MEDICAL BOARD OF CALIFORNIA
Newsletter
A Quarterly Publication www.mbc.ca.gov Vol. 120, October 2011

Federation of State Medical Board "Policy on Physician Impairment": Guidelines to assist physician wellbeing committees

by Norman T. Reynolds, M.D., American Board Diplomate in Psychiatry, Distinguished Life Fellow of the American Psychiatric Association

The Federation of State Medical Board (FSMB) 2011 "Policy on Physician Impairment" provides guidelines to state medical boards and physician health programs (PHPs) for assisting impaired physicians while protecting the public.[1] The principles and concepts articulated in the Policy can also serve to guide medical staff in addressing physician impairment.

Summary of the FSMB Policy: At its annual meeting in March 2011, the FSMB House of Delegates unanimously approved a new "Policy on Physician Impairment." The 2011 "Policy on Physician Impairment" supports the rehabilitation of impaired physicians as part of protecting the public. The Policy is in keeping with the FSMB mission: "FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public." This current Policy supersedes the FSMB policy of 1995.[2]

James Bolton, former member of the Medical Board of California (MBC), chaired the FSMB Workgroup to develop the 2011 Policy, and Norman Reynolds, M.D. served as Vice-Chair. The thirty-five page Policy provides guidelines to state medical boards and their physician health programs (PHPs) to address issues of rehabilitation of impaired physicians. FSMB guidelines

(continued on page 7)

IMPORTANT INFORMATION

We have been telling you that we are going green. Well, we have. The Medical Board is changing the way it publishes and distributes the MBC Newsletter. The January 2012 issue, and every January issue from hereafter, will be distributed via an email blast or hard copy. The April, July, and October issues only will be posted on the Board's Web site at: ***www.mbc.ca.gov/publications/newsletters/Index.html***, and recipients will be notified via email when it is posted.

This is the perfect time to join our Subscriber's List and receive an automatic email notification that the newsletter is available for you to read online at your convenience. To sign up, please go to ***www.mbc.ca.gov/subscribers.html*** and follow the instructions.

If you wish to print a copy of a newsletter, current or past, go to ***www.mbc.ca.gov/publications/newsletters/Index.html.*** This link also allows you to do a search for articles regarding specific subjects.

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IN THIS ISSUE

President's Report 2
Legislator profile 3
Beware of SCAMS 3
2011 Updated List of Reportable Diseases 4
Update on Buprenorphine Drug Products 10
New Regulation — Physician Assistants 11
Steven M. Thompson Loan Repayment awards . . 12
Veteran status may be factor in diagnosis 15
Workers' compensation fraud warning 16
Administrative actions 17

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

As 2011 draws to an end, it is my pleasure to look back with admiration at the many positive changes and achievements made here at the Board. I am privileged to enjoy my ongoing interactions with the Board's very capable staff and with its most accomplished, dedicated physician and public members who join me in serving this Board. I've touched on just a few of the Board's more significant accomplishments below. Others you will read about in the enclosed annual report.

Barbara Yaroslavsky
President of the Board

Recently, the Governor signed two Board-sponsored bills into law. The first bill, AB 1127 (Brownley, Chapter 115, Statutes of 2011), requires physicians to cooperate with the Board by participating in physician interviews with the Board for disciplinary investigations. This bill makes the repeated failure to attend and participate in an interview scheduled by mutual agreement of the physician and the Board, absent good cause, a violation of unprofessional conduct. AB 1127 will speed up the process of closing a case or referring it for disciplinary action.

The second bill, AB 1267 (Halderman, Chapter 169, Statutes of 2011), authorizes the Board to automatically place a physician's license on inactive status when a physician is incarcerated after the conviction of a misdemeanor for the period of incarceration. This bill allows the Board to disclose the reason for the inactive status on the Board's Internet Web site. This bill requires the Board to move the physician's license status back to its prior or appropriate status within five business days of receiving notification that the physician is no longer incarcerated. Although the Board already had the authority to suspend a license during a felony conviction incarceration, there was nothing that curtailed a physician from practicing while incarcerated for a misdemeanor.

The Licensing Program continued to review physician and surgeon applications for licensure in half the time required by law. This accomplishment was achieved despite multiple staff vacancies and without incurring overtime costs. I applaud outreach and application review staffs' determination and efforts to keep this process timely.

