Action Report
Medical Board of California

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ANNUAL REPORT

The Medical Board's Fiscal Year 1999-00 Annual Report is contained in the insert.

Medical Board of California Meeting Dates & Locations

2000

Nov. 2 - 4	San Diego

2001

Feb. 1 - 3	Los Angeles
May 10 - 12	Sacramento
July 26 - 28	San Francisco
Nov. 1 - 3	San Diego

All meetings are open to the public.

Do You Have A Colleague With an Alcohol or Drug Problem?

Current law does not require a physician to report another physician suspected of alcohol or drug abuse. However, the principles of medical ethics and current opinion of the American Medical Association's Council on Ethical and Judicial Affairs address this issue. They require 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 physician health program such as the Medical Board's Diversion Program.

Some of the options which may be considered are:

1. If the suspected physician has hospital privileges, a colleague can inform the hospital Well-Being Committee.

Each hospital is required to have a Well-Being Committee to assist physicians who are impaired. This committee's function is to assist physicians in a rehabilitative way and to provide encouragement for them to seek help. Many Well-Being Committees refer physicians to the Diversion Program for monitoring of their recovery, which also demonstrates that the hospital has taken a major step to protect patients. Diversion Case Managers maintain contact with a hospital monitor and a Well-Being Committee member to let them know how the participant is progressing in the program. In this way, the Diversion Program benefits hospitals by monitoring physicians for them.

2. Call the Diversion Program at (916) 263-2600.

Information about a physician's participation in the Diversion Program is confidential. Physicians who enter the program as self-referrals without a complaint filed against them are unknown to the Enforcement Program of the Medical Board.

The identity of participating physicians and information about their participation is not released to private parties or public agencies except with the knowledge and consent of the participant.

Contacting the Diversion Program does not result in the filing of a complaint with the Medical Board. Diversion Program staff can contact the physician and attempt to intervene. You can request a return call to learn the outcome of the intervention. You then may decide whether to proceed with a complaint to the Medical Board.

3. Make a complaint to the Medical Board.

To request a complaint form call (800) MED BD CA (633-2322). The Board's complaint form is also available on the Board's web site: www.medbd.ca.gov. The complaint can be made anonymously. If there is evidence of a violation of the Business and Professions Code, the Medical Board will investigate the case and proceed with disciplinary action.

4. Talk to the physician about your observations.

This may be very difficult for most colleagues and medical staff. Because a major aspect of substance-related disorders is denial, be prepared for the physician to have an explanation for the problem that has been observed and an excuse for his/her behavior. You may want to talk with a staff person in the Diversion Program about some approaches that can be used and resources that are available. Conversations with Diversion Program staff are confidential.

5. Call the CMA Hotline at (650) 756-7787 in Northern California or (213) 383-2691 in Southern California.

This is a network of local physicians who either have experience dealing with chemically dependent health professionals or who are recovering themselves from a substance-related disorder. These local networks are confidential and independent from the Medical Board or the CMA.

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

This is my second President's Report. I received a lot of comments about the content of my first report last July, and I appreciate so many of you taking the time to share your reactions with me. This *Action Report* has as an insert the Medical Board of California's Annual Report for fiscal year 1999-2000. The Annual Report is required by the Legislature as a means of promoting the Board's accountability and ease of access to specified information. I encourage you to read its contents. Where possible, Board staff has included more than one fiscal year's statistics, so that trends may be reflected.

Ira Lubell, M.D., M.P.H.
President of the Board

With respect to the Board's Division of Licensing, I note that license renewals have increased by approximately 1,000 over last fiscal year. This statistic is encouraging in that it bodes well for California as an environment where physicians still wish to practice. Indeed, the total number of physicians with current licenses continues to increase slightly each year. You may also note that no licensing examinations were given by the Board in FY 1999-00. Within this reporting period, administration of the USMLE transferred from the Board to the Federation of State Medical Boards, and is now administered via computer. Licensing statistics also reflect that medical staffs may now use the Medical Board's physician profiles on our web site (www.medbd.ca.gov) for credentialing purposes, thus the declines in contacts to the Board for license status verifications.

New to the Annual Report are the statistics on page v dealing with outpatient surgery setting reports of patient deaths and transfers. These figures are now being reported to the Board as a result of Board-sponsored legislation of last year, stemming from the increase in bad outcomes in outpatient settings, mostly during cosmetic surgery procedures. The transfer reports are confidential, but we will closely watch the numbers for trends in complications or other reasons for transfer so we can inform the medical community, which I hope will help physicians and patients alike.

In reviewing the figures noted in the "Division of Medical Quality Action Summary," page v, I have noticed a change represented by the data presented for enforcement action. While the total number of "Administrative Actions" has increased since last year, the total of "Administrative Filings" and "Referral and Compliance Actions" reflect a decrease for the first time in the four-year period shown. This represents a change to a trend that began in 1993, when the Board and its staff recommitted itself to its consumer protection mandate, and overhauled its enforcement program and information disclosure policy with a renewed emphasis on patient safety. With these changes in law, regulation, and policy, the Board since 1993 has viewed the increase in its referrals to the Attorney General and subsequent disciplinary actions as the natural product of its work. Consequently, I take note of this year's report, which represents a change in these results. While I can assure you that these numbers reflect absolutely no decrease in the Board's commitment or efforts, I must consider what meaning they do have in my evaluation of the total effectiveness of our programs. I therefore have directed staff to scrutinize its procedures in the last fiscal year determine if there is in fact a reason or reasons that there are fewer case referrals and filings when all other program indicators related to timeliness and volume indicated continued steady improvement.

The Board also has taken stricter steps to assure that physicians are completing their statutorily mandated Continuing Medical Education. The Board audits a sample of renewed physician and surgeons' licenses each year to determine if the required CME has been taken. There was a great deal of concern as recent audits indicated that up to 30% of physicians were failing the audit. Staff became aggressive in its follow-up with physicians to determine if they possessed documentation of completed CME, informing auditees that failure to comply could result in a citation being issued. It is with some mixed emotion that I report the vast majority of physicians were able to document completion. I say my emotions were "mixed" because, on the one hand, I am pleased that, as a profession, we are largely meeting our CME requirements, but, on the other hand, I am disappointed that so many physicians felt no responsibility to prove compliance with the law until threatened by a citation and possible fine.

At present, the Medical Board has 12 of its statutorily mandated 19 members; of those, I am delighted to report that seven are new to the Board. I am impressed with the qualities of enthusiasm and commitment to patient interest that I have seen so far in our new members, and look forward to the additional seven gubernatorial appointments necessary to round out our Board so that it may move aggressively into the new millennium.

Board Appoints Medical Director

The Medical Board has appointed a Medical Director, Neal D. Kohatsu, M.D., M.P.H., of Sacramento. Dr. Kohatsu will have primary staff responsibility for coordinating development of the Board's healthcare policy agenda, developing issues of healthcare management under consideration by the Board's committees, establishing liaison services with medical schools and medical societies, and representing the Board in various forums, including the Legislature and professional organizations. He will coordinate much of the important work of the Board's committees and assure the effective implementation of its policy-setting functions. He is a California-licensed physician and board certified in Public Health/General Preventive Medicine by the American Board of Preventive Medicine, where he also holds a seat on the Board.

Dr. Kohatsu comes to the Medical Board from his previous position of Acting Associate Director for Medical Quality at the California Department of Health Services (DHS), where he had responsibility for assisting in the formulation of and advising the Director regarding policies related to medical quality of care, medical policy and public health practice across the entire spectrum of the Department's major program areas.

Dr. Kohatsu served as Acting State Health Officer and Deputy Director for Prevention Services and Assistant Deputy Director, Prevention Services, from September 1994 - October 1995. In addition, Dr. Kohatsu served as the Chief, Medicine and Public Health Section, DHS and Chief, Center for Gerontology Section, DHS. Dr. Kohatsu was instrumental in the success of numerous health programs in areas such as cardiovascular disease, Alzheimer's disease, osteoporosis, arthritis, and asthma. In addition, he served as the Associate Medical Director, Network Development for Blue Shield of California, from 1995 - 1996.

After receiving his A.B. in Human Biology from Stanford University, his M.D. from the University of Pittsburgh, School of Medicine and his M.P.H. in Environmental Health/ Epidemiology from the University of Minnesota, School of Public Health, he completed his residency in Preventive Medicine at the University of Arizona, Department of Family and Community Medicine. He then completed a National Institutes of Health-funded postdoctoral fellowship in Cardiovascular Disease Prevention and Epidemiology at the Stanford Center for Research in Disease Prevention, Department of Internal Medicine.

Dr. Kohatsu served for five years as an attending physician in the U.C. Davis Cardiac Risk Reduction Clinic in the Department of Internal Medicine. He currently has an appointment as Assistant Clinical Professor in the Department of Epidemiology of Preventive Medicine, U.C. Davis School of Medicine.

New Chief of Enforcement Selected

Dave Thornton, former Deputy Chief of the Medical Board's Enforcement Program, has been hired as the Board's Chief of Enforcement. He succeeds John Lancara, who retired last summer. As the new Chief, Mr. Thornton is responsible for oversight and management of the Board's entire Enforcement Program, which includes its 12 district offices; Probation Unit, which is responsible for monitoring approximately 600 physicians on probation with the Board to ensure compliance with the terms and conditions of their probationary orders; and the Board's complaint and disciplinary units, as well as providing primary interface with the Office of the Attorney General.

Mr. Thornton has worked for the Medical Board for 23 years, beginning as a field office investigator in the Board's Santa Ana Office. Prior to his most recent appointment as Chief of Enforcement, he worked his way up the ranks to Senior Investigator, Supervising Investigators I and II, and Deputy Chief. As an investigator for the Board, Mr. Thornton participated in a multi-agency task force in the late 1970s that targeted providers selling controlled substances to individuals for no legitimate medical purpose. The task force included agents from the Drug Enforcement Administration and the state Bureau of Narcotic Enforcement. In the mid-1980s, Mr. Thornton was the lead investigator in a license fraud task force. This unit was responsible for investigating fraudulent medical schools and physician applicants attempting to gain licensure in California using false medical diplomas.

More recently, Mr. Thornton supervised the implementation of the Board's Central Complaint Unit in 1990. That unit is responsible for processing the more than 10,000 complaints and 75,000-plus complaint-related phone calls the Board receives each year. In 1993-94, Mr. Thornton worked closely with the Board's Public Disclosure Committee to develop policy, regulation, and the format for the release of information to the public concerning the Board's licensees.

Mr. Thornton has worked for the State for 31 years, beginning as a teletype operator at the Department of Motor Vehicles. He also served as a State Traffic Officer with the California Highway Patrol for over four years.

Information for Applicants: The Licensing Process

The first contact most medical school graduates have with the Medical Board of California is through the license application process. The Board and its staff recognize that the application process can be lengthy, and conversations with applicants confirm our suspicion they think the process is confusing.

