB 2500 (Hagman, Chapter 389)

This bill allows any licensee of any board, commission or bureau under the Department of Consumer Affairs to have their license reinstated without examination or penalty, if it expired while they were serving on active duty as a member of the National Guard of the United States Armed Forces, rather than just during a period of war. This bill allows the licensing entity to determine whether the applicant for reinstatement was actively engaged in their practice while on active duty, and if not, an examination may be required.

AB 2699 (Bass, Chapter 270)

This bill exempts healing arts health care practitioners, who are licensed and certified in other states, from

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Legislative Update *(continued from last page)*

California state licensure for the purposes of providing voluntary health care services to uninsured and under-insured Californians on a short-term basis in a sponsored event. It requires each sponsored event to be no longer than 10 days and the sponsoring entity must be approved and must be a non-profit entity or a community-based organization. It requires each board to notify the sponsoring entity within 20 calendar days if the request is approved or denied (using specified requirements). It requires the health care practitioner to submit to the appropriate board, on a form prescribed by each board, a request for authorization to practice without a license. Each health care practitioner must pay a fee, which must be determined by each board by regulation. It requires the participating health care practitioner to provide a copy of his or her license in each state where the individual is licensed and require that the license be in good standing in each state where the individual is licensed. A termination process for each board to terminate authorization for a health care practitioner to provide health care services is specified. This law has a sunset date of January 1, 2014.

SB 294 (Negrete McLeod, Chapter 695)

This bill changes the sunset review dates on various Department of Consumer Affairs regulatory boards and bureaus, including the Medical Board. It changes the sunset date for the Medical Board from 2013 to 2014.

SB 442 (Ducheny, Chapter 502)

This bill streamlines the administrative process and requirements for a clinic corporation to apply for licensure with the California Department of Public Health. It defines "clinic corporation" as a nonprofit organization that operates one or more affiliate clinics.

SB 700 (Negrete McLeod, Chapter 505)

This bill specifies that peer review is the process in which the basic qualifications, staff privileges, employment, outcomes and conduct of licentiates are reviewed to determine if licensees may continue to practice in the facility and if so, under what, if any, parameters. It clarifies that an 805 report must be filed within 15 days from the date when: a peer review body denies or rejects a licensee's application for staff privileges or membership for a medical disciplinary cause or reason; a licensee's staff privileges, membership, or employment are revoked for a medical disciplinary cause or reason; restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a total of 30 days or more within any 12 month period for medical disciplinary reasons; a licensee resigns or takes a leave of absence from staff privileges, membership or employment; a licensee withdraws or abandons his or her application for staff privileges, membership, or employment; a licensee withdraws or abandons his or her request for renewal of staff privileges, membership, or employment after receiving notice of a pending investigation initiated for a medical disciplinary cause or reason after receiving notice that his or her application for staff privileges, membership, or employment is denied or will be denied for a medical disciplinary cause or reason; and, when a summary suspension of staff privileges, membership, or employment is imposed for a period in excess of 14 days.

It also requires an 805 report to be maintained electronically for dissemination for a period of three years after receipt. This bill adds that minutes or reports of a peer review are included in the documents that the Board may inspect. This bill prohibits the Board from disclosing to the public any peer review summaries completed by a hospital if a court finds that the peer review was not conducted in good faith. Lastly, this bill requires the Board to remove from the Internet Web site any information concerning a hospital disciplinary action that is posted if a court finds that the peer review was not done in good faith; the licensee must notify the Board of that finding. It also requires the Board to post a factsheet on the Internet that explains and provides information on 805 reporting.

SB 953 (Walters, Chapter 105)

This bill clarifies that specified immunity from liability that generally applies to physicians rendering emergency care also applies to doctors of podiatric medicine.

SB 1069 (Pavley, Chapter 512)

This bill authorizes physician assistants, pursuant to a delegation of services agreement, to perform physical examinations and order durable medical equipment.

SB 1172 (Negrete McLeod, Chapter 517)

This bill requires all healing arts boards under the Department of Consumer Affairs (except the Board of

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Legislative Update *(continued from last page)*

Registered Nursing (BRN)) to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program. This bill allows healing arts boards (except BRN) to adopt regulations authorizing the board to order a licensee to cease practice for major violations or when ordered to undergo a clinical diagnostic evaluation. This bill prohibits an order to cease practice pursuant to this bill from being governed by the Administrative Procedures Act, and states that the order shall not constitute a disciplinary action.

SB 1246 (Negrete McLeod, Chapter 523)

This bill includes a licensed naturopathic doctor in the list of persons who can perform a clinical laboratory test or examination classified as waived under the Clinical Laboratory Improvement Amendments of 1988. It also includes in the definition of laboratory director a duly licensed naturopathic doctor for the purposes of a clinical laboratory test or examination classified as waived.

This bill defines a naturopathic assistant as a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services, in compliance with this bill. It defines naturopathic technical supportive services as simple routine medical tasks and procedures that may be safely performed by a naturopathic assistant, under the supervision of a licensed naturopathic doctor. It allows a naturopathic assistant to do the following: administer medication only by intradermal, subcutaneous, or intramuscular injections; perform skin tests and additional technical support services; and perform venipuncture or skin puncture for the purposes of withdrawing blood. It also includes a naturopathic assistant, as defined, to the list of persons who could perform a clinical laboratory test or examination classified as of moderate complexity if the waived test is performed to a specific authorization meeting specified requirements.

Medical Board's Subscribers' List

Are you interested in the Medical Board's latest actions?

If yes, please join the Medical Board of California's Subscribers' List to obtain e-mail updates of the MBC Newsletter; meeting agendas, notices, and minutes; regulations; license suspensions, restrictions, accusations, revocations, and surrenders for physicians.

If you wish to subscribe to this list, please go to ***www.mbc.ca.gov/subscribers.html*** and follow the instructions for subscribing.

Is your home address posted on the Board's Web site?

The Board continues to hear from physicians that are not aware their address of record, which may be a home address, is posted on their online physician profile on the Board's Web site. We have long informed physicians of this, both in our license applications and renewal forms, and quarterly in the Board's newsletter. **We continue to caution physicians about listing their home address as an address of record.** We encourage you to routinely visit your profile at ***www.mbc.ca.gov***, click on the Licensees tab and "Check My Profile," to insure that your address (and all other information provided) is correct, and it is the address you want the public to see. Please note that clicking on the address listed on your profile brings up a Google map of your address of record.

The mandatory physician survey that is now completed by physicians at the time of initial licensure, and with each renewal, provides the data we use to update your online physician profile.

If you want to change your address of record or need to update your survey, or if you have relocated and need to change your address, the change of address form is available on the Board's Web site at ***www.mbc.ca.gov/forms/07a-08.pdf***. The Board must be notified in writing within 30 days of the change. Please fax to (916) 263-2944, or mail to:

Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Heads Up 7th & Up: New School Entry Rule

All 7-12th graders will need a Pertussis Booster (Tdap) to enter school

Immunization Branch, California Department of Public Health

In 2010, California had the most cases of pertussis reported in over 60 years, which resulted in at least 10 infants dying and hundreds more requiring hospitalization. Pertussis is a highly contagious bacterial illness spread by coughs and sneezes. People sick at any age with pertussis have severe coughing attacks that can last for months. Infants are most vulnerable to pertussis, catching it from siblings, parents and other close contacts.

A new school vaccine requirement, recently signed into law, is an important step in stopping the spread of pertussis in California. Vaccination is the best defense from pertussis; however, the immunity from both pertussis disease and vaccines wears off over time, necessitating booster immunization for adolescents and adults.

Beginning July 1, 2011, all students entering 7th through 12th grades will need proof of a pertussis (Tdap[1]) booster shot before starting the 2011-2012 school year. On July 1, 2012 and annually thereafter, students entering the 7th grade will need proof of a Tdap booster before starting school. The new Tdap requirement applies to all public and private schools[2]. The requirement does not affect students enrolled in summer school.

In response to the recent pertussis outbreak, in July, 2010, the California Department of Public Health (CDPH) released broader recommendations for immunization. In summary:

1) CDPH strongly recommends a Tdap booster shot for all adolescents and adults (10 or more years of age) who have not yet received a documented dose, regardless of when they received their last Td booster.* (see page 9)

2) Immunization with Tdap is especially important for

- Women of childbearing age – preferably before pregnancy, else during or immediately after pregnancy;
- Other close contacts (family members and caregivers) of infants, including those older than 64 years of age;*
- Health care workers, particularly those who have direct contact with infants and pregnant women;
- Patients 7 years and older with wounds should receive Tdap instead of Td or TT when immunization is indicated to prevent tetanus.

