October 2004
Vol. 91
A Quarterly
Publication

www.caldocinfo.ca.gov

Action Report

Medical Board of California

Medical Board's Fiscal Year 2003-04 Annual Report Inside

Medical Board of California Meetings

2004

November 4-5
San Diego

2005

February 17-18
Riverside

May 5-6
San Francisco

July 28-29
Sacramento

November 3-4
San Diego

All meetings are open to the public.

Governor Schwarzenegger Names New Medical Board Members

Governor Arnold Schwarzenegger recently announced the appointments of seven new members and two reappointments to the Medical Board of California.

Division of Medical Quality

Cesar Aristeiguieta, M.D. is a board-certified emergency physician and medical director of the Los Angeles County Paramedic Training Institute. He also serves as medical director of the emergency department at Hi-Desert Medical Center in Joshua Tree.

Dr. Aristeiguieta earned his medical doctorate degree from the University of Southern California and his bachelor of science degree from California State University, Bakersfield.

Stephen Corday, M.D. is an assistant clinical professor of medicine at the University of California, Los Angeles Center for Health Sciences and attending physician and research scientist at Cedars-Sinai Medical Center. Since 1990, he has served as team physician to the Los Angeles and Oakland Raiders Football Organization. Dr. Corday earned his medical doctorate and bachelor of science degrees from Stanford University.

Shelton Duruisseau, Ph.D. is the senior associate director of the University of California, Davis Health System and serves as its executive director for external affairs. His responsibilities encompass several divisions, including professional services, information and communication services, facilities design and construction, and human resources. Dr. Duruisseau earned his doctorate of philosophy and master of science from the University of Nebraska, and his bachelor of science from Grambling State University.

Martin Greenberg, Ph.D. is a licensed psychologist in private practice in Sacramento. He is also a member of the clinical faculty at the University of California, Davis Medical Center, where he teaches Laws, Ethics, and the Standard of Care to post-doctoral psychology fellows. Dr. Greenberg earned his doctor of philosophy, master of education, and bachelor of science degrees from the University of North Texas.

Mary Moran, M.D. operates a private medical practice in Woodside. She also has been a member of the voluntary clinical faculty at Stanford University. Dr. Moran earned her medical doctorate and bachelor of science degrees from the University of Michigan.

Division of Licensing

Hedy Chang is a city council member of the City of Morgan Hill. She is also an appointee to the Morgan Hill Medical

(Continued on page 3)

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

Mitchell S. Karlan, M.D.
President of the Board

I'm pleased to announce that Dave Thornton has been appointed as the Medical Board of California's (MBC) new executive director. He was selected on August 31, 2004 after the board reviewed over 80 highly qualified applicants. Mr. Thornton has been with the MBC for over 27 years and has served as the interim executive director since March 2004. His qualifications are impeccable and the Medical Board and its staff are very pleased and honored to welcome him as executive director.

Congratulations to the nine members Governor Arnold Schwarzenegger recently appointed to our 21-member board, including two members who were reappointed to a second term (see page 1). I look forward to the fresh perspective and input of so many new members.

A major concern at this time is the purchasing of prescription drugs by patients directly from a foreign country or over the Internet. Physicians should be aware that federal law makes it illegal to import drugs into the U.S. that are not FDA approved. It is also illegal for any person other than the original manufacturer of a drug to import into the U.S. a prescription drug that was originally manufactured in the U.S. and sent abroad. Although it is currently **illegal**, an estimated 1 million Americans buy drugs from Canada, accounting for at least $1 billion in annual sales.

Drugs obtained from other countries (especially Canada and Mexico) may be of good quality but, on the other hand, a significant number of cases of counterfeiting, decreased potency and quality, and even fake substitutions have been recorded. If you order over the Internet, be cautious, as some businesses operate what may appear to be pharmacies, but are not pharmacies at all. Moreover, most drugs manufactured outside of the U.S. are not produced by a firm that has FDA approval.

The high cost of drugs is a serious public health issue. Some of our citizens cut back on food to pay for their drugs and others cut the pills in half to make them last longer. Our patients deserve prescription drugs that are affordable. Drug companies state that the high cost is due to research and development of new drugs. Marcia Angell, M.D., past editor of the *New England Journal of Medicine*, pointed out that in 2002, the biggest drug companies spent only about 14% of sales on research and development and 31% on what most of them call marketing and administration. Their profits are immense. In 2002, the combined profits of the 10 drug companies in the Fortune 500 were $35.9 billion. That was more than the profits for all the other 490 businesses put together, if you subtract losses from gains.

Even though it is illegal to bring various types of prescription drugs into the country under the provisions of the Federal Food, Drug, and Cosmetic Act, the FDA and Customs inspectors may not enforce the law when patients bring in small amounts for personal use (less than 90 days supply), or experimental drugs for major illnesses such as terminal cancer or AIDS.

The price of many of our drugs is excessive and, while this is largely a federal issue, we do need the help of our Legislature to get a base on the prices or allow us to safely order from Canada at 40 to 75% of the prices asked for in the U.S. Physicians should be allowed to become involved in this process without fear of civil, criminal or board disciplinary action. Of note, 14 pharmacies in California sued more than a dozen drug makers on August 26, 2004, accusing them of conspiring to keep U.S. prices well above those for the same drugs in Canada and other countries.

Two bills (SB 1149 (Ortiz) and AB 1957 (Fromer)) on the issue of importation of Canadian drugs are now before the Governor. He indicated in a letter of August 20, 2004 to U.S. Health and Human Services Director Tommy Thompson that he intends to veto them, stating, "…I am concerned that quick legislative fixes at the state level would be contrary to federal law and oversimplify the complex safety, trade, supply and pricing issues involved. …I encourage the Bush Administration to aggressively pursue its discussions with our trading partners to achieve fairer pricing of pharmaceuticals in the international marketplace and an equitable distribution of the costs of drug research and development."

The Medical Board will follow and report any related state legislation.

I thank the dedicated and motivated members of the Medical Board for allowing me the rare pleasure and opportunity to serve the citizens and physicians of this state as president of this board.

The Business of Medicine

By Joan Jerzak, Chief of Enforcement

The board receives a significant number of complaints alleging corporate practice of medicine, aiding/abetting unlicensed practice of medicine, improper ownership of a clinic, fee splitting and various related issues where physicians are engaging in business practices which are in violation of the Medical Practice Act.

While medicine is constantly evolving and new trends may seem more lucrative, physicians should carefully assess any business venture before entering it.

Some unscrupulous non-physicians have preyed upon physicians who are unfamiliar with the complexities of a business, its corporate structure or the corresponding law, then find themselves responding to board inquiries regarding a practice they know little or nothing about.

Therefore, physicians are strongly encouraged to seek private professional legal advice before engaging in any business endeavor that involves the practice of medicine.

In most situations it is not appropriate for a physician to be hired by a non-physician. This is illegal. Some physicians believe they can be hired by a layperson as a medical director. This is also illegal.

Many complaints to the board involve small storefront clinics, where a non-physician has purchased an office and the associated medical equipment.

The missing item is a physician with an active license. In this situation, physicians are recruited and paid an hourly wage or salary and may believe that their recruitment was conducted on behalf of a legitimate medical corporation, which does not exist.

When hired into any medical practice, physicians should confirm the owner is a physician or the business is a legitimate medical corporation.

Governor Names New Board Members

(continued from page 1)

Foundation, tasked with rebuilding city medical services by recruiting doctors and retaining a hospital site. She earned her master of science degree from the University of Illinois and her bachelor of science degree from National Taiwan University.

Laurie Gregg, M.D. operates a private medical practice in Sacramento. She currently serves as the vice-president of the Northern California Obstetrician and Gynecological Society. Dr. Gregg earned a medical doctorate degree from the University of California, Los Angeles, and a bachelor of arts degree from Pomona College.

The governor reappointed Steve Alexander and Ronald H. Wender, M.D. to the board.

REMINDER

AG Opinion on Medical Expert Testimony

California State Senator Liz Figueroa recently posed the following question to the Office of the Attorney General, requesting a formal opinion:

> *When a physician testifies as an expert in a civil proceeding regarding the applicable standard of medical care and whether the defendant has breached that standard, may the physician, on the basis of his or her testimony, be held liable in a subsequent tort action brought by the adverse party or be subject to discipline by the Medical Board of California?*

The response to this question is published in the Official Reports of the Office of the Attorney General under Opinion No. 03-1201, dated April 28, 2004. ***The conclusion states the physician may not be held liable in a subsequent tort action, but may be subject to professional discipline by the Medical Board if testimony constitutes unprofessional conduct.***

As with all conduct, physicians should be guided by their ethical obligations in conjunction with their training and experience. As an expert witness, a physician has a clear ethical responsibility to be objective and truthful. It is clearly unethical and unprofessional conduct to offer false testimony.

The board would like to remind all physicians who provide testimony of their professional and ethical duties, to avoid potential referrals to the board for unprofessional conduct or dishonesty.

Preparing for Major Changes to Prescribing Laws

Due to recent changes in the law (SB 151, Chapter 406), California's longstanding requirement for state-issued triplicate prescription forms for Schedule II controlled substances was repealed.

In place of the triplicate, prescribers will use a tamper-resistant prescription pad available from private printing companies that have been approved by the Board of Pharmacy and the Department of Justice (DOJ).

This is a reminder that effective January 1, 2005:

- Triplicate prescriptions are no longer valid.
- All **written** controlled substance prescriptions must be on controlled substance prescription forms. (Note: Oral and fax orders for Schedules III-V are still permitted.)
- Prescribers dispensing Schedule III controlled substances must report those prescriptions to the Department of Justice. (Effective July 1, 2004, prescribers were required to report Schedule II controlled substances prescriptions to DOJ.)

The board has been advised that the state exhausted its supply of triplicate prescription forms earlier than anticipated.

Physicians who run out of triplicates will be able to use an "emergency-fill" exemption to write prescriptions for controlled substances.

The Department of Justice recommends that affected physicians invoke the emergency prescription statute (Health and Safety Code section 11167), which permits the use of regular, non-secure prescription forms for Schedule II prescriptions in "an emergency where failure to issue a prescription may result in the loss of life or intense suffering."

To do this, physicians simply write "11167 exemption" on the regular prescription form and submit it to a pharmacy.

The Medical Board strongly urges physicians to make arrangements with an approved security printer to obtain the new tamper-resistant prescription pads as soon as possible. For a current list of approved security printers, go to the Board of Pharmacy Web site at www.pharmacy.ca.gov.

The board has received several calls from physicians who are concerned with the high cost of the new prescription forms being charged by the approved security printers.

Prior to SB 151 becoming law, the Board of Pharmacy diligently researched the printing costs associated with the new forms.

Printers indicated at that time that the prescriptions could be profitably printed for between 3 and 5 cents per prescription for an ordinary script (different sizes or multiple copy forms would increase costs).

The triplicate prescriptions cost about 7 cents per script now, but that does not accurately reflect their costs since the real costs are much higher and the Department of Justice has been subsidizing the expense voluntarily. As more major printing companies enter the market, prices are expected to fall.

Board Seeks Nominees for Physician Recognition Program

In 2003, the Medical Board began a program designed to formally recognize excellence by individual physicians and by groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system in California.

The program identifies and rewards individuals and groups who creatively meet the needs of underserved populations, or who are outstanding in areas of service that advance the healthcare status of California residents.

After a broad solicitation and review of nominations, the board's Physician Recognition Committee chose Jacob Eapen, M.D. of Fremont (see April 2004 *Action Report*) and over 25 physicians representing "Kids Care" of Orange and Shasta counties (see July 2004 *Action Report*).

It is time once again to solicit nominations for consideration of awards for 2005. All nominations already received by the board have been retained for reconsideration. Persons or organizations making the nominations must complete and send the nomination form to the board by November 15, 2004.

Please mail nominations to: Medical Board of California, 1434 Howe Ave., Suite 92, Sacramento, CA, 95825, Attention: Physician Recognition Program. Applications also may be downloaded from the board's Web site at www.caldocinfo.ca.gov, "Services for Licensees," "Physician Recognition Program."

