



MEDICAL BOARD OF CALIFORNIA

Newsletter



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Thank you for completing the Medical Board's physician survey

The Medical Board would like to thank the California physician community for its responsiveness to our physician renewal survey. The survey was mandated by law, effective January 1, 2002, and required the Board to collect and publish certain information on training and practice characteristics for each physician licensed by our Board. The required information includes data on years of postgraduate training; time spent in clinical work, teaching, research, administration; and practice areas and board certification. The race/ethnicity and foreign language questions are optional but equally important in our efforts to examine physician demographics.

The survey has been part of the physician renewal process for approximately four years. It offers key advantages over other methods of estimating the supply of practicing physicians in California at the statewide and local levels. The information you have provided is helping to identify physician workforce shortages throughout the state, and allow underserved populations access to medical care.

The California HealthCare Foundation and the University of California's Program on Access to Care have provided support to the University of California, San Francisco to work with the Medical Board to analyze the data. Professor Andrew Bindman, M.D. in the Department of Medicine and Chief of the Division of General Internal Medicine at

San Francisco General Hospital, and Professor Kevin Grumbach, M.D., Chair of the Department of Family and Community Medicine, are conducting the study.

On October 30, 2008, the California HealthCare Foundation sponsored a Sacramento briefing during which Dr. Grumbach presented preliminary findings from the first-ever study that used Medical Board physician survey data to assess the supply and geographic distribution of primary care and specialist physicians in California, and compared the findings with those of previous studies. The researchers found that more than 90 percent of physicians are fully completing the survey as a part of the relicensure process. Furthermore, the Medical Board data suggests that previous studies have overestimated the supply of physicians practicing in the state and that there

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No charge to renew online

Effective January 1, 2009, the Medical Board is eliminating its \$10 fee for online license renewal. Currently, it takes six to eight weeks to finalize a physician's renewal if it is mailed to the Board. If you renew online, the renewal process is completed within 48–72 hours and beginning the first of the year, there is no longer a fee. We hope you will take advantage of this convenience and renew your license online.

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The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions.

President's Report

I am humbled and pleased to have been reelected unanimously at the Medical Board's last meeting to serve a third term as its president. The Board's action reflects its commitment to follow the direction I started during my first term, particularly in the areas of physician wellness, access to care, and promoting technology in health care, e.g., via telemedicine.

I am very pleased to have presided over the Board during its change in focus with respect to physician wellness from a reactive mode that was limited mostly to putting physicians through our enforcement process or "diverting" substance-abusing physicians to the Board's now-defunct Diversion Program, to the promotion of wellness through early intervention that we are now actively pursuing. Our goals are to protect the public and to prevent impairments that destroy careers. The Board is studying various prevention models such as education beginning in medical school and throughout the physician's career (including wellness CME), to partnering more closely with hospital peer review bodies and well-being committees. We hope to create and maintain a central repository of best ideas dealing with wellness promotion for use by hospitals.

I also recently attended a meeting with a medical malpractice provider to explore how we might jointly pursue our mutual goal of physician wellness. We are approaching this huge topic on a variety of levels, with the themes of partnerships and creating incentives for physicians' participation rather than enforcement sanctions. These initial steps have generated interest nationwide, and I am gratified that California once again is in a position of innovation and leadership.

Access to care remains a major priority of the Board, as evidenced by the ongoing work of our Access to Care Committee. As the new year begins, of particular note is the implementation of SB 1379 (Ducheny), which directs penalty revenues from the



Richard Fantozzi, M.D.
President of the Board

Department of Managed Health Care into the Steven M. Thompson Physician Corps Loan Repayment Program.

This new funding source assures the viability of this program, created by the Medical Board in 2003, which encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their educational loans, up to \$105,000, in exchange for their service in a designated underserved area for a minimum of three years.

For many years the Medical Board has been interested in and supportive of telemedicine. During my first term as president we stepped up our interest to proactively expand the potential of this medium to improve both access to care and physician education. I have noticed as I speak to physician groups on this topic that some degree of misunderstanding still exists as to what exactly telemedicine is. It is a tool in medical practice, not a separate form of medicine. It typically involves the application of videoconferencing or store-and-forward technology to provide or support health care delivery. Physicians practicing via telemedicine are held to the same standard of care, and retain the same responsibilities of providing informed consent, ensuring the privacy of medical information, and any other duties associated with practicing medicine.

AB 329 (Nakanishi) created within the Medical Board a pilot program to expand the practice of telemedicine in California. I am excited about the prospect of this program to promote the usefulness of telemedicine, and am pleased to report that Board staff already has begun the initial phases of implementation, including meeting with interested parties.

Legislative Update

Board-sponsored legislation

AB 2444 (Nakanishi, Chapter 242)

Allows the Medical Board to include requirements for specific education and training as part of rehabilitation for offenses in public letters of reprimand.

AB 2445 (Nakanishi, Chapter 247)

Allows the Medical Board to issue a public letter of reprimand to applicants who have committed lesser violations constituting unprofessional conduct.

Other legislation signed into law

AB 1203 (Salas, Chapter 603)

Provides that a patient is “stabilized” when, in the opinion of the treating provider, no material deterioration of the patient’s condition is likely to result from, or occur during, the release of the patient.

AB 2120 (Galgiani, Chapter 260)

Extends the sunset date to January 1, 2013 for “teleophthalmology and teledermatology by store and forward” under the Medi-cal program. Current law defines “teleophthalmology and teledermatology by store and forward” as an asynchronous transmission of medical information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology, where the physician at the distant site reviews the medical information without the patient being present in real time. This bill continues the requirement that a patient receiving teleophthalmology or teledermatology by store and forward be notified of the right to receive, upon request, interactive communication with the distant specialist physician.

AB 2439 (De La Torre, Chapter 640)

Requires the Medical Board to assess a \$25 fee in addition to and at the time of the issuance and biennial renewal of a physician’s license. This fee helps to fund the Steven M. Thompson Physician Corps Loan Repayment Program (Program), which provides loan repayment awards to physicians who agree to practice in underserved areas. In addition, this bill requires the Program to dedicate a maximum

of 15 percent of this revenue to loan assistance for physicians who agree to practice in geriatric care settings or settings that primarily serve adults over the age of 65 or adults with disabilities.

AB 2482 (Maze, Chapter 76)

Permits the Physician Assistant Committee (PAC) to require, by regulatory action, its licensees to complete up to 50 hours of continuing education to renew their licenses. This bill also gives the PAC discretion to accept certification by the National Commission on Certification of Physician Assistants or another qualified certifying body as evidence of compliance with continuing education requirements.

AB 2565 (Eng, Chapter 465)

Requires a general acute care hospital to adopt a policy for providing a family or next of kin with a reasonable period of accommodation from the time that a patient is declared dead by reason of irreversible cessation of all functions of the brain. This bill requires the hospital to provide the patient’s legally recognized health care decisionmaker or family with a written statement of the policy developed pursuant to these provisions, as soon as possible, when the potential for brain death is imminent. Requires the hospital to make reasonable efforts to accommodate any special religious or cultural practices and concerns.

AB 2637 (Eng, Chapter 499)

Allows the Dental Board to issue a dental sedation assistant permit to a person who has completed at least 12 months of work experience as a dental assistant and satisfies other requirements. A dental sedation assistant permit allows the holder to monitor patients undergoing conscious sedation or general anesthesia using data from noninvasive instrumentation. Evaluation of the condition of a sedated patient will remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who

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Legislative Update *(continued from page 3)*

must be at the patient's chairside. Dental assistants holding a dental sedation assistant permit also are allowed to add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising dentist is present.

