

# **AGENDA ITEM #15**

**M e m o r a n d u m****AGENDA ITEM 15C**

To: Renée Threadgill, Chief of Enforcement  
Medical Board of California

Date: April 1, 2008

From: Susan Goetzinger  
Expert Reviewer Program

Subject: Results of the Expert Survey Questionnaires

Questionnaires Sent this quarter (January 1-March 31, 2008)	50
Feedback Received from the questionnaires sent this quarter	44 (88 %)
Total Feedback Received for this quarter's report	44

Questions 1-9, *positive response*: Yes  
 Question 10, *positive response*: No  
 Questions 11, *positive response*: Yes  
 Questions 12-14, *positive response*: Yes

1	Were you provided sufficient information/evidence to allow you to render a medical opinion?	93 percent YES 5 percent NO 2 percent did not respond
2	Were you encouraged to render an unbiased opinion?	100 percent YES
3	Was the case directly related to your field of expertise?	100 percent YES
4	Were you given sufficient time to review the case?	100 percent YES
5	Did the MBC staff meet your expectations to provide you with what you needed to complete your review? If no, what should have been provided to facilitate your review?	100 percent YES
6	Did the training material provided to you (the Expert Reviewer Guidelines and videotape/DVD) give you adequate information to perform your case review?	93 percent YES 5 percent NO 2 percent N/A
7	Were you given clear, concise, and easy to follow instructions throughout the process?	100 percent YES
8	Was the investigator and/or MBC staff readily available to answer questions or concerns about the case?	96 percent YES 2 percent N/A 2 percent did not respond
9	Is the required written report adequate to cover all aspects of your opinion?	96 percent YES 4 percent NO
10	Do you feel the MBC has requested your services more frequently than you would prefer?	86 percent NO 5 percent YES 7 percent responded N/A 2 percent did not respond

11	Would you be willing to accept more MBC cases for review?	93 percent YES 2 percent N/A 5 percent did not respond
12	If you were required to testify, was the Deputy Attorney General readily available to answer questions and provide direction?	89 percent N/A 9 percent YES 2 percent did not respond
13	Did the Deputy Attorney General or his/her representative meet your expectations to provide you with what you needed prior to testifying? If no, what would have made testifying for the Board easier?	91 percent N/A 6 percent YES 3 percent did not respond
14	Do you feel the reimbursement amount for case review is appropriate for the work you are required to perform?	61 percent YES 34 percent NO 5 percent did not respond
<i>Level of satisfaction with overall experience performing case reviews for MBC</i>		80 percent HIGH 16 percent 4 percent did not respond

#### **SUGGESTIONS FOR IMPROVEMENT TO THE PROGRAM**

I think the real issue is convincing practicing physicians that by doing review work, we really are helping the community physicians by providing a balance to the whole process.

Increase reimbursement rate.

If feasible, records in electronic format (pdf, etc. on a CD would be easier)

#### **COMMENTS REGARDING REIMBURSEMENTS**

\$150/hr is a bit low given level of expertise required.

\$150/hr is a fairly non-competitive rate for my time & expert opinion. The review takes a significant amount of time away from other activities.

Reimbursement for quality work is somewhat low.

Experts of the same qualification are paid \$500-750/hr in the private sector. The \$150/hr clearly does not come close to customary fees.

If I was doing it for the money it wouldn't be enough. That is not my motivation.

Tradesmen may make more money per hour.

\$150/hr is appropriate, but in some instances, the complexity should receive a higher reimbursement.

## GENERAL COMMENTS

Bad photocopies, some narcotic logs were not included.

I was asked to review multiple charts that had been provided by a physician to Health Net and then subpoenaed from Health Net by the Medical Board. Most of these were only partial charts, reflecting only a few months to a couple of years of notes, when the patients had been under the care of that physician for many years. The chart pages were all completely out of order. It would have been better if the Board had obtained original copies of the charts from the physician so that the entire chart could be reviewed.

Have thought an intermediate level of departure from standard would be useful i.e., as well as simple or extreme

The program is excellent. Thank you.

This was the first review I had done and as such requested help from the medical consultant on two occasions by leaving voice messages on her phone and asked for feedback on my completed review via letter to her. All requests went unanswered, so I wish the medical consultant could have been more available/approachable.