In addition to the completed application form, nominations also must 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 must be California-based licensees in good standing.

Resources Available to Help Reduce Cost to Patients of Life-Saving Mammograms

Mammograms Save Lives

"Early detection through screening is our best defense against morbidity and mortality from breast and cervical cancers and precancers."

— Julie L. Gerberding, MD, MPH, Director
Centers for Disease Control and Prevention

In June 2004 the American Cancer Society published a study of over 72,000 women followed for 10 years, which found only 6 percent getting annual mammograms ("Mammographic Screening: Patterns of Use and Estimated Impact on Breast Carcinoma Survival;" abstract available at: www.interscience.wiley.com).

This shockingly low compliance with the generally accepted clinical recommendation of annual screening found women from underserved socioeconomic, racial, and ethnic groups, women without health insurance, and women who did not speak English had the lowest levels of screening.

In October 2000, access to care became easier with the enactment of the Breast and Cervical Cancer Treatment Act.

This federal law, which earmarked $1 billion to treat medically underserved women, gives states the option to provide medical assistance through Medicaid to eligible women who were screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and found to have breast or cervical cancer, including precancerous conditions.

The Medical Board strongly urges physicians to remind their female patients over 40 years of age to have annual mammograms.

For women for whom this presents a financial challenge, many resources are available. Please share the following information, as appropriate, with your staff and patients:

October is Breast Cancer Awareness Month

- Department of Health Services' Cancer Detection Program - Every Woman Counts: (800) 511-2300
- "National Mammography Day," designated by the American College of Radiology, is the third Friday of October. Many facilities offer free or reduced-cost mammograms on that day.
- Avon, a CDC partner, makes available about $5 million every year to help community-based organizations recruit women for breast cancer screening. Through the Avon-CDC Foundation Mobile Access Program, a grant of more than $4 million funds at least four mammography vans to expand services for medically underserved women through NBCCEDP. To learn more, contact the CDC at (888) 842-6355.
- The Breast Cancer Early Detection Program (BCEDP) is a state-funded program that offers free breast cancer screening services to women 40 and over who qualify. Women who qualify are referred to a local BCEDP provider in their area. Referrals are available in English and Spanish (800) 511-2300.
- San Diego State University, Cancer Clinical Services, Quality Assurance Project Web site (www.qap.sdsu.edu) is a resource for primary care clinicians and other healthcare providers involved in the early detection and diagnosis of breast and cervical cancers. The Web site features continuing medical education materials, professional education resources, and clinical tools.
- The Breast and Cervical Cancer Control Program (BCCCP) is a federal program and is funded through the CDC to provide free mammograms and pap tests to eligible women. The program's first priority is reaching women 40 and older. To learn more about the program, contact the CDC at (888) 842-6355.

California Physician Corps Loan Repayment Program

2004 Kick-Off Event Honoring Awardees in the Los Angeles Area
June 18, 2004

Assembly Member Marco Firebaugh (left), author of the bill that created the loan repayment program, Board Member Linda Lucks, and Board President Mitchell Karlan, M.D., enjoy a moment together before the event.

2003 awardess who have completed their first year of service under the loan repayment program are presented with a check. From left, Assemblyman Marco Firebaugh; Maia Gaither, M.D./Clinica Medica San Miquel; Jay Dhiman, M.D./Northeast Valley Health Corp; Rudo Benjamin, M.D./ Axminster Medical Group; Dane Fliedner, M.D./The Children's Clinic; Maria Mason, M.D./ Community Health Alliance; Derrick Butler, M.D./Watts Health Foundation; Jose Perez, M.D./Central City Community Clinic.

The Michael Foundation donated $1 million to the loan repayment program to fund the 2004 awardees from the Los Angeles area.

The Medical Board of California thanks the staff and patients of the Venice Family Clinic, which hosted the kickoff event.

(Photographs by Margaret Molloy, compliments of Venice Family Clinic)

Naeemah Ghafur, M.D., one of the 2004 awardees, signs her contract as Board Member Gary Gitnick, M.D., prepares to sign. Watching (from left) are Board President Mitchell Karlan, M.D.; Board Members Linda Lucks and Steve Rubins, M.D.; and Assemblyman Marco Firebaugh. Dr. Ghafur works at Family Health Care Centers of Los Angeles in Bell Gardens.

Update: Physician Volunteer Registry

The Medical Board's Physician Volunteer Registry survey was sent to physicians in voluntary licensing status during the first week of September. The idea was developed by the board's Access to Care Committee to increase the availability of healthcare in California.

By creating the registry, the committee believes the board is providing opportunities to physicians who would like to give something back to their community. The survey was designed to capture useful information from physicians interested in providing volunteer service.

The information will be compiled into a registry and posted on the board's Web site where clinic directors may look to fill their need for physician volunteers. The board expects the registry to be online the first week of October.

Once the Physician Volunteer Registry is online, the board intends to create a clinic registry to list clinics throughout the state in need of volunteer physicians. An update on the clinic registry will be provided in future *Action Reports*.

In addition, the board was asked by the Department of Health Services (DHS) to include a question on its survey asking physicians if they would be willing to volunteer in the event of a large scale emergency, such as a bioterrorist attack.

The registry will help DHS respond more quickly to such an attack. The information gathered in response to this question will be confidentially maintained by the state and appropriate local health departments.

The registry is not limited to physicians in voluntary status. Physicians interested in being listed on the Physician Volunteer Registry or receiving additional information about the registries may contact Justin Ewert at jewert@medbd.ca.gov or (916) 263-6668.

Note: Each practice setting will provide information to a potential volunteer physician on the availability of liability coverage.

CME COURSES: FULFILLING AB 487 MANDATE

Most physicians must complete a mandatory CME course in pain management and the treatment of terminally ill and dying patients by Dec. 31, 2006. This is a one-time requirement of 12 credit hours. Below are some upcoming courses.

Pediatric and Adult Pain Management
January 31-February 2, 2005
Chateau Whistler, Whistler, BC
Presented by Stanford University School of Medicine
More information online at: www.cme.lpch.org or phone (650) 497-8554
12 Category 1 credits

* * *

Essentials of Pain Medicine: What You Need to Know at the Front Line of Medicine
February 26-27, 2005
Wyndham Palm Springs and Convention Center
Palm Springs, CA
Sponsored by the American Academy of Pain Medicine
More information online at: www.painmed.org
e-mail aapm@amctec.com or call (847) 375-4731
12 Category 1 credits

Advances in the Practice of Pediatrics: San Diego 2005
February 25-27, 2005
Hilton San Diego Resort, San Diego, CA
Sponsors: Children's Hospital & Health Center in association with CA Chapter 3 American Academy of Pediatrics
More information online at: www.chsd.org/cme or phone: (888) 892-9249 (toll-free)
16 Category 1 credits/8 AB 487 credits

* * *

Practical Pain Management: From Classroom to Treatment Room
October 22-24, 2004
Hyatt Newporter, Newport Beach, CA
Jointly sponsored by the Medical Education Collaborative and CMM Global
More information online at: www.practicalpainmgmt.com
Registration information: Becky Fucik (512) 303-9755 or e-mail: becky@cmmglobal.com
14 Category 1 credits

Investigating Physicians Suspected of Suffering from Disabling Mental and Physical Conditions

Norman T. Reynolds, M.D.
Distinguished Fellow of the American Psychiatric Association
Chairman of the Liaison Committee to the Medical Board's Diversion Committee

Business and Professions Code section 821.5 became law on January 1, 1997. This law addresses concerns regarding the timeliness of hospital medical staffs completing investigations and corrective action regarding physicians with potential impairment affecting competency, thus putting patients at risk.

Medical staff can initiate a "formal investigation" of a physician when there are concerns that the physician may be suffering from a disabling mental or physical condition that poses a threat to patient care.

This law still allows medical staff to investigate physicians with suspected impairment without automatically referring the case to the Medical Board, as long as the physician cooperates with the investigation and the investigation is completed in a timely fashion.

Under 821.5, such formal investigations require completing the steps of the investigation in accordance with specified timelines. California Code of Regulations, Title 16, sections 1362-1362.1, contains the time for investigations and the contents of the required report.

Within 15 days of initiating a formal investigation, a "peer review body," as defined in B&P Code section 805, must report the action to the board's Diversion Program administrator.

The medical staff must gather facts within 30 days. Within 45 days, the medical staff must evaluate and dispose of the matter. (For an outside evaluation, 75 days are allowed.)

A final report must be rendered to the Diversion Program administrator within 15 days of disposition of the matter.

Disposition of the case can involve the following determinations and actions:

- No problem exists.
- List problems and indicate mental or physical disorder diagnosis, if applicable.
- If a mental or physical disorder exists, is there a threat to patient care? If yes, explain.
- Indicate implementation of applicable "action plan" options:
    1) Treatment for the disorder
    2) Monitoring of the physician and description of the monitoring plan
    3) Practice restrictions or conditions that have been summarily imposed
    4) Practice restrictions or conditions have been recommended and the physician has been offered a hearing under B&P Code section 809.1
    5) An 805 report has been filed
    6) Other

The Medical Board has developed Peer Review Body forms for the initial report and for the final report. These forms are available and will be presented in a frequently asked questions format in the next issue of the *Action Report* in January 2005.

Offer Your Support to Young Doctors Working in Underserved Clinics

During the last two years, the Medical Board has published articles about the California Physician Corps Loan Repayment Program (program) in several issues of the *Action Report* (see page 6).

The program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their student loans (up to $105,000) in exchange for their service in a designated medically underserved area for a minimum of three years.

The board is proud that this program has been launched successfully and is actively striving to continue the program for many years.

At its July 2004 quarterly meeting, the board voted unanimously to allow licensees to make a **tax-deductible contribution** of $50 or more in support of this program. In upcoming months, a contribution form will be inserted in the license-renewal packets. We hope that you recognize the impact this program can have and that you will support our efforts.

In the meantime, if you would like to make a contribution, please make checks payable to the CPC Loan Repayment Program and mail to Medical Board of California, 1426 Howe Ave., ATTN: Cashiering, Sacramento, CA 95825. We greatly appreciate your support.

Physicians Requested to Aid in Monitoring, Preventing Disease

California Department of Health Services, Division of Communicable Disease Control

West Nile virus (WNV) continues to make headlines as this mosquito-borne arbovirus expands to more California counties. As of September 17, 2004, WNV infection has been reported in 558 Californians, with 15 deaths. West Nile virus has now been detected in dead wild birds, mosquitoes, sentinel chickens and/or horses in 55 out of 58 counties in California.

The apparent rapid spread of WNV in California is typical of other regions of the United States where initial introduction results in few human cases, followed by amplification and an epidemic in the second season, of which we are now experiencing.

There are three general clinical categories of WNV infection: asymptomatic, West Nile fever, and West Nile neuro-invasive disease (WNND). The vast majority (approximately 80%) of people infected with WNV will fall into the asymptomatic category. Twenty percent of those infected may develop West Nile fever, a three- to six-day nonspecific, self-limited, febrile illness, and some of these patients may seek medical care.

West Nile neuro-invasive disease (WNND) affects less than 1% of infected individuals and is characterized by encephalitis, aseptic meningitis, and/or acute flaccid paralysis. Approximately 10% of WNND cases are fatal. Individuals of older age (> 50 years) appear to be at greater risk for developing WNND. Other conditions such as immunosuppression are likely risk factors but have not been well studied.

Physicians and other healthcare providers play an integral role in detecting and reporting of incident cases of WNV. 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. WNV testing is recommended for individuals with the following:

- Encephalitis
- Aseptic meningitis in individuals 18 years or older
- Aseptic meningitis in individuals under 18 years old after negative work up for enteroviruses (i.e., CSF, PCR, throat or stool isolation are negative for enteroviruses)
- Febrile illness compatible with West Nile fever lasting more than six days that prompts patient to seek medical attention. Symptoms of illness include headache and fever (greater or equal to 38°C), rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.