AB 2747 (Berg, Chapter 683)

Requires that when an attending physician makes a diagnosis that a patient has a terminal illness, the physician must provide the patient an opportunity to receive information and counseling regarding all legal end-of-life care options if the patient requests the information. Counseling may include, but not be limited to, discussions about possible patient outcomes based on the interest of the patient. These discussions may occur over a series of meetings based on the patient's needs. If physicians do not wish to comply with the patient's choice of end-of-life options, they must refer the patient to another health care provider or provide him or her with information on procedures to transfer to another provider. In providing patients with opportunities to receive information, health care providers may use information from organizations specializing in end-of-life care that provide information on fact sheets and from the Internet.

AB 2794 (Blakeslee, Chapter 469)

Prohibits healing arts practitioners from charging, billing, or soliciting payment from any patient for performance of the technical component of specified diagnostic imaging services not rendered by the licensees or persons under their supervision. Requires a radiological facility or imaging center, performing the technical component of those diagnostic imaging services, to directly bill for the services, and prohibits the facility from billing the licensee who requested the services. Exempts specified persons, radiological facilities, imaging centers, clinics, health care programs, or the performance of diagnostic imaging services within a licensee's office from these provisions.

AB 3000 (Wolk, Chapter 266)

Makes findings and declarations regarding health care planning. Redefines a request to forgo resuscitative measures as a "request regarding resuscitative measures." This is a written document, signed by an individual with capacity, or a legally recognized health care decisionmaker, and that individual's physician that directs a health care provider regarding resuscitative measures. The bill defines a Physician Orders for Life Sustaining Treatment (POLST) form, and authorizes a legally recognized health care decisionmaker to execute the POLST form as appropriate. The bill requires a health care provider to treat an individual in accordance with a POLST form and permits a physician to conduct an evaluation of the individual and issue a new order consistent with the most current information available about the individual's health status and goals of care. The bill requires the legally recognized health care decisionmaker to consult with the individual's treating physician prior to making a request to modify that individual's POLST form. An individual with capacity may at any time request alternative treatment to the treatment that was ordered on the form.

ACR 87 (Hayashi, Chapter 153)

This resolution establishes a Legislative Task Force on Peripheral Neuropathy. The Task Force is to suggest ways to promote public and physician awareness of peripheral neuropathy; promote understanding of the importance of early diagnosis, proper treatment and management; create programs to promote public and physician awareness of various treatments to improve patient care; and determine how many people are affected by each type of peripheral neuropathy. It must submit a report to the Legislature containing its suggestions on or before March 31, 2009.

ACR 112 (Dymally, Chapter 154)

This resolution establishes a Legislative Task Force on Fibromyalgia. The Task Force is to establish a public information and outreach campaign; promote fibromyalgia education and training programs for physicians and other health professionals; collaborate

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New physician member: Jorge F. Carreon, M.D.

Jorge F. Carreon, M.D. was appointed to the Medical Board of California by Governor Arnold Schwarzenegger on December 1, 2008.

In addition to managing his own medical practice, Dr. Carreon has served as president of International Health Consultants in Los Angeles since 2002. In this role, he has consulted with Peru's Secretary of Health, providing program recommendations for the development of that nation's women's health initiatives. He has rendered similar services for other developing countries as well, helping to establish vital programs to meet the health care needs of expanding populations.

In the United States, Dr. Carreon has served as a consultant for a large, nonprofit health care organization with multiple hospital locations in California. He also founded Clinica-El Golf, a private hospital located in Lima, Peru.

Dr. Carreon is a member of several professional associations, including the American Medical Association, the California Medical Association, the Los Angeles County Medical Association, the Peruvian Medical Association and the American College of Physician Executives. He also served as a board member of the Latin Business Association.

Dr. Carreon completed a residency in Obstetrics and Gynecology at the Menorah Medical Center, University of Kansas City, Missouri, and a residency in General Surgery at Saint Joseph Hospital in Denver, Colorado. He finished his internship at Elyria Memorial Hospital in Elyria, Ohio. He received his bachelor of science and doctor of medicine degrees from the University of Saint Augustine, Arequipa, Peru, where he graduated summa cum laude.

Legislative Update *(continued from page 4)*

with a broad group of stakeholders; and create current state policies and practices concerning treatment of fibromyalgia. A State Fibromyalgia Strategic Plan is to be submitted to the Legislature by September 1, 2009. The Task Force is to hold a Fibromyalgia Summit during the 2009-10 Regular Session of the Legislature.

SB 158 (Florez, Chapter 294)

Requires health facilities to develop, implement, and comply with a patient safety plan to improve the health and safety of patients and reduce preventable patient safety events. This bill requires the patient safety plan to establish a patient safety committee composed of health care professionals.

SB 797 (Ridley-Thomas, Chapter 33)

Carries the extension of the vertical enforcement model wherein the Health Quality Enforcement Section (HQUES), within the Department of Justice, works in conjunction with the Medical Board to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Board. Specifies that

an investigator is under the direction, not the supervision, of the deputy attorney general who is simultaneously assigned to a complaint. Requires the Board to increase its computer capabilities and compatibilities with the HQUES and to establish and implement a plan to locate its enforcement staff and the HQUES staff in the same offices. Requires the Board, in consultation with specified agencies, to report and make recommendations to the Governor and the Legislature on this enforcement and prosecution model by July 1, 2009.

SB 1184 (Kuehl, Chapter 347)

Requires a physician providing insemination or advanced reproductive technologies to verify and document in the recipient's medical record that the donor of sperm who tests reactive for HIV or HTLV-1 is under the care of a physician managing the HIV or HTLV-1. This will minimize the risk of transmission during the course of insemination or advanced reproductive technology services.

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Legislator profile

Senate President Pro Tem Darrell Steinberg



Darrell Steinberg (D-Sacramento) was elected to the California State Senate in 2006.

He represents the 6th District, which includes the capital city of Sacramento, parts of Elk Grove and Citrus Heights. He has been the President pro Tempore of

the State Senate since December 1, 2008.

During his first term, Senator Steinberg was the chair of the Senate Natural Resources and Water Committee. He also serves on the Senate Judiciary Committee, the Health Committee, the Budget and Fiscal Review Committee and Budget Subcommittee No. 2 on resources. The Senator also chairs the Senate Select Committee on High School Graduation.

Prior to his election to the state Senate, he served three terms representing the 9th District of the State Assembly, which includes most of the capital city of Sacramento.

Among his legislative accomplishments that affect Medical Board licensees, Senator Steinberg is the author and co-proponent of Proposition 63, the mental health initiative that was approved by more than 5.6 million California voters on November 2, 2004. Proposition 63 is expected to generate more than \$1 billion per year in state and federal funds to establish mental health programs throughout the state based on the successful AB 34 and AB 2034 programs that the Senator authored earlier.

Assembly Bill 34 provided \$10 million for Community Mental Health Demonstration Grants to serve homeless adults who are severely mentally ill. Follow-up bills AB 2034 and AB 334 expanded this program to more than \$55 million statewide. Also, the Senator authored AB 634 that became a statute in 2003, requiring public disclosure of settlement agreements in cases involving abuse of elderly citizens so that people placing loved ones in nursing homes have access to all relevant information about the facility's record of care.

Senator Steinberg was born in San Francisco and first elected to the State Assembly in 1998. He earned a bachelor's degree in economics from UCLA and a juris doctor from UC Davis Law School.

Medical Board's physician survey *(continued from cover)*

is a previously unrecognized statewide shortage in the supply of primary care physicians. The study also identified significant variation in the per capita distribution of physicians across counties.