I wouldn't mind looking at other cases.

The lack of information on the case was likely caused by the subject of the investigation.

E-mail contact info might be useful in the review process.

Taped interview was not clear.

*No more cassette tapes - interviews should be on CD not tape*

Medical records missing from CDC (Corrections). The case had voluminous records with unclear accusations in some cases. This was likely due to CDC records problem, not MBC.

Poor quality of audio interview- I had to rewind several times to hear what the doctor was saying.

The Medical Board review process is a slow process by the standards that practicing MDs are familiar with. It would be helpful to finish cases expeditiously; however, I am pleased to review all cases referred to me.

I enjoy the review process. I would like to have more cases if possible.

Very organized records. Very helpful staff-professional. Pleasure to work with San Bernardino District office.

Receiving sample case reports and CD which is compatible would have made process smoother and involved less time.

Guidelines did not arrive with materials.

MBC has used me more in the past.

*Some years ago I reviewed a physician who was subsequently sanctioned after a judicial hearing. He then filed a complaint against me with our professional societies. How can I get copies of my prior chart reviews of his cases, in order to defend myself?*

I would love more cases. Please feel free to contact me anytime.

Everyone was very helpful. I have always found this a constructive experience - Thanks!

Allow up to 15 hrs if case has large amount of material to review.

I had a very good experience and felt very supported.

**CASES BY SPECIALTY SENT FOR REVIEW**  
**USE OF EXPERTS BY SPECIALTY**  
**ACTIVE LIST EXPERTS BY SPECIALTY**  
Year to Date (April 2008)

**AGENDA ITEM 15D**

<b>SPECIALTY</b>	<b>Number of cases reviewed/sent to Experts Jan-Mar 2008</b>	<b>Number of Experts used and how often utilized Jan-Mar 2008</b>	<b>Active List Experts Y-T-D (TOTAL=1,163 †)</b>
ADDICTION			11
AEROSPACE MEDICINE			1
ALLERGY & IMMUNOLOGY			10
ANESTHESIOLOGY	3	3 list experts	90 †
BIOETHICS			1
COLON & RECTAL SURGERY			5 †
COMPLEMENTARY/ALTERNATIVE MEDICINE			13
CORRECTIONAL MEDICINE	3	3 list experts	9 †
DERMATOLOGY	2	2 list experts	12 †
EMERGENCY	2	2 list experts	65 †
ETHICS	1	1 outside expert	1 †
FAMILY	9	9 list experts	97
HOSPICE & PALLIATIVE CARE			7
INTERNAL General Internal Med & sub-specialties not listed below	9	9 list experts	237 †
INTERNAL - CARDIOLOGY Interventional Cardiology	2	1 list expert 1 outside expert (testified)	32 † [16 †]
INTERNAL-ENDOCRINOLOGY & METABOLISM			9
INTERNAL - GASTROENTEROLOGY			18 †
INTERNAL -INFECTIOUS DISEASES			10 †
INTERNAL - NEPHROLOGY			8 †
INTERNAL - ONCOLOGY			12 †
MEDICAL GENETICS			1
MIDWIFE			12
NEUROLOGICAL SURGERY	3	1 list expert reviewed all 3 cases	15 †
NEUROLOGY			21 †
NEUROLOGY (CHILD)			4 †

**CASES BY SPECIALTY SENT FOR REVIEW**  
**USE OF EXPERTS BY SPECIALTY**  
**ACTIVE LIST EXPERTS BY SPECIALTY**  
(YEAR TO DATE - APRIL 2008)

