



## Medical Board of California promotes Telemedicine to Reduce Disparities in Diabetes through Telemedicine for Underserved Communities

by Barb Johnston, Executive Director, Medical Board of California



James Nuovo, M.D., speaks with a patient via Telemedicine equipment.

The Medical Board of California is partnering with the University of California, Davis, in a three-year program in response to AB 329 (Nakanishi), which authorized the Board to establish a pilot program to expand the practice of Telemedicine for patients with chronic illnesses. A component of the Board’s mission statement includes a commitment “to promote access to quality care” and accordingly, the two major goals of the Telemedicine pilot are to improve health outcomes and to evaluate cost effectiveness.

Although legislation did not specifically identify which chronic disease to target, this program will target Hispanic and African-American patients with Type II Diabetes, the two largest racial/ethnic groups of patients with diabetes seen in the University of California, Davis, Health System. The project will focus on three geographic areas: Primary care hospital-based clinics at the UC Davis Medical Center, the UC Davis Health System’s Primary Care Network, and rural Northern California primary care practices. Large areas of Northern California have been designated as medically underserved.

Compared to their urban counterparts, rural residents are more likely to be elderly, poor, and in fair or poor health, and have chronic conditions. Access to health professionals and healthcare resources are more limited and transportation needs are more

pronounced. Two other important issues in regard to this target population are a lack of insurance coverage, and a high incidence of clinical depression—both of which have been examined in previous studies at UC Davis.

The UC Davis team, headed by James Nuovo, M.D., intends to develop and distribute quarterly primary care provider registry and action reports of patients with diabetes that will allow them to expand their diabetes self-management training and support resources to include culturally competent, linguistically appropriate and patient-centered resources for Hispanic and African-American patients.

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**Medical Board’s Fiscal Year 2008–2009  
Annual Report inside**

### 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

I indicated in my first President's Report that I would be taking a close look at the effectiveness of the Medical Board's core licensing and enforcement functions. To that end, I have spent time with the Board's executive and licensing staffs at headquarters, and also have met with the Governor's Cabinet-level secretary, Fred Aguiar, to discuss the ongoing problems with the length of time it takes to process an application for licensure. This issue was discussed publicly and at length at our July Board meeting, with the entire Board agreeing it is a problem of growing concern and cannot and will not be ignored.

To those affected by the delays, first let me say: we hear you. We have spoken with all stakeholders—applicants, hospitals, medical schools, and organizations representing doctors, including the California Medical Association. We appreciate your frustration, your input and your suggestions, and we feel your pain. I want to assure you in the strongest manner possible that we are acutely aware of the problems delays cause, and we are doing all that we can to address this complicated issue. This is an issue that goes to our core mission, protection of the public—if there aren't physicians available to fill the needs of the people of California, then everyone's healthcare can be impacted.

We all know the realities—across-the-board state budget cuts, the ongoing state furlough program which is a costly 15 percent loss of productivity, a steadily increasing number of license applications, many that are not the simple, straightforward, easy-to-evaluate applications of years past, and this coupled without any corresponding increase in staff. These factors have contributed to a large increase in the backlog of licenses and a delay in processing time. It is taking five months to conduct an initial application



Barbara Yaroslavsky  
President of the Board

file review and in most cases, not all of the documents required for licensure have arrived or they are incomplete, and it can take several more months to obtain the correct documents. This timeframe is unacceptable and we are determined to decrease the initial application review time to fewer than 60 working days (or 90 calendar days) by next winter.

The Board and its executive management team have taken a number of steps to address these issues in an expedient manner:

- We have asked for an additional eight permanent staff members, and expect our request to be granted, but the process is cumbersome, and we do not anticipate being able to actually hire new staff until at least next January. In the meantime, we are hiring temporary staff to assist with the backlog.

- We are sending our chief of licensing and an application specialist to universities to meet with deans and students directly to help them better understand the process and collaborate with more efficient completion of applications.

- We have one new licensing initiative that we are very excited about—the Web Application Portal—which will provide applicants with an up-to-date, Web-accessed understanding of the status of their application and

required documents, including the identification of any outstanding records. We anticipate going live with this program in November.

- We have looked at our processes and policies and made some streamlining steps. In addition, we have employed a team of consultants with extensive experience evaluating state agencies' operations who will recommend improvements. The consultants will produce their report by November 23, and their findings will be discussed in the Board's January 2010 newsletter.

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## **Pandemic Influenza H1N1 vaccine is coming soon!**

**The California Department of Public Health (CDPH) and California's local health departments are calling all parties interested in providing this vaccine:**

- Clinics—public and private
- Community Health Centers
- Community vaccinators
- Employee health programs
- Health plans
- Hospitals
- Pharmacies, chain and independent
- Physicians
- Other vaccinators

**Sign-up now at [www.CalPanFlu.org](http://www.CalPanFlu.org)**

### **1. Register for vaccine**

Sign up online to become eligible to receive H1N1 vaccine as it becomes available. An H1N1 customer call center is available to help answer your questions at **1-888-865-0564**.

### **2. Order vaccine**

Vaccine and basic supplies will be delivered at **no cost** to providers. Private providers may bill public and private insurers for vaccine administration fees.

- **WHEN:** Timing and amount of vaccine deliveries will depend on available supply. First deliveries are expected by mid-October.
- **WHO:** Initial orders will go to vaccinators serving at-risk population groups. Other requests will be filled in turn, as supply permits.

### **3. Receive vaccine information and updates**

Vaccine availability, storage and handling, training resources

### **4. Report your H1N1 vaccine usage**

Instructions are available to complete a simple weekly report on H1N1 vaccine at your medical practice

The CDPH encourages all providers to administer H1N1 vaccine for their patients. CDPH has contracted with an additional distributor for small medical offices who may need to order fewer than 100 doses per vaccine type. For providers who are not administering the H1N1 vaccine, we recommend that you contact your local health department or check [www.CalPanFlu.org](http://www.CalPanFlu.org) for additional information for local referral sites.

Thank you for your interest in protecting California from pandemic influenza.

# Touch and the Practice of Medicine

by R. Christopher Searles, M.D., FFAFP, Director, UC, San Diego Physician Assessment and Clinical Education (PACE) Physician Boundaries Program, and Assistant Clinical Professor, UCSD School of Medicine—Departments of Family and Preventive Medicine, and Psychiatry

The use of touch in the clinical environment is as old as the practice of medicine itself. From Hippocrates to Sir William Osler, the “laying on of hands” has been an important tool as we discern and diagnose the ailments our patients present to us. In medical education, time is spent teaching procedural touch to facilitate the diagnostic or therapeutic process, but we know intuitively that the power of touch between two people can present special challenges when combined with the necessary touch required by physicians in their provision of care across specialties.

Touch is a form of communication between two people, just as the spoken word serves this purpose. A pat on the back may mean “Good job!” or a gentle hand on a shoulder may say, “I’m so sorry for your loss.” There are several kinds of touch that may occur between a doctor and patient in the exam room. Procedural touch is the way physicians often go about the business of doctoring. From auscultation of the heart and lungs to more “intimate” physical exams... most medical specialties use procedural touch within their scope of practice. This differs from the social touch we use in our daily lives as an adjunct to verbal communication. We use social touch to communicate consolation, congratulations, reassurance, or as conversational markers to get our point across. Because social touch is part of the human experience, we should expect that physicians will bring this form of communication to the exam room, yet social touch is rarely if ever a focus of medical education. There is an understandable expectation that trainees should know how to use social touch. While many do, blending procedural and social touch at the point of care can pose special risks that can range from simple misunderstanding to inappropriate or even harmful touch. Learning to effectively use procedural and social touch together is important in limiting risk and, when done well, can enhance the power of the clinical moment.

Seeing the clinical moment from the perspective of the patient can be helpful in navigating touch in the exam room. While the physician may perform a similar physical exam on many patients each week and is aware

of the procedural touch required to complete the exam, for patients this may be the first time they have been examined in this way. Patients often do not know how much touch is needed, what kind, for how long, on what parts of the body, etc. Often, a brief explanation of why a particular exam is clinically important, especially when examining sensitive areas of the body, can make patients more at ease. Without explanation, patients are left to interpret whether any procedural touch is adequate or appropriate. When social touch is added to the equation, patients can be even more confused. While a physician can be fully aware of where procedural touch leaves off and social touch begins, patients may misinterpret the combination of the two types of touch, or the blending may in fact lead to inappropriate touch. The wrong touch at the wrong time, even if unintentional, can leave the patient feeling vulnerable, and is often very upsetting.

## A Few Rules of the Road

Use social touch cautiously. While touch is part of the human experience, patients can feel particularly vulnerable in the exam room and can easily misinterpret your best intentions.

Separate your social and procedural touch in the visit. While it may be appropriate to reassuringly touch the upper arm before an exam, doing so during the exam may lead to some confusion or make the patient uncomfortable. Apply the procedural touch needed to complete your exam, and save the social touch for a more appropriate time.

Before procedural touch, explain what you will be doing and remember that silence is not consent. While you may have done this exam five times that day, your patient may not know what lies ahead. Let them know, and be certain they understand before beginning.

During procedural touch, continue to augment with a verbal explanation of what you are doing and why, especially if your exam involves sensitive areas of the body. By sharing your knowledge you can increase a patient’s comfort level and enhance their trust in your expertise.

## Legislator profile

# Senator Mark Wyland



Senator Mark Wyland (R-Escondido) was elected to the California State Senate in November 2006, after serving in the State Assembly since 2000. He represents the 38th Senatorial District, which encompasses north San Diego County and south Orange County.

Senator Wyland is vice chair of the Senate Business, Professions and Economic Development Committee and the Senate Labor and Industrial Relations Committee. He also serves on the Appropriations, Education, Governmental Organization, and Veterans Affairs Committee. He has served on the Education Committee since he came to Sacramento in 2000.

The Business, Professions and Economic Development 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. As vice chair of this Committee, the Senator is driven by serious issues like budget reform, civic education, and public safety. His work includes authoring health-related legislation to improve accountability for healthcare professionals.

Senator Wyland earned a bachelor's degree in international relations from Pomona College, where he is a trustee. After college, he was a Fulbright Scholar and later, an international fellow at Columbia University, where he earned a master's degree in political science and received the Einstein Award for his thesis. After working for the City of New York, he returned to Escondido and became a co-owner of his family's lumber and building materials company.

## Telemedicine *(continued from cover)*

They also will be conducting an annual Mini Medical School Program for community organizations and members interested in supporting individuals striving to manage their diabetes in everyday life. Further, they will develop and provide educational programs and academic detailing for providers and clinic staff on strategies to reduce healthcare disparities, including cross-cultural education and patient-provider communication skills.

