

Action Report

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President's Report 2
Medical Board Expert
Reviewer Program 3
Registration as a PA
Supervisor Eliminated as
of July 1, 2001 3

IN THIS
ISSUE

Law Seeks to
Protect Foster
Children
from Over-
Medication 4
Reducing
Antibiotic
Resistance:
The Child
Care
Connection 5

New Online
Resource: Visit
www.ddhealthinfo.org 6
Varicella Immunization
Required Starting July 1,
2001 For School and
Child-Care Entry 7
News From the U.S. Food
and Drug Administration 8
Asthma in California: An
update on available
resources 9
Administrative
Actions 10-15

**Medical Board of
California
Meeting Dates
& Locations
2001**

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

*All meetings are open
to the public.*

Board Moves to Curb Unlicensed Activity With Operation Safe Medicine

In response to instances of patient harm and death resulting from the growing number of illegal and unregulated "medical clinics," the Medical Board has created a special unit composed of trained investigators who seek to protect a significant portion of the population by reducing access to individuals who are incompetent and unlicensed to provide medical care. Dubbed "Operation Safe Medicine" (OSM), these Medical Board investigators exclusively handle the identification, investigation and referral for prosecution of the operators of illegal clinics and the personnel who hold themselves out to the public as qualified medical practitioners. OSM investigators work closely with the Health Authority Law Enforcement Team (a task force composed of the L.A. County Health and Sheriff's Departments and the L.A. Police Department), the Food and Drug Administration, and other law enforcement agencies.

OSM began its work in January 2001. The staff of four investigators, one supervising investigator, and one clerical work out of the Board's Cerritos district office, targeting the known areas where illegal clinics flourish in Orange County and the greater Los Angeles area. The investigators are also detailed to other areas of the state as needs are identified and to provide training to other Medical Board enforcement staff in how to spot and respond to suspected illegal clinic practices.

Historically, the Medical Board has been informed of the occasional dispensing of controlled substances at swap meets or in other similar environments. These events frequently result in a Board

investigator confirming the activity and taking steps to prevent continued sales. It was previously believed that this was adequate to enforce the most blatant situations of unlicensed medical practice, as these were profit-driven enterprises, and the risk of prosecution was an effective means of terminating the practice.

However, a different type of enterprise is growing in many California locations — back-room clinics serving specific communities from the back of legitimate business locations, or from a "practitioner's" home. These clinics usually provide various medical treatments by an unlicensed individual. Frequently, the consultation results in the dispensing of a dangerous drug which may not be manufactured under FDA

guidelines or even approved for use in the United States. In increasing numbers, the results of these practices have been untreated disease, health complications and death. In 1998, there were tragic deaths of toddlers who were treated at such clinics, and emergency room workers and doctors report an increase in dangerous reactions from faulty diagnoses made in these illegal and secretive clinics. As these events were brought to the attention of the Medical Board of California, this agency recognized that public safety required a focused approach to the emerging danger. As part of that approach, the Medical Board also has begun an educational campaign that encourages the public to confirm they are receiving health care from licensed physicians.

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(Continued on page 4)

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

I am proud to note that the Medical Board of California has completed its 125th year. We certainly have come a long way during that time, but we continue to look forward for ways to improve our services to both consumers and physicians. With this in mind, I just returned from the Medical Board's Educational Retreat in Santa Rosa, March 16-18. This was the Board's first retreat since 1994, and held at a most opportune time, since we have eight members who are quite new, and three who are fairly new, to our 19-member Board. The purpose of the retreat was to establish a common starting point—to educate our newer members so that they may go forward and build the proper system of physician licensure and regulation for today's climate.



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

The agenda of the retreat was ambitious and included extensive staff presentations carefully geared toward educating members about their role in the diverse functions of the Board's many programs (e.g., licensing, enforcement, diversion, public information), and putting these myriad functions in a historical context. To assist in this challenging project, the Administrative Director of the Center for Public Interest Law, Julie D'Angelo Fellmeth, J.D., and Marie Kuffner, M.D., Immediate Past President of the California Medical Association, both spoke extensively about the involvement of their respective organizations in the activities of the Medical Board during the last decade. My thanks to both of these dedicated, longtime advocates for their contributions to our understanding of the impact of their groups in the evolution of the Medical Board.

Of particular interest to our licensees, I believe, are some of the "topics promising to be on the Board's horizon," discussed at the retreat. The current Board will face many challenges, including:

Strategic Planning

Strategic Planning is the formal, internal process by which the Board periodically reassesses its priorities, systems, and resource allocation to improve its efficiency as a public service agency. Board members and staff will be embarking on this project in the near future.

PREPS Program

Stemming from the Institute of Medicine's report last year, "To Err is Human," which asserted that up to 98,000 Americans die each year from preventable medical errors in hospitals, the Citizen Advocacy Center, with funding from the Health Resources and Services Administration, has proposed the creation of a number of pilot projects around the country. These

projects would seek to identify practitioners in need of remedial training and direct them to effective providers of such training and education. The goal of the program is to improve patient safety and the quality of care through this education and training. The Medical Board approved the request of its staff to examine the feasibility of conducting such a pilot project in California. This could be a substantial project, since 2/3 of the over 10,000 complaints about physicians received by the Board in FY 1999-00 dealt with alleged negligence or incompetence. A meeting of a wide range of constituencies was held last February to explore the potential for such a project, and the consensus was to support a pilot project in California, the working title of

which is the "Practitioner Remediation to Enhance Patient Safety Program (PREPS)." Additional meetings will be held over the next few months with interested constituencies, and reports on the progress of the program will be presented at upcoming Board meetings.

Physician Profiling

This is the information the Board is mandated by law to make public about each of our licensees. While the Medical Board of California has one of the broader information disclosure policies in the nation, it does not provide as much as some states, e.g., Massachusetts. Of particular controversy in the area of physician profiling will be the consideration of making public additional malpractice information, and whether it is practical to maintain accurate information concerning which panels a physician is on and where he or she has privileges.

Specialty Licensure/ Post-Licensure Assessment

Licensing physicians by specialty has been the subject of a great deal of conversation over the past few years among medical boards and specialty societies. The American Board of Medical Specialties certifies up to 90 percent of U.S. physicians, and almost every board now requires recertification. Could this function suffice for our Board's interest in post-licensure competence assessment? And, if so, what of the 10 percent of physicians who are not board certified?