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OBSTETRICS & GYNECOLOGY	4	4 list experts	88 ↑
REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY			4
OCCUPATIONAL MEDICINE	1	1 list expert	8
OPHTHALMOLOGY	1	1 list expert	49
ORAL & MAXILLOFACIAL SURGERY			1
ORTHOPAEDIC SURGERY	10	1 list expert reviewed 3 cases 1 list expert reviewed 2 cases 5list experts reviewed 1 case each	49 ↑
OTOLARYNGOLOGY			33 ↓
PAIN MEDICINE ((18ABMS↑; 12 ABPM = 31)	2	2 list experts	31 ↑
PATHOLOGY (Anatomic/Clinical-12; Anatomic-1)	1	1 list expert	13
PEDIATRICS			65 ↑
PEDIATRIC CARDIOLOGY	1	1 list expert	5 ↑
PEDIATRIC CARDIOTHORACIC SURGERY			0
PEDIATRIC HEMATOLOGY/ONCOLOGY			5 ↑
PEDIATRIC INFECTIOUS DISEASES (BOARD CERTIFIED)			3 ↑
PEDIATRIC SURGERY			4
PHYSICAL MEDICINE & REHABILITATION			10 ↑
PLASTIC SURGERY (Facial Plastic-8)	6	6 list experts	49 ↑
PSYCHIATRY	7	1 list expert reviewed 2 cases 5list experts reviewed 1 case each	113
PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE			6
<u>RADIOLOGY</u> (3↓) DIAGNOSTIC RADIOLOGY-32 ↑ NUCLEAR MEDICINE-6	3	3 list experts	41 ↓
VASCULAR/INTERVENTIONAL RADIOLOGY (Board Certified)			2 ↑
RADIATION ONCOLOGY -4 / THERAPEUTIC RADIOLOGY -2			6
SLEEP MEDICINE			8
SPINE SURGERY (ABSS-MBC APPROVED)			1
SURGERY			56 ↓

**CASES BY SPECIALTY SENT FOR REVIEW**  
**USE OF EXPERTS BY SPECIALTY**  
**ACTIVE LIST EXPERTS BY SPECIALTY**  
(YEAR TO DATE - APRIL 2008)

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THORACIC SURGERY	3	3 list experts	19 ↑
VASCULAR SURGERY			6 ↑
UROLOGY	2	2 list experts	17 ↑
WORKERS' COMP/QME/IME			7 ↑

/susan (4/1/08)



Medical Board of California  
Investigation & Prosecution Timeframes\*

	2005	2006	2007	Q1 2008
	Prior to VE	All	All	All
		VE	VE	VE
<b>Calendar Day Age from Case Assigned to Case Closed Not Resulting in Prosecution</b>				
Average	271	299	330	355
Median	252	285	304	332
Record Count	827	703	648	180
<b>Calendar Day Age from Request to Suspension Order Granted</b>				
Average	51	44	34	37
Median	17	3	22	37
Record Count	24	21	17	2
<b>Calendar Day Age from Request to Receipt of Medical Records</b>				
Average	58	53	59	69
Median	32	31	31	29
Record Count	475	376	264	40
<b>Calendar Day Age from Request to Physician Interview Completed</b>				
Average	48	51	52	59
Median	36	42	37	44
Record Count	597	453	406	101
<b>Calendar Day Age from Request to Receipt of Expert Opinion</b>				
Average	51	47	51	46
Median	41	35	36	35
Record Count	519	424	344	73
<b>Calendar Day Age from Case Assigned to Completed Investigation and Accusation Filed</b>				
Average	556	554	543	649
Median	525	504	523	662
Record Count	187	149	198	36
<b>Calendar Day Age from Accusation Filed to Disciplinary Outcome**</b>				
Average	608	602	576	475
Median	526	466	426	379
Record Count	212	195	226	67

\*Excludes Out of State and Headquarters Cases

\*\*Excludes Outcomes where no Accusation Filed

**Medical Board of California**  
**Citations Issued & Civil Actions Filed by Calendar Year**

	2005	2006	2007	Q1 2008
<b>Citations Issued*</b>	80	81	76	23
Citations Issued for Failure to Produce Records	0	6	3	0
<b>Civil Actions Filed</b>	3	3	1	0
Civil Actions Filed for Failure to Produce Records	2	2	1	0

\*Excludes citations issued for failure to comply with CME audit and for failure to notify Board of change of address

State of California

Department of Consumer Affairs  
Medical Board of California

# MEMORANDUM

**To:** Medical Board of California  
Diversion Committee

**Date:** April 9, 2008

**From:** Frank L. Valine   
Diversion Program Administrator

**Subject:** Quality Review Report – 3rd Quarter of FY 2007/2008

Attached are the quarterly reports of Quality Review issues requested by the Diversion Committee. They include a review of Intakes, Relapses and Releases during the period of January 1, 2008 through March 31, 2008.

## INTAKES

A total of 0 physicians contacted the Program during the 2nd Quarter. The following charts reflect the outcomes of contact with these physicians as of March 31, 2008, as well as, other categories of information.