In addition, Dr. Nuovo and his colleagues will test the effectiveness of providing patient self-management and provider education via interactive Telemedicine to at least four to six primary care practices in Northern California as a precursor to designing a larger outreach program. The Telemedicine project team expects to see an expansion of infrastructure resources available to patients and providers that will improve the quality of care and outcomes of Hispanic and African-American patients with diabetes.

In the long term, the program will be considered successful if Hispanic and African-American patients'

clinical outcomes reach equity with other patient groups, and those who have participated in program activities stay healthy longer and with fewer complications, or conditions associated with more advanced diabetes. The Board is hopeful that the long-term strategy for delivering continuing education on chronic disease management for rural patients via Telemedicine will be able to be replicated nationally as a best practice model.

Overall, this pilot program aims to reduce healthcare disparities in underserved communities and intends to improve access to diabetes care management resources for patients and primary care providers in rural, underserved communities in Northern California.

Please visit the Board's Web site at [www.mbc.ca.gov/licensee/telemedicine.html](http://www.mbc.ca.gov/licensee/telemedicine.html) for additional information on practicing medicine through Telemedicine technology in California. Questions on this project may be directed to Abbie French, Telemedicine Manager for the Medical Board, at [afrench@mbc.ca.gov](mailto:afrench@mbc.ca.gov).

# Utilization of the Guideline for Alzheimer's Disease Management

by Amy Landers, M.S.W., Manager of Professional Training, Adult Day Services, and Support Groups; and Carol Hahn, M.S.N., R.N., O.N.C., Director of Professional Training, Alzheimer's Association, California Southland Chapter

The Guideline for Alzheimer's Disease Management was updated last year and is available from the Alzheimer's Association through [www.alz.org/californiasouthland](http://www.alz.org/californiasouthland), or 323-930-6289, or from the California Department of Public Health, Alzheimer's Disease Program, at [www.cdph.ca.gov/programs/alzheimers](http://www.cdph.ca.gov/programs/alzheimers). The guideline was developed by the California Workgroup on Alzheimer's Disease Management, a statewide collaboration of healthcare providers, care managers, elder law attorneys, and representatives from managed care organizations, physician provider groups, the Alzheimer's Association, and the Caregiver Resource Centers.

With the anticipated doubling of the Alzheimer's disease rate over the next 20 years, primary care providers will continue to face increasing challenges in managing post-diagnostic care for their aging patients. The purpose of the guideline is to support the primary care provider, along with a multidisciplinary care team, in making informed decisions regarding post-diagnostic care. This includes ongoing and regular assessment of functional and cognitive status; treatment plans that utilize non-pharmacologic approaches alongside medications; the integration of medical treatment with education and support for the patient and family caregiver; and addressing the legal considerations of capacity, advanced planning, driving and elder abuse. Because the care of persons with Alzheimer's disease requires a team of professionals, the guideline is of interest to the spectrum of healthcare providers including: pharmacists, social workers, care managers, Alzheimer's Association staff, day care providers, and hospice workers.

## Dissemination of the Guideline

In the year since publishing the revised guideline, focus has been on dissemination activities to inform primary care physicians and the entire care team about these new, post-diagnostic recommendations. Presentations have been made to over 1,500 professionals at conferences and meetings across the country. The guideline has been presented to the California Pharmacists Association,

the American Public Health Association, the National Gerontological Nurses Association, and most recently at the 2009 Pri-Med Updates in Los Angeles and Sacramento.

The guideline has also been disseminated through print and electronic publications. It has been featured in the Southern California Physician magazine, the California Association of Physician Groups' Health newsletter, and International Psychogeriatrics. Of special interest, an article which included the actual guideline appeared in the January 2009 edition of the Medical Board of California newsletter with one CME hour offered by SCAN Health Plan.

Electronic downloads of the guideline have also been an effective means of dissemination. In addition to downloads from the Alzheimer's Association sites, many professional organizations have also elected to put a link to the guideline on their own Web site as a resource to their members. Additionally, the guideline is listed on the National Guideline Clearinghouse at [www.guidelines.gov](http://www.guidelines.gov).

## Implementing the Guideline

Since the first Guideline for Alzheimer's Disease Management was released in 1998 and then revised in 2002 and again in 2008, there have been three implementation projects with large healthcare systems. Each of these projects used the evidence-based clinical practice guidelines to:

1. set quality benchmarks,
2. train providers to deliver guideline recommended care,
3. put into place dementia care management and other processes to support quality care, and
4. use the benchmarks to evaluate whether a better system of care has been implemented.

In each project, management from the healthcare system reviewed the evidence-based recommendations and selected benchmarks to demonstrate quality care was being delivered. Examples of established benchmarks include documentation of cognitive assessments, use of

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# Guideline for Alzheimer's Disease Management *(continued from page 6)*

non-pharmacological treatment prior to pharmacological treatment, and referral to community-based organizations such as the Alzheimer's Association.

With the benchmarks in place, educational sessions were held to train primary care providers, and in some cases social work or nurse care managers, on the selected practice guidelines. Along with these educational sessions, provider tool kits were distributed to all physicians and care managers within the healthcare system. The tool kits contained assessment tools, information about the Alzheimer's Association, and information on legal requirements in regards to driving and elder abuse.

A dementia care manager position was developed in each project that was responsible for coordinating the care for patients within the healthcare system and connecting them to community agencies for additional support. The dementia care managers were also used by physicians to assist with psychosocial assessments of both the patient and their care partner and the development

of a care plan. This information was then included in the patient's chart for use by the entire healthcare team.

To date, two of these projects have been evaluated and the third is currently in the evaluation process. The evaluations from the first two implementation projects have demonstrated an increase in the use of the evidence-based clinical practice recommendations. The dementia care manager role was found to be an important support to the physicians as well as to the patient and family caregivers in providing quality care.

## Future Implementation Projects

The Alzheimer's Association is interested in further implementation projects to help establish a standard of care for persons with Alzheimer's disease or a related dementia that addresses the complex medical, behavioral, and psychosocial needs of patients and their care partners. Healthcare systems interested in proposing an implementation project based on the guideline should contact Carol.Hahn@alz.org or 323-930-6253.

## Moving out of state? Remember to update your address with the Franchise Tax Board

The Franchise Tax Board (FTB) shares this reminder to California physicians on the importance of keeping your address current with FTB when you move out of state. California physicians who move out of state must provide the FTB with an updated address where they can be contacted if the FTB has questions regarding a filing. Also, if you do not advise them that you are no longer practicing in California, they may assume you are and send you a California tax bill.

The FTB receives and updates address information from licensing boards. However, it is always good practice to keep your address updated with the Medical Board and FTB or any State of California agency that may need to contact you. Merely filling out a forwarding mail order

when you move out of state is not enough. It is your responsibility to keep your address current with the FTB.

To avoid these and any other potential tax issues after moving out of state, you should notify the FTB of your new address by submitting a Change of Address form (FTB 3533) directly to them. (Note: Post office address change cards are not accepted for this purpose.) You may download the Change of Address form at [www.ftb.ca.gov/forms/2008/08\\_3533.pdf](http://www.ftb.ca.gov/forms/2008/08_3533.pdf), and mail the completed form to:

Franchise Tax Board  
P.O. Box 942840  
Sacramento, CA 94240-0002

You also may order the form by calling 1-800-338-0505.

# How to help patients with nicotine addiction

by Gary Tedeschi, Ph.D., Clinical Director, California Smokers' Helpline, UCSD Moores Cancer Center

Despite reductions in smoking in recent decades, tobacco use remains the leading cause of premature death among Americans. Not surprising, many patients seen by healthcare providers are tobacco users suffering from tobacco-related illness. This fact presents both a challenge and an opportunity. The challenge is to provide adequate treatment for the presenting concerns of so many tobacco-using patients. The opportunity is to help them make healthy choices to prevent such illnesses in the future.

Recognizing the tremendous value of this opportunity, the California Smokers' Helpline recommends that healthcare providers follow the Ask, Advise, Refer intervention at every patient visit:

- Ask all patients if they use tobacco
- Advise those who do to quit
- Refer them to cessation resources such as the California Smokers' Helpline (1-800-NO-BUTTS)

Providers who consistently follow these steps can have a dramatic impact on the prevalence of tobacco use among their patients.

The Helpline has been scientifically proven by UCSD researchers to double a smoker's chance of quitting

successfully. Together, the provider and the Helpline ensure that patients have the best possible chance of success.

To make referral easy, providers can simply hand their patients a gold Take Charge card. These durable plastic cards look like credit cards and list the Helpline's toll-free number on the front, and a brief description of services on the back. Providers can order the gold Take Charge cards and other patient materials free of charge at [www.nobutts.org](http://www.nobutts.org).

Every patient interaction is a teachable moment in which patients may realize the connection between quitting and improved health, and all healthcare providers—not just physicians—can help them reach this point.

The California Smokers' Helpline (1-800-NO-BUTTS) is a free, evidence-based telephone counseling service available to California residents wanting to quit tobacco. Services are available in six different languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese) and specialized services also are available for teens, pregnant women, and tobacco chewers. The Helpline is funded by the California Department of Public Health and First 5 California. To order free patient materials, visit [www.nobutts.org](http://www.nobutts.org). (*see advertisement on page 9*)

## Join the Medical Board of California in going green

As part of our ongoing efforts to preserve natural resources, the Medical Board offers its quarterly newsletter online at [www.mbc.ca.gov](http://www.mbc.ca.gov). Just click on "Join the MBC Subscribers' List" under "Quick Links" in the left margin of our home page, fill in the appropriate fields, and you will be alerted when each newsletter issue is available online.

If you choose to read or download the Board's newsletter online, please send an email to [janet.neves@mbc.ca.gov](mailto:janet.neves@mbc.ca.gov) with the subject line: **REMOVE FROM NEWSLETTER MAILING**, and your name will be removed from the hard copy mailing list. Each quarter, you will receive a subscriber's list alert via email that will include a direct link to our most current newsletter.

Thank you for joining the MBC in going green!



**Nicotine addiction  
is a disease.**

**And you can treat it.**

**ASK** all your patients about smoking.

**ADVISE** them to quit.

**REFER** them to **1-800-NO-BUTTS**  
for **FREE** telephone counseling.

This material was made possible by funds received  
from the California Department of Public Health,  
under contract #05-45834.

# Hey Doc—I've been bitten by a tick. What do I do now?

Anne Kjemtrup, D.V.M., M.P.V.M., Ph.D., California Department of Public Health

Few insect stings or arthropod bites elicit as visceral a response as tick bites. Late fall in California may herald an increase in tick-bite calls or visits by patients because this is when human-biting ticks in California are most active. These include adult western black-legged ticks (*Ixodes pacificus*), Pacific Coast ticks (*Dermacentor occidentalis*), and American dog ticks (*D. variabilis*). Prompt and correct removal of an embedded tick is important to decrease the possibility of tick-transmitted diseases such as Lyme disease (transmitted by the western black-legged tick) or Rocky Mountain spotted fever (transmitted by *Dermacentor* spp. ticks), and to avoid excessive hypersensitivity or foreign body reactions<sup>1</sup>.

