

Action Report

Medical Board of California

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Fiscal Year 2002-03
Annual Report Inside*

Medical Board of California Meetings

2003

November 6-7
San Diego

2004

January 29-30
Sacramento

May 6-7
Sacramento

July 29-30
Sacramento

November 4-5
Sacramento

*All meetings are open
to the public.*

Revised Pain Management Guidelines

It has been 13 years since the Intractable Pain Treatment Act of 1990 first established laws to assist physicians in the course of treatment for a person diagnosed with intractable pain. In 1994, the Medical Board adopted Guidelines for "Prescribing Controlled Substances for Intractable Pain." In the ensuing years, the practice of pain management and the affected patient population have continued to evolve and has received much attention from the medical community and affected patients.

Effective Jan. 1, 2002, Business and Professions Code section 2241.6 (referred to as AB 487) was added requiring the Division of Medical Quality (DMQ) to develop standards to assure the competent review in cases concerning the management,

including, but not limited to, the under treatment, under medication and over medication of a patient's pain. When this item was discussed at the May 2002 Board meeting, a task force was established to review the 1994 Guidelines and to assist the DMQ in the development of the standards. The scope of the Guidelines was expanded from intractable pain patients to all patients with pain.

The task force was comprised of representatives from the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiology, the California Chapter of American College of Emergency Physicians, the California Medical

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Guidelines for Prescribing Controlled Substances for Pain

Adopted Unanimously by the Board in 1994 and Recently Revised

"No physician and surgeon shall be subject to disciplinary action by the Board for prescribing or administering controlled substances in the course of treatment of a person for intractable pain." — Business and Professions Code section 2241.5(c)

Preamble

In 1994, the Medical Board of California formally adopted a policy statement titled, "Prescribing Controlled Substances for Pain." The statement outlined the Board's proactive approach to improving appropriate prescribing for effective pain management in California, while

preventing drug diversion and abuse. The policy statement was the product of a year of research, hearings and discussions. California physicians and surgeons are encouraged to consult the policy statement and these guidelines, which can be found at www.medbd.ca.gov or obtained from the Medical Board of California.

In May 2002, as a result of AB 487, a task force was established to review the 1994 Guidelines and to assist the Division of Medical Quality to "develop standards to assure the competent review in cases

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

President's Report

The Medical Board of California continues with a year of both incredible opportunity and serious challenges.

Opportunity arose from the Board's continuing commitment to providing more efficient programs and services, enabling it to meet its mission of consumer protection through the proper licensing and regulation of physicians. Notable benchmarks that reflect the Board's progress toward this goal are described in the enclosed Annual Report.

In particular, the Medical Board issued the highest single-year number of new physician and surgeon licenses in its history: 4,993. This achievement was realized with a shorter average processing time and with fewer staff than in recent years and results from the Board's policy direction and from the staff's efforts to streamline operations while maintaining quality.

Similarly, the Medical Board's Enforcement Program has maintained its high quality of work while adopting significant new standards and procedures resulting from legislation and from reorganization (SB 1950). The program has redesigned how it receives and screens incoming complaints to assure those that indicate a potentially more serious violation are moved expeditiously for investigation.

At the same time, this system allows for a detailed response to those complaints that are not violations of the Medical Practice Act, but where patients have experienced a level of dissatisfaction with their medical care that prompted them to complain to the Board about their doctor.

Greater opportunity for enhancements to the Enforcement Program is anticipated with the appointment of an Enforcement Monitor, who began work on Oct. 1, 2003. The Enforcement Monitor will serve a two-year assignment aimed at, among other issues, improving the quality, consistency and timeliness of complaint handling. I look forward to sharing the findings of this effort with you in upcoming issues of the *Action Report*.



***Hazem Chehabi, M.D.
President of the Board***

We as Board members have reduced our ancillary projects and are concentrating more on our core mandates of licensing and regulation, and a reduced Board staff has consolidated its work to manage the growing workload as effectively as possible.

In my opening, I also wrote of serious challenges, and these must be recognized as well as accomplishments.

The Annual Report contains some figures that are troubling to the Board, as they should be to physicians and consumers alike. These are the growing timeframes that are required to investigate complaints and to take regulatory action when that is called for.

These timeframes are an outgrowth of the current State budget situation that has resulted in the Medical Board, along with all other agencies, experiencing a hiring freeze and, in some cases, the elimination of positions.

Earlier I wrote of the Licensing Program being able to institute efficiencies that enabled it to overcome its reduced workforce. Unfortunately, the Enforcement Program is more dependent on personnel who must gather records, conduct interviews and perform other functions related to case investigation. With the loss of nearly 20% of its personnel, the Enforcement Program is beginning to encounter delays that result in investigations taking longer than they have in recent years. Staffing levels in this program are where they were in 1993, although the number of licensees has grown almost 15% and the number of complaints has grown by 40%.

We will continue to watch carefully the impacts of the current State budget and

staffing limitations, and to redirect Board resources as possible. We as Board members have reduced our ancillary projects and are concentrating more on our core mandates of licensing and regulation, and a reduced Board staff has consolidated its work to manage the growing workload as effectively as possible.

I am proud of the reaction of the Board and its staff to our fiscal challenges, and pledge our continued efforts to improve efficiencies as we maintain our commitment to consumer protection.

Board Seeks Nominees for Physician Recognition Program

The Medical Board of California has announced its Physician Recognition Program to recognize the demonstration of excellence by individual physicians and/or groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system in California. The program is designed to identify and reward individuals and/or institutions, otherwise unrecognized, who creatively meet the needs of underserved populations, or who are outstanding in areas of service that advance the healthcare status of California residents. This may include the provision of healthcare services to other unique populations or through their contribution to education that exceeds the norm and improves the healthcare status of California residents.

The Physician Recognition Committee of the Board will review nominations and make recommendations for awards that will be granted annually. Persons or organizations making the nominations must complete and send the nomination form to the Board by Nov. 30, 2003. Nominations should be mailed to: Medical Board of California, 1426 Howe Ave., Suite 54, Sacramento, CA 95825, Attention: Physician Recognition Award. Applications also may be downloaded from the Board's Web site at www.medbd.ca.gov, "Services for Licensees," "Physician Recognition Program."

In addition to the completed application form, nominations should also include letters in support of the nomination as well as citations and reference to organizing efforts, successful projects and newspaper or other articles; and the candidate(s)' curriculum vitae or biography that includes work history with dates.

Nominees should demonstrate a creative model of dedication to the development and delivery of inspirational, successful and replicable models of healthcare delivery, or demonstrate service in an area of medicine that advances the public's healthcare status through clearly outstanding service, education or innovation. They must be California-based licensees in good standing and may be individual physicians or those physicians who comprise medical groups or teams.

The Medical Board will select the award recipient(s), basing its decision on the criteria set forth or comparable achievements and the strength of supporting letters. The project/service need not be pro bono but must involve service of ultimate benefit to the public. Immediately after the Board's decision, the recipient will be notified in writing. The award presentation will be held during a subsequent meeting of the Medical Board of California.

Medical Board Welcomes New Chief of Enforcement

Joan Jerzak has been selected as the Board's new Chief of Enforcement, replacing Dave Thornton, who retired. She is the fourth chief since the establishment of the Board's Enforcement program in 1976, and brings special skills to this position.

She is responsible for the oversight and management of the Board's Enforcement Program including the Central Complaint Unit, the Discipline Coordination Unit, the MBC Probation Program and all investigative services provided by the Board's sworn staff. The Chief also interacts with other law enforcement agencies, provides outreach to physician groups and various allied associations, and has regular communication with representatives from the Office of the Attorney General.

Ms. Jerzak has a bachelor's and a master's degree in Criminal Justice from California State University at Sacramento, and has 26 years of state service with 16 years of experience at the Medical Board.

She was a Board field investigator in San Diego, a first-level supervisor of the Torrance district office, and was a second-level supervisor over four district offices in the Los



Joan Jerzak

Angeles Metropolitan area. Ms. Jerzak participated in numerous task forces and committees representing the Board and providing expertise on topics ranging from sexual misconduct to healthcare fraud and pain management.

In 1997, Ms. Jerzak accepted a position as trainer for the Board's sworn investigative staff and developed a 16-week training program for all newly hired investigators. She created lesson plans on 54 different topics related to all types of healthcare complaints, documenting historical action as well as current laws and future trends in medicine.

Ms. Jerzak's expertise as a trainer and her knowledge of Board investigations have made her a critically acclaimed speaker. For the past four years, she has provided training to other investigators in California and has trained investigators from other states.

Last year, Ms. Jerzak supervised the Board's Probation Program. She focused attention on the program operations to ensure staff provide more standardized monitoring in meeting the Board's mission of public protection.

Guidelines for Prescribing Controlled Substances for Pain *(continued from page 1)*

concerning the management, including, but not limited to, the under treatment, under medication, and over medication of a patient's pain." The task force expanded the scope of the Guidelines, from intractable pain patients to all patients with pain.

Inappropriate prescribing of controlled substances, including opioids, can lead to drug abuse or diversion and can also lead to ineffective management of pain, unnecessary suffering of patients, and increased health costs. The Medical Board recognizes that some physicians do not treat pain appropriately due to a lack of knowledge or concern about pain, and others may fail to treat pain properly due to fear of discipline by the Medical Board. These Guidelines are intended to improve effective pain management in California, by avoiding under treatment, over treatment, or other inappropriate treatment of a patient's pain and by clarifying the principles of professional practice that are endorsed by the Medical Board so that physicians have a higher level of comfort in using controlled substances, including opioids, in the treatment of pain. These Guidelines are intended to promote improved pain management for all forms of pain and for all patients in pain.

A High Priority

The Board strongly urges physicians and surgeons to view effective pain management as a high priority in all patients, including children, the elderly, and patients who are terminally ill. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The medical management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment. Pain treatment may involve the use of several medications and non-pharmacological treatment modalities, often in combination. For some types of pain, the use of medications is emphasized and should be pursued vigorously; for other types, the use of medications is better de-emphasized in favor of other therapeutic modalities. Physicians and surgeons should have sufficient knowledge or utilize consultations to make such judgments for their patients.

Medications, in particular opioid analgesics, are considered the cornerstone of treatment for pain associated with trauma, surgery, medical procedures, or cancer. A number of medical organizations have developed guidelines for acute and chronic pain management. Links to these references may be found on the Medical Board of California's Web site at www.medbd.ca.gov.

The prescribing of opioid analgesics for patients with pain, may also be beneficial, especially when efforts to alleviate the pain with other modalities have been unsuccessful.

Intractable pain is defined by law in California as: "a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and surgeon and one or more physicians and surgeons specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain." (Section 2241.5(b) of the California Business and Professions Code)

Physicians and surgeons who prescribe opioids either for acute or persistent pain should not fear disciplinary or other action from California law enforcement or regulatory agencies for the mere fact of having prescribed opioids. The appropriate use of opioids in the treatment of intractable pain has long been recognized in California's Intractable Pain Treatment Act, which provides that "No physician and surgeon shall be subject to disciplinary action by the Medical Board for prescribing or administering controlled substances in the course of treatment of a person for intractable pain." (Section 2241.5(c) of the California Business and Professions Code)

The Medical Board expects physicians and surgeons to follow the standard of care in managing pain patients.