Status at Intake	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3rd Qtr	4th Qtr	Totals
Active: Approved by DEC & Signed Agreement	0	0	0		0
Accepted; Waiting for Signature:	1	0	0		1
Intake Complete; Awaiting DEC:	5	3	0		8
Contacted Program/Telephone Intake:	6	2	0		8
Ineligible:	0	0	1		1
Not interested in Program:	2	0	1		2
Terminated	0	0	3		3
Out-of-State:	0	0	0		0
Total Contacts	14	5	5		24

Other information	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3rd Qtr	4th Qtr	Totals
<u>In Treatment</u> ; At intake:	4	5	0		9
Currently:	7	3	0		10
<u>Referral Type</u> ; Board Action:	6	0	0		6
Self-Referral:	8	5	0		13
<u>Impairment</u> <sup>1</sup> ; Chemical:	9	1	0		10
Dual Disorder:	5	4	0		9
Mental Only:	0	0	0		0
<u>Practicing</u> ; Yes:	3	0	0		3
No:	11	5	0		16

<sup>1</sup> The determination of a participant's status as Chemically Dependent, Dual Disorder, or Mentally Ill frequently changes as additional information is gathered. Initially, the Program receives self-reported information during the intake process. Additional information, resulting in a change of status, may be received during either the evaluative or formal participation periods from evaluation reports and treatment records.

**Table #1: Program Response Times for Intakes, 3rd Quarter FY 2007/2008, January – March 2008**

Table #1 shows the average response times for intakes (excluding physicians in treatment and those delayed in entry into the Program) during this period, as well as the Program's target timeframes, from the date the physician initially contacted the Program to the completion of the major steps of the evaluation process. These steps include the first face-to-face contact with Program staff; the intake interview; the initial urine test; and attendance at the first DEC meeting. A total of 0 intakes.

The data in A & B total intakes often does not meet program target dates because in many instances the process is delayed when the participant is in treatment and unavailable for an intake or to begin urine tests.

	<b>Process</b>	<b>Total</b>	<b>Average # of Days</b>	<b>Program Target</b>	<b>Time Periods</b>	<b>Number</b>	<b>Percentage</b>
<b>A</b>	<u>From initial contact to Intake Interview</u>	0	n/a	<b>ASAP</b>	0-7 DAYS 7-14 DAYS 14-21 DAYS 21+ DAYS		
<b>B</b>	<u>From initial contact to 1<sup>st</sup> urine test</u>	0	n/a	<b>ASAP</b>	0-7 DAYS 7-14 DAYS 14-21 DAYS 21+ DAYS		
<b>C</b>	<u>From initial contact to attendance at 1<sup>st</sup> DEC Meeting</u> <b>(No Enforcement Activity)</b>	0	n/a	<b>n/a</b>	0-60 DAYS 60-90 DAYS 90+ DAYS		
<b>D</b>	<u>From initial contact to attendance at 1<sup>st</sup> DEC Meeting</u> <b>(With Enforcement Activity)</b>	0	n/a	<b>n/a</b>	0-60 DAYS 60-90 DAYS 90+ DAYS		

The number of total intakes shown in C & D does not match the actual number of intakes during the reporting quarter because it takes 60-90 days to schedule the DEC meetings and this report does not include updates from the previous quarter.

## **RELEASES**

The table below shows the case details for the 91 participants (**for the time period of January 2008 – March 2008, the 3rd quarter**) who were released from the program; 88 successfully and 3 unsuccessfully.

		1st Qtr	2 <sup>nd</sup> Qtr
Type of Referral:	Board Action:	7	27
	Self-Referral:	6	27
Participant Impairment:	Chemical Dependency:	7	33
	Dual Disorder:	6	21
	Mental Only:	0	0
Successful/Unsuccessful:	Successful:	10	45
	Unsuccessful	3	9
Release Time for Successful Participants in Program:	3-5 years in program:	0	31
	5-6 years in program:	10	12
	6+ years in program:	0	2
Treatment prior to program:		7	19
Treatment while in program:		6	11
Relapses while in program:		1	3