3) CDPH strongly recommends that all infants receive their recommended doses of DTaP[3] on time. The first dose has been typically given at 2 months of age but may be given as early as 6 weeks to begin protecting infants sooner. Children 7-9 years of age who did not receive all of their routine childhood DTaP vaccine doses are recommended to receive Tdap to help protect them against pertussis.*

The recommendation by CDPH for a dose of Tdap for all youth ages 10 years and older will fulfill the new school entry requirement. While not routine, a dose of Tdap given between the 7th and 10th birthday will also meet the school entry requirement, but the students may not fully be protected through the end of high school. Adolescents who have received only the Td booster vaccine will have not met the new pertussis immunization requirement.

Vaccinating youth now helps protect them against the ongoing threat of pertussis, meet the new school requirement, and reduce the last-minute rush: more than a million middle, junior, and high school students will need a Tdap vaccine before the 2011-2012 school year starts. Starting now, recall all your preteen and teen patients who haven't yet received Tdap. This is also a good time to check whether your adolescent patients are up-to-date with other recommended vaccines: meningococcal conjugate, HPV, influenza and a 2nd varicella booster.

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[1] Tdap = Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine

[2] Exemptions permitted for verified medical conditions or personal beliefs

[3] Five doses of DTaP vaccine are recommended prior to Kindergarten, typically at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. DTaP is the diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine licensed for children ages 6 weeks through 6 years of age.

Recent legislative changes to Physician Assistant (PA) scope of practice

by Beth Grivett, PA-C, Legislative Affairs Coordinator
California Academy of Physician Assistants

The following information will assist physicians who supervise physician assistants in becoming familiar with new legislation, which became law January 1, 2011. These changes may impact your practice.

SB 1069 (Pavley/Fletcher), sponsored by the California Academy of Physician Assistants, allows PAs to do the following, unless otherwise indicated in the Delegation of Services Agreement (DSA):

- Order durable medical equipment.
- Approve, sign, modify, or add to a plan of treatment, or plan of care, for home health services (PAs are still unable to order home health and hospice care for Medicare beneficiaries. Solutions to this problem are being worked on at the federal level.).
- Certify that certain school district employees, including educators at community colleges, are free from communicable diseases for purposes of employment.
- Provide the statement attesting to the need of an Epi-pen to be carried by pupils while at school.
- Order medications and provide the statement attesting to the need for medications to be available to a student during school hours.
- Certify the parent's request to waive a school-based visual acuity test.
- Perform physical examinations required for participation in interscholastic athletic programs.
- Certify the needs of an individual who has been diagnosed by a physician as being deaf or hearing impaired to retain a telecommunications device for the deaf or hearing impaired.

Supervising physicians and PAs should update their DSA if this law allows the PA to do something not already covered in that document. To read the bill in its entirety, please go to ***https://www.capanet.org/pdfs/SB1069Chaptered.pdf***.

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

www.mbc.ca.gov

Click on "Licensees" tab and "Check My Profile."

The mandatory physician survey data is used to update your online physician profile on the Board's Web site.

Remember, your address of record is public.

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

Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Pertussis Booster

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Finally, health care providers are reminded that vaccine products have similar names and abbreviations that can be confusing to school staff who will be keeping records for the new law. Be sure to document immunizations clearly and accurately. Schools report that immunization records are not always clear whether the student received Tdap, which meets the new requirement, and Td, which does not. Make sure the patient's Tdap immunization record clearly states that Tdap was given.

For general information about pertussis disease and immunization, visit ***www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx.*** You also can contact CDPH Immunization Branch and your local health department immunization program for additional information.

* Similar expansion in recommendations made by the federal Advisory Committee on Immunization Practices (ACIP) in October 2010.

Healthier physicians motivate patients' lifestyles

by Laurie Gregg, M.D., Medical Board Wellness Committee Member

At the most recent International Physician Health Conference sponsored by the American Medical Association, the Canadian Medical Association, and the British Medical Association, studies showing benefit from physician role modeling were abundant. If the health care practitioner ate healthier, exercised regularly, and shared that information with patients, those patients were motivated and more successful in following a similar routine. Healthier physicians are better able to motivate patients to follow a healthier lifestyle.

Institutions in which physicians practice are realizing the benefit of a healthy physician/practitioner workforce. Although California law mandates hospitals to have a wellbeing committee, most of those committees find it challenging to be proactive with regard to physician wellness.

The creation of a statewide physician health program may address that challenge. The Wellness Committee of the Medical Board, and its working group, intend to publish a wellness 'best practices' guide/toolkit to encourage and facilitate implementation of proactive wellness activities at each institution.

Andy Gallardo, a member of the Board's Working Group on Physician Wellness, designed a program to encourage healthier behaviors at his institution. Here's how Andy does it:

In the summer of 2008, Gallardo, a communications manager at Kaiser Permanente, had an idea. He took it to his Executive Medical Director and by the end of the meeting the GetFit Kaiser Permanente Southern California Physician and Employee Fitness program was born.

So what was the charge? Help the 5,000 physicians and 55,000 employees of Kaiser Permanente move more, eat better, and have more work/life balance. He knew the work would be challenging but he also knew the physicians and employees needed some help.

"We were seeing people working late into the night with no opportunity for exercise and good food," noted Gallardo. "We immediately worked on the physical environment — like painting the stairs with motivational slogans. We knew if our workforce was going to add exercise to their day we needed to give them better opportunities, and the stairs provided a great first step."

Andy Gallardo, Director of Fitness
Kaiser Permanente Southern California

In addition to large sponsored events, emphasis was placed on behavioral changes as well, like parking farther away or taking the stairs between meetings or at lunch. Managers and directors were encouraged to have walking meetings and provide healthier food choices at conferences and meetings.

"We try to provide as many options as possible for our staff to lead a healthy life," said Gallardo. It's not always easy, but we have lead by example so we can provide the best service possible to our health plan members."

Andy Gallardo is the Director of Fitness for Kaiser Permanente Southern California. His responsibilities include designing, directing and leading worksite initiatives to encourage employees and physicians to lead a healthier lifestyle. He also manages Kaiser Permanente's title sponsorship of the Los Angeles Triathlon and Pasadena Marathon.

Help FDA Stop "Bad Ads"

The Food and Drug Administration monitors the way drug companies advertise and promote prescription drugs to help assure that the information is accurate and balanced. But it is difficult for the agency to check on these activities when they take place in doctors' offices or in industry-sponsored meetings and training sessions. That is where the new "Bad Ad" program comes in. By taking part in this FDA program, health care professionals can help ensure that prescription drug advertising is truthful, and that it is not misleading. The "Bad Ad" program asks health care professionals to recognize misleading or inaccurate promotion by drug companies, and then report it to the FDA. That way, FDA can take steps to address possible violations.

Here are some examples of situations to look for:

- A speaker's slides describe a drug's efficacy, but there is no risk information. That is considered misleading because the presentation doesn't provide a fair balance of benefit and risk information.
- A company representative in a commercial exhibit hall says that a drug is effective for a use that has not been approved by the FDA. This is promoting an "off-label" use, and it is illegal.
- Overstating the effectiveness of a drug — for example, saying a drug works in as little as three days, when most of the patients in the drug's clinical trials did not show results for three months.

Reports can be submitted anonymously by health care professionals. However, the FDA encourages professionals to include contact information so that Division of Drug Marketing, Advertising, and Communications officials can follow-up if necessary for more information. To report a potential violation, one can send an e-mail to badad@fda.gov or call 877-RX-DDMAC.

Additional Information: ***www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/DrugMarketingAdvertisingandCommunications/ucm209384.htm***

Medical Consultants needed

For those of you interested in becoming a medical consultant for the Board (licensing or advisory), and already have submitted your e-mail address, this is an update.

The following link takes you to the open examination for Medical Consultant – Licensing. The deadline to submit your application is January 21, 2011. ***www.dca.ca.gov/about_dca/jobs/med_consult.pdf***

Information regarding Medical Consultant – Advisory will be available soon and those who have responded with interest will be notified via e-mail.

The Medical Consultant – Enforcement examination date is now closed and we are no longer accepting applications.

If you have questions, please contact Kevin Schunke at ***Kevin.schunke@mbc.ca.gov***.

Chronic Viral Hepatitis: Screening Recommendations for Primary Care Clinicians

by Sharon Adler M.D., M.P.H., Clinical Specialist STD Control Branch, California Department of Public Health

In January 2010, the Institute of Medicine released a report entitled Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C (***www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C/Report-Brief-Hepatitis-and-Liver-Cancer.aspx?page=1***) and the California Department of Public Health released the California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014 (***www.cdph.ca.gov/programs/Documents/California_Adult_Viral_Hepatitis_Prevention_Strategic_Plan,_2010-2014.Final.pdf***). Both reports called for increased awareness and use among primary care clinicians of the Centers for Disease Control and Prevention (CDC) viral hepatitis screening, prevention, and clinical management guidelines.

Viral hepatitis is a significant public health problem in California and nationwide. In the United States, there are 3.5 to 5.3 million people living with chronic hepatitis B virus (HBV) or chronic hepatitis C virus (HCV).[1] Hepatitis A and hepatitis B can be prevented by a vaccine; however, there is no vaccine against hepatitis C. If not diagnosed and treated promptly, chronic HBV and chronic HCV can cause serious complications, such as cirrhosis, hepatocellular carcinoma, and death.