I also would like to address the sizeable amount of press over the past year that focused on the Board's more high profile enforcement cases. Let me assure you that this Board is committed to its mission to protect consumers through the proper licensing and regulation of physicians and surgeons. In accordance, we created a new Enforcement Committee whose vision is to act as an expert resource and advisory body to members of the Medical Board and its enforcement program by educating Board Members and the public on enforcement processes and by identifying program improvements in order to enhance protection of health care consumers. The Board must function per the Medical Practice Act and provide its licensees with due process. Know that violations of the law being reported to the Board by anyone – whether legally mandated entities, such as police, sheriffs, courts, coroners, etc., or consumers/public (anonymously or not), and fellow physicians – are taken seriously, whether the report results in disciplinary action or not.

I would like to close with a warm welcome to new California State and Consumer Services Agency Secretary Anna Caballero. She also serves Governor Jerry Brown as a cabinet member. Ms. Caballero attended our July Board meeting, and we are thrilled with her support and encouragement of our licensing outreach efforts. I look forward to working with Ms. Caballero in our commitment to fulfill the Board's mission.

Legislator profile:

Assemblywoman Julia Brownley

Assemblywoman Julia Brownley (D-Santa Monica) was elected to the Assembly in 2006. She represents the 41st District which spans from Santa Monica in the south to Oxnard in the north. Assemblywoman Brownley serves as chair of the Education Committee, bringing a rich understanding of educational issues gleaned during her 12 years on the Board of Education of the Santa Monica-Malibu Unified School District, including three terms as board president.

In addition to chairing the Education Committee, she serves on the Committee on Higher Education, Natural Resources Committee, the full Budget Committee, the Joint Legislative Budget Committee, Budget Subcommittee No. 2 on Education Finance, the State Allocation Board, the California Commission on the Status of Women, the Select Committee on Improving State government, the Select Committee on Ports, the Select Committee on Domestic Violence, and as a legislative liaison to the Santa Monica Bay Restoration Commission and Santa Monica Mountains Conservancy.

Assemblywoman Brownley authored a Board-sponsored bill, AB 1127 (Chapter 115, Statutes of 2011), which gives the Medical Board another tool to encourage cooperation from physicians who are under investigation by the Board, by making the repeated failure to attend and participate in an interview scheduled by mutual agreement of the physician and the Board, absent good cause, a violation of unprofessional conduct. This bill was signed into law by the Governor.

Assemblywoman Brownley has been awarded numerous honors for her leadership in education and the environment. She was one of 10 legislators in 2011 with lifetime perfect scores by the California League of Conservation Voters. Her honors include: "2010 Legislator of the Year" by both the ACLU and the California School Boards Association, "2010 Environmental Champions Award" by the Environmental Working Group, "2010 Advocate of the Year" by UCLA's Bruin Democrats, "2009 California Legislator of the Year" by the California Federation of Teachers, "2009 Friend of Education" by the National Association of School Psychologists, "2009 Legislator of the Year" by the Junior Leagues of California State Public Affairs Committee and by Californians Against Waste, "2009 Elected Representative of the Year" by the Sherman Oaks Democratic Club, "2008 Legislator of the Year" by the California League of High Schools, and "2008 Outstanding Freshman of the Year" by the California School Boards Association.

She graduated from George Washington University with a bachelor's degree in political science and a master's degree from American University.

BEWARE: Don't fall for SCAMS

It has been brought to the attention of the Medical Board of California that unscrupulous individuals are targeting the Board's licensees through several different scams over the past few months. The individuals are sending emails and letters that appear to originate from the Board and in each instance they request/demand that money be sent immediately for one reason or another.

Due to ongoing investigations, we are unable to provide you with specifics at this time, but we feel this is important enough to warn and advise you that if you receive ANY communication from the Board that seems suspicious or out of the ordinary, please contact us through our Webmaster at ***Webmaster@mbc.ca.gov***. We want to hear from you and appreciate your assistance. When more information is available, we will share it with you.