		3 <sup>rd</sup> Qtr	4th Qtr
Type of Referral:	Board Action:	32	
	Self-Referral:	59	
Participant Impairment:	Chemical Dependency:	53	
	Dual Disorder:	37	
	Mental Only:	1	
Successful/Unsuccessful:	Successful:	88	
	Unsuccessful	3	
Successful Release Time in Program:	4-6 years in program:	30	
	6+ years in program:	3	
	Due to Sunset:	55	
Treatment prior to program:		6	
Treatment while in program:		11	
Relapses while in program:		0	

### **Totals Qtrs 1-4**

Type of Referral:	Board Action:	66
	Self-Referral:	92
Participant Impairment:	Chemical Dependency:	93
	Dual Disorder:	64
	Mental Only:	1
Successful/Unsuccessful:	Successful:	143
	Unsuccessful	15
Release Time for Successful Participants in Program:	3-5 years in program:	61
	5-6 years in program:	25
	6+ years in program:	
Treatment prior to program:		32
Treatment while in program:		28
Relapses while in program:		4

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2214	Completed	Self	None	Alcohol	No	4 Yrs	No	Practicing
2273	Completed	Self	None	Alcohol	Yes	3 Yrs	No	Practicing
2193	Completed	Board	SOU	Alcohol, Cocaine	Yes	4 Yrs	No	Practicing
2441	Completed	Self	None	Alcohol	Yes	1 Yr	No	Practicing
2442	Completed	Self	None	Alcohol	Yes	1 Yr	No	Practicing
1841	Completed	Board	SOU	Alcohol	No	8 yrs	No	Practicing
2470	Completed	Self	None	Demerol	No	> 1 Yr	No	Practicing
2166	Completed	Board	SOU	Benzos.	No	4 + Yrs	No	Practicing
2410	Completed	Self	None	Demerol	Yes	1 + Yrs	No	Practicing
2157	Completed	Self	None	Benzos., Opiates	Yes	4 + yrs	No	Practicing
2323	Completed	Self	None	Vicodin	No	2 + Yrs	No	Practicing

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2453	Completed	Self	None	Xanax	Yes	> 1 Yr	No	Practicing
2104	Completed	Self	None	Amphet.	Yes	5 Yrs	No	Practicing
2339	Completed	Self	None	Alcohol	No	2 + Yrs	No	Practicing
2337	Completed	Self	None	Vicodin	No	2 + Yrs	No	Practicing
2480	Completed	Self	None	Alcohol, Vicodin	Yes	> 1 Yr	No	Out of Practice
2412	Completed	Self	None	Alcohol	No	1 + Yrs	No	Practicing
2147	Completed	Self	None	Cocaine, Phent.	Yes	4 + Yrs	No	Practicing
2184	Completed	Board	SOU	Meth.	Yes	4 + Yrs	No	Practicing
2292	Completed	Self	None	Amphet./Food	Yes	3 Yrs	No	Practicing
2174	Completed	Board	SOU	Alcohol	No	4 + Yrs	No	Practicing
2237	Completed	Board	SOU	Alcohol	No	3 + Yrs	No	Practicing

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2364	Completed	Self	None	Alcohol, Marijuana	Yes	1 + Yrs	No	Practicing
2183	Completed	Board	SOU	Alcohol	Yes	4 + Yrs	No	Practicing
2476	Completed	Self	None	Alcohol	Yes	> 1 Yr	No	Practicing
2425	Completed	Self	None	Alcohol	No	1 + Yrs	No	Practicing
2477	Completed	Self	None	Alcohol, Amphet.	Yes	> 1 Yr	No	Practicing
2358	Completed	Self	None	Alcohol	Yes	> 1 Yr	No	Practicing
2248	Completed	Board	SOU	Ultram	No	3 + Yrs	No	Practicing
2359	Completed	Self	None	Alcohol/Meth.	No	2 Yrs	No	Practicing
2269	Completed	Board	SOU	Alcohol	No	3 Yrs	No	Practicing
2231	Completed	Board	SOU	Opiates	Yes	3 + Yrs	No	Practicing
2251	Completed	Self	None	Alcohol	No	3 + Yrs	No	Practicing



Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

Case	Release Status	Type of Referral	Enforcement Activity	Drug (s) of Abuse	Mental Health Disorder	Time in Program at Release	Relapses(s)	Practice Status at Release
2252	Completed	Board	SOU	Vicodin	Yes	3 + Yrs	No	Practicing
2388	Completed	Self	None	Vicod./Ambien	No	1 + Yrs	No	Practicing
2457	Completed	Self	None	Vicod./Fent.	No	> 1 Yr	No	Practicing
2275	Completed	Board	SOU	Vicodin	Yes	3 Yrs	No	Practicing
2121	Completed	Self	None	Xanax	Yes	5 Yrs	No	Practicing
2102	Completed	Self	None	Meth.	No	5 Yrs	No	Practicing
2289	Completed	Self	None	Vercet	No	3 Yrs	No	Practicing
2374	Completed	Self	None	Alcohol	No	1 + Yrs	No	Practicing
2481	Completed	Self	None	Alcohol	No	> 1 Yr	No	Practicing
2467	Completed	Self	None	Alcohol	Yes	> 1 Yr	No	Practicing
2432	Completed	Self	None	Alcohol/Hyrdoc	Yes	1 Yr	No	Out of Practice

**Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)**

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s ) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
1977	Completed	Board	SOU	Vicodin/Ultram	Yes	6 + Yrs	No	Practicing
2076	Completed	Board	SOU	Opiates	No	5 + Yrs	No	Practicing
2371	Completed	Self	None	Cocaine	No	1 + Yrs	No	Practicing
2427	Completed	Self	None	Alcohol/Vicodin	No	1 + Yrs	No	Practicing
2350	Completed	Self	None	Alcohol/Ativan/ Ambien	Yes	2 + Yrs	No	Practicing
2479	Completed	Self	None	Alcohol	Yes	> 1 Yr	No	Practicing
2210	Completed	Board	SOU	Alcohol	Yes	4 + Yrs	No	Practicing
2393	Completed	Self	None	Vicodin	No	1 + Yrs	No	Practicing
2177	Completed	Board	SOU	Alcohol/Vicodin	Yes	4 + Yrs	No	Practicing
2150	Completed	Board	SOU	Nubain	No	4 + Yrs	No	Practicing
2208	Completed	Board	SOU	Alcohol/Coc.	Yes	4 Yrs	No	Practicing

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2473	Completed	Self	None	Alcohol	No	> 1 Yr	No	Practicing
2464	Completed	Self	None	Alcohol	No	> 1 Yr	No	Practicing
2276	Completed	Self	None	Marijuana	No	3 Yrs	No	Practicing
2113	Completed	Board	SOU	Alcohol	No	5 Yrs	No	Practicing
2199	Completed	Board	SOU	Alcohol/Coc.	No	4 + Yrs	No	Practicing
2365	Completed	Self	None	Cocaine	Yes	1 + Yrs	No	Practicing
2175	Completed	Self	None	Opiates	Yes	4 Yrs	No	Practicing
2318	Completed	Self	None	Alcohol/Benzos	No	2 + Yrs	No	Practicing
2272	Completed	Board	SOU	Alcohol	No	3 Yrs	No	Practicing
2398	Completed	Self	None	Alcohol	No	1 + Yrs	No	Practicing
2215	Completed	Board	SOU	Herione/Opiat.	No	3 + Yrs	No	Practicing

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2329	Completed	Self	None	Demerol/Fent.	No	2 + Yrs	No	Practicing
2263	Completed	Board	SOU	Alcohol	Yes	2 + Yrs	No	Practicing
2309	Completed	Self	None	Cocaine/Opiate	No	2 + Yrs	No	Practicing
2072	Completed	Self	None	Alcohol/Vic.	No	5 + Yrs	No	Practicing
2115	Completed	Board	SOU	Alcohol	No	4 + Yrs	No	Practicing
2256	Completed	Board	SOU	Alcohol/Vic.	No	3 + Yrs	No	Practicing
2040	Completed	Self	None	Alcohol/Hydroc	No	5 + Yrs	No	Practicing
2232	Completed	Board	SOU	Alcohol	Yes	3 + Yrs	No	Practicing
2290	Completed	Self	None	Alcohol/Opiate	No	3 Yrs	No	Practicing
2322	Completed	Board	SOU	Bi-Polar	Yes	2 + Yrs	No	Practicing
2143	Completed	Self	None	Alcohol/Valium/ Ultran	No	4 + Yrs	No	Practicing