A full report detailing the results is expected to be available through the California HealthCare Foundation's Web site (www.chcf.org) early this year. Additional study reports that may be of interest, including *Diversity in California's Health Professions: Physicians* (May 2008) and *Physician Diversity in California: New Findings from the California Medical Board Survey* (March 2008), are available through the UCSF Web site (www.futurehealth.ucsf.edu/

publications/index.html). Also, early in 2009, specialty-specific physician information will be available on each physician's profile on the Board's Web site at www.mbc.ca.gov.

Again, the Medical Board and its physician survey partners thank you for your cooperation in completing the survey. Because of you, this information will be available for current and future projections of workforce shortages and access to care.

If you have not completed your physician survey, please go to the Board's Web site at www.mbc.ca.gov/licensee/physician_survey.html.

Medical Board confers its 2008 Physician Humanitarian Award



Medical Board President Richard Fantozzi, M.D.
and Margaret McCahill, M.D.

At its November 7 meeting in San Diego, the Medical Board recognized the work of San Diegan Margaret McCahill, M.D., a family practitioner, board certified in both family medicine and psychiatry. She is the Health Sciences Clinical Professor of Family Medicine and Psychiatry at UCSD's School of Medicine; the founding director of UCSD's Combined Family Medicine and Psychiatry Program; and the medical director of the St. Vincent de Paul Village Family Health Center in San Diego.

Her innovative residency training program for physicians not only trains them for eligibility for board certification in both family medicine and psychiatry, but also provides a five-year immersion experience in training and service to the homeless and other patients who live in poverty. The percentage of graduates of UCSD's traditional family medicine residency who choose to practice in an underserved area has increased by an average of 30 percent.

When her program became so successful that she saw the need to expand, she partnered with Father Joe Carroll and Vice President of the St. Vincent de Paul Village, Mathew Packard, and they created The San Diego Health & Faith Alliance, a nonprofit corporation, to bring together community service and faith-based organizations, practitioners from many disciplines, and institutions of higher learning to deliver high-quality, comprehensive health care free of charge to poor and disadvantaged patients. This led to the creation of a clinic in the City Heights area of San Diego that now serves about 1,000 patients annually, almost all of whom would otherwise have no source of care.

Her program became so successful that its services were expanded in 2006 to create "The Mobile Clinic," a 40-foot, cutting-edge primary care clinic on wheels that serves patients at various sites around San Diego County every week. The Mobile Clinic now serves an additional 1,300 underserved and working-poor patients.

The Physician Recognition Committee of the Medical Board recognizes the demonstration of excellence by physicians who strive to improve access and fill gaps in health care delivery for underserved populations.

Changes to the reporting of CME compliance

The Medical Board has adopted new regulations regarding Continuing Medical Education (CME). This change directs licensees, renewing their license, to complete at least 50 hours of approved CME during their renewal cycle, which includes the two-year period immediately preceding the expiration date of the license.

As we have reported in previous issues of this newsletter, this change is being implemented to reduce confusion for our licensees as they verify compliance with CME requirements. The change takes effect on January 12, 2009.

To learn more, visit www.medbd.ca.gov/licensee/continuing_education.html.

The Medical Board needs to be able to contact you by email and asks that you voluntarily provide your email address to the Board

If California faces a sudden health crisis where swift mobilization of our physician workforce is necessary, having email addresses would greatly assist our efforts and those of other official agencies involved in disaster response. The Board will use your email address to contact you with follow-up questions regarding the processing of your application for licensure or renewal, and, of more significance, for emergency preparedness.

The Medical Board has created a new application designed for physicians to input their email address for quick and easy future contact with the Board. Please go to our Web site at www.mbc.ca.gov, click on Licensees, and click on the link that indicates the physician email form. A sample of the form is displayed below.

Please note that we will NOT disclose your email address to the public. It will be used only for official Medical Board business, or, if necessary, by other disaster-response officials.



WELCOME TO
THE MEDICAL BOARD OF CALIFORNIA
Department of Consumer Affairs



Please select your license type and enter your license number and your email address:

License Type : ☐ A ☐ AFE
☐ C ☐ CFE
☐ G ☐ GFE

License Number :

Email Address :

Reenter Email Address :

Continue

Reset

Close

REMINDER: Physician Orders for Life Sustaining Treatment (POLST) form in effect as of January 1, 2009

With the passage of AB 3000 (Wolk, Chapter 266, Statutes of 2008), the POLST form was added to the Probate Code as an acceptable statewide Do Not Resuscitate (DNR) form that extends across multiple settings—in-hospital, skilled nursing facilities, and pre-hospital

As required by law, the new POLST form is available on the California Coalition of Compassionate Care Web site at www.finalchoices.org. Click on the "New 2009 California POLST form" link. Directions for health care professionals on completing the form are included. A link to the form also will be posted on the Medical Board's Web site at www.mbc.ca.gov, under "Licensees"

Independent Medical Review: A Tool for Health Care Dispute Resolution

by the Help Center, Department of Managed Health Care

Since our inception in 2000, the Department of Managed Health Care (DMHC) has made protecting the patient our top priority. Protecting the patient means ensuring he or she has access to high quality health care, the right doctors and specialists and making sure that the doctor-patient relationship is always secure. The DMHC regulates and oversees all California HMOs and Anthem Blue Cross and Blue Shield PPO plans to ensure that California health plan members receive the “right care at the right time.”

If you have recommended treatment for one of your patients and it has been denied, the Independent Medical Review (IMR) program may be able to help. The IMR program allows patients who have been denied treatment or medical care to have the decision reviewed by physicians or other appropriate medical professionals who have no affiliation with their health plans or medical groups. In 2007 nearly 55 percent of all qualified IMR requests were granted upon review, or reversed by the plan prior to review.

If your patient has been denied treatment, the Independent Medical Review program provides an impartial review of:

- Health plan denials, delays, or modifications of services based upon the decision that they are not medically necessary
- Health plan denials of experimental or investigational treatments
- Health plan denials of reimbursement for emergency or urgent medical services

The Department contracts with the Center for Health Dispute Resolution who contracts with physicians and other medical professionals in all specialty areas to review health plan denials. These reviewer(s) consider patients’ medical records, supporting documentation from the patient and treating physician(s), and other appropriate documentation and studies when making a decision. The health plan must comply with the decision of the Independent Medical Review Organization.

Neither patients nor their physicians pay any application or processing fees for an Independent Medical Review. However, in most circumstances, patients are required to first participate in their health plan’s grievance process.

The Department’s Web site has additional information about California’s Independent Medical Review at www.dmhc.ca.gov. The Department also provides an online database of redacted Independent Medical Review decisions. Searches can be conducted by diagnosis or treatment category. If your patients have questions or want more information about the Independent Medical Review Program, they can contact the Department of Managed Health Care’s Help Center at (888) 466-2219 or e-mail helpline@dmhc.ca.gov. Telephone assistance is available 24 hours a day, seven days a week and in more than 120 languages.

Medicare e-prescribing: How to receive your two percent bonus A new CMS guide gives doctors information on the bonus initiative

By David Glendinning, AMNews staff, Dec. 15, 2008

The Centers for Medicare & Medicaid Services in November released a guide for physicians who plan to pursue Medicare e-prescribing incentives that start in 2009. Here’s what CMS says doctors should do:

Step 1: Obtain an eligible system. Physicians must have or acquire a qualified electronic prescribing system that can:

- Generate a complete medication list with available data from pharmacies and benefit managers
- Select medications and transmit prescriptions electronically (not via fax) following applicable federal standards, after warning the prescriber of any possible safety issues associated with the drug orders
- Provide information on lower-cost, therapeutically appropriate alternatives
- Provide drug plan information, such as formularies, patient eligibility and authorization requirements

Step 2: Report the appropriate measures [...]

Read the entire article in *American Medical News* at www.amednews.com/2008/gvsc1215.