2011 Updated List of Diseases Reportable by Health Care Providers in California

by F. Tabnak, Ph.D. and D. Vugia, M.D., Infectious Disease Branch, Division of Communicable Disease Control, Center for Infectious Diseases, California Department of Public Health

In California, health care providers are required to report cases of specified diseases and conditions of public health importance to their local health department (LHD) (California Code of Regulations [CCR] Title 17 Section 2500). LHDs, in turn, are required to report these cases to the California Department of Public Health (CDPH). This disease reporting system is a critical component of public health surveillance as it allows local and state health departments to collect, analyze, and monitor diseases in the general population, to detect outbreaks and epidemics, to assess effectiveness of vaccines and other public health prevention measures, and to support public health functions and policies. It is the duty of every health care provider (physician, surgeon, veterinarian, podiatrist, nurse practitioner, physician assistant, registered nurse, nurse midwife, school nurse, infection control practitioner, medical examiner, coroner, or dentist) to report cases of reportable diseases listed in the CCR Title 17 Section 2500 to their local health officer or their local health department.

This list of reportable diseases is periodically reviewed and updated by CDPH in consultation with the California Conference of Local Health Officers. Effective June 30, 2011, the updated list of diseases reportable by health care providers in California is as follows:

Updated List for Providers, Section 2500

The urgency of reporting for each condition has been marked per the following symbols:

(♦) = to be reported immediately by telephone.

(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.

(□) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.

(●) = when two (2) or more cases of suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

- □ Acquired Immune Deficiency Syndrome (AIDS)
- + Amebiasis
- □ Anaplasmosis/Ehrlichiosis
- ♦ Anthrax, human or animal
- + Babesiosis
- ♦ Botulism (Infant, Foodborne, Wound, Other)
- ♦ Brucellosis, human
- □ Brucellosis, animal (except infections due to *Brucella canis)*
- + Campylobacteriosis
- □ Chancroid
- + Chickenpox (Varicella) (only hospitalization and death)
- □ *Chlamydia trachomatis* infections, including lympho granuloma venereum (LGV)
- ♦ Cholera
- ♦ Ciguatera Fish Poisoning
- □ Coccidioidomycosis
- □ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- + Cryptosporidiosis
- □ Cyclosporiasis
- □ Cysticercosis or taeniasis
- ♦ Dengue
- ♦ Diphtheria
- ♦ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- + Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ♦ *Escherichia coli*: shiga toxin producing (STEC) including E. coli O157
- +● Foodborne Disease
- □ Giardiasis
- □ Gonococcal Infections
- + *Haemophilus influenzae*, invasive disease (report an incident of less than 15 years of age)
- ♦ Hantavirus Infections
- ♦ Hemolytic Uremic Syndrome
- + Hepatitis A, acute infection
- □ Hepatitis B (specify acute case or chronic)
- □ Hepatitis C (specify acute case or chronic)
- □ Hepatitis D (Delta) (specify acute case or chronic)
- □ Hepatitis E, acute infection Influenza, deaths in laboratory-confirmed cases for ages 0-64 years

(continued on page 5)

Reportable diseases *(continued from page 4)*

- ♦ Influenza, novel strains (human)
- □ Legionellosis
- □ Leprosy (Hansen Disease)
- □ Leptospirosis
- + Listeriosis
- □ Lyme Disease
- + Malaria
- ♦ Measles (Rubeola)
- + Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- ♦ Meningococcal Infections
- □ Mumps
- ♦ Paralytic Shellfish Poisoning
- □ Pelvic Inflammatory Disease (PID)
- + Pertussis (Whooping Cough)
- ♦ Plague, human or animal
- + Poliovirus Infection
- + Psittacosis
- + Q Fever
- ♦ Rabies, human or animal
- + Relapsing Fever
- □ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses Rocky Mountain Spotted Fever
- □ Rubella (German Measles)
- □ Rubella Syndrome, Congenital
- + Salmonellosis (Other than Typhoid Fever)
- ♦ Scombroid Fish Poisoning
- ♦ Severe Acute Respiratory Infection (SARS)
- ♦ Shiga toxin (detected in feces)
- + Shigellosis
- ♦ Smallpox (Variola)
- + *Staphylococcus aureus* infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture.)
- + Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
- + Syphilis
- □ Tetanus
- □ Toxic Shock Syndrome
- + Trichinosis
- + Tuberculosis
- ♦ Tularemia, human
- □ Tularemia, animal
- + Typhoid Fever, Cases and Carriers
- + *Vibrio* Infections
- ♦ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- + West Nile virus infection
- ♦ Yellow Fever
- + Yersiniosis
- ♦ OCCURRENCE of ANY UNUSUAL DISEASE
- ♦ OUTBREAKS of ANY DISEASE (Including diseases not listed in Section 2500). Specify if institutional and/or open community.

