AN OPEN LETTER TO ALL CALIFORNIA PHYSICIANS

Dear Doctor:

AIDS is perhaps the most discussed medical phenomenon of this decade. As Surgeon General Everett Koop has reported, AIDS is a very serious public health hazard which will be increasing in severity and which will require a major response at all levels.

The Surgeon General has called for widespread public education on the prevention of AIDS. He has emphasized the need for everyone, not just high risk groups, to be educated on how to reduce the risk of exposure. It has become apparent in the past few years that almost no-one can be certain of avoiding exposure to this disease. In addition to the kinds of public education that can be developed for the general media, there is a need for primary care physicians to be prepared to educate and counsel their patients.

In addition, there is another educational need particularly pertinent to physicians.

THE BOARD OF MEDICAL QUALITY ASSURANCE HAS NOTED INCREASED ANECDOTAL EVIDENCE THAT MANY PRIMARY CARE PHYSICIANS ARE NOT ADEQUATELY INFORMED OR TRAINED IN HOW TO RECOGNIZE AIDS AND AIDS RELATED COMPLEX (ARC), PARTICULARLY IN THE EARLY STAGES, AND IN HOW TO TREAT THEIR VARIOUS OPPORTUNISTIC INFECTIONS.

We believe that all physicians, particularly primary care practitioners, owe it to themselves and their patients to become educated in the early recognition, differential diagnosis and treatment of AIDS. The odds are approaching certainty that any given primary care physician will encounter a patient with AIDS or ARC, or a positive antibody response, indicating exposure to the virus. You should ask yourself, "Would I recognize AIDS if I saw it in one of my patients?"

In most areas of California there now are AIDS hotlines listed in phone books. Both the CMA and the component county medical societies have created committees on AIDS or have developed other AIDS resources to assist physicians. Many hospitals and other local organizations also are offering CME courses, lectures and programs. In coming issues of the BMQA ACTION REPORT, we will be publishing additional information on resources available to you to increase your knowledge.

Finally, although in the first few years cases of AIDS were concentrated in two high-risk groups—IV drug users and homosexual men—it is now clearly a disease which can affect anyone. A possible diagnosis of AIDS should never be overlooked in a patient with suspicious symptoms in the belief that he or she is not "at risk". The diagnostic workup should follow the same careful procedures you would use for any other infectious disease.

Again, on behalf of the Board, I urge you in the strongest possible terms, to become knowledgeable about this disease. No patient should be given inadequate treatment because his or her doctor didn’t know what to do. No person should be exposed needlessly to an essentially incurable disease for lack of education from his or her physician.

Sincerely,

Rendel Levonian, M.D.
PRESIDENT OF THE BOARD

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New Requirements Affect Reporting of Physician Discipline

In the last issue of Action Report, we described several recent law changes relating to the BMQA. One of these affects the requirement for health facilities to report physician disciplinary actions to the Board.

Section 805 of the Business and Professions Code requires hospitals and other health facilities to report the following incidents to the licensing boards for physicians, podiatrists or psychologists (BMQA) or for dentists (Board of Dental Examiners) if such action was for any medical disciplinary cause or reason, including voluntary resignation to avoid discipline:

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DISCIPLINARY ACTIONS
August 1, 1986–December 31, 1986
Physicians and Surgeons

BATTLESON, Bruce K., M.D. (A-27978)—Bishop
2234(b) and (d) B&P Code
Stipulated decision. Gross negligence and incompetence in the management of a patient with cardiac problems. Revoked, stayed, 5 years probation on terms and conditions. September 3, 1986

BRADSHAW, John W., M.D. (G-26168)—W'tillows
2235, 2236, 2234(b), (c), (d), 2238 B&P Code; 1190 H&S Code
Stipulated decision. Gross negligence and repeated negligent acts, incompetence, and repeated acts of clearly excessive administering of treatment, use of diagnostic procedures and facilities involving seven patients. Revoked, stayed, 7 years probation on terms and conditions. November 24, 1986

GREEN, Carl Leroy, M.D. (C-26550)—San Diego
2234, 2234(b) B&P Code
Stipulated decision. Sexual transgressions with female patients constituting gross negligence in psychotherapy practice. Revoked, stayed, 10 years probation on terms and conditions, including 1 year actual suspension. October 20, 1986

HAMILTON, James A., M.D. (A-009470)—San Francisco
2235, 2234(d) B&P Code
Stipulated decision. Conviction for making false certifications of medical conditions. Revoked, stayed, 5 years probation on terms and conditions. September 25, 1986

HERSHEBERG, Philip L., M.D. (G-30002)—Needham, Massachusetts
2230, 2236 B&P Code
Conviction for illegally distributing controlled substances. Revoked, stayed, 5 years probation on terms and conditions. September 27, 1986