Updated primary care practice *Guideline for Alzheimer's Disease Management* now available

by Debra L. Cherry, Ph.D., Executive V.P., Alzheimer's Association, California Southland; Freddi Segal-Gidan, P.A., Ph.D., Director, Rancho/USC Alzheimer's Disease Res. Ctr. of CA and Assistant Clinical Professor, Keck School of Medicine, USC; and, Neal Kobatsu, M.D., M.P.H., Chief, Cancer Control Branch, CA Dept. of Public Health

The Guideline for Alzheimer's Disease Management has been updated and is now available through the Alzheimer's Association at www.alz.org/californiasouthland or www.caalz.org, or call (323) 930-6289 or from the California State Department of Public Health, Alzheimer's Disease Program at www.cdph.ca.gov/programs/alzheimers. With the aging of the United States' population, a doubling in the rate of Alzheimer's disease is expected within the next 20 years. The increased incidence of this disease, coupled with exponential growth in published research on its management, creates a challenge for primary care providers who are increasingly encountering complex, post-diagnostic management issues of this disease. The guideline's goal is to help primary care providers make informed decisions for the post-diagnostic management of Alzheimer's disease. This includes periodic assessment of the patient's functional and cognitive status, treatment recommendations, education and support recommendations for the patient and family, and an overview of legal considerations for the practitioner. In addition to primary care providers (Family Practitioners, Internists, Physician Assistants and Nurse Practitioners), the guideline also will be of interest to professionals who provide patient and caregiver education and support, care managers, social workers, Alzheimer's Association staff, and adult day care providers.

The guideline was originally published in 1998 with support from the federal Health Service and Resource Administration (HRSA). It was updated in 2002 with support from the California Department of Health Services and again in 2008 through the California Department of Public Health. The guideline is authored by the California Workgroup on Guidelines for Alzheimer's Disease Management, a statewide coalition of health care providers, representatives of managed care organizations, physician provider groups, academics, state health personnel, care managers, elder law attorneys, and representatives of the Alzheimer's Association and the Caregiver Resource Centers. The

guideline is part of a statewide initiative led by the Department of Public Health, the State's Alzheimer's Research Centers of California, and the Alzheimer's Association to improve health care for people with Alzheimer's disease. Implementation of the guideline is currently under way at a number of health care organizations and health plans throughout California.

Practice Issues in Alzheimer's Disease Management

Alzheimer's disease is a progressive, degenerative disease of the brain, and the most common form of dementia in older adults. It is estimated to afflict over 5 million people nationally and nearly half a million in California. The incidence of Alzheimer's disease doubles every five years after age 60. With the aging of the baby boomers, the number affected will double by 2030 and triple by mid-century. The symptom pattern in Alzheimer's disease is characterized by a gradual onset of continuing cognitive decline including memory impairment and at least one other cognitive deficit (aphasia, apraxia, disturbance in executive functioning or agnosia) associated with decline in function in normal activities at work or home.

Risk factors for this disease include increasing age, limited education, prior head injury, and genetic predisposition. Recent research has identified potentially modifiable lifestyle activities that may lead to reduced risk for Alzheimer's disease including aerobic exercise, a diet low in saturated fats, better control of diabetes and hypertension, cognitive stimulation and social engagement.

Alzheimer's disease is significantly underrecognized, underdiagnosed, and undertreated by health care providers. However, once a clinical diagnosis of Alzheimer's disease has been made, a treatment strategy should be developed that includes evaluation for medications that may slow cognitive decline, management of co-morbid conditions and challenging behaviors, and referral of the family to supportive and

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Alzheimer's Disease Management *(continued from page 10)*

health education services. The use of cholinesterase inhibitors can produce modest improvements in cognitive function and temporarily stabilize or reduce the rate of decline. Three cholinesterase-inhibitors are currently on the market and approved for use in mild to moderate Alzheimer's disease include donepezil (Aricept®), galantamine (Reminyl®), and rivastigmine (Exelon®). In addition, Namenda (memantine), an NMDA receptor antagonist, has been approved for management of moderate to late stage disease.

Management of co-morbid conditions is essential to minimize unnecessary decline in cognition and function. This includes assessment and treatment of a range of possible conditions that make the symptoms of dementia appear worse. Treatment of depression, urinary tract infections and a host of reversible conditions can restore a person with Alzheimer's disease to a higher level of function, and in some cases, prevent premature institutionalization.

New data lend strong support for a multi-disciplinary approach to the management of Alzheimer's disease that includes dementia care management. There is also

new evidence supporting the effectiveness of patient and caregiver education and support in preventing unnecessary disease burden. Interventions now exist for the growing population of independent, very early-stage patients with Alzheimer's disease, as well as for those needing end-of-life care.

See the one-page version of the guideline for a complete summary of recommendations.

The newly updated Guideline for Alzheimer's Disease Management sets the standard for post-diagnostic care in California and beyond. This initiative, to improve the quality of health care for people with Alzheimer's disease, also includes an educational component for patients and families. An educational booklet and workshop entitled "Partnering with Your Doctor" are available in English and Spanish through the Alzheimer's Association chapters. For more information, contact your local chapter at (800) 272-3900.

This article is available for one CME hour. For more information, go to www.scanhealthplan.com/cme.

Responsible Opioid Prescribing: A Physician's Guide Available for Online Purchase

Responsible Opioid Prescribing: A Physician's Guide offers physicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids that they prescribe for their patients in pain. This concise, 150-page book offers pragmatic steps for risk reduction and improved patient care, including:

- Patient evaluation, including risk assessment
- Treatment plans that incorporate functional goals
- Informed consent and prescribing agreements
- Periodic review and monitoring of patients
- Referral and patient management
- Documentation
- Compliance with state and federal law

Written by pain medicine specialist Scott M. Fishman, M.D., chief of the Division of Pain Medicine at the University of California, Davis, the book translates the Federation of State Medical Boards' (FSMB) consensus-model policy on pain management into practical, office-based pain management guidelines. *Responsible Opioid Prescribing: A Physician's Guide* is available at www.fsmb.org for \$12.95.

Guideline for Alzheimer's Disease Management

Assessment

Monitor Changes

Conduct and document an assessment and monitor changes in:

- Daily functioning, including feeding, bathing, dressing, mobility, toileting, continence, and ability to manage finances and medications
- Cognitive status using a reliable and valid instrument. Comorbid medical conditions which may present with sudden worsening in cognition, function, or as change in behavior
- Behavioral symptoms, psychotic symptoms, and depression
- Medications, both prescription and non-prescription (at every visit)
- Living arrangement, safety, care needs, and abuse and/or neglect
- Need for palliative and/or end-of-life care planning

Reassess Frequently

Reassessment should occur at least every 6 months, and sudden changes in behavior or increase in the rate of decline should trigger an urgent visit to the PCP.

Identify Support

Identify the primary caregiver and assess the adequacy of family and other support systems, paying particular attention to the caregiver's own mental and physical health.

Assess Capacity

Assess the patient's decision-making capacity and determine whether a surrogate has been identified.

Identify Culture & Values

Identify the patient's and family's culture, values, primary language, literacy level, and decision-making process.

Treatment

Develop Treatment Plan

Develop and implement an ongoing treatment plan with defined goals.

Discuss with patient and family:

- Use of cholinesterase inhibitors, NMDA antagonist, and other medications, if clinically indicated, to treat cognitive decline
- Referral to early-stage groups or adult day services for appropriate structured activities, such as physical exercise and recreation

Treat Behavioral Symptoms Treat behavioral symptoms and mood disorders using:

- Non-pharmacologic approaches, such as environmental modification, task simplification, appropriate activities, etc.
- Referral to social service agencies or support organizations, including the *Alzheimer's Association's MedicAlert® + Safe Return®* program for patients who may wander.