Health care providers in California play an important role in disease reporting and contribute to the betterment of public health in their communities. For more information on reportable diseases in California, please visit: ***http://www.cdph.ca.gov/HealthInfo/Pages/ReportableDiseases.aspx***

Update on Buprenorphine Drug Products

The Federation of State Medical Boards (FSMB) was recently asked by several of its member boards to clarify the appropriate prescribing by physicians of certain buprenorphine-containing drug products. They provided a clarification in the "May, June, July 2011" issue of their quarterly publication, Newsline. We are providing a link to their newsletter. The clarification is provided on page 3: ***http://www.fsmb.org/pdf/pub-nl-may-june-july-2011.pdf***.

Check it out!

U.C. Davis Tour July 2011

(Board President Barbara Yaroslavsky presents appreciation plaques to outgoing Board Members, Drs. Moran and Chin.)

(Board Members and staff tour U.C. Davis Medical School and new Surgery and Emergency Services Pavilion.)

Policy on Physician Impairment *(continued from cover page)*

and other resources have applications that can inform medical staff physician wellbeing committees (PWBCs) in addressing physician impairment.

Topics covered in the 2011 FSMB Policy include the following:

- Definition of key terms
- Description of types of impairment
- Explanation of the value of physician health programs (PHPs)
- Elements of an effective PHP
- Criteria for the evaluation of a quality PHP
- Regulatory issues involved in effectively utilizing a PHP
- Enhancement of the protection of the public by providing education about physician impairment

Types of impairment covered in the FSMB document include the following:

- Substance-related illnesses
- Mental illnesses including Axis I psychiatric clinical conditions
- Cognitive decline
- Physical impairments
- Reference to disruptive behavior

Importantly, the 2011 FSMB Policy includes a discussion of "Functional Impairment" and "Potentially Impairing Illness" based on concepts developed by the Federation of State Physician Health Programs (FSPHP).[3] The discussion of these topics is also in keeping with the 2011 Policies of the American Society of Addiction Medicine (ASAM).[4]

Program development guidelines for medical staff:
The FSMB policy document provides details regarding the elements of an assistance program. The following are some general principles derived from that document and other sources to guide medical staffs and their assistance committees:

- Develop medical staff by-laws for an assistance program to rehabilitate physicians that is separate from the disciplinary process.
- Define the types of impairment conditions and services being offered.
- Whenever possible, identify and address cases of potentially impairing illness before they progress to impairment.
- Do not offer services beyond the capability of the program, which means adequate staffing and expertise to address the needs of the population being served.
- Develop a system of monitoring to ensure participant compliance with program expectations and protection of the public.
- Function with transparency with regard to program operations.
- Safeguard the confidentiality of voluntary participants so long as they do not pose a danger to the public.
- Provide adequate funds to operate the program.
- Educate the medical staff, non-physician coworkers, and the public about physician impairment issues.
- Comply with by-laws as well as federal, state, and local laws and regulations.
- Conduct periodic audits to ensure that the program is meeting its objectives and protecting the public (quality assurance).

Medical staff may wish to perform selected functions or the full range of program functions; or, they may choose to delegate responsibilities to an external agency. Care should be exercised to avoid conflicts of interest. Individuals who serve on committees and have conflicts of interest should recuse themselves from proceedings regarding the particular physician in question. For

Drs. Reynolds (left) and Bolton speaking at the FSMB's February 2011 annual meeting.

(continued on page 8)

 (continued from page 7)

example, chiefs-of-staff with disciplinary authority should not be involved in the case proceedings of assistance committees.