Chronic HBV and chronic HCV also have enormous human and economic costs. One in four people with chronic hepatitis B infection will die of liver disease or liver cancer. Hepatitis C is the leading reason for liver transplants nationwide and the leading cause of non-AIDS death among HIV-infected individuals. By 2030, annual hepatitis C-related Medicare costs alone are expected to increase 600 percent, from $5 billion to $30 billion per year.[2] While it is unknown exactly how many people in California are living with viral hepatitis, in 2007 alone, HBV- and HCV-related hospitalization costs in California totaled $2 billion.[3] These costs and complications can be prevented by early detection, treatment, and education.

For many adults with chronic HB, the virus was transmitted from mother to child at birth. Asian Americans and Pacific Islanders comprise more than half of all persons living with chronic HBV in the U.S.[1] Hepatitis C prevalence is highest among individuals born between the years 1945 and 1964; many of whom were infected with hepatitis C through blood transfusions conducted prior to 1992 or through past injection drug use.[4]

Unprotected sex with an infected individual is the leading cause of hepatitis B transmission among adults, while sharing syringes and other equipment used for injection drug use is the leading cause of hepatitis C transmission. For these reasons, CDC recommends screening for hepatitis B and hepatitis C in clinical settings serving adults at risk for viral hepatitis.

Primary care providers play an important role in prevention, diagnosis, and management of chronic viral hepatitis infection. Identifying appropriate patients for hepatitis B vaccination is critical in preventing infection. With health reform implementation under way, primary care settings will soon see an influx of new patients, many of whom have chronic diseases, including viral hepatitis. Recognizing which patients should undergo serologic testing for chronic viral hepatitis is crucial as infected persons are often asymptomatic. CDC has recommendations to guide providers in identifying appropriate patients for chronic hepatitis B and hepatitis C screening. A summary of this guidance in easy-to-use, pull-out charts follows on pages 13-16.

References

[1] IOM (Institute of Medicine). Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C. Washington, D.C.: The National Academies Press; January 2010.

[2] Pyenson B, Fitch, K, Iwasaki, K. Consequences of Hepatitis C Virus (HCV): Costs of a Baby Boomer Epidemic of Liver Disease. New York: Milliman; May 2009.

[3] California Department of Public Health, Immunization Branch. Hospitalization Costs Associated With Liver Disease, Liver Cancer and Liver Transplants for Patients Infected With Hepatitis B or Hepatitis C, California 2007.

[4] Armstrong GL, Wasley A. Simard EP, McQuilan GM, Kuhnert WL, Alter MJ. The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. Ann Intern Med. May 16 2006;144(10):705-714.

Hepatitis B and Hepatitis C: Whom to Test

Most people with chronic viral hepatitis do not know they are infected. Chronic hepatitis B infection and chronic hepatitis C infection are associated with cirrhosis, liver cancer, and liver failure. These complications can be prevented by early detection, treatment, and education. Serologic testing is the means for identifying persons with chronic viral hepatitis.

I. Populations recommended for hepatitis B testing[1]

- All pregnant women
- Infants born to hepatitis B surface antigen (HBsAg)-positive mothers
- Persons born in geographic regions with HBsAg prevalence ≥2 percent2
- U.S.-born persons not vaccinated as infants whose parents were born in geographic regions with HBsAg prevalence of ≥8 percent3
- Household contacts, sex partners, and needle-sharing partners of hepatitis B-infected persons
- Persons with behavioral exposures to hepatitis B
    - Injection drug users
    - Men who have sex with men
- Persons with selected medical conditions
    - Elevated liver enzymes of unknown etiology
    - Renal disease requiring hemodialysis
    - HIV infection
    - Any disease requiring immunosuppressive therapy
- Persons who are the source of blood or body fluid exposures that might warrant postexposure prophylaxis (e.g., needlestick injury to a healthcare worker)

II. Populations recommended for hepatitis B vaccination, without pre-vaccination serology[1]

- Persons under 19 years of age who have not been vaccinated against hepatitis B
- Persons having more than one (>1) sexual partner in the past six months
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Health care or public safety workers with reasonably anticipated occupational exposures to blood or infectious body fluids
- Persons with select medical conditions:
    - Chronic (long-term) liver disease
    - End-stage renal disease
- Persons planning to travel to a country where at least two percent of the population has hepatitis B (Asia, Africa, the Amazon Basin in South America, the Pacific Islands, Eastern Europe or the Middle East)
- Persons who live or work in a facility for developmentally disabled persons
- Anyone who wishes to be protected from hepatitis B infection

III. Populations recommended for hepatitis C testing[1]

- Persons who have ever injected illegal drugs, including those who injected only once many years ago
- Persons with selected medical conditions
    - All persons with human immunodeficiency virus (HIV) infection
    - Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
    - Recipients of clotting factor concentrates made before 1987
    - Recipients of blood transfusions or solid organ transplants before July 1992
    - Recipients of blood or organs from a donor who later tested hepatitis C virus (HCV)-positive
    - Patients who have ever received long-term hemodialysis
- Children born to HCV-positive mothers (to avoid detecting maternal antibody, these children should not be tested before age 18 months)
- Persons with known HCV exposures (e.g., healthcare workers after needlesticks involving HCV-positive blood)

[1] Source: Centers for Disease Control and Prevention (CDC). Access CDC recommendations and other clinical guidelines for viral hepatitis prevention, testing, management, and care as well as patient education materials at www.cdc.gov/hepatitis or www.cdph.ca.gov/programs/Pages/ovhp.aspx.

[2] Regions with ≥2 percent HBsAg prevalence include the regions described below as well as South, Central, and Southwest Asia, Japan; Russia; Eastern and Southern Europe; Honduras; Guatemala; North America (Alaska Natives and indigenous populations of Northern Canada); and the areas surrounding the Amazon River basin. (A complete list is available at wwwnc.cdc.gov/travel/destinations/list.aspx.)

[3] Regions with ≥8 percent HBsAg prevalence include Southeast Asia; South and Western Pacific Islands; Africa; the Middle East (except Israel); Haiti; the Dominican Republic; and the interior Amazon River basin. (A complete list is available at wwwnc.cdc.gov/travel/destinations/list.aspx.)

Hepatitis B and C: Patient Self-Administered Risk Assessment

Hepatitis B and C are transmitted in different ways. Most people do not know they are infected until they are tested. Hepatitis vaccination and testing are available at this clinic. Please check if these statements apply to you.

I. Have you been exposed to hepatitis B?

- Were you born in an area of the world where at least two percent of the population has hepatitis B (Asia, Africa, the Amazon Basin in South America, the Pacific Islands, Eastern Europe, or the Middle East)?
- Were you not vaccinated for hepatitis B as infants?
- Was your mother infected with hepatitis B when you were born?
- Are you pregnant?
- Are you HIV-positive, have an HCV infection, or on immunosuppressive therapy?
- Did you have abnormal liver enzyme test results for an unknown reason?
- Have you ever been on hemodialysis?
- Have you had a sexual partner who was infected with hepatitis B?
- Have you lived in the same house with someone infected with hepatitis B?
- Are you a man who has sex with men?
- Have you ever injected illicit drugs or shared drug injection equipment?
- Have you shared needles with someone infected with hepatitis B?
- Are you a health care or public safety worker with a known, recent occupational exposure to hepatitis B-infected blood or bodily fluids (e.g., through an accidental needle stick)?

☐ None of the above ☐ Yes, at least one of the above applies to me

II. Do you need to be vaccinated against hepatitis B?

- Are you under 18 but have not been vaccinated against hepatitis B?
- Have you had more than one sexual partner in the past six months?
- Are you seeking evaluation or treatment for a sexually transmitted disease?
- Are you a health care or a public safety worker with reasonably anticipated occupational exposures to blood or infectious body fluids?
- Do you have chronic (long-term) liver disease?
- Do you have end-stage renal disease?
- Are you planning to travel to a country where at least two percent of the population has hepatitis B (Asia, Africa, the Amazon Basin in South America, the Pacific Islands, Eastern Europe or the Middle East)?
- Do you live or work in a facility for developmentally disabled persons?
- Do you wish to be protected from hepatitis B infection?

☐ None of the above ☐ Yes, at least one of the above applies to me

III. Have you been exposed to hepatitis C?

- Have you ever injected illicit drugs, even once, many years ago?
- Did you receive donated blood or donated organs before 1992 and/or blood clotting products before 1987?
- Have you ever been on hemodialysis?
- Are you a health care or public safety worker with a known, recent occupational exposure to hepatitis C-infected blood or bodily fluids (e.g., through an accidental needle stick)?
- Are you HIV-positive?
- Have you had signs or symptoms of liver disease (e.g., abnormal liver enzyme tests, jaundice)?
- Was your mother infected with hepatitis C when you were born?