The Licensing Program has a new management team that has made a stronger outreach to applicants and program directors a top priority. Although the "Action Report" is sent to those who are already licensed, many have professional and personal contacts with future applicants. Please share this information with them so that they can understand the need to file timely applications. This helps us process their applications within realistic time frames that will meet their goals.

The Medical Board's Licensing Section protects the consumer through the proper licensing of physicians and surgeons. A comprehensive review of each application ensures that licensees have the minimum competence necessary for medical practice.

California's licensing requirements remain among the more stringent in the nation; nevertheless, an ever-increasing number of applicants seek licensure in California. During the 1999-2000 fiscal year, almost 4,650 applications were received by the Board and over 4,000 licenses were granted. Applicants should be aware that the application review process can be lengthy and are encouraged to submit the application at least six to nine months before they need licensure. While the sense of urgency experienced by each applicant is understood, the licensing staff is responsible for reviewing many files, and staff cannot complete the review of a file if required documents are missing. Oftentimes, the missing documents must be obtained from distant medical schools or programs, resulting in more delays. Furthermore, during busy times of the year, individual staff members may be working on over 500 files at any one time. It is imperative for applicants to understand that the review process is guided by the requirements set forth in state law, which does not provide for any waivers to be granted by staff or by the Board.

1. Applications are reviewed in the order of receipt.

2. Applicants should submit all required documentation as soon as possible; however, without both the application and fees, staff cannot begin the initial review process.

3. Fingerprint cards should be submitted early in the process, preferably with the application and fees, because this security clearance is lengthy.

4. Do not wait to submit an application until all documentation is complete, because that will significantly delay the fingerprint card processing.

The review of applications filed by US/Canadian medical graduates is fairly routine. When delays occur, they generally result from the required fingerprint clearance, which can take up to two months, and occasionally longer.

While the review of applications filed by international graduates is more complex, delays usually are the result of education and training which does not meet the standard required in law and which therefore must be remediated. Other extensive delays occur as applicants try to obtain documents from foreign institutions or when certified translations are needed.

Lastly, when all documents have been submitted and an application is complete, regulations allow an additional 100 days for processing. This time frame may require a comprehensive review of complex files and a request for clarification of some documented information.

Keeping all of this in mind, we cannot predict the variables that may cause delays as each application is reviewed. Therefore, assurances that any applicant will be licensed by a specific date cannot be provided.

How long is the license application process?

It's hard to provide an average because each file is unique, but we can give you some time frames. Regulations require the licensing staff to conduct an initial review of an application within 60 working days, but this often occurs in less time. The applicant is notified in writing of the application status and given an itemized list of documents needed to complete the file. All initial applications are reviewed in order of receipt, and if additional documents are needed, then they are also reviewed in date order. In fairness to everyone, we cannot expedite the review of one application over others. Because the entire process can be lengthy, the application should be submitted six to nine months before the licensed is needed.

Will original documents be returned?

Many original documents are required, such as diplomas, transcripts, translations of foreign documents, etc. Unfortunately, there are many businesses which create fraudulent documents that have been submitted with applications. The Board's skilled staff is experienced in identifying these fakes!

Many documents must remain part of the permanent file for each applicant; this is done in order to keep complete and accurate records. However, originals that will be returned include diplomas, passports and citizenship/naturalization papers, hospital-issued birth certificates, ECFMG certificates, medical licenses issued by foreign countries, etc.

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Free Consultation Available for Physicians Who Treat Developmentally Disabled Patients

A program funded by the California Department of Developmental Services gives physicians throughout the state a convenient and no-cost way to obtain the latest information and advice for treating persons with developmental disabilities. The program is known as the Physician Assistance, Consultation and Training Network, or PACT Net. PACT Net provides consultation by telephone for community physicians who treat persons with mental retardation, cerebral palsy, epilepsy, autism, or similar developmental conditions.

According to Don Hilty, M.D., the Director of PACT Net: "This program is one important way to help physicians and their patients who have complex medical conditions. These patients have unique medical needs that often require the advice of a medical specialist."

PACT Net was created in response to several factors. Over 2,000 persons with developmental disabilities were moved from State developmental centers into community homes beginning in 1993. At the same time, managed care became a more predominant service delivery model. Finally, advances in medical technology have continued to increase the survival rate for persons born with medically complex developmental disorders. These factors have placed greater demands on general practitioners and other primary care providers. Given these factors, and in conjunction with a recommendation from the California Medical Association, PACT Net was initiated.

The program, launched on July 1, 1999, has garnered very positive reviews from the physicians who have used the service. Most often, the comments focus on the ease with which a subspecialist consult is achieved and the quality of the consultation. The program delivers a telephone consultation with a subspecialist within one business day. Subspecialists are available in the fields of developmental pediatrics, gastroenterology, medical genetics, neurology, physical medicine and rehabilitation, orthopaedics, pharmacology, psychiatry, and pulmonary medicine.

Physician-to-physician consultations are free. They can be accessed by dialing 1-800-4UCDAVIS, voice mail Option 3. For any additional information about the program, contact Linda Boyers, UC Davis Health System, at 1-888-883-0961 (toll-free).

The Licensing Process (continued from page 4)

What is an Application Evaluation Status Letter and why is it needed?

International medical graduates (IMGs) are required to obtain approval from the Medical Board prior to commencing postgraduate (PG) training in California. Program Directors of approved programs require IMGs to present a current Application Evaluation Status Letter (ESL) issued by the Licensing Program which verifies that medical education has been reviewed and approved as meeting California's licensing requirements.

To obtain an ESL, a full application with all supporting documents and applicable fees must be on file. Applicants who have not taken and passed the FLEX prior to June 1, 1986, must submit a current, valid ECFMG certificate. Passing scores on at least Steps 1 and 2 of the USMLE exam, or its equivalent, also are required.

Once an ESL has been issued, the applicant may complete a maximum of 24 months of ACGME-approved postgraduate training in this state before being licensed. An applicant who has completed one year of approved PG training elsewhere in the US or Canada may only complete one year of additional training in California without licensure.

New Birth, Death, and Fetal Death Certificates

As part of a nationwide process, the California Department of Health Services' Center for Health Statistics is coordinating a review and modification of California's birth, death, and fetal death certificates. Have your ever asked yourself:

- Couldn't cause-of-death information be collected differently (or in a better way)?
- How could the instructions for completing these forms be clarified?
- Is some of this information dated or irrelevant?

Input from physicians is especially important to assure that vital event information collection and processes are appropriate and that item content and definitions are medically sound. These three vital event certificates form the basis of state, national, and international vital statistics systems. Cause-of-death data obtained from the death certificate, for example, is probably the single most widely used data element in health assessment, planning, and research studies.

Actual implementation of the new certificates is planned for January 1, 2003. For more information, contact Jane McKendry at the Center for Health Statistics, (916) 445-6355, or cmckendr@dhs.ca.gov.

Newly Adopted Regulations Define Physician Responsibility to Report Lapses of Consciousness

In follow up to our article in the July 2000 "Action Report," the Department of Health Services would like to provide physicians with notice of regulatory changes regarding reporting lapses of consciousness which are effective October 2, 2000.

These regulations clarify for the public and the medical community when a patient with a diagnosis of a disorder characterized by lapses of consciousness is to be reported to the local health officer. In addition, these regulations define the functional severity on which the physician and surgeon is to base a determination of whether reporting is required.

Health and Safety Code section 103900 requires every physician and surgeon who has diagnosed a disorder characterized by lapses of consciousness in a patient, who is at least 14 years of age, to immediately report the name, date of birth and address of the patient to the local health officer. The local health officer is then mandated to report the patient to the Department of Motor Vehicles.

How are these new regulations different from the previous regulations?

These new regulations repeal portions of law relating to lapses of consciousness reporting. The new regulations:

1. Provide definitions to physicians and other persons affected by the regulations so that they understand the meaning of the terms as they are used in the regulations.

2. Provide specific reporting requirements to clarify for all physicians and surgeons when they should report.

3. Clarify in what circumstances patients with a diagnosis of a disorder characterized by lapses of consciousness need not be reported.

Text of Newly Adopted Regulations:

• §2800. Activities of Daily Living. "Activities of daily living" means bathing, dressing, feeding oneself, brushing one's teeth, and performing more complex tasks such as grocery shopping, cooking, management of personal finances, and operating a motor vehicle.

• §2802. Alzheimer's Disease and Related Disorders. "Alzheimer's disease and related disorders" means those illnesses that damage the brain causing irreversible, progressive confusion, disorientation, loss of memory and judgment.

• §2804. Diagnose. "Diagnose" means to identify the existence of a medical condition in a patient.

• §2806. Disorders Characterized by Lapses of Consciousness. (a) "Disorders characterized by lapses of consciousness" means those medical conditions that involve: (1) a loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and (2) the inability to perform one or more activities of daily living; and (3) the impairment of the sensory motor functions used to operate a motor vehicle. (b) Examples of medical conditions that do not always, but may progress to the level of functional severity described in subsection (a) of this section include Alzheimer's disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo-and hyperglycemia associated with diabetes.

• §2808. Sensory Motor Functions. "Sensory motor functions" means the ability to integrate seeing, hearing, smelling, feeling, and reacting with physical movement, such as depressing the brake pedal of the car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

• §2810. Reporting Requirements. (a) Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient. (b) The report prepared pursuant to subsection (a) of this section shall include: (1) The name, address, date of birth, and diagnosis of the patient; and (2) The name, address, and phone number of the physician and surgeon making the report.

• §2812. Exceptions to Reporting. A physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if: (a) The patient's sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or (b) The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believes these statements made by the patient are true, or (c) The physician and surgeon previously reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle, or (d) There is documentation in the patient's medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle.

Contact Information

Should you have any questions, please contact Kit Lackey at the DHS/Alzheimer's Disease Program, 601 N. 7th Street, MS 253, P.O. Box 942732, Sacramento, CA 94234-7320, phone (916) 327-0947 or fax (916) 445-4365.

AWARE: Statewide Antibiotic Resistance Educational Program Announced

The January 2000 "Action Report" contained an article, "Antibiotic Resistance: What Physicians Shauld Know," by Dr. Jon Rosenberg, Division of Communicable Disease Control, California Department of Health Services. That article discussed the initiation of a five-year project to reduce the unnecessary use of antibiotics and reduce the prevalence of antibiotic resistant bacteria in California. The Medical Board of California is pleased to be working with the California Medical Association (CMA) Foundation in broadcasting its announcement of the initiation of that major statewide effort to promote the appropriate use of antibiotics, called, "The Alliance Working for Antibiotic Resistance Education (AWARE)."

By Elissa K. Maas, M.P.H.

