



THE BOTTOM LINE:

The Business of Medicine—Medical Spas

by Janie Cordray, MBC Research Specialist

There has been an explosion of cosmetic medicine over the past few years, and many physicians are being approached to “increase their bottom line” by entering this lucrative field. Recently, our office received a letter from a business promoting the many programs it offered to physicians that contained the following message:

“... Lastly, we are very excited to announce our Medical Director program. This opportunity allows Doctors and Physicians to earn up to \$400 per month per spa in their area. We have several DaySpas that anxiously await a Medical Director and we would anticipate a large number of client referrals to your practice. ...We would be happy to discuss how they can benefit your practice and grow your bottom line.”

This business is offering the opportunity for physicians, for a fee, to rent their license to a business so that the business may engage in the practice of medicine—a profession for which it has no license or qualifications.

Is what this business proposes legal? Can physicians simply sign-on, lend their names on paper to a salon or spa, collect “up to” \$400 a month, and escape any liability or responsibility for the patients treated by the business? NO!

The use of prescriptive medical devices and injections for cosmetic reasons is the practice of medicine

There is a tendency for the public, and some in the profession, to view laser treatments, Botox, and cosmetic filler injections as cosmetic rather than medical treatments. The use of prescriptive drugs and devices, however, is the practice of medicine, and the same laws and regulations apply to these types of treatments as to those driven by medical necessity. This means that the standards for informed consent, delegation to allied health practitioners, and maintaining medical records apply to physicians, even those denominated “medical director.”

Physician responsibility when delegating procedures to allied health professionals

In the practice of medicine, physicians routinely delegate functions to allied health professionals. Physicians, however, may only delegate to appropriately licensed staff whom they know to be capable of performing the task. Lasers and other prescriptive devices and prescriptive drugs must only be utilized by registered nurses, nurse practitioners, and physician assistants. No unlicensed staff, including medical assistants, may use these devices or drugs, regardless of the level of training or supervision. Likewise, delegation to improperly licensed personnel, such as estheticians, is prohibited.

Supervision of those to whom procedures are being delegated

While current law allows the delegation of laser treatments and injections to the above-mentioned licensees, the law

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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.

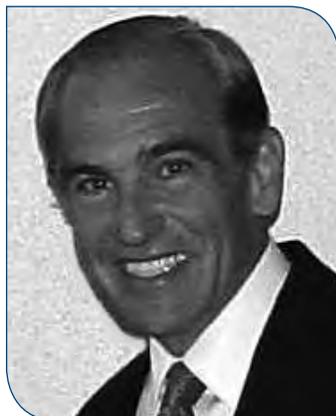
President's Report

New Board President elected

In preparation of my term on the Medical Board coming to an end in June, the Board at its January meeting voted unanimously to elect public member and Medical Board vice president Barbara Yaroslavsky as its president-elect. I anticipate a smooth transition, knowing Ms. Yaroslavsky shares my priorities of promoting wellness and access to care. It will be my pleasure to pass the baton to her capable hands.

Ms. Yaroslavsky was appointed to the Division of Medical Quality by Speaker of the State Assembly Herb J. Wesson, Jr. in 2003. She is involved in many community projects in Southern California, primarily in the areas of health care and education. She is on the boards of many nonprofit agencies, including the Los Angeles Free Clinic; LA's Best, which provides a quality program for more than 10,000 students in Los Angeles City-area elementary public schools; the Undergraduate Student Scholarship Committee at U.C. San Diego; the Jewish Public Affairs Committee; and the Executive Board of the Jewish Community Relations Council.

Ms. Yaroslavsky has been a prolific consumer advocate on the Medical Board, and I am confident she will make an excellent president. The timing of her election couldn't be better, given the priority the Board has made of education of both physicians and consumers, and her long-time involvement in educational projects. (She also chairs the Board's Education Committee, with efficiency and innovation.) The Board has been working on encouraging wellness programs via education at medical schools and hospitals. We will be stepping up our ongoing efforts at getting the word out to both physicians



Richard Fantozzi, M.D.
President of the Board



Barbara Yaroslavsky
President-elect

and the public about who may perform what types of procedures at "medspas," as this nagging issue, often involving the unlicensed practice of medicine, continues to threaten the public's health and safety.

I also would like to note with pride that the Board recently has vastly upgraded its integrated call center's phone system to provide faster, more efficient service. In January 2009, staff received 14,000 calls. The new system is Internet-based, so we can route the calls through computers, which helps with quality control by allowing us to have a record of each call—how long it lasted, who handled it, and the nature of the call. Calls also may be sent through a form on our Web site to the call center for a prompt call back in the order received. If a caller by phone cannot hold, the computer can return the call without having the caller lose his/her place in line. We also have instant message capability. The new system provides a varied as well as an improved level of interaction, as we continually strive to better serve the public and our licensees.

Before I sign off, I would like to once again extend my heartfelt thanks to the Medical Board and its staff, my fellow Board

Members, legislators and staff, and all the health care professionals from various entities who were kind enough to assist, encourage, and challenge me during my eight-year tenure on this Board. Many of these acquaintances have become friends who will endure and remain important and dear to me throughout my life. The role I have served has been an honor and a privilege I will not forget. Thank you. I wish you well!

New Board Member Profile: Sharon Levine, M.D.



Sharon Levine, M.D. was appointed to the Medical Board of California by Governor Arnold Schwarzenegger on March 11, 2009. She is an associate executive director for The Permanente Medical Group of Northern California, and has served in this role since 1991. She has responsibility for clinical education,

management training, and leadership development for the group's physicians; government and community relations, health policy, and external affairs; and pharmacy policy and drug-use management.

A board-certified (American Board of Pediatrics) pediatrician, Dr. Levine has practiced with The Permanente Medical Group since 1977, and has held multiple leadership roles within the Medical Group, including chief of pediatrics, chief of quality, and physician in charge of the Fremont Medical Center.

Dr. Levine began her medical career at the Montgomery-Georgetown Pediatric Comprehensive Care Clinic, and Georgetown University Community Health Plan. In addition, she has held academic appointments at Tufts University School of Medicine and Georgetown University School of Medicine, and spent two years as a clinical associate at the National Institutes of Health, Institute of Child Health and Human Development doing research on infant nutrition.