In order to identify physicians with problems, medical staff committees can perform screening assessments, but committees should not make diagnoses. In accordance with TJC, medical staffs should facilitate referrals to professional experts for diagnostic evaluations. Professional evaluations should include: a rationale as to limitations to practice, if any; safety to practice determination; recommendations for remediation; monitoring conditions to ensure compliance with program expectations and safety to the public.[5, 6]

Medical staff responsibilities: Medical staff must address issues of physician impairment in order to fulfill requirements set by Title 22 and The Joint Commission (TJC). Title 22 requires medical staff to establish PWBCs. According to Title 22, Section 70703, "The medical staff by-laws, and regulations shall include…provision for the performance of the following functions:…assisting the medical staff members impaired by chemical dependency and/or mental illness to obtain necessary rehabilitation services…"[7] In 2001, TJC established a Standard (MS 2.6) requiring that "medical staffs implement a process to identify and manage matters of individual physician health that is separate from the medical staff disciplinary function."[8] TJC offers "Process Design Mechanisms" for medical staff as follows:

- Educate medical staff and other organization staff about illness and impairment recognition issues specific to physicians;
- Self-referral by a physician and referral by other organization staff;
- Referral of the affected physician to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern;
- Maintenance of the confidentiality of the physician seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened;
- Evaluation of the credibility of a complaint, allegation, or concern;
- Monitoring of the affected physician and the safety of patients until the rehabilitation or any disciplinary process is complete; and
- Reporting to the medical staff leadership instances in which a physician is providing unsafe treatment.

Why bother to rehabilitate impaired physicians?
Like the general public, physicians are not immune to impairing illnesses. When considering life-time prevalence, a sizeable portion of the general population suffers from some type of mental and or substance disorder in the course of their lifetime. The following is a list of lifetime prevalences for some specific types of disorders: major depression 18%; alcohol abuse 13%, alcohol dependence 5%; drug abuse 8%; drug dependence 3%.[9] According to Baldisseri,[10] the rates of abuse and dependence are similar for healthcare professionals and the general public. If the only measure applicable to physicians involves discipline to exclude those physicians so afflicted, a sizable portion of the physician population would be put out of practice. Excluding physicians from practice with no option for rehabilitation does not benefit the public. There is an ever-increasing shortage of physicians.[11] If all physicians who experience impairment at some time during their lives were accurately identified, many licensed physicians would be excluded from practice if there were no opportunity for rehabilitation.

Providing incentives for physicians to face their problems, and obtain treatment and rehabilitation, offers a win-win solution to a sizeable problem. Discipline, although necessary in some cases, invites an adversarial process. The disciplinary process, with its legal checks and balances, can be costly and take time before adequate safeguards can be put in place to protect the public. Well run PHPs can effectively rehabilitate physicians and return them to safe practice. In a review of outcome studies, DuPont and colleagues reported that "addicted physicians treated within the PHP framework have the highest long-term recovery rates recorded in the treatment outcome literature", between 70% and 96%."[12] This approach is consistent with the Americans with Disability Act that protects individuals with disabilities and encourages rehabilitation.[13]

(continued on page 9)

Policy on Physician Impairment *(continued from page 8)*

Organizational support for physician assistance programs: In 1958, the Federation of State Medical Boards first identified alcohol and drug addiction among medical doctors as a disciplinary problem and called for a model probation and rehabilitation program to be adopted by individual state medical boards. In 1972, the American Medical Association (AMA) Council on Mental Health published its landmark article, "The Sick Physician," defining physician impairment as "the inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illness, including deterioration through the aging process, the loss of motor skills, or the excessive use or abuse of drugs, including alcohol."[14] Thereafter, PHPs emerged in each of the states. Since the publication of the 1972 AMA article, there is an expanded body of knowledge based on research findings, and there is an accumulated PHP experience in managing physician impairment. Both sources of information have informed the field of physician impairment with applications to PHPs.

In recent years, there has been a convergence of efforts from key organizations to address physician impairment issues. In 2005, The Federation of State Physician Health Programs published its "Physician Health Program Guidelines" for program development and enhancement. According to that document, "Rehabilitation of physicians with potentially impairing health conditions is the primary function of PHPs."[15] Rather than waiting for impairment to occur, PHPs can protect the public by addressing the underlying illnesses that can lead to impairment. In 2011, ASAM published eleven public policy statements addressing healthcare and other licensed professionals with addictive illness.[16] According to one of the policy statements, "Healthcare and other licensed professional illness and impairment exist on a continuum with illness typically predating impairment, often by a period of years." Hence, as a means of protecting the public, it is important to identify and treat illness before it moves to impairment. In 2011, FSMB published its Policy on Physician Impairment. Currently, the AMA is in the process of revising its 1985 Model Physician Health Act with the goal of addressing a broad range of physician health problems which include mental, physical and addictive problems. Senate Bill 1441 creates Uniform Standards regarding rehabilitation programs for other healing arts licensees impaired by substance abuse. The sixteen Uniform Standards listed in the legislation can serve to guide medical staffs and their well being committees in addressing issues of physician impairment by establishing rehabilitation programs that offer protection to the public.[17]