Director of Community Health, California Medical Association Foundation

The Alliance Working for Antibiotic Resistance Education, AWARE, is a long-term project attempting to remedy the public's fixation on antibiotics as cure-all medicine. Antibiotics are extremely useful medications, but because of both overuse and misuse we are experiencing a dramatic increase in the number of bacteria which have developed resistance to these drugs. The arsenal of antibiotics is losing its punch!

Led by the California Medical Association Foundation, AWARE is a partnership that includes physician organizations, healthcare providers, health systems, health plans, public health agencies, consumer groups and community based health organizations, federal, state and local government representatives and the pharmaceutical industry. Its goal, to reduce the inappropriate use of antibiotics to inhibit the spread of antibiotic resistance, is to be accomplished through educational efforts geared to both healthcare providers and consumers.

AWARE's focus will be on the human use of antibiotics, beginning with efforts which emphasize both the relationship between physicians and their patients, and on patient responsibility to use antibiotics appropriately.

Specific Project Goals

Three overriding goals shape the project:

• Change Physician and Health Provider Behavior Regarding the Use of Antibiotics to Treat Infectious Disease

• Change Consumer Awareness, Understanding and Behavior Regarding the Appropriate Use of Antibiotics

• Mobilize the Community to Reduce the Inappropriate Use of Antibiotics

The project will be evaluated using data from three areas:

- Surveys of consumer and physician attitudes and practices about antibiotic use will be conducted in the first, third and fifth years of the project.
- Second, we will provide trend and comparative data on resistance to Strep Pneumoniae in California.
- Finally, the project will develop a mechanism to track and report prescription trends for antibiotic use in California.

AWARE's Campaign

The campaign will include:

• Yearly Media Campaigns in both Traditional and Ethnic Media

• Statewide Speaker's Bureau

• Web site and Resource Directory

• Consumer Education Efforts with Organizations such as the California PTA, Childcare Providers and the AARP

• Physician and Allied Health Provider Educational Component

• Compendium of Clinical Practice Guidelines

• Employer-Based Education Programs

Campaign's Messages

AWARE will address both the misuse and overuse of antibiotics. Patient behaviors that lead to inappropriate antibiotic use include:

• Insisting on a prescription for an antibiotic when the physician says "No"

Antibiotics are powerful medicines, but when used inappropriately may be hazardous to health.

• Not taking the prescribed antibiotic for the full course of treatment

• Using antibiotics without a doctor's care or using leftover antibiotics

According to the Centers for Disease Control and Prevention, between 20 and 50% of antibiotics prescribed each year are unnecessary. It is very important to do what we can to slow resistance now.

If you would like more information about AWARE or would like to be involved in this critical medicine and public health project, contact Elissa Maas, M.P.H., Director of Community Health, CMA Foundation at (916) 551-2555 or e-mail her at AWARE@calmed.org.

ALERT
Influenza Vaccination: Delays and a Possible Shortage

by Jon Rosenberg, M.D. and Natalie J. Smith, M.D.

Division of Communicable Disease Control, California Department of Health Services

Influenza outbreaks occur during the winter months and, as a result, about 2,000 Californians die each year. Annual vaccination is the primary method for preventing influenza and its complications. Influenza vaccine is strongly recommended for any person who—because of age or underlying medical condition—is at increased risk for complications of influenza. Also, healthcare workers in close contact with persons in high-risk groups need to be vaccinated to decrease the risk of transmitting infection to others. Persons at increased risk from influenza should also receive vaccination for Streptococcus pneumoniae (it is usually needed only once, though some persons may need a single booster dose), since deaths from influenza are often due to bacterial pneumonia that follows influenza.

For the 2000-2001 influenza season in the United States, lower than anticipated production yields for this year's influenza A(H3N2) vaccine component, along with other manufacturing problems, are leading to substantial delays in the distribution of influenza vaccine and possibly substantially fewer total doses of vaccine than last year. A more precise estimate of the vaccine supply should be available this month. As the flu season progresses CDC will maintain a clearinghouse including information from manufacturers about available vaccine.

CDC has issued the following recommendations to deal with the problem of vaccine availability:

Influenza Vaccine Use Recommendations for the 2000-2001 Influenza Season

1. Implementation of organized influenza vaccination campaigns should be delayed. Health-care providers, health organizations, commercial companies, and other organizations planning organized influenza vaccination campaigns for the 2000-01 influenza season should delay vaccination campaigns until early to mid-November. The purpose of this recommendation is to minimize cancellations of vaccine campaigns and wastage of vaccine doses resulting from delays in vaccine delivery. Influenza vaccine administered after mid-November can still provide substantial protective benefits. For the 2000-01 season, it is particularly important for vaccine providers to continue to administer vaccine after mid-November.

2. Once vaccine is available, influenza vaccination of persons at high risk for complications from influenza and their close contacts should proceed routinely during regular health-care visits. Routine influenza vaccination activities in clinics, offices, hospitals, nursing homes, and other health-care settings (especially vaccination of persons at high risk for complications from influenza, health-care staff, and other persons in close contact with persons at high risk for complications from influenza) should proceed as usual whenever vaccine becomes available. This is particularly important for young children at high risk who are receiving influenza vaccination for the first time and who require two doses of vaccine.

3. Provider-specific contingency plans for an influenza vaccine shortage should be developed. All influenza vaccine providers, including health-care systems and organizers of vaccination campaigns, should develop a provider-specific contingency plan to maximize vaccination of high-risk persons and health-care workers. These plans should be available for implementation if a vaccine shortage develops.

4. In 2000, the Advisory Committee on Immunization Practices (ACIP) broadened its influenza vaccine recommendations to include all persons aged 50-64 years. This recommendation was based, in part, on an effort to increase vaccination coverage of persons in this age group with high-risk conditions. In the context of a possible vaccine shortage, it would be appropriate for contingency plans covering this age group to focus primarily on vaccinating persons with high-risk conditions rather than this entire age group.

Target Groups for Vaccination
Groups at Increased Risk for Complications

Vaccination is recommended for the following groups of persons who are at increased risk for complications from influenza or who have a higher prevalence of chronic medical conditions that place them at risk for influenza-related complications:

- residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions;
- adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma;
- adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or

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

Consumer Protection: Board's Top Priority

The Medical Board of California has been involved in activities over the past fiscal year which are critical to its consumer-protection mandate. Notable among these efforts are the following.

Cosmetic and Outpatient Surgery Patient Protection Act

AB 271 (Gallegos), sponsored by the Medical Board of California, is a product of the Board's Committee on Plastic-Cosmetic Surgery, established to examine ways to protect patients as more surgery procedures are performed in outpatient settings, many of them cosmetic surgery procedures, sometimes by physicians ill-trained or ill-equipped to perform the procedures attempted. This new law requires:

- Whenever a patient is present in the facility and has not been discharged from supervised care, a minimum of two staff persons must be on the premises, one of whom must be either a licensed physician or a licensed health care professional with current certification in advanced cardiac life support (ACLS).
- Physicians must maintain adequate security by liability insurance for claims that may result from surgical procedures performed outside of general acute care hospitals.
- A written report must be filed with the Medical Board within 15 days when any physician or person acting under a physician's orders or supervision performs a scheduled medical procedure outside of a hospital that results in the death of the patient or transfer of the patient to a hospital or emergency center for more than 24 hours.
- Each outpatient setting regulated by the Board's Division of Licensing must have written discharge criteria, and these settings must conspicuously post their certificate of registration and name and telephone number of the accrediting agency with instructions on submitting complaints.

Internet Prescribing

In response to the potential danger to patients of Internet prescribing of drugs, the Board sponsored SB 1828 (Speier), which would prohibit the prescribing or furnishing of dangerous drugs on the Internet for delivery to any Californian without a good faith prior examination and medical indication. It would provide either a fine of up to $25,000 per occurrence resulting from a citation issued by the Medical Board, or a civil penalty of the same amount to be enforced by the Attorney General. The bill also adds that if a prescribing physician is not a resident of California, a violation of this section will be reported to the physician's professional licensing authority.

This legislation is designed to prohibit physicians from engaging in substandard health care by writing prescriptions on the basis of electronic completion of a questionnaire, without a good faith medical examination as the law currently requires for non-Internet prescribing. In the absence of such an examination, the Board has determined that a physician who prescribes over the Internet is engaging more so in a commercial venture rather than, and perhaps to the detriment of, the delivery of quality health care.

Continued on page ii

Current Physician and Surgeon Licenses by County

Alameda	3,551	Inyo	43	Monterey	785	San Luis Obispo	626	Trinity	13
Alpine	0	Kern	910	Napa	430	San Mateo	2,298	Tulare	447
Amador	56	Kings	127	Nevada	222	Santa Barbara	1,084	Tuolumne	119
Butte	407	Lake	73	Orange	7,483	Santa Clara	5,211	Ventura	1,473
Calaveras	43	Lassen	41	Placer	601	Santa Cruz	580	Yolo	486
Colusa	11	Los Angeles	24,428	Plumas	30	Shasta	429	Yuba	64
Contra Costa	2,319	Madera	126	Riverside	2,133	Sierra	2		
Del Norte	53	Marin	1,366	Sacramento	3,074	Siskiyou	68	**California Total**	
El Dorado	242	Mariposa	15	San Benito	34	Solano	681	**82,872**	
Fresno	1,490	Mendocino	203	San Bernardino	2,978	Sonoma	1,206	**Out of State Total**	
Glenn	10	Merced	217	San Diego	7,660	Stanislaus	690	**25,196**	
Humboldt	297	Modoc	5	San Francisco	4,748	Sutter	162	**Current Licenses**	
Imperial	121	Mono	28	San Joaquin	820	Tehama	53	**108,068**	

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.

Continued from page i

Diversion Task Force

The Diversion Program is a five-year monitoring and rehabilitation program administered by the Board to support and monitor the recovery of physicians who have substance abuse or mental health disorders. Responding to concerns raised during Sunset Review Committee hearings and subsequent issues addressed by consumer advocates, the Board created the Diversion Task Force to undertake an extensive review of the operation of the Diversion Program. The intention of the Board was that improvements to the operation of the program would be recommended based on this review and that areas allowing for improved consumer protection would be identified.

During FY 99-00 the Task Force conducted a side-by-side comparison of the Diversion Program with a draft document entitled *Guideline for the Regulatory Management of Chemically Dependent Health Care Practitioners*, prepared by the Citizen Advocacy Center, a training, research, and support network for public members of health care regulatory and governing boards. At its meeting in February 2000, the Task Force found that the Diversion Program policies meet or exceed the guidelines in most areas, however, the Task Force also began to identify the need for ongoing Quality Assessment reporting as a foundation for the development of a strategy of Continuous Quality Improvement (CQI). In May 2000 reporting requirements were established in the following areas.