Dr. Levine is a member of the American College of Physician Executives and the California Medical Association. She serves on the boards of directors of the Integrated Healthcare Association, the Women's Foundation of California, the Public Health Institute of California, the California Association of Physician Groups (CAPG), and has recently been appointed to the board of the Reagan-Udall Foundation.

Dr. Levine received her undergraduate degree from Radcliffe College at Harvard University, and her M.D. degree from Tufts University School of Medicine.

Physician Alert

It was widely reported that in January 2009, 24 American soldiers committed suicide—more soldiers than those killed in the same month by Al Qaeda and Iraqi insurgents combined.

Physicians are urged to be mindful of the higher risk of suicide and substance abuse when treating veterans of the Iraq and Afghanistan wars.

Fee Reduction to Offset Elimination of Diversion Program

Due to the elimination of the Medical Board's Diversion Program, new regulations were recently approved reducing the licensing and biennial renewal fees for physicians and surgeons and special faculty permits from \$805 to \$783 for licensing and renewal periods beginning on or after July 1, 2009.

LEGISLATOR PROFILE

Assembly Member Mary Hayashi



Mary Hayashi (D-Hayward) was elected to the California State Assembly in November 2006.

She represents the Bay Area's 18th Assembly District, which includes the cities of Hayward, San Leandro, Dublin, most of Castro Valley and Pleasanton, and

a portion of Oakland, and the unincorporated areas of Ashland, Cherryland, Sunol, and San Lorenzo.

Assemblywoman Hayashi is a member of Assembly Speaker Karen Bass' leadership team and serves as Chair of the Business and Professions Committee. The committee's primary purpose is to protect consumers, with oversight of the Department of Consumer Affairs' occupational licensing and enforcement boards, including the Medical Board of California.

She brings to the Legislature an interest in issues related to health and access to care. Ms. Hayashi is a member of the Assembly Health Committee. Her first-term accomplishments include laws that provide low-cost vision care to seniors, increasing the number of Medi-

Cal providers, better protecting children from neglect and abuse, and granting county boards of supervisors authority to review the files of children who die under the protection of the county welfare services.

Assemblywoman Hayashi also is committed to mental health matters. In her first term, she authored legislation (AB 509) that became the catalyst for Governor Schwarzenegger to establish the Office of Suicide Prevention for California. She also continues to serve as a commissioner on the California Mental Health Services Oversight and Accountability Commission, which monitors the implementation of mental health care services under Proposition 63.

Her devotion to health care causes has been nationally recognized. *Redbook* magazine honored her as one of its "Mothers and Shakers"; and *Ladies' Home Journal* cited her as a "Woman to Watch." Additionally, the Alameda County Commission on the Status of Women named her a Women and Industry honoree; and the Didi Hirsch Community Mental Health Center acknowledged her with a 2004 Leadership Award. This year, she has been selected to receive the National Public Policy Award from the American Association of Suicidology.

Assemblywoman Hayashi earned a bachelor of science degree in applied economics from the University of San Francisco and a master of business administration from Golden Gate University.

Employment opportunities for Physicians as Independent Contractors with the State of California

To discuss possible opportunities with flexible scheduling within the California Department of Corrections and Rehabilitation, and the California Department of Mental Health, please contact the Registry of Physician Specialists at (800) 882-0686

The Registry of Physician Specialists has been providing primary and specialty health care services since 1988.

It would like to share an opportunity to work part-time or full-time, while diversifying a physician's practice within its statewide and nationwide professional medical services, providing primary or specialty care in an interesting and professional environment.

Patient Safety and Doctors' Search for Morpheus¹

by Laurie Gregg, M.D., FACOG, Member, California Medical Board Wellness Committee Chair,
ACOG District IX Physician Work Life Balance and Patient Safety Committee

Sleep deprivation: Something that physicians accept as the “price of doing business” and residents accept as a necessary evil so that one may learn. No longer is sleep deprivation a badge of honor. The main reason for the shift in perspective is that sleep deprivation may adversely impact patient safety and patient care. Other reasons are that sleep deprivation may impair physician health and resident learning. There is a growing body of research supporting the belief that sleep deprivation compromises both patient care and physician health.

Australian researchers discovered that lack of sleep is comparable to consumption of alcohol in debilitating cognitive and motor function.² Their study showed that commonly experienced levels of sleep deprivation depressed performance to a level equivalent to that produced by blood alcohol levels of 0.05 percent. The subjects were used as their own controls while taking standardized tests measuring cognitive and motor function. Imagine a 19-hour period of wakefulness equating to two-and-a-half gin-and-tonics or a blood alcohol level of 0.05 percent. A 0.05 percent blood alcohol level is considered incompatible with safe driving in most jurisdictions.

The care rendered to Libby Zion in 1984 in a New York City emergency room by overworked medical residents set in motion a number of reforms on resident work hours. After state guidelines were implemented in New York, and Congress became interested in the issue, the Accreditation Council for Graduate Medical Education (ACGME) set forth work-hour limits for residents. In 2008, as part of the federal government's investigation into preventable medical errors, the House Committee on Energy and Commerce commissioned the Institute of Medicine (IOM) to investigate house-staff work hours. The report, issued by the IOM's Committee on Optimizing Graduate Medical Trainee Hours and Work Schedules to Improve Patient Safety, recommended more stringent work-hour limits than those set by the ACGME. Studies from the Harvard Work Hours, Health and Safety Group, have shown that limiting residents' shift duration to 16 hours reduced medical errors by 36 percent and cut attentional failures in half.^{3,4} The IOM investigators are aware that such changes in resident work hours would have a large effect on workforce supply

and financial resources. While there is no conclusive data on the impact of work-hour limitations on quality of education, sleep experts acknowledge that sleep is important in memory consolidation.

Most of the recent studies on sleep deprivation in medicine focus on residents and medical students. The IOM committee is quoted as saying that there is “a robust evidence base linking fatigue with decreased performance in both research laboratory and clinical settings.” Studies have shown that attending physicians, and women in general, are more resilient to the effects of sleep deprivation when compared to residents and males. Despite physicians' belief in their resilience, data continues to accumulate on the negative impact of insufficient sleep. Multiple studies show that cognitive and motor skills are affected. One question is how many medical board review cases are the result of physician fatigue. What we need to recognize is that lack of sleep can adversely affect both our patient care and our personal health.