HOLBROOK, Julius C., M.D. (A-14460)—Antioch
2234(b), (c), (d), 2238 B&P Code
Stipulated decision. Conviction for violations of Uniform Controlled Substances Act. Revoked, stayed, 5 years probation on terms and conditions, including actual suspension of 150 days. October 15, 1986

HURTIZ, Seymour A., M.D. (G-00890)—Los Angeles
2234(c), (d), (e) B&P Code
Stipulated decision. Gross negligence, repeated negligent acts and incompetence in his inadequate evaluation and performance of vascular surgeries for which he called vertebral basilar artery insufficiency of the brain (these cases occurred before the effective date of a prior discipline). Revoked, stayed, 5 years probation to run concurrent with terms and conditions of prior decision. September 15, 1986

JACOBS, Lawrence, M.D. (C-19856)—Cloverdale
2234(b) and (d) B&P Code
Stipulated decision. Gross negligence and incompetence in a surgical repair of a hernia in one case, and in the treatment of a fractured arm of another patient. Revoked, stayed, 5 years probation on terms and conditions. August 29, 1986

JOHNSTON, Denise, M.D. (G-44309)—Montebello
2234(b) and (c) B&P Code
Stipulated decision. Gross negligence and incompetence in the administration of treatment, use of diagnostic procedures and facilities involving seven patients. Revoked, stayed, 7 years probation on terms and conditions. December 8, 1986

KAPLAN, Steven L., M.D. (G-29764)—Nova Scotia, Canada
2230 B&P Code

KAY, Sherman A., M.D. (C-38191)—Franklin, Michigan
2234, 2236, 2234(b) B&P Code
Stipulated decision. Conviction by Michigan Board for a federal violation involving a scheme to defraud the Medicaid program. Revoked, stayed, 5 years probation on terms and conditions. November 24, 1986

LASKOWSKA, Irena A., M.D. (A-37576)—San Jose
2235 B&P Code
License was issued in error on the mistaken belief that partly completed medical rotations during the one year of internship required for license had been fully completed. No fraud or dishonesty was involved. Revoked, stayed, 5 years probation on terms and conditions, including an intensive clinical training program. August 28, 1986

MARTINEZ, Anthony, M.D. (C-15205)—City of Commerce
2234(b), 2236, 2238 B&P Code
Stipulated decision. Conviction for making false certification of medical conditions to enable parties to obtain disability insurance benefits. Revoked, stayed, 5 years probation on terms and conditions. September 11, 1986

MC CORMICK, Michael B., M.D. (G-46908)— Victorville
490, 2236, 2236(a) B&P Code
Discipline by California Board for medical or professional misconduct involving unlawful prescription for Schedule II drugs. Revoked, stayed, 5 years probation on terms and conditions. September 11, 1986

MILLBURN, Lowell F., M.D. (G-018901)—Middletown, Ohio
2235 B&P Code
Discipline by Kentucky Board for mental disability related to alcoholism, now on medical supervision. Revoked, stayed, 5 years probation on terms and conditions. Default decision. August 14, 1986

MOHR, Carolyn S., M.D. (A-32065)—Inglewood
490, 2236, 2234(b) B&P Code
Stipulated decision. Conviction for filing false Medi-Cal claims. Revoked, stayed, 5 years probation on terms and conditions. October 20, 1986

MOOREHEAD, Will E., M.D. (C-33058)—San Francisco
2234, 2236 B&P Code
Stipulated decision. Conviction for filing false Medi-Cal claims. Revoked, stayed, 5 years probation on terms and conditions. August 15, 1986

NGUYEN, Thi V., M.D. (A-36669)—Huntington Beach
810, 2234(c), 2236 B&P Code
Stipulated decision. Conviction for filing false Medi-Cal claims. Revoked, stayed, 5 years probation on terms and conditions. September 11, 1986

NGUYEN, Xuan Truong, M.D. (A-38532)—Garden Grove
490, 2236, 2234(b), 2236 B&P Code
Stipulated decision. Conviction for filing false Medi-Cal claims. Revoked, stayed, 5 years probation on terms and conditions. September 11, 1986

OHRN, Cato, M.D. (A-19537)—Poway
2234, 2236, 2234(d) B&P Code
Excessive prescribing of controlled substances without a good faith prior examination and medical indication, in a grossly neglectful and incompetent manner. Revoked. Default decision. August 15, 1986

OKAWACHI, George S., M.D. (A-21500)—Upland
725, 2234(a), (c), (d) B&P Code
Stipulated decision. Gross negligence, repeated negligent acts, incompetence and repeated acts of clearly excessive administering of treatment, use of diagnostic procedures and facilities involving nine patients. Revoked, stayed, 7 years probation on terms and conditions. December 15, 1986