- relapse
- drug testing
- case manager contact
- group attendance
- outcomes

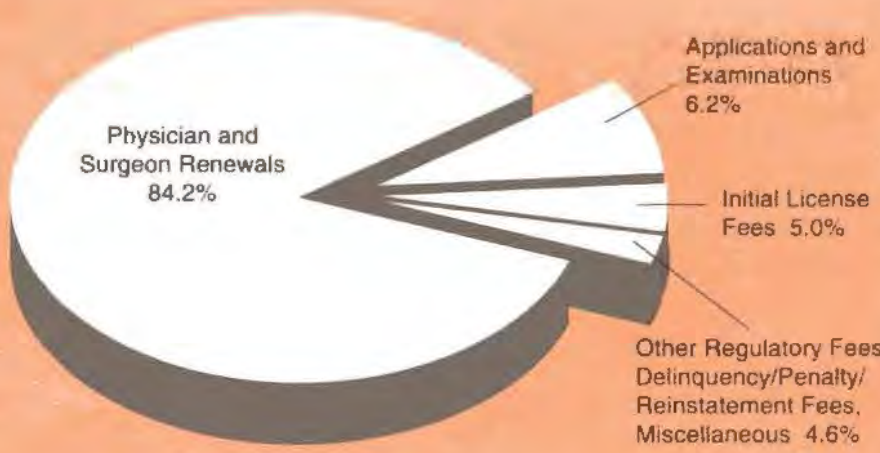
The Board subsequently established a standing committee on Diversion to which data in these areas will be reported quarterly. Standardized reporting of statistical data, along with case studies, was developed to facilitate the Task Force's efforts to establish a system of CQI. This data is presented quarterly for review of system strengths and weaknesses.

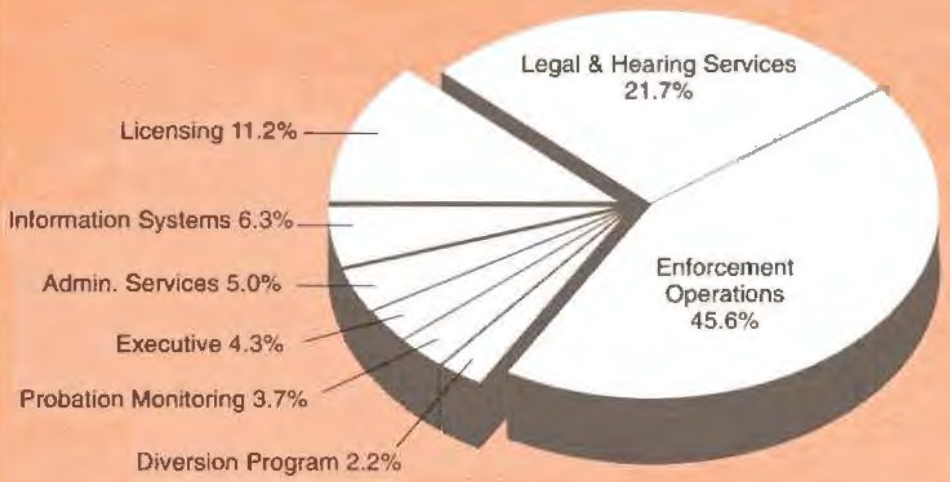
During FY 99-00 the issue of the structure and authority of the Diversion Evaluation Committees was addressed. The Task Force also pursued legislation to clearly reflect the advisory role of these committees while recognizing the valuable expertise which they offer and which is critical to the Program's success.

Medical Board of California

1999-2000 Fiscal Year Sources of Revenue

Physician & Surgeon Renewals	$28,511,000
Applications and Examinations	$2,094,000
Initial License Fees	$1,683,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Miscellaneous	$1,570,000
Total	**$33,858,000**





1999-2000 Fiscal Year Budget Distribution

Enforcement Operations	$15,295,000
Legal & Hearing Services	7,309,000
Licensing	3,756,000
Information Systems	2,111,000
Administrative Services	1,666,000
Executive	1,452,000
Probation Monitoring	1,230,000
Diversion Program	750,000
Total Budget	**$33,569,000**

Division of Licensing

The Division of Licensing is responsible for initial and renewal licensing of physicians and surgeons. Additionally, the Division administers licensing programs for lay midwives, dispensing opticians, spectacle lens dispensers, contact lens dispensers, and research psychoanalysts.

Physician and Surgeon Application Processing. During the 1999-2000 fiscal year, 4,043 new physician and surgeon licenses were issued. The volume of application processing work peaks around June 30, the end of the annual residency training year. At this time of year, the Licensing Program experiences increased activity resulting from applicants requiring licensure in order to continue into the third year of postgraduate training or to begin permanent positions at the conclusion of their training. In its effort to provide quality service, the Division encourages applicants to submit their application materials and fees well in advance of the time they expect to be licensed.

Fingerprint clearances are an important part of the application process and a frequent cause for processing delays. In FY 1999-2000, Division staff worked with the Department of Justice to streamline fingerprint processing through participation in the Livescan process which will eliminate the use of fingerprint cards for in-state fingerprint checks. Additionally, INTERPOL inquiries were initiated this year in situations requiring criminal history checks and clearances from abroad.

New provisions in section 2089 of the California Business and Professions Code (B&P) added training in pain management and end-of-life care to curriculum requirements for all applicants for physician and surgeon licensure. This was intended to help educate and influence the attitudes and behavior of physicians toward treating patients with pain, and to help medical educators initiate changes in the curriculum to ensure that new practitioners have attitudes, knowledge, and skills relevant to care for terminal patients. This law applies to all individuals entering medical school on or after June 1, 2000 who apply for California licensure.

Section 1321(d) was added to the regulations to require that each of the two years of approved postgraduate training required for licensure be completed in continuous blocks, but also permit each year to be completed in a different program. Additionally, this law allows for interruption of either year due to illness or hardship.

Special Programs. Special programs provide opportunities for foreign physicians to participate in research and faculty appointments at medical schools located in California. Special program site inspections were conducted at the University of California, San Diego School of Medicine; the University of California, Los Angeles School of Medicine; and Stanford University School of Medicine. These site inspections included meetings with deans, program directors and supervisors, and participants in B&P Code section 2111 postgraduate study programs and section 2113 faculty appointment programs.

Because California medical schools may experience difficulties recruiting eminent clinical faculty from other states, B&P Code section 2168 was implemented in 1998-1999 to create a new category of restricted licensure for the purposes of research, medical advancement and educational progress. A physician eligible for a special faculty appointment must have been offered a full-time appointment at a California medical school at the full professor level in a tenure track position, or its equivalent. During the 1999-2000 fiscal year, the Division issued three special faculty permits to outstanding physicians at the University of California, Los Angeles School of Medicine; the University of California, San Diego School of Medicine; and the University of California, San Francisco School of Medicine.

Consumer Information and Services for Affiliated Health Professions. Implementation of a new telephone system enabled the Consumer Information Unit to assume broader support responsibilities than could previously be assigned. In addition to providing licensing verifications and other general telephone assistance, CIU staff also responded to requests for applications and other forms, letters of good standing, duplicate licenses and address changes. The Division of Licensing sustains relationships with various affiliated health professions. The CIU plays an important role by responding not only to inquiries related to the Medical Board, but also to questions concerning the Acupuncture Board, Hearing Aid Dispensers Program, Physical Therapy Board, Physician Assistant Committee, Board of Podiatric Medicine, Board of Psychology, Respiratory Care Board, and the Speech-Language Pathology & Audiology Board.

Affiliated Healing Arts

	1999–00 LICENSES/APPROVALS	
	ISSUED	CURRENT
Licensed Midwife	12	110
Dispensing Optician	46	1,252
Contact Lens Dispenser	20	488
Spectacle Lens Dispenser	96	1,911
Physician Asst. Supervisor	1,436	10,549
Research Psychoanalyst	0	65
Accrediting Agencies for Outpatient Surgery Settings	0	4
Doctor of Podiatric Medicine	102	1,932
Total	**1,712**	**16,311**

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

Division of Licensing Activity

	FY 98-99	FY 99-00
Physician Licenses Issued		
FLEX/USMLE[1]	3,210	3,338
NBME[1]	671	528
Reciprocity with other states	162	177
Total new licenses issued	**4,043**	**4,043**
Renewal licenses issued—with fee	46,613	47,518
Renewal licenses—fee exempt[2]	4,457	4,433
Total licenses renewed	**51,070**	**51,951**
Physician Licenses in Effect		
California address	81,762	82,872
Out-of-state address	25,147	25,196
Total	**106,909**	**108,068**
Licensing Examination Activity		
United States Medical Licensing Exam (USMLE)		
Applicants passing USMLE exam	2,122	*
Applicants failing USMLE exam	570	*
Total	**2,692**	*

	FY 98-99	FY 99-00
Licensing Enforcement Activity		
Probationary license granted	0	2
License Denied (no hearing requested)	2	2
Statement of Issues to deny license filed	8	4
Statement of Issues granted (license denied)	6	2
Statement of Issues denied (license granted)	2	1
Statement of Issues withdrawn	0	1

[1] *FLEX = Federation Licensing Exam*
USMLE = United States Medical Licensing Exam
NBME = National Board Medical Exam

[2] *Includes physicians with disabled, inactive, retired, or military license status.*

* *The Medical Board stopped administering Step 3 of USMLE in FY 98-99.*

Verification Activity Summary

	FY 98-99	FY 99-00
License Status Verifications		
Phone verifications	220,726	180,400
Online access verifications	288,533	*
Written verifications	68,472	44,273
Authorized Internet users	532	534
Non-verification telephone calls	40,682	52,899

* *Due to Y2K, the system previously used to access licensee information became inoperable in December 1999. Effective April 1, 2000 a new password-protected site on the Internet was developed to replace the previous system. Thus, statistics are unavailable.*

	FY 98-99	FY 99-00
Certification Letters and Letters of Good Standing	9,151	11,132
Fictitious Name Permits		
Issued	849	1,180
Renewed	3,800	4,084
Total number of permits in effect	7,869	8,107
Continuing Medical Education		
CME audits	792	794
CME waivers	461	351

Report Verifications

	FY 98-99	FY 99-00
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	358	253
Adverse Actions reported to the NPDB[1]	486	528[2]
NPDB reports received from insurance companies or self-insured individuals/ organizations	1,442	815

	FY 98-99	FY 99-00
B&P Code §805 reports of health facility discipline received:	83	112[3]

[1] *NPDB = National Practitioner Data Bank*

[2] *Includes 516 MDs, 7 podiatrists, and 5 physician assistants.*

[3] *Includes 110 reports for MDs, 1 for a psychologist and 1 for a podiatrist.*

Division of Medical Quality

The Medical Board of California made great strides in the 1990s to develop itself as one of the nation's leading medical regulatory boards. It has successfully achieved its mandate to provide public protection through the efficient resolution of consumer complaints while providing objective, evenhanded review of the medical care which gave rise to those complaints. The Board's efforts resulted in 366 administrative actions being taken in 1999-2000 as compared to the 149 actions reported in 1992-93.

