

Action Report

Medical Board of California

October 1997 Vol. 63
A Quarterly Publication

www.medbd.ca.gov

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1996 - 97 ANNUAL REPORT	The Medical Board's 1996-97 Annual Report is contained in the insert.
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Medical Board of California Meeting Dates/Locations

1997

Nov. 6 - 8* San Diego

1998

Feb. 5 - 7 Los Angeles

May 7 - 9 Sacramento

July 30 - Aug. 1 San Francisco

Nov. 5 - 7 San Diego

* Changed from Oct. 30 - Nov. 1

California Healthy Families Program

The recently enacted Federal Budget includes provisions for a major expansion of health coverage for children. As of October 1, 1997, \$20+ billion in federal matching funds became available to the states over the next five years to expand children's health care. California is expected to receive approximately \$4 billion over this five-year period. The form which this expansion takes has largely been left to the states to design and it appears that California will be able to move rapidly to extend these benefits to its residents.

Prior to the end of the 1997 legislative session, the Wilson Administration forwarded to the Legislature a plan which would outline implementation of the program in California. The California Healthy Families Program (CHFP) is the Wilson Administration's blueprint for providing accessible and affordable health insurance for up to 580,000 low-income, uninsured children under age 19. These children are from families which generally earn incomes above the limit to qualify for free Medi-Cal benefits, are employed in low-wage jobs that typically do not offer insurance, and which cannot afford private health insurance.

In the last hours of the session, agreement was reached on Senate Bill 903 (Lee) and Assembly Bill 1126 (Villaraigosa) which will enable implementation of the CHFP. State Health Director Kimberly Belshe described CHFP as "...a very positive program that will improve the health status of California's uninsured children. Most of all, it's a victory for kids." The program, which will allow market competition and flexibility while providing a level of government oversight necessary to ensure quality, includes the following features.

- Child Focused Comprehensive Benefit Package—the benefit package contains all the health, dental and vision care benefits necessary for a child to attend school healthy and ready to learn.
- Choice—families will have a choice of health plans and be able to select the plan which best meets the needs of their children.

- Low Cost—families between 100-150% of poverty will have a premium payment of \$7 per child, capped at \$14/month; 150-200%—\$9; capped at \$27. The co-payment is \$5.
- Statewide and Community Based Outreach—a statewide outreach effort to reach all eligible parents, a statewide media campaign and targeted multi-cultural linguistically appropriate local campaigns will be used.
- Significant Numbers of Children Could Be Enrolled in a Short Time Frame—the first child could be enrolled in the program within six to nine months of enactment of the authorizing legislation.

The program, which will be managed by the Major Risk Medical Insurance Program, is scheduled to become available by July 1, 1998.

Manufacturers Withdraw Fenfluramine and Dexfenfluramine

The Food and Drug Administration has announced that the companies that manufacture fenfluramine and dexfenfluramine (part of the popular "fen-phen" appetite suppressant combination) have voluntarily agreed with the FDA to withdraw their drugs from the market. This action is being taken after new findings by physicians that 30 percent of patients taking these drugs who were evaluated had abnormal echocardiograms, even though they had no symptoms. In July, researchers at the Mayo Clinic reported 24 cases of rare valvular disease in women who took "fen-phen." The FDA now recommends that patients using either fenfluramine or dexfenfluramine stop taking them.

While this development has been widely publicized, the Medical Board seeks to help spread the word to California physicians who may be treating patients who have used the drugs in question. The FDA is asking all health care professionals to report any cases of valvular disease in patients who have taken "fen-phen" to the agency's MedWatch program at (800) FDA-1088 or (800) FDA-0178—fax, or to the respective pharmaceutical manufacturers.

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

by
Stewart Hsieh, J.D., President of the Board

In keeping with recent tradition, this year's Annual Report of the Medical Board of California is included as an insert in this edition of the *Action Report*. I'm especially pleased to draw your attention to the statistics reflected in Fiscal Year 1996-97.

The Division of Medical Quality's commitment to swift and direct action ensures expedient public protection if a physician represents a clear and immediate danger to public safety. Using Fiscal Year 1992-93 as a baseline, the Board has received increasing numbers of consumer complaints. As a result, in FY 92-93 there were 25 interim suspension orders (ISO) or temporary restraining orders (TRO) issued; in FY 96-97, there were 37 issued, the greatest number of ISOs/TROs the Board has ever obtained in a single year. In FY 92-93, there were 433 referrals to the Attorney General for prosecution; in FY 96-97, there were 567 referrals.

In FY 1992-93, 71 licenses were either revoked or surrendered in lieu of Accusation or with disciplinary action pending (41/30); in FY 96-97, the number of licenses either revoked or surrendered was 136 (49/87). This is a 96 percent increase. This reflects well on the quality of our investigations and on the expertise of the deputy attorneys general who have facilitated license surrender rather than the time-consuming and expensive alternative of administrative hearing.

In FY 92-93 citation and fine did not exist. However, after establishing regulations and implementing the process, the cite and fine program went on-line at the end of FY 93-94 (and three citations were issued). In FY 96-97 the number was 214. The cite and fine program contributed directly to fewer cases being referred to the AG for administrative action regarding relatively minor violations, and has saved the Board and our licensees time and money.

I would like to especially praise the hard work of the staff and attorneys of the Attorney General's Health Quality Enforcement Section. Also, Medical Board Chief of Enforcement John Lancara and his enforcement staff are to be commended for their diligence.

Alternative Medicine Colloquium

On August 22-23 the Medical Board hosted a colloquium on alternative medicine in San Diego. In view of recent studies

showing that the use of unconventional therapies by consumers is widespread, the Board wished to maintain currency with recent trends in the areas of health care commonly referred to as alternative, complementary, or integrated medicine. Speakers and their topics included:

Cameron Little, M.D., Executive Director of the College of Physicians & Surgeons of Nova Scotia: "The Canadian Experience with Alternative Medicine"; David Spiegel, M.D., Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine: "The History of Federal Action, and the Future of Alternative Medicine"; Michael Carlston, M.D., Course Director and Principal Faculty, University of California, San Francisco, School of Medicine: "Integration of Complementary Medicine into Conventional Medical Education and into Managed Care"; Suzanne Teuber, M.D., Assistant Professor of Internal Medicine, Division of Rheumatology, Allergy and Clinical Immunology, University of California, Davis: "Alternative Center Experiences".

Ellen Hughes, M.D., Associate Clinical Professor of Medicine, Division of General Internal Medicine, University of California, San Francisco: "Alternative Center Experiences"; Lawrence Schneiderman, M.D., Professor, Department of Family & Preventive Medicine and Department of Medicine, University of California, San Diego, School of Medicine: "Medical Ethics of Alternative Medicine"; Deborah Senn, Insurance Commissioner, State of Washington: "Washington State Experience in Alternative Medicine"; Christine Hall, J.D., General Counsel, Medical Board of California: "Informed Consent".

The Colloquium was heavily oriented toward structured research programs which are taking place. The commentators supported the position that if alternative medicine holds any promise, it will be most useful once proven by scientific research. Public comment also was taken; most speakers were either consumers or medical care practitioners interested in various alternative medicine therapies.

Audiotapes of the Colloquium may be purchased by contacting Yolanda Gonsolis, Medical Board of California Executive Office, at (916) 263-2389.



Stewart Hsieh, J.D.



THE CALIFORNIA CANCER REGISTRY: Responsibilities and Resources for California Physicians

CANCER IS A REPORTABLE DISEASE

California law requires every cancer diagnosis made in this state to be reported to the California Cancer Registry (CCR) of the Department of Health Services (DHS). The exceptions are basal and squamous cell carcinomas of the skin other than on the genitalia, carcinoma *in situ* of the cervix, and cervical intraepithelial neoplasia grade III (CIN III).

Physicians are required to report only those cancers which are diagnosed or treated in the office setting, and the patient does not enter a hospital or treatment facility. Physicians are required to complete a Confidential Morbidity Report Form, and to send it to the regional cancer registry as shown on this map. (Health and Safety Code §103885.)

In addition to the reporting requirement, the law grants DHS or its designated representative the authority to access cancer-related information in patient records. Physicians also are required to inform their patients of the legal reporting requirements for cancer. Patient information sheets are available from the regional registries, or from the CCR at 916•327•4663.

THE IMPORTANCE OF REPORTING

Cancers which do not require hospitalization tend to differ from those seen in hospital treatment facilities. Reporting these cases is critical for the accuracy and integrity of California's cancer data. You may obtain more information on cancer reporting requirements from your Regional Registry, or from DHS. Information also is available from the California Medical Association's "FAX On Demand Service" at 1•800•592•4CMA. Ask for Document #1501.