☐ None of the above ☐ Yes, at least one of the above applies to me

For administrative use only:

If yes to I, order test for HBV (HBsAg and anti-HBs) ☐

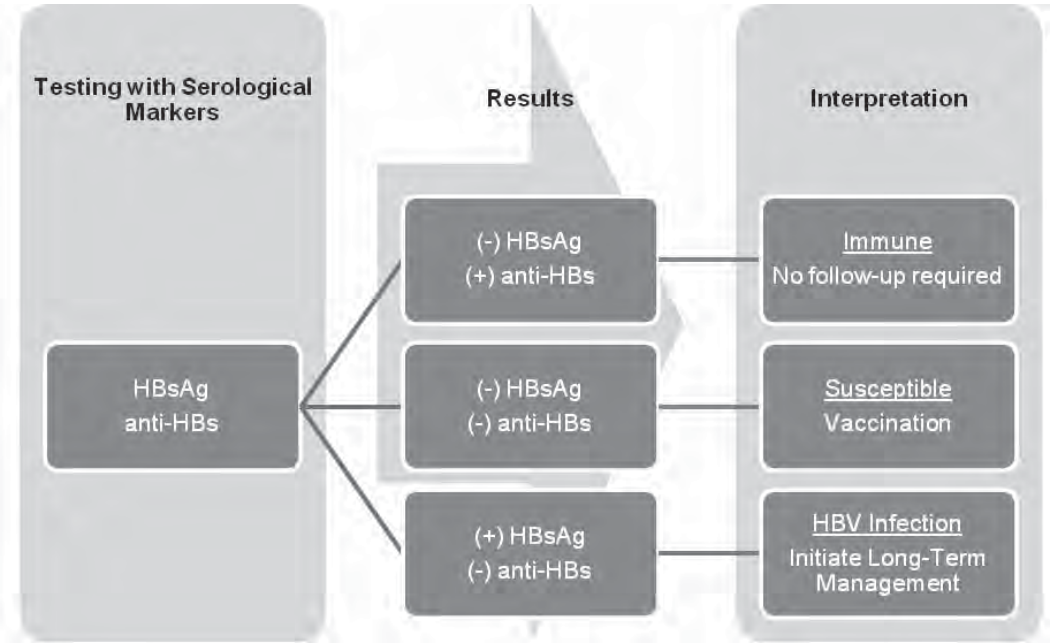
If yes to II, administer first dose of HBV vaccine ☐

If yes to III, order test for HCV (anti-HCV) ☐

Prepared by the California Department of Public Health, September 2010

Hepatitis B: Testing and Serology

Hepatitis B is an infection caused by the hepatitis B virus (HBV). Chronic infection with HBV is associated with cirrhosis, liver cancer, and liver failure. These complications can be prevented by treatment and patient education (e.g., regarding alcohol use and liver self-care). Serologic testing is the primary means for identifying persons with chronic HBV infection. An effective vaccine is available to prevent HBV infection.



Serologic Markers*

HBsAg:
Hepatitis B surface antigen

Anti-HBs:
Antibody to HBsAg

* Note: Another HBV test is total antibody to hepatitis B core antigen (anti-HBc), which can be used to distinguish whether immunity is due to past infection (anti-HBc-positive) or to previous vaccination (anti-HBc-negative). In patients with chronic HBV infection, anti-HBc is also present. In the absence of HBsAg or Anti-HBs, an anti-HBc-positive test result has one of four interpretations: 1) recovering from acute HBV infection; 2) distantly immune, test not sensitive enough to detect very low level of anti-HBs in serum; 3) susceptible with a false positive anti-HBc; or 4) chronically infected with an undetectable level of HBsAg in serum.

Hepatitis B Vaccination

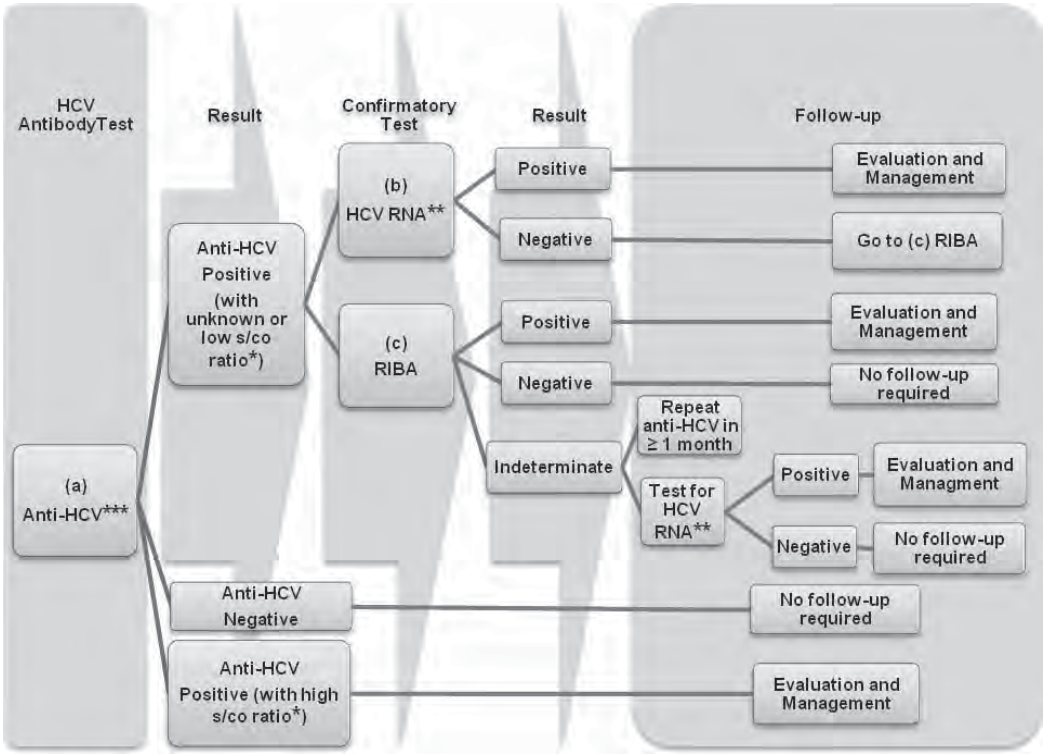
- 3 doses are administered at 0, 1, 6 months; a combination hepatitis A/hepatitis B vaccine is available and follows the same dosing schedule
- If partially vaccinated, the patient does not need to restart the series
- Vaccine is safe for pregnant and HIV-infected persons
- Post-vaccine serology testing (anti-HBs) is recommended for household, needle-sharing, and sexual contacts of HBsAg-positive persons, HIV-positive persons, and healthcare workers
- Booster doses may be indicated for hemodialysis patients, HIV-infected persons, and other immunocompromised persons

Principles of Long-Term Hepatitis B Management

- Provide patient with culturally and linguistically appropriate educational materials (see links below)
- Report case to local health department within seven days
- Vaccinate against hepatitis A unless immune
- Encourage patient's sex partners, household members, and injection-drug sharing contacts to seek HBV testing, medical evaluation, and vaccination
- Counsel patient to minimize alcohol consumption and other liver toxins
- Counsel patient to avoid sharing razors, toothbrushes or personal injection equipment
- Seek a hepatitis B-experienced clinician to evaluate for, manage, and treat chronic HBV infection
- Access clinical guidelines for HBV prevention, testing, management, and care as well as patient education materials at www.cdc.gov/hepatitis or www.cdph.ca.gov/programs/Pages/ovhp.aspx.

Hepatitis C: Testing and Serology

Hepatitis C is an infection caused by the Hepatitis C virus (HCV). Chronic infection with HCV is associated with liver failure, cirrhosis, and liver cancer. Serologic testing is the primary way to identify persons with chronic HCV infection. These complications can be prevented by treatment and patient education (i.e., regarding alcohol use and liver self-care). Currently, no vaccine is available to prevent HCV infection.



Serologic Markers

Anti-HCV:
Hepatitis C surface antibody is used to detect the presence of antibodies to the virus, indicating exposure to HCV

HCV RNA:
Test used to detect the presence (qualitative) or amount (quantitative) of virus and distinguish between a current or past infection

RIBA:
Recombinant immunoblot assay used as an additional and more specific test to confirm the presence of HCV antibodies and rule out false positives

* Note: 95 percent of samples with a high signal-to-cutoff (s/co) ratio will be predictive of a true antibody positive result, regardless of the anti-HCV prevalence or characteristics of the population being tested. A list of the s/cos (or threshold values) that are predictive of a true positive for available commercial assays can be retrieved at www.cdc.gov/hepatitis/HCV/LabTesting.htm . If a false positive test result is suspected, supplemental HCV antibody and/or HCV RNA testing should be conducted.
** Note: A single HCV RNA test result cannot determine chronic HCV infection status, as persons may have intermittent viremia. Two positive HCV RNA tests six months apart are needed to diagnose a case of chronic HCV infection.
*** Note: Patients with recent (< 6 months) exposure who test anti-HCV-negative may not have yet developed detectable antibodies. HIV-infected persons may not develop hepatitis C antibodies. HCV RNA testing should be considered for immunocompromised persons.