West Nile virus testing can be done through your local public health laboratory. Contact your local health department for information on testing. Some commercial laboratories also perform WNV testing.

Prevention of WNV infection rests on controlling vector mosquito populations and personal protective measures. Physicians can emphasize to their patients the importance of avoiding mosquito bites by remaining indoors at dawn and up to two hours after sunset. If remaining indoors at these times is not an option, people are advised to wear long sleeves and long pants when outdoors to avoid mosquito bites.

Insect repellents containing DEET can be applied to exposed skin and are effective at preventing mosquito bites when applied following the label instructions. Repellents containing 10%-30% DEET are safe for use in children and infants older than two months.

Further information on WNV may be found at www.westnile.ca.gov, or contact your local health department. You may also contact Carol Glaser, D.V.M., M.D., (510) 307-8613 (CGlaser@dhs.ca.gov), or Cynthia Jean (510) 307-8606 (CJean@dhs.ca.gov), at the Viral and Rickettsial Disease Laboratory, CDHS, 850 Marina Bay Parkway, Richmond, CA 94804.

A WNV "hotline" has been established at DHS for reporting dead birds and for providing information on surveillance, epidemiology, and symptoms of WNV to the general public. The phone number is (877) WNV-BIRD.

Clinical WNV guidelines can be found at the Centers for Disease Control and Prevention (CDC) Web site: www.cdc.gov/ncidod/dvbid/westnile/clinical_guidance.htm

News From the U.S. Food and Drug Administration

FDA MedWatch Partners with the Medical Board of California to Assist Physicians and Their Patients in Managing the Risks of Medical Product Use

Just over 11 years ago, in June 1993, the U.S. Food and Drug Administration's commissioner, David Kessler, M.D. announced MedWatch. MedWatch is the FDA's program to assist physicians in the voluntary reporting to the FDA of serious and unexpected adverse effects from the clinical medical products – drugs, devices, biological products and dietary supplements – that they and their patients would prescribe and use in day-to-day care.

At the same time, Dr. Kessler emphasized the intention of the program to facilitate the timely dissemination of clinically important and new safety information that the FDA identified as a result of the voluntary reports submitted to the FDA by physicians.

Recognizing that more and more physicians are choosing to use electronic means of seeking and locating information and communicating with colleagues in their busy workday, MedWatch now offers California physicians the opportunity to use their computers and PDAs to contact the FDA quickly to both send information to the FDA and to receive safety information from the FDA by e-mail and the Internet.

"Once the FDA has identified a new safety issue with a regulated product – perhaps an effective new antibiotic or a coronary stent," says Norman S. Marks, M.D., medical director of the FDA's MedWatch program, "our goal is to offer that new information in a concise and clinically useful format, delivered to the point of care in a timely fashion.

"We want to assist both the doctor and the patient in having the most current safety information for their consideration in the shared decision-making that occurs each day at the bedside, procedure room or office setting."

For example, once a useful and effective medication is approved by the FDA and introduced to the market, it may be more widely used than in the pre-approval clinical trials and found to have important and potentially serious or harmful drug-drug interactions. In that case, the FDA's MedWatch will send the doctor a concise e-mail to announce this clinically relevant safety information. For those who want to learn more, the e-mail will contain a link to more extensive documentation, such as the "Dear Healthcare Professional" letter issued by the manufacturer, the revised Prescribing Information (PI) with the labeling changes highlighted and supplemental scientific information from the FDA.

In 2004, almost 45,000 individuals—healthcare providers and their patients—are taking advantage of the safety alert notification process by subscribing to the MedWatch listserve, Marks commented.

In addition to product-specific labeling changes for medications (drugs and therapeutic biologics), the listserve notices may include important recalls of drugs, devices, biologics, blood products and dietary supplements due to manufacturing problems. For example, a recent alert was issued to amplify a recall for a widely used coronary artery balloon stent that was failing to deflate and leading to potential vascular obstruction.

Other safety alerts have notified doctors about counterfeit drugs in the marketplace or more general public health advisories, as with a recent alert concerning FDA actions in the investigation of a suspected relationship between major antidepressants and the risk of suicidality in pediatric patients.

Doctors, nurses, pharmacists and other practitioners also may receive monthly notification of the 25-60 drugs that have changes to the Contraindications, Warnings/Boxed Warnings, Precautions and Adverse Reactions sections of the label each month.

Marks noted that this information also is provided online at www.fda.gov/medwatch in a user-friendly table that summarizes the sections changes and allows the user to link to more detailed information in the revised label or prescribing information.

In 2004, the MedWatch program offers the doctor, or his/her office staff, the opportunity to submit a report online. Marks says that MedWatch is hoping to encourage healthcare organizations, many of which offer their medical staff access to both the Internet and the organization's intranet, to add a "medical product safety" link from the organization's workstations in the hospital and the clinic to the FDA MedWatch Web site.

(Continued on page 11)

California Mandates Universal Screening of the Human Immunodeficiency Virus (HIV) for Pregnant Women

California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section

Women, particularly women of color, are the fastest-growing population with AIDS both in the United States and in California.[1] Even more alarming, the percentage of annually reported female AIDS cases in California has risen every year since 1983.[2] As such, in October 2003, former Governor Gray Davis signed Assembly Bill 1676 into law (Health and Safety (H&S) Code sections 125085, 125090, 125107, and 125092).

The H&S Code requires routine incorporation of HIV testing into the standard battery of prenatal tests as a strategy to ensure that all women have the opportunity to be tested for HIV prenatally, when interventions to prevent transmission to the unborn baby are most effective. The Centers for Disease Control and Prevention (CDC) has recommended the offer of prenatal HIV testing for all pregnant women since 1995. Routine testing is a strategy to help ensure all pregnant women are tested for HIV, particularly those women who do not know they are at risk of contracting HIV. This strategy should reduce treatment costs through the earlier identification of infected mothers and the prevention of HIV transmission to their infants.

H&S Code sections 125085, 125090, 125107, and 125092 require medical care providers to screen every pregnant woman in the state for HIV as part of the standard prenatal test panel. Additionally, providers are required to explain the purpose of the HIV test and to ensure the right of the woman to refuse the test. The statute also requires laboratories to report a positive HIV test result to their local health office and requires the provider who ordered the test to inform the woman of the test results.

Under H&S Code sections 125085, 125090, 125107, and 125092, HIV testing would not be required if the pregnant woman has been previously determined to be infected with HIV.

By January 1, 2005, HIV informational material and a consent form can be downloaded via the Internet by accessing PDF files in English, Spanish, Armenian, Cambodian, Farsi, Korean, Lao, Chinese, Hmong, Russian, and Vietnamese at DHS/OA's Web site www.dhs.ca.gov/AIDS.

More information on the state statute described above is accessible through the Internet on the official California legislative information Web site at www.leginfo.ca.gov. HIV care and treatment information for healthcare providers is available through the Warmline at (800) 933-3413.

HIV referral and consultation resources for patients, including experts of prenatal HIV treatment, are available through the California HIV/AIDS Hotline at (800) 367-2437 (AIDS).

Notes

[1] Centers for Disease Control and Prevention. *HIV/AIDS Among U.S. Women: Minority and Young Women at Continuing Risk*. www.cdc.gov/hiv/pubs/facts/women.htm.

[2] California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section.

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

For the busy clinician, this link will allow rapid and easy online reporting to the FDA that is both confidential and secure. The HIPAA privacy rule explicitly identifies the voluntary reporting to FDA of adverse events as a "public health" activity that qualifies for exemption.

The FDA counts on the nation's physicians as partners in its public health efforts to manage the risks of medical product use. The increasing availability and popularity of tools such as e-mail, handheld computers and rapid access Internet connections may allow MedWatch and its doctor partners to achieve this shared goal of improving patient safety by integrating both the voluntary reporting to FDA and the automatic receipt of new clinically relevant safety information into the challenging work process that California's physicians confront every day. "I hope that my colleagues in California will visit and bookmark our MedWatch Web site and share the address information with their nursing, pharmacy and administrative associates," Marks commented. "The real winners in this effort will be our patients, who can continue to receive the latest in effective care with a reduced risk of harm."

Improving Influenza Immunization Rates Among Inpatients and Health Care Workers in Acute Care Facilities

California Adult Immunization Coalition

Vaccination is the primary method to prevent influenza and its severe complications. In addition to the usual patients with high-risk conditions or age, the Advisory Committee on Immunization Practices (ACIP) recommends that "persons of all ages with high-risk conditions and persons aged 50 years and older, who are hospitalized at any time during September-March, should be offered and strongly encouraged to receive influenza vaccine before they are discharged."[1]

The ACIP also strongly recommends annual influenza immunization for all health care workers (HCWs) in acute care settings because unvaccinated HCWs can be a key cause of outbreaks in acute care facilities.

National estimates for influenza coverage among the inpatient population offer a dismal picture.

National estimates for influenza coverage among the inpatient population offer a dismal picture. According to one study, only 30% of Medicare patients hospitalized during the flu season were actually vaccinated.[2] The low vaccination rates are alarming considering that some studies have found that 39% to 46% of patients hospitalized during the winter with influenza-related diagnoses had been hospitalized during the preceding autumn.[3] Influenza immunization coverage is equally low (36%) among HCWs.[4] Several studies have documented influenza transmission between HCWs and patients.[5,6,7]

Comprehensive data of California influenza vaccination rates are not routinely collected. A statewide survey of 450 licensed acute care facilities by the California Adult Immunization Coalition in 2004 provides some insight into the regional picture. Thirty-nine percent of the surveys were returned, of which 71% reported offering influenza immunization to their inpatients during the 2003-2004 flu season. Only 16% actually measured immunization coverage, and found that on average, 37% of inpatients were vaccinated. Ninety-eight percent of facilities reported offering influenza vaccine to their staff, but still obtained only an average of 50% coverage among health care workers. Nearly all (94%) of these facilities paid for the flu vaccine for their staff.

In order to decrease the number of influenza-related complications and deaths in the acute care setting, a comprehensive strategy should incorporate interventions that target both inpatients and HCWs. While many educational strategies could be applied to both populations, the most effective interventions are specifically tailored for each group.

The key elements to any HCW immunization campaign are convenience and no cost to the employee; however local data suggest that additional efforts are needed to promote influenza immunization in this particular population.

Additional barriers identified in other studies include a belief by HCWs that influenza immunization is not effective against preventing illness and that the vaccine may actually cause influenza.

The Association for Professionals in Infection Control & Epidemiology (APIC) offers the following recommendations for increasing influenza immunization rates among health care workers to improve patient safety and personal health[8]:

1. Develop an influenza immunization program that is implemented annually, with the following objectives:
   - Educate health care workers about the importance of influenza immunization in health care settings and the low risk of adverse events associated with immunization.
   - Reduce barriers to immunization of health care workers by developing programs that increase access to immunization and reduce the cost of vaccine.
   - Facilitate the influenza vaccination process, for example, through the use of standardized nursing procedures issued by the Occupational Health Program for influenza vaccination of health care workers.
2. Monitor annual immunization rates of employees and provide feedback through the infection control and patient safety programs.
3. Other measures to control influenza in facilities include working with public health officials to

(Continued on page 13)

2003-2004 ANNUAL REPORT
Medical Board of California

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

Executive Summary

The California budget crisis has affected the operations of state agencies, and the Medical Board is no exception. In the last three years, the board has lost 19 investigator positions, and 24 support-staff positions. The board has had to eliminate some programs, and prioritize and streamline others (see Division of Medical Quality summary, p. iv). In addition, the board has consolidated some of its activities and prioritized enforcement functions per SB 1950 (Figueroa, Statutes of 2002). At the same time, board members and staff have maintained their focus on public protection, and remain confident that this mandate is still being met.

Medical Marijuana

After months of meetings with Medical Board staff, counsel from the Attorney General's Office, and other interested parties, the board at its May 2004 meeting voted unanimously to adopt a statement on physicians and medical marijuana. The statement incorporates and expands upon an initial article on the same topic published by the board in its newsletter in 1997, right after the passage of Proposition 215, known as the Compassionate Use Act. The updated statement again seeks to reassure physicians that, notwithstanding the possibility of a federal action against them, if they "use the same care in recommending medical marijuana to patients as they would recommending or approving any other medication, they have nothing to fear from the Medical Board." (See *Action Report*, July 2004.)