RESOURCES FOR PHYSICIANS AND PATIENTS

The CCR is one of the most prestigious cancer registries in the world, one which serves as an important resource for physicians and health researchers involved in the search for cancer causes, cures and prevention. The statewide registry is based in Sacramento, while eight regional cancer registries collect and process data for the ten reporting regions shown on the map. In addition to cancer incidence and mortality data, the CCR provides data for:

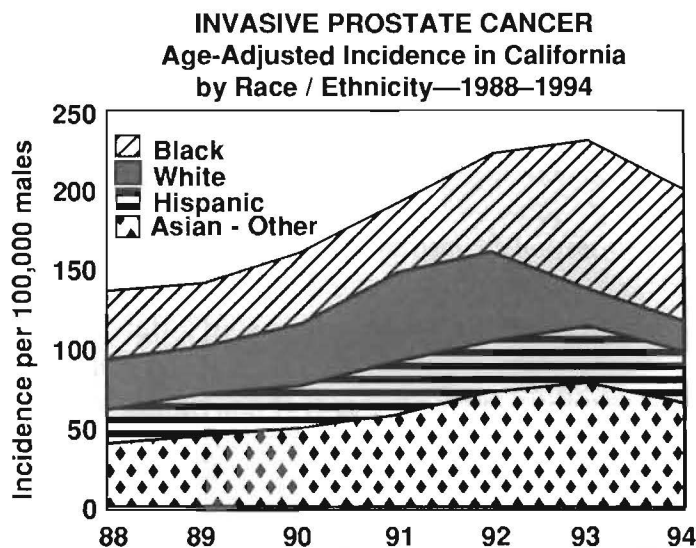
- ◆ biomedical and epidemiological research
- ◆ monitoring cancer incidence and stage
- ◆ developing and targeting resources
- ◆ evaluating treatment alternatives
- ◆ measuring the success of cancer screening programs.

Because of the size of California's population, and its racial and cultural diversity, the CCR offers unique opportunities to assess cancer risk factors, and stage at diagnosis among ethnic groups.

Among the kinds of information available from the CCR:

- ◆ State, regional and county cancer incidence and mortality rates
- ◆ On-line cancer incidence data and reports (WWW.CCRCAL.ORG)
- ◆ Distribution of specific types of cancers
- ◆ Responses to community questions and concerns about cancer
- ◆ Data for studies in special areas of interest

The following chart is one example of the kinds of data available from CCR. It illustrates the changes over time in the incidence of invasive prostate cancer. The changes in incidence are attributed mainly to changes in screening level.



New Drafts Available from National Institutes of Health, HHS

HIV/AIDS Clinical Care Guidelines

Federal health officials recently released a series of DRAFT documents including clinical care guidelines related to HIV/AIDS. These materials were developed by panels of experts, to provide current and comprehensive information on therapies for HIV/AIDS, particularly the new *protease inhibitors* and their use in combination therapy.

This body of work is a summary of new data which will provide both the scientific basis and specific guidelines for the treatment of HIV infected persons and will assist clinicians and patients in making informed decisions about treatment options. Highlights of the three draft documents which have been released include:

I. Draft Report of the NIH Panel to Define Principles of Therapy of HIV Infection

The panel of the National Institutes of Health discusses the following "Principles of Therapy of HIV Infection:"

1. Ongoing HIV replication leads to immune system damage and progression to AIDS. HIV infection is always harmful and true long-term survival free of clinically significant immune dysfunction, is unusual.
2. Plasma HIV RNA levels indicate the magnitude of HIV replication and its associated rate of CD4+ T-cell destruction, while CD4+ T-cell counts indicate the extent of HIV-induced immune damage already suffered. Regular, periodic measurement of plasma HIV RNA levels and CD4+ T-cell counts is necessary to determine the risk of disease progression in an HIV-infected individual and to determine when to initiate or modify antiretroviral treatment regimens.
3. As rates of disease progression differ among individuals, treatment decisions should be individualized by level of risk indicated by plasma HIV RNA levels and CD4+ T-cell counts.
4. The use of potent combination antiretroviral therapy to suppress HIV replication to below the levels of detection of sensitive plasma HIV RNA assays limits the potential for selection of antiretroviral-resistant HIV variants, the major factor limiting the ability of antiretroviral drugs to inhibit virus replication and delay disease progression. Therefore, maximum achievable suppression of HIV replication should be the goal of therapy.
5. The most effective means to accomplish durable suppression of HIV replication is the simultaneous initiation of combinations of effective anti-HIV drugs with which the patient has not been previously treated and that are not cross-resistant with antiretroviral agents with which the patient has been treated previously.
6. Each of the antiretroviral drugs used in combination therapy regimens should always be used according to optimum schedules and dosages.
7. The available effective antiretroviral drugs are limited in number and mechanism of action, and cross-resistance between specific drugs has been documented. Therefore, any change in antiretroviral therapy increases future therapeutic constraints.
8. Women should receive optimal antiretroviral therapy regardless of pregnancy status.

Continued on next page

AIDS GUIDELINES

Continued from previous page

9. The same principles of antiretroviral therapy apply to both HIV-infected children and adults, although the treatment of HIV-infected children involves unique pharmacologic, virologic, and immunologic considerations.
10. Persons with acute primary HIV infections should be treated with combination antiretroviral therapy to suppress virus replication to levels below the limit of detection of sensitive plasma HIV RNA assays.
11. HIV-infected persons, even those with viral loads below detectable limits, should be considered infectious and should be counseled to avoid sexual and drug-use behaviors that are associated with transmission or acquisition of HIV and other infectious pathogens.

II. Draft Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents

These Guidelines were developed by the Panel on Clinical Practices for Treatment of HIV Infection convened by the Department of Health and Human Services and the Henry J. Kaiser Family Foundation.

This document and the "Principles of Therapy" (mentioned above) "... should provide the pathogenesis-based rationale for therapeutic strategies as well as practical guidelines for implementing these strategies." This document addresses the following issues: the use of testing for plasma HIV RNA levels (viral load) and CD4+ T-cell count; considerations for when to initiate therapy in established HIV infection; special considerations for therapy in patients with advanced stage disease; interruption of therapy; considerations for changing therapy and available therapeutic options; the treatment of acute HIV infection; and considerations for antiretroviral

therapy in the pregnant women.







III. U.S. Public Health Service Recommendations for use of Antiretroviral Drugs During Pregnancy for Maternal Health and Reduction of Perinatal Transmission of Human Immunodeficiency Virus Type 1 in the United States (Proposed Guidelines — U.S. Public Health Service)

As stated in these proposed guidelines:

"This document is intended to give the health care professional information for discussion with the woman to enable her to make an informed decision regarding use of antiretroviral drugs during pregnancy." This report contains major discussions in the areas of: special considerations regarding the use of antiretroviral drugs by HIV-1-infected pregnant women and their infants; updates on studies relevant to Zidovudine chemoprophylaxis of perinatal HIV-1 transmission; the correlation of perinatal transmission with viral load; general principles regarding use of antiretrovirals in pregnancy; and recommendations for antiretroviral chemoprophylaxis to reduce perinatal HIV transmission.

In collaboration with the Department of Health Services' Office of AIDS, we have attempted to highlight in this brief article some of the more salient points of these draft documents. These highlights should be informative for all physicians and surgeons. However, we encourage physicians who are treating HIV-infected individuals to obtain copies of the actual draft documents.

These documents are available from:

-  The National AIDS Clearinghouse at 1-800-458-5231
-  The Clearinghouse Web site (<http://www.cdcnac.org>)
-  The HIV/AIDS Treatment Information Service at 1-800-448-0440
-  By FAX at (301)519-6616
-  By TTY at 1-800-243-7012
-  Or at their Web site (<http://www.hivatis.org>)

Medical Consultant (Enforcement) Positions Available: Medical Board of California

Respond by 11/1/97

The Department of Consumer Affairs, Medical Board Of California is currently examining for the position of Medical Consultant (Enforcement), Medical Board Of California. **Permanent Intermittent** positions exist statewide with the Department of Consumer Affairs, Medical Board of California. Salary Range \$49.09 - \$49.24 Hourly.

Only those who meet the following requirements will be admitted to the examination for this classification:

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

Special Personal Characteristics: Demonstrated ability to work cooperatively with others; emotional stability; integrity; initiative; good judgment; dependability; tact; courtesy; high professional ethics.

Knowledge of: Medicine and surgery, including recent developments and practices; hospital organization, procedures, and record keeping; provisions of Business and Professions Code relating to the practice of medicine and surgery and the laws, rules and regulations of the Medical Board of California relating to medical practice; methods of diagnosis and treating medical disorders; pathology and interpretation of autopsy findings; medical specialties.

Ability to: Conduct effective interviews; exercise sound medical judgment in reviewing conflicting medical reports

and preparing opinions; analyze problems and take effective action; perform administrative tasks; dictate correspondence and prepare reports; communicate effectively both orally and in writing.

Under the general direction of the district office Supervising Investigator, the Medical Consultant (Enforcement), Medical Board of California, serves as a medical consultant to the Enforcement Program evaluating the professional competence of physicians and surgeons; provides medical expertise in the review of medical investigations and evaluations of the professional conduct of licensees in relation to the requirements of the law; arranges and coordinates the expert review of medical records; inspects medical records to assure conformance with the law; coordinates the activities of the peer panels; counsels physicians whose medical practice or behavior is considered below acceptable standards; and performs other functions as related.

If interested, send a post card by 11/1/97 to:

Department of Consumer Affairs
Attention: Elbia Jue, Selection Services
400 R Street, Suite 2000
Sacramento, CA 95814

Provide the following information:

- Name
- Address
- Phone/Fax No.
- Medical License No.

If you need additional information, please call Elbia Jue, Selection Services (916) 327-4966.

Are You Prepared for the Year 2000?

As a result of testimony at a joint hearing of several California legislative committees, the Board has been asked to alert you to the importance of assessing the readiness of your office automation to correctly process dates after the year 2000. As you may already know, the "year 2000" automation problem is the result of hardware or software erroneously assuming that the year 2000, carried in the computer as "00", is in fact the year 1900. Calculations or logical decisions made by the computer based on this error can cause serious problems.