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2123	Completed	Board	SOU	Alcohol/Vicodin	Yes	4 + Yrs	No	Out of Practice
1356	Completed	Board	SOU	Alcohol	Yes	10 + Yrs	No	Practicing
2324	Completed	Self	None	Meth	Yes	2 + Yrs	No	Practicing
2159	Completed	Self	None	Meth/Cocaine	Yes	4 + Yrs	No	Practicing
2222	Completed	Board	SOU	Marijuana/Meth	No	4 Yrs	No	Practicing
2468	Completed	Self	None	Alcohol/Klonop /Ambien	No	> 1 Yr	No	Practicing
2226	Completed	Self	None	Opiates	Yes	3 + Yrs	No	Practicing
2459	Completed	Self	None	Alcohol	No	> 1 Yr	No	Practicing
2286	Completed	Self	None	Alcohol	No	3 Yrs	No	Practicing
2130	Completed	Board	SOU	Floriset	No	4 + Yrs	No	Practicing
2240	Completed	Board	SOU	Alcohol	No	3 + Yrs	No	Practicing

Physician Diversion Program –  
Releases (91 participants for the time period of Jan 2008 – March 2008, 3rd Quarter, FY07/08)

<b>Case</b>	<b>Release Status</b>	<b>Type of Referral</b>	<b>Enforcement Activity</b>	<b>Drug (s) of Abuse</b>	<b>Mental Health Disorder</b>	<b>Time in Program at Release</b>	<b>Relapses(s)</b>	<b>Practice Status at Release</b>
2419	Terminated	Self	Referred	Meth.	Yes	4 yrs	No	Out of Practice
2439	Terminated	Self	Referred	Alcohol, Benzos	Yes	4 mo	No	Practicing
2103	Terminated	Self	Referred	Opiates	No	2 yrs	Yes	Practicing


**RELAPSES (0)**


The table below shows the case details for total participant relapses during the time period reported. There were **0** relapses during the time frame from January 2008 – March 2008, 3rd Quarter.

Quarters		1 <sup>st</sup>	2 <sup>nd</sup>	3rd	4th	Totals
Type of Referral:	Board Action:	4	5	0		9
	Self- Referral:	4	2	0		6
Participant Impairment:	Chemical Dependency:	5	6	0		11
	Dual Disorder:	3	1	0		4
Length of Time in Program at Relapse:	0-1 year	4	2	0		6
	1-2 years	1	2	0		3
	2-3 years	1	2	0		1
	3-4 years	2	0	0		2
	4-5 years	0	1	0		1
	7-8 years	0	0	0		0
Total with Prior Relapses:		6	2	0		8
Method of Detection:	Random UDS:	7	5	0		12
	Collector Detection:	0	0	0		0
	DUI:	0	0	0		0
	Self Report:	0	0	0		0
	Treatment Center:	1	0	0		1
Practice Restrictions in Response to Relapse:	Stop Practice Initiated:	5	5	0		10
	Stop Practice Continued:	1	1	0		2
Clinical Response to Relapse:	Inpatient treatment:	5	1	0		6
	Increase group/urine tests:	0	0	0		0
	Retesting:	8	5	0		13
	Outpatient Treatment:	0	0	0		0
	DEC further review:	2	0	0		2
	Termination:	0	2	1*		3
	Death:	0	0	0		0
Withdrew from Program:		0	2	0		2

\* Relapse that happened in late 12/07 resulted in an early Unsuccessful Termination in early 1/08.

**M e m o r a n d u m**

To: Frank Valine  Date: April 9, 2008  
Diversion Program Administrator

From: John Yelchak   
Collection System Manager

Subject: Collection System Status Report for January 2008 – March 2008

Attached are the charts reporting the collective test results for Urine Drug Screen (UDS) samples taken during the 3rd Quarter, January 2008 – March 2008 of FY 2007/2008.

The majority of positive results continue to be a result of approved prescriptions for Naltrexone taken by some participants, or medications prescribed for surgery/medical condition. One participant still shows positive results on occasion as a result of sugar imbalances from his diabetes.

Six participants with positive UDS samples were determined to have relapsed. Two participants were ordered into inpatient treatment, as indicated on the quarterly report.