Among the most notable achievements of the past fiscal year was the continued decrease in time elapsed at each major stage of complaint processing. The staff of the Board's Central Complaint Unit now complete preliminary processing of 10,000+ complaints in an average of **44** days and investigators complete the field investigation of complaints in an average of **206** days. It is through this continually improving closure time on consumer complaints that the Board achieves improved consumer protection with reduced disruption of physician practice.

Of significance to the overall aim of providing real public protection is the increasing effectiveness of the Board's Division of Medical Quality in taking action designed to address the specific cause of the violation which led to the action. In some cases, this only can be achieved by revocation of the physician's license or by seeking the surrender of that license to practice medicine. More and more, however, other administrative actions are being taken which are aimed at remedying the underlying cause of the violation, while placing the public on notice that the physician is, or has been, the subject of disciplinary action by the Medical Board.

Public disclosure of disciplinary actions remains an important element of the Board's regulatory efforts, built upon the view that healthcare consumers deserve to have all of the information pertinent to their decision-making made available to them. This is the reason that the Medical Board has developed and maintains a web site that lists all physicians who are licensed to practice medicine in California and contains information concerning any disciplinary action which the Board has taken against the license as well as information concerning felony convictions and malpractice judgments or arbitration awards (www.medbd.ca.gov).

Among the methods the Board uses to tailor discipline to the violation is in the terms of probation which are part of the disciplinary order. Depending on the violation which led to the discipline, probation frequently includes such terms as an ethics course; a prescribing course; requirement of additional CME or other education; passage of the SPEX (Special Purpose Examination); attendance at PACE (Physician Assessment and Clinical Education); community service; practice monitoring; or the successful passage of physical and/or psychological exams. Through the use of these focused requirements the Board seeks not just discipline, but the remediation or enhancement of physicians' skill and knowledge so that they become better practitioners in the communities which they serve. Nevertheless, not all physicians realize the importance of these corrective endeavors and in 1999-2000 the Probation Unit referred 21 cases involving probation violations to the Office of the Attorney General. This vigilant follow-up emphasizes the Board's commitment to meaningful discipline in pursuit of enhanced patient care.

Other means at the disposal of the Medical Board which are used to address more minor violations include citation and fines or public letters of reprimand. Such alternative sanctions are used for lesser violations such as failure to timely sign a death certificate or the maintenance of incomplete medical records.

In summary, there are many tools available today to fit the Medical Board's response to a Practice Act violation. In the most serious cases, license revocation or suspension will be the only appropriate penalties. However, the Board will continue to seek effective rehabilitation in less serious cases in order to protect the public.

Physicians & Surgeons Complaints Received†

	Fraud	Health & Safety[1]	Non-Jurisdictional[2]	Competence/ Negligence[3]	Other Category	Personal Conduct[4]	Unprofessional Conduct[5]	Unlicensed/ Unregistered	Total
Public	136	219	365	4,747	0	39	1,267	135	6,908
B&P Code[6]	3	7	0	1,294	0	39	35	0	1,378
Licensee/Prof. Group[7]	21	22	11	64	3	9	110	38	278
Governmental Agency[8]	110	81	23	781	44	148	360	132	1,679
Anonymous/Misc.	13	24	5	40	1	9	69	41	202
Totals	**283**	**352**	**403**	**6,921**	**59**	**244**	**1,837**	**346**	**10,445**

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

7 *"Licensee or Professional Group" includes the following complaint sources: Other Licensee, Society/Trade Organization, 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.*

Complaints Received Based Upon Reports Required by Law†

Physicians & Surgeons

	FY 98-99	FY 99-00
Medical Malpractice		
Insurers		
B&P Code §§801 & 801.1	1,041	982
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	287	196
Courts		
B&P Code §803	28	28
Total Malpractice Reports	**1,356**	**1,206**
Coroners' Reports		
B&P Code §802.5	26	29
Criminal Charges & Convictions		
B&P Code §§802.1 & 803.5	21	31
Health Facility Discipline		
Medical Cause or Reason		
B&P Code §805	82	110
Outpatient Surgery Settings Report		
Patient Death		
B&P Code §2240(a) (effective 1-1-00)	n/a	2
Patient Transfer		
B&P Code §2240(b) (effective 1-1-00)	n/a	105

Affiliated Healing Arts Professionals*

	FY 98-99	FY 99-00
Medical Malpractice		
Insurers		
B&P Code §§801 & 801.1	37	36
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	4	7
Courts		
B&P Code §803	0	1
Total Malpractice Reports	**41**	**44**
Coroners' Reports		
B&P Code §802.5	0	1
Criminal Charges & Convictions		
B&P Code §803.5	0	3
Health Facility Discipline		
Medical Cause or Reason		
B&P Code §805	1	2
Outpatient Surgery Settings Report		
Patient Death		
B&P Code §2240(a) (effective 1-1-00)	n/a	1
Patient Transfer		
B&P Code §2240(b) (effective 1-1-00)	n/a	2

* *Affiliated Healing Arts Professionals include: podiatrists, physician assistants, psychologists, dispensing opticians and licensed midwives.*

Division of Medical Quality Action Summary

	96-97	97-98	98-99	99-00
Complaints/Investigations[1]				
Complaints Received	10,123	10,816	10,751	10,445
Complaints Closed by Complaint Unit†	8,161	8,657	9,024	8,319
Investigations				
Cases Opened	2,039	2,154	2,139	2,083
Cases Closed †	2,255	2,423	2,493	1,995
Cases referred to the AG	567	676	618	491
Cases referred to DAs/CAs	47	81	69	61
Administrative Filings†				
Interim Suspensions	33	32	31	19
Temporary Restraining Orders	4	1	2	0
Other Suspension Orders	13	10	29	25[2]
Statement of Issues to Deny Application	4	4	8	*[3]
Petition to Compel Mental Exam	4	13	19	6
Petition to Compel Competency Exam	11	9	5	0
Petition to Compel Physical Exam	2	6	15	5
Accusation/Petition to Revoke Probation	296	391	392	290
Total Administrative Filings	**367**	**466**	**501**	**345**
Administrative Actions†				
Revocation	49	47	48	55
Surrender (in lieu of Accusation or with Accusation pending)	87	86	77	67
Suspension Only	0	0	3	2
Probation with Suspension	27	19	12	17
Probation	112	108	110	109
Probationary License Issued	3	4	0	2
Public Reprimand	39	50	45	56
Other decisions (e.g., exam required, education course, etc.)	23	69	64	58
Total Administrative Actions	**340**	**383**	**359**	**366**
Referral and Compliance Actions				
Citation and Administrative Fines Issued	214	288	332	250
Physicians Called in for Medical Review	25	19	23	16
Physicians Referred to Diversion Program[4]	44	33	27	12
Total Referral & Compliance Actions	**283**	**340**	**382**	**278**
Other Administrative Outcomes				
Accusation Withdrawn[5]	57[6]	80[6]	76[6]	71
Accusation Dismissed	11	8	16	12
Petitions for Penalty Relief[7] granted	19	29	19	16
Petitions for Penalty Relief[7] denied	11	20	14	17
Petition to Compel Exams granted	15	27	32	11
Petition to Compel Exams denied	0	3	4	0

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

[2] *Includes 5 Automatic Suspension Orders per section 2236.1 B&P Code, 11 license restrictions per section 23 Penal Code, 7 out-of-state suspension orders per section 2310 B&P Code effective 1/1/98, and 2 stipulated agreements to suspend or restrict the practice of medicine.*

[3] *Statement of Issues data now shown on Division of Licensing Activity, p. iv.*

[4] *Diversion Program referrals pursuant to B&P Code section 2350(b).*

[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; etc.*

[6] *Includes Statement of Issues withdrawn.*

[7] *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.*

Business & Professions Code §2313—Additional Data Elements

1. Additional data for Temporary Restraining Orders, Interim Suspension Orders, Automatic Suspension Orders, Orders issued pursuant to Penal Code §23, Out-of-State Suspension Orders, and Stipulated Agreements to suspend or restrict the practice of medicine:

	Orders Sought	Orders Granted
Mental/Physical Illness	5	4
Drug Prescribing Violations	1	5
Sexual Misconduct	8	8
Self Abuse of Drugs or Alcohol	6	9
Gross Negligence/Incompetence	5	3
Unprofessional Conduct	1	3
Criminal Charges/Conviction of a Crime	3	4
Fraud	7	8
Total	**36**	**44**

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	69,831
Jurisdictional inquiries	38,407
Complaint forms sent	15,362
Complaint forms returned by consumers	5,376

4. Number of completed investigations referred to the Attorney General's Office awaiting the filing of an accusation as of June 30, 2000:

Physician and Surgeon	103
Affiliated Healing Arts Professionals[1]	9

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

	MD	AH[1]	Total
FY 99-00[2]	21	3	24

	MD	AH[1]	Total
6. Petitions to Revoke Probation Filed:	28	2	30
7. Dispositions of Probation Filings:			
Additional Suspension or Probation	10	1	11
Probation Revoked or License Surrendered	21	1	22
Petition Withdrawn/Dismissed	4	0	4
8. Petitions for Reinstatement of License:			
Filed	17	0	17
Granted	7	1	8
Denied	10	1	11

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 98-99		FY 99-00	
	Avg.	Median	Avg.	Median
(a) Complaint Unit Processing	53	21	44	27
(b) Investigation	243	175	206	155
(c) Attorney General Processing to preparation of an Accusation	83	50	97	60
(d) Other stages of the legal process (e.g. after charges filed)	343	284	412	360

10. Investigator caseloads as of June 30, 2000:

	Statewide	Per Investigator
Enforcement Field Operations Caseload:		
Active Investigations	1,406	21
AG Assigned Cases[3]	496	7
Probation Unit Caseload:		
Monitoring Cases[4]	500[5]	42
Active Investigations	13	1
AG Assigned Cases[3]	37	n/a[6]

[1] *Affiliated Healing Arts Professionals for this section includes: podiatrists, physician assistants, dispensing opticians, research psychoanalysts, and licensed midwives.*

[2] *These are in addition to the 491 MD and 72 AH cases referred to the Attorney General reported in the Enforcement Action Summary.*

[3] *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.*

[4] *167 additional monitoring cases were inactive because the probationer is out of state as of June 30, 2000.*

[5] *In FY 99-00, 61 probation monitoring cases were transferred from MBC to the Board of Psychology for monitoring.*