Already, there have been media reports of medicine which would be slated for destruction because the computer which checks its date would determine the pharmaceutical had expired in 1900, rather than in the year 2000. Additionally, the US Food and Drug Administration has recommended that all

medical device manufacturers locate "year 2000" deficiencies in their products and assist customers in fixing those already sold and assure that new products will not malfunction because of the date change. The FDA is aware of some radiation treatment planning systems which, if unchecked, will miscount the periodic service intervals which could lead to a recommendation to give an improper dose of radiation to a patient. Similar difficulties may be experienced with office PCs, billing systems, and other computer-based systems.

If you have not already done so, we recommend you contact your hardware and software vendors to determine if the systems upon which you rely are designed to operate properly with dates after the year 2000.

DISCIPLINARY ACTIONS: MAY 1, 1997 TO JULY 31, 1997

Physicians and Surgeons

ALEXANDER, DANIEL J., M.D. (C24686)

Los Angeles, CA

B&P Code §§650, 2234(c)(e), 2236. Stipulated Decision. Criminal conviction for violation of B&P Code §650, engaged in acts involving dishonesty or corruption by repeatedly placing his signature on incomplete prescriptions or certificates of medical necessity which he provided to a company in exchange for unlawful compensation. Revoked, stayed, 5 years probation with terms and conditions. June 30, 1997

ALTMAN, JOHN HYDE, M.D. (G44371)

Los Angeles, CA

B&P Code §§726, 2234(b)(c). Stipulated Decision. Committed acts of sexual misconduct with a female patient. Revoked, stayed, 2 1/2 years probation with terms and conditions. May 29, 1997

ANDERSON, JEFFRY LEWIS, M.D. (C32572)

Corte Madera, CA

B&P Code §725. Stipulated Decision. Prescribed excessive amounts of Xanax and Tylenol with Codeine, between 1984 and 1988, to a patient who was suffering from chronic pain, anxiety, and insomnia. Public Letter of Reprimand. May 7, 1997

ANTONSSON, KARIN ANNA, M.D. (A40112)

San Francisco, CA

B&P Code §822. Impairment due to mental illness. Revoked, stayed, 5 years probation with terms and conditions and 60 days actual suspension. June 9, 1997

BAERWALD, WOLFGANG HANS, M.D. (C41201)

Benrus Point, NY

B&P Code §141(a). Stipulated Decision. Disciplined by New York for inappropriately altering the treatment record of a

patient. Revoked, stayed, 3 years probation with terms and conditions. July 28, 1997

BALOGH, LASZLO, M.D. (A46588) La Jolla, CA

B&P Code §2234. Violated the terms and conditions of probation. Revoked. June 12, 1997

BERTSCH, DALE ROGER, M.D. (G7956) Phoenix, AZ

B&P Code §141(a). Revoked by Arizona following his conviction for murder. Revoked. June 9, 1997

BICHER, JAMES HAIM ISIDORO, M.D. (A37798)

Tarzana, CA

B&P Code §2234. Stipulated Decision. Charged with negligence, gross negligence and incompetence in his care and treatment of 3 cancer patients. Admits there is a basis for the imposition of discipline. Revoked, stayed, 18 months probation with terms and conditions. December 29, 1995

BIENER, ROBERT S., M.D. (G2457) Tustin, CA

B&P Code §141(a). Stipulated Decision. Surrendered his license in Massachusetts following allegations of misconduct with a female patient. Revoked, stayed, 4 years probation with terms and conditions. May 12, 1997

BLEDIN, ANTHONY GERALD, M.D. (C42124)

Thousand Oaks, CA

B&P Code §§650, 2234(e), 2261, 2273. Stipulated Decision. Unlawful payment of patient referral fees and falsely concealing those referral fees as rental fees. Revoked, stayed, 3 years probation with terms and conditions. July 28, 1997

BLOOM, LEE B., M.D. (C29238) Hidden Hills, CA

B&P Code §2234. Stipulated Decision. Failed to restrain

Explanation of Disciplinary Language and Actions

"Effective date of Decision"— Example: "July 7, 1997" 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 being pursued"— The disciplinary decision is being challenged through the court system—Superior Court, maybe Court of Appeal, maybe 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.

"Probationary Terms and Conditions"— Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

"Public Letter of Reprimand"—A lesser form of discipline that can be negotiated for minor violations 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, 5 years probation on terms and conditions, including 60 days suspension" — "Stayed" means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified

probationary terms and conditions, which, in this example, includes 60 days 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 negotiated and settled prior to trial.

"Surrender"— Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

"Suspension from practice"— The licensee is prohibited from practicing for a specific period of time.

"Temporary Restraining Order"— A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

himself from verbally abusing and striking a hospitalized adolescent. Public Letter of Reprimand. February 25, 1997

DIBLASI, ROBERT JOSEPH, M.D. (A30478)

Santa Clara, CA

B&P Code §2234. Stipulated Decision. Charged with unprofessional conduct regarding an examination of a patient. Public Letter of Reprimand. May 22, 1997

DIRAIMONDO, VINCENT C., M.D. (G3161)

San Francisco, CA

B&P Code §§725, 2234(a)(b)(c)(d), 2238, 2242(a), 2264. Prescribed controlled substances including but not limited to Oxycodone, Demerol, Hydrocodone, Valium, Vicodin, Ativan, Ritalin, Seconal, Tuinal, Percocet, Percodan, Halcion, Dexedrine, to addicts without a good faith examination or medical indication, and allowed unlicensed persons to refill prescriptions. Revoked. May 16, 1997

GREENBERG, JULIUS J., M.D. (CFE9519)

Southfield, MI

B&P Code §§2234, 2305. Stipulated Decision. Disciplined by Michigan for writing controlled substance prescriptions to a patient without a medical indication or performing a physical examination. Public Letter of Reprimand. May 12, 1997

FISCHL, PETER, M.D. (A33580) Apple Valley, CA

B&P Code §§2234, 2234(b)(c)(d). Stipulated Decision.

Help Your Colleague By Making A Confidential Referral

If you are concerned about a fellow physician who you feel is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

**Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825**

Failed to place an intercostal drain of sufficient diameter, and relied on telephone communication with nursing staff for hours rather than personally attending a patient manifesting significant post-surgical complications. Revoked, stayed, 3 years probation. June 6, 1997

HARISH, GORLI, M.D. (A41095) Charleston, WV

B&P Code §§2234, 2305. Disciplined by West Virginia for alcohol dependence. Revoked, stayed, 3 years probation with terms and conditions. June 30, 1997

GUPTA, VIRIND DHARAYSHEEL, M.D. (A46043)

Sarasota, FL

B&P Code §141(a). Stipulated Decision. Disciplined by Florida for failing to adequately assess a 10 month-old patient with strep pneumonia sepsis. The patient died. Revoked, stayed, 3 years probation with terms and conditions. July 18, 1997

**HERNANDEZ, OSCAR ALFONSO CHAVEZ, M.D. (G72101)
Porterville, CA**

B&P Code §2234(c). Charged with gross negligence, incompetence and repeated negligent acts in his care and treatment of obstetrical patients. He acknowledges that he does not have the experience necessary to perform obstetrical procedures. Public Reprimand with terms and conditions. July 11, 1997

JANDA, WAYNE EDWARD, M.D. (GFE19881)

Iowa City, IA

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by the Army based on competence to practice due to a recurring pattern of poor clinical judgment, recurring need for supervision, and substandard patient care. Revoked, stayed, indefinite probation with terms and conditions. May 28, 1997

JOHNSON, CHARLES LYNNWOOD, M.D. (G69296)

Pasadena, CA

B&P Code §§725, 2234(b)(c)(d). Gross negligence, incompetence and repeated negligent acts in the care and treatment of 7 patients. Revoked, stayed, 7 years probation with terms and conditions. June 30, 1997

KHAN, FARHAT YUSUF, M.D. (A42057)

Santa Ana, CA

B&P Code §2234(b). Stipulated Decision. Failed to remove a vaginal gauze pack after delivery and episiotomy, failed to detect the pack when the patient left the hospital, and repeated failure by her agent, a family nurse practitioner, to detect the pack when later examining the patient in the office. Additional terms and conditions added to current 5-year probation term. May 30, 1997

KORMAN, DAVID, M.D. (G12794) Brooklyn, NY

B&P Code §141(a). Disciplined by New York for negligence in treating cancer patients. Revoked, stayed, 3 years probation with terms and conditions. July 6, 1997

KWEE, JAMES-YEN T., M.D. (C37261) Flagstaff, AZ

B&P Code §2234(b). Stipulated Decision. Charged with incompetence and negligence in the care and treatment of 3

patients. Agrees his license is subject to discipline for gross negligence. Revoked, stayed, 5 years probation with terms and conditions. July 10, 1997

LAWLER, MATTHEW P., M.D. (A42512) Ames, IA
B&P §141(a). Stipulated Decision. Disciplined by Iowa for his use of large amounts of analgesics to control chronic pain related to his physical condition which impaired his ability to practice medicine safely and skillfully. Revoked, stayed, indefinite probation with terms and conditions. July 28, 1997