Complementary and alternative medicine

This continuing public-policy issue was formally recognized by our Board in November 2000 with its first meeting of our Alternative Medicine Committee. This year a new law became effective which requires the Medical Board, along with the

(Continued on page 4)

Medical Board Expert Reviewer Program: Increase in Compensation, Call for Expert Reviewers

The Medical Board of California established the Expert Reviewer Program in July 1994 as an impartial and professional means in which to support the investigation and enforcement functions of the Board. Specifically, medical experts assist the Board by providing expert reviews and opinions on Board cases and conducting professional competency exams.

Recently compensation rates for conducting case reviews and providing expert testimony were raised. The increased rates are: **\$100/hour for conducting case reviews and \$200/hour for providing expert testimony.** Experts also continue to be reimbursed for travel expenses within state limits.

The program is in need of additional qualified physicians to participate in the vital function of expert reviewer. The Board will accept applications from all qualified physicians but is especially interested in the following areas: **anesthesia/pain management, addiction medicine, cardiovascular surgery, dermatology, emergency medicine, family practice, forensic psychiatry, general surgery, geriatrics, infectious disease, internal medicine, neurosurgery, obstetrics/gynecology, ophthalmology, orthopaedic surgery, otolaryngology, pediatric neurology, perinatology, physical medicine/rehabilitation, plastic surgery, psychiatry/neurology, radiology, thoracic surgery and vascular surgery.**

In addition, as the Medical Board's Alternative Medicine Committee continues its discussions on this subject, physicians

with expertise or special training in **complementary and alternative medicine** are being sought.

The requirements for participating in the Board's program are: a) a current California medical license in good standing; b) no prior discipline, no Accusation pending and no complaints "closed with merit"; c) board-certified in one of the 24 ABMS boards or equivalent, as defined in 16 C.C.R. §1363.5; d) a minimum of five years' active practice in the area of specialty or subspecialty; and e) have an active practice (defined as at least 80 hours a month in direct patient care, clinical activity, or teaching, at least 40 hours of which is in direct patient care) or have been nonactive for no more than two years prior to appointment. Peer review experience is recommended but not required.

Neal D. Kohatsu, M.D., M.P.H., Medical Director of the Board, oversees the Expert Reviewer Program.

If you are interested in providing expert reviewer services to the Medical Board of California or would like more information regarding the program, please contact:

Victoria Curry, Program Analyst
Expert Reviewer Program
Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

(916) 263-2458 E-mail: VCurry@medbd.ca.gov

Registration as a PA Supervisor Eliminated as of July 1, 2001

The law relating to supervising physicians has been changed.

Beginning July 1, 2001, physicians will no longer be required to submit an application or pay a fee to supervise a physician assistant (PA).

Previously, physicians who wanted to use a PA in their practice were required to complete an application to supervise physician assistants, submit a fee, and receive approval from the Medical Board of California.

The effect of this change is that any California-licensed physician will be able to supervise a PA, except those who are expressly prohibited by the Medical Board.

All other legal requirements concerning PA supervision remain the same.

The following actions have been taken to implement this change:

- As of January 1, 2001, Physician Supervisor renewal notices are no longer mailed to Physician Assistant Supervisors whose PA Supervisor license expires in January, February, March, April, May or June 2001.

- As of January 1, 2001, Supervising Physicians' renewal pocket ID cards are mailed to PA Supervisors whose license expires in January, February, March, April, May or June 2001. **A renewal fee is not charged.**
- Physicians who do not have renewed approvals and wish to supervise PAs prior to June 30, 2001, must pay the appropriate renewal fee prior to supervising PAs.
- Physicians who do not have an approval to supervise PAs and wish to supervise them prior to June 30, 2001 must complete an application and pay an application fee.
- Supervising physician renewed/current approvals (except canceled and deceased) will show an expiration date of June 30, 2001.
- Replacement Supervising Physician wall certificates and replacement pocket ID cards will be issued until June 30, 2001.

If you have any questions, or would like a copy of the supervision requirements, please call the Physician Assistant Committee at (916) 263-2670, fax (916) 263-2671, or e-mail the Committee at: pacommittee@medbd.ca.gov.

Law Seeks to Protect Foster Children from Over-Medication

On January 1, 2000, Section 369.5 of the Welfare and Institutions Code, became effective relating to psychotropic medications ordered by a physician for dependent children of the court. This law aims to protect foster children from over-medication by removing a noncustodial parent's right to consent to psychotropic medication, and by placing that authority with the Juvenile Court. This law states that "only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child" (child adjudged a dependent child of the court under Section 300 of the Welfare and Institutions Code). The section continues, "Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication."

The Judicial Council has developed an appropriate form for the implementation of this law. Physicians are advised to adhere to these requirements and submit the form as indicated. The form may be found at www.courtinfo.ca.gov, click on "forms" and copy form JV-220. A physician may get a copy of the legislation or law by going to the Internet site www.leginfo.ca.gov, clicking on "BILL INFORMATION," selecting "1999-2000 prior" and "SB 543," or clicking on "CALIFORNIA LAW," selecting Welfare and Institutions Code and selecting the appropriate code sections.

President's Report (continued from page 2)

Osteopathic Medical Board, to review the emergence of holistic health and examine if the two boards should redesign their systems of operation to meet the needs of patients seeking emerging modalities of healthcare. The Board will face many challenges in the next few years dealing with these and related issues.

Balancing Physician Discipline and Rehabilitation

The Board's primary charge of protecting California residents will remain a constant, but the question of *how* this is most fairly achieved is a matter of debate, most sharply drawn into focus by consumer groups that on occasion claim the Board is not vigorous enough in its efforts, and organized medicine, that maintains we are too aggressive. Is physician rehabilitation incompatible with the physician's role? No, it is a balance, one confirmed in law. But it is difficult to determine where to draw the line, because one must consider the unknown consequences of actions. The Board must strive to meet the public's and the profession's needs, and this can be a complicated challenge.