[6] *For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.*

11. Number and type of MD & AH action taken by case type in FY 99-00	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	12	26	0	5	52	0	27	42	164
Inappropriate Prescribing	4	7	0	4	7	0	9	3	34
Unlicensed Activity	2	0	0	0	1	0	3	0	6
Sexual Misconduct	4	10	0	1	5	0	1	1	22
Mental Illness	7	7	0	0	4	0	0	3	21
Self-use of drugs/alcohol	9	8	0	2	11	1	0	1	32
Fraud	5	2	1	2	3	0	6	5	24
Conviction of a crime	7 (2[1])	4	0	3	15	0	2	1	32 (2)
Unprofessional Conduct	5	2	0	0	2	1	8	2	20
Miscellaneous violations	0	1	1	0	9	0	0	0	11
Totals by Discipline Type	**55 (2)**	**67**	**2**	**17**	**109**	**2**	**56**	**58**	**366 (2)**

[1] *Figures in parentheses represent action taken by the Division of Licensing against dispensing opticians, research psychoanalysts, and licensed midwives.*

Enforcement Action Summary For Affiliated Healing Arts

	98-99	99-00
Complaints/Investigations[1]		
Complaints Received	1,041	988
Complaints Closed by Complaint Unit†	848	763
Investigations: Cases Opened	223	298
Cases Closed†	267	290
Cases referred to the AG	89	72
Cases referred to DAs/CAs	10	18
Administrative Filings†		
Interim Suspensions	4	0
Automatic Suspension Orders[2]	0	2
Statement of Issues to Deny Application	9	3
Petition to Compel Mental Exam	1	1
Petition to Compel Physical Exam	1	0
Accusation/Petition to Revoke Probation	63	19
Total Administrative Filings	**78**	**25**
Administrative Actions†		
Revocation	6	4
Surrender (in lieu of Accusation or with Accusation pending)	17	3
Probation with Suspension	5	1
Probation	25	7
Probationary License Issued	1	0
Public Reprimand	3	1
Other (e.g., exam required, education course, etc.)	9	1
Total Administrative Actions	**66**	**17**
Referral and Compliance Actions		
Citation and Administrative Fines Issued	54	28
Office Conferences Conducted	1	7
Total Referral & Compliance Actions	**55**	**35**
Other Administrative Outcomes		
Accusation/Statement of Issues Withdrawn	7	1
Accusation Dismissed	0	1
Statement of Issues Granted (Lic. Denied)	2	1
Statement of Issues Denied (Lic. Granted)	2	0
Petitions for Penalty Relief granted[3]	0	1
Petitions for Penalty Relief denied[3]	2	1
Petition to Compel Mental Exam granted	1	1
Petition to Compel Physical Exam granted	1	0

[1] *Board of Psychology (BOP) statistics are included in this section. MBC handles complaints and investigations for BOP. The other sections include data on podiatrists, physician assistants, research psychoanalysts, dispensing opticians, and licensed midwives. In prior years, these sections included BOP's data.*

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

[3] *Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.*

† *Information required by B&P Code section 2313.*

Diversion Program

The Physician Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Division of Medical Quality to support and monitor the recovery of physicians who have substance abuse or mental health disorders. The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance abuse and mental health disorders to avoid jeopardizing patient safety.

Physicians enter Diversion by one of three avenues. First, physicians may self-refer. This is often the result of encouragement by concerned colleagues or family members for the physician to seek help. Participation by self-referred physicians is completely confidential from the disciplinary arm of the Board. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the Medical Board as part of a disciplinary order.

During FY 99-00, 62 physicians were accepted by the Diversion Evaluation Committee, signed a formal Diversion Agreement and entered the program. Of those, 35 physicians had no open cases with the Board, 13 physicians were diverted from discipline, and an additional 14 physicians entered as a result of disciplinary orders.

A total of 364 physicians participated in Diversion at some time during FY 99-00. Of those who left the program, 16 were unsuccessful while 27 successfully completed the five-year program with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

Activity[1]

	98-99	99-00
Beginning of fiscal year	222	237
Accepted into program	67	62
Completions:†		
Successful	34	27
Unsuccessful	18	16
Active at end of year†	237	256
Other Activity		
Applicants[2]	40	48
Out-of-state-monitored California licentiates	17	17
Total being monitored at end of FY 99-00		**321**

Type of Impairment[1]

	99-00	%
Alcohol	54	21
Alcohol & mental illness	18	7
Other drugs	82	32
Other drugs & mental illness	21	8
Alcohol & other drugs	44	17
Alcohol & other drugs & mental illness	32	13
Mental illness	5	2
Total	**256**	**100**

[1] *Does not include applicant or out-of-state participant data.*

[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.*

† *Information required by Business and Professions Code section 2313.*

Medical Board of California 1999-2000

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Gynecologic Cancer Pamphlet Now Available in Spanish New Ordering System in Place

The California Department of Health Services (DHS) and the Medical Board are pleased to announce the availability of the Spanish version of the new gynecologic cancers pamphlet, "Gynecologic Cancers...What Women Need to Know." This pamphlet was produced by DHS to assist California physicians and other medical care providers in meeting the mandate established by AB 833, Ortiz, Statues of 1998, Chapter 754. This mandate requires the medical care provider give written information on gynecologic cancers to the patient in layperson's language at the time of the patient's annual gynecologic examination.

This pamphlet, like the current English version, provides information, including the signs, symptoms, risk factors, and the benefits of early detection through appropriate diagnostic testing in an easy to read format.

The Medical Board and DHS have been processing orders for the English pamphlet in astonishing quantities. However, it should be noted that many women are still not receiving this information at the time of their annual gynecological examination. Please note that this is the law. Should you need pamphlets in either English or Spanish, please order your supplies as soon as possible, following the new procedures listed below.

Bulk orders will no longer be filled by the Medical Board but will instead now be filled by the DHS Warehouse.

You may fax your request for a DHS Warehouse Order Form to (916) 928-1326. Be sure to provide a contact name, agency/organization name and your fax number. To request an order form by phone, please call (916) 928-9217. When placing your actual order, please be sure to specify the title of the pamphlet, "Gynecologic Cancers...What Women Need to Know," the language version, and publication number you are requesting. The publication number for the English pamphlet is 306 and the Spanish is 307.

In addition, providers will be able to download this pamphlet from the DHS, Office of Women's Health (OWH) web site at www.dhs.ca.gov/director/owh. You also may order both pamphlets on CD ROM for reproduction purposes by contacting the OWH at (916) 653-3330.

The Chinese and Vietnamese versions of the pamphlet will be available soon, as well as individual Fact Sheets on uterine cancer, cervical cancer and ovarian cancer (in English, Spanish, Chinese, and Vietnamese). Availability and ordering instructions will be announced at a future date.

Delays and a Possible Shortage for Vaccine (continued from page 8)

immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);

- children and teenagers (aged 6 months to 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome;
- women who will be in the second or third trimester of pregnancy during the influenza season; and
- persons aged 65 years or older.

Persons Who Can Transmit Influenza to Those at High Risk

Persons who are clinically or subclinically infected can transmit influenza virus to persons at high risk for complications from influenza. Decreasing transmission of influenza from care givers to persons at high risk might reduce influenza-related deaths among persons at high risk. Evidence from two studies suggests that vaccination of health-care workers is associated with decreased deaths among nursing home patients. Vaccination of health-care workers and others in close contact with persons at high risk is recommended. The following groups should be vaccinated:

- physicians, nurses, and other personnel in both hospital and outpatient-care settings, including emergency response workers;
- employees of nursing homes and chronic-care facilities who have contact with patients or residents;
- employees of assisted living and other residences for persons in high-risk groups;
- persons who provide home care to persons in high-risk groups;
- household members (including children) of persons in high-risk groups.

For further information:

CDC Influenza Home Page: www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

Notice to Readers: Delayed Supply of Influenza Vaccine and Adjunct ACIP Influenza Vaccine Recommendations for the 2000-01 Influenza Season MMWR, July 14, 2000/Vol 49/No. 27;619-622.

Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR April 14, 2000/Vol 49/RR-03.

Medical Consultant (Enforcement and Licensing) Positions Available

Final Filing Date is 12/01/00

The Department of Consumer Affairs, Medical Board of California currently is examining for the position of Medical Consultant (Enforcement and Licensing), Medical Board of California. Permanent Intermittent positions exist statewide with the Department of Consumer Affairs, Medical Board of California. Salary range is $54.42 - $57.60 hourly.

Applicants must have: a valid, unrestricted California medical license as determined by the MBC; 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.

Medical Consultant (Enforcement)

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.

Medical Consultant (Licensing)

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 licensure and education; critical medical issues and trends in practice, education, and emerging medical specialties; principles, aims, administration, curriculum, procedures of providers of continuing education services.

Ability to: Analyze problems and take effective action; prepare written and oral reports which are clear, concise, and objective; communicate effectively with administrative and technical staff, peers, Board members, and applicants with regard to areas of responsibility.

The Examination Bulletin and Application can be found at the Department of Consumer Affairs' web page at www.dca.ca.gov. Click on Jobs at DCA, and scroll down to Open Examinations.

Or send a post card or e-mail by 11/17/00 to:
Department of Consumer Affairs
Attention: Joanne Wight, Selection Services
400 R Street, Suite 2000
Sacramento, CA 95814
e-mail: Joanne_Wight@dca.ca.gov
(916) 324-4395
Provide the following information: Name, address, phone/fax number, and medical license number.

Explanation of Disciplinary Language and Actions

"Effective date of Decision"—Example: "June 10, 2000" 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).