Principles of Long-Term Chronic HCV Evaluation and Management

- Provide patient with culturally and linguistically appropriate educational materials (see links below)
- Report case to local health department within seven days
- Vaccinate patients against hepatitis A and B unless immune
- Advise patients to reduce or eliminate intake of alcohol and other liver toxins
- Counsel patients to practice safer injection, follow infection control guidelines in healthcare and in settings such as tattoo parlors, and avoid sharing personal items that might have blood on them, such as razors
- Counsel patients to practice safer sex when engaging with multiple sex partners or infected with HIV
- Seek a hepatitis C-experienced clinician to evaluate for, manage, and treat chronic HCV infection, either by referral or through clinical consultation
- Access clinical guidelines for HCV prevention, testing, management, and care as well as patient education materials at www.cdc.gov/hepatitis or www.cdph.ca.gov/programs/Pages/ovhp.aspx

Electronic Health Records Incentive Programs begin in 2011

by Larry L. Dickey, MD, MPH, Medical Director, Office of Health Information Technology, California Department of Health Care Services ; with input from: Betsy L. Thompson, MD, DrPH, Chief Medical Officer, Centers for Medicare & Medicaid Services, Region IX

In recognition of the importance of moving health care delivery from paper-based records into the digital age, the federal government, through the HITECH Act, has provided financial incentives to Medi-Cal and Medicare providers to adopt and use ONC-certified electronic health records (EHRs) beginning in 2011. The Medi-Cal and Medicare EHR incentive programs for providers are similar, but each has its own rules and incentive payment schedules. Providers may only participate in one program, but may switch once in the course of their participation. Providers can begin the registration process for both programs at ***https://ehrincentives.cms.gov***. Both programs represent an unprecedented opportunity for providers to obtain financial assistance to adopt and utilize electronic health records. Incentive programs are also available for hospitals, but will not be discussed in this article.

The Medi-Cal EHR Incentive Program is administered by the California Department of Health Care Services. Eligible Medi-Cal providers will receive $21,250 during the first year of the program to adopt, implement, or upgrade an EHR in their practices. In subsequent years, providers who demonstrate "meaningful use" of their EHRs by reporting on a set of objectives and clinical quality measures will receive $8,500 yearly for up to 5 years. Over the life of the program providers can receive a total of $63,750 in incentive payments from Medi-Cal. To be eligible, providers must satisfy all of the following:

- Provider type: doctor of medicine or osteopathy, doctor of optometry, doctor of dental surgery or dental medicine, nurse practitioner, nurse midwife, or physician assistant practicing in a physician assistant-led, federally qualified health center or rural health center.
- Practice setting: outpatient (cannot provide ≥90 percent of services in an hospital inpatient or emergency room setting).
- Medi-Cal volume: Thirty percent or more of patient encounters must be fully or partially paid by Medi-Cal. Pediatricians may qualify with 20 percent Medi-Cal encounters, but will receive incentive payments reduced by 33.3 percent. Providers practicing predominantly in federally qualified health centers may count Healthy Families, sliding scale, and uninsured patients (in addition to Medi-Cal patients) toward the 30 percent volume requirement.

Registration for the Medi-Cal EHR Incentive Program will open in March 2011. Providers should first register with CMS at ***https://ehrincentives.cms.gov.*** After this, providers should register with Medi-Cal at ***http://medi-cal.ehr.ca.gov/*** to complete the registration process. Provider incentive payment disbursement will begin by May 2011. Registration for the program will end in 2016. Questions can be e-mailed to: ***Medi-Cal_Incentives@dhcs.ca.gov***.

The Medicare EHR Incentive Program is administered by CMS. Eligible Medicare providers enrolling in 2011 or 2012 may receive up to $44,000 over the course of 5 years. Providers enrolling in 2013 or 2014 may receive up to $39,000 over 4 years, or $24,000 over 3 years, respectively. The annual maximum payment is increased by 10 percent for providers practicing in a health professional shortage area. To be eligible for the program, providers must satisfy all of the following:

- Provider type: doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatry, doctor of optometry, or chiropractor.
- Practice setting: outpatient (cannot provide ≥90 percent of services in an hospital inpatient or emergency room setting).
- Not also receiving incentive payments through the Electronic Prescribing (eRx) program for the same year.
- Demonstrate "meaningful use" of an ONC-certified EHR by reporting to CMS on a set of objectives and clinical quality measures. Unlike the

(continued on page 19)

Physician responsibilities in the supervision of and delegation to allied health professionals

In the practice of medicine in all specialties, physicians routinely delegate functions to allied health professionals. Physicians only must delegate to appropriately licensed staff that the physician knows to be capable of performing the task.

The following provides a generalized overview of a physician's supervision responsibilities for:

Physician Assistants (PA)

- A supervising physician must be available in person or by electronic communication at all times when the PA is caring for patients.
- A supervising physician must delegate to a PA only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.
- A supervising physician must observe or review evidence of the PA's performance of all tasks and procedures to be delegated to the PA until assured of competency.
- The PA and the supervising physician must establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is NOT on the premises.
- A PA and the supervising physician must establish in writing guidelines for the adequate supervision of the PA.
- In the case of a PA operating under interim approval, the supervising physician must review, sign and date the medical record of all patients cared for by that PA within seven days if the physician was on the premises when the PA diagnosed or treated the patient. If the physician was not on the premises at that time, he/she shall review, sign and date such medical records within 48 hours of the time the medical services were provided.
- The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the PA does not function autonomously.

Nurse Practitioners (NP)

- The nurse practitioner relies on standardized procedures for authorization to perform medical functions of diagnosing and treating patients. NP s who meet the Board of Registered Nursing requirements may obtain a furnishing number to make drugs and devices available to patients in strict accordance with standardized procedures (Business and Professions Code section 2836.1, and Title 16, California Code of Regulations section 1480).
- After performance of a physical examination by the NP and collaboration with a physician, the NP may certify disability pursuant to the Unemployment Insurance Code, section 2708.
- After consultation with the supervising/treating physician, the NP may approve, sign, modify, or add to a plan of treatment or plan of care for individuals receiving home health services or personal care services.
- A physician may not supervise more than four nurse practitioners at one time.

Registered Nurses (RN)

- The registered nurse's functions may include basic health care that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill. It includes observing signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, determining abnormal characteristics, and reporting or referring to the physician or implementing changes in treatment regimen in accordance with standardized procedures, or initiation emergency procedures.
- Registered nursing includes: direct and indirect patient care services that ensure safety, comfort, personal hygiene, protection, disease prevention, and restorative measures. Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic

(continued on next page)

Physician responsibilities *(continued from last page)*

agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code. RNs perform skin tests, immunizations, and withdrawal of blood from veins or arteries.

- The registered nursing practice is recognized as having overlapping functions with physicians. The RN scope of practice permits additional sharing of functions in the organized health care system that provides for collaboration between physicians and registered nurses. Standardized procedures include policies and protocols developed in collaboration with physicians, nurses, and administrators of facilities.
- Registered nurses may dispense drugs and devices upon the order of a physician when the nurse is dispensing within a free or community clinic. Dispensing of drugs by a RN may NOT include controlled substances.

Certified Nurse-Midwives (CNM)

- Under the supervision of a physician, certified nurse-midwives are authorized to attend cases of normal childbirth and provide prenatal, intrapartum, and postpartum care, including family planning care for the mother, and immediate care of the newborn.
- The practice of nurse-midwifery constitutes the furthering or undertaking by a certified person, under supervision of a physician who has current practice or training in obstetrics, to assist a woman in childbirth.
- Physician supervision must not be construed to require the physical presence of the supervising physician. All complications must be referred to a physician immediately.
- CNMs who have received a furnishing number may furnish controlled substances. CNMs are authorized to furnish Schedule II controlled substances in acute care hospitals. CNMs furnishing or ordering Schedule II and III controlled substances are required to have a patient-specific protocol contained in the standardized procedure. The protocol may state any other limitations as agreed upon by the CNM and the supervising physician, such as the amount of the substance to be furnished and criteria for consultation.

Medical Assistants (MA)

- The responsibility for the appropriate use of medical assistants (unlicensed persons) in health care delivery rests with the physician. They may perform basic administrative, clerical and technical supportive services as permitted by law, and upon the specific authorization and supervision of a licensed physician or podiatrist.
- A physician or podiatrist can personally train a medical assistant, or can direct a nurse, physician assistant or qualified MA who works for the physician to train the MA in specified tasks, but must personally observe and document that the MA is competent to perform each task. Or, the MA can be trained and certified in a formal training program at a college or vocational school.
- Under the authorization and supervision of the supervising physician, the MA may administer medication only by intradermal, subcutaneous, or intramuscular injections, perform skin tests, and draw blood by venipuncture or skin puncture.