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Revised Pain Management Guidelines

(continued from page 1)

Association, Compassion in Dying Federation, the Office of the Attorney General Health Quality Enforcement Section and the Board.

The revised guidelines are intended to improve effective pain management of California patients by incorporating a series of annotations which better reflect how these Guidelines should be used, and will allow for periodic update, as indicated. It is anticipated that physicians will have a higher level of comfort when using controlled substances, including opioids, in the treatment of pain. And, the revised guidelines will promote improved pain management for patients in pain, while providing better guidance to the MBC's Enforcement Program, in determining whether or not allegations of inappropriate prescribing are supported by evidence.

At the August 2003 Board meeting, the DMQ adopted the recommendations of the task force in the revised "Guidelines for Prescribing Controlled Substances for Pain."

Guidelines for Prescribing Controlled Substances for Pain *(continued from page 4)*

Guidelines

- **History/Physical Examination** A medical history and physical examination must be accomplished. This includes an assessment of the pain, physical and psychological function; a substance abuse history; history of prior pain treatment; an assessment of underlying or coexisting diseases or conditions; and documentation of the presence of a recognized medical indication for the use of a controlled substance.

Annotation One: The prescribing of controlled substances for pain may require referral to one or more consulting physicians.

Annotation Two: The complexity of the history and physical examination may vary based on the practice location. In the emergency department, the operating room, at night or on the weekends, the physician and surgeon may not always be able to verify the patient's history and past medical treatment. In continuing care situations for chronic pain management, the physician and surgeon should have a more extensive evaluation of the history, past treatment, diagnostic tests and physical exam.

- **Treatment Plan, Objectives** The treatment plan should state objectives by which the treatment plan can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned. The physician and surgeon should tailor pharmacological therapy to the individual medical needs of each patient. Multiple treatment modalities and/or a rehabilitation program may be necessary if the pain is complex or is associated with physical and psychosocial impairment.

Annotation One: Physicians and surgeons may use control of pain, increase in function, and improved quality of life as criteria to evaluate the treatment plan.

Annotation Two: When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision.

- **Informed Consent** The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian.

Annotation: A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain.

- **Periodic Review** The physician and surgeon should periodically review the course of pain treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician and surgeon should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

Annotation One: Patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care.

Annotation Two: Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment.

- **Consultation** The physician and surgeon should consider referring the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Complex pain problems may require consultation with a pain medicine specialist.

In addition, physicians should give special attention to those pain patients who are at risk for misusing their medications including those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse requires extra care, monitoring, documentation and consultation with addiction medicine specialists, and may entail the use of agreements between the provider and the patient that specify the rules for medication use and consequences for misuse.

Annotation One: Coordination of care in prescribing chronic analgesics is of paramount importance.

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Guidelines for Prescribing Controlled Substances for Pain *(continued from page 5)*

Annotation Two: In situations where there is dual diagnosis of opioid dependence and intractable pain, both of which are being treated with controlled substances, protections apply to physicians and surgeons who prescribe controlled substances for intractable pain provided the physician complies with the requirements of the general standard of care and California Business and Professions Code section 2241.5.

- **Records** The physician and surgeon should keep accurate and complete records according to items above, including the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of the treatment plan.

Annotation One: Documentation of the periodic reviews should be done at least annually or more frequently as warranted.

Annotation Two: Pain levels, levels of function, and quality of life should be documented. Medical documentation should include both subjective complaints of patient and caregiver, and objective findings by the physician.

- **Compliance with Controlled Substances Laws and Regulations** To prescribe controlled substances, the physician and surgeon must be appropriately licensed in California, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions. Physicians and surgeons are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and the Medical Board's Guidebook to Laws Governing the Practice of Medicine by Physicians and Surgeons for specific rules governing issuance of controlled substances prescriptions.

Annotation One: There is not a minimum or maximum number of medications which can be prescribed to the patient under either federal or California law.

Annotation Two: Physicians and surgeons who supervise Physician Assistants (PA's) or Nurse Practitioners (NP's) should carefully review the respective supervision requirements.

Additional information on PA supervision requirements is available at www.physicianassistant.ca.gov.

PA's are able to obtain their own DEA number to use when writing prescriptions for drug orders for controlled

substances. Current law permits physician assistants to write and sign prescription drug orders when authorized to do so by their supervising physician for Schedule II-IV. Further, a PA may only administer, provide or transmit a drug order for Schedule II through Schedule V controlled substances with the advanced approval by a supervising physician for a specific patient.

To ensure that a PA's actions involving the prescribing, administration, or dispensing of drugs is in strict accordance with the directions of the physician, every time a PA administers or dispenses a drug or transmits a drug order, the physician supervisor must sign and date the patient's medical record or drug chart within seven days. (Section 1399.545(f) of the California Code of Regulations)

NP's are allowed to furnish Schedule III-V controlled substances under written protocols.

Postscript

While it is lawful under both federal and California law to prescribe controlled substances for the treatment of pain, there are limitations on the prescribing of controlled substances to or for patients for the treatment of chemical dependency (see Sections 11215-11222 of the California Health and Safety Code). The California Intractable Pain Treatment Act (CIPTA) does not apply to those persons being treated by the physician and surgeon only for chemical dependency because of use of drugs or controlled substances (Section 2241.5(d)). The CIPTA does not authorize a physician and surgeon to prescribe, dispense, or administer controlled substances to a person the practitioner knows to be using the prescribed drugs or controlled substances for non-therapeutic purposes (Section 2241.5(e)). At the same time, California law permits the prescribing, furnishing, or administering of controlled substances to or for a patient who is suffering from disease, ailments, injury, or infirmities attendant on old age, other than addiction (Section 11210 of the California Health and Safety Code) and the CIPTA does apply to "a practitioner who is prescribing controlled substances for intractable pain, and as long as that practitioner is not also treating the patient for chemical dependency."

The Medical Board emphasizes the above issues, both to ensure physicians and surgeons know that a patient in pain who is also chemically dependent should not be deprived of appropriate pain relief, and to recognize the special issues and difficulties associated with patients who suffer both from drug addiction and pain. The Medical Board expects that the acute pain from trauma or surgery will be addressed regardless of the patient's current or prior history of substance abuse. This postscript should not be interpreted as a deterrent for appropriate treatment of pain.

West Nile Virus Update

By Evelyn Tu, Project Coordinator

California Department of Health Services, Division of Communicable Disease Control

In August 2003, West Nile virus was identified in mosquito pools and sentinel chicken flocks in California in Imperial and Riverside Counties near the Salton Sea. Dead crows were identified in Los Angeles and Riverside Counties in September. Additionally, several imported human cases were identified. It is believed that these individuals all acquired their infection while traveling to an endemic area.

The California Department of Health Services (DHS) seeks the participation of physicians and other healthcare providers in an effort to monitor West Nile (WN) virus in California. A strong surveillance system is needed to track WN activity, and healthcare providers play an important role in the detection of WN virus.

West Nile virus is an arbovirus that was first isolated in Uganda in 1937. In the flavivirus family, it is closely related to St. Louis encephalitis virus, Kunjin virus, and Japanese encephalitis virus. WN virus was first detected in the Western Hemisphere in 1999 in the New York area and has spread at an alarming rate. As of September 19, 2003, 4,417 human cases were identified in 37 states with 84 deaths.

The virus is transmitted to humans by the bite of an infected mosquito. Infection with WN virus may have varying clinical presentations. Most people who are infected with WN virus have *no symptoms*. Approximately 15% of infections will result in a mild febrile illness. For approximately every 150 infected persons, only one person will have severe illness (aseptic meningitis, encephalitis, or acute flaccid paralysis). The elderly are at highest risk of disease and mortality.

In 2002, transmission of WN virus was identified via blood transfusion and organ transplantation. All blood

banks now screen all blood products for WN virus. Any products that look suspicious for infection are quarantined. In 2003, two cases of transfusion associated transmission have been identified nationally.

It is critical that healthcare providers immediately report all suspected cases of viral encephalitis, viral meningitis, and acute flaccid paralysis/atypical Guillain-Barré Syndrome to their local health departments. Thirty local health departments throughout the state can screen for WN and then send specimens onto DHS as needed. The health department will help facilitate specimen submittal.

Testing is available on a subset of cases (cerebrospinal fluid (CSF) and sera) through your local public health laboratory. The county laboratory will run a screening Immunofluorescent antibody (IFA) test for WN. Specimens will then be forwarded to DHS. The most sensitive screening test for WN virus is the IgM-capture enzyme linked immunosorbent assay (ELISA).

Surveillance for WN virus in California includes several components: human case surveillance, mosquito testing and control, veterinary equine surveillance, sentinel chicken testing, and dead bird surveillance and testing. Veterinarians should refer cases of non-human mammalian encephalitis to the Veterinary Public Health Section of the Department of Health Services. Dead birds should be reported to DHS at the toll-free number 877-WNV-BIRD. Mosquito pools are collected and tested for various arboviruses, including WN virus.

For further information, you may contact Evelyn Tu, Viral and Rickettsial Disease Laboratory, CDHS, 850 Marina Bay Parkway, Richmond, CA 94804, (510) 307-8606, or e-mail etu@dhs.ca.gov. Information is also available at <http://westnile.ca.gov>.

TDD NUMBERS

Medical Board telephone numbers for the hearing-impaired (TDD):

Division of Licensing
(916) 263-2687

Central Complaint Unit
(916) 263-0935

CORRECTION

Information was omitted from the table titled "Medical Management of Lead-Poisoned Children," published with the lead poisoning story on Page 9 of the July 2003 *Action Report*. The first line in the table should read that anticipatory guidance is required for values of **<10 µg/dL**.

Student Loan Repayment Program Under Way



U.S. Surgeon General Richard Carmona, M.D., (standing, second from left) is present to witness Medical Board Immediate Past President Gary Gitnick, M.D., and recipient Maria Galvez Picon, M.D., sign a memorandum of understanding by which Dr. Picon will receive up to \$105,000 in medical school loan repayments in exchange for up to three years of service in a medically underserved area. The ceremony took place on July 17 at the Mission Neighborhood Health Center in San Francisco, where Dr. Picon works. Also pictured, standing left to right, are Board Member Bernard Alpert, M.D., Dr. Carmona, Anmol Mahal, M.D., and Jack Lewin, M.D. Drs. Mahal and Lewin represent the California Medical Association, co-sponsors of the loan repayment program.