Physician Recognition Program

This new program was established by the board in 2003 to recognize excellence in service by California physicians. Nominations were solicited, received and reviewed last year, and the first awards were conferred in January and May 2004. One award was given to an individual physician, and one to a group of physicians (see October 2004 *Action Report*, p. 6).

The members of the Medical Board are proud of the daily contributions of California physicians, as well as the extraordinary work brought to the attention of the board through nominations for this award. This state is renowned for having some of the more eminent physicians in the nation and the world. Nominations are again being solicited, with the intent to make the confering of this award an annual event.

California Physician Corps Loan Repayment Program — Update

The California Physician Corps Loan Repayment Program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their student loans (up to $105,000) in exchange for their service in a designated medically underserved area for a minimum of three years.

This year, the board received applications from 80 physicians, representing a cumulative request of almost $10 million in loan repayments. There was significant diversity in the applicants' cultural background, the languages they speak, and the geographic locations of the practice settings. About $1.6 million was available for distribution and awards were made to 19 awardees working in 25 practice settings around the state.

Current Physician and Surgeon Licenses by County

Alameda	3,965	Inyo	47	Monterey	854	San Luis Obispo	741	Trinity	11
Alpine	0	Kern	978	Napa	454	San Mateo	2,436	Tulare	480
Amador	61	Kings	126	Nevada	264	Santa Barbara	1,157	Tuolumne	126
Butte	463	Lake	84	Orange	8,325	Santa Clara	5,903	Ventura	1,671
Calaveras	50	Lassen	50	Placer	817	Santa Cruz	636	Yolo	528
Colusa	13	Los Angeles	25,945	Plumas	33	Shasta	488	Yuba	62
Contra Costa	2,679	Madera	151	Riverside	2,468	Sierra	1		
Del Norte	61	Marin	1,487	Sacramento	3,686	Siskiyou	82	**California Total**	
El Dorado	276	Mariposa	12	San Benito	43	Solano	745	**91,049**	
Fresno	1,656	Mendocino	220	San Bernardino	3,125	Sonoma	1,336	**Out of State Total**	
Glenn	8	Merced	230	San Diego	8,534	Stanislaus	801	**26,757**	
Humboldt	305	Modoc	6	San Francisco	5,065	Sutter	189	**Current Licenses**	
Imperial	126	Mono	26	San Joaquin	902	Tehama	61	**117,806**	

The mission of the Medical Board of California

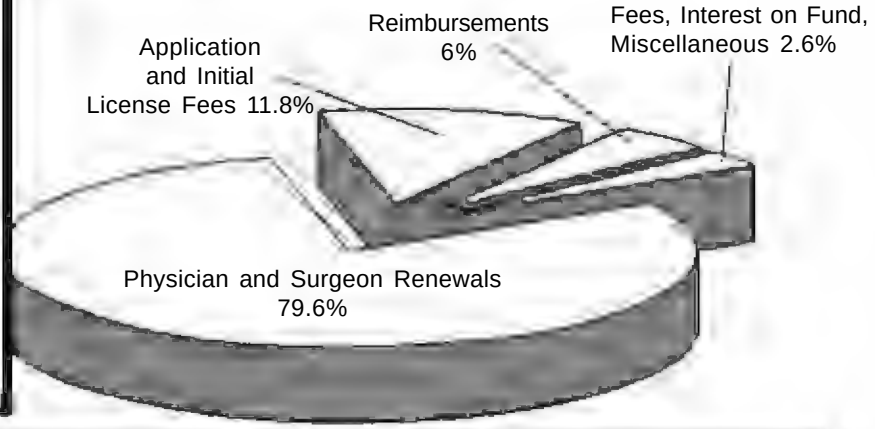
The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

MEDICAL BOARD OF CALIFORNIA

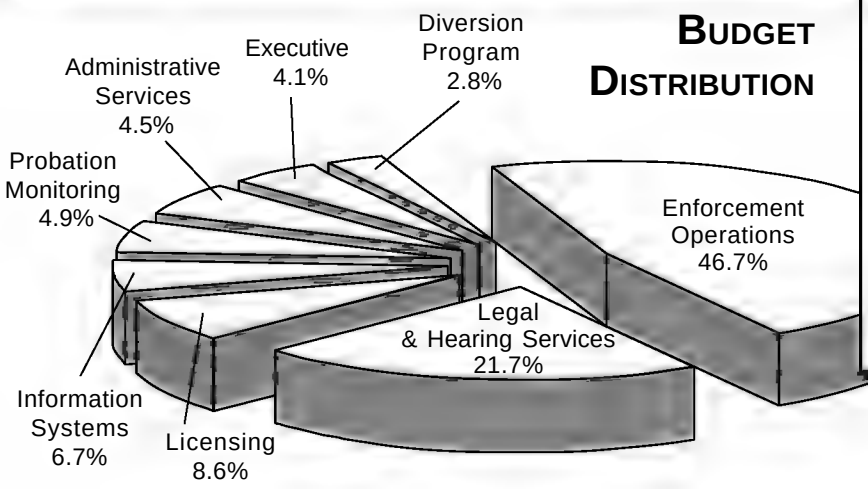
2003-2004 FISCAL YEAR

Physician & Surgeon Renewals	$31,002,000
Application and Initial License Fees	$4,589,000
Reimbursements	$2,326,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Interest on Fund, Miscellaneous	$1,005,000
Total Receipts	**$38,922,000**

REVENUES & REIMBURSEMENTS



BUDGET DISTRIBUTION



Enforcement Operations	$17,963,000
Legal & Hearing Services	8,342,000
Licensing	3,322,000
Information Systems	2,572,000
Probation	1,895,000
Administrative Services	1,742,000
Executive	1,577,000
Diversion Program	1,057,000
Total	**$38,470,000**

DIVISION OF LICENSING

The Medical Board of California's Division of Licensing continues to promote public protection of healthcare consumers through the proper licensing of physicians and surgeons and affiliated healing arts professionals.

During this last year, the Division of Licensing issued 5,008 new licenses and renewed over 58,000 licenses. The physicians' and surgeons' licensee population in California increased to 117,806. The Division of Licensing also licensed or registered 397 affiliated healing arts professionals.

The tireless efforts of a dedicated workforce allowed the Division of Licensing to meet its mission within the mandated time frames for processing applications and responding to mail and telephone inquiries from consumers and licensees. During the past fiscal year, the otherwise routine tasks presented programmatic challenges and required monumental efforts due to the limited resources amid statutory change.

Activities to implement SB 1077 (Chapter 607, Statutes of 2003) began mid-fiscal year, to ensure the enactment of law on July 1, 2004. SB 1077 states that physicians who hold a retired license may no longer engage in the practice of medicine. However, the physician who holds a retired license will continue to be exempt from payment of the renewal fee and continuing medical education requirements.

The Division of Licensing adopted Section 1314.1, Title 16, California Code of Regulations, to outline the standards and methodology used to review the curriculums of international medical schools to determine their compliance with sections 2089 and 2089.5 of the Business and Professions Code. During fiscal year 2003-04, the division assembled teams to conduct site inspections of Saba University and St. Matthew's University, both in the Caribbean. Site inspections began in mid-May with St. Matthew's satellite campus in Windham, Maine, extended to Saba University's basic sciences campus in the Caribbean, back to the states with a visit to four hospitals in Chicago where both Saba and St. Matthew's students complete some third- and fourth-year clinical training, ending with an inspection of St. Matthew's basic sciences campus on Grand Cayman Island. The teams are expected to present their findings and recommendations to approve or disapprove these schools to the Division of Licensing at board meetings in the near future.

DIVISION OF LICENSING ACTIVITY

	FY 02-03	FY 03-04
PHYSICIAN LICENSES ISSUED		
FLEX/USMLE[1]	4,158	4,177
NBME[1]	478	388
Reciprocity with other states	357	443
Total new licenses issued	**4,993**	**5,008**
Renewal licenses issued—with fee	49,647	51,670
Renewal licenses—fee exempt[2]	4,756	6,708
Total licenses renewed	**54,403**	**58,378**
PHYSICIAN LICENSES IN EFFECT		
California address	89,025	91,049
Out-of-state address	26,329	26,757
Total	**115,354**	**117,806**
FICTITIOUS NAME PERMITS		
Issued[3]	930	1,180
Renewed[4]	3,508	3,771
Total number of permits in effect[4]	8,910	9,829

	FY 02-03	FY 03-04
SPECIAL FACULTY PERMITS		
Permits issued	1	1
License exemptions renewed	3	2
Total active exemption	6	7
LICENSING ENFORCEMENT ACTIVITY		
Probationary license granted	10	11
License denied (no hearing requested)	2	2
Statement of Issues to deny license filed	3	7
Decisions:		
License denial upheld	2	2
License granted	4	2
Statement of Issues withdrawn	1	2

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

[2] *Includes physicians with disabled, 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 02-03	FY 03-04
Telephone verifications[1]	77,925	47,642
Non-verification telephone calls	53, 571	52,179
Authorized LVS[2] Internet users	1,003	1,079
Online LVS access verifications	708,344	799,990
Web license look-up[3]	n/a	5,015,335
Certification Letters and Letters of Good Standing	5,879	5,665

	FY 02-03	FY 03-04
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	374	432
Adverse Actions reported to the NPDB[4]	526[5]	545[6]
B&P Code §805 reports of health facility discipline received	173[7]	159[8]

[1] *Decrease in the number of telephone calls is due to the availability of the Web license look-up and to the higher volume of contacts via e-mail.*

[2] *LVS = Licensing Verification System*

[3] *New Reporting Category. Includes individual requests for written verifications received by the board.*

[4] *NPDB = National Practitioner Data Bank*

[5] *Includes 498 MDs, 14 podiatrists, and 14 physician assistants.*

[6] *Includes 511 MDs, 9 podiatrists, and 25 physician assistants.*

[7] *Includes 162 MDs, 5 podiatrists, 5 psychologists and 1 physician assistant.*

[8] *Includes 157 MDs and 2 podiatrists.*

AFFILIATED HEALING ARTS

2003–2004 Licenses

	ISSUED	CURRENT
Licensed Midwife	25	148
Dispensing Optician	80	1,099
Contact Lens Dispenser	63	472
Non-Resident Contact Lens Seller	1	9
Spectacle Lens Dispenser	223	1,893
Research Psychoanalyst	5	73
Accrediting Agencies for Outpatient Settings	0	4
Podiatrist	76	2,082

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 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 for the physician to seek help. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the board as part of a disciplinary order.

During FY 03-04, 53 physicians were accepted into the program by the Diversion Evaluation Committee, signed a formal Diversion Agreement and entered the program. Of those, 37 physicians had no open cases with the board, 13 physicians were diverted from discipline, and an additional three physicians entered as a result of disciplinary orders.

Activity[1]

	FY 02-03	FY 03-04
Beginning of fiscal year	269	262
Prior year adjustments[2]	3	3
Accepted into program	47	53
Completions:		
Successful	38	37
Unsuccessful	10	22
Deceased[3]	3	1
Active at end of year	262	258

Other Activity

Applicants[4]	43	29
Other Applicants[5]	28	30
Out-of-state-monitored California licentiates	15	17
Completions:		
Successful	0	0
Unsuccessful	0	0
Total monitored at end of FY 03-04		**304**
Total monitored during FY 03-04		**410**

Type of Impairment[1]

	FY 03-04	%
Alcohol	49	19
Alcohol & mental illness	30	12
Other drugs	70	27
Other drugs & mental illness	40	15
Alcohol & other drugs	39	15
Alcohol & other drugs & mental illness	25	10
Mental illness	5	2
Total	**258**	**100%**

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

[2] *Prior-year adjustment (3) carried forward and added to FY 03-04 data. Data entry have caused a numerical inaccuracy, omitting participants who were either not counted or categorized differently, which required statistical adjustment.*

[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 (26) to enter the program or were ineligible (3), with one death.*

During FY 03-04, a total of 410 physicians were monitored by the Diversion Program. Of the 60 who left the program, one is deceased, 22 were unsuccessful, while 37 successfully completed the 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 fiscal crisis affecting the state of California resulted in a significant loss of staff for the Medical Board. Specifically, in the last three years, 19 sworn investigator positions were eliminated, as well as support staff positions statewide. This reduction led to the closure of a specialized unit in Southern California, which was focused on investigating the unlicensed practice of medicine. In addition, an investigator position dedicated solely to Internet prescribing investigations and an investigator dedicated to post-accusation investigative follow-up were eliminated. District offices which had typically been staffed with six sworn investigators were reduced to a staff of five, and the Probation Program also experienced staffing reductions.