Electronic Health Records Incentive Programs

(continued from page 17)

Medi-Cal program, participants in the Medicare EHR Incentive Program must demonstrate "meaningful use" each year of the program, including the first year.

Registration for the Medicare EHR Incentive Program began January 3, 2011 at ***https://ehrincentives.cms.gov***. Registration for the program will end in 2014. The official CMS Web site on the EHR Incentive Programs is at ***http://www.cms.gov/EHRincentiveprograms/***. Questions related to the Medicare EHR incentive may be e-mailed to ***rosfofm@cms.hhs.gov***.

Administrative actions: August 1, 2010 - October 31, 2010

Physicians and surgeons

ABDALAH, EHAB FAROUK, M.D. (A97083) Glendale, AZ

Stipulated Decision. Disciplined by Arizona for making misstatements or omissions on hospital staff privilege applications. Public Reprimand. September 30, 2010

AGUILERA, PATRICK ALLEN, M.D. (G 80537) San Juan Capistrano, CA

Stipulated Decision. Convicted of reckless driving with alcohol and falsely indicating on his license renewal he had no prior convictions. Public Letter of Reprimand. September 15, 2010

AMBACH, MARY ANTONIETTE, M.D. (A108622) aka TUGAOEN, MARY ANTONETTE, M.D. San Diego, CA

Stipulated Decision. Disciplined by Florida for a wrong-site surgical procedure performed on a patient. Public Reprimand. September 30, 2010

ANWAR, ROMILLA MAXINE (C52984) New Providence, NJ

Stipulated Decision. Disciplined by New York for engaging in a conspiracy with others to defraud health care benefit programs and obtaining money and property fraudulently by submitting fraudulent insurance claims for medical services provided to persons purportedly injured in automobile accidents. Surrender of license. August 16, 2010

ANWAR, HABIB (A36305) Temecula, CA

Stipulated Decision. Unable to complete the terms and conditions of a Board-ordered probation. Surrender of license. July 19, 2010

ASPREC, JOSEPH MALIG, M.D. (A41691) Lake Elsinore, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and failed to maintain adequate and accurate medical records in the care and treatment of a patient by failing to recognize the findings in an echocardiogram and to hospitalize the patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and a clinical training program. October 14, 2010

ATIGA, ROLANDO LODEVICO, M.D. (A25166) Glendora, CA

Stipulated Decision. No admissions but charged with felony conviction of soliciting illegal remunerations in return for referring 10 Medicare beneficiaries for home health services to be billed to Medicare. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 15 days actual suspension;

Explanation of disciplinary language and actions

"Effective date of decision"— Example: "August 10, 2010" 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.

completing an ethics course, a medical evaluation and obtaining a practice/billing monitor. October 1, 2010

BABBITT, GENE SHIRE (G55319) Santa Rosa, CA

Stipulated Decision. Failed a Board-ordered professional competency examination. Surrender of license. October 5, 2010

BERBOS, J. NICKOLAS, M.D. (G54630) Fullerton, CA

Stipulated Decision. No admissions but charged with repeated negligent acts in his care and treatment of a patient while performing ophthalmological care, diagnosis and treatment of glaucoma. Physician must complete an educational course. Public Reprimand. September 2, 2010

BERNSTEIN, CLIFFORD ALEXANDER, M.D. (G73289) Huntington Beach, CA

Committed acts of repeated negligence in the care and treatment of 2 patients and failed to maintain adequate and accurate medical records for 3 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course and a medical record keeping course. September 9, 2010. Judicial review pending.

CELNIKER, BENNY (G35877) Phoenix, AZ

Stipulated Decision. Disciplined by Arizona for failing to evaluate a patient to determine the cause of bleeding to rule out endometrial hyperplasia or cancer. Surrender of license. August 4, 2010

CHAM, DANIEL K., M.D. (A86714) Alhambra, CA

Stipulated Decision. Falsely indicated on his license renewal he had no prior convictions when he had a misdemeanor conviction of driving with a suspended or revoked license. Public Letter of Reprimand. September 13, 2010

COURT, MARIA CAROLINA, M.D. (A113797) San Diego, CA

Stipulated Decision. Physician has a condition affecting her ability to practice medicine safely. Probationary license issued, placed on 2 years probation with terms and conditions including, but not limited to, obtaining a practice monitor or participating in a professional enhancement program. Probationary license issued August 27, 2010.

DANIELS, TONI D., M.D. (A34345) Berkeley, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, failed to maintain adequate and accurate medical records, misdemeanor conviction for driving while under the influence of alcohol, and mental or physical illness affecting her ability to practice medicine safely. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, obtaining a practice monitor, abstaining from the use of alcohol and submitting to biological fluid testing. October 21, 2010

DECAPRIO, VINCENT HANNIBAL, M.D. (G87919) Elmsford, NY

Stipulated Decision. Disciplined by Pennsylvania and Washington for being employed by Fortune Telemed and conducting online consultations and prescription monitoring. Public Letter of Reprimand. September 8, 2010

DING, DAVID TECK LOONG, M.D. (A32315) Paradise, CA

Stipulated Decision. Committed gross negligence in his care and treatment of a patient by ordering several laboratory studies, including a prostate specific antigen level, and failed to follow up on the elevated PSA level for several years. Public Reprimand. August 5, 2010

DREYER, JOEL STANLEY (C31198) Murrieta, CA

Stipulated Decision. Convicted of felony possession with intent to distribute, and to distribute Oxycodone, and unlawful distribution and dispensing of Oxycodone/ Percocet to a patient, and failed to maintain adequate and accurate medical records. Surrender of license. August 13, 2010

DUNN, JAMES SANDIDGE, JR., M.D. (A84568) Auburn, CA

Stipulated Decision. Disciplined by the Air Force for engaging in unprofessional and unethical conduct by having a sexual relationship with a female patient who was an active-duty Air Force nurse, providing medical care to the patient and failing to create a medical record of the treatment and results of the treatment provided. Physician completed a clinical training program. Public Reprimand. September 14, 2010

EDWARDS, BEVERLEY JEANNE (C52231) Cedar Hill, TX

Default Decision. Disciplined by Indiana for prescribing medications, including controlled substances, to numerous patients without conducting prior physical examinations and adequate evaluations. Revoked. October 1, 2010

ELIAZ, ISAAC, M.D. (A73390) Sebastopol, CA

Stipulated Decision. No admissions but charged with gross negligence, prescribing without an appropriate prior examination and failing to maintain adequate and accurate medical records in the care of a patient by failing to adequately evaluate and assess the patient and adequately and accurately documenting the care provided. Physician must submit, for approval, a detailed written protocol for evaluation and assessment of patients, and complete an educational program. Public Reprimand. August 25, 2010

ESCOBAR, MARTIN, M.D. (A76852) Boardman, OH

Stipulated Decision. Disciplined by Ohio for certifying on his renewal application he had complied with CME requirements when he had not. Physician completed an ethics course. Public Reprimand. September 13, 2010

FERRETTI, ROBERT STEPHEN, M.D. (G18512) Tiburon, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care and treatment of 4 surgery patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and an educational course, and obtaining a practice monitor or participating in a Professional Enhancement Program. August 11, 2010

FIDER, ALEX ABELARDO SARMIENTO (A51631) Murfreesboro, TN

Stipulated Decision. Disciplined by Tennessee for felony conviction of reckless aggravated assault relating to road rage wherein he fired a gun striking a vehicle which contained children. Surrender of license. August 4, 2010

FRIEDMAN, ENRIQUE JAIME (A26023) Hesperia, CA

Committed acts of sexual misconduct, gross negligence, repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of a female patient. Revoked. August 12, 2010

GAMBLE, BRIAN KEITH, M.D. (A76121) Torrance, CA

Stipulated Decision. Physician misused cocaine and methamphetamine. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances and submitting to biological fluid testing. October 21, 2010

GARNER, DANIEL CRESTON, M.D. (G88476) Franklin, TN

Stipulated Decision. Disciplined by Tennessee for acting as medical director of Dermacare of Cool Springs without adequate training, education and experience to supervise the performance of laser treatments or to serve as a medical director, and allowed individuals to practice medicine without a license or to practice beyond the scope of their license. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, obtaining a practice monitor and completing an ethics course. October 21, 2010

GERBER, KENNETH H., M.D. (G36985) Del Mar, CA

Stipulated Decision. Disciplined for repeated negligent acts and failed to maintain adequate and accurate medical records while prescribing Lunesta to a patient. Public Letter of Reprimand. October 28, 2010

GORNEY, ROBERT RYAN, M.D. (A114118) San Diego, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances and submitting to biological fluid testing. Probationary license issued September 22, 2010.