FSMB guidelines and other resources have applications that can inform medical staff physician wellbeing committees (PWBCs) in addressing physician impairment. The following is a set of resource documents for guiding medical staff in assisting impaired physicians:

- American Medical Association (AMA) policy statements[18]:
  - Policy H-140.886; Physician Health and Wellness
  - Policy H-235.977; Medical Staff Committee to Assist Impaired or Distressed Physicians
  - Policy H-275.940; Physician Impairment
  - Policy H-295-987; Impairment Prevention and Treatment in the Training Year
  - Policy E-9.0305; Physician Health and Wellness
- American Society of Addiction Medicine (ASAM): Public Policy Statement on Healthcare and Other Licensed Professionals with Addictive Illness, 2011.
- California Medical Association (CMA): CMA Guidelines for Physician Well-Being. Committees Policies and Procedures, CMA On-Call document #1240, July 2008.[19]
- DuPont, RL et al: Setting the standard for recovery: Physicians' Health Programs
- Federation of State Medical Boards (FSMB): Policy on Physician Impairment, 2011.
- Federation of State Physician Health Programs (FSPHP): Guidelines for Physician Health, 2005.
- The Joint Commission (TJC): Physician Health Standard MS.2.6

(continued on page 10)

Policy on Physician Impairment *(continued from page 9)*

- Uniform Standards Regarding Substance-Abusing Health Arts Licensees, Senate Bill 1441 (Ridley-Thomas)
- Work Group on Physician Health Programs (CMA/CSAM/CPA/CHA/KPMG): Joint Interim Guidelines from the Work Group on Physician Health, 02/2009.[20]

References

[1] Federation of State Medical Boards. Policy on Physician Impairment. 2011.

[2] Report of the ad hoc Committee on Physician Impairment. "Report of the Federation's ad hoc Committee on Physician Impairment." Federation Bulletin 81:229-24, 1994.

[3] Federations of State Physician Health Programs. December 2005. Guidelines for Physician Health. ***www.fsphp.org/2005FSPHP_Guidelines.pdf***.

[4] American Society of Addiction Medicine. Public Policy Statement on Healthcare and Other Licensed Professionals with Addictive Ilness, 2011.

[5] Reynolds NT. A model comprehensive psychiatric fitness-for-duty evaluation, Occupational Medicine: State of the Art Reviews. 17:105-118, 2002.

[6] Reynolds NT. Evaluating physician impairment: the comprehensive psychiatric fitness-for-duty evaluation. Unpublished manuscript, 2011.

[7] Cal. Admin. Code., tit. 22, § 70703; Joint Com. on Accreditation of Hospitals, Accreditation Manual for Hospitals (1985) Utilization Review, pp. 197-198; 42 U.S.C. § 1395x(k); 42 C.F.R. § 405.1035.

[8] Joint Commission on Accreditation of Healthcare Organizations (2001). Physician Health Standard MS.2.6. JCAHO: Hospital accreditation standards.

[9] Kessler RC, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replications. Arch Gen Psychiatry 62:593-602, 2005.

[10] Baldisseri MR. Impaired healthcare professional. Crit Care Med 35(2 Suppl.): S106-S116, 2007.

[11] Association of American Medical Colleges Center for Workforce Studies. The complexities of physician supply and demand: Projections through 2025. Washington, DC: Association of American Medical Colleges, 2008.

[12] DuPont RL, et al. Setting the standard for recovery: physician health programs. J Substance Abuse Treatment 36:159-171, 2009.

[13] Americans with Disabilities Act of 1990, Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991).

[14] Council on Mental Health, Report of American Medical Association. The sick physician, JAMA. 223(6):684-687, 1973.

[15] Federations of State Physician Health Programs. Guidelines for Physician Health. December 2005. ***www.fsphp.org/2005FSPHP_Guidelines.pdf.***

[16] American Society of Addiction Medicine. Public Policy Statement on Healthcare and Other Licensed Professionals with Addictive Illness, 2011.