ADMINISTRATIVE ACTIONS: May 1, 2000 to July 31, 2000
Physicians and Surgeons

ADIONG, THELMA ROBLE, M.D. (A39782) Stockton, CA
B&P Code §§822, 2234(d). Inability to practice medicine safely due to mental illness. Revoked. June 21, 2000

AFRICA, BRUCE B., M.D. (G28007) Albany, CA
B&P Code §§822, 2234, 2234(b)(c)(d), 2236(a). Stipulated Decision. Criminal conviction for making a death threat against a former patient, and committed acts of gross negligence, incompetence and repeated negligence by exhibiting inappropriate behavior during the treatment of 2 patients. Revoked, stayed, 10 years probation with terms and conditions. July 13, 2000

ALWATTAR, MOHAMMAD SALIM, M.D. (A49352) Los Angeles, CA
B&P Code §2234(c). Stipulated Decision. Failed to make a proper diagnosis on 1 patient, and prescribed a drug to another patient even though the medical chart disclosed that the patient was allergic to the medication. Public Reprimand. July 19, 2000

BECK, MILTON, M.D. (A27755) Oxnard, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to maintain adequate records regarding medications administered to a patient and allowed the patient to receive medication injections from medical assistants without a physician on site. Public Letter of Reprimand. June 21, 2000

BRAUN, ROBERT Z., M.D. (A45252) Los Angeles, CA
B&P Code §§2238, 4077, 4170(a)(4). Stipulated Decision. Violated terms and conditions of Board probation. Revoked, stayed, 5 years probation with terms and conditions including 15 days actual suspension. May 30, 2000

BURKE, MARIANNE CUNNINGHAM, M.D. (G64339) Glendale, CA
B&P Code §2234. Committed acts of gross negligence, repeated negligence and incompetence during the care and treatment of 4 patients. Revoked. June 19, 2000

CERA, GERALD, M.D. (A19000) Alameda, CA
B&P Code §2234. Stipulated Decision. Repeatedly ordered or performed diagnostic procedures for 7 patients without any indication in the medical records as to the necessity of the tests. Revoked, stayed, 2 years probation with terms and conditions. May 25, 2000

CHEUNG, STEVE SHU-TONG, M.D. (G69409) Defiance, OH
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Ohio for failing to update the Ohio Board about an Accusation filed by the Medical Board of California. Public Letter of Reprimand. July 14, 2000

CRENSHAW, ROGER TIMOTHY, M.D. (A24041) Chula Vista, CA
B&P Code §§2234(b)(c), 2242, 2264, 2266. Stipulated Decision. Aided and abetted the unlicensed practice of medicine of 3 electrologists by providing them with needles, lidocaine and syringes to inject electrolysis clients. Revoked, stayed, 3 years probation with terms and conditions including 1 year actual suspension. May 30, 2000

CRUISE, JAMES ROBERT, M.D. (G18891) Ukiah, CA
B&P Code §§822, 2234(d). Stipulated Decision. Committed an act of incompetence by failing an exam, and mental illness. Revoked, stayed, 3 years probation with terms and conditions. June 1, 2000

D'MORIAS, JEREMY LAWRENCE, M.D. (A48535) Fresno, CA
B&P Code §2236(a). Stipulated Decision. Criminal conviction for embezzling codeine tablets. Revoked, stayed, 5 years probation with terms and conditions. June 29, 2000

DEMOLA, ANGEL L., M.D. (A21210) Corona, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, incompetence and repeated negligence in the care and treatment of 1 patient. Sixty days suspension, stayed, 5 years probation with terms and conditions. July 31, 2000

DIDIO, VINCENT CATALDO, M.D. (A28881) Thousand Oaks, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence during the care and treatment of 2 patients. One year suspension, stayed, 1 year probation with terms and conditions. July 12, 2000

DIXON, DAVID G., M.D. (G5251) Murrieta, CA
B&P Code §2234(c). Committed repeated acts of negligence by prescribing a medication containing codeine to a patient with a known allergy, and performed an inappropriate breast examination on another patient. Public Reprimand. July 28, 2000

DOTSON, CHRISTOPHER C., JR., M.D. (C19255) Los Angeles, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct during the care and treatment of 2 obstetrical patients. Revoked, stayed, 5 years probation with terms and conditions. June 16, 2000

ECKSTEIN, LARRY, M.D. (G29690) Boulder, CO
B&P Code §2266. Stipulated Decision. Failed to maintain adequate medical records during the care and treatment of 1 patient. Public Reprimand. May 11, 2000

EISENBERG, SETH GREGG, M.D. (A35516) Flossmoor, IL
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Illinois for pre-dating a prescription for a patient. Public Letter of Reprimand. June 9, 2000

EVENTOV, DANIEL A., M.D. (G5644) Bishop, CA
B&P Code §2234. Stipulated Decision. Privileges suspended by Northern Inyo Hospital for slapping an O.R. nurse on the buttocks prior to surgery to stop her from placing a catheter in a patient until another physician finished intubation. Public Letter of Reprimand. June 6, 2000

FAUSTINA, GILBERT E., M.D. (C26359) Hawthorne, CA
B&P Code §§2234, 2305. Disciplined by North Dakota for performing surgical procedures on the basis of inaccurate diagnoses and failure to transfer patients to another health care facility in a timely manner. Six months suspension, stayed, 3 years probation with terms and conditions. May 4, 2000

FERDOWS, DEAN, M.D. (A46360) Canoga Park, CA
B&P Code §§490, 802.1, 2236(a). Stipulated Decision. Criminal conviction for mail fraud with aiding and abetting and making a false statement on a tax return; and failed to report this conviction to the Board. Revoked, stayed, 5 years probation with terms and conditions. July 20, 2000

GIDDINGS, JOHN A., M.D. (A22107) Duarte, CA
B&P Code §2234. Stipulated Decision. Violated terms and conditions of Board probation. Revoked, stayed, 10 years probation with terms and conditions. June 21, 2000

GLUCK, DANIEL SHELLON, M.D. (G71545) Bryn Mawr, PA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Pennsylvania based on a criminal conviction for concealment of an event affecting right to Social Security benefits. Revoked, stayed, 3 years probation with terms and conditions. June 30, 2000

GOLDFARB, ARTHUR N., M.D. (A19121) Lancaster, CA
B&P Code §2234. Violated terms and conditions of Board probation. Revoked. May 25, 2000

GUINTO, NATIVIDAD C., M.D. (A41655) Carson, CA
B&P Code §§490, 802.1, 2234, 2234(e), 2236(a). Stipulated Decision. Criminal conviction for income tax invasion; and failed to report this conviction to the Board. Revoked, stayed, 3 years probation with terms and conditions. June 19, 2000

GULAYA, SUNIL KUMAR SINGH, M.D. (A37809) Santa Ana, CA
B&P Code §2234. Stipulated Decision. Participated in a "kickback" scheme, treated patients who were not injured, and billed for procedures not performed. Public Reprimand. May 25, 2000

HALPERN, ALAN A., M.D. (G29735) Kalamazoo, MI
B&P Code §141(a). Stipulated Decision. Disciplined by Michigan based on allegations of negligence in the care and treatment of 2 patients. Revoked, stayed, 5 years probation with terms and conditions. May 29, 2000

HEALY, DANIEL JAMES, M.D. (G45341) Duarte, CA
B&P Code §§125, 810, 2053, 2234(a)(b)(d)(e), 2238, 2261, 2264. Stipulated Decision. Committed acts of dishonesty, insurance fraud, aiding and abetting unlicensed practice, conspiracy with unlicensed persons, incompetence and gross negligence with respect to 5 weight-loss patients. Revoked, stayed, 4 years probation with terms and conditions. May 26, 2000

JOHNSON, WILLIAM H., M.D. (G46239) Pittsburg, CA
B&P Code §§2234, 2234(c), 2266. Stipulated Decision. Failed to maintain complete documentation of treatment and treatment plans and failed to adequately monitor the drug use of 3 patients. Revoked, stayed, 5 years probation with terms and conditions. June 1, 2000

KATS, BERNHARD ALBERT, M.D. (A34289) Amherst, MA
B&P Code §§141(a), 2190, 2305. Disciplined by Ohio for failing to obtain and/or submit documentation of required continuing medical education hours. Revoked. July 28, 2000

KOOKER, ROBERT ALLEN, M.D. (G32236) Loomis, CA
B&P Code §§2239(a), 2354. Self-administration of a controlled substance; and violated terms and conditions of Board probation. Revoked. July 28, 2000. Judicial review being pursued.

LAKE, ALAN SHANLEY, M.D. (G31864) Anaheim, CA
B&P Code §2239(a). Violated terms and conditions of Board probation; and used alcohol in a dangerous manner. Revoked. July 24, 2000

LANCER, HAROLD ALLEN, M.D. (G49309) Beverly Hills, CA
B&P Code §2234. Stipulated Decision. Produced incomplete, inaccurate and confusing clinical notes and operative reports concerning 3 dermatology patients. Public Letter of Reprimand. May 4, 2000

LEDERGERBER, WALTER JOSEPH, M.D. (A32530) Newport Beach, CA
B&P Code §2234. Stipulated Decision. Submitted insurance claims which contained false statements relating to surgical procedures performed. Revoked, stayed, 2 years probation with terms and conditions. July 17, 2000

LEE, ALAN T. C., M.D. (G14477) Los Angeles, CA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New York based on failure to adequately attend to and provide appropriate coverage for patients. Suspended, stayed, 2 years probation with terms and conditions. June 5, 2000

LEE, NICK H., M.D. (A61218) Alhambra, CA
B&P Code §§2234, 2236(a). Stipulated Decision. Criminal conviction for insurance fraud. Revoked, stayed, 5 years probation with terms and conditions including 90 days actual suspension. July 7, 2000

LEVY, GERALD DALE, M.D. (G45061) Bellflower, CA
B&P Code §§2234, 2234(a). Stipulated Decision. Signed a Certificate of Disability of Trustee/Trustor to the effect that a patient was physically incapacitated without conducting a prior good faith examination. Public Letter of Reprimand. May 16, 2000

LIGHTFOOTE-YOUNG, BRENDA J., M.D. (A43548) Eureka, CA
B&P Code §2239(a). Stipulated Decision. Use of alcohol in a dangerous or injurious manner. Revoked, stayed, 5 years probation with terms and conditions. May 21, 2000

LIN, PAUL PAO-SHAN, M.D. (G41233) Los Angeles, CA
B&P Code §§726, 2234(b)(d), 2266. Committed acts of sexual misconduct with a patient; and failed to maintain adequate and accurate medical records. Revoked. June 19, 2000. Judicial review being pursued.

MACDOUGALL, JAMIE LORNE, M.D. (G55441) Manhattan Beach, CA
B&P Code §2234. Stipulated Decision. Improperly billed for services at an inflated reimbursement rate by falsely documenting that excised lesions were malignant instead of benign or premalignant. Public Letter of Reprimand. May 23, 2000

MAECK, BENJAMIN HARRIS, III, M.D. (A71812) San Francisco, CA
B&P Code §2239. Stipulated Decision. Self-abuse of controlled substances between early 1997 and January 1998. Probationary certificate issued; 3 years probation with terms and conditions. May 25, 2000

MATLOCK, DAVID LOUIS, M.D. (G39658) Los Angeles, CA
B&P Code §2234. Stipulated Decision. Engaged in insurance fraud by misrepresenting cosmetic liposuction procedures as medically necessary gynecological laparoscopy. Revoked, stayed, 4 years probation with terms and conditions. June 19, 2000

MATSUMOTO, KENNETH K., M.D. (C16161) Beverly Hills, CA
B&P Code §2234(c). Stipulated Decision. Repeatedly negligent in the examination, diagnosis, care and treatment of a cancer patient which resulted in the patient's death. License placed on an inactive status. Upon reactivation, license will be revoked, stayed, 5 years probation with terms and conditions. May 11, 2000. Judicial review being pursued.