Amnesty International considers prolonged sleep deprivation a form of torture and partial sleep deprivation “cruel.” Prisoners of war describe their desire to sleep is much greater than their desire to eat or drink when deprived of all three. Studies have proven that sleep deprivation leads to mood swings and inappropriate emotional responses. Disruptive physician behavior may have a biological basis. PET scans of sleep-deprived individuals' brains appear similar to those of psychotic individuals when each group is exposed to visually disturbing photos.⁴ The NIH found a link between lack of sleep and presence of hallucinations. Studies from the 1980s subjecting rats to complete sleep deprivation documented rats dying after five days without sleep. Enough said?

Other countries have set limits on residency work hours and proposed guidelines for practicing physicians. Denmark limits doctors in training to 37 hours per week. Those training in countries under collective agreements of the European Commission limit weekly hours to 48. Those in academic medicine are watching with great

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Medical Spas *(continued from cover)*

requires supervision by the physician. In the current environment, many have operated under the opinion that since the nursing and physician assistant regulations are broadly written, nurses or PAs may perform anything anywhere with essentially no supervision as long as there are “standardized procedures” or “delegation of services” documents on file. Physicians who simply sign their name on standardized procedure documents or delegation of services agreements without performing the duties of supervision violate the law. A “supervising” physician who does not give direction, oversee or inspect, is not performing the task of supervising and is in violation of the law.

Qualifications of physician supervisors

Physicians may only delegate to those whom they know to be capable of performing the task. If they are to supervise the procedure, the physician also should be capable of performing it. One cannot provide guidance, direction, evaluation, and oversight unless one is knowledgeable and competent in the procedure being delegated.

Business arrangements: issues of ownership and control

California law prohibits the corporate practice of medicine. Laypersons or lay entities may not own any part of a medical practice (Business & Professions Code section 2400). Physicians must either own the practice, or must be employed or contracted by a physician-owned practice or a medical corporation. No stock in a medical corporation may be owned by a layperson (Corporations Code section 13401.5(a)). Physicians who become employees or contractors of lay-owned spas or violate other business provisions in law may be disciplined for unprofessional conduct. Businesses that provide management services, franchises, or other models that result in any unlicensed person or entity influencing or making medical decisions are in violation of the law.

Physician responsibility for backup systems and emergency plans

Physicians who perform or delegate treatments are responsible for their patients’ care. As supervisors, they are responsible to ensure that backup systems and emergency plans are in place. Under current law, the patients are the physician’s responsibility, and the physician is responsible for treating mishaps, complications, or any other emergency that might arise from the treatments the physician has delegated.

Physician responsibility for patient informed consent and education

All medical procedures must be preceded by informed consent, which should include the possible risks associated with the treatment, among other things. Providing sufficient information to constitute informed consent is the responsibility of the physician.

Physician responsibility for advertising and marketing

California law requires advertising to include the physician’s name or the name for which they have a fictitious name permit issued by the Medical Board (Business & Professions Code section 2272). While treatments may be delegated to registered nurses, nurse practitioners or PAs, the name of the supervising physician, or his or her registered fictitious name, must be in the advertisement. The same rules contained in Business & Professions Code section 651 apply equally to facilities performing cosmetic medical procedures as well as any other type of medical practice.

The bottom line

Cosmetic procedures are the practice of medicine, and physicians are responsible for their patients, regardless of who performs the treatments. There is no legal scheme 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 doctor-patient relationship. Becoming involved in an improper business arrangement 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 embroiled in these illegal arrangements may lose their license, or their livelihoods.

It is impossible to cover all of the relevant legal issues in this short article, and the content is not a substitute for individualized, professional legal advice. Physicians may want to consult with their attorneys or malpractice carriers for additional legal advice.

A full version of this article is on the Board’s Web site: www.mbc.ca.gov/licensee/medical_spas-business.pdf.

Physician-supported Web Site Helps Physicians Meet Special State CME Requirements

Submitted by John M. Harris, Jr., M.D., MBA, Medical Directions, Inc.

The Virtual Lecture Hall® (www.vlh.com), a CME Web site that is 100 percent funded by physician users, offers a number of online programs to help physicians meet special state CME requirements:

“Improving Outcomes in Chronic Pain”

A comprehensive, multimedia, 14.5 credit program developed with research support from the National Institute for Neurological Disorders and Stroke. Written by national pain experts and shown to be educationally effective in a randomized trial.¹ Physicians can take all 14.5 credits or as much as they need. This course can be combined with other programs on The Virtual Lecture Hall to meet California’s CME requirement for training in pain management and end-of-life care.

“Current Management of Domestic Violence: Responding to Intimate Partner Violence”

Learn how to comfortably and successfully manage the difficult clinical problems posed by DV. A 16 credit, case-based program that deals with DV presentations in five primary care specialties. Physicians can earn 0.75-16 credits, including AAFP prescribed credit. The program was prepared by DV experts and developed as part of a research project funded by the National Institute of Mental Health. It has been shown to be educationally effective in a randomized trial.²

“Managing Type 2 Diabetes in Diverse Populations”

Enhance your knowledge of the current therapy of type 2 diabetes and improve your cultural competency. This new, 9 credit, case-based program was authored by cultural competency and diabetes experts. This program also provides AAFP prescribed credit. It was developed with research support from the National Institute of Diabetes and Digestive and Kidney Diseases.

The Virtual Lecture Hall offers more than 40 online CME programs, including:

- Pain Management
- Patient Relations/Safety
- Domestic Violence
- Professional Responsibility
- Cultural Competency
- Ethics

The Virtual Lecture Hall does not contain advertising or CME programs that are underwritten by commercial interests. The Virtual Lecture Hall is entirely supported by its users. CME certificates can be obtained from the Web site and credits cost \$20 each.

¹ Harris JM, Elliott TE, Davis BE, et al. “Educating Generalist Physicians About Chronic Pain: Live Experts and Online Education Can Provide Durable Benefits.” *Pain Medicine*. 2008;9:555-563.

² Short LM, Surprenant ZJ, Harris JM. “A Community-Based Trial Of An Online Intimate Partner Violence CME Program.” *American Journal of Preventive Medicine*. 2006;30:181-185.