Finally, I wish to point out a new feature in this *Action Report* which will become a regular addition — the inclusion of articles with valuable clinical information from the U.S. Food and Drug Administration (FDA). The first submission, on page 8, deals with prescription drug labeling and buying drugs online. I thank the FDA and look forward to their contributions.

Safe Medicine (continued from page 1)

The clinics have grown in number as California's immigrant population has grown. These so-called "medical clinics" are almost always located in areas with large immigrant populations and offer medical care that caters to the population which seeks the service. Since healthcare coverage can be scarce among this population, these illegal clinics offer a cheap alternative without requiring the provision of extensive identification and documentation. The offer of familiar, discreet and more affordable medical care is very attractive to the communities where it is provided. Unfortunately, the lack of qualification of the individuals practicing medicine means that this healthcare is also very dangerous.

To affirmatively address this ongoing threat to patients, the Medical Board sought and received the required resources to create the OSM. Early actions prove that the response to the problem was well-founded; in the first three months of operation, OSM has seven criminal cases pending — three arrests and four cases filed with the district/city attorney. Arrests have been made for practicing without a license and dispensing dangerous drugs, presentation of false credentials, and use of medical equipment by non-licensees.

Reducing Antibiotic Resistance: The Child Care Connection

By Karen Sokal-Gutierrez, M.D., M.P.H., F.A.A.P., Childcare Consultant, California Child Care Health Program
and Elissa K. Maas, M.P.H., Director of Community Health, CMA Foundation

Physicians often feel pressured to prescribe antibiotics for mild childhood illnesses — URIs, otitis media, pharyngitis, and bronchitis — that are most often viral. A significant source of pressure comes from working parents who are anxious to speed their child's recovery and return to child care. Child-care providers often require that children with mild illnesses take antibiotics for readmission to child care. In fact, studies have shown that young children in child care have more frequent illness (e.g., otitis media, RSV, diarrheal illness, and hepatitis A), greater severity of disease (e.g., chronic otitis media, infant pneumonia, and invasive *S. pneumoniae* and *H. influenzae*), triple the rate of antibiotic use, and at least twice the rate of antibiotic resistant disease (e.g., *S. pneumoniae*, *H. influenzae*, and *S. sonnei*).

A large proportion of the young children in the typical pediatric clinical practice have infectious diseases associated with attending child care. Currently, over 50% of children under age 5 are cared for in out-of-home child care. They have increased exposure to infectious disease due to their close contact with larger numbers of children over extended periods of time. Infants in child-care centers are at particular risk because they explore their environment by touching things and placing their hands and objects in their mouths, and their hygiene and immunity are less developed.

What can physicians do to help reduce antibiotic resistance in child care?

Collaboration among physicians, parents and child-care providers offers an important opportunity to reduce the spread of infectious diseases and antibiotic resistant organisms:

- *Prescribe judiciously:* Follow your clinical practice guidelines for diagnosing and treating viral vs. bacterial, especially otitis media.
- *Talk with parents* about common childhood illnesses at well-child visits. Address the issue before the pressure of an illness occurs. Explain that colds, ear infections, sore throats, and coughs are usually caused by viruses and get better on their own within a week, and antibiotics do not help. Also explain the need to use antibiotics only when prescribed and as prescribed to reduce the spread of

antibiotic resistant infections. When children are starting child care, explain to parents that their child will likely have more frequent illnesses in the first year of child care while his immunity to common illnesses is developing. Suggest that they plan in advance for back-up child care for when their child is sick:

- Can the child-care provider care for the sick child in the regular setting or in a sick-child area?
- Can either parent stay home with the sick child?
- Can another relative or friend care for the child?
- Is there a local sick-child care program that sends a caregiver to the child's home or cares for children in a sick-child care facility?

- *Collaborate with child-care providers:* When you evaluate a child for an illness, ask the parents whether their child is in child care and offer to provide a letter to the child-care program explaining the child's diagnosis, treatment, and

when the child can safely return to child care. (See sample child-care letter from CDC, available at <http://www.cdc.gov/ncidod/dbmd/antibioticresistance/materials.htm>. Click on Ordering Small Numbers of Materials, Child Care Letter.)

- If the child-care program needs more information about a particular disease, give the parent a fact sheet for the child-care provider (California Child Care Health Program Web site at www.childcarehealth.org. Click on Child Care Training Curricula, Prevention of Infectious Disease, Appendix C. Contact the California Child Care Health Program Healthline (800) 333-3212 for educational materials.)

The California Medical Association Foundation, California Childcare Resource and Referral Network and Child Care Health Program formed a partnership under the AWARE project to improve the collaboration among physicians, parents, and child-care providers to reduce inappropriate antibiotic use. More information about this partnership or the AWARE project is available at: www.aware.md.



New Online Resource Visit www.ddhealthinfo.org

Developmental Disabilities Resources for Healthcare Providers

Last October, a program known as the Physician Assistance, Consultation and Training Network (or PACT Net) was introduced in this publication as a free telephone consultation resource for physicians who treat developmentally disabled patients.

A complement to that resource is this new Web site — www.ddhealthinfo.org — which is designed to improve the health of persons with developmental disabilities in California by educating physicians and other healthcare providers about caring for this population.

This peer-reviewed site provides timely access to:

- Clinical practice considerations for specific conditions and related information
- Up-to-date continuing medical education opportunities
- Links to useful publications, expert speakers, and online resources for providers and families.

www.ddhealthinfo.org is a collaborative project sponsored by the California Department of Developmental Services, UC San Diego, and the California Center for Health Improvement.

For additional information on the Web site, email: info@cchi.org.

The screenshot displays the homepage of the website 'Developmental Disabilities Resources for Healthcare Providers'. The page features a navigation bar with links for 'about this site', 'register for updates', 'members', and 'Department of Developmental Services'. Below the navigation bar is a search box and a dropdown menu labeled 'Choose a Selection'. The main content area is organized into several sections, each with a small icon and a 'GO!' button:

- Medical Care Information:** Includes 'Developmental Disabilities Digest' (clinical practice considerations) and 'Physician-to-Physician Consultation' (PACT Net).
- Educational Opportunities for Healthcare Providers:** Includes 'Calendar of CME Opportunities' and 'On-going Educational Opportunities' (Mini-Fellowship Program, CD-PCM Tutorials, Video Tutorials).
- Speakers Bureau:** Includes 'Listing of Expert Speakers'.
- Publications:** Includes 'Listing of Selected Publications'.
- Resources for Families:** Includes 'Links to Selected Websites'.
- Resources for Providers:** Includes 'Links to Selected Websites'.