During this reporting period the "Turn Around Time" as reported by Quest lab:

	<i>Collection to lab receipt</i>	<i>Lab receipt to results reported</i>	<i>Total Time</i>
Averages:	3.8 days	1.4 days	5.2 days

Attachments



## UDS Test Results – 3rd Quarter January 2008 – March 2008

<b>POSITIVE TEST RESULTS</b>				
<b>Month 2008</b>	<b>Total # of Tests</b>	<b>Total Positive Results</b>	<b>Number of Positives</b>	<b>Comments</b>
January	637	37	2 1 33 1	Morphine. Re-test was also positive. Participant is no longer in program because of ineligibility. Fentanyl approved patch. Approved prescriptions by case manager for Naltrexone. Positives resulting from alcohol-producing microorganisms associated with participant's diabetes.
February	475	18	18	Approved prescriptions by case manager for Naltrexone.
March	480	22	22	Approved prescriptions by case manager for Naltrexone.
<b>TOTAL</b>	<b>1592</b>	<b>77</b>	<b>77</b>	

<b>NEGATIVE-DILUTE TEST RESULTS</b>				
<b>Month 2008</b>	<b>Total # of Tests</b>	<b>Total Negative- Dilute Results</b>	<b>Number of Negative-Dilute Results</b>	<b>Comments</b>
January	637	0	0	
February	475	2	2	Case Managers notified and retested.
March	480	0	0	
<b>TOTAL</b>	<b>1592</b>	<b>2</b>	<b>2</b>	

## UDS Test Results – 3rd Quarter January 2008 – March 2008

<b>INVALID/REJECTED TEST RESULTS</b>				
<b>Month 2008</b>	<b>Total # of Tests</b>	<b>Total Invalid or Rejected Results</b>	<b>Number of Invalid or Rejected Results</b>	<b>Comments</b>
January	637	1	1	Tamper-Evident seal missing. Re-tested.
February	475	9	2 1 2 1 1 2	GC/MS Interference. Re-tested. Donor Signature missing from chain of custody. Collector name/Signature not on Chain of Custody form; Re-tested. The sample leaked in transport; retested. Insufficient volume: lab used entire vial prior to completing the test; retested. Specimen ID# mismatch/missing
March	480	6	1 4 1	Collector name/Signature not on Chain of Custody form; Re-tested. Insufficient volume: lab used entire vial prior to completing the test; Re-tested. Specimen ID# mismatch/missing
<b>TOTAL</b>	<b>1592</b>	<b>16</b>	<b>16</b>	

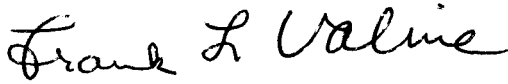
## Action taken on Positive (UDS Test) Results – 3rd Quarter January – March 2008

<b>JANUARY POSITIVE TEST RESULTS (other than Naltrexone)</b>					
	<i>Collection Date</i>	<i>Lab Received Date</i>	<i>Lab Reported Date</i>	<i>Substance</i>	<i>Action Taken/Comments</i>
1	12/29/07	1/2/08	1/15/08	Alcohol, Ethyl (.03 g/dL)	Possible reasoning was diabetes producing alcohol micros. Etg was negative.
2	1/7/08	1/8/08	1/9/08	Morphine (546 ng/mL)	Participant not working and not eligible for the Program.
3	1/10/08	1/14/08	1/16/08	Morphine (361 ng/mL)	Re-test was also positive. Participant denied using on both accounts.
4	1/22/08	1/23/08	1/25/08	Fentanyl (961 pg/mL)	Approved medication after surgery.

# Memorandum

**Date** : April 8, 2008

**To** : Kimberly Kirchmeyer  
Deputy Executive Director

**From** : Frank Valine   
Diversion Program Administrator

**Subject:** Program Update

As of March 31, 2008, we have 74 participants currently active in the Diversion Program.

**Out-of-State**        4        Enforcement Participants

**Northern**        27        17 Enforcement Referrals and 10 Probation Referrals

**Southern**        43        31 Enforcement Referrals and 12 Probation Referrals

**Total**        74        (48 Enforcement Referrals, 22 Probation Referrals and 4 OS)

There are five Diversion Evaluation Committee (DEC) Meetings to be held. The Southern California DEC meetings will be held on April 16, April 30, May 14, May 28 and the Northern California DEC meeting will be held on May 22, 2008.

Please let me know if you have any questions.