Patient Safety *(continued from page 5)*

interest the outcome of the March 2009 ACGME meeting concerning the IOM recommendations. Will they adopt more stringent resident work-hour restrictions in the name of patient safety? Will practicing physicians in this country re-evaluate their practice patterns in an effort to avoid legislatively mandated restrictions? Will the search for Morpheus ultimately advance or detract from the goal of patient safety?

¹ Greek God of Dreams

² Williamson, et al. “Moderate Sleep Deprivation Produces Impairments in Cognitive and Motor Performance Equivalent to Legally Prescribed Levels of Alcohol Intoxication,” *Occup. Environ Med*. 2000;57:649-655.

³ Lockley, et al. “Effect of Reducing Interns’ Weekly Work Hours on Sleep and Attentional Failures,” *N Engl J Med* 2004;351:1829-37.

⁴ Landrigan, et al. “Effect of Reducing Interns’ Work Hours on Serious Medical Errors in Intensive Care Units” *N Engl J Med* 2004;351:1838-48.

Medical Services Play Vital Role in Benefits Available from California Victim Compensation Program



If you are currently working with a patient who has already applied for compensation from the program, the following information will help ensure your bills are paid efficiently:

- Include your patient's application number on each bill. If your patient does not know their application number, they can call (800) 777-9229, or their local victim advocate for help.
- Include verification of your licensure and a completed IRS Form W-9 when you submit your first bill to the program.
- All bills must be submitted on an approved CMS 1450 or 1500 form. Required information includes the appropriate CPT/HCPCS, diagnosis and revenue codes, your license number, and your federal tax identification number.

Fast and efficient payments to providers of medical services for crime victims are a top priority of the program. To this end, the claims management system continues to be refined to ensure an expedient turnaround time on provider bill processing and payment.

Leader in Providing Services

California has been a leader in providing service to victims of violent crime for more than 40 years. California was the first state to establish a Victim Compensation Program in 1965. The program has since paid nearly \$1.8 billion to help victims of crime. During the 2007-2008 fiscal year, the program paid \$26.5 million to cover medical expenses for crime victims.

In addition to medical treatment costs, the program can also pay for services such as dental, mental health, funeral and burial, rehabilitation, income and support loss, and relocation benefits.

The program is not funded by taxpayer dollars. Instead, it is funded by fines, fees, and penalties paid by state and federal criminal offenders.

The California Victim Compensation Program invites you to share all of this information with your colleagues. The more providers who are aware of the program, the more victims will be able to find quality medical services.

Crime often strikes without warning. An unexpected death by violence, a shooting, a sexual assault, child molestation, or domestic violence complicates the healing process for victims, survivors, and family members. Crime can leave families emotionally, physically, and financially devastated.

The California Victim Compensation and Government Claims Board can help crime victims and their families access resources to cope with the aftermath of violent crime. Every year, thousands of people turn to the Victim Compensation Program for help with paying the cost of their crime-related medical expenses.

Working with the Program

If you are a physician providing services to a victim of violent crime, you may want to consider referring your patient to an advocate at your local victim assistance center for help with the program's application process. In most counties victim advocates are part of the District Attorney's office. In addition to benefits through the Victim Compensation Program, advocates can connect crime victims with a host of other services. Applications are available at www.victimcompensation.ca.gov.

Advertising Your Medical Practice

Specific laws are designed to assist physicians in developing advertising for their practice. Business and Professions Code section 651 outlines the requirements for advertising medical services. While the Board suggests taking the time to read this law in its entirety, we offer the following list of requirements that are most critical to keep in mind.

When including advertising prices, the specific price must be listed in an advertisement with each product or service clearly identified. If a photograph of a model is used, the photograph must include the label “model.” If a patient’s photograph is used demonstrating before and after results of a procedure, each photograph must be labeled accordingly and the statement “results may not occur for all patients” must be prominently displayed. If the advertisement includes claims of professional superiority or performance in a superior manner, such as “the best,” “the first,” “the only,” etc., the physician must be able to support those claims with objective evidence.

Physicians may want to include in their advertising any “board certifications” that they have earned. Keep in mind, if you use “board certified” in your advertisement, you may only advertise certifications by the American Board of Medical Specialties (ABMS) or those boards or agencies recognized by the Medical Board of California. A list of these organizations is on the Medical Board’s Web site at www.mbc.ca.gov/consumer/board_certified.html.

Finally, in advertising a clinic name or any name other than the physician’s name, you must hold a current and valid Fictitious Name Permit (FNP) issued by the Medical Board. For additional information on obtaining an FNP, visit the Board’s Web site.

Again, please refer to the requirements outlined in section 651 when developing advertisements. Failure to do so could result in a citation and fine or possibly a formal action against your license to practice medicine in California.

Unlicensed Practice

The Physician Assistant Committee (PAC) has become aware that some individuals may be holding themselves out as physician assistants when in fact they do not hold a physician assistant license.

These incidents highlight a need for supervising physicians to be vigilant in checking to ensure that physician assistants they consider hiring have a current physician assistant license. It was discovered that an unlicensed individual used an altered license to obtain employment as a physician assistant. Unfortunately, this unlicensed individual treated patients. You may verify a physician assistant license by using the PAC’s Web site, www.pac.ca.gov, or by contacting the PAC directly at (916) 561-8780.

The PAC urges all supervising physicians to verify the status of physician assistant licenses prior to offering employment. Additionally, ensure you have in place a current Delegation of Services Agreement that is signed and dated by both you and the physician assistant.

Continuing Medical Education

The PAC has formed a task force to determine and promulgate regulations to implement the provisions of AB 2482, which pertain to physician assistants’ continuing education. This new requirement may be met by obtaining no more than 50 hours of continuing medical education every two years or maintaining national certification by the National Commission on Certification of Physician Assistants (NCCPA).

More information will be forthcoming and will be posted on the PAC Web site at www.pac.ca.gov.

State CURES Program Helps Identify Doctor Shoppers

by Richard Obler, M.D., MPH, FACEP, Trauma Medical Director, El Centro Regional Medical Center

When was the last time you had a patient, maybe a frequent flyer, present to your ED requesting narcotics? Have you wondered how to sort out the legitimate requests for narcotics from the illegitimate? Well, the CURES program can help.