Award Recipients Listed by Postgraduate Training

FAMILY PRACTICE

Beatrice Baez, MD
La Maestra Family Clinic
San Diego

Bethany Blacketer, MD
Livingston Medical Group
Livingston

Derrick Butler, MD
Watts Health Foundation
Los Angeles

Jessica Diaz, MD
Open Door Comm Health Ctr
Smith River

Joseph Dodge, MD
Brookside Comm Health Ctr
San Pablo

Tamika Henry, MD
Family Clinics of Long Beach
Long Beach

Caroline Kennedy, MD
Clinica de Salud
Salinas

Michael Komin, MD
Aviation Medical
Shafter

Andrea Mendoza Mason, MD
Community Health Alliance
Pasadena

Rakesh Patel, MD
Neighborhood Healthcare
El Cajon

Jose Perez, MD
Central City Community Clinic
Los Angeles

Tryna Ramos, MD
Centers for Family Health
Ventura

Ann Valdes, MD
St. Anthony Free Clinic
San Francisco

Wendell Williams, MD
Lower Lake Medical Clinic
Lower Lake

PEDIATRICS

Will Charlton, MD
Clinica Medica San Miquel
Los Angeles

Jeff Corral-Ribordy, MD
Eureka Pediatrics
Eureka

Dane Fliedner, MD
The Children's Clinic
Long Beach

Maia Gaither, MD
Clinica Medica San Miquel
Los Angeles

Sonya Garcia, MD
Mandalay Bay Children's Center
Oxnard

Guadalupe Hedrick, MD
Alliance Medical Center
Healdsburg

Ben Meisel, MD
Santa Barbara Co. Public Health
Lompoc

Alfredo Negrete, MD
ABC Pediatrics Medical Group
Valley Family Care Center
El Centro and Calexico

Maria Galvez Picon, MD
Mission Neighborhood
Health Center
San Francisco

Shanna Treanor, MD
Clinica Sierra Vista
Bakersfield and Lamont

OBSTETRICS AND GYNECOLOGY

Janice Stain, MD
Sequoia Community
Health Foundation
Fresno

INTERNAL MEDICINE

Jay Dhiman, MD
Northeast Valley Health Corp
Pacoima and San Fernando

Cecilia Galindo, MD
United Health Centers
Parlier and Orange Cove

Kosala Samarasinghe, MD
Neighborhood Healthcare
Escondido

PSYCHIATRY

Shepard Greene, MD
Lassen County Mental Health
Susanville

Pamela Swedlow, MD
Community Focus
San Francisco

COMBINED PEDIATRICS AND INTERNAL MEDICINE

Rudo Benjamin, MD
Axminster Medical Group
Los Angeles

Otto Liao, MD
Breathmobile / Asthma Van
Santa Ana

Reminder: Informed Consent Required Prior to Hysterectomy Procedure

As a result of comments received at a recent meeting of the Board's Public Education Committee, the Board is publishing a reminder to physicians of the specific mandates in Health and Safety Code sections 1690 and 1691, that prior to the performance of a hysterectomy, physicians must obtain verbal and written informed consent.

Per section 1690, the informed consent procedure requires that all of the following information be given to the patient verbally and in writing:

- 1) Advice that the individual is free to withhold or withdraw consent to the procedure at any time before the hysterectomy without affecting the right to future care or treatment and without loss or withdrawal of any state or federally funded program benefits to which the individual might be otherwise entitled.
- 2) A description of the type or types of surgery and other procedures involved in the proposed hysterectomy, and a description of any known available and appropriate alternatives to the hysterectomy itself.
- 3) Advice that the hysterectomy procedure is considered to be irreversible, and that infertility will result.
- 4) A description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used.
- 5) A description of the benefits or advantages that may be expected as a result of the hysterectomy.
- 6) Approximate length of hospital stay.
- 7) Approximate length of time for recovery.
- 8) Financial cost to the patient of the physician's fees.

The law says a woman shall sign a written statement prior to the performance of the hysterectomy procedure, indicating she has read and understood the written information and that the information has been discussed with her by her physician, or his or her designee. The statement will indicate that the patient has been advised by her physician or designee that the hysterectomy will render her permanently sterile and incapable of having children and will accompany the claim, unless the patient has previously been sterile or is postmenopausal.

The informed consent procedure does not pertain when the hysterectomy is performed in a life-threatening emergency situation in which the physician determines prior written informed consent is not possible.

The California Department of Health Services has developed regulations establishing verbal and written informed consent procedures that should be obtained prior to performance of a hysterectomy, that indicate the medically accepted justifications for performance of a hysterectomy, pursuant to this chapter. To obtain a copy of the regulations, contact DHS, Licensing and Certification at (916) 445-3054.

Per section 1691, the failure of a physician to inform a patient by means of written consent, in layperson's language and in a language understood by the patient of alternative efficacious methods of treatment which may be medically viable, when a hysterectomy is to be performed, could lead to the determination of unprofessional conduct.

CME COURSES: FULFILLING AB 487 MANDATE

Hospice & Palliative Care

*Focuses on pain management
and end-of-life issues.*

*Provides 5.25 CME credits toward
AB 487 requirements.*

November 13, 2003

Scottsdale Radisson Resort and Spa

Hosted by the
Arizona Geriatrics Society
More information at:
www.arizonageriatrics.org
e-mail: azgs@earthlink.net
phone: (623) 974-4212
fax: (623) 583-5439

Practical Pain Management: From Classroom to Treatment Room

*Current concepts of pathophysiology
and treatment of common painful
conditions, plus risk management for
primary care physicians.*

12 Category 1 credits

November 14-16, 2003

Fairmont Sonoma Mission Inn & Spa

Presented by the Medical Education
Collaborative (MEC), which is
accredited by the Accreditation Council
for Continuing Medical Education
(ACCME)

For more information, contact
Deborah Hattrup at (412) 364-8211
fax: (412) 369-0508
e-mail: deborah@cmmglobal.com

Pain and End-of-Life Care

*Accredited for physicians, nurses,
and pharmacists; 14 Category 1 credits*

June 10 and 11, 2004

Fairmont Hotel, San Francisco

Sponsored by UCSF
Department of Medicine

More information at:
www.cme.ucsf.edu
phone: (415) 476-5808

Call for Expert Reviewers

The Medical Board of California established the Expert Reviewer Program in July 1994 as an impartial and professional means 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.

The rate of payment for expert review services are: \$100/hour for conducting case reviews and \$200/hour for providing expert testimony. Experts also continue to be reimbursed for travel expenses within the limits imposed by the state.

The program needs additional qualified physicians to participate in the vital function of expert reviewer. With new review requirements in the Board's Central Complaint Unit, expert reviewers are being called upon to provide additional services. The Board will accept applications from all qualified physicians but has a need for experts in the following areas: anesthesia/pain management, addiction medicine, cardiovascular surgery, cardiology, family practice, general surgery, internal medicine, neurosurgery, obstetrics/gynecology, ophthalmology (especially with a background in LASIK or laser surgery), orthopaedic surgery, neurology, otolaryngology, plastic surgery, psychiatry, radiology (especially with a background in mammogram interpretation), spinal surgery, thoracic surgery and vascular surgery and any specialty with a complementary or alternative medicine background.

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 as "insufficient evidence"; c) board-certified in one of the 24 ABMS boards or equivalent, as defined in 16 C.C.R. §1363.5 (the Board also recognizes certificates from the American Board of Facial Plastic & Reconstructive Surgery, the American Board of Pain Medicine, the American Board of Sleep Medicine and the American Board of Spine Surgery); d) a minimum of three 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 non-active for no more than two years prior to appointment. Peer review experience is recommended but not required.

If you are interested in providing expert reviewer services to the Medical Board 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

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

You also may access the Medical Board's Web site at www.medbd.ca.gov, click on "Services for Licensees," then click on "Expert Reviewer Program" to obtain information and a program application.

News From the U.S. Food and Drug Administration

Warning for Salmeterol Products

The FDA announced the addition of new safety information and warnings to the labeling for drug products that contain salmeterol, a long-acting bronchodilator used to treat asthma and chronic obstructive pulmonary disease (COPD).

The products affected by these changes are Serevent Inhalation Aerosol, Serevent Diskus, and Advair Diskus. The new labeling includes a boxed warning about a small, but significant, increased risk of life-threatening asthma episodes or asthma-related deaths observed in patients taking salmeterol in an extensive, recently completed U.S. safety study.

For more information: www.fda.gov/bbs/topics/ANSWERS/2003/ANS01248.html

Cypher Coronary Stent Warning

The new Cypher coronary drug-eluting stent was approved in April 2003 for patients undergoing angioplasty

procedures to open clogged coronary arteries. Since the approval by FDA, about 100,000 patients have received this stent. A number of stent thrombosis and hypersensitivity reactions have been reported occurring within 30 days of stenting. The connection between the stent and the thrombotic events is not clear at this time. FDA is evaluating the reports and working with the stent manufacturer, Cordis Corporation, to analyze the problem.

Cordis issued a letter to healthcare professionals encouraging adherence to labeled indications and instructions for use. The Cypher stent is indicated for vessels that have not been previously treated, and not for the treatment of restenosis. It also stresses the importance of matching the stent size to the vessel size, deploying the stent fully so it's in contact with the vessel wall, and using an adequate antiplatelet regimen.

For more information: www.fda.gov/bbs/topics/NEWS/2003/NEW00919.html

(Continued on page 11)

2002-2003 ANNUAL REPORT

Medical Board of California

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

Executive Summary

In the last fiscal year, the Medical Board took many affirmative actions on behalf of California healthcare consumers beyond its historical licensing and disciplinary functions.

This has been a proactive and progressive Board, looking for ways to improve the lives of patients in this state. A few of the major activities are summarized below:

Senate Bill 1950

New legislation was enacted in this fiscal year that permits the Medical Board to disclose, for the first time, certain information related to malpractice settlements by physicians. This significant provision was part of SB 1950 (Figueroa), a comprehensive bill that affects many aspects of the Board's enforcement and information-disclosure activities.

The full Board voted in 2002 to make public *all* information it receives about settlements. However, SB 1950 reflects the compromise worked out in the Legislature to disclose if a physician has had three or

more settlements (four for certain high-risk specialties), beginning in 2003, during a 10-year period. SB 1950 also required the Board to implement a priority schedule (see page v) so that matters that present the greatest threat of patient harm are identified and investigated expeditiously.

California Physician Corps Loan Repayment Program

This program, created by AB 982 (Firebaugh), was co-sponsored by the Medical Board along with the California Medical Association, the California Primary Care Association and the California Latino Healthcare Association, and tackles the ever-increasing problem of underserved healthcare consumers in this state.

The program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan of repayment of their loans in exchange for their service in designated areas for a minimum of three years. A maximum of \$105,000 is made available to

awardees, in addition to their salaries as physicians.

The response to the new program was overwhelming, with the Board receiving over 150 applications. The law governing the program ensures that service is provided to the most underserved areas in the state. The 32 awardees provide services in 42 California locations. The first year's funding of the program came from the Medical Board of California, which committed \$3 million. However, the law permits the program to receive philanthropic funds to enable its continuation after the first year.

The Board is committed to working diligently, in the coming year, to secure such funds that will provide for the expansion of this vital program.