Removing a tick is usually a straightforward procedure that can be taught to patients, particularly if a patient is bitten frequently or cannot readily make an office visit. Medical intervention may be necessary if the tick is embedded in a sensitive or difficult-to-reach area, or if the patient lacks the necessary tools or self-confidence to remove the tick without assistance. Prompt removal is critical to decrease the possibility of disease transmission. Both *Rickettsia rickettsii*, the agent of Rocky-Mountain spotted fever, and *Borrelia burgdorferi*, the agent of Lyme disease, are transmitted by the tick 24 or more hours after attachment<sup>2-4</sup>.

Manual removal of ticks is the best approach and simply requires a pair of blunt medium-tipped forceps<sup>5,6</sup>; curved forceps are particularly helpful. Use gloves to protect from exposure to the tick's fluids if the tick is accidentally punctured. If possible, cleanse the area around the tick with soap and water or antiseptic solution. Using forceps, grasp the tick's mouthparts as close to the skin as possible. Using gentle, continuous traction, pull the tick slowly upwards, perpendicularly away from the skin. Do not twist or jerk the tick while pulling. Occasionally during the removal process, the body of the tick may become separated from the head, leaving the tick's mouthparts embedded in the skin. These should be removed because they can cause local irritating inflammatory reactions<sup>7</sup>. The embedded mouthparts can be removed as one would a splinter<sup>6</sup> or with a small skin punch biopsy<sup>5</sup>.

Once removed, cleanse the bite wound with soap and water. At the medical office, the tick should be disposed of in hazardous waste or, at home, the tick can be disposed of in the trash or flushed in the toilet. If desired, it may be saved for identification by placing it in alcohol. The California Department of Public Health (CDPH) does not recommend testing a tick for the purpose of medical decision-making ([www.cdph.ca.gov/HealthInfo/discond/Documents/TickTestQandA.pdf](http://www.cdph.ca.gov/HealthInfo/discond/Documents/TickTestQandA.pdf)). The patient should be instructed to monitor for signs of tick-borne disease such as fever, rash, and flu-like symptoms up to 30 days after the tick bite and to seek medical care in such cases. The administration of a single 200 mg dose of doxycycline to prevent Lyme disease after the bite of black-legged ticks has been suggested in highly Lyme-endemic areas in the eastern United States<sup>8</sup>. The prophylactic value of this approach has not been studied following the bites of western black-legged ticks in California where Lyme disease epidemiology differs from the eastern United States ([www.cdph.ca.gov/HealthInfo/discond/Documents/TBDPhysicianTutorial.pdf](http://www.cdph.ca.gov/HealthInfo/discond/Documents/TBDPhysicianTutorial.pdf)).

Some commercial tick-removal devices have been shown to be effective at facilitating the removal of ticks<sup>9-11</sup>. These devices principally have beveled slits that are designed to grasp the tick at the mouthparts close to the skin attachment site. Like the forceps procedure, the tick is then slowly and continuously pulled upwards, away from the skin, to remove it. These tools may be useful for patients often exposed to ticks or who find grasping forceps difficult.

Passive tick removal techniques such as: 1) coating the tick's body with nail polish, petroleum jelly, alcohol, or gasoline, 2) lighting the tick with a match, 3) swabbing the tick with liquid soap, or 4) injecting lidocaine at the tick attachment site, are popular lore. These techniques are based on the premise that these noxious stimuli may stop the tick's respiration and will make the tick "back out." These methods are ineffective at best<sup>12,13</sup>, dangerous at worse, and should not be used.

Patients should be reminded about the importance of tick-bite avoidance and of prompt tick removal to avoid

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## Tick bites *(continued from page 10)*

disease transmission from an infected tick. If individuals frequent areas where ticks are found, remind them to:

- Apply a repellent containing DEET on exposed skin.
- Use a spray with permethrin on their clothes to kill ticks.
- Wear light-colored long sleeves and long pants.
- Tuck pants into socks or boots and tuck in shirt.
- Check themselves and their pets for ticks for several days after being in an area where ticks are found.

More information on tick-borne diseases in California can be found at [www.cdph.ca.gov/HealthInfo/discond/Pages/TickBorneDiseases.aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/TickBorneDiseases.aspx).



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

**January 9-10, 2010**  
**Downtown San Francisco, CA**

**Jointly sponsored by:** Medical Education Resource and CMM Global

12 Category 1 credits (fulfills AB 487 requirements)

### Cost:

\$125 early bird course registration

\$350 course registration (space available basis)

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# 2008-2009 ANNUAL REPORT

## Medical Board of California

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### Executive Summary

Fiscal year 2008-2009 marked another year of innovation and progress at the Medical Board on behalf of California patients.

The Board is very pleased to have re-established its Operation Safe Medicine (OSM), a group of specially trained investigators whose mission is to find unlicensed practitioners and refer them for criminal prosecution. OSM was originally established in 2000, but was forced to close in fiscal year 2002-2003 due to budget shortfalls. Located in Southern California, OSM consists of four investigators. These investigators proactively address the ongoing problems with unlicensed activity and the corporate practice of medicine, including unauthorized individuals using lasers for cosmetic procedures. After two years, the Board will have the work of OSM independently evaluated and, if justified, will seek to have the program expanded and continued on an ongoing basis.

AB 329 (Nakanishi) authorized the Medical Board to establish a pilot

program, recently launched, to expand the practice of telemedicine for patients with chronic illnesses. The major goals of this program are to improve health outcomes and evaluate the cost effectiveness of this telemedicine project (and its implications for other such programs). As the Board has for many years supported telemedicine, it is very excited about the potential of this practice modality to provide access to care in remote areas of the state. Although the legislation did not specifically identify which chronic disease to target, this program will target Hispanic and African-American patients with Type II Diabetes, the two largest racial/ethnic groups of patients with diabetes seen in the University of California, Davis, Health System. The project will focus on three geographic areas: Primary care, hospital-based clinics at the UC Davis Medical Center; the UC Davis Health System's Primary Care Network; and rural, Northern California primary care practices.

Recently the Board voted unanimously for a proposed regulation to require physicians to provide notice to their patients that they are licensed by the Medical Board of California, along with the Board's contact information. In this information era, the Board deemed this idea one whose time had come. Its purpose is to educate consumers at the point of service about whom to contact should they have a complaint or if they want information about physicians. The proposal provides three options for compliance: a sign, conspicuously posted, in physicians' offices; written disclosure, signed and dated by the patient and retained in the patient's file; or inclusion of the information on letterhead, discharge instructions, or other document given to the patient. As this Annual Report goes to print, the proposed regulation is making its way through the regulatory process, which involves scrutiny and approval by various control agencies.

### Current Physician and Surgeon Licenses by County

Alameda	4,449	Inyo	45	Monterey	885	San Luis Obispo	806	Trinity	12
Alpine	1	Kern	1,110	Napa	488	San Mateo	2,749	Tulare	476
Amador	70	Kings	136	Nevada	258	Santa Barbara	1,199	Tuolumne	130
Butte	474	Lake	80	Orange	9,250	Santa Clara	6,946	Ventura	1,675
Calaveras	51	Lassen	39	Placer	1,032	Santa Cruz	710	Yolo	572
Colusa	10	Los Angeles	27,556	Plumas	36	Shasta	451	Yuba	49
Contra Costa	3,020	Madera	177	Riverside	2,818	Sierra	0	California Total	99,900
Del Norte	44	Marin	1,534	Sacramento	4,248	Siskiyou	88		
El Dorado	302	Mariposa	16	San Benito	40	Solano	843	Out-of-State Total	27,536
Fresno	1,828	Mendocino	219	San Bernardino	3,524	Sonoma	1,360		
Glenn	13	Merced	226	San Diego	9,428	Stanislaus	900	Total Current Licenses	127,436
Humboldt	286	Modoc	6	San Francisco	5,761	Sutter	202		
Imperial	131	Mono	36	San Joaquin	1,054	Tehama	51		

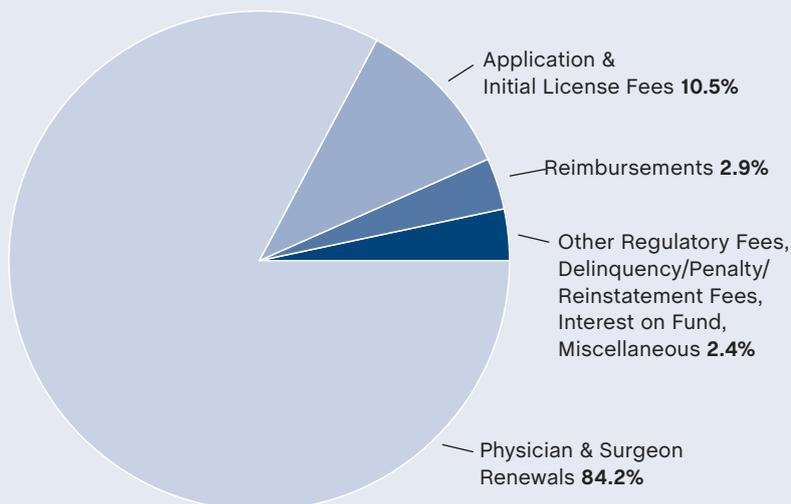
### The mission of the Medical Board of California

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.