LOUNSBERRY, DAVID VERNON, M.D. (G51701) Simi Valley, CA
B&P Code §§2234, 2234(c). Unprofessional conduct and repeated negligent acts while conducting physical examinations on female patients. One year suspension, stayed, 1 year probation with terms and conditions. June 18, 1997

MARTIN, ROSCOE BERNARD, M.D. (A39017) Sacramento, CA
B&P Code §§2234(e), 2236(a), 2261. Stipulated Decision. Criminal conviction for willful presentation of a false and fraudulent written statement in support of a claim for workers' compensation insurance benefits for 1 patient. Revoked, stayed, 3 years probation with terms and conditions and 30 days actual suspension. May 28, 1997

MCKAY, WARREN RAYMOND, M.D. (G59634) San Francisco, CA
B&P Code §2234. Stipulated Decision. Inappropriate sexual relationships with 2 female patients. Revoked, stayed, 3 years probation with terms and conditions. May 16, 1997

MENDEZ, ALEXANDER ANGEL, M.D. (G68916) Whittier, CA
B&P Code §2234(b). Stipulated Decision. Admits the history documented in a patient's chart was grossly inadequate given the patient's chief complaints. Sixty days suspension, stayed, 30 months probation with terms and conditions. July 10, 1997

MIRABELLO, STEVEN CARL, M.D. (G70497) Newport Richey, FL
B&P Code §141(a). Stipulated Decision. Disciplined by Florida for performing arthroscopic surgery on the wrong knee of a 14 year-old male patient. Public Letter of Reprimand. July 24, 1997

MONAGHAN, TIMOTHY DANIEL, M.D. (G53381) Pensacola, FL
B&P Code §141(a). Stipulated Decision. The Department of the Navy, Naval Hospital, Pensacola, Florida imposed discipline by revoking his surgical pathology privileges. Revoked, stayed, 3 years probation with terms and conditions. May 16, 1997

MORANTE, BERNARDO DOMASIG, Jr., M.D. (A30520) Modesto, CA
B&P Code §§821, 2234. Failed to comply with the Board's order requiring him to submit to a psychiatric examination. Revoked. October 21, 1996

MURDOCH, DARYL E., M.D. (C30489) Richmond, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to deliver a fetus in a timely manner after both non-stress and stress tests indicated the possibility of fetal compromise, induced labor based on a patient's verbal report of fetal death without confirmation, induced labor in a patient with a likely gestation of 35 weeks without medical reason for intervention, failed to test a patient for diabetes mellitus despite a finding of glycosuria, failed to recognize a baby's inability to oxygenate while in the vagina, delivered an infant with unlocked forceps, and used a vacuum extractor set above the appropriate range to attempt to deliver an infant. Revoked, stayed, 8 years probation with terms and conditions. June 9, 1997

NEWSOME, EDDIE LEANDERS, M.D. (G25712) Oakland, CA
B&P Code §§480, 2234, 2234(b)(c)(d)(e)(f). Failed to comply with the terms and conditions of his probation. Revoked. July 9, 1997

PATEL, RASHMI, M.D. (A40001) Chino, CA
B&P Code §§490, 2234, 2234(a)(e), 2236(a). Stipulated Decision. Felony conviction for insurance fraud, making false or fraudulent claims and conspiracy. Revoked, stayed, 5 years probation with terms and conditions and 30 days suspension. May 9, 1997

PETERSON, CHARLES A., M.D. (C29059) San Leandro, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of negligence and incompetence in the care and treatment of 5 patients. Revoked, stayed, 7 years probation with terms and conditions. May 5, 1997

PIHL, KERN H., M.D. (A12131) Colton, CA
B&P Code §§2234, 2234(b)(c)(d). Stipulated Decision. Gross negligence and incompetence in diagnosing a patient with iron deficiency anemia without laboratory findings supporting that diagnosis and administering massive doses of intravenous iron to the patient over a long period of time without medical justification. Revoked, stayed, 5 years probation with terms and conditions. June 26, 1997

POWELL, PERRY O., Jr., M.D. (C12366) San Diego, CA
B&P Code §2234. Failed to comply with the terms and conditions of his probation. Revoked. June 9, 1997

PROFFITT STEPHEN D., M.D. (A22252) Fountain Valley, CA
B&P Code §§2234, 2234(b)(c). Stipulated Decision. Failed to properly document the charts of 5 patients to indicate complete history and physical findings, and failed to completely document the reasons for procedures performed. Revoked, stayed, 5 years probation with terms and conditions. June 15, 1997

ROSE, WILLIAM WARREN, Jr., M.D. (A33557) Diamond Bar, CA
B&P Code §2236. Stipulated Decision. Felony conviction of

conspiracy of 2 or more persons to commit the crime of practicing medicine without a license. Revoked, stayed, 5 years probation with terms and conditions and 6 months suspension. May 12, 1997

SAMUELS, ARTHUR J., M.D. (C13132) Beverly Hills, CA
B&P Code §§725, 2234, 2234(b)(c)(d). Incompetence, negligence and overuse of diagnostic procedures in the care and treatment of 8 patients. Revoked, stayed, 3 years probation with terms and conditions. July 18, 1997

SHOHAYEB, AHMED ABDUL RAHMA, M.D. (A38895) Los Angeles, CA
B&P Code §§726, 2234, 2234(b), 2272, 2285. Sexual misconduct with 2 patients. Revoked. May 23, 1997

SHULTZ, RICHARD R., M.D. (G10240) San Leandro, CA
B&P Code §§2234(b)(c)(e), 2236, 2239, 2241, 2242. Prescribed excessive amounts of controlled substances, Vicodin, Demerol, Talacen, Percocet, Hycodan Syrup and Hydrocodone, without an examination or medical indication to an addict, and 3 convictions for driving under the influence of an alcoholic beverage. Revoked. July 24, 1997

SMITH, RUSSELL FREDERICK, M.D. (C42761) Sumas, WA
B&P Code §§725, 2234(b)(c)(d), 2241, 2242(a). Stipulated Decision. Gross negligence, negligence and excessive prescribing of controlled substances, Talwin, Tylenol with Codeine, Darvocet, Demerol and Valium, to patients. Revoked, stayed, 5 years probation with terms and conditions. July 7, 1997

STEINBERG, KARL EDWARD, M.D. (A45736) Vista, CA
B&P Code §§2234, 2234(a)(c), 2261. Provided pre-signed prescription blanks to another physician, who lacked a DEA registration, to allow him to prescribe controlled substances. Public Reprimand. July 25, 1997

STYSKEL, ALAN P., M.D. (A22425) Murphys, CA
B&P Code §2234(b)(c)(d). Failed to appropriately diagnose, treat and refer a patient with gynecological problems. Revoked, stayed, 5 years probation with terms and conditions and 90 days suspension. May 19, 1997

SUSSER, MURRAY RICHARD, M.D. (G22316) Santa Monica, CA
B&P Code §2234. Stipulated Decision. Charged with 2 incidents of failing to timely and adequately diagnose cancer, and failure to diagnose a patient with acute pancreatitis. Admits his license is subject to discipline for unprofessional conduct. Revoked, stayed, 3 years probation with terms and conditions. May 12, 1997

TAKEUCHI, ERNEST ISAMU, M.D. (G27577) Antioch, CA
B&P Code §2234. Stipulated Decision. Charged with acts of gross negligence and incompetence in the care and treatment of 3 patients, and with dishonest or corrupt acts. Agrees that his license is subject to discipline for unprofessional conduct. Revoked, stayed, 5 years probation with terms and conditions and 90 days suspension. June 9, 1997

TAWAKOL, RAIF, M.D. (C40824) Merced, CA
B&P Code §§2234, 2234(b)(c), 2242. Stipulated Decision. Committed acts of negligence and gross negligence in his care and treatment of several patients. Revoked, stayed, 5 years probation with terms and conditions. June 9, 1997

TEITELBAUM, SOL, M.D. (C26727) Anaheim, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to wait for an outside, or third opinion, when confronted with a significant difference of opinion with another pathologist. Public Letter of Reprimand. July 3, 1997

TURNER, JOHN A., M.D. (A17213) San Francisco, CA
B&P Code §§726, 2234(b). Stipulated Decision. Engaged in inappropriate sexual conduct with a patient. Revoked, stayed, 5 years probation with terms and conditions. June 26, 1997

VUTIKULLIRD, AMNUAY, M.D. (A41271) Norwalk, CA
B&P Code §2234(b). Stipulated Decision. Inability to diagnose a patient's ruptured Achilles tendon, and failed to recognize his own limitations and refer the patient for a second medical opinion and continuation of physical therapy for the patient based on an erroneous sprained ankle diagnosis. Revoked, stayed, 3 years probation with terms and conditions. July 28, 1997

ZIETS, ROBERT JEFFREY, M.D. (G77076) New York, NY
B&P Code §§2234, 2234(e), 2236. Stipulated Decision. Criminal conviction for possession of marijuana, and making false statements by denying on his application for licensure to the state of Texas having any criminal conviction. Revoked, stayed, 3 years probation with terms and conditions. June 30, 1997

ZINK, MARK THOMAS, M.D. (G68186) San Diego, CA
B&P Code §141(a). Stipulated Decision. The Department of the Navy, Bureau of Medicine and Surgery, imposed discipline by revoking his clinical privileges for testing positive for marijuana on more than 1 occasion. Public Reprimand. July 21, 1997.