Ethics Training

Currently, all physicians who are disciplined for a violation of an ethical nature must attend an ethics-training

(Continued on page 2)

CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	3,882	Inyo	45	Monterey	855	San Luis Obispo	707	Trinity	10
Alpine	0	Kern	965	Napa	465	San Mateo	2,391	Tulare	484
Amador	59	Kings	122	Nevada	255	Santa Barbara	1,128	Tuolumne	124
Butte	449	Lake	82	Orange	8,065	Santa Clara	5,725	Ventura	1,626
Calaveras	50	Lassen	51	Placer	777	Santa Cruz	624	Yolo	527
Colusa	12	Los Angeles	25,599	Plumas	30	Shasta	479	Yuba	64
Contra Costa	2,569	Madera	153	Riverside	2,419	Sierra	1	California Total	
Del Norte	55	Marin	1,465	Sacramento	3,466	Siskiyou	80	89,025	
El Dorado	274	Mariposa	13	San Benito	46	Solano	710	Out of State Total	
Fresno	1,640	Mendocino	215	San Bernardino	3,041	Sonoma	1,322	26,329	
Glenn	9	Merced	231	San Diego	8,355	Stanislaus	773	Current Licenses	
Humboldt	302	Modoc	6	San Francisco	4,967	Sutter	178	115,354	
Imperial	124	Mono	25	San Joaquin	880	Tehama	54		

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

Executive Summary (Continued from page 1)

course. The Ethics Task Force was established to ensure the training is appropriate to the violation, current with the times, and responsive to specific types of ethical violations.

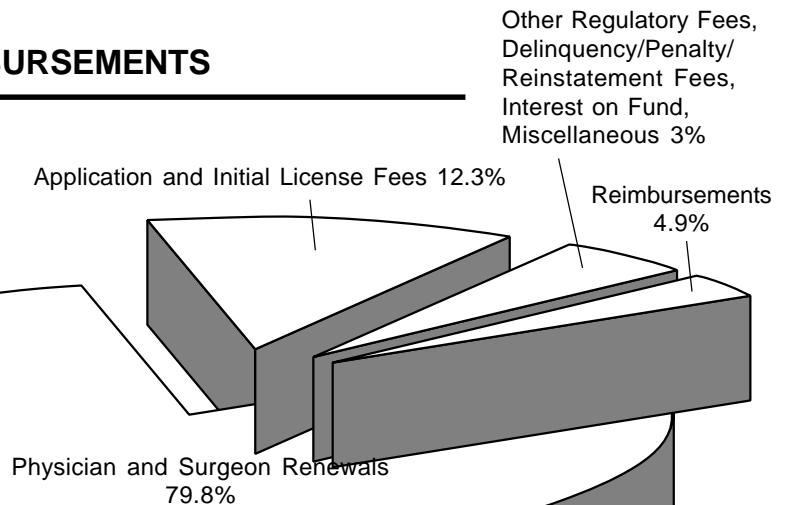
The task force developed criteria for the inclusion/exclusion of participants and identified a need to tailor the training for the type of violations. The task force also has created a Model Ethics Program. The

model includes two categories: Level I consists of a Professionalism Program, and Level II consists of a psychiatric evaluation and an ethics course.

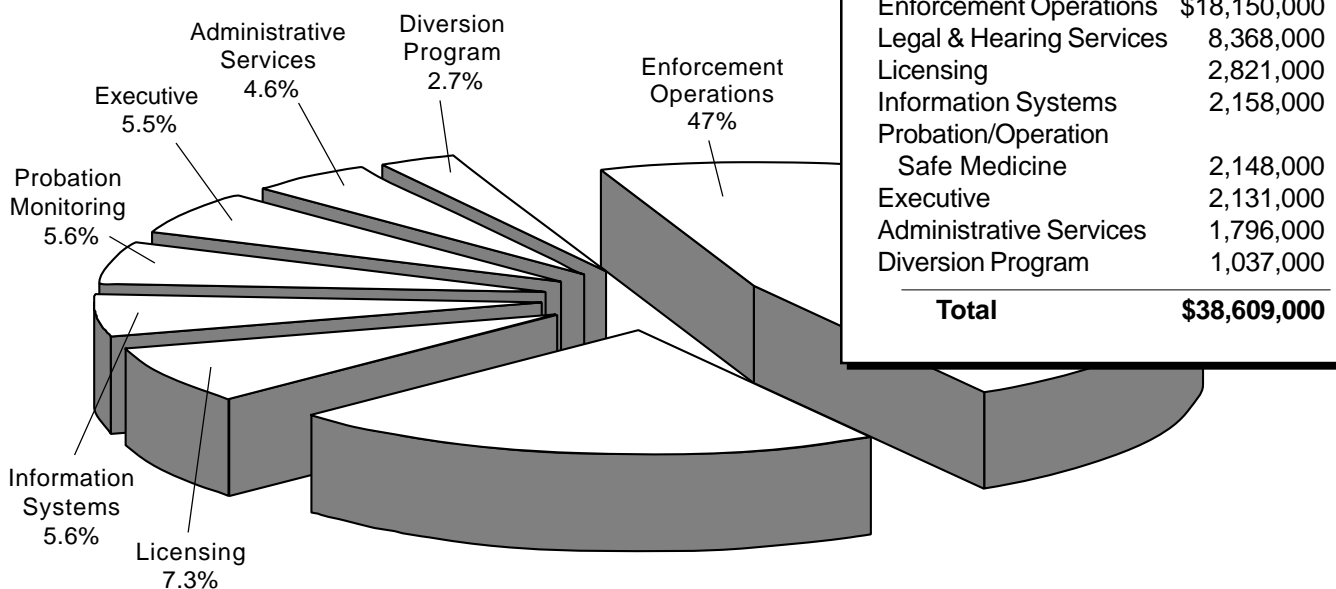
MEDICAL BOARD OF CALIFORNIA 2002-2003 FISCAL YEAR

REVENUES & REIMBURSEMENTS

Physician & Surgeon Renewals	\$29,788,000
Application and Initial License Fees	\$4,604,000
Reimbursements	\$1,810,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Interest on Fund, Miscellaneous	\$1,131,000
Total Receipts	\$37,333,000



BUDGET DISTRIBUTION



DIVISION OF LICENSING

The Medical Board of California's Division of Licensing continues to achieve its mission of protecting the healthcare of consumers through the proper licensing of physicians and surgeons and certain affiliated healing arts professionals. As in the previous fiscal year, it is expected that upcoming years will continue to challenge us to be more creative, more resourceful and more efficient to account for ever-diminishing staffing resources during these serious economic times. We continue to streamline workload and explore avenues for improving the licensing processes.

During this reporting period, the Division of Licensing issued a record high of 4,993 new physician and surgeon licenses. This brings the current physician and surgeon licensee count to 115,354.

The Division also licensed/certified/registered 245 affiliated healing arts professionals, including licensed midwives, dispensing opticians, contact lens dispensers, non-resident contact lens sellers, spectacle lens dispensers and research psychoanalysts.

The time frames for the licensure of physicians and surgeons continue to be reduced and the time frames for first review of applications continue to stay well below our mandated time frames. This is due primarily to the dedication and hard work of the licensing section staff and the receipt of more complete information from applicants. Nevertheless, to meet its deadlines during times of heavy demand, the Licensing Program has historically used paid overtime to meet its operational needs. However, these funds will not be available this fiscal year, and

production times, the ability to review applications and to respond to physician and public inquiries, will be impacted.

During a three-month portion of the past year, the Consumer Information Unit reduced its operational schedule due to staffing reductions. It recently returned to a full operational schedule, but continuation of that schedule will be dependent upon the availability of support staff. To meet the current challenges, we continue to consider alternative ways of doing business, such as incorporating

Staff will be working on revising application forms, making better use of the Internet and reviewing its regulatory and legislative mandates in its attempts to further streamline processing so that the impact of staff reductions will be minimized. The priority of this Division will continue to be the licensing and license renewal of physicians and surgeons.

The newest licensing pathway authorized under Section 2135.5 of the Business and Professions Code has successfully allowed us to expeditiously license 32

physicians, whose applications might have otherwise taken many more months of processing time awaiting the verification of qualifications. Section 2135.5 allows the Division to determine satisfaction of medical curriculum and clinical instruction requirements when the applicant meets certain defined criteria, including but not limited to, licensure in another state and ABMS certification.

The Licensing Program also finalized a new process to expedite the approval of special program applicants in postgraduate study, fellowship programs and faculty positions. Staff now processes

these applicants who meet all of the conditions for appointment in these special programs on a monthly rather than quarterly basis, and limits the Division of Licensing's review to only those candidates who require determination related to appointment criteria. Previously all applicants were brought to the Division of Licensing and therefore were approved only on a quarterly basis.

AFFILIATED HEALING ARTS

	2002–2003	Licenses
	ISSUED	CURRENT
Licensed Midwife	12	121
Dispensing Optician	57	1,095
Contact Lens Dispenser	18	436
Non-Resident Contact Lens Seller ¹	1	12
Spectacle Lens Dispenser	152	1,802
Research Psychoanalyst	5	75
Accrediting Agencies for		
Outpatient Settings	0	4
Podiatrist	71	2,045

¹ Non-resident contact lens seller formerly was reported within the Dispensing Optician category.

additional information onto the Board's Web site regarding a number of the programs for which the Division of Licensing is responsible. This has provided consumers and physicians with useful information, forms and procedures, thus eliminating some of the more general questions that had to be answered by the Consumer Information Unit.

DIVISION OF LICENSING ACTIVITY

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
PHYSICIAN LICENSES ISSUED			SPECIAL FACULTY PERMITS		
FLEX/USMLE ¹	4,110	4,158	Permits issued	1	1
NBME ¹	506	478	License exemptions renewed	2	3
Reciprocity with other states	304	357	Total active exemption	5	6
Total new licenses issued	4,920	4,993	LICENSING ENFORCEMENT ACTIVITY		
Renewal licenses issued—with fee	49,053	49,647	Probationary license granted	9	10
Renewal licenses—fee exempt ²	4,933	4,756	License denied (no hearing requested)	8	2
Total licenses renewed	53,986	54,403	Statement of Issues to deny license filed	6	3
PHYSICIAN LICENSES IN EFFECT			Statement of Issues granted (license denied)	1	2
California address	86,934	89,025	Statement of Issues denied (license granted)	4	4
Out-of-state address	25,339	26,329	Statement of Issues withdrawn	1	1
Total	112,273	115,354			
FICTITIOUS NAME PERMITS			¹ FLEX = Federation Licensing Exam		
Issued ³	1,003	930	USMLE = United States Medical Licensing Exam		
Renewed ⁴	3,505	3,508	NBME = National Board Medical Exam		
Total number of permits in effect ⁴	8,692	8,910	² Includes physicians with disabled, inactive, retired, military, or voluntary service license status.		
			³ Includes Medical Board of California and Board of Podiatric Medicine.		
			⁴ Medical Board of California only.		

VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
LICENSE STATUS VERIFICATIONS			REPORTS TO MEDICAL BOARD		
Phone verifications	103,260	77,925	Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	271	374
Written verifications	2,897	1,103	Adverse Actions reported to the NPDB ²	563 ³	526 ⁴
Authorized LVS Internet users ¹	934	1,003	NPDB reports received from insurance companies or self-insured individuals/organizations	907	820
Online LVS access verifications	659,689	708,344	B&P Code §805 reports of health facility discipline received	155 ⁵	173 ⁶
Non-verification telephone calls	63,511	53,571			
Certification Letters and Letters of Good Standing	7,297	5,879			

¹ LVS = Licensing Verification System

² NPDB = National Practitioner Data Bank

³ Includes 531 MDs, 11 podiatrists, and 21 physician assistants.

⁴ Includes 498 MDs, 14 podiatrists, and 14 physician assistants.

⁵ Includes 151 MDs, 2 podiatrists and 2 psychologists.

⁶ Includes 162 MDs, 5 podiatrists, 5 psychologists and 1 physician assistant.