# Medical Board of California 2008–2009 Fiscal Year

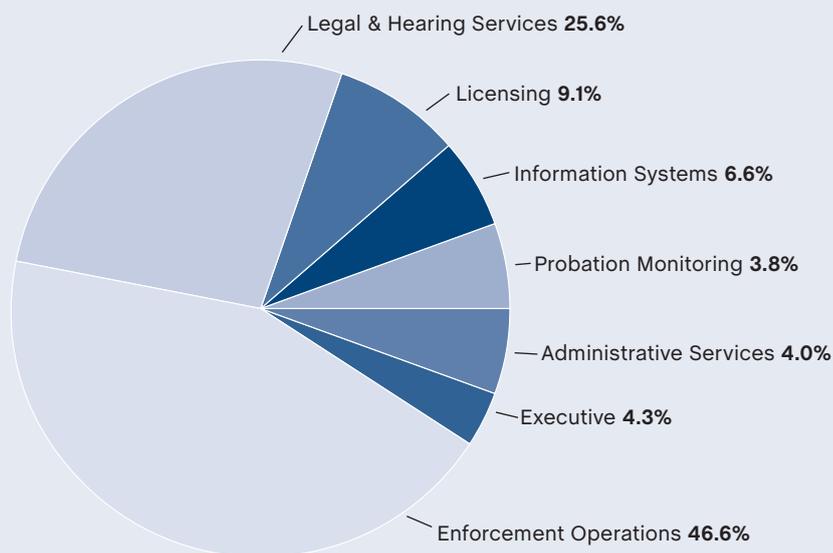
## Revenues & Reimbursements

Physician & Surgeon Renewals	\$44,479,000
Application & Initial License Fees	5,551,000
Reimbursements	1,545,000
Other Regulatory Fees, Delinquency/ Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	1,283,000
<b>Total Receipts</b>	<b>\$52,858,000</b>



## Budget Distribution

Enforcement Operations	\$23,662,000
Legal & Hearing Services	12,997,000
Licensing	4,599,000
Information Systems	3,370,000
Probation Monitoring	1,914,000
Administrative Services	2,048,000
Executive	2,158,000
<b>Total</b>	<b>\$50,748,000</b>



## Licensing Program

The Licensing Program continues to promote public protection for healthcare consumers by ensuring all applicants' educational credentials and training meet statutory and regulatory requirements prior to issuing physicians and surgeons' and allied healthcare professionals' licenses. The Licensing Program also issues fictitious name permits, and licenses non-nurse midwives, research psychoanalysts; spectacle and contact lens dispensers; and registered dispensing optician businesses.

During the last fiscal year, the Licensing Program received 6,169 new physicians' and surgeons' applications and issued 4,688 licenses. The licensing activity tables on the following page illustrate the volume of workload processed by Licensing Program staff.

The Licensing Program accomplished the following key activities during the past fiscal year:

1. implemented a new, Web-based call center;
2. created electronically generated deficiency letters;
3. created system-generated management reports;
4. developed a comprehensive policies and procedures manual for processing licensing applications;
5. amended regulatory language for Continuing Medical Education in the California Code of Regulations (CCR) section 1338, and international medical schools in CCR section 1314.1;
6. gained statutory authority to issue Public Letters of Reprimand; and
7. granted recognition to three international medical educational programs.

*(continued on page v)*

## Licensing Program Activity

	FY 07-08	FY 08-09
<b>Physician Applications Received</b>	6,192	6,169
<b>Physician Licenses Issued</b>		
FLEX/USMLE <sup>1</sup>	4,055	4,025
NBME <sup>1</sup>	285	275
Reciprocity with other states	447	388
Total new licenses issued	4,787	4,688
Renewal licenses issued—with fee	55,571	55,687
Renewal licenses—fee exempt <sup>2</sup>	5,174	5,088
Total licenses renewed	60,745	60,775
<b>Physician Licenses in Effect</b>		
California address	97,878	99,900
Out-of-state address	27,734	27,536
Total	125,612	127,436
<b>Fictitious Name Permits</b>		
Issued	1,560	1,299 <sup>3</sup>
Renewed	4,588	4,486
Total number of permits in effect	11,846	12,312

### Special Faculty Permits

	FY 07-08	FY 08-09
Permits issued	5	3
Permits renewed	0	5
Total active permits	9	12

### Licensing Application Activity

License issued with Public Letter of Reprimand	n/a	6 <sup>4</sup>
Probationary license granted	6	10
License denied (no hearing requested)	1	4
Statement of Issues to deny license filed	11	9
Statement of Issues granted (license denied)	4	0
Statement of Issues denied (license granted)	1	3
Statement of Issues withdrawn	1	5

<sup>1</sup>FLEX: Federation Licensing Exam  
 USMLE: United States Medical Licensing Exam  
 NBME: National Board Medical Exam

<sup>2</sup>Includes physicians with disabled, retired, military, or voluntary service license status.

<sup>3</sup>Includes 31 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

<sup>4</sup>Pursuant to B&P Code §2221.05 effective 01/01/09.

## Verification & Reporting Activity Summary

	FY 07-08	FY 08-09
<b>License Status Verifications</b>		
Telephone verifications	44,232	27,900
Non-verification/other telephone calls	22,020	53,123 <sup>1</sup>
Authorized LVS Internet users <sup>2</sup>	640	641
Online LVS access verifications	1,821,242	2,296,316
Web license look-up	7,288,269	6,673,801
Certification Letters and Letters of Good Standing	7,353	12,205
<b>Report Verifications</b>		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	447	536
<b>Reports to Medical Board</b>		
Adverse Actions reported to the NPDB <sup>3</sup>	459 <sup>4</sup>	439 <sup>5</sup>
B&P Code §805 reports of health facility discipline received	140 <sup>6</sup>	125 <sup>7</sup>

## Allied Health Care Professions: 2008–2009 Licenses

	Issued	Current
Licensed Midwife	23	199
Dispensing Optician	43	1,165
Contact Lens Dispenser	114	827
Non-Resident Contact Lens Seller	4	11
Spectacle Lens Dispenser	195	2,045
Research Psychoanalyst	6	86
Accreditation Agencies for Outpatient Settings	0	4
Podiatrist	47	2,055 <sup>8</sup>

<sup>1</sup>This does not include the 15,699 listed under Consumer Inquiries on page vi

<sup>2</sup>LVS: Licensing Verification System

<sup>3</sup>NPDB: National Practitioner Data Bank

<sup>4</sup>Includes 426 MDs, 7 podiatrists, 23 physician assistants, and 3 statements of issues-license denied

<sup>5</sup>Includes 406 MDs, 7 podiatrists, 26 physician assistants

<sup>6</sup>Includes 138 MDs and 2 podiatrists

<sup>7</sup>Includes 122 MDs and 3 podiatrists

<sup>8</sup>Includes fee-exempt licenses

# 2008 Licensed Midwife Annual Report Summary<sup>1</sup>

	2007	2008
Clients served as primary caregiver at the onset of care	2,277	2,691
Clients served with collaborative care available through or given by a licensed physician and surgeon	704	953
Clients served under the supervision of a licensed physician and surgeon	159	237
Planned out-of-hospital births at the onset of labor	1,687	2,207
Planned out-of-hospital births completed in an out-of-hospital setting:	1,438	1,823
Twin Births	15	16
Multiple Births (other than Twin Births)	0	0
Breech Births	14	18
VBAC (vaginal births after the performance of a cesarean section)	92	99
Complications resulting in the mortality of the mother	0	5
Complications resulting in the mortality of the infant	6	9
<b>Antepartum</b>		
Primary care transferred to another healthcare practitioner (elective)	301	239
Urgent or emergency transport of expectant mother	44	56
<b>Intrapartum:</b>		
Elective hospital transfer	226	306
Urgent or emergency transfer of an infant or mother	23	30
<b>Postpartum</b>		
Elective hospital transfer	30	50
Urgent or emergency transfer of an infant or mother	17	28

<sup>1</sup> Updated March 2009 per Midwifery Advisory Council. Conclusions should not be drawn from this summary as data does not specify whether the death is fetal, intrapartum or neonatal; whether the affected perinate had congenital anomalies incompatible with life; or whether the perinate was born in or out of a hospital. Births attended by the licensed midwife as the primary caregiver.

## Enforcement Program

The Enforcement Program continues to collaborate with the Health Quality Enforcement Section of the Attorney General's Office in the investigation and prosecution of physicians pursuant to the implementation of the Vertical Enforcement model enacted via Senate Bill 231 (Chapter 674, Figueroa, Statutes of 2005). This pilot program requires a deputy attorney general to work with an investigator from the time a complaint is referred for investigation until the case is resolved. This model, or team approach, has been in effect for three and a half years. The legislation that extended the pilot Vertical Enforcement model also required a report to the Legislature regarding its effectiveness, including any necessary recommendations or changes to the program. A report was prepared at the end of fiscal year 2008–2009 and submitted to the Legislature.

### The report included the following recommendations:

- Extending the Vertical Enforcement Pilot Program for at least two more years and completing another study of the program to determine its effectiveness
- Engaging an outside consultant to assist with team building and identifying each team member's respective roles

- Ensuring the implementation of the Vertical Enforcement Pilot Program is consistent statewide
- Limiting the Vertical Enforcement model to specific cases only
- Joint statewide training for both investigators and deputy attorneys general
- Implementing an information technology system interoperable with the current system used at the Attorney General's Office

During the next fiscal year, the Enforcement Program will focus on implementation of the recommendations from this report. It is the program's priority to introduce efficiencies that are designed to facilitate the reduction of the enforcement process timeframes.

Although the report revealed an increase in the time it takes for some steps of the enforcement process, it also showed that with the Vertical Enforcement Model, the time it takes to file an Accusation and then the time it takes to impose discipline has significantly decreased. The data reflected in this Annual Report indicates there was a 90-day decrease in the average number of days to achieve discipline after an Accusation has been filed. The Enforcement Program will continue to find methods to improve the time it takes to investigate and prosecute a physician.

## Malpractice Settlement Reports Received Per Business and Professions Code Section 801 by Specialty Practice

Specialty/Subspecialty	No. of Reports <sup>1</sup>	No. of Physicians <sup>2</sup>
Anesthesiology	27	4,781
Cardiology	13	2,720
Colon and Rectal Surgery	2	150
Dermatology	4	1,623
Emergency Medicine	44	3,333
Gastroenterology	8	1,320
General/Family Practice	74	7,720
General Surgery	49	3,968
Gynecology	24	4,743
Hematology	4	771
Internal Medicine	50	20,926
Neonatal/Perinatal Medicine	8	522
Neurological Surgery	16	541
Neurology	1	1,516
Obstetrics	55	4,743
Oncology	1	1,965
Ophthalmology	14	2,593
Orthopedic Surgery	48	2,981
Otolaryngology	7	1,373
Pain Medicine	3	480
Pathology	8	2,441
Pediatrics	22	8,974
Physical Medicine & Rehabilitation	1	841
Plastic Surgery	22	965
Psychiatry	7	5,055
Pulmonology	2	1,261
Radiology	45	4,475
Thoracic Surgery	7	664
Urology	11	1,220
Vascular Surgery	6	228

<sup>1</sup>The procedure was performed in the practice specialty/subspecialty; however, the physician may or may not have been certified in the specialty/subspecialty area.

<sup>2</sup>Certified in specialty

## Reports Per Business and Professions Code Section 805

Total Reports Received 122

### Peer Review Body Type

Healthcare Facility/Clinic	79
Hospital/Clinic	0
Surgical Center	0
Healthcare Service Plan	14
Professional Society	0
Medical Group/Employer	29

### Outcomes of Reports Received

Accusation Filed	1
Pending Disposition	88
Cases Closed	33

## Licensing Program (continued from page ii)

Unfortunately, with the budgetary reductions imposed on state agencies in the current economic climate, the Board has a large backlog of physicians' and surgeons' applications not reviewed within the 60 working days regulatory timeframe. As a result, staff created a detailed plan to eliminate the backlog, streamlined several processes, hired temporary staff, employed a team of consultants to evaluate licensing operations, provided a detailed and comprehensive implementation plan, and submitted a budget change proposal requesting 7.8 additional permanent positions.