Many of these reductions occurred at a time when the Enforcement Program was in the midst of fully implementing provisions of SB 1950 (Figueroa), effective last year. This bill established investigative priorities, called for the appointment of an enforcement monitor, dictated additional requirements for public disclosure of malpractice actions, and required specialized medical review of quality of care complaints, which added workload to the board's Central Complaint Unit (CCU).

In response to this increased workload and reduced investigative staff, a supervising investigator and deputy attorney general from the Health Quality Enforcement Section of the Office of the Attorney General were reassigned to assist in the review and triage of incoming complaints in the board's CCU.

With a continuing awareness of the board's mandate of consumer protection and being mindful of the priorities outlined in SB 1950, board staff have implemented steps to reduce the number of cases being sent to the district offices for investigation. Some complaints have been resolved in CCU via "cease and desist" letters and the issuance of citations, while other complaints, e.g., violations involving criminal convictions, are being forwarded directly to the Office of the Attorney General.

(Continued on page v)

Division of Medical Quality (Continued from page iv)

This careful scrutiny has resulted in fewer cases being referred to the field for investigation; however, the percentage of cases being referred for discipline has increased. This data suggests the board is maximizing investigative resources and focusing attention on those violations that have a direct impact on patient safety.

In addition, staffing losses at the Office of the Attorney General and budget constraints led to the board's review of how administrative actions are processed. Based upon this review, the board expanded its use of a letter of reprimand pursuant to Business and Professions Code section 2233. This option allows for resolution of cases immediately following the investigation where the evidence supports the imposition of a reprimand as an appropriate disciplinary outcome. Case disposition is more expeditious and less expensive to the board and respondent, while preserving prosecutorial resources for more egregious cases.

The number of complaints received this fiscal year shows a decrease. However, this is not due to a decrease in the number of complaints received by the board, but due to procedural changes in the way the data is collected and reported. As a result of changes suggested by the enforcement monitor during her review, the board is no longer counting "Notices of Intent" (reported pursuant to Code of Civil Procedure section 364.1), and reports made to the National Practitioner Data Bank by insurance companies in the total number of complaints received and closed. It was determined that these reports did not contain viable information to support the initiation of a complaint or, in some cases, were redundant to complaints already filed with the board.

SB1950 amended Business and Professions Code section 2313, and the board has added two new sections to the data which is reported annually. The first section provides more detailed information (including type of reporting facility and dispositions) on the Health Facility Reporting forms filed pursuant to Business and Professions Code section 805. The other section provides more detail (including the number of reports received by specialty) regarding medical malpractice settlements reported pursuant to Business and Professions Code section 801.

Although the state's fiscal crisis continues to affect the board's available resources, staff will seek ways to maximize efficiencies to offset limitations and ensure that public protection remains our highest priority.

Reports Per B&P Code Section 805 — FY 03-04

Total Reports Received		157
Peer Review Body Type		
Health Care Facility/Clinic		98
Hospital	94	
Mental Health Facility	1	
Clinic	2	
Surgical Center	1	
Health Care Service Plan		48
Professional Medical Society		0
Peer Review Committee		8
Other State Agency		3
Outcomes of Reports Received		
Disciplinary Actions		2
Surrender	1	
Suspension	1	
Accusations Filed		6
Pending Disposition		80
Cases Closed		69

Malpractice Reports Received Per B&P Code Section 801

	No. of Reports	No. of Physicians*
Anesthesiology	41	4,116
Cardiology	24	2,072
Colon and Rectal Surgery	1	130
Dermatology	11	1,482
Emergency Medicine	34	2,718
Family Practice	2	6,638
Gastroenterology	7	1,126
General Practice	87	6,638
General Surgery	79	3,796
Gynecology	30	4,395
Internal Medicine	78	18,842
Neonatal-Perinatal Medicine	1	480
Neurological Surgery	21	506
Neurology	12	1,133
Obstetrics	71	4,395
Oncology	2	935
Ophthalmology	22	2,396
Orthopedic Surgery	64	2,854
Otolaryngology	20	1,319
Pathology	7	2,334
Pediatrics	26	8,073
Plastic Surgery	29	874
Psychiatry	7	4,662
Radiology	41	4,510
Thoracic Surgery	10	660
Urology	20	1,170
Vascular Surgery	5	189

* Certified in Specialty

DIVISION OF MEDICAL QUALITY ACTION SUMMARY
PHYSICIANS & SURGEONS

	FY 02-03	FY 03-04
COMPLAINTS/INVESTIGATIONS[1]		
Complaints Received	11,556	8,240[2]
Complaints Closed by Complaint Unit	8,859	6,837[2]
Investigations		
Cases Opened	2,138	1,887
Cases Closed	2,361	2,117
Cases referred to the Attorney General (AG)	494	580
Cases referred for criminal action	47	37
Number of probation violation reports referred to the AG	12	34

Consumer inquiries	51,315
Jurisdictional inquiries	28,223
Complaint forms sent	11,289
Complaint forms returned by consumers	3,951

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 02-03 Avg.	FY 02-03 Median	FY 03-04 Avg.	FY 03-04 Median
1. Complaint Unit Processing	53	27	76	49
2. Investigation	208	183	220	189
3. AG Processing to preparation of an Accusation	91	57	107	64
4. Other stages of the legal process (e.g., after charges filed)	471	410	513	476

Enforcement Field Operations Caseload

	Statewide	Per Investigator
Active Investigations	1,060	18
AG Assigned Cases[3]	494	8
Probation Unit Caseload		
Monitoring Cases[4]	547	46
Active Investigations	43	4
AG Assigned Cases[3]	43	n/a[5]

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

[2] *Please refer to the Division of Medical Quality summary for an explanation of the decrease in the number of complaints received and closed.*

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

[4] *140 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2004.*

[5] *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	157	138	1,439	1,964	7	34	939	119	**4,797**
B&P Code[6]	2	3	0	1,161	0	44	30	0	**1,240**
Licensee/ Prof. Group[7]	37	18	58	39	2	14	87	28	**283**
Govt. Agency[8]	46	41	36	191	56	310	812	101	**1,593**
Anonymous/ Misc.	48	26	40	51	0	26	77	59	**327**
Totals	**290**	**226**	**1,573**	**3,406**	**65**	**428**	**1,945**	**307**	**8,240**

[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 800-805 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 02-03	FY 03-04
MEDICAL MALPRACTICE		
Insurers: B&P Code §§801 & 801.1	872	787
Attorneys or Self-Reported or Employers B&P Code §§801(e), 802 & 803.2	281	228
Courts: B&P Code §803	16	3
Total Malpractice Reports	**1,169**	**1,018**
CORONERS' REPORTS		
B&P Code §802.5	24	18
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	24	33
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason B&P Code §805	162	157
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death B&P Code §2240(a)	6	14

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 02-03	FY 03-04
ADMINISTRATIVE ACTIONS		
Accusation	258	262
Petition to Revoke Probation	18	26
Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30	115	126
Number of cases over 6 months old that resulted in the filing of an Accusation	n/a	208
ADMINISTRATIVE OUTCOMES		
Revocation	40	37
Surrender (in lieu of Accusation or with Accusation pending)	67	65
Suspension Only	4	2
Probation with Suspension	27	31
Probation	87	98
Probationary License Issued	10	11
Public Reprimand	58	51
Other Actions (e.g., exam required, educational course, etc.)	30	41
Accusation Withdrawn[1]	35	44
Accusation Dismissed	10	20
Dispositions of Probation Filings		
Probation Revoked or License Surrendered	9	9
Additional Suspension or Probation	5	11
Other Decisions	0	1
Public Reprimand	0	1
Petition Withdrawn/Dismissed	2	7
REFERRAL AND COMPLIANCE ACTIONS		
Citation and Administrative Fines Issued	532	423
Physicians Referred to Diversion Program[2]	28	38

	FY 02-03	FY 03-04
PETITION ACTIVITY		
Petition for Reinstatement of license filed	15	25
Petition for Reinstatement of license granted	13	9
Petition for Reinstatement of license denied	5	7
Petition for Penalty Relief[3] granted	18	21
Petition for Penalty Relief[3] denied	16	12
Petition to Compel Exam filed	16	11
Petition to Compel Exam granted	16	11
Petition to Compel Exam denied	0	0
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING		
Interim Suspension Orders[4]	12	22
Temporary Restraining Orders	0	0
Other Suspension Orders	28	35[5]

License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 03-04

	Orders Sought	Orders Granted
Criminal Charges/Conviction of a Crime	2	3
Drug Prescribing Violations	2	4
Fraud	9	9
Gross Negligence/Incompetence	5	7
Mental/Physical Illness	8	11
Self-Abuse of Drugs or Alcohol	6	12
Sexual Misconduct	12	11
Total	**44**	**57**

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

Administrative Outcomes by Case Type in FY 03-04[6]

	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	5	10	0	13	45	0	24	30	127
Inappropriate Prescribing	3	9	0	3	5	0	5	4	29
Unlicensed Activity	1	0	0	1	1	0	3	2	8
Sexual Misconduct	3	8	0	4	4	0	1	0	20
Mental Illness	9	11	2	0	3	1	0	0	26
Self-Use of Drugs/Alcohol	7	10	0	1	8	3	0	0	29
Fraud	2	5	0	7	3	0	1	1	19
Conviction of a Crime	5	8	0	1	5	0	2	0	21
Unprofessional Conduct	2	2	0	1	15	7	15	4	46
Miscellaneous Violations	0	2	0	0	9	0	0	0	11
Totals by Discipline Type	**37**	**65**	**2**	**31**	**98**	**11**	**51**	**41**	**336[6]**

[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 - gross negligence/incompetence resulting in serious bodily injury or death, 1- excessive prescribing, 6 - sexual misconduct with a patient, and 1 - practicing under the influence of drugs/alcohol.*

[5] *Includes 3 Automatic Suspension Orders per B&P Code section 2236.1, 15 license restrictions per Penal Code section 23, and 17 out-of-state suspension orders per B&P Code section 2310.*

[6] *Pursuant to B&P Code section 2220.05(c), disciplinary actions were taken in the following priority categories: 35 - gross negligence/incompetence resulting in serious bodily injury or death, 0 - practicing under the influence resulting in serious bodily injury or death, 26 - excessive prescribing, 14 - sexual misconduct with a patient, and 4 - practicing under the influence of drugs/alcohol.*

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS PROFESSIONALS

	FY 02-03	FY 03-04
COMPLAINTS/INVESTIGATIONS[1]		
Complaints Received	1,138	428
Complaints Closed by Complaint Unit	819	370
Investigations:		
Cases Opened	226	86
Cases Closed	314	86
Cases referred to the AG	89	41
Cases referred for criminal action	4	2
Number of Probation Violation Reports referred to AG	4	3
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING		
Interim Suspension Orders	4	0
Other Suspension Orders[2]	0	3
ADMINISTRATIVE ACTIONS		
Accusation	30	21
Petition to Revoke Probation	2	4
Statement of Issues to deny application	3	3
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	14	7
ADMINISTRATIVE OUTCOMES		
Revocation/Surrender	14	15
Probation with Suspension/Probation	21	22
Other Actions (e.g., exam required, education course)	2	0
Statement of Issues Granted (License Denied)	1	0
Statement of Issues Denied (License Granted)	4	1
Accusation/Statement of Issues Withdrawn	2	3
Accusation Dismissed	0	0
REFERRAL AND COMPLIANCE ACTIONS		
Citation and Administrative Fines Issued	14	14
Office Conferences Conducted	2	6

	FY 02-03	FY 03-04
PETITION ACTIVITY		
Petition for Reinstatement of license granted	0	0
Petition for Reinstatement of license denied	2	0
Petition for Penalty Relief [3] granted	0	1
Petition for Penalty Relief [3] denied	1	1
Petition to Compel Exam granted	4	0
Petition to Compel Exam denied	0	0

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 02-03	FY 03-04
MEDICAL MALPRACTICE		
Insurers		
B&P Code §§801 & 801.1	13	21
Attorneys or Self-Reported or Employers		
B&P Code §§801(e), 802 & 803.2	5	2
Courts		
B&P Code §803	1	0
Total Malpractice Reports	**19**	**23**
CORONERS' REPORTS		
B&P Code §802.5	0	1
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §803.5	0	1
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason		
B&P Code §805	11	2

[1] *Affiliated healing arts professionals include podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives. Effective Aug. 1, 2003, MBC discontinued processing complaints received by the Board of Psychology.*

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

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

The Annual Report also is available in the "Publications" section of the Medical Board's Web site: www.caldocinfo.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.