Doctor of Podiatric Medicine

ELWOOD, TIMOTHY OREN, D.P.M. (E3789) Tiburon, CA
B&P Code §§490, 822, 2234(e), 2236. Stipulated Decision. Convicted of sexually molesting a minor under the age of 14, and mental illness affecting his ability to practice podiatric medicine safely. Revoked, stayed, 5 years probation with terms and conditions and 6 months actual suspension. May 22, 1997

Physician Assistants

CLAIRE, MITCHELL DAVID (PA12917) Desert Hot Springs, CA
B&P Code §§2239(a), 2280, 3527(b). Stipulated Decision. Unlawful use and abuse of controlled substances. Revoked, stayed, 5 years probation with terms and conditions. June 9, 1997

JACKSON, DENNIS RUBEN (PA12930) Paradise, CA
B&P Code §§726, 729, 2234(b)(c)(d), 3527(a). Stipulated Decision. Sexual misconduct with a patient. Revoked, stayed, 3 years probation with terms and conditions. June 13, 1997

NABORS, DENNIS R. (PA12956) Paradise, CA
B&P Code §§2234, 2234(b)(c)(e), 2236, 2239, 2242, 2354. Stipulated Decision. Unlawful prescribing of controlled substances, compazine, diazepam, cimetidine, lorazepam, Stadol, Ativan, and Prelu-2 to himself, 2 convictions for driving under the influence of alcohol, and noncompliance with the Committee's diversion program. Revoked, stayed, 5 years probation with terms and conditions and 90 days actual suspension. July 7, 1997

ROBINSON, KEVIN (PA12720) El Cajon, CA
B&P Code §§2234(b)(c)(d)(f), 3502, 3527. Stipulated Decision. Prescribed medications and controlled substances to patients without written protocols and without patient-specific authorization from his supervising physician. Revoked, stayed, 5 years probation with terms and conditions and 14 days actual suspension. June 23, 1997

SURRENDER OF LICENSE WHILE CHARGES PENDING

Physicians and Surgeons

AZLEIN, KIT GEOFFREY, M.D. (G35286) Reno, NV
May 29, 1997

BAYLESS, JAMES M., M.D. (C27649) Riverside, CA
June 9, 1997

**BRODHEAD, CHARLES L., Jr., M.D. (C26436)
Riverside, CA**
July 31, 1997

DENARDO, MARY ALICE, M.D. (A24031) Los Altos, CA
July 17, 1997

FRANZ, JOSEPH W., M.D. (A28633) Temecula, CA
May 19, 1997

FREDERICK, HAROLD T., M.D. (A16612) Downey, CA
June 6, 1997

FREE, KEVIN RUSSELL, M.D. (G65529) Verond, NJ
June 30, 1997

FREEMAN, TERRY M., M.D. (A38863) Los Angeles, CA
May 14, 1997

GANZ, MATTHEW B., M.D. (C23071) Hayward, CA
June 23, 1997

GODBY, PAUL J., M.D. (GFE13154) Alta Loma, CA
May 6, 1997

KEMP, RALPH A., M.D. (A21482) Freedom, CA
May 1, 1997

LEI, BENJAMIN VYING, M.D. (G28630) Wayne, PA
May 15, 1997

**MAHAKIAN, CHARLES G., M.D. (G14144)
Walnut Creek, CA**
June 11, 1997

**O'BRYAN, ROBERT KEENE, M.D. (C35535)
Fort Smith, AR**
May 30, 1997

OKAJIMA NILES M., M.D. (A28350) South Gate, CA
December 31, 1996

**PITTS, FERRIS NEWCOMB, Jr., M.D. (C36991)
Pasadena, CA**
June 28, 1997

**PORTOCARRERO, MARIO JOSE, M.D. (A54678)
Houston, TX**
June 15, 1997

PURVIS, GENE HERBERT, M.D. (G29104) Poway, CA
April 29, 1997

ROBERTS, DONALD LEE, M.D. (G81739) San Diego, CA
July 31, 1997

ROSKIND, JOEL LAWRENCE, M.D. (G26502) Miami, FL
June 26, 1997

**RUDOMINER, ARNOLD BERNARD, M.D. (G55554)
East Palo Alto, CA**
July 31, 1997

SMITH, ANDRE BLAIR, M.D. (A52319) 29 Palms, CA
July 22, 1997

TOOT, BYRON V., M.D. (C41635) Irvine, CA
May 31, 1997

**WEINSTEIN, SHERIDAN L., M.D. (G8904)
Merritt Island, FL**
July 11, 1997

YON, LINDA I., M.D. (A27489) Lincoln, CA
Surrender in lieu of filing an accusation. July 10, 1997

Doctor of Podiatric Medicine

**LICHAU, KRISTIN LENORE, D.P.M. (E2043)
Santa Rosa, CA**
July 23, 1997

Physician Assistant


**HAINES, JEFFREY WILLIAM, P.A. (PA10302)
Moreno Valley, CA**
May 22, 1997

CORRECTIONS

In the July 1997 *Action Report* it was mistakenly reported that the Medical Board's Decision against **Franklin J. Day, M.D.** had already become effective. This was incorrect. Dr. Day filed a Motion for a New Trial before the Superior Court in San Francisco preventing the earlier Order of the Superior Court adopting the MBC's Decision from becoming final. Dr. Day's Motion for a New Trial was denied by the Superior Court on August 12, 1997 and the Court granted him a 50-day stay to allow for him to file an appeal with the Court of Appeal.

In the July 1997 *Action Report* it was mistakenly reported that **Larry Melvin Colman, M.D.** stipulated to having performed a negligent face peel and had cut a patient's nerve when removing a lymph node from her neck. The Stipulation with Dr. Colman contains no admissions concerning the cutting of a patient's nerve when removing a lymph node from her neck.

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



MEDICAL BOARD OF CALIFORNIA

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TOLL FREE COMPLAINT LINE: 800-MED-BD-CA (800-633-2322)

Medical Board:

Applications and Examinations	(916) 263-2499
Complaints	(800) 633-2322
Continuing Education	(916) 263-2645
Diversion Program	(916) 263-2600
Health Facility Discipline Reports	(916) 263-2382
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License Renewals	(916) 263-2571
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Verification of Licensure/

Consumer Information (916) 263-2382

General Information (916) 263-2466

Board of Podiatric Medicine (916) 263-2647

Board of Psychology (916) 263-2699

Affiliated Healing Arts Professions:

Complaints	(800) 633-2322
Midwives	(916) 263-2393
Physician Assistant	(916) 263-2670
Registered Dispensing Opticians	(916) 263-2634

For complaints regarding the following, call (800) 952-5210

Acupuncture	(916) 263-2680
Audiology	(916) 263-2666
Hearing Aid Dispensers	(916) 263-2288
Physical Therapy	(916) 263-2550
Respiratory Care	(916) 263-2626
Speech Pathology	(916) 263-2666

ACTION REPORT - OCTOBER 1997

Candis Cohen, Editor, (916) 263-2389

1996-97 ANNUAL REPORT

Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389 • www.medbd.ca.gov

EXECUTIVE SUMMARY

Enforcement: In October 1996, the California Supreme Court ruled in the landmark Arnett v. Dal Cielo case regarding peer review record procurement. The Medical Board was very well represented by the Office of the Attorney General. The Supreme Court's decision reaffirmed the Medical Board's authority to access those records necessary to investigate cases of physician misconduct in the interest of protecting consumers. Specifically, the decision confirmed that Evidence Code section 1157, which protects peer review materials from discovery in litigation, does not apply to investigations conducted by the Medical Board. In recent years, the argument had been made by some that peer review record materials did not need to be made available to Medical Board investigators, and that Evidence Code section 1157 permitted them to decline such requests. The Supreme Court disagreed, concluding that hospitals enjoy no special protection in a Medical Board investigation. Since that decision, the Medical Board has worked diligently with the medical

profession and the health care industry to ensure cooperation in peer review record procurement while respecting the role of peer review and the commitment of the participants in that process.

Licensing: Processing licensing applications, testing candidates for physician and surgeon licensure, and coordinating the licensing programs for midwifery and several affiliated healing arts professions, the Medical Board's Division of Licensing administered 1,117 oral examinations to physician and surgeon applicants in FY 96/97, and issued over 3,500 new physician and surgeon licenses. The Division's Consumer Information Unit verified over 290,000 licenses. The new version of the National Association of Registered Midwives examination was conducted; as a result, by June 1997, California had a total of 40 licensed midwives.

Special Projects: In May 1997 the Medical Board of California became one of the first five states nationwide to establish a comprehensive website

that includes access to public record information on individual physicians and surgeons licensed in this state. Also on the website is information about services provided to consumers by the Medical Board; how to choose a doctor; when and where the Board meets and how to attend; information about other health professions not regulated by the Medical Board; biographical information about Board members, and more.

The Medical Board of California entered into an agreement with the Department of Health Services to jointly produce information for the Board's licensees on emerging issues and some of the latest standards in medicine. This information is being provided via the Board's quarterly newsletter, the *Action Report*, to all California-licensed physicians and an extensive interested parties list. Information provided to date includes mandatory new standards for childhood inoculations; reporting communicable diseases; guidelines for diabetes care; and promotion of the State's smoking cessation campaign.