Non-Pharmacological Treatment First

If non-pharmacological approaches prove unsuccessful, then use medications, targeted to specific behaviors, if clinically indicated. Note that side effects may be serious and significant.

Treat Co-Morbid Conditions

Provide appropriate treatment for comorbid medical conditions.

Provide End-of-Life Care

Provide appropriate end-of-life care, including palliative care as needed.

Patient & Family Education & Support

Integrate Medical Care & Support

Integrate medical care with education and support by connecting patient and caregiver to support organizations for linguistically and culturally appropriate educational materials and referrals to community resources, support groups, legal counseling, respite care, consultation on care needs and options, and financial resources.

Organizations include:

- **Alzheimer's Association**
(800) 272-3900 | www.alz.org
- **Caregiver Resource Centers**
(800) 445-8106 | www.caregiver.org
- or your own social service department

Discuss Diagnosis & Treatment

Discuss the diagnosis, progression, treatment choices, and goals of Alzheimer's Disease care with the patient and family in a manner consistent with their values, preferences, culture, educational level, and the patient's abilities.

Involve Early-Stage Patients

Pay particular attention to the special needs of early-stage patients, involving them in care planning, heeding their opinions and wishes, and referring them to community resources, including the Alzheimer's association.

Discuss Stages

Discuss the patient's need to make care choices at all stages of the disease through the use of advance directives and identification of surrogates for medical and legal decision-making.

Discuss End-of-Life Decisions

Discuss the intensity of care and other end-of-life care decisions with the Alzheimer's disease patient and involved family members while respecting their cultural preferences.

Legal Considerations

Planning

Include a discussion of the importance of basic legal and financial planning as part of the treatment plan as soon as possible after the diagnosis of Alzheimer's Disease.

Capacity Evaluations

Use a structured approach to the assessment of patient capacity, being aware of the relevant criteria for particular kinds of decisions.

Driving

Report the diagnosis of Alzheimer's disease in accordance with California law.

Elder Abuse

Monitor for evidence of and report all suspicions of abuse (physical, sexual, financial, neglect, isolation, abandonment, abduction) to Adult Protective Services, Long Term Care ombudsman, or the local police department, as required by law.

Guideline for Alzheimer's Disease Management

Alzheimer's Disease and Its Impact

Alzheimer's Disease (AD) currently afflicts more than 5.2 million Americans, including an estimated 200,000 patients under the age of 65. The number of those afflicted is increasing annually as the population continues to age. Following the aging of the baby boomers, prevalence will escalate rapidly and is expected to double by 2020. The burden on families and the health care system will be substantial as one out of every eight baby boomers develops this disease.

About the Guideline

This Guideline presents core care recommendations for the management of Alzheimer's disease. It assumes that a proper diagnosis has been made using reliable and valid diagnostic techniques. The main audience for the Guideline is primary care practitioners. However, many of the activities recommended in the Guideline do not require a physician and can be done by other members of the treatment team (care managers, nurses, community support organizations) working closely with the patient and care-giving family. The recommended activities do not have to be done in one visit.

The California Workgroup on *Guidelines for Alzheimer's Disease Management*, which consists of health care providers, consumers, academicians and representatives of professional and volunteer organizations, developed the Guideline through a review of scientific evidence supplemented by expert opinion when research has been unavailable or inconsistent. An expanded companion document, providing more in-depth background information, is available through the Alzheimer's Association's California Web site www.caalz.org.

Courtesy of the California Workgroup on
Guidelines for Alzheimer's Disease Management
Supported by the State of California,
Department of Public Health, April 2008

This is the third edition of this *Guideline for Alzheimer's Disease Management*. The first was disseminated in 1998 and updated in 2002. In the current version there are four substantive changes:

- The advent of a new class of medication (NMDA Antagonists) for the management of moderate to advanced AD
- Support for a team approach (medical and social support strategies) to quality management of AD
- Strong evidence linking positive patient outcomes to caregiver education and support
- New evidence exists on management of the disease in the very early and end stages (see the recommendations below)

Early-Stage Recommendations

Patients in early-stage AD have unique concerns. AD may progress slowly in the early stage. Follow up two months after diagnosis and every six months thereafter. Pay particular attention to the special needs of early-stage patients, involving them in care planning and referring them to community resources. Discuss implications with respect to work, driving, and other safety issues with the patient. Initiate pharmacologic therapy early. Recommend interventions to protect and promote continuing functioning, assist with independence, and maintain cognitive health including physical exercise, cognitive stimulation and psychosocial support.

Late Stage and End-of-Life Recommendations

As the patient's dementia worsens and the ability to understand treatments and participate in medical decision-making declines, care shifts to focus on the relief of discomfort. The advisability of routine screening tests, hospitalization, and invasive procedures, including artificial nutrition and hydration, will depend upon previously discussed care plan and the severity of the dementia. Predicting the end-of-life for a patient with severe AD is difficult. Referral to hospice should be considered.

Legislative Update *(continued from page 5)*

SB 1379 (Ducheny, Chapter 607 - Urgency)

Prohibits the Department of Managed Health Care (DMHC) from using fines and penalty revenues to reduce assessments levied on health care service plans and redirects a portion of these penalty revenues to the Steven M. Thompson Physician Corps Loan Repayment Program (Program). Redirects the first \$1,000,000 of fine revenue from the DMHC to the Program within the Health Professions Education Foundation (HPEF). Additionally, the DMHC must immediately make a one-time transfer of \$1,000,000 to the Medically Underserved Account for Physicians within the HPEF to be used by the Program.

SB 1406 (Correa, Chapter 352)

Allows an optometrist to diagnose and treat diseases of the eye, to prescribe lenses or devices that incorporate a medication or therapy, and to perform nonintraorbital injections. The bill further allows an optometrist who graduated from an accredited school of optometry on or after May 1, 2000, to perform lacrimal irrigation and dilation procedures without additional certification. This bill requires the Board of Optometry (Board) to appoint a Glaucoma Diagnosis and Treatment Advisory Committee (Committee) to establish requirements for glaucoma certification. The Committee must recommend an appropriate curriculum for case management of patients diagnosed with glaucoma and an appropriate combined curriculum for didactic instruction in the treatment of glaucoma. The Committee must submit its report to the Department of Consumer Affairs, Office of Examination Resources (Office), by April 1, 2009. The Office must present its findings to the Board by July 1, 2009, and the Board must adopt the findings by January 1, 2010.

SB 1441 (Ridley-Thomas, Chapter 548)

Establishes the Substance Abuse Coordination Committee within the Department of Consumer Affairs which will be comprised of the executive officers of the department's healing arts licensing boards. Requires the committee to formulate, no later than January 1, 2010, uniform and specific standards in specified areas that each healing arts board would be required to use in dealing with substance-abusing licensees whether or not the board chooses to have a formal diversion program.

SB 1729 (Migden, Chapter 550)

Requires that all registered nurses, certified nurse assistants, licensed vocational nurses, and physicians working in skilled nursing facilities or congregate living health facilities participate in a training program to be prescribed by the State Department of Public Health. This training will focus on preventing and eliminating discrimination based on sexual orientation and gender identity. This bill will allow the department to charge each licensee a fee, not to exceed the department's costs.

SJR 19 (Ridley-Thomas, Chapter 114)

States that California-licensed health care professionals are prohibited from participating in the use of specified condemned techniques regarding interrogations. The resolution requires the Medical Board to notify its licensees via newsletter, e-mail, Web site, or other notification processes about their professional obligations under international law. The Board also is required to notify licensees that those who participate in coercive or "enhanced" interrogation, torture, or other forms of cruel, inhuman, or degrading treatment or punishment may be subject to prosecution.