Improving Influenza Immunization Rates

(continued from page 12)

track community incidence of influenza and using data from emergency rooms, physicians' offices, and clinics. As the incidence increases, infection control and hospital administration should work together to identify pending admissions of potential influenza cases, to establish parameters for visitor restrictions, redouble efforts to immunize staff, and to use standard isolation procedures.

Increasing immunization coverage among the inpatient population can be improved by using one or several systematic interventions recommended by the Centers for Disease Control and Prevention[9]:

- Establish administrative systems in inpatient and outpatient settings to prompt staff to identify patients with indications for vaccination and offer services.
- Involve all key physician and non-physician staff in planning/execution.
- Institute standardized nursing procedures to facilitate your program.
- Display vaccination goals and chart progress in ways visible to patients and staff.
- Use provider and patient reminder systems.
- Establish Continuous Quality Improvement systems.

Physician leadership and support is critically necessary to ensure that no patient suffer because an opportunity to vaccinate slipped by. For more information regarding improving vaccination rates in your hospital, visit www.apic.org, www.cdc.gov/flu, www.immunizecaadults.org, or call: (510) 540-2065.

The California Adult Immunization Coalition is a steering committee established in 2002 of more than 20 organizations committed to developing a long-term, strategic, and integrated effort to improve adult immunization rates for adults who are underserved, at risk, and/or have limited access to preventive care services in California.

Notes

1 CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2003. 52(RR8):1-44.

2 Bratzler DW, Houck PM, Jiang H, et al. Failure to vaccinate Medicare inpatients. Arch Intern Med. 2002;162:2349-2356.

3 Fedson, DS, Wajda A, Nicol JP, Roos LL. Disparity between influenza vaccination rates and risks for influenza-associated hospital discharge and death in Manitoba in 1982-1983. Ann Intern Med 1992;116:550-5.

4 CDC. Prevention and Control of influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2003. 52(RR8):1-44.

5 Malavaud S, Malavaud B, Sanders K, et al. Nosocomial outbreak of influenza virus A (H3N2) infection in a solid organ transplant department. *Transplantation*. 2001; 72(3):535-7.

6 CDC. Outbreak of influenza A in a nursing home-New York, Dec. 1991-Jan. 1992. MMWR. 1992; Feb 4 (18):129-131.

7 Cunney RJ, Bialachowski A, Thornley D, Smaill FM, Pennie RA. An outbreak of influenza A in a neonatal intensive care unit. *Infect Control Hosp Epidemiol.* 2000;21(7):449-51.

8 The Association for Professionals in Infection Control & Epidemiology. "Protect your patients. Protect yourself" tool kit. 2004.

9 CDC. Hospital strategies. www.cdc.gov/nip/publications/adult-strategies/hosptlfn.htm. 2001.

CME

CME accredited sites offering pain management programs at no cost:

1) The American Medical Association Pain Management: The online series: www.ama-cmeonline.com

2) Community of Interest Network (COIN) in Pain Management & Palliative Care CME Courses: www.cme-webcredits.org/COIN.html

3) The American Academy of Family Physicians: www.familypractice.com/lectures/lecture_hall/lecture_intro_frame.htm

No Safe Blood Levels For Lead

Know Your Responsibilities for Pediatric Patient Guidance and Blood Lead Testing

Linda Crebbin, M.D., M.P.H., Physician Consultant, Yan Chin, M.D., M.P.H., Public Health Medical Officer, and Valerie Charlton, M.D., M.P.H., Chief, Childhood Lead Poisoning Prevention Branch, Department of Health Services

The majority of children in California today with elevated blood lead levels do not have acute clinical lead poisoning, and will not have overt clinical symptoms. However, they are still at risk for adverse neurodevelopmental effects.

It is essential that children at risk for lead poisoning be screened and those with elevated blood lead levels be identified, to prevent ongoing lead exposure and to address associated problems from lead poisoning.

Information from public health programs indicates that a large number of at-risk children who are required to have blood lead screening under California regulations are not being screened. These children may have unrecognized elevated blood lead levels.

What You Are Required to Do for Pediatric Patients

As a physician treating children, you are required by California regulations to do the following:

- Give anticipatory guidance to parent or guardian on lead hazards at each periodic health assessment visit from the age of six months until the child reaches 72 months of age.
- Screen children by blood lead testing at 12 and 24 months of age if they are receiving services from publicly supported programs for low-income children, such as Medi-Cal, the Child Health and Disability Prevention Program, the Special Supplemental Nutrition Program for Women, Infants and Children, and Healthy Families.
- Screen children by blood lead testing at 12 and 24 months of age if they are not in such programs but are found to be at risk because a parent or guardian answers "yes" or "don't know" to the risk assessment question: *"Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated?"*
- Perform these evaluations or screenings upon learning that the child is less than 24 months old and the evaluation or screening was not done at 12 months of age or the child is from 24 months up to 72 months old and the evaluation or screening was not done at the age of 24 months.
- Screen any child up to 72 months old if changed circumstances have put the child at risk.
- If the blood lead level (BLL) is equal to or greater than 10 µg/dL, take steps to reduce it to less than 10 µg/dL; e.g., education, clinical evaluation, follow-up BLLs, referral to the local childhood lead poisoning prevention program, and chelation when appropriate.

Additionally, any child whose parent or guardian requests screening also should be tested.

Even Low Levels of Lead in Childhood Are a Cause for Concern

Lead remains a serious environmental threat, especially for children. While the current "level of concern" identified by the Centers for Disease Control and Prevention for blood lead levels in children is 10 µg/dL, even blood lead levels below 10 µg/dL may have adverse effects in young children.

Recent studies have found deficits in cognitive and academic skills at blood lead concentrations less than 5µg/dL[1], and an increase in blood lead from 1µg/dL to 10µg/dL has been associated with a corresponding decrease of 4.6 – 7.4 IQ points.[2]

Young children are much more vulnerable to lead poisoning because of increased exposure due to normal developmental behavior (crawling, mouthing objects, hand to mouth behavior, poorer hygiene), increased gastrointestinal absorption compared to adults, and increased neurodevelopmental sensitivity.

Childhood Lead Exposure in California

Although there have been major decreases in population lead levels in the United States due to the removal of lead in any significant quantity from gasoline, paint, and soldered food cans, lead remains ubiquitous in our environment. Lead sources include:

- Pre-1978 housing with paint in poor condition or undergoing renovation
- Lead contaminated dust and soil
- Lead from the skin/clothing of family members with occupational lead exposure

(Continued on page 15)

HEALTH NEWS

No Safe Blood Levels For Lead

(continued from page 14)

- Some hobbies (e.g., stained glass, ceramics, firearms)
- Lead exposure in country of origin for foreign adoptees or immigrants
- Some cultural sources

Cultural Sources in California

In California, with its culturally diverse population, children are at risk for exposure to lead from cultural practices, in addition to the usual sources, such as paint in deteriorating older homes. These cultural sources include:

Imported candy and food items:

- Some brands of Mexican candies have been found to have high levels of lead. Lead contamination has been found to be present in candy (e.g., some candy containing chili powder or made with tamarind fruit). Lead can also be in the packaging (lead-containing wrappers, lollipop sticks, ceramic jars).
- Other food items, such as chapulines (grasshoppers) and some Mexican dried chilies/ chili powder have been found to contain lead.

Lead glazed pottery:

- Lead can leach into food and beverages, especially those that are acidic.
- Pica. There have been case reports in California of pregnant women ingesting pottery.

Traditional ethnic folk remedies:

- Some traditional Mexican folk remedies, such as greta and azarcon, have been found to contain up to 95 percent lead.
- Some traditional Asian and Indian remedies and cosmetics, such as kohl, sindoor, paylooah, kushta, alkohl, and koosar, have been found to be high in lead.

How Many Children Are Affected?

In 2003, there were over 3,500 California children under age six newly identified with blood lead levels greater than or equal to10 µg/dL. From 2001 to 2003, 700 to 800 children per year were identified with blood lead levels high enough to require special public health nursing and environmental services. Data from 2001 to 2002 indicate that the majority of these children were identified as Latino.

Summary: There is Currently No Known Safe Lower Level of Lead

Lead continues to represent a serious threat to the health of California children. Screening should be provided if a child is at risk for lead poisoning based on recommended screening guidelines, or if the parent or guardian requests lead testing for their child.

For further information, please consult the California Department of Health Services Childhood Lead Poisoning Prevention Branch (CLPPB) Web site at www.dhs.ca.gov/childlead or telephone the CLPPB at (510) 622-5000.

Notes

1 Lanphear et al., Public Health Report 2000; 115:521-529

2 Canfield et al., NEJM 2003; 348:1517-1526

Emergency Situation Driving Emblem Available

A state law allowing physicians to exceed speed limits when driving to emergencies has been reestablished. Vehicle Code section 21058 provides a waiver of most speeding laws when a physician's vehicle displays a California Highway Patrol-approved emblem.

However, the exemption is not intended for use on freeways, and does not apply to other traffic laws, such as stoplights, stop signs, yield signs, etc., and does not apply if the vehicle is operated in a reckless manner or without regard for the safety of others.

The emblem is available through the California Medical Association (CMA). Members receive one free emblem and additional emblems for $10 each; nonmember price is $50 each.

To place an order, call the CMA publications line (800) 882-1262 or order online through the CMA bookstore at www.cmanet.org.

ADMINISTRATIVE ACTIONS: May 1, 2004 to July 31, 2004

PHYSICIANS AND SURGEONS

ABRAHAM, ILONA, M.D. (A25564) Encino, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligent acts, failing to keep adequate and accurate medical records and dispensing dangerous drugs without a medical indication in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, complete a medical record keeping course, obtain a practice monitor, complete educational courses in addition to required CME and complete an ethics course. May 13, 2004

ALLIEGRO, ANSELMO MIGUEL, M.D. (C38447) Glendale, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts and failing to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, complete a clinical training program, complete a medical record keeping course, obtain a practice monitor and complete educational courses in addition to required CME. July 26, 2004

ALTAMIRANO, JOSEPH RODERICK, M.D. (G63870) Los Angeles, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by failing to extend an observation period for a 16-month-old child being treated for respiratory congestion, also failed to order recordation of an unintended administration of Hycodan. Public Letter of Reprimand. May 28, 2004

AYYAGARI, RAMCHANDRA, R., M.D. (A42495) 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. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, complete a clinical training program and obtain a practice/billing monitor. June 26, 2004

Explanation of Disciplinary Language and Actions

"Effective date of decision" — Example: "July 26, 2004" 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.