The Annual Report also is available in the "Publications" section of the Medical Board's Web site: www.medbd.ca.gov. For additional copies of this report, please fax your company name, address, telephone number and contact person name to the Medical Board's Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

DIVERSION PROGRAM

The Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California 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 in order to avoid jeopardizing patient safety.

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

During the FY 02/03, 47 physicians were accepted into the program by the Diversion Evaluation Committee, signed a formal Diversion Agreement, and entered the program. Of those, 41 physicians had no open cases with the Board, four physicians

Activity ¹	FY 01-02	FY 02-03	Type of Impairment ¹	FY 02-03	%
Beginning of fiscal year	273	269	Alcohol	48	18
Prior year adjustments ²		3	Alcohol		
Accepted into program	52	47	& mental illness	29	11
Completions:			Other drugs	76	29
Successful	46	38	Other drugs		
Unsuccessful	10	10	& mental illness	36	14
Deceased ³		3	Alcohol & other drugs	34	13
Active at end of year	269	262	Alcohol & other drugs		
			& mental illness	31	12
Other Activity			Mental illness	8	3
Applicants ⁴	53	43	Total	262	100%
Other Applicants ⁵		28			
Out-of-state-monitored					
California licentiates	11	15			
Completions:					
Successful	4	0			
Unsuccessful	2	0			
Total monitored at end of FY 02-03		348			
Total monitored during FY 02-03		399			

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

² Prior-year activities received after the close of the fiscal year should have been reflected in the 01-02 year.

³ Deaths occurred prior to successfully completing the program

⁴ Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.

⁵ Other Applicants are those individuals who contacted the program during the fiscal year but either declined (23) to enter the program or were ineligible (5).

were diverted from discipline, and an additional two physicians entered as a result of disciplinary orders.

During FY 02/03, the Diversion Program monitored a total of 399 physicians. Of the

51 who left the program, three are deceased and 10 were unsuccessful, while 38 successfully completed five years, with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

DIVISION OF MEDICAL QUALITY

The Board's mission of public protection prompted thoughtful assessment of how the Board processes incoming complaints. This past year, the Board's Central Complaint Unit was reorganized into two sections to assure quality of care cases receive the highest priority and level of review. One section is the Quality of Care Section, and is responsible for reviewing complaints that may directly relate to patient harm caused by provider negligence or incompetence. The other section is the Physician Conduct and Affiliated Healing Arts Section, and is responsible for cases involving professional misconduct, technical violations and Affiliated Healing Arts cases. Although these cases may be serious, they do not pose an immediate danger to the health and safety of patients. This new design has resulted in a more timely review of quality of care cases and more education for the physician on cases involving non-quality of care and technical violations.

SB 1950 (Figueroa) was a major piece of legislation for the Board and became effective Jan. 1, 2003. It affected a number of areas of operation at the Board and impacted many sections of the Medical Practice Act, which governs the medical profession. The new law added two public members to the Division of Medical Quality and called for the appointment of an Enforcement Monitor to review the operations of the Enforcement Program. It also added new information about physicians for disclosure on the Board's Web site, e.g., physicians' medical speciality certifications and certain malpractice settlements. The penalty which can be imposed for criminal violations of unlicensed practice was increased. Complaints involving quality of care must now receive an initial review by a medical expert in the same field of practice as the issues raised in the complaint. For the first time, investigative priorities of the Board are reflected in statute: 1) negligence/incompetence resulting in serious bodily

injury or death; 2) substance abuse during practice resulting in patient injury; 3) excessive prescribing or prescribing without a good faith exam; 4) sexual misconduct during treatment; and 5) practicing while under the influence of alcohol/drugs. Many of the provisions of this law have been implemented; however, to achieve full compliance, Board staff continues to make program changes.

The hiring freeze, which affected all state agencies, prevented replacement of investigative staff who retired or left the Board. This reduction is reflected in the fewer number of investigations opened. The Central Complaint Unit's careful analysis of incoming complaints has assisted in reducing this number, while ensuring other appropriate actions are taken, such as citations and fines and advisory letters. Budgetary constraints will continue to place limitations on the Board's resources; however, staff will continue to seek efficient methods to process the work received, being ever mindful of the Board's public protection mission.

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

PHYSICIANS & SURGEONS

	FY 01-02	FY 02-03
COMPLAINTS/INVESTIGATIONS¹		
Complaints Received	11,218	11,556
Complaints Closed by Complaint Unit	9,477	8,859
Investigations		
Cases Opened	2,608	2,138
Cases Closed	2,449	2,361
Cases referred to the Attorney General (AG)	589	494
Cases referred for criminal action	82	47
Number of probation violation reports referred to the AG	27	12

Consumer inquiries	57,112
Jurisdictional inquiries	31,412
Complaint forms sent	12,565
Complaint forms returned by consumers	4,398

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 01-02		FY 02-03	
	Avg.	Median	Avg.	Median
1. Complaint Unit				
Processing	58	32	53	27
2. Investigation	198	153	208	183
3. AG Processing to preparation of an Accusation	103	64	91	57
4. Other stages of the legal process (e.g., after charges filed)	437	364	471	410

Enforcement Field Operations Caseload

	Per Statewide Investigator	
Active Investigations	1,251	21
AG Assigned Cases ²	608	10
<i>Probation Unit Caseload</i>		
Monitoring Cases ³	516	40
Active Investigations	73	6
AG Assigned Cases ²	39	n/a ⁴

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

² These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

³ 135 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2003.

⁴ For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

COMPLAINTS RECEIVED BY TYPE & SOURCE

	Fraud	Health & Safety ¹	Non-Jurisdictional ²	Competence/Negligence ³	Other Category	Personal Conduct ⁴	Unprofessional Conduct ⁵	Unlicensed Unregistered	Total
Public	243	225	1,194	4,800	6	18	1,267	79	7,832
B&P Code ⁶	0	4	1	1,284	1	32	63	0	1,385
Licensee/									
Prof. Group ⁷	22	27	48	50	1	11	97	39	295
Govt. Agency ⁸	27	64	41	288	50	360	843	64	1,737
Anonymous/									
Misc.	36	38	33	35	0	25	97	43	307
Totals	328	358	1,317	6,457	58	446	2,367	225	11,556

¹ Health and Safety complaints include inappropriate 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 Health Care, etc.

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

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

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

⁶ Reference is to B&P Code sections 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 "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.

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 01-02	FY 02-03
MEDICAL MALPRACTICE		
Insurers: B&P Code §§801 & 801.1	872	872
Attorneys or Self-Reported or Employers B&P Code §§801(e), 802 & 803.2	313	281
Courts: B&P Code §803	30	16
Total Malpractice Reports	1,215	1,169
CORONERS' REPORTS		
B&P Code §802.5	38	24
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	38	24
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason B&P Code §805	151	162
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death B&P Code §2240(a)	12	6

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
ADMINISTRATIVE ACTIONS			PETITION ACTIVITY		
Accusation	329	258	Petition for Reinstatement of license filed	10	15
Petition to Revoke Probation	21	18	Petition for Reinstatement of license granted	7	13
Number of completed investigations referred to the Attorney General’s Office awaiting the filing of an Accusation as of June 30	138	115	Petition for Reinstatement of license denied	7	5
			Petition for Penalty Relief ³ granted	20	18
			Petition for Penalty Relief ³ denied	7	16
			Petition to Compel Exam filed	16	16
			Petition to Compel Exam granted	18	16
			Petition to Compel Exam denied	0	0
ADMINISTRATIVE OUTCOMES			LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING		
Revocation	38	40	Interim Suspension Orders ⁴	23	12
Surrender (in lieu of Accusation or with Accusation pending)	47	67	Temporary Restraining Orders	3	0
Suspension Only	6	4	Other Suspension Orders	40	28 ⁵
Probation with Suspension	19	27	NOTE: Some orders granted were sought in prior fiscal year.		
Probation	69	87			
Probationary License Issued	9	10			
Public Reprimand	52	58			
Other Actions (e.g., exam required, education course, etc.)	21	30			
Accusation Withdrawn ¹	32	35			
Accusation Dismissed	16	10			
Dispositions of Probation Filings					
Additional Suspension or Probation	9	5			
Probation Revoked or License Surrendered	16	9			
Other Decisions	3	0			
Petition Withdrawn/Dismissed	1	2			
REFERRAL AND COMPLIANCE ACTIONS					
Citation and Administrative Fines Issued	520	532			
Physicians Referred to Diversion Program ²	27	28			

License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 02-03		
	Orders Sought	Orders Granted
Criminal Charges/Conviction of a Crime	3	4
Drug Prescribing Violations	5	5
Fraud	1	3
Gross Negligence/Incompetence	3	3
Mental/Physical Illness	6	5
Self-Abuse of Drugs or Alcohol	7	9
Sexual Misconduct	11	9
Unlicensed Activity	1	2
Unprofessional Conduct	1	0
Total	38	40

Administrative Outcomes by Case Type in FY 02-03 ⁶									
	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	7	29 (1) ⁷	0	12	45	0	25	17	135 (1)
Inappropriate Prescribing	6	7	0	2	4	0	4	2	25
Unlicensed Activity	2	1	0	1	0	0	3	1	8
Sexual Misconduct	4	8	0	2	5	0	1	0	20
Mental Illness	4	8	2	1	3	3	0	4	25
Self-Use of Drugs/Alcohol	7	5	2	0	8	2	1	2	27
Fraud	1 (1)	4	0	4	3	0	2	0 (1)	14 (2)
Conviction of a Crime	4	2	0	3	3	0	0	0	12
Unprofessional Conduct	5	3	0	2	5 (1)	5	22	4 (1)	46 (2)
Miscellaneous Violations	0	0	0	0	11	0	0	0	11
Totals by Discipline Type	40 (1)	67 (1)	4	27	87 (1)	10	58	30 (2)	323 (5)

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician was issued a citation/fine instead; physician died; etc.

² Diversion Program referrals are made pursuant to B&P Code section 2350(b).

³ Penalty Relief includes Petitions for Modification and/or Termination of Probation.

⁴ Per B&P Code section 2220.05(c), ISOs were granted in the following priority categories: 2 - excessive prescribing, 2 - sexual misconduct with a patient, and 3 - practicing under the influence of drugs/alcohol.

⁵ Includes 7 Automatic Suspension Orders per B&P Code section 2236.1, 8 license restrictions per Penal Code section 23, 8 out-of-state suspension orders per B&P Code section 2310, and 5 stipulated agreements to suspend or restrict the practice of medicine.

⁶ These actions were taken on complaints received prior to the enactment of B&P Code 2220.05, therefore, the priority category is not available for these administrative outcomes.