# Enforcement Program Action Summary

## Physicians & Surgeons

	FY 07-08	FY 08-09
<b>Complaints/Investigations<sup>1</sup></b>		
Complaints received	6,839	6,437 <sup>2</sup>
Complaints closed by Complaint Unit	5,608	5,303 <sup>2</sup>
<b>Investigations</b>		
Cases opened	1,133	1,123
Cases closed	1,216	1,100
Cases referred to the Attorney General (AG)	443	450
Cases referred for criminal action	29	27
Number of probation violation reports referred to the AG	17	27
<b>Consumer Inquiries</b>		
Consumer inquiries		15,699
Jurisdictional inquiries		8,634

Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 07-08		FY 08-09	
	AVG	MED	AVG	MED
Complaint Unit processing	61	49	75 <sup>2</sup>	63 <sup>2</sup>
Investigation	324	272	349	309
AG processing to preparation of an Accusation	121	58	103	63
Other stages of the legal process (e.g., after charges filed)	471	324	381	311

### Enforcement Field Operations Caseload

	Statewide	Per Investigator
Active investigations	1,211	17
AG assigned cases <sup>3</sup>	508	7
Probation Unit Caseload		
Monitoring Cases <sup>4</sup>	434	33

<sup>1</sup> Some cases closed were opened in a prior fiscal year.

<sup>2</sup> Due to a policy change within the Central Complaint Unit, complaints deemed non-jurisdictional upon initial review were referred to the appropriate entity for action and are not included in the Enforcement Program's statistics. This resulted in fewer complaints received and closed. As these complaints require less time to process, the average and median days to process a complaint have increased.

<sup>3</sup> These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

<sup>4</sup> 109 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2009.

## Complaints Received by Type & Source

	Fraud	Health & Safety <sup>1</sup>	Non-Jurisdictional <sup>2</sup>	Competence/ Negligence <sup>3</sup>	Other Category	Personal Conduct <sup>4</sup>	Unprofessional Conduct <sup>5</sup>	Unlicensed/ Unregistered	Total
<b>Public</b>	136	77	833	2,117	0	42	746	74	4,025
<b>B&amp;P Code<sup>6</sup></b>	0	0	0	900	0	97	41	0	1,038
<b>Licensee/ Prof. Group<sup>7</sup></b>	14	10	44	32	0	62	99	11	272
<b>Govt. Agency<sup>8</sup></b>	44	21	13	105	66	224	443	28	944
<b>Misc./Anonymous</b>	11	15	21	24	0	15	39	33	158
<b>Totals</b>	205	123	911	3,178	66	440	1,368	146	6,437

<sup>1</sup> Health and Safety complaints, e.g., excessive prescribing, sale of dangerous drugs, etc.

<sup>2</sup> Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

<sup>3</sup> Competence/Negligence complaints are related to the quality of care provided by licensees.

<sup>4</sup> Personal Conduct complaints, e.g., licensee self-use of drugs/alcohol, conviction of a crime, etc.

<sup>5</sup> Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

<sup>6</sup> Reference is to B&P Code §§800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

<sup>7</sup> Licensee/Professional Group includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.

<sup>8</sup> Governmental Agency includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.

## Reports Received Based Upon Legal Requirements

	FY 07-08	FY 08-09
<b>Medical Malpractice</b>		
Insurers: B&P Code §801.01	597	605
Attorneys or Self-Reported or Employers B&P Code §801.01	150	204
Courts: B&P Code §803	6	2
<b>Total Malpractice Reports</b>	<b>753</b>	<b>811</b>
<b>Coroners' Reports</b>		
B&P Code §802.5	16	16
<b>Criminal Charges &amp; Convictions</b>		
B&P Code §§802.1 & 803.5	76	91
<b>Health Facility Discipline</b>		
Medical Cause or Reason: B&P Code §805	138	122
<b>Outpatient Surgery Settings Reports</b>		
Patient Death: B&P Code §2240(a)	7	6

# Enforcement Program Action Summary

	FY 07-08	FY 08-09		FY 07-08	FY 08-09
<b>Administrative Actions</b>			<b>Petition Activity</b>		
Accusation	240	238	Petition for Reinstatement of license filed	9	18
Petition to Revoke Probation	13	25	Petition for Reinstatement of license granted	2	5
Number of completed investigations referred to the AG awaiting the filing of an Accusation as of June 30, 2009	126	149	Petition for Reinstatement of license denied	13	5
Number of cases over 6 months old that resulted in the filing of an Accusation	198	160	Petition for Penalty Relief <sup>2</sup> granted	25	16
<b>Administrative Outcomes</b>			Petition for Penalty Relief <sup>2</sup> denied	15	5
Revocation	32	45	Petition to Compel Exam filed	6	11
Surrender (in lieu of Accusation or with Accusation pending)	70	35	Petition to Compel Exam granted	8	9
Suspension Only	0	0	Petition to Compel Exam denied	0	0
Probation with Suspension	14	13	<b>License Restrictions/Suspensions Imposed While Administrative Action is Pending</b>		
Probation	91	78	Interim Suspension Orders	15	16 <sup>3</sup>
Probationary License Issued	6	10	Temporary Restraining Orders	0	0
Public Reprimand	87	81	Other Suspension Orders	18	38 <sup>4</sup>
Other action (e.g., exam required, education course, etc.)	14	10	<b>License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 08-09</b>		
Accusation Withdrawn <sup>1</sup>	30	15		Orders Sought	Orders Granted
Accusation Dismissed	10	11	Criminal Charges/Conviction of a Crime	8	2
<b>Dispositions of Probation Filings</b>			Drug Prescribing Violations	3	7
Probation Revoked or License Surrendered	11	9	Fraud	1	4
Additional Suspension and Probation	1	1	Gross Negligence/Incompetence	2	11
Additional Suspension or Probation	8	2	Mental/Physical Illness	1	6
Other	0	1	Self-Abuse of Drugs or Alcohol	10	12
Petition Withdrawn/Dismissed	2	2	Sexual Misconduct	8	8
<b>Referral and Compliance Actions</b>			Unlicensed Activity	0	0
Citation and Administrative Fines Issued	248	185	Unprofessional Conduct	3	4
			<b>Total</b>	<b>36</b>	<b>54</b>

NOTE: Some orders granted were sought in prior fiscal year.

## Administrative Outcomes by Case Type in FY 08-09<sup>5</sup>

	Revocation	Surrender	Suspension Only	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	15	6	0	4	40	0	54	5	124
Inappropriate Prescribing	6	5	0	4	6	0	5	2	28
Unlicensed Activity	2	2	0	0	1	0	2	0	7
Sexual Misconduct	2	2	0	2	2	0	4	0	12
Mental Illness	5	1	0	0	5	0	0	0	11
Self-Use of Drugs or Alcohol	8	11	0	2	9	0	1	1	32
Fraud	4	3	0	1	4	0	6	1	19
Conviction of a Crime	2	4	0	0	1	0	0	0	7
Unprofessional Conduct	1	1	0	0	5	10	9	1	27
Miscellaneous Violations	0	0	0	0	5	0	0	0	5
<b>Totals by Discipline Type</b>	<b>45</b>	<b>35</b>	<b>0</b>	<b>13</b>	<b>78</b>	<b>10</b>	<b>81</b>	<b>10</b>	<b>272</b>

<sup>1</sup> Accusations withdrawn for the following reasons: physician passed a competency exam; physician met stipulated terms and conditions; physician was issued a citation/fine instead; physician died, etc.

<sup>2</sup> Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

<sup>3</sup> Pursuant to B&P Code §2220.05(c), ISOs were granted in the following priority categories: 3-gross negligence/incompetence resulting in death or serious bodily injury, 0-drug or alcohol abuse involving death or serious bodily injury, 2-excessive prescribing, 0-sexual misconduct with a patient, and 2-practicing under the influence of drugs or alcohol.

<sup>4</sup> Includes 2-Automatic Suspension Orders per B&P Code §2236, 13-license restrictions per Penal Code §23, 18-out-of-state suspension orders per B&P Code §2310, 3-stipulated agreements to suspend or restrict the practice of medicine, and 2-suspension orders issued by the chief of enforcement for violation of probation condition.

<sup>5</sup> Pursuant to B&P Code §2220.05(c), disciplinary actions were taken in the following priority categories: 69-gross negligence/incompetence resulting in serious bodily injury or death, 0-practicing under the influence resulting in serious bodily injury or death, 14-excessive prescribing, 6-sexual misconduct with a patient, and 2-practicing under the influence of drugs or alcohol.

# Enforcement Action Summary for Allied Health Care Professionals

	FY 07-08	FY 08-09
<b>Complaints/Investigations<sup>1</sup></b>		
Complaints Received	319	363
Complaints Closed by Complaint Unit	221	261
<b>Investigations</b>		
Cases Opened	145	179
Cases Closed	143	144
Cases referred to the Attorney General's Office (AG)	73	68
Cases referred for criminal action	7	8
Number of Probation Violation Reports referred to AG	2	3
<b>License Restrictions/Suspensions Imposed While Administrative Action is Pending</b>		
Interim Suspension Orders	1	5
Other Suspension Orders	1	3 <sup>2</sup>
<b>Administrative Actions</b>		
Accusation	21	19
Petition to Revoke Probation	0	1
Statement of Issues to deny application	6	4
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30, 2009	14	16
<b>Administrative Outcomes</b>		
Revocation	4	4
Surrender (in lieu of Accusation or with Accusation pending)	5	5
Probation with Suspension	2	2
Probation	9	17
Probationary License Issued	7	10
Public Reprimand	1	0
Other Action (e.g., exam required, education course, etc.)	0	1
Statement of Issues granted (license denied)	1	2
Statement of Issues denied (license granted)	2	1
Accusation/Statement of Issues withdrawn	3	0
Accusation Dismissed	0	0
<b>Dispositions of Probation Filings</b>		
Additional Probation or Suspension	1	1
Probation Revoked or License Surrendered	3	0
Petition Withdrawn or Dismissed	1	0
<b>Referral and Compliance Actions</b>		
Citation and Administrative Fines Issued	5	10
Office Conferences Conducted	1	2
<b>Petition Activity</b>		
Petition for Reinstatement of license filed	0	2
Petition for Reinstatement of license granted	0	0
Petition for Reinstatement of license denied	2	3
Petition for Penalty Relief <sup>3</sup> granted	0	1
Petition for Penalty Relief <sup>3</sup> denied	0	0
Petition to Compel Exam granted	0	0
Petition to Compel Exam denied	0	0

## Reports Received Based Upon Legal Requirements

	FY 07-08	FY 08-09
<b>Medical Malpractice</b>		
Insurers: B&P Code §§801 and 801.01	14	16
<b>Attorneys or Self-Reported or Employers:</b>		
B&P Code §§801 and 801.01	1	2
<b>Courts: B&amp;P Code §803</b>		
	0	0
<b>Total Malpractice Reports</b>	<b>15</b>	<b>18</b>
<b>Coroners' Reports</b>		
B&P Code §802.5	0	0
<b>Criminal Charges &amp; Convictions</b>		
B&P Code §§802.1 & 803.5	1	1
<b>Health Facility Discipline</b>		
<b>Medical Cause or Reason:</b>		
B&P Code §805	2	3
<b>Outpatient Surgery Settings Reports</b>		
<b>Patient Death: B&amp;P Code §2240(a)</b>	1	0

<sup>1</sup> Allied Health Care professionals include podiatrists, physician assistants, research psychoanalysts, dispensing opticians, and licensed midwives, except in the categories of investigations, cases referred to the Attorney General and referred for criminal action.