The CURES program (California's Controlled Substance Utilization Review and Evaluation System) monitors prescriptions written in California for Schedule II, III, and IV drugs. It allows all licensed healthcare practitioners to obtain a report from the Department of Justice (DOJ) for any patient under your care. For the ED, that would include any patient you or your colleagues have seen, and might reasonably expect to see again. The Patient Activity Report, or PAR, lists the controlled drugs prescribed to the patient, the quantity, the name of the provider, and the pharmacy.

The goal of the CURES program is to reduce drug diversion and doctor shopping. It does this by helping doctors check what drugs a patient has already received, from any source, before authorizing more.

The information is accurate and current, based on information submitted by pharmacies. To get a PAR, the doctor merely mails or faxes a request to the DOJ, and then receives a printout for that particular patient. I have found it convenient to request info on several patients at once, and to keep the data handy, so I can refer to it in the ED when needed.

Confidentiality is required. The law (California Health and Safety Code section 11165) states, "data disclosed to any individual or agency...shall not be disclosed, sold or transferred to any third party." According to staff at the DOJ with whom I spoke, we are allowed to place it in the patient's permanent medical record (which in the ED is maintained by the hospital) and encouraged to share it with our colleagues, even ED nurses and ED administrators. I don't go that far—yet. I place the information in a binder that is kept in a back office and is accessible only to physicians. Also, do not use this law as a way to "fish" for information about persons not under our care (such as celebrities, VIPs, etc.).

Is this the same as a "blacklist" of "frequent flyers?" Not at all; in fact, the CURES program trusts that well-informed practitioners will use their professional expertise to evaluate their patients' care, thus making more informed prescribing decisions regarding controlled substances. I would not tell a patient we have information on their prescriptions. If a patient does somehow express concern, the DOJ recommends we NOT provide a copy of the PAR to the patient, but refer them to the public number for CURES.

Online, real-time access is scheduled to start next year. Part of the funding is private, from the Troy and Alana Pack Foundation—founded by Bob Pack whose 7 and 10 year old children were killed by a driver under the influence of prescription drugs obtained from multiple doctors. Twenty-nine other states have similar programs to CURES but, when California goes online it will be the largest.

The CURES staff also track suspicious activity and might send a report about a specific patient to the doctors involved. These reports specifically state they are not trying to tell us how to practice medicine; they are just trying to make us aware. Pharmacies have some systems to track drug misuse, but patients can circumvent their scrutiny by paying cash. As more ED practitioners make use of this information, we can cut down on doctor shopping and narcotic abuse. Web link for the PAR: ag.ca.gov/bne/pdfs/BNE1176.pdf. Google "CURES" for more information.

Note: DOJ anticipates that beginning July 2009 prescribers and pharmacists will be able to log onto CURES and obtain instant patient information. The Board will provide additional information in its July newsletter.

For your information, see the following page for an example of how a Patient Activity Report looks when it is returned from DOJ.

Example of a Completed Patient Activity Report



Department of Justice - Bureau of Narcotic Enforcement
Controlled Substance Utilization Review and Evaluation System
Patient Activity Report

Patient Last Name: [REDACTED]
 Patient First Name: [REDACTED]
 Patient DOB: [REDACTED]
 Date Range: Between May 1, 2008 and Jan 31, 2009
 Number of Prescriptions: 9

Patient Last Name	Patient First Name	Patient DOB	Patient Gender Code	Date Filled	Drug Name	Drug Form	Strength	Quantity	Pharmacy License Number	Pharmacy Name	Prescriber DEA Number	Prescriber Name	RX Number
[REDACTED]	[REDACTED]	[REDACTED]	F	10/15/2008	ALPRAZOLAM	TAB	0.25 MG	20	PHY37327	CALEXICO PHARMACY	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	06/23/2008	AMBIEN	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	06/23/2008	VALIUM	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	07/10/2008	AMBIEN	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	10/04/2008	AMBIEN	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	10/04/2008	VALIUM	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	11/23/2008	AMBIEN	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	11/23/2008	VALIUM	TAB	10 MG	30	PHY47627	SAV ON #6547	[REDACTED]	[REDACTED] MD	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	M	05/22/2008	APAP/ HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	20	PHY46001	TARGET STORE NO T-1408	[REDACTED]	[REDACTED] DDS	[REDACTED]

Disclaimer:

The Patient Activity Report (PAR) is compiled from information maintained in the Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES). The CURES maintains Schedule II, Schedule III, and Schedule IV prescription information that is received from California Pharmacies and is therefore only as accurate as the information provided by the Pharmacies.

Administrative Actions: November 1, 2008–January 31, 2009

Physicians and surgeons

AGEE, DOUGLAS MOORE (AFE28581) **Riverside, CA**

Failed to pass a professional competency exam. Revoked.
October 31, 2008

ANDERSON, PAUL WILLIAM (G61583) **Hamilton, MT**

Stipulated Decision. Disciplined by Nebraska for failure to cooperate and furnish requested information during an investigation. Surrender of license. November 6, 2008

ANDREWS, THOMAS JAMES, M.D. (G79955) **Redding, CA**

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course, an ethics course, and a professional boundaries program. December 19, 2008

ARCHIE, CAROL LOUISE, M.D. (G60046) **Torrance, CA**

Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician completed a medical record keeping course. Public Reprimand. December 5, 2008

BARKER, BRUCE C., M.D. (G57849) **San Francisco, CA**

Stipulated Decision. No admissions but charged with unprofessional conduct and committing dishonest acts. Convicted of making false statements before a court. Revoked, stayed, placed on 10 years probation with terms and conditions including, but not limited to, 1 year actual suspension, abstaining from the use of controlled substances, submitting to biological fluid testing, and completing an ethics course. January 30, 2009

BEDNEY, DONALD LEW (C38955) **Loma Linda, CA**

Stipulated Decision. Convicted of a misdemeanor for being an accessory to medical fraud.
Surrender of license. January 27, 2009

Copies of public documents from 2001 to the present are available at www.mbc.ca.gov. Click on "Enforcement Public Documents," or for copies of all public documents call the Medical Board's Central File Room at 916.263.2525.

Explanation of Disciplinary Language and Actions

"Effective date of decision"—Example: "November 26, 2008" 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.