⁷ 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 ARTS¹

	FY 01-02	FY 02-03		FY 01-02	FY 02-03
COMPLAINTS/INVESTIGATIONS			PETITION ACTIVITY		
Complaints Received	1,046	1,138	Petition for Reinstatement of license filed	3	0
Complaints Closed by Complaint Unit	747	819	Petition for Reinstatement of license granted	1	0
Investigations:			Petition for Reinstatement of license denied	1	2
Cases Opened	347	226	Petition for Penalty Relief ³ granted	1	0
Cases Closed	328	314	Petition for Penalty Relief ³ denied	1	1
Cases referred to the AG	100	89	Petition to Compel Exam granted	0	4
Cases referred for criminal action	17	4	Petition to Compel Exam denied	0	4
Number of Probation Violation			REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS		
Reports referred to AG	4	4			
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING				FY 01-02	FY 02-03
Interim Suspension Orders	1	4	MEDICAL MALPRACTICE		
Other Suspension Orders ²	3	0	Insurers		
ADMINISTRATIVE ACTIONS			B&P Code §§801 & 801.1	14	13
Accusation	30	30	Attorneys or Self-Reported or Employers		
Petition to Revoke Probation	4	2	B&P Code §§801(e), 802 & 803.2	9	5
Statement of Issues to deny application	5	3	Courts		
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	16	14	B&P Code §803	4	1
ADMINISTRATIVE OUTCOMES			Total Malpractice Reports	27	19
Revocation	2	6	CORONERS' REPORTS		
Surrender (in lieu of Accusation or with Accusation pending)	2	8	B&P Code §802.5	0	0
Probation with Suspension	4	4	CRIMINAL CHARGES & CONVICTIONS		
Probation	13	17	B&P Code §803.5	3	0
Public Reprimand	2	0	HEALTH FACILITY DISCIPLINE		
Other Actions			Medical Cause or Reason		
(e.g., exam required, education course)	2	2	B&P Code §805	4	11
Statement of Issues Granted (License Denied)	4	1	OUTPATIENT SURGERY SETTINGS REPORT		
Statement of Issues Denied (License Granted)	2	4	Patient Death		
Accusation/Statement of Issues Withdrawn	3	2	B&P Code §2240(a)	0	0
Accusation Dismissed	1	0	¹ This data includes podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives. With the exception of the categories of complaints and investigations, the figures do not include psychologists.		
Disposition of Probation Filings			² Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.		
Additional Suspension or Probation	1	1	³ Penalty Relief includes Petitions for Modification and/or Termination of Probation.		
Probation Revoked or License Surrendered	1	1			
Petition Withdrawn/Dismissed	0	0			
REFERRAL AND COMPLIANCE ACTIONS					
Citation and Administrative Fines Issued	20	14			
Office Conferences Conducted	5	2			

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What is a PA?

Physician assistants (PAs) have been licensed in California for almost 30 years. PAs are healthcare professionals who have completed a rigorous, nationally accredited training program, passed a national written examination, and are licensed to practice medicine under physician supervision.

History

In 1965, primary care physicians were in short supply, particularly in rural and inner city areas. In an effort to augment scarce medical supply, Dr. Eugene Stead of Duke University created the PA concept and established its first training program. He believed that under the supervision of a physician, PAs could safely and effectively provide services previously provided solely by physicians. He was accurate in his vision. Today there are more than 46,000 physician assistants licensed nationwide. In California there are more than 5,000 licensed PAs. PAs practice with physician supervision in all areas of medicine. They practice in the areas of primary care medicine—including family medicine, internal medicine, pediatrics, and obstetrics and gynecology—as well as in surgery and the surgical subspecialties.

Education and Licensure

To be licensed in California, a PA must attend a physician assistant training program associated with a medical school, and the curriculum must include both classroom studies and clinical experience. An academic degree and/or certificate is awarded upon graduation. Many PAs have two or four-year academic degrees before entering a PA training program. Most PA training programs require prior healthcare experience (e.g., medical assistant, emergency medical technician, registered nurse, etc.).

After completing their training, PAs must pass a rigorous national written examination to complete the licensing process and obtain a license to practice from the Physician Assistant Committee (PAC).

Supervision, Scope of Practice, and Drug Orders

PAs cannot practice independently. Every PA must be supervised by a licensed physician. The physician supervises the PA either when both are at the same location or by electronic means (e.g., telephone). The supervising physician must always be available. The supervising physician is responsible for following each patient's progress. Generally, physicians may supervise two PAs at any one time. In state-designated medically underserved areas, they may supervise up to four PAs at any one time. To determine if a practice area is designated as medically underserved, please contact the Physician Assistant Committee at (916) 263-2670.

The PA's practice is defined by their supervising physician. Whatever medical specialty a physician practices (e.g., general practice, cardio-thoracic surgery, dermatology, etc.) defines the PA's practice. A Delegation of Services Agreement between the PA and his or her supervising physician defines exactly what tasks and procedures a physician is delegating to the PA. These tasks and procedures must be consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition. Copies of the Delegation of Services forms may be found on the PAC Web site: www.physicianassistant.ca.gov.

If it is part of a supervising physician's practice and the supervising physician delegates the authority, a PA may issue drug orders to patients. PAs must obtain their own DEA Certificate when authorized by their supervising physician to issue drug orders for Schedule II-V medications.

Additional Information

Additional information can be found on the PAC Web site, www.physicianassistant.ca.gov, or by calling the Physician Assistant Committee at (916) 263-2670.

News From the U.S. Food and Drug Administration *(continued from page 10)*

New Regulation to Speed Access to Lower Cost Generic Drugs

On August 18, 2003 FDA implemented a final rule to speed the approval of generic drugs. Billions of dollars in healthcare savings for consumers are

anticipated. The final rule will limit the number of automatic 30-month stays that may delay generic drug availability and prevent drug companies from submitting certain new patent claims that are unlikely to represent substantial new innovation in order to

extend their marketing protection. FDA will continue to make the generic drug approval process more efficient with the goal of lowering national healthcare costs by reducing the cost of bringing safe and effective generic drugs to market.

ADMINISTRATIVE ACTIONS: May 1, 2003 to July 31, 2003

PHYSICIANS AND SURGEONS

ACADEMIA, HERMINIO, SAMONTE, JR., M.D. (A31404) Moreno Valley, CA
B&P Code §§2234, 2264, 2285, 3502.1. Stipulated Decision. Failed to properly supervise a physician assistant and rendered care under a fictitious name without first obtaining a fictitious name permit. Public Reprimand. June 5, 2003

AHADDIAN, SOHEIL, M.D. (A47732) Beverly Hills, CA
B&P Code §§726, 2234(b). Committed acts of sexual abuse and misconduct, gross negligence and unprofessional conduct in the care and treatment of 1 patient. Revoked, stayed, 7 years probation with terms and conditions. June 16, 2003. Judicial review being pursued.

AITKEN, PHIL ALLEN, M.D. (C34652) Burlington, VT
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Vermont for violation of professional boundaries with a patient in both 2001 and 2002. Revoked, stayed, 5 years probation with terms and conditions. July 23, 2003

AMIDON, PHILLIP BAILEY, M.D. (C51227) Loma Linda, CA
B&P Code §§480(a)(1), 2239. Convicted twice for driving under the influence in Maine. License denied, stayed, granted, 5 years probation with terms and conditions. June 19, 2003

ANGTUACO, ERNESTO VIRGILIO, M.D. (A37196) Canfield, OH
B&P Code §§141(a), 2305. Entered into an agreement with Ohio Medical Board to place his Ohio medical license in inactive status due to a condition affecting his ability to practice medicine. Revoked. June 6, 2003

BALL, CRAIG JAMES, M.D. (G38467) Palm Desert, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by failing to discuss with the anesthesiologist the potential flammability of an ET tube, associated equipment, and the oxygen mixture used by an anesthesiologist during a laryngeal laser surgery, with the failure to change such equipment resulting in harm to a patient. Revoked, stayed, 7 years probation with terms and conditions. June 2, 2003

Explanation of Disciplinary Language and Actions

“Effective date of decision” —

Example: “June 10, 2003” 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 is 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).

BAUMER, NAT BRYAN, M.D. (G38391)
Fort Worth, TX

B&P Code §141(a). Stipulated Decision. Disciplined by Texas for his failure to provide adequate documentation and ensure adequate follow-up care for emergency patients. Revoked, stayed, 3 years probation with terms and conditions. July 30, 2003

BLOOMSTEIN, MICHAEL STEPHEN, M.D.
(G27508) Walnut Creek, CA

B&P Code §2234. Stipulated Decision. Committed unprofessional conduct in the care and treatment of 1 patient resulting in postsurgical complications. Public Reprimand. July 21, 2003

BOLDUAN, JEFFREY PATRICK, M.D. (A36477)
Goshen, IN

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Indiana for failing to exercise reasonable care in the treatment of a patient. Public Reprimand. July 2, 2003

BOWER, ANDREA, M.D. (G36954) Escondido, CA
B&P Code §§822, 2234(e), 2238, 2239. Stipulated Decision. Inappropriate self-use of drugs (Demerol), resulting in a condition affecting competency. Suspended indefinitely from practicing medicine until the Board receives competent evidence of the absence or control of a condition affecting competency. Suspended. May 5, 2003

CALLISTER, DAVID R., M.D. (G10828)
Glendale, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and incompetence in the care and treatment of 1 patient. License restricted effective July 31, 2003 until December 31, 2003, then placed in inactive status.

CARROLL, JAMES F., M.D. (A25507)
Healdsburg, CA

B&P Code §2234. Stipulated Decision. Failed to enter progress notes for an in-patient for 2 days, including failure to document in sufficient detail the patient's condition, care and treatment, or discussions with the patient and family concerning discharge. Public Letter of Reprimand. May 15, 2003

CARUSO, ALFRED L., M.D. (A20990)
Rancho Santa Fe, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, excessive treatment, failure to maintain adequate and accurate medical records, practicing under a false name, and dishonesty in the care and treatment of 5 patients.

Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. July 7, 2003

CHARLAP, ROBERT STEVEN, M.D. (G85076)
Studio City, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, failure to maintain adequate and accurate medical records, dishonesty or corruption, and providing false statements in documents during the performance or interpretation of nerve conduction studies or somatosensory evoked potentials (neuro diagnostics) in the care and treatment of 7 patients. Revoked, stayed, 3 years probation with terms and conditions. June 12, 2003

CRANE, PAUL HAROLD, M.D. (C32748)
Beverly Hills, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records of his care and treatment of 4 obstetrical patients during the delivery of their infants. Public Reprimand. June 2, 2003

DILSAVER, STEVEN CHARLES, M.D.