GREGERSEN, HOWARD JOHN, M.D. (A52744) Lompoc, CA

Stipulated Decision. Convicted of two misdemeanors for alcohol-related driving offenses. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and submitting to biological fluid testing. October 13, 2010

GROSS, RICHARD CHILDREY, M.D. (G24643) Granite Bay, CA

Stipulated Decision. Committed gross negligence for misreading a cervical spine series of X-rays and failure to

identify significant findings that contributed to a crucial delay in a patient receiving appropriate medical treatment which compromised the eventual outcome. Public Letter of Reprimand. October 28, 2010

HARMS, MONICA M., M.D. (A94064) Rancho Santa Margarita, CA

Stipulated Decision. Convicted of driving under the influence of alcohol. Physician must complete an ethics course. Public Reprimand. October 14, 2010

HORAN, KATHLEEN LOUISE, M.D. (G35154) Santa Rosa, CA

Stipulated Decision. No admissions but charged with committing gross negligence and incompetence for failing to obtain a consultation from an OB physician and failing to recognize signs of ongoing fetal hypoxia during the labor and delivery of a high-risk patient. Public Reprimand. October 14, 2010

JAMALI, FARNAZ FAYE, M.D. (G81063) San Francisco, CA

Stipulated Decision. Committed drug statute violations concerning possession of controlled substances without a prescription, self prescribing and dishonestly obtaining controlled substances. Revoked, stayed, placed on 5 years probation with terms and conditions, including but not limited to, prescribing/administering controlled substances for legitimate patient use only on hospital premises, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, possessed and any recommendation or approval for marijuana; abstaining from the use of controlled substances and submitting to biological fluid testing; completing an educational course and an ethics course, and obtaining a practice monitor. September 9, 2010

JAMES, PHILIP MICHAEL, M.D. (G47715) Boston, MA

Stipulated Decision. Disciplined by Massachusetts for failing to maintain adequate and accurate medical records for two family members he prescribed drugs to, and issued prescriptions for 4 drugs in the names of one family member while another family member was the user of those drugs. Public Letter of Reprimand. September 16, 2010

KALDAS, MAGDY AYAD, M.D. (A50396) Sarasota, FL

Stipulated Decision. Disciplined by Florida for failing to adequately and appropriately evaluate an emergency room patient with pulmonary complaints. Public Reprimand. October 13, 2010

KAUR, SHANINDER, M.D. (A41188) Novato, CA

Stipulated Decision. Committed gross negligence and repeated negligent acts by giving chemotherapy to a patient which was indicated for her stage of ectopic pregnancy, except the ectopic was 4 cm rather than 3.5 cm or less, and failing to acknowledge he knew of the complete blood count and urinalysis results, and not ordering kidney and liver function tests before giving methotrexate to the patient. There was no notation of a discussion or a document signed by the patient giving consent for receiving methotrexate or of the potential toxicities prior to its administration. Public Letter of Reprimand. October 1, 2010

KEDESHIAN, PAUL ARAM, M.D. (G79315) Los Angeles, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of a patient with a complaint of bloody mucous in his throat. Physician completed a medical record keeping course. Public Letter of Reprimand. September 8, 2010

KIKKAWA, RITA MARIE, M.D. (G75805) Nashville, TN

Stipulated Decision. Disciplined by Tennessee for failing to timely document a right renal cyst ablation procedure, which she had performed. Public Letter of Reprimand. October 14, 2010

KRAMER, STEPHINE, M.D. (A49943) Mesa, AZ

Stipulated Decision. Committed repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of patients by failing to provide adequate supervision of a clinic she owned and operated and failing to adequately supervise a physician assistant at the clinic. Physician must complete an educational course and medical records keeping course. Public Reprimand. September 16, 2010

L'ARCHEVEQUE, DEE MARIA, M.D. (G78038) Temecula, CA

Stipulated Decision. Disciplined by New York for the care and treatment of a 70-year-old patient. Physician must complete a medical record keeping course and an educational course. Public Reprimand. September 15, 2010

LALEZARIAN, YOUSSEF, M.D. (A38247) Los Angeles, CA

Stipulated Decision. No admissions but charged with misdemeanor conviction for paying unlawful rebates for referring patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a medical evaluation prior to resuming the practice of medicine, and completing an ethics course. September 16, 2010

LE, VU (G75340) Westminster, CA

Convicted of 15 counts of unlawful distribution and dispensing of Schedule II and III controlled substances outside the scope of his professional practice. Revoked. October 1, 2010

LEE, PATRICIA PUI YEE, M.D. (A81332) Hayward, CA

Stipulated Decision. Committed repeated negligent acts and incompetence by failing to regularly review and regularly interpret the entire fetal heart rate (FHR) tracing during active labor and instead depended on the nursing staff to notify her of concerns with the FHR tracing. In addition, she avoided a trial of operative vaginal delivery and proceeded instead to perform a Cesarean section even though the patient was a candidate for a trial of low forceps or low vacuum delivery. Public Letter of Reprimand. October 4, 2010

LEE, PETER SHAO-PEI, M.D. (A82722) San Francisco, CA

Disciplined by Washington based upon the care and treatment of a single infant patient in which he missed the diagnosis of congenital cataracts. Public Reprimand. October 27, 2010

MANSUBI, FEREYDUN, M.D. (A26289) San Jose, CA

Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligent acts, dishonesty or corruption, failed to maintain adequate and accurate medical records, false statements in documents and alteration of medical records for failing to provide adequate care and treatment of a patient in the performance of a circumcision. Physician must complete a clinical training program and medical record keeping course. Public Reprimand. August 11, 2010

MARDELLI, ISKANDAR ERNEST, M.D. (AFE39055) San Marino, CA

Stipulated Decision. No admissions but charged with sexual misconduct with 2 patients and sexually harassing a co-worker while treating a patient; gross negligence and repeated negligent acts in his care and treatment of 3 patients; failure to maintain adequate and accurate medical records of 2 patients; and practicing under a name that he was unauthorized to use by the Board. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 60 days actual suspension, must complete a clinical training program prior to resuming the practice of medicine, completing an ethics course and a professional boundaries program, and must have a 3rd party chaperone present while treating female patients. September 16, 2010

MARSHALL, ROBERT ERSKINE, M.D. (G77466) San Francisco, CA

Stipulated Decision. No admissions but charged with gross negligence in his care and treatment of a patient for failing to hospitalize and order immediate laboratory tests for the patient. Public Reprimand. October 13, 2010

McCUIN, JEROME ELLIS, M.D. (C36270) Rancho Cucamonga, CA

Stipulated Decision. Violated his Board-ordered probation by failing to pay probation costs. Probation is extended by 2 years from June 7, 2009, including terms and conditions of the previous order and completing an ethics course. August 20, 2010

McGLOTHAN, JONATHAN STEPHAN, M.D. (G87961) Terre Haute, IN

Stipulated Decision. Committed repeated negligent acts by failing to timely notify his patients he was closing his practice, failing to refer patients to other physicians and failing to allow patients access to their medical records. Public Letter of Reprimand. October 1, 2010

MIR, JEHAN ZEB, M.D. (A24647) Redondo Beach, CA

Committed gross negligence, repeated negligent acts, incompetence, and dishonesty, and failed to maintain adequate and accurate medical records in the care and treatment of a patient, and made a false statement during his Medical Board interview and in the administrative hearing. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, must complete a clinical training program prior to practicing medicine, obtain a practice monitor, and is prohibited from engaging in the solo practice of medicine. October 27, 2010

MONTANDON, HENRI EUGENE, M.D. (G55626) Walnut Creek, CA

Stipulated Decision. No admissions but charged with gross negligence, incompetence, excessive treatment or prescribing, failing to maintain adequate and accurate medical records, repeated negligent acts, unprofessional conduct and prescribing to or treating an addict, and for failing to provide care and treatment to a patient in accordance with the standard of practice in the medical community by prescribing large doses of Demerol, and failing to maintain adequate and accurate medical records justifying such prescribing. Physician must complete a prescribing practices course and a medical record keeping course. Public Reprimand. August 11, 2010

MUKERJI, SASANKA, M.D. (A16848) Napa, CA

Physician violated the Professional Corporations Act by aiding and abetting the operation of a non-medical corporation owned and operated by unlicensed persons after having been issued a citation by the Board for the same conduct with a different non-medical corporation. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, passing an oral/written examination, obtaining a practice and billing monitor, and prohibited from serving as the medical director for any medical practice except one that he solely owns. September 23, 2010

MULTANI, GURMEET SINGH (A48279) Colton, CA

Stipulated Decision. No admissions but charged with sexual misconduct with 3 patients and gross negligence, repeated negligent acts, dishonesty, knowingly making or signing false documents, violation of drug statutes, and altering medical records in the care and treatment of 5 patients. Surrender of license. October 1, 2010

NICHOLES, KARL R.K. (A20473) Taylorsville, UT

Default Decision. Unprofessional conduct by failing to comply with a Board-ordered examination. Revoked. September 24, 2010

PATWARDHAN, VINOD CHANDRASHEKM, M.D. (A29318) Upland, CA

Convicted of felony violations of drug statutes by smuggling misbranded goods purchased in India into the country, and aiding and abetting the procurement of drugs into the country from Honduras. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a prescribing practices course and an ethics course, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, possessed and any recommendation or approval for marijuana, obtaining a practice and billing monitor, and is prohibited from prescribing, administering, dispensing or otherwise providing non FDA-approved medication to patients. October 1, 2010

POLTEROCK, JERROLD, M.D. (G16347) Gaffney, SC

Stipulated Decision. No admissions but charged with repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a clinical training program. Public Reprimand. September 16, 2010

RIFKIND, STEPHEN PAUL (G38687) Santa Barbara, CA

Physician has a condition affecting his ability to practice medicine safely. Revoked. September 9, 2010. Judicial review pending.