ORR, William M., M.D. (C-34480)— Mishawaka, Indiana
472 B&P Code
Ability to practice safely impaired by mental illness. Revoked, stayed, 10 years probation on terms and conditions. September 22, 1986
PATWARDHAN, Vinod C., M.D. (A-29318)—Montclair, New Jersey

PHAN, Tung Dong, M.D. (A-36944)—San Jose

PHILLIPS, Elliott R., M.D. (G-31876)—Los Angeles

ROTHE, Ronald, M.D. (A-10418)—Banning, California

SABOT, Theodore J., M.D. (G-08525)—Vacaville, California

SCHNEIDER, Norman B., M.D. (G-23391)—Bakersfield

SIMMONS, Marvin W., (C-12065)—Fresno

SPAR, Harvey R., M.D. (C-26588)—Stockton, California

STANZEL, Cailla, M.D. (A-30295)—Las Vegas, Nevada

STEVENSON, Melbourne H., M.D. (A-27912)—Palo Verde Estates

TAYLOR, Stanley D., M.D. (G-40570)—San Bernardino

THILL, Albert E., M.D. (A-13488)—Anaheim

TORRES, Jose C., M.D. (G-34836)—Oakland

VU, Uong Van, M.D. (A-25956)—San Diego

WEBBER, James T., M.D. (G-29165)—San Diego

WIXTER, H. Milton, M.D. (A-18596)—Visalia

KOLKER, Lionel D., DPM (E-1590)—La Mesa, California

NEW REQUIREMENTS

Continued from Page 1

- Denial of staff privileges;
- Removal from medical staff;
- Restriction of staff privileges for a cumulative total of 45 days in any calendar year.

Reports under Section 805 must be certified by the chief executive officer, and the chief of the medical staff if such exists, and must be submitted to the appropriate agency within twenty working days of the action. Senate Bill 1888, which took effect January 1, 1987, adds several provisions to this section. First, professional societies, medical specialty societies, health care service plans and medical care foundations now are required to make reports to the licensing boards, as above.

Second, all records, statements of charges, documents, medical charts or disciplinary proceedings may be inspected by the board in question. However, such documents shall be kept confidential by the board, and are not subject to discovery.

A third provision of SB 1888 amends the Civil Code. Section 43.97 now provides certain protections for those who file such reports. When a report is made pursuant to Section 805, "There shall be no monetary liability on the part of, and no cause of action against a hospital for any action taken, or infringing upon a person's rights." The amended version of Section 805 also will be available in 1987 editions of the Business and Professions Code.

PODIATRISTS

KOCKINIS, Angelo, DPM (E-1106)—Sacramento

KAUFMAN, Paul, DPM (E-1590)—San Francisco

RICHARDS, Alan H., DPM (E-1590)—San Diego

VOGT, John R., DPM (G-2570)—Sacramento

PODIATRISTS
Suppose you have a small interest in a physical therapy clinic or a nursing home. Your patient needs some diathermy, or a few weeks postoperative nursing care. Can you refer the patient to your own facility; and, if so, what restrictions apply?

Generally, the answer is "yes, but . . .". If you have a significant beneficial interest in an organization, then before you refer to or bill on behalf of that organization you must disclose two things to the patient:

1. That you have a beneficial interest in the organization; and
2. That the patient is free to go to any other organization he or she chooses to receive the same services.

What is meant by an organization?
This term applies to any individual, entity, facility, clinic or other provider of health care services. Here, again, there are exceptions. Prepaid health plans licensed by the Department of Health Services are exempt.

How is this disclosure to be made to patients?
There are two choices: You may post a "conspicuous disclosure statement" in an area which is likely to be seen by all patients who use the facility. If you are part of a large organization, one such sign may be posted in a central area such as a registration area, to satisfy this requirement for the entire organization. The second option is to provide each patient a written disclosure at the time a referral is made.

Are there other requirements?
Yes. Beginning July 1, 1987, a third-party payer may request information about organizations in which you have an interest as described above. You must provide the information, but each third-party payer can make such a request only once each year.

Finally, this law does not override other laws restricting ownership of one provider by another. Examples include non-physician ownership of a medical corporation, or optometrist ownership of a dispensing optician firm, both of which are prohibited.

Copies of this law, as amended in 1986, are available from the Legislative Bill Room, State Capitol, Sacramento, CA 95814. Ask for Chapter 881, Statutes of 1986. The amended version of Section 654.2 also should be available in 1987 editions of the Business and Professions Code.

COMING NEXT ISSUE
A Primer for Physicians on Treatment Strategies for AIDS