<sup>2</sup> Includes 1-Automatic Suspension Order per B&P Code §2236, and 2-license restrictions per Penal Code §23.

<sup>3</sup> Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

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# Written information physicians must provide patients in specific circumstances

PUBLICATION	REQUIREMENT	ORDERING INFORMATION
<b>A Patient's Guide to Blood Transfusion</b>	H&S Code §1645 (Paul Gann Blood Safety Act) requires physicians to provide a standardized summary of the positive and negative aspects of receiving blood from volunteers whenever there is a reasonable possibility that a blood transfusion may be necessary as a result of a medical/surgical procedure.	Tri-fold pamphlet is available in English and Spanish in bundles of 50 up to 250 copies per order at no charge. Available online: <a href="http://www.mbc.ca.gov/publications">www.mbc.ca.gov/publications</a> . Fax requests to (916) 263-2479.
<b>A Woman's Guide to Breast Cancer Diagnosis &amp; Treatment</b>	H&S Code §109275 requires primary care physicians to provide a summary discussing alternative breast cancer treatments and their risks and benefits to women upon diagnosis of breast cancer, or if the physician chooses, prior to a biopsy.	Booklet is available in English and Spanish in bundles of 25 up to one case (250 per case) per order at no charge. Masters are available in Chinese, Korean, Russian and Thai. Available online: <a href="http://www.mbc.ca.gov/publications">www.mbc.ca.gov/publications</a> . Fax requests to (916) 263-2479.
<b>Gynecologic Cancers... What Women Need to Know</b>	H&S Code §109278 requires medical care providers, primarily responsible for providing patients with an annual gynecological exam, to provide a standardized summary containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers.	Tri-fold pamphlet is available in English and Spanish in bundles of 50 up to 250 copies per order at no charge. Armenian, Chinese, Cambodian, Farsi, Hmong, Korean, Russian and Vietnamese are available online: <a href="http://www.mbc.ca.gov/publications">www.mbc.ca.gov/publications</a> . Fax requests to (916) 263-2479.
<b>Professional Therapy Never Includes Sex</b>	B&P Code §728 requires physicians specializing in psychiatry to provide written information on the rights and remedies for patients who have been involved sexually with their psychotherapist when the physician becomes aware that the patient had alleged sexual intercourse or sexual contact with a previous psychotherapist during the course of a prior treatment.	Booklet is available online in English and Spanish: <a href="http://www.mbc.ca.gov/publications">www.mbc.ca.gov/publications</a> . Single copies (up to 5 copies) of the publication are available at no charge. Fax requests to (916) 263-2479. To purchase copies in quantity, contact the Office of State Publishing Legislative Bill Room at (916) 445-5357.
<b>Things to Consider Before Your Silicone Implant Surgery</b>	B&P Code §2259 (Cosmetic Implant Act of 1992) requires physicians to provide written information to patients considering silicone implant surgery. Physicians may substitute written information authorized for use by the federal Food and Drug Administration prepared by the manufacturer based upon the physician package insert.	Fax requests to (916) 263-2479.
<b>What You Need to Know About Prostate Cancer</b>	B&P Code §2248, H&S Code §109280 (Grant H. Kenyon Prostate Cancer Detection Act) requires physicians to provide a standardized summary about the availability of appropriate diagnostic procedures when examining a patient's prostate gland during a physical examination.	Booklet is available in English and Spanish in bundles of 25 up to 1 case (240 per case) per order at no charge. Available online: <a href="http://www.mbc.ca.gov/publications">www.mbc.ca.gov/publications</a> . Fax requests to (916) 263-2479.

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# Administrative actions: May 1, 2009–July 31, 2009

## Physicians and surgeons

### ALBERT, WESLEY D. (A29091)

#### Upland, CA

Physician has a condition affecting his ability to practice medicine safely. Revoked. May 4, 2009

### ALLEN, EVERETT DOUGLAS, M.D. (G54881)

#### Crescent City, CA

Committed acts of unprofessional conduct by violating drug statutes and the self-use of controlled substances. Revoked, stayed, placed on 10 years probation with terms and conditions including, but not limited to, 1 year actual suspension; abstaining from the use or possession of controlled substances or alcohol; submitting to biological fluid testing; cannot practice medicine until completion of a clinical training program; and no solo practice of medicine. May 13, 2009

### ANG, ERIBERTO C., JR. (A42030)

#### Chino Hills, CA

Stipulated Decision. Committed acts of unprofessional conduct, dishonesty, and made false representations by indicating on a credentialing application for employment that he was a board-certified physician when he was not, and created a false certificate. Surrender of license. May 7, 2009

### ANNABEL, ROGER GERARD, M.D. (A53036)

#### Chino Hills, CA

Stipulated Decision. No admissions but charged with unprofessional conduct, self-use of controlled substances, and dishonesty by representing that he had completed the Board's Diversion Program when he had not. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use or possession of controlled substances or alcohol, and submitting to biological fluid testing. July 9, 2009

### ARAM, DAVAR, M.D. (A46392)

#### Chino Hills, CA

Convicted of driving with a blood alcohol content of .08 percent or more and used alcohol in a manner dangerous to himself or others. Revoked, stayed, placed on 8 years

Copies of public documents from 2000 to the present are available at [www.mbc.ca.gov](http://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: "May 26, 2009" 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.

probation with terms and conditions including, but not limited to, 90 days actual suspension, abstaining from the use of alcohol and drugs; submitting to biological fluid testing; completing a prescribing practices course and 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. July 20, 2009

**ARORA, AJIT SINGH, M.D. (G47654)**

**Agua Dulce, CA**

Stipulated Decision. No admissions but charged with repeated negligence by preparing questionable Medical Certification for Disability Exception claim forms for 5 applicants for U.S. citizenship. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an ethics course and prohibited from certifying Medical Certification for Disability Exception claim forms and engaging in the solo practice of medicine. May 7, 2009

**BAMDAD, MASOUD (A51598)**

**San Fernando, CA**

Committed acts of gross negligence and repeated negligence in the care and treatment of 1 patient; committed insurance fraud by billing for services not rendered; made false representations, altered medical records, and failed to maintain adequate and accurate medical records; and failed to provide adequate security by not obtaining liability insurance prior to performing surgery on 4 patients. Revoked. June 26, 2009

**BLOOMQUIST, CATRINA ANN (G42635)**

**Pismo Beach, CA**

Stipulated Decision. Physician has a condition affecting her ability to practice medicine safely. Surrender of license. June 26, 2009

**BROWN, JAMES ROBERT, M.D. (A51937)**

**Rancho Cucamonga, CA**

Committed acts of repeated negligence, prescribed without performing an appropriate prior examination, and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and a clinical training

program, and prohibited from treating patients who present for treatment of intractable pain until the clinical training program is complete. June 25, 2009

**BRYAN, BRUCE JACKSON (G53799)**

**Pinetop, AZ**

Disciplined by Arizona after being convicted of a felony for making a hoax threat and failing to report the conviction to the Board. Revoked. June 15, 2009

**CARLSON, STEVEN RANDAL, M.D. (G88509)**

**West Sacramento, CA**

Stipulated Decision. Disciplined in Colorado for excessive use of drugs, and being convicted of drug violations. Probationary license issued, placed on 10 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, completing an educational course, and prohibited from practicing anesthesiology. Decision effective May 6, 2009 and probationary license issued June 3, 2009.

**CHASE, DAVID S. (G14199)**

**Burlington, VT**

Disciplined by Vermont for care that departed from the standard of practice in several regards in his ophthalmology practice. Revoked. June 29, 2009

**CHAVEZ, ERIC M. (A67412)**

**Atlanta, GA**

Stipulated Decision. Disciplined by Georgia for concerns related to a history of substance abuse. Surrender of license. May 4, 2009

**CHOI, JOON, M.D. (G80351)**

**Glendale, CA**

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Physician must complete a medical record keeping course and an educational course. Public Reprimand. July 27, 2009

**COHEN, ROBERT HUGH, M.D. (G60961)**

**West Hollywood, CA**

Stipulated Decision. Felony conviction for making a false corporate financial report. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension; completing a prescribing practices course and an ethics course; cannot

order, prescribe, dispense, administer, or possess Schedule II controlled substances and cannot issue recommendations or approvals for marijuana; and no solo practice of medicine.  
July 27, 2009

**COOPER, VIRAF RUSTOM, M.D. (CFE42603)**  
**Beaumont, TX**

Stipulated Decision. Disciplined by Texas for making errors or omissions in his care and treatment of 4 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an educational course, obtaining a practice monitor, and having a proctor present to observe the first 20 surgical procedures he performs in California. June 11, 2009

**CORONA, PAUL DANIEL, M.D. (G69171)**  
**Laguna Niguel, CA**

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely and self-administered a controlled substance. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of drugs; submitting to biological fluid testing; completing a prescribing practices course; maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana; and obtaining a practice monitor. June 29, 2009

**COSGROVE, MICHAEL JOSEPH, M.D. (G62191)**  
**Davis, CA**

Stipulated Decision. Convicted twice for driving under the influence of alcohol and using alcohol in a manner dangerous to self or others. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, and completing an ethics course. May 7, 2009

**DOBBIE, ALLISON MARIE, M.D. (A108452)**  
**Sacramento, CA**

Stipulated Decision. Misdemeanor conviction for driving under the influence of alcohol. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs and submitting to biological fluid testing. Decision effective June 18, 2009 and probationary license issued June 19, 2009.