BRANNIGAN, JOHN (A77781)
Los Banos, CA

Committed acts of gross negligence, repeated negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients; and committed dishonest acts by failing to disclose on an application an ongoing investigation and civil settlements. Revoked. January 12, 2009

CABRERA, ROLANDO, M.D. (A75736)
Salinas, CA

Stipulated Decision. No admissions but charged with sexual misconduct with a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a professional boundaries program, an ethics course, and having a third-party chaperone present while treating female patients. November 7, 2008

CHAN, JOSEPH LING-HANG, M.D. (G50691)
Oakland, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive prescribing, failure to maintain adequate and accurate medical records and providing false Medi-Cal/Medicare documents in the care and treatment of 7 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing a clinical training program, a medical record keeping course, a prescribing practices course and an ethics course; and obtaining a practice monitor. January 12, 2009

CHANG, ELMER, M.D. (A68792)
Hayward, CA

Failed to diagnose and timely treat a patient and to adequately and accurately document and/or maintain the patient's medical records. Public Letter of Reprimand. January 27, 2009

CHEN, DENNIS HUI-TING, M.D. (A26597)
Newport Beach, CA

Stipulated Decision. Committed acts of gross negligence in the care and treatment of a patient. Physician must complete an educational course and is prohibited from performing anesthesia on a child under 8 years of age until successful completion of a clinical training program. Public Reprimand. November 21, 2008

CHEN, P. MATTHEW, M.D. (A79729)
Berkeley, CA

Disciplined by New York for failing to comply with the conditions of an agreement to aid in his medical education. Public Letter of Reprimand. January 22, 2009

CHERNOFF, WILLIAM GREGORY, M.D. (A51787)
Santa Rosa, CA

Stipulated Decision. Disciplined by Indiana for failing to keep abreast of current professional theories or practices by failing to document a patient's medical history, evaluation, and treatment prior to prescribing controlled substances and failing to obtain copies of lab tests performed on the patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, a prescribing practices course, a medical record keeping course and an ethics course; obtaining a practice monitor; no solo practice of medicine; and maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana. January 30, 2009

CHUNG, WAYNE, M.D. (A63888)
San Francisco, CA

Physician has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, being prohibited from practicing medicine until found fit to practice safely and obtaining a practice monitor. December 18, 2008. Judicial review pending.

COWAN, CHRISTOPHER LEE (G64589)
Camas, WA

Disciplined by Oregon due to concerns about his ability to safely and competently practice medicine. Revoked. November 13, 2008

CROSS, JOHN EDWIN, JR., M.D. (C53544)
Orange, CA

Stipulated Decision. Failed to disclose on his application for licensure that he was placed on probation during a postgraduate training program. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and providing 120 hours of free, non-medical community service. Probationary license issued January 1, 2009.

CURLEY, MICHAEL PATRICK, M.D. (A45008)
Murrieta, CA

Stipulated Decision. No admissions but charged with gross negligence, incompetence and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient and repeated negligent acts in the care and treatment of another patient. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. January 5, 2009

DECUNTO, MARIO JULIO (A32867)
Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients; unprofessional conduct and excessive prescribing in the treatment of 1 patient; failure to maintain liability insurance during his care of 2 patients; aiding and abetting the unlicensed practice of medicine; and failure to timely report a patient death. Surrender of license. December 11, 2008

DERAKHSHAN, IRAJ, M.D. (A26416)
Charleston, WV

Stipulated Decision. Disciplined by Ohio after entering into a Consent Order with the West Virginia Board for advising a patient to take a medication in an improper manner. Public Reprimand. January 5, 2009

ESPERANZA, BONIFACIO COLOMA, M.D. (A35268)
Poway, CA

Stipulated Decision. Committed acts of gross negligence in the care and treatment of 2 patients; repeated negligence in the care and treatment of 6 patients; and failed to maintain adequate and accurate medical records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, a prescribing practices course, and a medical record keeping course. December 18, 2008

ESPY, CLARKE DAVID, M.D. (G19054)
Los Angeles, CA

Stipulated Decision. No admissions but charged with failure to comply with a Citation Order and failure to properly dispose of medical records. Public Reprimand. January 12, 2009

FLORES, PEPITO LIM (A37508)
Hemet, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligent acts, incompetence, failed to maintain adequate and accurate medical records, and was dishonest in the care and treatment of several patients; and violated the terms and conditions of his Board-ordered probation. Surrender of license. December 17, 2008

FOREST-LAM, JAMES WAY, M.D. (G70252)
Suffolk, VA

Disciplined by Virginia for prescribing various controlled substances to family members and friends outside of a bona fide practitioner/patient relationship. Public Letter of Reprimand. November 18, 2008

FREEMAN, BARRY JOHN, M.D. (G46887)
Los Angeles, CA

Stipulated Decision. No admissions but charged with unprofessional conduct by failing to properly supervise the preparation of medical records for treatment provided to 4 patients. Physician has completed an ethics course and a medical record keeping course. Public Reprimand. January 5, 2009

GILLESPIE, THOMAS MILLER (A84706)
San Francisco, CA

Committed acts of gross negligence, violation of drug statutes, excessive prescribing, failed to conduct an appropriate prior examination, and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked. January 5, 2009

GUZON, JOAQUIN PASCUAL, M.D. (C51373)
Chesterfield, MO

Disciplined by Illinois for failing to disclose, on his application for license restoration, disciplinary actions taken against his medical licenses in other states. Public Letter of Reprimand. November 18, 2008

HACK, TERRENCE CHARLES, M.D. (G50146)
Ayer, MA

Stipulated Decision. Disciplined by Massachusetts for failing to timely monitor a patient's Coumadin level. Physician has completed an ethics course and 40 hours of continuing medical education. Public Reprimand. January 5, 2009

HAKHAMIMI, KAMRON KENNETH, M.D. (A74169)
Studio City, CA

Stipulated Decision. Convicted in Superior Court of sexual exploitation of a patient and battery. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a professional boundaries program and an ethics course. January 5, 2009

HOWARD, DEGRASIA ANNE, M.D. (G49333)
Bakersfield, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of a patient. Physician must complete a clinical training program. Public Reprimand. December 24, 2008

KELLETT, RICHARD STANLEY (A74713)
Greenville, SC

Disciplined by South Carolina for diverting Schedule II drugs for self-use and for being arrested in 2006 for diverting Sufenta. Revoked. November 13, 2008