Physician Assistant Committee amends regulations regarding Delegation of Services Agreement

Recently, the Physician Assistant Committee (PAC) amended Title 16, Division 13.8, Article 4, section 1399.540 to include several requirements for the delegation of medical services to a physician assistant.

Background

The Delegation of Services Agreement (DSA) is a document used by supervising physicians and physician assistants to meet requirements of section 1399.540. The DSA is the foundation of the relationship between a supervising physician and the physician assistant, and specifies the names of the supervising physicians and what types of medical services the physician assistant is allowed to perform, how they are performed, how the patient charts will be reviewed and countersigned, and what type of medications the physician assistant will prescribe on behalf of the supervising physician.

There are four specific changes included with these amendments:

Regulatory Requirements

A physician assistant may provide medical services that are delegated in writing by a supervising physician who is responsible for patients cared for by the physician assistant. The physician assistant only may provide services that he or she is competent to perform that are consistent with his or her education, training and experience, and are delegated by the supervising physician.

More than one supervising physician may sign the DSA only if each supervising physician has delegated the same medical services. A physician assistant may provide medical services pursuant to more than one DSA. For a copy of a sample DSA, please see the PAC Web site at www.pac.ca.gov.

The PAC or its representative may require proof or demonstration of competence from any physician assistant for any medical services performed.

If a physician assistant determines a task, procedure, or diagnostic problem exceeds his or her level of competence, the physician assistant must either consult with a physician or refer such cases to a physician.

Question: What if a physician assistant works for more than one supervising physician at a hospital or clinic? Does he or she need to have separate DSAs for each supervising physician?

Answer: If the duties and medical services performed are consistent with each supervising physician, one DSA can be written to include several supervising physicians. Each supervising physician must sign and date the DSA, along with the signature of the physician assistant.

Question: What if a physician assistant works for one supervising physician who is an ob-gyn, and also works for an orthopedic supervising physician, and both are at the same clinic or hospital?

Answer: If the duties and medical services provided by the physician assistant differ from one supervising physician to another, it is recommended that a separate DSA be written for each supervising physician. However, one DSA could be used, but it would need to be separated with which duties are allowed under each supervising physician. Again, signatures and dates from all parties must be included on the DSA.

Question: What if the physician assistant works at several different clinics—can one DSA be written?

Answer: A separate DSA should be written for each hospital or clinic, regardless of how many supervising physicians the physician assistant works with.

Question: How long should a DSA be retained?

Answer: The DSA should be retained as long as it is valid. Additionally, the Committee recommends that a copy of the DSA be kept for at least one to three years after it is no longer valid for reference purposes. However, there is no legal requirement to retain the DSA once it is no longer valid and current.

Please visit the PAC's Web site at www.pac.ca.gov to preview a sample DSA. Contact the PAC directly at (916) 561-8780 if you have questions or need clarification.

Administrative actions: August 1, 2008—October 31, 2008

Physicians and surgeons

ABOULHOSN, KAMAL FOUAD (CFE40080) **Yakima, WA**

Disciplined by Washington for the care and treatment of 9 patients that resulted in injury to these patients and/or created an unreasonable risk that these patients might be harmed. Revoked. September 8, 2008

ALLEN, JOHN WARNER, M.D. (C37706) **El Cajon, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of 1 patient. Physician must complete a prescribing practices course. Public Reprimand. October 16, 2008

ARENAS, FRANCIS, M.D. (A105582) **Bakersfield, CA**

Stipulated Decision. Falsified her application for licensure by failing to disclose a criminal conviction for driving under the influence of alcohol. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing a community service program and an ethics course. Decision effective September 15, 2008, probationary license issued September 19, 2008.

BARARSANI, MOHAMMAD, M.D. (A35392) **Manhattan Beach, CA**

Stipulated Decision. Aided and abetted the unlicensed practice of medicine, violated fictitious name permit statutes and committed acts of dishonesty and corruption by practicing medicine in locations where respondent did not hold fictitious name permits and in locations owned by unlicensed individuals. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course and medical record keeping course. August 21, 2008

BASMAJIAN, HRAYR GEORGES, M.D. (A105584) **West Hollywood, CA**

Stipulated Decision. Criminal conviction for public intoxication. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing a community service program. Decision effective September 18, 2008, probationary license issued September 19, 2008.

Copies of public documents from 2001 to the present are available at www.mbc.ca.gov. Click on "Enforcement Public Documents," or for copies of all public documents call the Medical Board's Central File Room at (916) 263-2525

Explanation of disciplinary language and actions

"Effective date of decision"—Example: "August 26, 2008" 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 pending"—The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or 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

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

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

"Surrender"—To resolve a disciplinary action, the licensee has given up his or her license—subject to acceptance by the Board

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

BRUSETT, KENT ALAN, M.D. (G86006)
Redding, CA

Committed acts of gross negligence and repeated negligence in the care and treatment of multiple patients. Revoked, stayed, placed on 8 years probation with terms and conditions including, but not limited to, 120 days actual suspension; completing a clinical training program, a medical record keeping course and an educational course; and obtaining a practice monitor. August 27, 2008. Judicial review pending.

BUZARD, KURT ANDRE, M.D. (GFE45325)
Henderson, NV

Stipulated Decision. Disciplined by Nevada for engaging in conduct that brought the medical profession into disrepute. Physician completed an ethics course. Public Reprimand. August 27, 2008

CARANDANG, FRANCIS RAYMUND RIVERO, M.D. (A105586)
Palo Alto, CA

Stipulated Decision. Falsified his application for licensure by failing to disclose that his program director placed him on probation during his training program. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing a community service program and an ethics course. Decision effective September 10, 2008, probationary license issued September 19, 2008.

CASEY, SEAN OWEN, M.D. (G87280)
Minnetonka, MN

Disciplined by Alaska for failing to timely report a malpractice settlement. Public Letter of Reprimand. October 8, 2008

**REMINDER: Mandated
gynecological cancer
information for your patients**

We are concerned that many physicians are unaware of Health and Safety Code §109278, which requires medical care providers who are responsible for providing patients with an annual gynecological examination to provide information about gynecological cancers. The Medical Board has a free brochure available to meet this legal requirement. Please fax your request to (916) 263-2479

COATES, REGINALD ALVIN, M.D. (G37252)
West Hills, CA

Stipulated Decision. No admissions but charged with unprofessional conduct, failure to timely provide certified copies of medical records and failure to pay a Board-imposed civil penalty for failing to provide these medical records timely. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, payment of a Board-imposed civil penalty of \$45,000. September 29, 2008

COHEN, MARC SINGMAN, M.D. (GFE36400)
Gainesville, FL

Disciplined by Florida for failing to pause and confirm a surgical site immediately prior to performing a surgical procedure and performed a surgical procedure on the wrong side of the patient. Public Letter of Reprimand. August 18, 2008

DECARLO, BRUCE PHILLIP, M.D. (C51535)
Long Beach, CA

Stipulated Decision. Disciplined by Virginia for issuing prescriptions without an appropriate medical examination and without documentation of medical necessity in the treatment of 1 patient and left the date field blank on the prescription so the patient could "back-date" the prescription to obtain insurance coverage. Physician completed a prescribing practices course and an ethics course. Public Reprimand. October 7, 2008

EDWARDS, ROBERT NORFLEET (C39176)
Klamath Falls, OR

Violated the terms and conditions of his Board-ordered probation by being disciplined by Oregon for failing to meet the requirements of his Oregon-ordered probation by not meeting the standard of care in his forensic practice and being repeatedly negligent in his nuclear medicine practice. Revoked. September 3, 2008

FIKS, VLADIMIR B., M.D. (A55514)
Portland, OR

Disciplined by Oregon for pre-signing prescription forms for controlled substances for his staff to use pursuant to written protocols and allowing pain patients to be seen by persons who were not licensed health care professionals. Physician completed a prescribing practices course and medical record keeping/billing course. Public Reprimand. September 23, 2008

GESCUK, BRYAN DOUGLAS, M.D. (A65762)
San Carlos, CA

Convicted of a misdemeanor and violated drug statutes by causing delivery of an adulterated and misbranded drug for introduction into interstate commerce.

Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, prohibited from practicing cosmetic medicine, limited to practicing medicine only at San Mateo Medical Center or a similar institute, completing a prescribing practices course, obtaining a practice monitor, and no solo practice of medicine. October 3, 2008

GOLDMAN, ROBERT (G67538)
Larkspur, CA

Failed to keep accurate controlled substance records and failed to maintain adequate and accurate medical records by being unable to account for portions of Fentanyl obtained from a medication-dispensing machine on several occasions. Revoked. October 15, 2008

HABBESTAD, ROBERT, M.D. (A35077)
Los Angeles, CA

Failed to maintain adequate and accurate medical records relating to the examination of a patient. Physician must complete a medical record keeping course. Public Reprimand. October 10, 2008

HILL, DAVID MICHAEL (G39362)
San Diego, CA

Stipulated Decision. No admissions but charged with acts of dishonesty or corruption, false representation, violation of drug statutes, self-prescribing, and use of a controlled substance by prescribing/authorizing a controlled substance for his own use using false names. Surrender of license. October 9, 2008

HOA, DON PHONG, M.D. (A52067)
Miami, FL

Disciplined by Florida for administering an anesthetic block to the wrong eye of a patient. Public Letter of Reprimand. September 4, 2008

HONG, GREGORY KIJONG, M.D. (A53990)
Los Angeles, CA

Stipulated Decision. Committed acts of gross negligence in the care and treatment of 1 patient; failed to maintain adequate and accurate medical records with 1 patient; and committed repeated negligent acts in the care and

treatment of 3 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, a medical record keeping course, and an ethics course; performing at least 15 cardiac catheterizations under supervision; and obtaining a practice monitor. September 25, 2008

JENKINS, MICHAEL HAWLEY (A22627)
Portland, OR

Disciplined by Oregon for allegations that the physician has a condition affecting his ability to practice medicine safely. Revoked. September 25, 2008

JENNINGS, ROBERT STEPHEN, M.D. (A35456)
Newport Beach, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligence, sexual relations with a patient, incompetence, and unprofessional conduct in the care and treatment of 2 patients; and excessive prescribing, prescribing without medical indication, acts of dishonesty or corruption, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 1 year actual suspension, obtaining a practice monitor, completing a professional boundaries course, and an ethics course, and having a third-party chaperone present when treating female patients. August 29, 2008

KENAGA, JAMES C. (A28343)
Santee, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligence, prescribing controlled substances and dangerous drugs without an appropriate prior examination, and failure to maintain adequate and accurate medical records. Surrender of license. August 27, 2008

KEYTE, JEFFREY JAY, M.D. (A88834)
Prescott, AZ

Disciplined by the U.S. Department of the Navy for findings of unprofessional conduct in that respondent engaged in extended and prolonged use of a medical substance (nitrous oxide) for non-medical/recreational purposes; was medically impaired; procured nitrous oxide for personal use

on multiple occasions and was found to be nitrous oxide dependent and partially alcohol dependent. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, and no solo practice of medicine. August 29, 2008

LAHMEYER, HENRY WALTER, M.D. (G40105)
Northfield, IL

Disciplined by Illinois for mishandling transference with two patients and failing to maintain records to verify completion of required continuing medical education. Public Letter of Reprimand. October 1, 2008

LARKIN, DAVID (C40016)
Los Alamitos, CA

Violated the terms and conditions of a Board-ordered probation by aiding and abetting the unlicensed practice of medicine, including aiding and abetting the furnishing of drugs to patients without an exam, violating drug statutes, and failing to maintain adequate and accurate medical records. Revoked. September 29, 2008. Judicial review pending.

LESSLER, PAUL A. (G11583)
Newport Beach, CA

Stipulated Decision. Committed acts of dishonesty and corruption and unprofessional conduct by being convicted of conspiracy, health care fraud, and aiding and abetting health care fraud. Surrender of license. August 21, 2008

LEYTON, MATTHEW NEAL, M.D. (A86282)
Ventura, CA

Disciplined by North Carolina for prescribing medications to self and family members without keeping proper records. Public Letter of Reprimand. October 29, 2008

LIN, GENE WASHINGTON (A63944)
San Diego, CA

Stipulated Decision. No admissions but charged with sexual abuse or misconduct with a patient, gross negligence, repeated negligence and unprofessional conduct in the care and treatment of 1 patient. Surrender of license. October 10, 2008

LOUIE, HENRY WAH, M.D. (G62393)
Honolulu, HI

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Physician must complete a clinical training program, a medical record keeping course, and an ethics course. Public Reprimand. August 29, 2008

LOUIS-JACQUES, CARLINE, M.D. (G86204)
Torrance, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 1 patient. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program. August 29, 2008

LOWDER, HAROLD EDWARD, JR., M.D. (G48264)
Van Nuys, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records by failing to document results of laboratory reports in a summary note in a patient's medical record. Physician completed a clinical training program. Public Reprimand. September 9, 2008

MARKS, D. LAWRENCE (C35755)
South Laguna, CA

Stipulated Decision. Convicted of 2 misdemeanors for driving under the influence of alcohol. Surrender of license. September 19, 2008

MEHRIZI, NASSER, M.D. (A48610)
Paramount, CA

Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, violating drug statutes, dishonest or corrupt acts, and failure to maintain adequate and accurate medical records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana; completing an ethics course; and obtaining a practice monitor. August 4, 2008

MITTENDORFF, WILLIAM JOHN, M.D. (G44222)
San Diego, CA

Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. October 3, 2008

MONTENEGRO, JOSE MARIA, M.D. (C35541)
Oceanside, CA

Violated the terms and conditions of a Board-ordered probation by violating drug statutes and failing to maintain adequate and accurate medical records by writing prescriptions beyond the authorization of his federal registration and failing to record all prescriptions written for controlled substances. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension; must not order, prescribe, dispense, administer, or possess any controlled substances; abstaining from the use of alcohol and controlled substances; completing a prescribing practices course and a medical record keeping course; taking and passing an oral and/or written competency examination; obtaining a practice monitor; and must not make any house calls or engage in the practice of medicine outside his office. August 25, 2008

MORGAN, LOREN R., M.D. (C23681)
Chico, CA

Stipulated Decision. No admissions but charged with sexual misconduct with 1 patient and unprofessional conduct with a second patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a professional boundaries program, and an ethics course; and obtaining a third-party chaperone when treating female patients. October 14, 2008

MUKERJI, SASANKA (A16848)
Napa, CA

Committed acts of dishonesty or corruption, unprofessional conduct, and aiding and abetting the unlicensed practice of medicine by operating a medical clinic owned and operated by unlicensed persons. Revoked. October 10, 2008

MULL, BRENDAN ROBERT, M.D. (A74733)
Anaheim Hills, CA

Stipulated Decision. Committed acts of unprofessional conduct by assaulting a colleague/treating physician and has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the use of drugs or alcohol, submitting to biological fluid testing, obtaining a practice monitor, and no solo practice of medicine. October 8, 2008

NORMAN, MICHAEL JOHN, M.D. (G45780)
Redlands, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure 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, completing a clinical training program, an educational course, and a medical record keeping course. August 29, 2008

NISHIGUCHI, DON JERRY, M.D. (G55628)
Valencia, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a clinical training program and medical record keeping course. Public Reprimand. August 22, 2008

Medical Board's Subscribers' List

Are you interested in the Medical Board's latest actions?