MATSUMURA, BEN, M.D. (A21780) El Monte, CA
B&P Code §2234. Stipulated Decision. Violated terms and conditions of Board probation. Original 5 year probationary period extended for 1 year. July 25, 2000

MAUN, LORENZO PAYABYAB, M.D. (C43091) Lake Forest, CA
B&P Code §§141(a), 480, 2234, 2234(a)(b)(f), 2305. Disciplined by Illinois based on gross negligence in the care and treatment of a patient after performing breast and nipple reconstructive surgery. Revoked. May 31, 2000

MELAMED, DAVID MICHAEL, M.D. (G56161) Los Angeles, CA
B&P Code §2234. Stipulated Decision. No admissions, but charged with committing acts of negligence, excessive prescribing of Dilaudid, and failure to maintain adequate records during the care and treatment of 8 patients; and disciplined by Rhode Island for making false statements in an application for licensure. Revoked, stayed, 3 years probation with terms and conditions. June 15, 2000

MORIN, PAUL EDWARD, M.D. (A56405) Woodland Hills, CA
B&P Code §2234(e). Stipulated Decision. Gave false and misleading information to representatives of the Board during an investigation of his arrests and convictions for disorderly conduct. Public Reprimand. May 12, 2000

NEWMAN, BENNY, M.D. (A40905) La Puente, CA
B&P Code §725, CCR §1399.545(d). Stipulated Decision. Ordered excessive testing and/or treatment for 5 patients; and allowed a physician assistant to practice without written transport and back-up procedures in relation to 1 patient. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. May 31, 2000

OKPARA, DOUGLAS EGEONU, M.D. (G53444) Cerritos, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence during the care and treatment of 4 patients. Revoked, stayed, 3 years probation with terms and conditions. May 1, 2000

O'NEILL, TIMOTHY FRANK, M.D. (G65895) Los Alamitos, CA
B&P Code §2234(b). Stipulated Decision. Failed to follow-up and review chest x-rays on a patient known to have an area of questionable density on the left lung; and failed to repeat office chest x-rays and refer the patient for pulmonology consultation. Public Letter of Reprimand. May 26, 2000

OUARMBY, ROBERT, M.D. (G56774) Farmington, NM
B&P Code §§141(a), 2305. Disciplined by New Mexico for prescribing Schedule II drugs without approval pursuant to a previous disciplinary order. Revoked. June 16, 2000

REDDY, SURENDRANATH K., M.D. (A32773) Woodmere, NY
B&P Code §§141(a), 2234(e), 2239(a), 2305. Stipulated Decision. Disciplined by New York based on a criminal conviction for driving under the influence of alcohol and submitting an application for medical staff reappointment which contained a false statement concerning the conviction. Revoked, stayed, 5 years probation with terms and conditions. July 24, 2000

REDMOND, GEOFFREY PLIMSOLL, M.D. (G75603) Cleveland, OH
B&P Code §§2234(e), 2236(a), 2305. Stipulated Decision. Disciplined by Ohio based on a criminal conviction for filing false claims. Revoked, stayed, 3 years probation with terms and conditions. July 31, 2000

SAINT-ERNE, PHILIP CHARLES, M.D. (G50009) Newport Beach, CA
B&P Code §2234. Stipulated Decision. Failed to perform medically appropriate histories and physical examinations; failed to maintain adequate medical records; inappropriately prescribed drugs; and repeatedly prescribed dangerous drugs without performing a good faith prior examination. Revoked, stayed, 5 years probation with terms and conditions. July 31, 2000

SANTELLA, ROBERT JOHN, M.D. (G23945) San Diego, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate medical records by drawing anatomic diagrams over clinical notes making it difficult to discern the goals of the diagnostic evaluation or treatment plan. Revoked, stayed, 4 years probation with terms and conditions. May 30, 2000

SARKISSIAN, RAFIK, M.D. (A36550) Beverly Hills, CA
B&P Code §2234. Stipulated Decision. Billed insurance companies to reflect that surgical procedures performed on 2 patients were medically necessary without reflecting that the surgeries also included aspects that were cosmetic. Public Letter of Reprimand. July 12, 2000

SCOTT, TERRY WESLEY, M.D. (G54536) Diamond Bar, CA
B&P Code §§2234(e), 2236(a), 2236.1(a). Stipulated Decision. Criminal conviction for making false statements on a tax return. Revoked, stayed, 3 years probations with terms and conditions. May 5, 2000

SHAH, SURESHCHANDRA CHIMANLAL, M.D. (A34631) Palm Desert, CA
B&P Code §§725, 726, 2234, 2234(b)(c), 2261, 2266, 4077, 4170. Engaged in sexual relations with a patient; and failed to maintain adequate medical records to determine the amount of medication being prescribed which led to excessive prescribing and subsequent addiction. Revoked. May 24, 2000. Judicial review being pursued.

SHETTY, NAGESH, M.D. (A33495) Costa Mesa, CA
B&P Code §2236(a). Criminal conviction for false tax returns. Revoked. June 19, 2000

SINCLAIR, ALEXANDER SULKHAN, M.D. (C41927) Whittier, CA
B&P Code §2261. Stipulated Decision. Permitted the creation of inaccurate medical records relating to the performance of cosmetic surgery procedures that were billed as medically necessary surgeries. Public Reprimand. June 14, 2000

SINGER, JOEL BARNETT, M.D. (G65205) Westport, CT
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Connecticut following a breast implantation procedure in which different-sized implants were placed in the patient and the medical record altered regarding the size of one implant. Public Reprimand. May 30, 2000

SKLAR, ROBERT BARRY, M.D. (C42377) Laguna Niguel, CA
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Arizona for inadequate record keeping and failure to remain current in obstetrical/gynecological surgical procedures. Public Letter of Reprimand. May 16, 2000

SROUR, RAJA KAIRALLA, M.D. (A30278) Los Angeles, CA
B&P Code §2234. Stipulated Decision. Failed to provide adequate preoperative and intra-operative care to 2 patients and postoperative care to a third patient; and made false entries in the medical records of 4 patients. Revoked, stayed, 10 years probation with terms and conditions. July 7, 2000

STEINBACH, ALAN BURR, M.D. (G35011) Muir Beach, CA
B&P Code §2234(b)(d). Stipulated Decision. Failed to diagnose the apparent heart attack of a 74 year-old patient; failed to adequately document treatment of the patient in the emergency room; and failed to document instructions for follow-up care at the time of discharge. Public Letter of Reprimand. July 17, 2000

STERLING, HARLEY E., M.D. (G7835) Fullerton, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct relating to plastic surgeries performed on 2 patients. Revoked, stayed, 5 years probation with terms and conditions. May 18, 2000

SZOLD, PHILIP DAILEY, M.D. (G30973) La Mesa, CA
B&P Code §2262. Stipulated Decision. Altered a patient's medical record. Revoked, stayed, 5 years probation with terms and conditions. July 13, 2000

VILLARTA, ANTONIO QUIDES, JR., M.D. (A37598) Adrian, MI
B&P Code §§141(a), 2305. Disciplined by Michigan for negligence and incompetence in the care and treatment of 7 patients. Revoked. July 7, 2000

VIVANCO, FELIPE L., M.D. (A43235) Newport Beach, CA
B&P Code §2234. Stipulated Decision. Prescribed medication without medical indication and failed to maintain adequate and accurate medical records for 3 chronic pain patients. One year suspension, stayed, 2 years probation with terms and conditions. May 15, 2000

For further information...

Copies of the public documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

WINKLER, JUERGEN G., M.D. (G67075) San Diego, CA
B&P Code §§2234, 2264, 2266. Stipulated Decision. Failed to maintain progress notes for 6 advanced cancer patients; and authorized a non-licensed person to treat patients. Public Reprimand. June 8, 2000

YEDIDSION, DAVOUD, M.D. (A38412) Los Angeles, CA
B&P Code §§810, 2234(e), 2236(a), 2261. Criminal conviction for mail fraud and making false statements. Revoked. July 5, 2000

DOCTOR OF PODIATRIC MEDICINE

LEMMER, THOMAS ADRIAN, D.P.M. (E3135) Soquel, CA
B&P Code §2234(b). Committed acts of gross negligence in the care and treatment of 2 patients. Revoked, stayed, 4 years probation with terms and conditions including 60 days actual suspension. June 19, 2000. Judicial review being pursued.

LICENSED MIDWIFE

JENSEN, LORI L. (LM30) Haiku, HI
B&P Code §§2053, 2507(b)(e), 2519(a)(1)(4)(8), 2519(e), 2508(b). Committed acts of gross negligence and incompetence, and administered an unauthorized dangerous drug during the care and treatment of 1 patient which resulted in a stillborn birth. Revoked. July 10, 2000

REGISTERED DISPENSING OPTICIAN

HUNT, RICK C. (SL2437, CL830) San Diego, CA
B&P Code §2555.1. Criminal conviction for grand theft, petty theft, and unlicensed practice of medicine under circumstances or conditions which caused or created great bodily harm. Revoked. June 21, 2000

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

BANDLOW, BETTY ROSE, M.D. (C23175) San Francisco, CA
June 7, 2000

BRUDER, MURRAY LOUIS, M.D. (G53184) Las Cruces, NM
May 4, 2000

CHAHIL, AMARJIT SINGH, M.D. (A53330) Tracy, CA
June 14, 2000

CHOUDRY, MAYNA MEAH, M.D. (G62347) Chowchilla, CA
May 3, 2000

COLBURN, MICHAEL DAVID, M.D. (G65614) Onalaska, WI
July 5, 2000

GEORGE, GARRY LEONARD, M.D. (C39349) San Diego, CA
May 30, 2000

JELDERKS, ROBERT M., M.D. (C30165) Shell Beach, CA
May 9, 2000

KAPLAN, HERBERT ARTHUR, M.D. (G18695) Los Angeles, CA
July 17, 2000

KHAN, FARAH FAUZIA, M.D. (A41384) Corte Madera, CA
May 11, 2000

LEISKE, WILLARD W., M.D. (AFE28742) Indian Wells, CA
May 26, 2000

LOGAN, LLOYD Q., M.D. (A16447) Bakersfield, CA
July 7, 2000

MERNICK, MITCHELL HARVEY, M.D. (G63268) New York, NY
July 13, 2000

MOORE, THOMAS P., M.D. (CFE19946) Jacksonville, NC
May 31, 2000

NOONAN, CHARLES ANDREW, M.D. (C37051) Concord, CA
June 23, 2000

SCHULTE, JEROME LEWIS, M.D. (C35364) Atascadero, CA
May 4, 2000

STODDART, JAMES EDWARD, M.D. (A29998) San Diego, CA
May 3, 2000

SUGARBAKER, STEPHEN PHILIP, M.D. (G62971) Jefferson City, MO
July 6, 2000

THORNGATE, DAVID, M.D. (G2725) Monterey, CA
May 8, 2000

VONHERZEN, BRUCE ALEXANDER, M.D. (G28992) San Juan Capistrano, CA
May 16, 2000

WU, CHING CHENG, M.D. (A36293) Allegany, NY
June 7, 2000

YOUNG, WESLEY K. W., M.D. (G42275) Honolulu, HI
July 6, 2000

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ACTION REPORT - OCTOBER 2000
Candis Cohen, Editor, (916) 263-2389

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