Varicella Immunization Required Starting July 1, 2001 For School and Child-Care Entry

By Immunization Branch, California Department of Health Services (DHS)

Starting July 1, 2001, varicella (chickenpox) immunization is required for school and licensed child-care entry in California (Chapter 747, Statutes of 1999, Health and Safety Code § 120335).

Varicella vaccine has been licensed in this country since March 1995 and is recommended by the U.S. Public Health Service Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians for all children aged 12 months and older (except those with valid medical contraindications to the immunization).

Why is this important?

As medical and public health authorities have indicated, physician determination that pediatric patients are immune to varicella is more than just an administrative matter to satisfy a school or child-care entry requirement.

It is an important medical-care decision. Persons who do not acquire varicella immunity in childhood — through immunization or natural infection — risk adult varicella, for which the case-fatality rate is 20 times greater than that in childhood.

If a healthcare provider is uncertain about a child's clinical history of varicella illness, the child should be immunized. There is no known risk from varicella immunization for persons who are already immune.

Who is covered by this law:

- Child-care facilities — Children aged 18 months and older entering or currently attending a licensed child-care facility on or after July 1, 2001.
- Kindergarten (first grade if kindergarten is skipped) — Children entering on or after July 1, 2001.
- Transfer students at all school grade levels — Children under age 18 years from out of state or out of country who enter a California school for the first time on or after July 1, 2001.

Persons who do not acquire varicella immunity in childhood — through immunization or natural infection — risk adult varicella, for which the case-fatality rate is 20 times greater than that in childhood.

The law *exempts* from the varicella requirement all children attending a California school at kindergarten level or above before July 1, 2001.

The law can be satisfied by the child and/or family presenting documentation to the school or child-care facility of any of the following:

- Record of receipt of varicella immunization, including at least the month and year the vaccine was given. *Note: Unlike the MMR vaccine requirement, there is no minimum immunization age criterion to satisfy the varicella immunization requirement. However, it is strongly recommended that varicella vaccine be given on or after the first birthday for optimal protection.*

- A physician's written indication that the child has a reliable history of clinical varicella disease. Healthcare providers can write "had disease" in the varicella section of the child's personal immunization record (or check the "had disease" box) and write or stamp in the name of the physician or of the clinic/practice.
- A physician's written statement that the child is seropositive for varicella antibody. *Note: Current commercially available serologic tests are not sensitive enough to consistently detect antibody produced by varicella immunization.*
- A physician's written documentation granting a medical exemption (which can be temporary or permanent) from the requirement because this immunization is not appropriate for the child for medical reasons.
- A letter or signed affidavit from the child's parent/guardian that this immunization is contrary to his/her personal beliefs. (A parent/guardian can sign this affidavit on the back of the school immunization record form provided at the school or child-care facility.)

Should you have any questions regarding varicella immunization requirements, please contact your local county health department's immunization program or DHS's Immunization Branch at (510) 540-2065.

News From the U.S. Food and Drug Administration

The Medical Board has been in discussion with the federal FDA regarding publishing materials which may be useful to California physicians in their clinical practices. This is the first of what we hope to be a long-term collaborative effort with the FDA to provide you with such information.

Prescription Drug Labeling

The Food and Drug Administration has proposed a new format for prescription drug labeling that will help reduce medical errors. An FDA study showed that practitioners found drug product labeling to be lengthy, complex, and hard to use.

The proposed new format would provide user-friendly labeling that would allow practitioners to quickly find the most important information about the product. One major change is inclusion of a new introductory "Highlight" section of bulleted prescribing information. This section would include the information that practitioners most commonly refer to and view as most important, and it would provide the location of further details elsewhere in the labeling.

The proposed new labeling is expected to reduce practitioner's time spent looking for information, decrease the number of preventable medical errors, and improve treatment effectiveness. The information will be easier to find, read and use, and it should also enhance the safe and effective use of prescription drugs and reduce medical errors caused by inadequate communication. Because these labeling revisions represent considerable effort and are most critical for newer and less familiar drugs, the proposal will apply only to relatively new prescription drug products as defined in the proposed regulation.

For further information, please see the Federal Register for December 22, 2000 www.fda.gov/OHRMS/DOCKETS/98fr/122200a.htm. The comment period ends March 22, 2001.

Public Health Campaign: Buying Drugs On-Line

The FDA is launching a public education campaign concerning the online purchase of medical products. Many messages are emphasized including:

- **DO NOT** buy prescription drugs without consulting your doctor. Getting a prescription drug by filling out a questionnaire without seeing a doctor poses serious health risks.
- **DO NOT** buy from sites that offer to prescribe a prescription drug for the first time without a physical exam, sell a prescription drug without a prescription, or sell drugs or devices not approved by the FDA.
- **DO NOT** do business with sites that have no access to a registered pharmacist to answer questions.
- **DO** check with the National Associations of Boards of Pharmacy www.nabp.net or (847) 698-6227 to determine whether a Web site is a licensed pharmacy in good standing.

For additional information regarding this campaign or to report an illegal site please go to: www.fda.gov/oc/buyonline/default.htm.

Editor's Note: The Medical Board of California also has information available on its Web site, www.medbd.ca.gov, titled: "Ordering Online—Buyer Beware."

MedWatch

Monitoring adverse drug reactions has been a responsibility that both the FDA and the American Medical Association (AMA) have had for many decades. While the FDA has one of the most rigorous approval processes in the world, it is not possible to detect all potential problems during premarket clinical trials. Medical product studies have inherent limitations no matter how well they are designed or conducted. The need for post-market surveillance is a direct result of these limitations. The MedWatch system is designed to signal the FDA when serious and unanticipated events occur so that the agency and manufacturers can conduct a thorough investigation to determine the appropriate medical and regulatory response to protect the public health.

To do this it is imperative to have the support and commitment of the physicians on the front lines. Serious adverse events can be reported to MedWatch (800) FDA-1088 or online at www.fda.gov/medwatch.