KHAN, ATAUR-REHMAN RIZWAN, M.D. (A65459)
Houston, TX

Stipulated Decision. Violated drug statutes by self-prescribing controlled substances. Revoked, stayed, placed on 30 months probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances, submitting to biological fluid testing, completing a prescribing practices course, and shall not issue oral or written recommendations or approval for marijuana. January 7, 2009

KINZIE, DANIEL, H., IV (G11801)
Midland, TX

Disciplined by Texas for failure to meet the standard of care in his treatment and management of 13 patients. Revoked. November 10, 2008

KUZNETSKY, CHARLES A. (C9890)
Reseda, CA

Physician has a condition affecting his ability to practice medicine safely. Revoked. November 3, 2008

LEE, TAN SHIN (A50001)
Rowland Heights, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, prescribing without an appropriate prior examination or medical indication, and failing to maintain adequate and accurate medical records in the care and treatment of 5 patients; and dispensing medication in mislabeled and improper containers. Surrender of license. December 10, 2008

LEUNG, RAYMOND W.P., M.D. (G48262)
Pasadena, CA

Committed acts of gross negligence in the treatment of a patient in the emergency department. Physician has completed a clinical training program. Public Reprimand. December 8, 2008

LEWIS, JOHN DENMAN, M.D. (G39949)
Tucson, AZ

Disciplined by Arizona for failure to meet the standard of care in his treatment of a patient. Public Letter of Reprimand. November 5, 2008

LOYA, RENE DANIEL, M.D. (A38377)
Bonita, CA

Stipulated Decision. Committed acts of gross negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a clinical training program, a prescribing practices course and a medical record keeping course. Public Reprimand. December 22, 2008

MAZAHERI, MORTON REZA (A30149)
Los Angeles, CA

Committed acts of gross negligence, repeated negligence, incompetence, dishonesty or corruption, and failed to maintain adequate and accurate medical records in the care and treatment of 12 patients. Revoked. January 20, 2009. Judicial review pending.

McBAY, MICHAEL HENRY CECIL (G63748)
Los Angeles, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. November 4, 2008

McINTYRE, ROBERT C., M.D. (A20692)
Twain Harte, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course, and a medical record keeping course. January 28, 2009

MECUM, ROBERT ANDREW, M.D. (G78258)
Whittier, CA

Stipulated Decision. No admissions but charged with acts of repeated negligence in the care and treatment of 2 patients and gross negligence and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a medical record keeping course and a physician-patient communication program. Public Reprimand. November 3, 2008

MEHLMAUER, MARILYN ANN, M.D. (G35270)
Pasadena, CA

Stipulated Decision. Convicted for introduction of a misbranded drug, Botulinum Toxin type A, into interstate commerce. Physician must complete a prescribing practices course, a medical record keeping course, and an ethics course. Public Reprimand. January 5, 2009

MICHALSKI, MICHAEL H., JR., M.D. (G86189)
La Mesa, CA

Committed acts of unprofessional conduct by virtue of his sexual harassment and conduct with 4 females. Public Reprimand. January 2, 2009

MILLER, STEPHEN P. (G16153)
Houston, TX

Disciplined by Texas following a conviction and incarceration for income tax evasion. Revoked. January 22, 2009

MOSHIRI, BAHRAM TAFRESHI (A45115)
Arlington, VA

Disciplined by Virginia for failing to report adverse information on his application for licensure in Ohio. Surrender of license. January 14, 2009

NGUYEN, LI QUANG (G63837)
Westminster, CA

Committed acts of unprofessional conduct by violating drug statutes, possession of drug paraphernalia and controlled substances, and misuse of alcohol or drugs. Revoked. November 24, 2008

O'NEILL, MARY M., M.D. (G69694)
San Jose, CA

Stipulated Decision. No admissions but charged with repeated negligent acts and incompetence in the care and treatment of a patient. Public Reprimand. January 20, 2009

PIERCE, JOHN WINTHROP, M.D. (G45225)
San Francisco, CA

Stipulated Decision. No admissions but charged with unprofessional conduct by failing to maintain adequate and accurate medical records in the care and treatment of a patient and aiding and abetting the unlicensed practice of medicine. Physician must complete a professional boundaries program, a medical record keeping course, and an ethics course. Public Reprimand. December 24, 2008

POULOS, EVANGELOS GEORGE, M.D. (G87524)
Miami Lakes, FL

Disciplined by Alaska for failing to timely notify the Alaska board of a malpractice claim. Public Letter of Reprimand. December 9, 2008

RASHKIN, ALAN, M.D. (G38481)
Thousand Oaks, CA

Stipulated Decision. Committed repeated negligent acts in the care and treatment of a patient. Physician has completed a clinical training program. Public Reprimand. December 8, 2008

REGIS, BONIFACIO B. (A33165)
Apple Valley, CA

Stipulated Decision. Aided and abetted the unlicensed practice of medicine by selling a medical practice to an unlicensed individual and allowing the use of his provider number to bill insurance for services provided by another physician and physician assistant. Surrender of license. November 4, 2008

Medical Board's Subscribers' List

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REISS, JEFFREY RONALD, M.D. (A36946)
Marina Del Rey, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligence, excessive treatment, and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, and an ethics course. November 20, 2008

ROBBINS, PAUL C., M.D. (GFE9189)
Santa Clara, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of 2 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program prior to commencing practice, and obtaining a practice monitor. December 18, 2008

ROGER, VINCENT DAVID, M.D. (G18625)
San Diego, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of a patient. Physician must complete a clinical training program. Public Reprimand. January 5, 2009

SABATINI, JOHN ROBERT, M.D. (G31402)
Torrance, CA

Stipulated Decision. Committed acts of unprofessional conduct and failed to maintain adequate and accurate medical records in the care and treatment of 2 cardiac patients. Physician completed a medical record keeping course. Public Reprimand. November 24, 2008

SAKS, LAWRENCE (G36859)
Torrance, CA

Committed acts of gross negligence, repeated negligence, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients; failed to maintain malpractice insurance; failed to timely report a patient death; and violated the terms and conditions of a Board-ordered probation by failing to obey all laws while on probation. Revoked. December 22, 2008. Judicial review pending.