**DUSICK, JOSHUA ROBERT, M.D. (A108830)**  
**Los Angeles, CA**

Misdemeanor conviction for attempted unlawful sexual intercourse with a minor more than 3 years younger than himself. Probationary license issued, placed on 3 years probation with terms and conditions. July 6, 2009

**EDWARDS, GARY STEPHEN, M.D. (G45147)**  
**La Palma, CA**

Stipulated Decision. No admissions but charged with repeated 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 an educational course. Public Reprimand. July 27, 2009

**EXUM, JANICE MARIA, M.D. (G66570)**  
**Compton, CA**

Stipulated Decision. Committed acts of gross negligence by failing to properly evaluate and treat 3 patients. Revoked, stayed, placed on 4 years probation to run consecutively to the current Board-ordered probation and terms and conditions including, but not limited to, completing the physician enhancement program. July 10, 2009

**FAYAZ, IMRAN, M.D. (A67748)**  
**The Woodlands, TX**

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. June 8, 2009

**FRANK, BRADFORD LAWRENCE, M.D. (G88510)**  
**Jamestown, NY**

Stipulated Decision. Disciplined in Connecticut in 1986. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, completing a professional boundaries course and an ethics course. Decision effective May 6, 2009 and probationary license issued June 3, 2009.

**GARFORTH, EMMA MAY, M.D. (A73103)**  
**Davis, CA**

Stipulated Decision. No admissions but charged with unprofessional conduct for failing to report assaultive or abusive conduct to a law enforcement agency. Public Reprimand. June 4, 2009

**GOHAR, KEVIN, M.D. (A42317)**  
**Reseda, CA**

Stipulated Decision. No admissions but charged with violating a Board-ordered probation by failing to complete educational courses and pay probation monitoring costs. Revoked, stayed, placed on 1 year and 6 months probation beginning June 16, 2008, with terms and conditions. February 24, 2009

**GOODSTEIN, WALLACE ALLEN, M.D. (G26339)**  
**Beverly Hills, CA**

Stipulated Decision. No admissions but charged with violating a Board-ordered probation by failing to complete a clinical training program and pay investigative, prosecution, and probation monitoring costs. Prior Board order requiring 5 years probation effective February 20, 2004, remains in effect until physician completes a clinical training program. July 6, 2009

**GRANT, JOHN FRANCIS, M.D. (A63101)**  
**Frazier Park, CA**

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, excessive prescribing, prescribing without an appropriate prior examination, violation of drug statutes, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana; completing a clinical training program, an educational course, a prescribing practices course, and a medical record keeping course; and obtaining a practice monitor. May 7, 2009

**HANCOCK, JOSEPH EDWARD, M.D. (G39430)**  
**Lubbock, TX**

Disciplined by Texas for failing to meet the standard of care when inadvertently inserting a PEG tube into a patient who was not scheduled to receive one. Public Letter of Reprimand. July 21, 2009

**HOLLANDER, NEIL (G18418)**  
**Huntington Beach, CA**

Stipulated Decision. Misdemeanor conviction for aiding and abetting the unlicensed practice of medicine. Surrender of license. June 1, 2009

**HONZEL, MARK ROBERT, M.D. (A43785)**  
**Beverly Hills, CA**

Committed acts of repeated negligence by failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Public Reprimand. May 1, 2009

**HORIAGON, THOMAS M., M.D. (G57696)**  
**Highlands Ranch, CO**

Disciplined by Colorado for failing to disclose on a license renewal questionnaire that he had entered into a Consent Agreement with Iowa, and by failing to update his address in a timely manner. Public Letter of Reprimand. May 28, 2009

**KAPLAN, ROY ALAN, M.D. (G31859)**  
**Encinitas, CA**

Committed acts of repeated negligence by failing to do an appropriate work-up of a patient and provided a premature diagnosis with no objective clinical criteria. Public Letter of Reprimand. May 27, 2009

**KETTEL, LOUIS MICHAEL, M.D. (G59705)**  
**San Diego, CA**

Committed unprofessional conduct and made false representations by sending an e-mail to 4 individuals containing negative and untrue statements about 2 physicians while pretending to be the spouse of a patient. Physician must complete an ethics course. Public Letter of Reprimand. July 28, 2009

**KIELY, ANDREW A. (A22800)**  
**Long Beach, CA**

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, prescribing without an appropriate prior examination or medical indication, excessive prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of 8 patients. Surrender of license. June 30, 2009

**KITT, VICTOR VICHAI, M.D. (C41263)**  
**Bakersfield, CA**

Committed dishonest or corrupt acts by authoring letters that misrepresented his medical practice on at least 3 separate occasions. Public Letter of Reprimand. July 9, 2008

**KOSINS, MARK STEVEN, M.D. (A25406)**  
**San Clemente, CA**

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 35 months 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. May 22, 2009

**KOTLEWSKI, ADAM, M.D. (G39644)**  
**Los Angeles, CA**

Stipulated Decision. No admissions but charged with repeated negligence and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a medical record keeping course. Public Reprimand. June 15, 2009

**LANG, L. KHADIJAH, M.D. (G66503)**  
**Los Angeles, CA**

Stipulated Decision. Violated a Board-ordered probation by failing to pay probation monitoring costs. Probation extended until payment of probation monitoring costs in the amount of \$12,900. May 7, 2009

**LEE, MICHAEL HYUN-TAE, M.D. (G86181)**  
**Sarasota, FL**

Disciplined by Georgia for representing on his renewal application that he had completed the physician profile when, in fact, he had not. Public Reprimand. July 6, 2009

**LEVITAN, RUSS L., M.D. (G58508)**  
**San Luis Obispo, CA**

Misdemeanor conviction for disturbing the peace. Public Letter of Reprimand. July 29, 2009

**MALIK, MICHAEL YUSEF ABDUL, M.D. (A69726)**  
**Long Beach, CA**

Stipulated Decision. No admissions but charged with violating a Board-ordered probation by failing to comply with community service requirements and committing dishonest or corrupt acts by submitting false and forged documents to the Board and the court indicating he had completed community service hours that he had not. Prior Board-ordered probation is extended from 5 years to 8 years with terms and conditions, including but not limited to, complying with all prior probationary terms and conditions and completing an ethics course. June 3, 2009

**MANN, JOSEPH MCELROY, M.D. (G21242)**  
**Escondido, CA**

Committed unprofessional conduct by inadvertently touching the breast of a female patient during an axillary examination; failing to explain what was being examined and why; failing to document the performance of the examination; and making an inappropriate comment to the patient. Public Letter of Reprimand. July 9, 2009

**MONKE, J. VICTOR (G2335)**  
**Los Angeles, CA**

Committed acts of gross negligence, repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked. June 15, 2009

**NIEMANN, PETRA SUSANNE (A76281)**  
**Hillsboro, OR**

Stipulated Decision. Committed acts of unprofessional conduct and dishonesty by making false representations on her own evaluation; and disciplined by Oregon for gross or repeated negligent care and treatment of patients, failure to maintain adequate patient records, fraud in procuring a license or license renewal and making false statements. Surrender of license. June 23, 2009

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**CONNOR, THOMAS A., M.D. (G15934)**  
**Cudahy, WI**

Disciplined by Wisconsin for fraudulently billing Medicare and Medicaid programs and having unsanitary and unclean office conditions. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana; completing a prescribing practices course, a medical record keeping course, and an ethics course; obtaining a practice and billing monitor; and no solo practice of medicine. June 8, 2009

**OMIDI, JULIAN (A71181)**  
**Los Angeles, CA**

Committed unprofessional conduct and dishonest acts by procuring a medical license by fraud, making misrepresentations regarding educational institutions he attended, and making false statements in his application. Revoked. Decision effective October 26, 2007, ordered May 20, 2009. Judicial review pending.

**ONEIL, KELLY JAMES, M.D. (A36888)**  
**Temecula, CA**

Disciplined by Idaho for failing to correctly disclose information on his Idaho application. Revoked, stayed, placed on 3 years probation with terms and conditions. June 4, 2009

**OSEI-TUTU, ERNEST PAUL, M.D. (G85302)**  
**Brooklyn, NY**

Disciplined by Massachusetts for failing to advise a patient of test results, failing to perform subsequent tests, failing to provide relevant medical history to a specialist, and failing to advocate for the patient to receive an expedited biopsy. Public Letter of Reprimand. July 31, 2009

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**OTT, DEREK ALAN, M.D. (A61601)**  
**Los Angeles, CA**

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Physician must complete a clinical training program, a prescribing practices course, and a medical record keeping course. Public Reprimand. May 18, 2009

**OURIAN, SIMON S., M.D. (A65201)**  
**Beverly Hills, CA**

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, a medical record keeping course, an ethics course, and a clinician-patient communication course; obtaining a practice monitor; and no solo practice of medicine. July 30, 2009

**PANAGOTACOS, DAPHNE IRMGARD, M.D. (G66971)**  
**Westlake Village, CA**

Convicted of receipt and delivery in interstate commerce of a misbranded drug, and committed unprofessional conduct and violated drug statutes by purchasing Tritox, which is not FDA-approved, and failed to adequately inform the patients injected with Tritox. Public Letter of Reprimand. June 24, 2009

**PARHIZKAR, NOOSHIN, M.D. (A109103)**  
**Fremont, CA**

Failed to disclose on her application for licensure that she resigned from a post-graduate training program and that one of her post-graduate training contracts was not renewed. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, performing 120 hours of free, non-medical community service and completing an ethics course. Decision effective July 27, 2009 and probationary license issued August 5, 2009.