Diagnosis and Management of Foodborne Illnesses: Primer for Physicians Available

Physicians have a critical role in the prevention and control of food-related disease outbreaks. This primer is intended to help physicians in this role by providing them with practical and concise information on the diagnosis, treatment, and reporting of foodborne illnesses, a serious public health problem. A special food safety hand out sheet for doctors to give patients details the Fight BAC!(TM) messages: clean, separate, cook, and chill. And it includes a handy reference chart of recommended cooking temperatures for different foods. The primer was developed collaboratively by the AMA, the Centers for Disease Control and Prevention, FDA's Center for Food Safety and Applied Nutrition, and the USDA's Food Safety and Inspection Service. Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports, Volume 50, Number RR-2 Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians, can be found at www.ama-assn.org/foodborne.

For more information, contact the Public Affairs Office of the U.S. FDA Northern CA: (510) 337-6736 or Southern CA: (949) 798-7611.

Asthma in California: An update on available resources

By Ronald W. Chapman, M.D., M.P.H., Chief, Medicine and Public Health Section, California Department of Health Services (DHS); Eileen Yamada, M.D., M.P.H., Chief, Asthma Program, DHS; and Richard Weiss, M.D., M.P.H., M.M.M., Chief, Integrating Medicine and Public Health Program, University of California, San Francisco

Asthma — Did You Know?

- Asthma affects an estimated 2.3 million Californians.
- Its prevalence and death rates have been increasing over the past two decades.
- It is the most common serious chronic disease of childhood and a leading cause of hospitalizations in children.
- It affects persons of all ages, races, and socioeconomic status but the highest morbidity is seen in African American populations and low-income populations.

There have been significant advances in our understanding of asthma management in the past 15 years, including:

- enhanced monitoring techniques;
- improved understanding of the factors that make asthma worse;
- better understanding of appropriate medical management;
- the importance of asthma education and a written asthma management plan.

Guidelines Are Available

The National Institutes of Health recently updated their Guidelines for the Diagnosis and Management of Asthma in 1997. These guidelines however, have not been widely implemented in practice. There is a great need to promote improved asthma management for persons with asthma and their families, including improving the quality of health services, improving home and community environments, and addressing the psychosocial concerns of the families.

Clinical asthma guidelines can be found at www.nhlbi.nih.gov/guidelines.

Newly Funded Initiatives Address Asthma

The California Department of Health Services in collaboration with the University of California, San Francisco has two recently funded projects underway that address asthma in California.

I. The Childhood Asthma Initiative — a two-year project funded by the California Children and Families Commission to improve the quality of life of children with asthma less than age five years and their families. (50 to 80 percent of children with asthma develop asthma symptoms before five years of age.)

Approximately \$3.5 million will be awarded to communities and clinics in California to address asthma in local communities. The following sites were chosen: Alameda County Public Health Department and Children's Hospital Oakland; American Lung Association of San Diego and Imperial Counties and the Council of Community Clinics;

Asthma and Allergy Foundation of America— Southern California Chapter; American Lung Association of the Central Coast; American Lung Association of Los Angeles County; Asthma Education and Resource Council; Darin M. Camarena Health Center Inc. and the San Francisco Department of Public Health.

These projects will include interventions such as:

- use of asthma coordinators to facilitate family asthma education, environmental modifications, and coordination and referrals to community resources;
- asthma quality improvement initiatives within targeted clinics;
- coverage of asthma outpatient visits, medications, and supplies for delivering medications for uninsured children with persistent asthma.

Other highlights of the initiative will include:

- development of Child Health and Disability Prevention Program Asthma Health Assessment Guidelines for infants and children birth to age five years;
- surveys of childcare facilities to assess the policies and practices which impact children with asthma;
- data analysis to better understand the etiology of asthma by looking at the onset of asthma in relationship to prenatal and early life exposures.

II. The California Asthma Among the School-Aged Project (CAASA) — a three and a half year project funded by the California Endowment to reduce health disparities among children with asthma by linking improved clinical care to the community. Eight clinics throughout California that provide services to high-risk communities will be selected to participate through a Request For Application (RFA) process. *The RFA is expected to be released in the Spring 2001.*

Each clinic will be responsible for creating or enhancing an existing community coalition of those concerned with asthma, including at least the school, a local hospital and a community advocacy organization. Goals include: increased adherence to asthma guidelines by practitioners; reduced morbidity from asthma within the community; improved quality of life of children with asthma; and increased overall awareness about the epidemic of asthma and its causes, treatments, and resources.

For further information, please contact the authors at (916) 323-0852.

ADMINISTRATIVE ACTIONS: Nov. 1, 2000 to Jan. 31, 2001

PHYSICIANS AND SURGEONS

ACENAS, MARIA ANTOINETTE, M.D. (A46315) San Jose, CA
B&P Code §§2234(b), 2263. Violated professional confidence by disclosing psychiatrist/patient relationship. Public Reprimand. January 11, 2001. Judicial review being pursued.

BALOURDAS, GREGORY MICHAEL, M.D. (G51351) San Diego, CA

B&P Code §2236(a). Stipulated Decision. Criminal conviction for committing battery on a patient. Revoked, stayed, 5 years probation with terms and conditions. November 6, 2000

BOGGS, JOSEPH DODRIDGE, JR., M.D. (G26672) Agoura Hills, CA

B&P Code §2234(e). Stipulated Decision. Violated terms and conditions of Board-ordered probation. Revoked, stayed, additional 3 years probation with terms and conditions. November 6, 2000

BORER, MICHAEL J., M.D. (G12589) San Diego, CA

B&P Code §141(a). Stipulated Decision. Arizona State Board issued interim order prohibiting the performance of cataract surgery. Revoked, stayed, 5 years probation with terms and conditions. November 22, 2000

BOUTROS, JASON K., M.D. (A42891) Pasadena, CA

B&P Code §2266. Stipulated Decision. Omitted relevant information from a patient's medical record including failure to adequately document reasons for prescribing medications, omitted examinations, and failed to secure written consent for a minor surgery. Public Letter of Reprimand. December 15, 2000

BOWES, DAVID NEWTON, M.D. (G32788) San Diego, CA

B&P Code §822. Failed Board-ordered psychiatric exam and has psychiatric condition which impairs competence to practice medicine. Revoked, stayed, 15 years probation with terms and conditions. November 3, 2000

BROCKENBROUGH, JAMES ALBERT, M.D. (C35494) Devonshire, Bermuda

B&P Code §§2234, 2239. Self-use of a controlled substance. Public Reprimand. If he renews or reinstates his physician and surgeon license, it will be placed on 5 years probation with terms and conditions. January 22, 2001

Explanation of Disciplinary Language and Actions

“Effective date of decision” — Example: “November 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).