PHYSICIAN AND SURGEON VALID LICENSES BY COUNTY

Alameda	3,357	Inyo	44	Monterey	707	San Luis Obispo	596	Trinity	13
Alpine	1	Kern	878	Napa	403	San Mateo	2,448	Tulare	427
Amador	53	Kings	112	Nevada	185	Santa Barbara	1,057	Tuolumne	108
Butte	404	Lake	66	Orange	7,257	Santa Clara	4,630	Ventura	1,404
Calaveras	38	Lassen	39	Placer	537	Santa Cruz	549	Yolo	553
Colusa	9	Los Angeles	23,524	Plumas	24	Shasta	385	Yuba	50
Contra Costa	2,220	Madera	74	Riverside	1,940	Sierra	2		
Del Norte	35	Marin	1,536	Sacramento	2,847	Siskiyou	66	California Total	
El Dorado	232	Mariposa	20	San Benito	30	Solano	588	79,048	
Fresno	1,467	Mendocino	200	San Bernardino	2,751	Sonoma	1,136	Out of State Total	
Glenn	7	Merced	215	San Diego	7,272	Stanislaus	666	24,998	
Humboldt	271	Modoc	6	San Francisco	4,538	Sutter	136	Valid Licenses	
Imperial	108	Mono	21	San Joaquin	753	Tehama	53	104,046	

MISSION STATEMENT OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

LICENSING ACTIVITY

	FY 95-96	FY 96-97		FY 95-96	FY 96-97
PHYSICIAN LICENSES ISSUED			ORAL EXAM		
Candidates with USMLE or FLEX exams	2,355	2,738	Applicants passing oral exam	949	1,080
National Board Exam (NBME)	829	760	Applicants failing oral exam	38	37
Reciprocity with other states	75	76	Total	987	1,117²
Total new licenses issued	3,259	3,574	STATEMENT OF ISSUES TO DENY LICENSE		
Renewal licenses issued	47,134	47,282	Filed	2	4
Renewal licenses—fee exempt ¹	4,214	4,326	Upheld/Application Denied	5	2
Total licenses renewed	51,348	51,608	Denied/App.Granted Probationary Cert.	1	2
PHYSICIAN LICENSES IN EFFECT			Stipulation/Probationary Cert. Granted	1	1
California Address	78,169	79,048	MIDWIFERY LICENSING PROGRAM		
Out-of-State	24,961	24,998	Licenses Issued	3	37
Total	103,130	104,046	Licenses In Effect	3	40
LICENSING EXAMINATION ACTIVITY			¹ Includes physicians with non-practicing license status (i.e., disabled, inactive, and military).		
United States Medical Licensing Exam (USMLE)			² Totals reflect actual number of applicants examined compared to the Agency Statistical Profile Report which reflects total number scheduled.		
Applicants passing USMLE exam	2,038	2,118			
Applicants failing USMLE exam	312	347			
Total	2,350	2,465²			

VERIFICATION ACTIVITY SUMMARY

	FY 95-96	FY 96-97		FY 95-96	FY 96-97
LICENSE STATUS VERIFICATIONS			CERTIFICATIONS LETTERS AND LETTERS OF GOOD STANDING		
Phone Verifications	181,352	180,109	FICTITIOUS NAME PERMITS		
On-Line Access Verifications	275,093	324,106	Total Number of Permits in Effect	8,014	7,875
Written Verifications	120,725	119,830	Issued	1,150	814
Teale Data Verifications ¹	22,282	3,701	Renewed	3,059	3,557
Verification Totals	599,452	627,746	CONTINUING MEDICAL EDUCATION		
Authorized Users—On-Line			CME Audits	804	815
Access Verifications	355	415	CME Waivers	140	316
Non-Verification Telephone Calls	57,049	36,945			

¹ Decrease is due to the use of On-Line Access Verifications.

REPORT VERIFICATIONS

Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	1,062	B&P Code §805 reports of Health Facility Discipline Received	Original ²	137
Adverse Actions reported to the NPDB ¹	422		Follow up	33
NPDB reports received from insurance companies or self-insured individuals/organizations	1,164	Total Reports Received		170

¹ NPDB = National Practitioner Data Bank

² Includes 130 reports for MDs, 2 for podiatrists, and 5 for psychologists.

DIVISION OF LICENSING

The Division licenses California physicians and surgeons by evaluating their educational credentials and by evaluating their skills through written and oral examinations. The Division also administers licensing programs for midwives, registered dispensing opticians, and research psychoanalysts.

During 1996-97 the Division issued over 3,500 new physician and surgeon licenses. The Affiliated Healing Arts Program also issued licenses to 120 Registered Dispensing Opticians, 28 Contact Lens Dispensers, 285 Spectacle Lens Dispensers, and six Research Psychoanalysts.

In August 1996 the first administration of the new version of the National Association of Registered Midwives examination was conducted, followed in November by the second such test. As a result, by June 1997, California had 40 licensed midwives.

Based upon site inspections conducted in 1996, the Division determined that

the UTESA School of Medicine and the UNIREMHOS Medical School, both in the Dominican Republic, did not meet the criteria necessary to produce students who would be qualified to practice medicine in the State of California.

Site inspections also were conducted at Stanford University School of Medicine, the University of Southern California, and the University of California, San Francisco, where the Division inspected Business & Professions Code Section 2111 postgraduate study programs and Business & Professions Code Section 2113 faculty appointment programs in various departments.

Since 1974, Section 1324 of the Division's regulations has allowed a limited number of international medical graduates to complete their one year of postgraduate training in non-ACGME accredited programs. After an extensive review process, the Board voted in May 1997 to

discontinue this program.

Because California medical schools experience difficulties recruiting "eminent clinical faculty" from other states, a new category of restricted licensure, the Restricted Academic License, for the purposes of research, medical advancement and educational progress, has been created by legislation—Assembly Bill 523 (Lempert).

AB 3497, adding an undergraduate family medicine clinical training requirement, became law in January 1996. The Division began implementing this law in May 1997 for all applicants for California licensure who graduate from medical school after May 1, 1998.

An ongoing responsibility for the Division is verifying the license status of physicians to the public, health provider organizations, and other state licensing agencies. In 1996-97 the Division verified over 600,000 licenses through all Division resources.

AFFILIATED HEALING ARTS PROFESSIONS LICENSES ISSUED

	FY 95-96	FY 96-97
Acupuncturist	149	585
Audiologist	60	61
Hearing Aid Dispenser	221	219
Physical Therapist	835	844
Physical Therapy Assistant	517	454
Electroneuromyographer	2	0
Kinesiologic Electromyographer	3	2
Physician Assistant	241	273
Physician Asst. Supervisor	1,411	1,355
Doctor of Podiatric Medicine	58	150
Psychologist	387	530
Psychologist Assistant	816	749
Registered Dispensing Optician Firm	91	120
Contact Lens Dispenser	44	28
Spectacle Lens Dispenser	213	285
Research Psychoanalyst	9	6
Respiratory Care Practitioner	744	694
Speech Pathologist	370	477
Total Licenses Issued	6,171	6,832

AFFILIATED HEALING ARTS PROFESSIONS LICENSES IN EFFECT*

	FY 95-96	FY 96-97
Acupuncturist	3,414	4,047
Audiologist	1,170	1,238
Hearing Aid Dispenser	1,553	1,594
Physical Therapist	14,548	14,959
Physical Therapy Assistant	3,413	3,767
Electroneuromyographer	33	33
Kinesiologic Electromyographer	26	27
Physician Assistant	2,774	2,945
Physician Asst. Supervisor	8,195	8,850
Doctor of Podiatric Medicine	1,905	1,913
Psychologist	11,133	11,448
Psychologist Assistant	1,885	1,774
Registered Dispensing Optician Firm	1,325	1,395
Contact Lens Dispenser	578	584
Spectacle Lens Dispenser	2,076	2,271
Research Psychoanalyst	61	69
Respiratory Care Practitioner	13,136	13,230
Speech Pathologist	7,237	7,726
Total Licenses In Effect	74,341	77,766

* Reflects valid licenses only; does not reflect any restricted license categories (delinquent, military, inactive, suspended, temporary, etc.).

COMPLAINTS RECEIVED BASED UPON REPORTS REQUIRED BY LAW[†]

Physicians & Surgeons

	FY 95-96	FY 96-97
MEDICAL MALPRACTICE		
Insurers		
B&P Code §§801 & 801.1	870	1,003
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	110	181
Courts		
B&P Code §803	19	23
Total Malpractice Reports	999	1,207

CORONERS' REPORTS

B&P Code §802.5	14	7
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CRIMINAL CHARGES & CONVICTIONS

B&P Code §803.5 (effective 1-1-96)	16	38
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HEALTH FACILITY DISCIPLINE

Medical Cause or Reason		
B&P Code §805	112	130

Affiliated Healing Arts Professionals

	FY 95-96	FY 96-97
MEDICAL MALPRACTICE		
Insurers		
B&P Code §§801 & 801.1	20	8
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	2	3
Courts		
B&P Code §803	1	1
Total Malpractice Reports	23	12

CORONERS' REPORTS

B&P Code §802.5	0	0
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CRIMINAL CHARGES & CONVICTIONS

B&P Code §803.5 (effective 1-1-96)	2	0
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HEALTH FACILITY DISCIPLINE

Medical Cause or Reason		
B&P Code §805	1	7

For additional copies of this report, please fax your company name, address, telephone number and contact person to: Yolanda Gonsolis, Medical Board Executive Office, at (916) 263-2387, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	93-94	94-95	95-96	96-97
COMPLAINTS/INVESTIGATIONS¹				
Complaints Received	7,902	11,465	11,497	10,123
Complaints Closed by CCICU [†]	5,614	11,058	9,751	8,161
Investigations				
Cases Opened	2,046	2,041	1,998	2,039
Cases Closed [†]	2,231	1,988	2,043	2,255
Cases referred to the AG	601	415	510	567
Cases referred to DAs/CAs	82	75	68	47

¹ Some cases closed were opened in a prior fiscal year.