SCALCIONE, LUKE R., M.D. (A114445) Mineola, NY

Stipulated Decision. Failure to disclose misdemeanor convictions for operating a vehicle while ability was impaired by alcohol and operating a vehicle without safety belts. Probationary license issued, placed on 35 months probation with terms and conditions including, but not limited to, providing free non-medical community service, and completing an educational course and an ethics course. Probationary license issued October 21, 2010.

SEID, MICHAEL KEVIN (A90002) Campbell, CA

Stipulated Decision. Physician excessively used prescription medications to the extent to be dangerous or injurious to himself and others. Surrender of license. October 22, 2010

SHARMA, ARUN (A45817) Webster, TX

Stipulated Decision. Disciplined by Texas for conviction of conspiracy to commit health care fraud. Surrender of license. August 2, 2010

SHELTON, RAYMOND ALAN, M.D. (G60028) Monrovia, CA

Stipulated Decision. No admissions but charged with unprofessional conduct, repeated negligent acts and failure to maintain adequate and accurate medical records in the

care and treatment of 6 patients. Physician must complete a medical record keeping course and a clinical training program. Public Reprimand. August 13, 2010

SINGH, GAURAV, M.D. (A113705) Fremont, CA

Stipulated Decision. Convicted of driving under the influence. Probationary license issued, placed on 35 months probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances and submitting to biological fluid testing. Probationary license issued August 18, 2010.

SMITH, JOHN WALLACE (G18469) Wilmette, IL

Default Decision. Disciplined by Illinois for gross negligence in the care and treatment of 3 patients. Revoked. September 8, 2010

STARKS, D'MITRI, M.D. (G49823) Montclair, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Public Letter of Reprimand. September 15, 2010

UDANI, MAHENDRA C. (A35682) Redondo Beach, CA

Stipulated Decision. Convicted of 9 felony counts of sexual exploitation of 2 patients, 7 counts of sexual battery, and 2 counts of simple battery and required to register as a sex offender. Revoked. October 1, 2010

UTECHT, THEODORE DONALD, M.D. (A76712) Crescent City, CA

Stipulated Decision. Violated professional boundaries by maintaining a friendship/mentor relationship with a patient while also serving as that patient's psychiatrist. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course, an ethics course, a professional boundaries program and obtaining a practice monitor. September 16, 2010

UWAYDAH, MUNIR, M.D. (A62059) Marina Del Rey, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, false statements in documents and dishonesty by allowing a physician assistant to begin surgical procedures on patients under general anesthesia when he was not present in the operating room and failing to maintain adequate and accurate medical records of 3 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an ethics course and a medical record keeping course. October 1, 2010

WATSON, LOUIS HERMAN, M.D. (G32156) Claremont, CA

Stipulated Decision. Violated the terms and conditions of his Board-ordered probation. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, must complete an ethics course and a clinical training program prior to resuming the practice of medicine, abstaining from the use of alcohol, and submitting to biological fluid testing. October 3, 2010

WAUGH, AMANDA DARLENE, M.D. (A99335) Irvine, CA

Stipulated Decision. No admissions but charged with misdemeanor conviction of driving while under the influence of alcohol while reporting for work. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and submitting to biological fluid testing and completing an ethics course. September 30, 2010

WEISS, GERALD BRETT, M.D. (G86691) Norwalk, CT

Stipulated Decision. Disciplined by Connecticut for failing to verify that a member of his staff had a valid Connecticut nursing license before allowing her to practice nursing. Public Letter of Reprimand. August 16, 2010

WESTFIELD, KENNETH CECIL, M.D. (G39544) Las Vegas, NV

Stipulated Decision. Disciplined by Nevada for committing malpractice in the care and treatment of a patient by performing a Lasik procedure on the patient's left eye when the patient had recently been diagnosed with diabetes and unstable blood sugar. Public Letter of Reprimand. August 30, 2010

WIN, TIN TIN, M.D. (A73053) Lake Havasu City, AZ

Stipulated Decision. Disciplined by Arizona for the care and treatment provided to a patient who had a history of chronic pain and chronic obstructive pulmonary disease. Public Reprimand. September 22, 2010

WOLIN, MAURCIE JAY (G63494) Piedmont, CA

Stipulated Decision. Convicted of committing a lewd

and lascivious act upon a child under the age of 14 years. Revoked. September 17, 2010

WYATT, ARTHUR JACOB, JR. (C16450) Long Beach, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, prescribing without an appropriate prior examination or indication and failing to maintain adequate and accurate medical records in the care and treatment of 3 patients. Surrender of license. September 23, 2010

YANG, GEORGE GANG, M.D. (A76886) Carlsbad, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, incompetence and unprofessional conduct for failure to correctly diagnose breast lesions in multiple cases, failure to report tumors, and failure to report that specimens were not satisfactory for diagnosis. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing the UCSD PACE Program prior to reviewing and/or reporting on surgical pathology and cytology specimens, and obtaining a practice monitor. August 6, 2010

YEH, YUN SZU (A65313) Las Vegas, NV

Default Decision. Disciplined by Arizona for 14 felony counts for writing illegal drug prescriptions and collecting $3.5 million in fraudulent insurance claims. Revoked. October 21, 2010

YOUNG, SAMUEL, M.D. (A42792) Hayward, CA

Stipulated Decision. No admissions but charged with gross negligence and incompetence with regard to a late diagnosis and delayed management of a patient's post-partum hemorrhage caused by a vaginal-cervical separation. Public Reprimand. August 13, 2010

Physician assistants

FLAGER, JAMES DEAN (PA13738) Upland, CA

Default Decision. Committed unprofessional conduct by violating his Committee-ordered probation. Revoked. September 23, 2010

LISTER, CHRISTOPHER HENRY, SR. (PA14614) Victorville, CA

Default Decision. Committed gross negligence, repeated negligence, excessive prescribing without an appropriate prior examination, and violated his Committee-ordered probation. Revoked. August 27, 2010

ORESMAN, THOMAS, P.A. (PA17069) Kent, WA

Stipulated Decision. Publicly reprimanded by Louisiana for writing unauthorized prescriptions for controlled substances. Public Reprimand. September 2, 2010

PINKSTON, CHARLES ENZIO, P.A. (PA14875) Cerritos, CA

Stipulated Decision. Misdemeanor conviction for falsifying medical records, writing false prescriptions and aiding and abetting the unlicensed practice of medicine. Revoked, stayed, placed on 6 years probation with terms and conditions. September 2, 2010

ROSSETTI, LISA ROXANNE (PA16507) Boise, ID

Disciplined by Idaho for engaging in multiple instances of writing prescriptions for Demerol for self-use and falsifying records. Revoked. September 22, 2010

SAGLIO, BRENDA KAY, P.A. (PA14210) Salinas, CA

Stipulated Decision. Committed unprofessional conduct by excessive use of dangerous drugs while engaged in the practice of medicine. Revoked, stayed, placed on 5 years probation with terms and conditions. September 22, 2010

SUMMERS, MICHAEL WAYNE, P.A. (PA21267) Oakland, CA

Stipulated Decision. Criminal conviction for unauthorized entry of property and assault. Placed on 5 years probation with terms and conditions. Probationary license issued October 4, 2010.

Registered Dispensing Optician Program

EICHBERGER, JAMES PAUL (CL1261) Mill Valley, CA

Default Decision. Accepted money from 3 clients for contact lenses and failed to deliver contact lenses or to refund monies paid. Revoked. September 9, 2010

Department of Consumer Affairs
Medical Board of California
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Business and Professions Code section 2021(b) and (c) require physicians to inform the Medical Board in writing of any name or address change.

See: *www.mbc.ca.gov/license/address_record.html*

Medical Board of California Meetings—2011

January 27-28, 2011: San Francisco
May 5-6, 2011: Los Angeles
July 28-29, 2011: Sacramento
October 27-28, 2011: San Diego

All meetings are open to the public.

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MEDICAL BOARD OF CALIFORNIA NEWSLETTER—JANUARY 2011

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