BURNAM, MICHAEL HOWARD, M.D. (A25295)

Tarzana, CA

B&P Code §2234(c). Stipulated Decision. Repeated negligent acts in the care and treatment of 1 patient. Public Reprimand. January 17, 2001

BURRES, KENNETH PAUL, M.D. (G22673) Alta Loma, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with performing surgery without adequate medical justification. Revoked, stayed, 7 years probation with terms and conditions. November 20, 2000

CARIDA, ROBERT V., M.D. (G15188) Deerfield Beach, FL

B&P Code §§141(a), 2266. Stipulated Decision. Disciplined by Florida for failure to maintain adequate medical records justifying the course of treatment of a patient. Public Letter of Reprimand. December 5, 2000

CARMAN, TIMOTHY PATRICK, M.D. (A52574)

La Jolla, CA

B&P Code §§480(c), 2021, 2234(a)(e)(f), 2239, 2261, 2266. Knowingly made false statements on documents and on a licensing application, had more than 1 conviction involving the use, consumption or self-administration of drugs or alcohol, failed to timely report a change of address to the Board, failed to maintain adequate and accurate medical records. Revoked, stayed, 5 years probation with terms and conditions. November 6, 2000

CASANAS, ROBERT JULIO, M.D. (A42326) Mariposa, CA

B&P Code §2234. Stipulated Decision. Prescribed excessive doses of narcotic and psychoactive medications for 2 patients without appropriate monitoring or referrals. Public Reprimand. December 6, 2000

CHRISTENSEN, DENNIS W., M.D. (C26098) Vacaville, CA

B&P Code §2239. Violated terms and conditions of Board-ordered probation by failing to abstain from the use of alcohol. Revoked. November 16, 2000

DICHTER, TERRY ALAN, M.D. (A23930)

Huntington Park, CA

B&P Code §§2234, 2334(a)(c)(e), 2261, 2274. Committed dishonest and corrupt acts by providing false documentation regarding continuing medical education requirements, falsifying certification from the American Board of Radiology and also failed to use fluoroscopic guidance while performing a hysterosalpingogram. Revoked. January 29, 2001

DICK, ARTHUR L., M.D. (A20825) Johnson City, TN

B&P Code §141(a). Stipulated Decision. Surrendered license in Colorado in lieu of formal discipline. Public Reprimand. December 20, 2000

EL-TOUKHY, MOHAMED SAMY, M.D. (A41652)

Glendale, CA

B&P Code §§141(a), 2234, 2305. Disciplined in Arizona for failure or refusal to maintain adequate records regarding 1 patient and charging or collecting an excessive fee. Public Letter of Reprimand. December 14, 2000

ERGIN, NEVIT OGUZ, M.D. (C37305) Alhambra, CA

B&P Code §2234. Violated terms and conditions of Board-ordered probation. Revoked. November 16, 2000

FOX, ROBERT IRVING, M.D. (G32029) La Jolla, CA

B&P Code §§2261, 2262. Stipulated Decision. Falsified medical records of 2 patients to qualify these patients as participants in a research study. Revoked, stayed, 2 years probation with terms and conditions. January 2, 2001

FREDRICK, NOMI JUDITH, M.D. (G69855)

Los Angeles, CA

B&P Code §§2234(b)(c)(e), 2241, 2262, 2266. Committed acts of gross negligence and repeated negligence, altered medical records, failed to maintain adequate and accurate medical records. Revoked. November 22, 2000

GALLIA, LOUIS JOSEPH, M.D. (G48064) Sacramento, CA

B&P Code §2264. Stipulated Decision. Improperly used a medical assistant in liposuction procedures to administer local anesthetic to 1 patient. Public Reprimand. November 27, 2000

GRAY, LAWRENCE NEAL, M.D. (C41323)

Portsmouth, NH

B&P Code §141(a). Stipulated Decision. Disciplined in New Hampshire for performing blepharoplasty laser surgery on the upper eyelids of a patient without having the patient wear laser safety eye wear, which resulted in small corneal scars to the patient. Public Letter of Reprimand. January 22, 2001

GREEN, JONATHAN STANLEY, M.D. (G54266)

Campbell, CA

B&P Code §2234. Stipulated Decision. Failed to adequately respond to results of tests ordered in the care and treatment of 1 patient. Public Reprimand. December 13, 2000

HA, THOMAS T., M.D. (A43426) Diamond Bar, CA

B&P Code §2234(b). Failed to perform appropriate exams and/or refer to a specialist in the care and treatment of 1 patient. Public Reprimand. November 20, 2000

HALL, LAWRENCE W., M.D. (G23308) Pleasanton, CA
B&P Code §2234. Stipulated Decision. Failed to provide adequate medical care to a female patient. Revoked, stayed, 5 years probation with terms and conditions, including 20 days actual suspension.
December 11, 2000

HWU, CHING-YUAN, M.D. (A37326) Flushing, NY
B&P Code §§141, 2305. Stipulated Decision. Disciplined in New York for failure to maintain adequate medical records in the care and treatment of 4 patients. Public Reprimand. December 15, 2000

INFANTE, RICHARD STEPHEN, M.D. (G46107) Pasadena, CA
B&P Code §§725, 822, 2069, 2234, 2234(e), 2238, 2261, 2264, 2269, 2272, 2285, 2415, 4081, 4172. Stipulated Decision. Engaged in repeated acts of excessive prescribing or administering drugs or treatment, ability to practice medicine safely is impaired due to mental illness affecting competency, violated state and federal drug laws, aided and abetted the unlicensed practice of medicine, engaged in the practice of medicine under a fictitious name without approval to do so, made false statements in medical-related documents. Revoked, stayed, 7 years probation with terms and conditions. November 10, 2000