(No license issued yet) Rio Grande City, TX
B&P Code §§480(a)(3), 2234. Stipulated Decision. Diagnosed with a chronic condition which could impair his ability to practice medicine. Probationary license approved, 10 years probation with terms and conditions. July 11, 2003

DYE, RICHARD BERRY, M.D. (A56198)
Half Moon Bay, CA

B&P Code §§480(c), 726, 2081, 2234(a)(b)(c)(e)(f), 2235, 2261, 2263. Committed acts of sexual abuse and misconduct with 9 patients, gross negligence, repeated negligence, dishonesty and corruption, conduct warranting denial of a license, and provided false information on his license renewal. Revoked. May 5, 2003

EDLES, ANTONIO, M.D. (A41140) Long Beach, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligence, excessive prescribing or treatment, unprofessional conduct, and failure to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, 4 years probation with terms and conditions. June 2, 2003

FERNBACH, LOUISE OFTEDAL, M.D. (G1649)
Charlottesville, VA

B&P Code §§141(a), 2305. Disciplined by Virginia resulting in a surrender of her Virginia license for writing a prescription using another physician's name. Revoked. May 1, 2003

FIELD, MORTON, H., M.D. (C20421)
Beverly Hills, CA
B&P Code §2234. Failed to report treatment of alleged accidental gunshot wound or injury pursuant to PC 11160. Public Letter of Reprimand. May 12, 2003

FITZPATRICK, DALE WALTER, M.D. (G65940)
Modesto, CA
B&P Code §726. Stipulated Decision. Engaged in sexual misconduct in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. July 1, 2003

FREEDLANDER, DEAN G., M.D. (G35487)
Morgan Hill, CA
B&P Code §2236(a). Stipulated Decision. Convicted of a misdemeanor for child endangerment related to the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions. July 2, 2003

GILPIN, EUGENE L., M.D. (A21664) Fresno, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligent acts for his interpretations of the screening mammograms taken in the care and treatment of 5 patients. Public Reprimand. May 28, 2003

GRISWOLD, ALEXANDER V., M.D. (C9521)
Brea, CA
B&P Code §§822, 2234(d). Unable to practice medicine safely due to physical illness affecting competency. Revoked. July 23, 2003

HUFF, MICHAEL BORCHARD, M.D. (A34873)
Oxnard, CA
B&P Code §§725, 2234, 2242, 4172. Stipulated Decision. Excessively prescribed Oxycontin, Norco, and Methadone to 5 patients; prescribed Vicodin to a patient without a good faith examination; and failed to store Dilaudid in a secure area. Revoked, stayed, 7 years probation with terms and conditions including 9 months actual suspension. July 7, 2003

JINICH, DANIEL BROOK, M.D. (A37512)
Fort Collins, CO
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Colorado for engaging in a consensual intimate relationship with a staff member who was also his patient. Public Reprimand. May 15, 2003

KANNAPPAN, TILLAIKARASI, M.D. (A52211)
Bakersfield, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and incompetence in the care and treatment of 1 patient during delivery

by failing to recognize fetal distress and failing to take appropriate action, resulting in the baby suffering severe neurologic damage. Public Reprimand. July 18, 2003

KAPPELER, THOMAS ROBERT, M.D. (C34424)
Los Angeles, CA
B&P Code §§490, 2234, 2236(a), 2239(a). Convicted for driving under the influence of alcohol or drugs, and convicted on 2 occasions for driving while having a .08% or higher blood alcohol level. 30 days suspension, stayed, 4 years probation with terms and conditions. June 13, 2003

KEENE, JOSEPH WILEY, M.D. (A84228)
Sacramento, CA
B&P Code §§480(a)(1)(3), 2239. Stipulated Decision. Applicant for licensure with the Medical Board of California has 1 conviction for driving under the influence of alcohol or drugs and a history of substance abuse and alcohol dependence. Probationary license issued, 5 years probation with terms and conditions. July 25, 2003

KHAN, SANA ULLAH, M.D. (G79841)
Anaheim Hills, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with dishonesty and excessive treatment, failure to maintain adequate and accurate medical records, creating false and fraudulent medical records, insurance fraud, practicing under a fictitious name without a permit, and unprofessional conduct in the care and treatment of 2 patients. Revoked, stayed, 3 years probation with terms and conditions. July 18, 2003

KOCH, KENNETH K., M.D. (C27415) Camarillo, CA
B&P Code §2234. No admissions but charged with gross negligence, repeated negligence and incompetence in the care and treatment of 2 patients by failing to respond to the emergency room after being informed of 1 patient's bone fracture and failing to personally evaluate and treat the patient's injury; and performing an inadequate surgical procedure in the care and treatment of a second patient. Revoked, stayed, 5 years probation with terms and conditions. June 30, 2003

KUNKEL, JOHN FITZGERALD, M.D. (A83756)
Santa Rosa, CA
B&P Code §§480(a)(3), 2234. Stipulated Decision. Applicant for licensure with the Medical Board of California has a condition that may impact or impair his ability to practice medicine with reasonable skill and safety. Probationary license issued, 5 years probation with terms and conditions. June 10, 2003

LASH, JEFFREY DAVID, M.D. (A61336)
Escondido, CA
B&P Code §§726, 2234. Stipulated Decision.
Engaged in sexual misconduct in the care and
treatment of 1 patient and committed unprofessional
conduct for self-prescribing the drug Serzone.
Revoked, stayed, 3 years probation with terms and
conditions. May 5, 2003

LEE, HOWARD, M.D. (G20099) Pinole, CA
B&P Code §§2216, 2234, 2240(a). Stipulated
Decision. Failed to report a patient death from an
anesthetic complication within the legal time frame.
Public Letter of Reprimand. May 27, 2003

LEWIS, WILLIAM STANLEY, M.D. (C33550)
Bridgeport, CT
B&P Code §§141(a), 2234, 2305. Stipulated Decision.
Disciplined by Connecticut based on a plea of guilty
to 2 counts of tax evasion and 1 count of filing a false
tax return. Public Letter of Reprimand. July 30, 2003

LING, LOUIS AUGUST, M.D. (A20609)
Porterville, CA
B&P Code §141(a). Stipulated Decision. Disciplined
by Alaska for failure to report a malpractice claim for
\$24,000 within the 30-day statutory reporting
requirement. Public Letter of Reprimand.
June 6, 2003

LOH, SAMUEL JAMES, M.D. (C36150)
Montebello, CA
B&P Code §2234(b)(d). Stipulated Decision.
Committed gross negligence and incompetence in the
provision of anesthesia during the course of a laser
laryngeal surgery on a patient. Revoked, stayed, 6
years probation with terms and conditions.
May 22, 2003

LOPEZ, JOSE VELASCO, JR., M.D. (A39052)
Los Angeles, CA
B&P Code §§141(a), 2305. Stipulated Decision.
Disciplined by Iowa based on charges that, as an
anesthesiologist, he fell asleep during 2 surgical
procedures, and then falsified operative notes for
those procedures. Revoked, stayed, 5 years
probation with terms and conditions. June 13, 2003

LUE, TOM FUTAI, M.D. (A33382)
San Francisco, CA
B&P Code §2234. Stipulated Decision. Failed to
adequately document his discussion of the risks of
surgery with a patient and wrote a letter to the
patient's medical insurance company containing
inaccurate information about the patient and the
patient's medical condition. Public Letter of
Reprimand. May 29, 2003

LUXENBERG, MATTHEW B., M.D. (G61964)
Los Alamitos, CA
B&P Code §2266. Stipulated Decision. Failed to
maintain complete and accurate medical records and
improperly used certain diagnosis and procedure
codes in connection with the care and treatment of
several patients with severe cystic acne. Public Letter
of Reprimand. July 18, 2003

MARTINEZ, REY, M.D. (A13126) Burbank, CA
B&P Code §2234. Stipulated Decision. No admissions
but charged with committing acts of dishonesty or
corruption, providing false statements in documents,
failing to maintain adequate and accurate medical
records, practicing under a false name, committing
conspiracy with an unlicensed individual, insurance
fraud, excessive treatment or prescribing,
incompetence, and violating the fictitious name permit
requirements. Revoked, stayed, 5 years probation
with terms and conditions. June 16, 2003

MARTINEZ, ZOE ALLEN, M.D. (A84180)
Los Angeles, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision.
Failed to disclose a misdemeanor conviction for petty
theft on her application for licensure with the Medical
Board of California. Probationary license issued, 3
years probation with terms and conditions.
July 28, 2003

MAZMANYAN, MANVEL MICHAEL, M.D. (A83571)
Glendale, CA
B&P Code §§475(a)(1)(2)(3)(4), 480(a)(1)(2)(3)(c),
2234(e). Stipulated Decision. Failed to disclose his
convictions for burglary and petty theft on his
application for licensure with the Medical Board of
California. License issued, revoked, stayed, 7 years
probation with terms and conditions. May 13, 2003

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Medical Board of California
Division of Licensing
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

MORGAN, KELLY COLLEEN, M.D. (A83507)
Redwood City, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose a misdemeanor conviction for possession of a dangerous weapon on her application for licensure with the Medical Board of California. Probationary license issued, 2 years probation with terms and conditions. May 7, 2003

MORRISON, PETER FREDERICK, M.D. (A84183)
Los Angeles, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose a misdemeanor conviction for driving while intoxicated on his application for licensure with the Medical Board of California. Probationary license issued, 3 years probation with terms and conditions. July 28, 2003

NADLER, PAUL LAWRENCE, M.D. (G74653)
Tiburon, CA
B&P Code §§2234, 2242, 2266. Stipulated Decision. Committed acts of unprofessional conduct, prescribed without a medical examination, and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, 3 years probation with terms and conditions. May 7, 2003

PERUCCA, PHILIP JAMES, M.D. (G24485)
San Antonio, TX
B&P Code §§141(a), 2233, 2234, 2305. Stipulated Decision. The Department of the Air Force restricted his privileges based on his misrepresentation of his clinical currency during a routine biennial review for reprivileging and reappointment. Public Letter of Reprimand. June 6, 2003

POWELL, RICHARD WAYNE, M.D. (A46496)
Redding, CA
B&P Code §2234(e). Stipulated Decision. Committed acts of dishonesty and unprofessional conduct by billing for psychotherapy sessions which were not provided. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. July 21, 2003

PROSSER, JOHN, M.D. (A32507) Long Beach, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Public Reprimand. May 1, 2003

RADEMAN, ALAN NATHAN HIRS, M.D. (G27960)
Beverly Hills, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, 5 years probation with terms and conditions including 14 days actual suspension. June 23, 2003

RAND, JERRY NEIL, M.D. (G25749) San Diego, CA
B&P Code §§2234(b)(d), 2266. Committed acts of unprofessional conduct, gross negligence, incompetence, and failed to maintain accurate and adequate medical records in the care and treatment of 1 patient. Revoked, stayed, 7 years probation with terms and conditions including 60 days actual suspension. May 6, 2003

REDDY, HARI NARAYANA MA, M.D. (A56371)
Victorville, CA
B&P Code §§726, 2234, 2236(a). Convicted of battery, engaged in sexual misconduct, and committed acts of unprofessional conduct during the care and treatment of 4 patients. Revoked. May 23, 2003. Judicial review being pursued.

RIECHMANN, ROBERT EDWARD III, M.D. (A83991) Los Angeles, CA
B&P Code §§480(a)(3), 2234. Stipulated Decision. Applicant for licensure with the Medical Board of California has a history of alcohol abuse. Probationary license issued, 5 years probation with terms and conditions. July 8, 2003

RIVERA, JOHN RAMON, JR., M.D. (A65911)
National City, CA
B&P Code §2236(a). Stipulated Decision. Convicted for being under the influence of a controlled substance. Revoked, stayed, 3 years probation with terms and conditions. May 28, 2003

SAHAFI, FEREYDOUN, M.D. (A52188)
Mission Viejo, CA
B&P Code §2216. Stipulated Decision. Performed surgeries or allowed surgeries to be performed at an unaccredited outpatient facility even though the surgeries required the administration of general anesthesia. Public Letter of Reprimand. June 10, 2003

Drug or Alcohol Problem?

If you are concerned about a fellow physician who may be abusing alcohol or other drugs or suffering from a mental illness, you can get assistance by contacting the Medical Board's confidential Diversion Program.