ADMINISTRATIVE FILINGS[†]

Interim Suspensions	16	14	28	33
Temporary Restraining Orders	4	5	1	4
Automatic Suspension Orders ²	n/a	5	8	13
Statement of Issues to deny application	3	4	2	4
Petition to Compel Psychological Exam	9	11	16	4
Petition to Compel Competency Exam	9	4	4	11
Petition to Compel Physical Exam	0	0	8	2
Accusation/Petition to Revoke Probation	407	353	262	296
Total Administrative Filings	448	396	329	367

² Includes Automatic Suspension Orders per section 2236.1 B&P Code and license restrictions per section 23 Penal Code.

ADMINISTRATIVE ACTIONS[†]

Revocation	62	65	62	49
Surrender (in lieu of Accusation or with Accusation pending)	28	62	52	87
Suspension Only	0	2	1	0
Probation with Suspension	39	34	29	27
Probation	75	141	129	112
Probationary License Issued	2	3	1	3
Public Reprimand	9	25	67	39
Other decisions (e.g. exam required, training course)	9	21	4	23
Total Administrative Actions	224	353	345	340

REFERRAL AND COMPLIANCE ACTIONS

Citation and Administrative Fines Issued ³	3	57	152	214
Physicians Called in for Medical Review	138	37	44	25
Physicians Referred to Diversion Program ^{† 4}	31	18	19	44
Total Review & Referral Action	172	112	215	283

³ Citation and Fine authority effective May 1994.

⁴ Diversion Program referrals are made pursuant to Senate Bill 779 (effective 1-1-96).

OTHER ADMINISTRATIVE OUTCOMES

Accusation/Statement of Issues Withdrawn ⁵	44	69	67	57
Accusation/Statement of Issues Dismissed	13	9	12	11
Statement of Issues Granted (Lic. Denied)	5	3	5	2
Statement of Issues Denied (Lic. Granted)	1	3	1	2
Petitions for Penalty Relief ⁶ granted	14	20	17	19
Petitions for Penalty Relief ⁶ denied	14	15	16	11
Petition to Compel Exams granted	20	37	16	15
Petition to Compel Exams denied	2	0	2	0

⁵ 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; or physician surrendered the license, etc.

⁶ Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.

[†] Information required by Business and Professions Code section 2313.

DIVISION OF MEDICAL QUALITY

Fiscal year 1996/97 was remarkable and quantifiably the best public protection performance year the Medical Board has ever had. Provided below are a few of the most important public protection indicators which are compared to the FY 1993/94 as the baseline. All the figures are for physician cases only.

In FY 1993/94, the number of physician complaints closed by the Central Complaint Unit was 5,614. In FY 1996/97, the number of complaints closed was 8,161 (a 46% increase).

In FY 1993/94, there were 20 interim suspension orders (ISO) or temporary restraining orders (TRO) issued. In FY

1996/97, there were 37 issued (an 85% increase). The Board has never obtained more ISOs/TROs in a single year. This effort demonstrates the Division of Medical Quality's commitment to swift and direct action that ensures expeditious public protection if a physician represents a clear and immediate danger to public safety. Additionally, in FY 1996/97, pursuant to Business & Professions Code section 2236.1, which became effective January 1, 1995, the Division automatically suspended the licenses of eight physicians incarcerated for felony convictions.

In FY 1993/94, the number of license surrenders in lieu of accusation or with

disciplinary action pending was 28. In FY 1996/97, the number of surrenders was 87 (a 211% increase). This reflects well on the quality of our investigations and on the expertise of the deputy attorneys general who have facilitated license surrender rather than the time consuming and expensive alternative of administrative hearing.

Prior to FY 1993/94, there was no such thing as citation & fine. However, after establishing regulations and implementing the process, the cite & fine program went on-line in May 1994. In FY 1994/95, the number of citations issued was 57. In FY 1996/97 the number was 214 (a 275% increase). The importance of the cite & fine program is that it contributed directly to fewer cases being referred to the Attorney General for administrative action regarding relatively minor violations. This has also saved the Board time and money. Likewise, in FY 1996/97 an additional 44 cases were referred directly by investigators and/or deputies to the Board's Diversion Program due to new law (SB 779). This volume exceeds original expectations (especially when one considers that the law only became effective January 1, 1996).

These improvements are the result of more efficient processes and higher quality staff work. Although the foregoing is an encouraging picture and speaks well of the Medical Board's public protection accomplishments, there are still many improvements to be made—particularly in the time it takes to complete field investigations.

Despite continuing attempts to reduce the time through improved policies, legislation, new technology, expanded training, focused managerial review and strategic planning, these efforts struggle against the increasing volume, breadth, complexities and legal issues which are often beyond the Medical Board's control, and are inherent to physician complaints/cases.

Thus, the time required to complete the investigation of certain case types remains unacceptably long even though investigators closed a record high 2,255 physician cases in FY 1996/97. Therefore, over the coming year, the Enforcement Program will search further for additional techniques and strategies which accelerate complaint processing and reduce case investigation time.

COMPLAINTS RECEIVED[†]

		Fraud	Health & Safety ¹	Non-Jurisdictional ²	Competence/Negligence ³	Other Category	Personal Conduct ⁴	Unprofessional Conduct ⁵	Unlicensed/Unregistered	Total
Public	MD	177	170	478	4,068	15	49	1,301	114	6,372
	AH	35	10	17	223	2	12	269	67	635
B&P Code Section 800 ⁶	MD	5	7	9	1,267	0	47	47	0	1,382
	AH	0	0	0	13	0	3	3	0	19
Licensee or Professional Group ⁷	MD	24	28	26	49	5	12	81	28	253
	AH	6	0	2	6	8	2	37	44	105
Governmental Agency ⁸	MD	45	65	17	905	80	170	560	81	1,923
	AH	17	4	1	19	5	56	61	50	213
Anonymous/Miscellaneous	MD	17	24	9	28	0	15	63	37	193
	AH	3	0	0	1	0	0	19	13	36
Subtotals	MD	268	294	539	6,317	100	293	2,052	260	10,123
	AH	61	14	20	262	15	73	389	174	1,008
Grand Totals		329	308	559	6,579	115	366	2,441	434	11,131

MD = Medical Doctors

AH = Affiliated Healing Arts Professionals (includes: podiatrists, physician assistants, psychologists, and dispensing opticians).

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

² Non-Jurisdictional complaints are not under the authority of the Board, and are referred to other agencies such as the Department of Health Services, Department of Insurance, etc.

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

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

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

⁶ "B&P Code §800" 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.

⁷ "Licensee or Professional Group" includes the following complaint sources: Other Licensees, Society/Trade Organizations, and Industry.

⁸ "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.

[†] Information required by Business and Professions Code section 2313.

BUSINESS & PROFESSIONS CODE §2313—ADDITIONAL DATA ELEMENTS

1. Additional data for Temporary Restraining Orders (TRO) and Interim Suspension Orders (ISO):

Orders Sought: Orders Granted:

	TRO/ISO	TRO/ISO
Mental Illness	5	5
Drug Prescribing Violations	2	4
Sexual Misconduct	7	5
Self Abuse of Drugs or Alcohol	14	12
Fraud/Dishonesty	0	1
Gross Negligence/Incompetence	11	8
Conviction of a Crime	4	2
Total:	43	37

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

2. The number and type of action which resulted from cases referred by the state Department of Health Services pursuant to §14124 of the Welfare and Institutions Code, relating to suspension of provider status for state medical assistance:

All Department of Health Services (DHS) notifications of Medi-Cal provider suspensions were added to existing MBC files because the basis for the DHS action (e.g. MBC license revocation, US Dept. of Health and Human Services suspension of Medicare provider privileges, etc.) was already reported or known to MBC. Because DHS suspension of a provider's Medi-Cal privileges results from action already taken by another agency, no additional MBC actions result from these DHS notifications.

3. Consumer inquiries and complaints:

Consumer inquiries	77,056
Jurisdictional inquiries	42,380
Complaint forms sent	18,684
Complaint forms returned by consumers	6,539

4. Number of completed investigations referred to the Attorney General's Office awaiting the filing of an accusation:

Physician and Surgeon	163
Affiliated Healing Arts Professionals	32

5. Number of probation violation reports sent to the Attorney General¹:

MD	AH	Total
20	6	26

6. Petitions to Revoke Probation Filed:

MD	AH	Total
14	7	21

	MD	AH	Total
Dispositions of Probation Filings:			
Additional Suspension or Probation	4	2	6
Probation Revoked or			
License Surrendered	14	6	20
Petition Withdrawn/Dismissed	1	0	1

8. Petitions for Reinstatement of License:

Filed	9	1	10
Granted	4	1	5
Denied	6	0	6

9. 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 95-96		FY 96-97	
	Avg.	Median	Avg.	Median
(a) Complaint Unit Processing	65	7	64	15
(b) Investigation	335	250	336	230
(c) Attorney General Processing to preparation of an accusation	139	97	134	97
(d) Other stages of the legal process (e.g. after charges filed)	494	396	508	421

10. Investigator caseloads as of June 30, 1997:

	Per	
	Statewide	Investigator
Enforcement Field Operations Caseload:		
Active Investigations	1,824	26
AG Assigned Cases ²	572	8
Probation Unit Caseload:		
Monitoring Cases ³	569	63
Active Investigations	94	10
AG Assigned Cases ²	18	2

¹ These are in addition to the 567 MD and 87 AH cases referred to the Attorney General reported in the Enforcement Action Summary.