JOSEPH, BRUCE JAY, M.D. (G30283) Bakersfield, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with self-use of alcohol, treating patients while under the influence of alcohol, committing acts of gross negligence, repeated negligence and incompetence in the care and treatment of 5 patients. Revoked, stayed, 3 years probation with terms and conditions. January 22, 2001

KANG, DAE-WOOK, M.D. (G79486) San Jose, CA
B&P Code §§726, 2234(b)(e), 2238. Stipulated Decision. Engaged in a sexual relationship with a patient and provided the patient with an unmarked bottle of medication. Revoked, stayed, 5 years probation with terms and conditions. November 13, 2000

KAPSOS, PHILIP JOHN, M.D. (G85940) Blythe, CA
B&P Code §§2234, 2239. Stipulated Decision. Self-abuse of alcohol and reported for work while under the influence of alcohol. Probationary license granted, 3 years probation with terms and conditions. November 9, 2000

KEEN, MONTE S., M.D. (G59295) New York, NY
B&P Code §§141(a), 822, 2310(a), 2234(e), 2238, 2241, 2242, 2266, 2305. Disciplined in New York for fraudulent practice, habitual self-use of drugs, having a psychiatric condition impairing ability to practice, failing to maintain adequate or accurate records. Revoked. December 28, 2000

KIRIAKOS, RAMZI ZAKI, M.D. (A31653) Encino, CA
B&P Code §2234. Stipulated Decision. Contemporaneously engaged in social and business relationships with a patient and the patient's spouse while treating and caring for the patient. Public Letter of Reprimand. January 10, 2001

Help Your Colleague By Making A Confidential Referral

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

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

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

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

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

LE, VU, M.D. (G75340) Tustin, CA

B&P Code §§2021(b), 2234, 2234(a)(e), 2261. Committed acts of dishonesty, corruption and unprofessional conduct by representing he was certified by the American Board of Internal Medicine when he had in fact failed the certification exam, presented false documentation attesting he had passed the exam and failed to timely report a change of address to the Medical Board. Revoked, stayed, 7 years probation with terms and conditions, including 30 days actual suspension. November 6, 2000

LOAIZA, AUGUSTO, M.D. (C41739) San Diego, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, dishonesty, violating drug laws, prescribing without medical indication or a good faith examination, creating false medical records, aiding and abetting the unlicensed practice of medicine and failing to maintain adequate and accurate records. Revoked, stayed, 7 years probation with terms and conditions, including 60 days actual suspension. December 21, 2000

MAO, YVONNE, M.D. (A73790) La Crescenta, CA

B&P Code §§480(a)(1), 2236(a) Stipulated Decision. Convicted twice of petty theft. License issued, 4 years probation with terms and conditions. January 18, 2001

MARSH, WALLACE STANLEY, M.D. (C33991) Lompoc, CA

B&P Code §§2234, 2234(b), 2262, 2266. Stipulated Decision. Failed to timely diagnose patient's diabetic retinopathy and failed to maintain adequate and accurate medical records. Revoked, stayed, 4 years probation with terms and conditions. November 13, 2000

MYERS, SEYMOUR, M.D. (G35184) Solana Beach, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with committing acts of gross negligence, repeated negligence, aiding and abetting the unlicensed practice of medicine and inadequate record keeping in the care and treatment of 1 patient. Revoked, stayed, 3 years probation with terms and conditions. December 27, 2000

NELSON, GERALD EUGENE, M.D. (C31746) Solana Beach, CA

B&P Code §§2234(b)(c)(e), 2261. Failed to report child abuse to a child protective agency and altered medical records by adding false information. Revoked. December 14, 2000

NEWFIELD, LEE JOHN, M.D. (A28231)

Marina Del Rey, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to perform and document examinations, obtain and document histories regarding complaints, and promptly treat a life-threatening condition. Revoked, stayed, 3 years probation with terms and conditions. January 8, 2001

NGUYEN, THIEN PHUC, M.D. (A48469) Sacramento, CA

B&P Code §2234(b)(c). Stipulated Decision. Committed acts of gross negligence and repeated acts of negligence in the care and treatment of 1 patient. Revoked, stayed, 3 years probation with terms and conditions. December 7, 2000

NOEL-UYLOAN, CATHERINE, M.D. (A50085)

Cypress, CA

B&P Code §§810, 2234, 2234(e), 2236. Stipulated Decision. Criminal conviction for insurance fraud and grand theft. Revoked, stayed, 7 years probation with terms and conditions, including 10 months actual suspension. December 1, 2000

PARK, ARTHUR M., M.D. (A44597) Bakersfield, CA

B&P Code §2234(c). Stipulated Decision. Repeated negligent acts in the care and treatment of 2 obstetrical patients. Revoked, stayed, 3 years probation with terms and conditions. November 17, 2000

POWELL, TOM DALE, M.D. (C29130) Phoenix, AZ

B&P Code §§141(a), 2305. Disciplined by Arizona for failure to diagnose a patient's rectal cancer in a timely manner, resulting in delay of treatment and subsequent death. Revoked. January 26, 2001

QUILLIGAN, JAY JOSEPH, M.D. (G38104) Twin Falls, ID

B&P Code §§141(a), 2305. Stipulated Decision. Surrendered license in Alabama while charges of misconduct were pending. Revoked, stayed, 5 years probation with terms and conditions. December 29, 2000

RADER, STEPHEN D., M.D. (G11623) Berkeley, CA

B&P Code §2234. Stipulated Decision. Excessive prescribing of controlled substances over 10-year period without good-faith exam or continuing care in the care and treatment of 1 patient, engaged in inappropriate psychotherapist/patient relationship. Revoked, stayed, 5 years probation with terms and conditions. November 30, 2000

ROJAS, AUGUSTO, M.D. (A41262) Hawthorne, CA
B&P Code §§490, 2234(a), 2236(a). Stipulated Decision. Convicted in federal court of mail fraud and false statement in a tax return. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. January 8, 2001

ROSE, WILLIAM WARREN, JR., M.D. (A33557) Los Angeles, CA
B&P Code §§2234(d), 2292. Violated terms and conditions of Board probation and failed Board-ordered competency exam. Revoked. November 13, 2000