SALAZAR, ROBERT GONZALES, M.D. (G42244)
Fresno, CA

Stipulated Decision. Committed acts of unprofessional conduct by furnishing dangerous drugs without an appropriate prior examination. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course, a medical record keeping course, and maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana. January 5, 2009

SAVIT, RUSS MARC, M.D. (G52381)
Coeur D'Alene, ID

Disciplined by Alaska for failing to timely notify the Alaska board of a malpractice claim. Public Letter of Reprimand. December 11, 2008

SCHAFLE, MICHAEL F., M.D. (G42249)
Fortuna, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in prescribing narcotic medications for 3 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, and maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana. December 24, 2008

SERVISS, ALLAN R. (G53275)
Walton, NY

Stipulated Decision. Disciplined by New York for the negligent practice of medicine in the care and treatment of 3 patients. Surrender of license. December 18, 2008

SHEEN, FU JEN (A36165)
Knoxville, TN

Disciplined by Tennessee for failure to timely comply with the Tennessee guidelines regarding prescribing, administering, ordering or dispensing pain medication to multiple patients. Revoked. November 24, 2008

SLAY, ROBERT DUNCAN, JR., M.D. (G31037)
Palos Verdes Estates, CA

Stipulated Decision. No admissions but charged with gross negligence for failing to provide appropriate emergency medical care to a patient. Physician must complete a National Emergency Medicine Review course. Public Reprimand. January 30, 2009

SOMERS, HOWARD B., M.D. (C51096)
Coronado, CA

Disciplined by Arizona for removing an incorrect testicle while performing an orchiectomy. Public Letter of Reprimand. November 3, 2008

TAYLOR, JOHN NICHOLAS, M.D. (A90426)
Palm Desert, CA

Disciplined by Minnesota for erroneously charting the amount of Vicodin prescribed to a patient and for prescribing Vicodin to a patient with a history of chemical dependency and overdosing on narcotics. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and a pain management or prescribing practices course. December 19, 2008

WAHAB, MUHAMMED ABDUL, M.D. (A49213)
Los Angeles, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Physician has completed a clinical training program. Public Reprimand. November 3, 2008

YVORCHUK, WILLIAM ALEXANDER (G55064)
West Fargo, ND

Disciplined by North Dakota for preparing to perform surgery while under the influence of alcohol, thereby creating a significant risk to the public. Revoked. December 15, 2008

Check Your Physician Profile on the Medical Board's Web Site

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

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

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

Doctors of Podiatric Medicine

ALLEN, KIRK ROBERT, D.P.M. (E1923)
Monterey, CA

Stipulated Decision. Felony conviction for possession of a controlled substance. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and/or controlled substances and submitting to biological fluid testing. November 24, 2008

LAWRENCE, ERIC U., D.P.M. (E4288)
Northridge, CA

Stipulated Decision. Convicted of making false statements regarding a healthcare matter and committed dishonest acts by billing Medi-Cal using another podiatrist's provider number, billing Medi-Cal for services not covered by Medi-Cal, and failing to disclose he was not an approved Medi-Cal provider. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice and/or billing monitor, completing an ethics course, and providing free community service. November 19, 2008

TILLEY, GREGORY ERNEST (E2817)
Fullerton, CA

Convicted twice of driving under the influence of alcohol and has a condition affecting his ability to practice podiatric medicine safely. Revoked. November 14, 2008

Physician Assistants

AGUILAR, HECTOR MANUEL, P.A. (PA20147)
Fresno, CA

Stipulated Decision. Failed to disclose on his application for licensure a 2003 conviction. Probationary license issued, placed on 3 years probation with terms and conditions. January 5, 2009

BALLESTEROS, KYLA, P.A. (PA20150)
Tucson, AZ

Stipulated Decision. Failed to disclose on her application for licensure a 2008 Arizona conviction of driving while intoxicated. Probationary license issued, placed on 5 years probation with terms and conditions. January 5, 2009

JOHNSON, KENJI LAMONT, P.A. (PA16862)
Pasadena, CA

Stipulated Decision. Felony conviction of possessing a forged driver's license and carrying a concealed weapon. Revoked, stayed, placed on 5 years probation with terms and conditions. December 4, 2008

KALEJS, MOLLY, P.A. (PA20151)
San Diego, CA

Stipulated Decision. Convicted of operating a motor vehicle under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions. January 5, 2009

TURNIPSEED, STEVEN DUVALL, P.A. (PA11867)
Tarzana, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of a patient. Revoked, stayed, placed on 2 years probation with terms and conditions. December 19, 2008

WALKER, CECIL CLEMENT (PA10186)
Carson, CA

Stipulated Decision. Has a condition affecting his ability to practice. Surrender of license. November 12, 2008

Medical Consultants Needed

Are you interested in being an integral part of the Medical Board of California by serving as a medical consultant? Do you have the ability to conduct effective interviews, exercise sound judgment in reviewing conflicting medical reports, prepare opinions, analyze problems, and take appropriate action? If you can work 8 to 16 hours per week, we have positions throughout California. Positions are currently available in Southern California and Fresno.

Minimum Qualifications

1. Possession of a valid unrestricted license for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners; and
2. Possession of a valid medical or osteopathic specialty certificate issued by the American Board of Medical Specialties or the American Osteopathic Association; and
3. Five years of experience within the last seven years in the practice of medicine and surgery or in one of the specialties, excluding internship and postgraduate training.

For more information, please call (916) 263-2581.

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Medical Board of California
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See: www.mbc.ca.gov/Address_Record.htm



Medical Board of California Meetings—2009

May 7–8, 2009: San Francisco

July 23–24, 2009: Sacramento

October 29–30, 2009: San Diego

All meetings are open to the public.

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Speech Pathology	916.263.2666

MEDICAL BOARD OF CALIFORNIA NEWSLETTER—APRIL 2009

Candis Cohen, Editor 916.263.2389
Debbie Nelson, Assistant Editor 916.263.2480

The *Medical Board of California Newsletter* is available in the "Publications" section of the Board's Web site: www.mbc.ca.gov. For hard copies of this report, please fax your request to 916.263.2387 or mail to: Medical Board of California, 2005 Evergreen Street, Ste. 1200, Sacramento, CA 95815.