BEORIS, PETER ANTHONY, M.D. (G35111)
Oakland, CA
B&P Code §§2234, 2236(a), 2239(a). Convicted of driving under the influence of alcohol. Revoked, stayed, placed on 10 years probation with terms and conditions including, but not limited to, complete Diversion Program, abstain from the use of alcohol and the use or possession of controlled substances, submit to biological fluid testing and obtain a practice monitor. March 22, 2004

BOOKER, JOHN CHARLES, M.D. (G49180)
Visalia, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence for failing to take a patient's blood pressure and weight, giving the patient a pregnancy test, or, in the alternative, to hospitalize patient. Physician completed a clinical training program. Public Letter of Reprimand. July 28, 2004

BROWN, FREDERICK BURWELL, M.D. (G33715)
Spring Lake, MI
B&P Code §§141(a), 2305, 2234. Stipulated Decision. Disciplined by Michigan for failing to check the status of a hospitalized patient after being advised by nursing staff of patient's deterioration. Public Letter of Reprimand. June 30, 2004

CHARAP, ARTHUR DAVID, M.D. (G36958)
Anaheim, CA
B&P Code §§2234(e), 2238, 2239. Stipulated Decision. Self-administered controlled substances, violated drug statutes and made false statements during the course of the investigation. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, prohibited from ordering, prescribing, dispensing, administering or possessing Schedules II, IIN and IIIN controlled substances, must maintain a separate drug record of all controlled substances, complete an ethics course and complete a professional boundaries program. June 9, 2004

CLOUD, THOMAS CALVIN, III, M.D. (G41210)
Los Angeles, CA
B&P Code §§802.1(a)(1)(2), 2236. Convicted of felony assault and failed to report the felony conviction to the Medical Board of California. Revoked. June 10, 2004

CRABTREE, ROBERT H., M.D. (G4863)
Paradise, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a clinical training program and obtain a practice monitor. May 20, 2004. Subsequently surrendered license effective July 23, 2004.

CURTIN, WILLIAM JAMES, M.D. (A24102)
South Williamson, KY
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Violated the terms and conditions of his board-ordered probation by being disciplined by West Virginia for inappropriate notations of a personal nature in a patient's chart. Additional terms and conditions added to the previous 7-year probation including, but not limited to, complete a professional boundaries program and complete a medical record keeping course. June 14, 2004

DAVIS, CLIFFORD A., M.D. (C18031)
Woodland Hills, CA
B&P Code §§2234(e), 2236. Convicted of a felony for conspiracy to distribute a controlled substance by means of false and fraudulent prescriptions. Revoked. July 1, 2004

DICTEROW, MAURICE LEO, M.D. (G22466)
Sherman Oaks, CA
B&P Code §§2242, 2266. Stipulated Decision. Prescribed multiple medications to a patient without seeing or examining the patient and failed to document a pertinent history, physical examination and reasonable assessment. Public Letter of Reprimand. May 20, 2004

DUTTA, SUKALPA JOHN, M.D. (A87325)
Southfield, MI
B&P Code §§475(a)(1)(2), 480(a)(1)(c). Stipulated Decision. Failed to disclose a misdemeanor conviction for grand theft on his application for licensure with the Medical Board of California. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, complete an ethics course and complete 120 hours of community service. Decision effective December 10, 2003, probationary license issued May 26, 2004.

EIDELMAN, WILLIAM S., M.D. (G32011)
Hallandale, FL
B&P Code §§2234(a)(b)(c)(d)(e), 2238, 2242(a), 2261, 2264, 2266, 2272. Committed acts of gross negligence, repeated negligence, incompetence, dishonesty, false advertising; violated drug statutes, prescribed without a medical examination, aided the unlicensed practice of medicine, made false statements in documents and failed to maintain adequate and accurate medical records in the care and treatment of several patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a medical record keeping course, complete a clinical training program, obtain a practice monitor and cannot practice at his place of residence. July 6, 2004

ESFAHANI, MAHSA, M.D. (A86986)
Santa Clara, 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, placed on 3 years probation with terms and conditions including, but not limited to, complete an ethics course and complete 120 hours of community service. Decision effective April 15, 2004, probationary license issued May 5, 2004.

FISHER, DAVID EDISON, M.D. (A36514)
Redlands, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by failing to adequately and accurately document treatment provided to a patient. Physician completed a clinical training program. Public Letter of Reprimand. July 28, 2004

FLAGG, GWENERVERE LOUISE, M.D. (G42472)
Los Angeles, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of 12 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtain a practice/billing monitor, complete educational courses in addition to required CME and complete a clinical training program. June 11, 2004

FOXLEY, WILLIAM NOALL, M.D. (G68067)
Tulare, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct in the care and treatment of 7 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a clinical training program and obtain a practice monitor. June 11, 2004

FURMANSKI, STANLEY, M.D. (A25499)
Los Angeles, CA
B&P Code §§2236(a), 2261. Stipulated Decision. Convicted of 2 counts of mail fraud and made false statements in documents. Revoked, stayed, placed on 10 years probation with terms and conditions including, but not limited to, 5 years actual suspension, complete a medical record keeping course, complete an ethics course, complete a clinical training program and complete 10 hours of free community services. June 7, 2004

GREWAL, SUKHDEEP K., M.D. (A52636)
Newport Beach, CA
B&P Code §2234(a)(b)(c)(d). Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, maintain record of controlled substances, complete educational courses in addition to required CME, complete a prescribing practices course, complete an ethics course and complete a clinical training program. June 21, 2004

HALL, MICHAEL DAVID, M.D. (G66822)
Yorba Linda, CA
B&P Code §§2234(c)(d), 2266. Stipulated Decision. Committed acts of repeated negligence and incompetence by incorrectly interpreting a patient's treadmill test, failing to treat or refer the patient to an emergency room, failing to discuss or document risks and benefits of a blood transfusion, failing to obtain vital signs or an EKG and failing to know the meaning of "STAT" when ordering lab tests. Physician completed a clinical training program, a medical record keeping course and an ethics course. Public Letter of Reprimand. May 5, 2004

HAND, HAROLD E., M.D. (C28963) Stockton, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts by failing to conduct a postoperative examination following LASIK eye surgery. Physician completed a clinical training program. Public Letter of Reprimand. July 14, 2004

IMANDOUST, MOHAMMAD, M.D. (C50910)
San Diego, CA
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Illinois for failure to ensure that the corporation had taken sufficient steps to provide for retention and distribution of patients' medical records from a bankrupt corporation. Public Letter of Reprimand. May 20, 2004

JAVANSHIR, DARIUSH, M.D. (A42017)
Anaheim, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records on the histories, examinations, diagnosis and treatment plan of a patient. Physician completed an ethics course, a prescribing practices course and a medical record keeping course. Public Letter of Reprimand. July 21, 2004

For further information...

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

KAPLAN, ABE, M.D. (A15858) Brentwood, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by failing to document vital signs and to recommend urgent evaluation when notified that the patient had respiratory distress. Public Letter of Reprimand. July 15, 2004

KATZ, ELI, M.D. (G52482) Ventura, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by prematurely discharging a patient on 2 occasions from hospitalizations and failing to follow up on high serum iron levels during those hospitalizations. Physician completed an ethics course and a physician boundaries course. Public Reprimand. June 16, 2004

KAWESCH, GLENN A., M.D. (G57903)
San Diego, CA
B&P Code §2236. Felony conviction for income tax evasion. Revoked. June 25, 2004. Judicial review being pursued.

KIM, SUSAN SOO YOUNG, M.D. (A87629)
Fair Oaks, CA
B&P Code §§141, 480(a)(3), 2305. Disciplined by the U.S. Air Force for a condition affecting her ability to practice medicine safely and terminated from her residency program for poor overall performance. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, no solo practice and obtain a practice monitor. June 23, 2004

KINTER, CHRISTOPHER ROBIN, M.D. (G73863)
Fresno, CA
B&P Code §2234(b). Stipulated Decision. Committed gross negligence by inadvertently stapling across the portahepatis of a patient following gastric bypass operation. Must complete a clinical training program. Public Reprimand. July 15, 2004

KIVETT, WILLIAM FRANCIS, M.D. (G34668)
Santa Rosa, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by demonstrating incomplete judgment and skill during surgery on several patients and by enhancing the description of the surgical procedure in the operative report. Physician completed a clinical training program and an ethics course. Public Reprimand. July 12, 2004

KRUGMAN, LAWRENCE, M.D. (G15250)
Apple Valley, CA
B&P Code §§2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence by failing to consider or rule out a diagnosis of appendicitis, failing to order appropriate laboratory studies, failing to obtain a surgical consult or discuss the case with a surgeon and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Must complete a clinical training program and a medical record keeping course. Public Reprimand. June 4, 2004

LAMBERT, CHRISTOPHER VARNEY, M.D.
(G32409) Santa Barbara, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts for discharging a patient with a prescription without first administering the medication and monitoring the patient for possible adverse effects. Physician completed an oral competency examination. Public Reprimand. July 20, 2004

LAMOND, RODERICK GOW, M.D. (A42165)
Denver, CO
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Colorado for inappropriate administration of a drug. Public Letter of Reprimand. June 24, 2004

LANDRY, ABNER MARTIN, M.D. (A44973)
Largo, FL
B&P Code §§141(a), 2305. Disciplined by Florida due to a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstain from the use of alcohol and the use and possession of controlled substances, complete Diversion Program, submit to biological fluid testing, maintain a record of all controlled substances prescribed or dispensed and obtain a practice monitor. July 5, 2004

LEFTWICH, JAMES W., M.D. (C16971)
Toluca Lake, CA
B&P Code §821. Failed to comply with an order issued pursuant to B&P Code section 820. Revoked. July 5, 2004

LEHMAN, KENT WALTER, M.D. (G38595)
Orange, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, dishonesty, excessive prescribing, falsifying medical records, prescribing without a good faith examination or medical indication, failing to maintain adequate and accurate medical records, violating drug laws and violating the terms and conditions of his board-ordered probation. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension, complete a medical record keeping course, obtain a practice monitor and complete a clinical training program. May 6, 2004

LEVITAN, RUSS L., M.D. (G58508)
San Luis Obispo, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records. Physician completed a clinical training program. Public Reprimand. July 29, 2004

LINDAUER, THEODORE, M.D. (C28292)
Exeter, NH
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by New Hampshire for failure to ensure that a patient was properly monitored after admission to a hospital for chemical dependency. Public Letter of Reprimand. June 28, 2004

LIZARRAGA, JUAN FERNANDO, M.D. (A49181)
Cerritos, CA
B&P Code §§2234(c), 2266. Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 11 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 45 days actual suspension, complete a medical record keeping course, complete a clinical training program, obtain practice/billing monitor and complete an ethics course. June 14, 2004

LONG, JAMES M., M.D. (G58419)
San Diego, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by failing to immediately defibrillate a patient, failing to demonstrate familiarity with the operation of the defibrillator, failing to apply shocks in the proper sequence and rate and failing to administer cardiotropic mediation in correct sequence. Must complete a clinical training program. Public Reprimand. June 3, 2004

Please Check Your Physician Profile at the Medical Board's Web Site

Your Address of Record is Public

www.caldocinfo.ca.gov

Signed address changes may be submitted to the board by fax at (916) 263-2944, or by regular mail at:

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

MCBRIDE, CLIFTON R., M.D. (A18026)
Los Angeles, CA
B&P Code §§725, 2234(b)(c)(d), 2238, 2241, 2242, 2261, 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, excessive prescribing, prescribing without medical indication, prescribing controlled substances to addicts and failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, complete educational courses in the area of pain management in addition to required CME. July 5, 2004

MEDANSKY, ROLAND S., M.D. (C23519)
Skokie, IL
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Illinois for failing to maintain proper medical records in the care and treatment of 1 patient. Public Letter of Reprimand. June 30, 2004

MOHAMMEDI, MEHRUNISA, M.D. (A25926)
La Mirada, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligent acts in the care and treatment of 9 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, complete a medical record keeping course, complete an ethics course and obtain a billing monitor. July 30, 2004