Your call may save a physician's life and can help ensure that the public is being protected.

ALL CALLS ARE CONFIDENTIAL

(916) 263-2600 www.medbd.ca.gov

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

SCHULTE, ROBERT DANIEL, M.D. (G68403)
Scottsdale, AZ

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Arizona for failing to disclose information regarding prior substance abuse treatment and monitoring required by the Massachusetts Medical Board. Revoked, stayed, 5 years probation with terms and conditions. June 5, 2003

SEET, RAY POON-PHANG, M.D. (G20523)
Novato, CA

B&P Code §2234. Stipulated Decision. Failed to comply with the terms of his Board-ordered probation by failing to maintain a separate record of all controlled substances he prescribed, dispensed or administered to patients. Revoked, stayed, 2 additional years of probation with terms and conditions. May 19, 2003

SHAH, MUKESH H., M.D. (A44952) Santa Ana, CA
B&P Code §§2234(a), 2305. Stipulated Decision. Disciplined by Virginia for violating the terms of their Board-ordered probation. Revoked, stayed, probation to continue until October 2, 2008. July 7, 2003

SHARPE, SHELTON E., M.D. (G51390) Rome, GA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Georgia for failure to conform to the minimal standards of acceptable and prevailing medical practice by prescribing doses of mellaril at twice the recommended level, and for failing to consult with a child psychiatrist and/or pediatric neurologist to avoid the potential hazards of excess phenothiazine. Revoked, stayed, 5 years probation with terms and conditions. June 9, 2003

SIEGEL, HOWARD M., M.D. (G57480)
Huntington Beach, CA

B&P Code §§810, 2234(a)(b)(e), 2261, 2262, 2266. Stipulated Decision. Engaged in unprofessional conduct in the care and treatment of several patients by creating false medical records with fraudulent intent, committing insurance fraud, failing to maintain adequate and accurate records, and committing acts of gross negligence and repeated negligence by repeatedly and regularly, simultaneously performing anesthesia on patients in 2 or more surgery rooms. Revoked, stayed, 10 years probation with terms and conditions including 1 year actual suspension. June 16, 2003

SIMAN, HOMAN, M.D. (A83240) Los Angeles, CA
B&P Code §§480(a)(1), 2239. Stipulated Decision. Convicted on 3 occasions for reckless driving involving the use of alcohol. License granted, stayed, 5-year probationary license issued with terms and conditions. May 7, 2003

STELLER, ROBERT THOMAS, M.D. (G16986)
Los Angeles, CA

B&P Code §2234. Failed to comply with the terms of his Board-ordered probation by failing to successfully complete the Diversion program, pass a SPEX examination, report a change of address, submit a quarterly report, and pay probation monitoring costs. Revoked. May 9, 2003

SWANSON, CRAIG EDWARD, M.D. (A41844)
Crescent City, CA

B&P Code §3502. Stipulated Decision. Failed to properly supervise his physician assistant by allowing the assistant to make billing decisions for 5 patients. Revoked, stayed, 4 years probation with terms and conditions. June 5, 2003

TILLAIKARASI, KANNAPPAN, M.D. (A52211)
Bakersfield, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and incompetence for failing to recognize or take corrective steps in the delivery of a baby in fetal distress. Public Reprimand. July 18, 2003

TONSEKAR, KISHORE SUBRAO, M.D. (A54184)
Downey, CA

B&P Code §2234(c). Committed repeated negligent acts by failing to perform surgery in a timely manner to relieve a patient's bowel obstruction and to evacuate bile and/or stop a bile leak of a second patient. Revoked, stayed, 3 years probation with terms and conditions. June 9, 2003. Judicial review being pursued.

TREUHERZ, ROBERT R., M.D. (A44467)
Wilton Manors, FL

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for failure to inform a patient of an abnormal pap smear and for failure to refer the patient to a gynecologist. Public Reprimand. June 20, 2003

UDOH, NNAEMEKA, M.D. (A30452)
Los Angeles, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and incompetence in the care and treatment of a patient for failing to perform a diverting colostomy at the time of initial intervention, failing to recognize signs and symptoms of infection, and failing to initialize and use appropriate antibiotics. Revoked, stayed, 3 years probation with terms and conditions. July 18, 2003

VARON, JOSEPH, M.D. (A47713) Houston, TX
B&P Code §§141(a), 2234, 2305. Engaged in an intimate relationship with a former patient, and while in the relationship, he examined the former patient on two occasions for minor complaints. Public Letter of Reprimand. June 2, 2003

VICENCIO, VIOLETA B., M.D. (A39857)
Bellflower, CA
B&P Code §2234. Stipulated Decision. Failed to comply with the terms of her Board-ordered probation. Revoked, stayed, and the original 3-year probationary term is extended for 2 additional years of probation with terms and conditions. July 28, 2003

WEDDLE, JOSEPH L., M.D. (A22229)
Cashmere, WA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Washington for unprofessional conduct by prescribing excessive amounts of controlled substances for management of chronic pain, and failing to recognize and attend to the effects of long-term narcotic therapy in numerous patients. Revoked, stayed, 5 years probation with terms and conditions. May 15, 2003

YANG, CHWI-YOUNG, M.D. (G43734)
Anaheim Hills, CA
B&P Code §2262. Stipulated Decision. Committed acts of destroying, altering or modifying chart entries in a patient's medical record after receiving notification of the patient's intent to file a malpractice claim against her for care and treatment of the patient. Revoked, stayed, 4 years probation with terms and conditions including 30 days actual suspension. July 16, 2003

YERMIAN ARDESHIR, M.D. (A41012)
Los Angeles, CA
B&P Code §2236(a). Stipulated Decision. Convicted of a felony for directly and indirectly, with the assistance of others, paying for the referral and transportation of Medi-Cal patients to his medical office, furnishing services, merchandise and other gratuitous considerations to patients, and creating false medical records to justify additional billings. Revoked, stayed, 5 years probation with terms and conditions, including 30 days actual suspension. May 22, 2003

YOONESSI, MAHMOOD, M.D. (C50545)
Williamsville, NY
B&P Code §§141(a), 2305. Disciplined by New York for gross negligence, fraud, moral unfitness, failing to maintain adequate and accurate medical records, and failing to obtain proper informed consent. Revoked. June 23, 2003. Judicial review being pursued.

ZUCKER, NORMAN, M.D. (G36394)
Sebastopol, CA
B&P Code §2234(e). Committed dishonest acts and failed to comply with the terms of his Board-ordered probation by submitting 5 quarterly probationary reports declaring, under penalty of perjury, that he was in compliance with his Board-ordered probation, even though he was in violation of the no solo practice clause. Revoked, stayed, 2 years probation with terms and conditions. July 14, 2003

ZOLFAGARI, RAMIN, M.D. (A84105) Orange, CA
B&P Code §480(a)(2)(2)(3)(c). Stipulated Decision. Failed to disclose 2 misdemeanor convictions for theft, underage consumption and/or possession of alcohol on his application for licensure with the Medical Board of California. Probationary license issued, 3 years probation with terms and conditions. July 21, 2003

PHYSICIAN ASSISTANTS

AUSTIN, KIRK JAY, P.A. (PA10387)
Carmichael, CA
B&P Code §3502(1)(c)(2). Stipulated Decision. Failed to comply with the terms of the Physician Assistant Committee-ordered probation. Revoked, stayed, 2 years probation with terms and conditions including 30 days actual suspension. June 2, 2003

KUEHL, AARON H., P.A. (PA14224) San Diego, CA
B&P Code §§2234(e), 2239. Stipulated Decision. Committed acts of dishonesty or corruption and self-use of drugs or alcohol in a dangerous manner. Revoked, stayed, 7 years probation with terms and conditions including 90 days actual suspension. May 16, 2003

NIXON, ALEXIS CONSTANTINE, P.A. (PA14878)
Los Angeles, CA
B&P Code §§2234(b)(c), 3502(1), 3527. Stipulated Decision. Committed acts of gross negligence, repeated negligence, unprofessional conduct and unlawful prescribing by issuing a drug order without the advance approval of a physician and surgeon in the care and treatment of 2 patients. Revoked, stayed, 5 years probation with 30 days actual suspension. May 15, 2003

DOCTORS OF PODIATRIC MEDICINE

HAN, PAUL YOUNGJIN, D.P.M. (E3270)
Fountain Valley, CA

B&P Code §§490, 2234(e), 2236(a). Convicted of a felony for making false financial statements procuring money, laundering loan money and grand theft. Revoked, stayed, 2 years probation with terms and conditions. May 29, 2003. Judicial review being pursued.

SCHULTZ, ALAN EDWIN, D.P.M. (E1587)
Agoura Hills, CA

B&P Code §§490, 2234(a)(e), 2236(a), 2261. Stipulated Decision. Convicted of presenting a false Medi-Cal claim. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. June 16, 2003

TINKLE, JON DENNIS, D.P.M. (E3974)
Hollywood, CA

B&P Code §§820, 821, 822, 2234(e). Unable to practice podiatric medicine safely due to an impairment. Revoked. July 7, 2003

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

APPLEMAN, WALTER, M.D. (A20067)
Los Angeles, CA
June 30, 2003

BAIRD, CURTIS JAMES, M.D. (G75160)
Yucaipa, CA
May 8, 2003

BELL, RALPH S., M.D. (G7465)
Palm Beach Gardens, FL
June 30, 2003

BLAIR, RICHARD A., M.D. (C26082)
Columbia, KY
June 13, 2003

BREWSTER, FLOYD M., M.D. (A20268)
Orinda, CA
June 9, 2003

CLARK, DAVID STUART, M.D. (C33959)
Carmel, CA
July 30, 2003

DONAT, PETER CHARLES, M.D. (A26192)
Laguna Hills, CA
June 9, 2003

GAMM, STANFORD R., M.D. (A10698)
San Mateo, CA
June 9, 2003

KOGAN, ISRAEL, M.D. (G26696) Washington, DC
June 6, 2003

LAWRENCE, GEORGE S., M.D. (A20116)
San Francisco, CA
May 21, 2003

LEMES, ANDREW JOHN, M.D. (C35646)
Los Angeles, CA
June 6, 2003

LEON, VICTOR VINCENTE, M.D. (A24607)
Covina, CA
July 16, 2003

MIDDO, ROBERT T., M.D. (G5490)
La Mirada, CA
June 26, 2003

PAGE, PHILLIS E., M.D. (GFE6611)
Rancho Palos Verdes, CA
July 16, 2003

RICHARD, ROBERT M., M.D. (A 20450)
Laguna Beach, CA
June 27, 2003

RUJA, RICHARD GARY, M.D. (G28684)
Napa, CA
May 15, 2003

TILLIM, STEPHEN LEONARD, M.D. (G25344)
Mountain View, CA
June 3, 2003

WHITE, ARTHUR H., M.D. (G12017)
Walnut Creek, CA
July 28, 2003

PHYSICIANS ASSISTANT

FUENTES, JESUS MENDEZ, P.A. (PA13121)
Hesperia, CA
July 21, 2003

MONDRAGON, SHARON LOUISE, P.A. (PA11400)
Victorville, CA
July 9, 2003


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.

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ACTION REPORT — OCTOBER 2003
Candis Cohen, Editor (916) 263-2389

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