**PAYNE, BROWNELL HILLIARD, M.D. (A26350)**  
**Culver City, CA**

Stipulated Decision. No admissions but charged with gross negligence, incompetence, dishonesty, and failure to maintain adequate and accurate medical records in the care

and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension, completing a clinical training program and an educational course, and obtaining a practice monitor. May 15, 2009

**POWERS, THOMAS S., M.D. (G15640)**  
**Westminster, CA**

Failed to maintain adequate and accurate medical records for 3 patients. Physician must complete a medical record keeping course. Public Letter of Reprimand. May 27, 2009

**RAJAGOPAL, USHA, M.D. (A53230)**  
**San Francisco, CA**

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, and a medical record keeping course. July 2, 2009

**RAOOF, TOORAJ, M.D. (A42698)**  
**Encino, CA**

Stipulated Decision. Failed to comply with standards for dispensing dangerous drugs in his place of practice and to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course, a medical record keeping course, and an ethics course; and obtain a practice monitor. July 23, 2009

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the Medical Board's Web site**

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

**RENAN, JEHUDA, M.D. (A41738)**  
**Burbank, CA**

Committed acts of gross negligence, repeated negligence, and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a medical record keeping course. Public Reprimand. July 30, 2009

**RICE, JEFFREY WARREN, M.D. (G37279)**  
**Monterey, CA**

Committed acts of unprofessional conduct by failing to document attempts to ensure continuity of care after assuming a patient's care had been transferred to another physician. Public Letter of Reprimand. May 18, 2009

**RIFFEL, SERGIO ROBERTO, M.D. (A41494)**  
**Yuba City, CA**

Stipulated Decision. Disciplined by Maine for incompetence in providing medical care to 3 patients; and maintaining medical documentation of history and physicals and discharge summaries that fell below the standard of care. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, and an educational course, and obtaining a practice monitor. June 5, 2009

**RITCHIE, RAND CECIL, M.D. (G41327)**  
**Pismo Beach, CA**

Stipulated Decision. Convicted of driving under the influence of alcohol or drugs. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, and completing an ethics course. July 13, 2009

**ROBERG, BRADFORD CHURCHILL (G43905)**  
**McHenry, IL**

Stipulated Decision. No admissions but charged with being disciplined by Illinois for issuing prescriptions for various controlled substances to 3 close relatives and for being convicted of a felony for forgery and unlawful acquisition of a controlled substance. Surrender of license. June 26, 2009

**ROMERO, ELIOTT, M.D. (G48383)**  
**Anaheim Hills, CA**

Committed repeated negligence by failing to document a physical examination of a patient with chest pain and failing to follow through and insure the patient received appropriate treatment once diagnosed with a drug-abuse problem. Public Letter of Reprimand. July 14, 2009

**ROSENFELD, JEFFREY, M.D. (G88516)**  
**Fresno, CA**

Disciplined by North Carolina for performing physical examinations on 3 female medical students that made them uncomfortable. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from performing physical examinations on medical students unless a chaperone is present. June 10, 2009

**SALCEDO, GINA MARIE (A94810)**  
**Jacksonville, NC**

Stipulated Decision. Disciplined by the Department of the Navy for her care and treatment of 1 patient. Surrender of license. May 20, 2009

**SCHAEFFER, RICHARD J. (G11390)**  
**Scottsdale, AZ**

Disciplined by Arizona for committing unprofessional conduct in the care and treatment of 3 patients by prescribing large amounts of controlled substances without performing adequate histories and mental status examinations; failed to document discussions of the risks and benefits of prescription medications; failed to maintain adequate medical records; and engaged in conduct that was or could have been harmful/dangerous to the health of these patients. Revoked. May 4, 2009

**SHIN, DANIEL, M.D. (G75155)**  
**Marina Del Rey, CA**

Stipulated Decision. Convicted of assault with a deadly weapon. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an ethics course. July 24, 2009

**SONG, JONG EON, M.D. (A34264)**  
**Moreno Valley, CA**

Committed acts of unprofessional conduct during interactions with parents of patients and with persons in positions of authority, and physician has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing an ethics course, and having a third-party chaperone present while consulting, examining or treating male, female, and minor patients. June 22, 2009

**STERNER, ROBERT FULTON, M.D. (G51708)**  
**San Diego, CA**

Committed acts of gross negligence, repeated negligence, and incompetence in the care and treatment of 2 patients; committed dishonest or corrupt acts in the care and treatment of 1 patient; failed to maintain adequate and accurate medical records; and improperly represented himself as Board certified when he was not. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 15 days actual suspension; completing an educational course, a medical record keeping course, a prescribing practices course, and an ethics course; and obtaining a practice monitor. June 12, 2009

**SULLIVAN, THOMAS CLIFFORD, M.D. (A41748)**  
**Shavertown, PA**

Stipulated Decision. No admissions but charged with repeated negligence in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. May 7, 2009

**TAAID, HAMID (G55732)**  
**Midland, MI**

Disciplined by Michigan for a felony conviction for health care fraud. Revoked. July 17, 2009

**VANCE, MATTHEW PETER, M.D. (A109117)**  
**Rancho Santa Fe, CA**

Stipulated Decision. Misdemeanor conviction for driving under the influence of alcohol. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs and submitting to biological fluid testing. Decision effective July 27, 2009 and probationary license issued August 5, 2009.

**VAN DYKE, GREGORY JOHN, M.D. (A51101)**  
**Mission Viejo, CA**

Stipulated Decision. Committed repeated negligence, furnished dangerous drugs without examination, and failed 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 prescribing practices course. Public Reprimand. July 20, 2009

**WEST, BRIAN ROBERT (G65175)**  
**Beverly Hills, CA**

Committed acts of gross negligence in the care and treatment of 1 patient, and dishonesty for making false statements to a Board investigator. Revoked. July 2, 2009

**Physician expert reviewers  
with correctional institution  
experience needed**

The Medical Board of California is seeking medical experts to assist the Board by providing expert reviews and opinions on Board disciplinary cases. In particular, the Board is in need of experts with professional medical experience in a correctional institution.

The rate of payment for expert review services is \$150/hour for conducting case reviews and \$200/hour for providing expert testimony. Experts are also reimbursed for travel expenses within the limits imposed by the state.

If you are interested in providing expert review services to the Board, you are currently practicing or meet the minimum requirements to participate in the program, and have professional medical experience in a correctional institution, please submit your application and current curriculum vitae to:

**Susan Goetzinger, Program Analyst**  
Medical Board of California  
320 Arden Avenue, Suite 250  
Glendale, CA 91203  
tel. (818) 551-2129; fax (818) 551-2131  
e-mail sgoetzinger@mbc.ca.gov

The Expert Reviewer Program application form can be obtained from the Board's Web site: [www.mbc.ca.gov](http://www.mbc.ca.gov)—A-Z Index—E—Expert Reviewer Program—scroll down to bottom of page for the "Expert Reviewer Program Original application."

**WIGGINTON, NANCY HUNT, M.D. (A76070)**  
**Castro Valley, CA**

Stipulated Decision. No admissions but charged with gross negligence and repeated negligence in the care and treatment of 1 patient. Physician must complete an educational course. Public Reprimand. May 20, 2009

**WILLIAMS, CHARLES DARRYL (C42786)**  
**Santa Ana, CA**

Stipulated Decision. Convicted of failure to file income tax returns and healthcare fraud. Surrender of license. June 17, 2009

**WILLIAMS, DALLAS DE VERE, M.D. (G20740)**  
**Milliken, CO**

Disciplined by Colorado for entering into a contract to supervise an unlicensed person performing cosmetic services that constitute the practice of medicine. Public Letter of Reprimand. May 18, 2009

**WONG, EDWARD WAI WING, M.D. (A62280)**  
**Eden Prairie, MN**

Disciplined by Colorado for falling below the standard of care for a radiologist in the care and treatment of a patient by failing to consider a diagnosis and request copies of the prior examination for comparison. Public Letter of Reprimand. July 21, 2009

**ZASLOW, ELY DAVID (C52963)**  
**Asheville, NC**

Stipulated Decision. Disciplined by North Carolina for engaging in unprofessional conduct by providing medications via telephone conferences, including prescribing controlled substances without first performing a physical examination or without establishing a physician/patient relationship, and assisting in the unauthorized practice of medicine by splitting fees with 2 business corporations. Surrender of license. July 21, 2009

**ZIEMBA, JASON SCOTT, M.D. (A68372)**  
**Valencia, CA**

Stipulated Decision. Convicted of falsely making, altering, forging and counterfeiting, uttering, publishing, passing and attempting to offer to pass, as true and genuine, prescriptions, knowing them to be false, altered, forged and counterfeited, with the intent to defraud. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited

to, 3 months actual suspension; abstaining from the use of alcohol and drugs; submitting to biological fluid testing; shall not order, prescribe, dispense, administer, or possess any controlled substance except those listed in Schedules IV and V of the California Uniform Controlled Substance Act; completing a prescribing practices course and an ethics course; and no solo practice of medicine. May 18, 2009

## **Physician Assistants**

### **DELGADILLO, ANGEL VICENTE, P.A. (PA13449) Whittier, CA**

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions. May 11, 2009

### **FERGUSON, LEONARD JAY, P.A. (PA20338) San Ramon, CA**

Stipulated Decision. Convicted of sexual misconduct in 1998. Probationary license issued, placed on 3 years probation with terms and conditions. License issued May 27, 2009.

### **GONZALES, RACHEL CAZARES, P.A. (PA14343) Newcastle, CA**

Stipulated Decision. No admissions but charged with obtaining or attempting to obtain a controlled substance by fraud or deceit. Revoked, stayed, placed on 5 years probation with terms and conditions. June 23, 2009

### **HAUSER, CHRISTIAN CHAVAT, P.A. (PA13847) La Habra Heights, CA**

Stipulated Decision. Committed unprofessional conduct by violating drug statutes. Revoked, stayed, placed on 3 years probation with terms and conditions. June 12, 2009

### **SWEET, AMANDA JAYNE, P.A. (PA20337) Raleigh, NC**

Stipulated Decision. Convicted of forging/altering a narcotic prescription in 2001. Probationary license issued, and placed on 2 years probation with terms and conditions. License issued May 27, 2009.

## **Doctors of Podiatric Medicine**

### **CHEN, ERIC YEN-JEN, D.P.M. (E4285) City of Industry, CA**

Committed acts of gross negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions. May 26, 2009

### **SERVATJOO, PARVIZ, D.P.M. (E3494) Reseda, CA**

Practiced without a valid license during a period when his license was delinquent for non-payment of fees. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor. May 8, 2009

## **Contact Lens Dispenser**

### **DEVILLE, TAMMY TONETTE (CL 1948) Sacramento, CA**

Felony convictions for possession of a stolen vehicle, receiving stolen property and possession of a controlled substance; and misdemeanor convictions for driving on a suspended license and failing to stop vehicle at the scene of an accident. Registration issued, revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use or possession of controlled substances. May 7, 2009

### **Please note:**

**Due to fiscal considerations, the January 2010 Medical Board Newsletter will be published only online at [www.mbc.ca.gov](http://www.mbc.ca.gov). A hard copy will not be available.**

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

See: [www.mbc.ca.gov/Address\\_Record.htm](http://www.mbc.ca.gov/Address_Record.htm)



## Medical Board of California Meetings—2010

January 28–29, 2010: San Francisco

April 29–30, 2010: Los Angeles

July 29–30, 2010: Sacramento

November 3–4, 2010: Long Beach

*All meetings are open to the public.*

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### MEDICAL BOARD OF CALIFORNIA NEWSLETTER – OCTOBER 2009

Candis Cohen, Editor (916) 263-2389  
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The *Medical Board of California Newsletter* is available in the "Publications" section of the Board's Web site: [www.mbc.ca.gov](http://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.