NEHORAI, JAVID, M.D. (A50840)
Los Angeles, CA
B&P Code §2266. Stipulated Decision. Failed to maintain complete medical records in the care and treatment of 1 patient. Physician completed a clinical training program and a medical record keeping course. Public Reprimand. June 24, 2004

OLACO, JULIO P., M.D. (A22873)
Marina Del Rey, CA
B&P Code §§490, 493, 2236, 2234(a), 2264. Stipulated Decision. Convicted of aiding and abetting the unlicensed practice of medicine. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension, complete an ethics course, no solo practice and obtain a practice and billing monitor. May 3, 2004

PAREDES, ROBERT ROSALES, M.D. (A41527)
San Juan Capistrano, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, incompetence, excessive treatment, making false statements, altering medical records and failing to maintain adequate and

accurate medical records in the care and treatment of 7 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, complete a medical record keeping course, complete an ethics course and obtain a practice and billing monitor. May 10, 2004

PARTIDA-RUESGA, JOSE MARIA, M.D. (C41951)
Chula Vista, CA
B&P Code §§125, 2234(b), 2264. Aided and abetted the unlicensed practice of medicine constituting an extreme departure from the standard of care. Physician completed an ethics course. Public Letter of Reprimand.
June 14, 2004

RAGLAND, HOWARD KERR, JR., M.D. (A51837)
Los Angeles, CA
B&P Code §§2234, 2236. Stipulated Decision. Committed unprofessional conduct and failed to maintain adequate and accurate medical records in the care and treatment of 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a clinical training program, complete a medical record keeping course and obtain a practice monitor.
June 23, 2004

RIVERO, EVELYN C., M.D. (A37002)
Los Angeles, CA
B&P Code §2242. Stipulated Decision. Prescribed weight loss drugs without documented medical indication. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a clinical training program, complete a medical record keeping course, complete educational courses in addition to required CME, complete a prescribing practices course, no solo practice and obtain a practice monitor.
May 19, 2004

SCHICK, PETER MICHAEL, M.D. (G19695)
Van Nuys, CA
B&P Code §§651, 652, 822, 2052, 2054, 2234(a)(e), 2261, 2271, 17500. Committed unprofessional conduct and dishonest acts by practicing medicine while his license was suspended and making false and misleading representations about the status of his license. Also has a condition affecting his ability to practice medicine safely. Revoked. May 10, 2004. Judicial review being pursued.

START, THOR, M.D. (G30109) Vallejo, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and incompetence for failing to refer a patient with many risk factors for a more extensive work-up. Physician completed a clinical training program. Public Reprimand. July 23, 2004

STAVROS, GEORGE E., M.D. (C26737)
Paradise Valley, AZ
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Arizona for failing or refusing to maintain adequate medical records on multiple patients. Public Letter of Reprimand. June 9, 2004

STEEL, SAMUEL LEE, M.D. (A56274)
El Paso, TX
B&P Code §822. Disciplined due to a condition affecting his ability to practice medicine safely. Revoked.
May 3, 2004

SU, SEAN PHONG-QUOC, M.D. (A88294)
Las Vegas, NV
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose misdemeanor conviction for petty theft on his application for licensure with the Medical Board of California. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, complete 120 hours of community service and complete an ethics course. July 19, 2004

SWANSON, CRAIG EDWARD, M.D. (A41844)
Crescent City, CA
B&P Code §2234. Violated the terms and conditions of his board-ordered probation. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, suspension until he enrolls in a clinical training program and obtains a practice monitor.
July 26, 2004

SYED, ALEEM A., M.D. (A53387) Anaheim, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by failing to personally ensure that a patient was advised of radiology study results and failing to ensure appropriate action was taken in response to those findings. Public Reprimand. July 16, 2004

TORREBLANCA, JOSE MANUEL, M.D. (A41327)
South Gate, CA
B&P Code §§490, 2234(b), 2236, 2285, 2415. Stipulated Decision. Committed acts of gross negligence in the care and treatment of several patients, failed to file for a fictitious name permit and was convicted of a misdemeanor. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 1 year actual suspension, complete a prescribing practices course, complete a medical record keeping course, complete an ethics course, no solo practice and obtain a practice and billing monitor.
July 5, 2004

TORRES, ARTURO ALEJO, M.D. (G43287)
Houston, TX
B&P Code §125.9. Failed to comply with CME requirements and a citation order. Revoked. June 7, 2004

VAUGHAN, MARK ANDREW, M.D. (A67399)
Auburn, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct by failing to correctly diagnose and order antibiotic treatment for a patient. Public Letter of Reprimand. June 29, 2004

WARNER, PHILLIP O., M.D. (A18808)
Sacramento, CA
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Washington for practicing without a license and prescribing without doing a prior physical examination. Public Letter of Reprimand. May 12, 2004

WEINER, MARVIN E., M.D. (G3758)
Pacific Palisades, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, making false statements and dishonesty. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension, prohibited from performing any type of mammography service, complete an ethics course and obtain a practice and billing monitor. July 30, 2004

YACOBIAN, SONIA H., M.D. (A52602)
Glendale, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive use of diagnostic procedures and failure to maintain adequate and accurate medical records in the care and treatment of 15 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a medical record keeping course, complete a prescribing practices course, complete an ethics course, complete a clinical training program, no solo practice and obtain a practice and billing monitor. May 17, 2004. Judicial review being pursued.

YANG, JACK CHENG-YUAN, M.D. (G73002)
San Diego, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by failing to properly supervise another physician performing a surgical procedure. Public Letter of Reprimand. June 16, 2004

ZABETIAN, MOHSEN, M.D. (A23324) Hemet, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and repeated negligent acts in the care and treatment of 2 patients. Public Reprimand. June 17, 2004

DOCTORS OF PODIATRIC MEDICINE

FOWLER, MORRIS BROWN, II, D.P.M. (E1830)
Whittier, CA
B&P Code §§2234, 2266. Stipulated Decision. Committed unprofessional conduct by failing to maintain adequate and accurate medical records in the care and treatment of 8 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, complete a medical record keeping course, complete an ethics course and obtain a practice monitor. May 28, 2004

LITTLE, MARK DOUGLAS, D.P.M. (E3882)
Orange, CA
B&P Code §§810, 2234(a)(e), 2261, 2262, 2266. Committed acts of dishonesty, insurance fraud, altered or modified medical records and created false medical records with fraudulent intent and failed to maintain adequate and accurate medical records in the care and treatment of 8 patients. Revoked. May 20, 2004

PHYSICIAN ASSISTANTS

ANENIH, JAMES OBEHI, P.A. (PA17433)
Burbank, CA
B&P Code §§480(a)(1)(3), 3527(a). Stipulated Decision. Misdemeanor conviction for corporal injury to spouse. License issued, revoked, stayed, placed on 5 years probation with terms and conditions. June 4, 2004

EVANS, WILLIAM ROBERT, P.A. (PA17395)
Saugus, CA
B&P Code §§480(a)(1)(2), 3527(a). Stipulated Decision. Misdemeanor convictions for intoxication and possession/use of controlled substances. Probationary license issued, placed on 5 years probation with terms and conditions. Decision effective April 21, 2004, probationary license issued April 27, 2004.

HANKS, JAMES, III, P.A. (PA10424)
Marina Del Rey, CA
B&P Code §§725, 2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, excessive prescribing and failed to maintain adequate and accurate medical records in the care and treatment of 8 patients. Revoked, stayed, placed on 3 years probation with terms and conditions. May 10, 2004

HERRERA, ENRIQUE, P.A. (PA17472) Mission, TX
B&P Code §480(a)(1)(3). Convicted on 1 count of unlicensed practice of medicine creating risk of great bodily harm. License issued, revoked, stayed, placed on 3 years probation with terms and conditions.
July 6, 2004

TURNIPSEED, STEVEN DUVALL, P.A. (PA11867) Tarzana, CA
B&P Code §3527(a). Stipulated Decision. No admissions but charged with gross negligence and repeated negligence in the care and treatment of several patients. Revoked, stayed, placed on 3 years probation with terms and conditions. July 6, 2004

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

ABEYATUNGE, LAMBERT RAJENDRA, M.D. (A38300) Las Vegas, NV
B&P Code §§141, 2305. June 25, 2004

ANDERSON, KEVIN P., M.D. (G59033) Pasadena, CA
B&P Code §2236. May 12, 2004

FRIEDMAN, BURTON J., M.D. (C25006) Milwaukee, WI
B&P Code §§141, 2305. June 15, 2004

GERBER, MELVIN, M.D. (G11876) Phoenix, AZ
B&P Code §§141, 2305. May 11, 2004

GILMAN, BRADLEY WADE, M.D. (A65172) Irvine, CA
B&P Code §§141, 2305. June 1, 2004

KNIGHT, ADRIENNE EVANGELINE, M.D. (G78549) Orange, CA
B&P Code §§141, 2305. July 19, 2004

MCCANN, DAVID M., M.D. (G57396) Orangevale, CA
B&P Code §2234. July 22, 2004

MICKEL, EDWIN A., M.D. (C15673) Moreno Valley, CA
B&P Code §822. May 13, 2004

MOHALLA, AIMAN NASSER, M.D. (A53342) Long Beach, CA
B&P Code §§490, 493, 2234(e), 2236. May 28, 2004

SABOT, THEODORE J., M.D. (G8825) Pittsfield, MA
B&P Code §2234. June 28, 2004

SCHEID, TERRANCE MICHAEL, M.D. (G62610) Brookfield, WI
B&P Code §2234. May 19, 2004

SIRCAR, SAMAR, M.D. (A31260) Torrance, CA
B&P Code §2234. June 8, 2004

STAKELY, JAMES L., M.D. (A22632) San Diego, CA
B&P Code §2234. July 15, 2004

TRUSNOVIC, WILLIAM DANIEL, M.D. (G70311) Washington, PA
B&P Code §§141, 2305. May 19, 2004

VANNIX, GEORGE LEA, M.D. (A18549) Somis, CA
B&P Code §§2234, 2266. July 8, 2004

VU, UONG VAN, M.D. (A35958) San Diego, CA
B&P Code §§820, 2234(a). May 19, 2004

WALKER, RICHARD W., M.D. (C17026) Rock Springs, WY
B&P Code §§141, 2305. May 12, 2004

WATKINS, WILLIAM E., M.D. (C36219) Carlsbad, CA
B&P Code §2234. May 27, 2004

DOCTOR OF PODIATRIC MEDICINE

KOSCINSKI, CHARLES JEROME, D.P.M. (E1492)
B&P Code §§2234, 2266. July 16, 2004

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

www.caldocinfo.ca.gov

(916) 263-2600

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

Department of Consumer Affairs
Medical Board of California
1426 Howe Avenue
Sacramento, CA 95825-3236

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

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

Medical Board:	
Applications	(916) 263-2499
Complaints	(800) 633-2322
Continuing Education	(916) 263-2645
Diversion Program	(916) 263-2600
Health Facility Discipline Reports	(916) 263-2382
Fictitious Name Permits	(916) 263-2384
License Renewals	(916) 263-2382
Expert Reviewer Program	(916) 263-2458
Verification of Licensure/ Consumer Information	**(916) 263-2382**
General Information	(916) 263-2466
Board of Podiatric Medicine	**(916) 263-2647**
Board of Psychology	**(916) 263-2699**
Affiliated Healing Arts Professions:	
Complaints	(800) 633-2322
Midwives	(916) 263-2393
Physician Assistants	(916) 263-2670
Registered Dispensing Opticians	(916) 263-2634
For complaints regarding the following, call (800) 952-5210	
Acupuncture	(916) 263-2680
Audiology	(916) 263-2666
Hearing Aid Dispensers	(916) 327-3433
Physical Therapy	(916) 263-2550
Respiratory Care	(916) 323-9983
Speech Pathology	(916) 263-2666

ACTION REPORT — OCTOBER 2004
Candis Cohen, Editor (916) 263-2389

For copies of this report, fax your request to (916) 263-2387 or mail to: Medical Board, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. The *Action Report* is available in the "Publications" section of the board's Web site: www.caldocinfo.ca.gov.