If yes, please join the Medical Board of California's Subscribers' List to obtain e-mail updates of the MBC Newsletter; meeting agendas, notices, and minutes; regulations; license suspensions, restrictions, accusations, revocations, and surrenders for physicians

If you wish to subscribe to this list, please go to www.mbc.ca.gov/subscribers.htm and follow the instructions for subscribing

OMIDI, MICHAEL, M.D. (A84519)
Los Angeles, CA

Stipulated Decision. Violated restrictions on the use of anesthesia by conducting operations under general anesthesia in an unaccredited facility. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a professional enhancement program and an ethics course, and no solo practice of medicine. October 3, 2008

OWEN, DAVID C., M.D. (A17160)
Torrance, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in connection with the care, treatment and management of a patient. Physician must complete an educational course and medical record keeping course. Public Reprimand. September 1, 2008

PADILLA, MARLON D., M.D. (G57472)
Dallas, TX

Stipulated Decision. Disciplined by Texas for failing to document follow-up care to patients referred to him by chiropractors, after expressing concern that the patients were not obtaining adequate care from the chiropractors. Physician completed an ethics course. Public Reprimand. August 27, 2008

PRAKASH, ANAND, M.D. (A26623)
Corona, CA

Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of 7 patients. Physician completed an educational course. Public Reprimand. August 20, 2008

PRICE, MICHAEL RICHARD, M.D. (G36055)
Brawley, CA

Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. August 20, 2008

RICHMOND, HARVEY SHELDON, M.D. (C40026)
Beverly Hills, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician completed a medical record keeping course, a continuing educational course, and obtained re-certification by the American Board of Obstetricians and Gynecologists. Public Reprimand. August 21, 2008

RUBIN, JACK, M.D. (G70182)
Los Alamitos, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligence, and incompetence in the care and treatment of 1 patient. Physician must complete a clinical training program, medical record keeping course, prescribing practices course, and an infectious disease course. Public Reprimand. August 29, 2008

SACK, JOHANNES REINHARD (G48845)
San Diego, CA

Stipulated Decision. No admissions but charged with violating the terms of his Board-ordered probation by failing to successfully complete the Diversion Program due to self-prescribing and using medications and failing to complete a prescribing practices course and an ethics course. Surrender of license. August 1, 2008

SCHAFER, JEFFRY B., M.D. (G36897)
Coronado, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, failing to maintain adequate and accurate medical records, and dishonest and corrupt acts in the care and treatment of multiple patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, a medical record keeping course and an ethics course. August 21, 2008

SHIMA, GARY JAMES, M.D. (G14742)
San Marcos, CA

Stipulated Decision. Violated drug statutes by administering the drug Laetrile (a drug obtained by the patient from Mexico) to a patient. Revoked, stayed, placed on 30 months probation with terms and conditions including, but not limited to, completing a clinical training program and an ethics course. August 15, 2008

SMITH, CHADWICK F., M.D. (C22440)
Los Angeles, CA

Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients and made false statements by making and signing a document containing the findings of a pathologist's report that had yet to be received. Physician completed a medical record keeping course and an ethics course. Public Reprimand. September 4, 2008

SMOLKO, MILAN JOHN (G37798)
Clarks Summit, PA

Disciplined by Pennsylvania for using his medical license to obtain a controlled substance for self-use and conviction of a felony for obtaining a controlled substance by misrepresentation. Revoked.
October 24, 2008

SURA, ANJANA SAILESH, M.D. (A30390)
Montebello, CA

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient; repeated negligent acts and excessive use of diagnostic procedures in the care and treatment of 5 patients; and failing to maintain adequate and accurate medical records and prescribing without an appropriate prior examination or medical indication in the care and treatment of multiple patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, and an ethics course; and obtaining a practice monitor. August 20, 2008

TAHILRAMANEY, MONA P, M.D. (A38363)
Torrance, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 1 year probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course. August 8, 2008

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Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
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THOMPSON, THOMAS PAYSON, M.D. (A105604)
Ventura, CA

Stipulated Decision. Sustained multiple convictions related to alcohol and possession of drugs. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, and obtaining a practice monitor. Decision effective September 18, 2008, probationary license issued September 19, 2008.

VALLEJO, ARTHUR (G64836)
West Covina, CA

Violated the terms and conditions of his Board-ordered probation by being convicted of a felony for insurance fraud, committing acts of dishonesty or corruption, and failing to comply with several terms and conditions of probation. Revoked. September 26, 2008

VARELA, DONNA MARIE, M.D. (A105769)
Torrance, CA

Stipulated Decision. Prior history of self-use of drugs or alcohol. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances and submitting to biological fluid testing. Decision effective October 2, 2008, probationary license issued October 8, 2008.

WESELY, ANDREW CLAUDIUS, M.D. (G78000)
Reno, NV

Disciplined by Nevada for failing to complete medical records relating to the care and treatment of 1 patient and failing to document that a thorough explanation of the risks and complications of trigger point injections was given to this patient. Public Letter of Reprimand. September 9, 2008

YEDIDSON, DAVID, M.D. (A38412)
Los Angeles, CA

Stipulated Decision. No admissions but charged with violating the terms and conditions of his Board-ordered probation by failing to pass an oral competency exam. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, obtaining a billing monitor, and no solo practice of medicine. August 13, 2008

YEUNG, NORMAN YUK LAM, M.D. (G84409)
Sacramento, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and an educational course, and obtaining a practice monitor. September 4, 2008

YU, STEVE PYONG, M.D. (A105773)
Los Angeles, CA

Stipulated Decision. Falsified his application for licensure by failing to disclose 3 misdemeanor convictions. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing a community service program and an ethics course. Decision effective September 10, 2008, probationary license issued October 8, 2008.

YUNG, SHAM (A33830)
Monterey Park, CA

Committed acts of dishonesty and corruption by being convicted of a felony for conspiring to execute a health care fraud scheme. Revoked. September 18, 2008

Physician Assistants

KOEHLER, PAMELA RAE, P.A. (PA13556)
Fort Bragg, CA

Violated the terms and conditions of her Committee-ordered probation by committing acts of gross negligence and unprofessional conduct. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, and participating in a diversion program. August 20, 2008

LISTER, CHRISTOPHER, P.A. (PA14614)
Hesperia, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, unprofessional conduct, conviction of a crime, self-use of alcohol or drugs, and failure to maintain adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances and submitting to biological fluid testing. August 27, 2008

SAWAYA, EMMANUEL, P.A. (PA20007)
San Gabriel, CA

Stipulated Decision. Criminal conviction for driving under the influence of alcohol. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, and obtaining a practice monitor. Decision effective October 3, 2008, probationary license issued October 9, 2008.

WILLIAMS, TARQUIN SIAM, P.A. (PA19872)
Moreno Valley, CA

Stipulated Decision. Convicted of 2 misdemeanors for driving under the influence of alcohol. Probationary license issued, placed on 4 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, and participating in a diversion program. Decision effective August 13, 2008, probationary license issued August 26, 2008.

Doctor of Podiatric Medicine

CATLEY, MARK FLORENTINO (E4352)
Anaheim Hills, CA

Stipulated Decision. Committed acts of unprofessional conduct and insurance fraud by being convicted of making false demands against the United States by defrauding Medi-Cal. Revoked. August 22, 2008

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name or address change.

See: [www.mbc.ca.gov/
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Medical Board of California Meetings – 2009

January 29–30, 2009: Los Angeles

May 7–8, 2009: San Francisco

July 23–24, 2009: Sacramento

October 29–30, 2009: San Diego

All meetings are open to the public.

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MEDICAL BOARD OF CALIFORNIA NEWSLETTER – JANUARY 2009

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