² 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.

³ 189 additional monitoring cases were inactive because the probationer is out of state.

11. Number and type of MD & AH action taken by case type in FY 96/97	Revocation	Surrender	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	19 (17)	40 (36)	6 (5)	50 (48)	1 (0)	11 (10)	8 (7)	135 (123)
Inappropriate Prescribing	12 (10)	10 (10)	4 (4)	17 (15)	0	7 (7)	8 (8)	58 (54)
Unlicensed Activity	0	0	2 (1)	2 (2)	0	1 (1)	0	5 (4)
Sexual Misconduct	9 (1)	19 (11)	4 (4)	11 (8)	0	1 (1)	4 (2)	48 (27)
Mental Illness	5 (4)	5 (5)	1 (1)	5 (5)	0	0	2 (1)	18 (16)
Self-use of drugs/alcohol	5 (4)	7 (7)	4 (4)	14 (9)	0	3 (3)	0	33 (27)
Fraud	0	5 (4)	2 (1)	5 (2)	2 (1)	0	1 (0)	15 (8)
Conviction of a crime	7 (4)	3 (2)	8 (5)	14 (9)	6 (1)	3 (3)	0	41 (24)
Unprofessional Conduct ¹	11 (9)	14 (12)	3 (2)	14 (10)	1 (1)	14 (14)	7 (5)	64 (53)
Miscellaneous violations	0	0	0	4 (4)	1 (0)	0	3 (0)	8 (4)
Total Actions by Discipline Type (Physician only)²	68 (49)	103 (87)	34 (27)	136 (112)	11 (3)	40 (39)	33 (23)	425 (340)

¹ Many of the case types classified as "Unprofessional Conduct" are reciprocal action based upon discipline by another state.

² Figures in parentheses represent physician discipline only for each category. Figures outside parentheses represent combined MD & AH.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS

	FY 95-96	FY 96-97
COMPLAINTS/INVESTIGATIONS		
Complaints Received	948	1,008
Complaints Closed by CCICU [†]	703	772
Investigations		
Cases Opened	231	275
Cases Closed [†]	263	305
Cases referred to the AG	79	87
Cases referred to DAs/CAs	11	13
ADMINISTRATIVE FILINGS[†]		
Interim Suspensions	2	3
Statement of Issues to deny application	4	10
Petition to Compel Psychological Exam	1	0
Accusation/Petition to Revoke Probation	47	55
Total Administrative Filings	54	68
ADMINISTRATIVE ACTIONS[†]		
Revocation	14	19
Surrender (in lieu of Accusation or with Accusation pending)	10	16
Probation with Suspension	5	7
Probation	14	24
Probationary License Issued	2	8
Public Reprimand	4	1
Other decisions (e.g., training course)	1	10
Total Administrative Actions	50	85
REFERRAL AND COMPLIANCE ACTIONS		
Citation and Administrative Fines Issued	2	13
Office Conferences Conducted	17	9
Professionals Referred to Diversion Program [†]	0	0
Total Review & Referral Action	19	22
OTHER ADMINISTRATIVE OUTCOMES		
Accusation/Statement of Issues Withdrawn	4	7
Accusation/Statement of Issues Dismissed	0	0
Statement of Issues Granted (Lic. Denied)	2	3
Statement of Issues Denied (Lic. Granted)	2	9
Petitions for Penalty Relief granted ¹	0	2
Petitions for Penalty Relief denied ¹	4	0
Petition to Compel Psychological Exam granted	1	0
Petitions to compel exams denied	0	0

¹ Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.

[†] Information required by Business and Professions Code section 2313.

DIVERSION PROGRAM

The Board's Diversion Program for impaired physicians serves a dual role in the Division of Medical Quality's mission by helping to protect the public while rehabilitating physicians. The Physician Diversion Program protects the public by closely monitoring physicians who are impaired as the result of alcohol and other drug addictions or a mental disorder. Concurrently, it provides physicians who suffer from substance abuse an opportunity for rehabilitation and ongoing recovery.

The Diversion Program, created by statute in 1980 as an alternative to discipline by the Board, allows participants, when appropriate, to continue the practice of medicine. Both Board-referred and self-referred candidates can participate if deemed eligible by Diversion Evaluation Committees. These committees are composed of three physicians and two public members with expertise in alcohol and other drug addiction or mental illness. Participation by self-referred physicians, who have no Board action, is completely confidential from the disciplinary arm of the Medical Board. Currently, 68% of Diversion participants are self-referred. Being in the Diversion Program does not affect a physician's medical license, although limitations on current practice may be imposed as part of the physician's participation.

SB 779, which became effective January 1, 1996, provides for a physician's placement in the program in lieu of discipline if that physician is suffering from alcoholism or drug addiction. Since January 1, 1996, Diversion Evaluation Committees have deemed 43 physicians eligible for participation in the program.

Effective January 1, 1997, Business & Professions Code section 821.5 was implemented requiring the Diversion Program to monitor the progress of peer review body formal investigations of physicians who might be disabled by mental or physical illness and pose a threat to patient care. As of June 30, 1997, 10 such investigations had been reported for monitoring by the Diversion Program.

Activity ¹	Type of Impairment	No.	%
Beginning of fiscal year		211	
Accepted into program		68	
Completions:			
Successful	Alcohol	48	23
Unsuccessful	Other drugs	82	39
Active at end of year	Alcohol & other drugs	71	33
Applicants ²	Mental illness	5	2
Out-of-State-monitored	Mental illness & substance abuse	7	3
California MDs	Total	213	100

¹ These statistics include doctors of podiatric medicine.

² Applicants are participants who either 1) have not been seen by a Diversion Evaluation Committee or 2) have not yet signed a Diversion Agreement.

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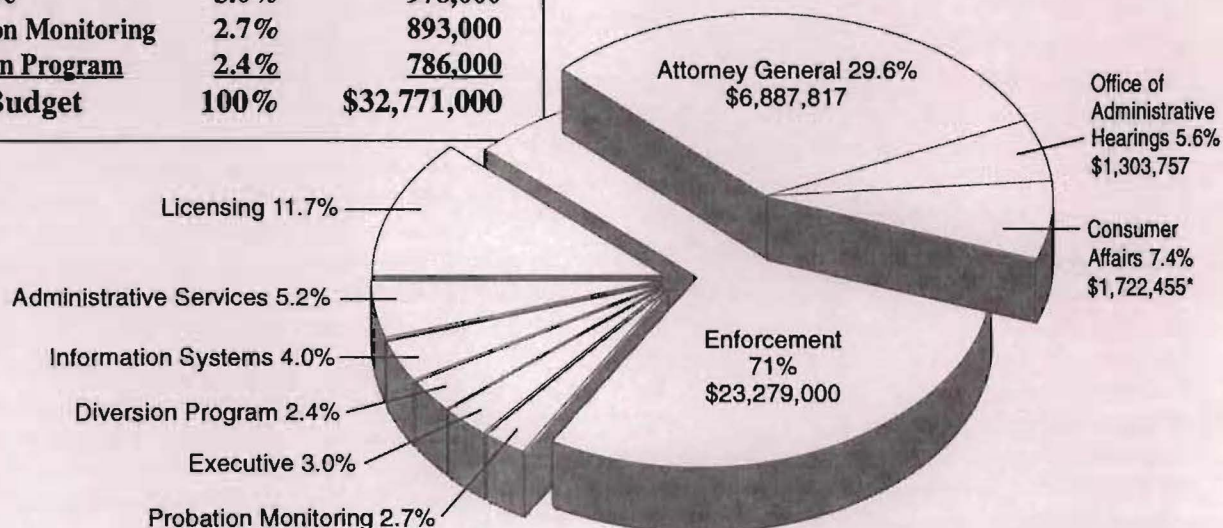
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MEDICAL BOARD OF CALIFORNIA 1996-1997 FISCAL YEAR BUDGET DISTRIBUTION

Enforcement	71.0%	\$23,279,000
Licensing	11.7%	3,814,000
Administrative Services	5.2%	1,714,000
Information Systems	4.0%	1,307,000
Executive	3.0%	978,000
Probation Monitoring	2.7%	893,000
<u>Diversion Program</u>	<u>2.4%</u>	<u>786,000</u>
Total Budget	100%	\$32,771,000



NOTE: Total amount (allocated to all programs) paid to Department of Consumer Affairs = \$2,425,994

* Amount to Department of Consumer Affairs allocated to the enforcement program only.

MEDICAL BOARD OF CALIFORNIA 1996-1997 FISCAL YEAR SOURCES OF REVENUE

Physician and Surgeon Renewals	82.5%	\$25,943,000
Applications and Examinations	9.8%	\$3,092,000
Initial License Fees	4.4%	\$1,383,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Miscellaneous	<u>3.3%</u>	<u>\$1,023,000</u>
Total	100%	\$31,441,000