ROSENSTEIN, FRIDA, M.D. (A41476) Studio City, CA
B&P Code §§2234, 2234(e), 2236(a). Stipulated Decision. Convicted in federal court of income tax evasion. Revoked, stayed, 3 years probation with terms and conditions, including 30 days actual suspension. December 15, 2000

SACK, JOHANNES REINHARD, M.D. (G48845) San Diego, CA
B&P Code §§ 725, 2234(c), 2238, 2241, 2241.5, 2242, 2306. Violated terms of Interim Suspension Order by continuing to treat addicts, violated the Intractable Pain Treatment Act, excessive prescribing and prescribing without medical indication. Revoked, stayed, 10 years probation with terms and conditions, including 30 days actual suspension. December 21, 2000

SHOWALTER, BARBARA MEREDITH, M.D. (G63855) Merced, CA
B&P Code §§725, 2234. Stipulated Decision. Committed acts of excessive prescribing and unprofessional conduct in the care and treatment of 1 patient. Revoked, stayed, 3 years probation with terms and conditions. November 27, 2000

SIDHU, DARSHAN S., M.D. (A42788) Salinas, CA
B&P Code §§480(a)(2), 490, 493, 726, 729(b)(3), 2234, 2234(b)(c)(d)(e)(f), 2236. Criminal conviction for sexual exploitation, and engaged in acts of sexual misconduct with 4 patients. Revoked. November 27, 2000

SOBOLEV, GALINA, M.D. (A40087) Los Angeles, CA
B&P Code §§2234, 2234(e), 2236(a). Stipulated Decision. Convicted in federal court of income tax evasion. Revoked, stayed, 3 years probation with terms and conditions, including 30 days actual suspension. December 15, 2000

SOTO, LEROY THEOFORD, M.D. (C41632) Poway, CA
B&P Code §§2234(b)(c), 2266. Committed acts of gross negligence and repeated negligence in the care and treatment of 3 patients and failed to maintain adequate and accurate medical records. Revoked, stayed, 3 years probation with terms and conditions. December 4, 2000

STELLER, ROBERT THOMAS, M.D. (G16986) Santa Monica, CA
B&P Code §§822, 2234, 2234(f), 2236(a), 2239(a). Stipulated Decision. Impaired ability to practice medicine safely due to mental illness, self-use of drugs or alcohol and criminal conviction for assault and disorderly conduct. Revoked, stayed, 5 years probation with terms and conditions. January 5, 2001

VYAS, JAYSHREE MAHESH, M.D. (A37968) Fullerton, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in performing bilateral augmentation mammoplasty in a setting not certified for major surgery, administered an improper dosage of local anesthetic and failed to recognize and treat the patient's post-surgery hematoma. Revoked, stayed, 5 years probation with terms and conditions. November 27, 2000

WALTUCH, GEORGE F., M.D. (G9236) Menlo Park, CA
B&P Code §2234. Stipulated Decision. Failed to visit and evaluate a patient in a skilled nursing facility once every 30 days. Public Reprimand. January 19, 2001

WONG, WILLIAM S., M.D. (A28395) Fresno, CA
B&P Code §2234. Stipulated Decision. Failed to properly diagnose and immediately hospitalize and/or refer patient to a cardiologist. Public Reprimand. November 27, 2000

DOCTORS OF PODIATRIC MEDICINE

AYVAZIAN, HERMOZ, D.P.M. (E3761) Glendale, CA
B&P Code §2234. Stipulated Decision. Performed unnecessary surgery which led to permanent injuries to patient. Revoked, stayed, 5 years probation with terms and conditions. November 20, 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.

CHANG, SHIRLEY C.Y., D.P.M. (E4072) Irvine, CA
B&P Code §2236. Stipulated Decision. Convicted of grand theft. Revoked, stayed, 5 years probation with terms and conditions. December 7, 2000

**PAGLIANO, WILLIAM DENNIS, D.P.M. (E1517)
Los Angeles, CA**
B&P Code §2234(b)(c). Failed to perform appropriate preoperative evaluations, failed to inform patient of the complexity of the primary surgical procedure, performed excessive and damaging surgery which resulted in amputation. Suspension, stayed, 2 years probation with terms and conditions. November 20, 2000. Judicial review being pursued.

PHYSICIAN ASSISTANTS

**GARCIA, JOSE DOMINGO, P.A. (PA10992)
West Covina, CA**
B&P Code §2234(c). Stipulated Decision. Misdiagnosis and treatment of diabetes in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions, including 60 days actual suspension. November 20, 2000

**HUNTER, MARYSA SANDRA, P.A. (PA50917)
Palmdale, CA**
B&P Code §2234. Stipulated Decision. No admissions but charged with forging and presenting forged prescriptions and having a mental or physical illness affecting competency due to addiction to prescription drugs. Revoked, stayed, 3 years probation with terms and conditions. November 17, 2000

PATIN, MICHAEL J., Fremont, CA
B&P Code §§480(a)(1), 3531. Convicted of a crime involving transportation of a controlled substance. License granted and will be issued upon completion of licensing requirements and placed on 3 years probation with terms and conditions. November 17, 2000

REGISTERED DISPENSING OPTICIAN

HANSEN, DARLENE KAY (SL1768) Seal Beach, CA
B&P Code §§2555(1), 2559(3). Convicted of 3 felonies involving fraudulent insurance claims. Revoked. November 27, 2000

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

CASEBEER, JOHN CHARLES, M.D. (G12874)
January 10, 2001

CASTILLO-INZUNZA, MIGUEL RAMON, M.D. (A47746)
January 11, 2001

GRAYSON, MITCHELL JERED, M.D. (G48833)
January 12, 2001

HASELMAN, TIMOTHY, M.D. (A54638)
December 29, 2000

RICHMAN, IRVING M., M.D. (C11930)
December 13, 2000

PHYSICIAN ASSISTANTS

GRANTHAM, ROBERT EDWIN, P.A. (PA11140)
January 5, 2001

ROONEY, MICHAEL JOHN, P.A. (PA12174)
January 4, 2001



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ACTION REPORT - APRIL 2001

Candis Cohen, Editor (916) 263-2389

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