[17] Uniform Standards Regarding Substance-Abusing Health Arts Licensees, Senate Bill 1441 (Ridley-Thomas) ***www.dca.ca.gov/about_dca/sacc/index.shtml***.

[18] American Medical Association. Policies related to Physician Health. Document updated February 2011.

[19] CMA Guidelines for Physician Well-Being. Committees Policies and Procedures. CMA On-Call document #1240, July 2008.

[20] Work Group on Physician Health Programs (CMA/CSAM/CPA/CHA/KPMG): Joint Interim Guidelines from the Work Group on Physician Health. February 2009. ***www.csam-asam.org/files/Jointguidelines.pdf***

Update your email address online

Please keep the Board informed of your current e-mail address so we may contact you immediately with updates about the Board and your profession. Go to *https://www2.mbc.ca.gov/UpdateMyEmail/* to complete this easy process - it only takes one minute!

We appreciate your time. Thank you!

NEW REGULATION – NOTIFICATION TO CONSUMERS

Effective August 11, 2011, Section 1399.547, Title 16 of the California Code of Regulations, mandated by Business and Professions Code section 138, requires that physician assistants inform patients that they are licensed and regulated by the Physician Assistant Committee (Committee). The notification must include the following statement and information:

NOTIFICATION TO CONSUMERS
Physician Assistants are licensed and regulated by the
Physician Assistant Committee
(916) 561-8780
www.pac.ca.gov

Physician assistants may provide this notification by one of the following three methods:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font.
- Including the notice in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician assistant is licensed and regulated by the Committee.
- Including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

The notification may be downloaded from the Committee's website at ***www.pac.ca.gov***; click on "Notice to Consumers Regulation" on the homepage under "Highlights", and additionally under the "Licensee" tab. A copy of the regulation is available there as well.

For more information, please contact the Executive Officer of the Physician Assistant Committee, Elberta Portman, at (916) 561-8782 or ***Elberta.Portman@mbc.ca.gov.***

Email notifications from the Medical Board

If you have provided the Board with your email address, either through completing your physician survey or by joining the Subscriber's List, you are routinely receiving information and updates from us electronically. Most feedback that we receive regarding the email blasts are favorable, however, we have received comments from some recipients who are not interested in receiving all subject matter that we share.

To better serve you and to make evident at a glance what each email concerns, we will clearly list the topic in the subject line. Physicians and interested parties will be able to determine, without opening the email, whether it applies to them and/or whether they need to review it before deleting.

If you are interested in receiving updates on Board actions, and new laws and regulations that may affect your practice, please join our Subscriber's List at:

www.mbc.ca.gov/subscribers.html

Steven M. Thompson Loan Repayment Program awards more than $2.5 million

In 2003, a loan repayment program was created by the Medical Board to increase the accessibility of health care and promote the longevity of primary care physicians in medically underserved areas of California. Physicians and surgeons can receive up to $105,000 in exchange for providing direct patient care in a medically underserved area for a minimum of three years.

Since 2009, the Medical Board of California has collected a mandatory $25 fee from licensees to support the program; up to 15 percent of the funds collected from the fee are dedicated to loan assistance for physicians who agree to practice in geriatric care settings or settings that primarily serve adults over the age of 65 years or adults with disabilities. In further support of the program, $1,000,000 is transferred annually from the Department of Managed Health Care's Managed Care Administrative Fines and Penalties Fund.

Since 2006, the program has been administered by the Health Professions Education Foundation (HPEF). The following 27 medical doctors are recipients of awards from the Thompson Loan Repayment Program for 2011:

- Christopher Benitez, M.D., San Francisco General Hospital, San Francisco County
- Mabel Chan, San Francisco General Hospital, San Francisco County
- Faisal Chawla, Alta Med, Los Angeles County
- Theresa Cho, Las Islas Diabetes Center, Ventura County
- Myrna Coronado, San Ysidro Health Center, San Diego County
- Jennifer Elizondo, Golden Valley Health Center, Stanislaus County
- Pamela Emeney, Deran Koligian Ambulatory Care Center, Fresno County
- David Guerrero, Compton Family Medical Clinic, Los Angeles County
- Esther Kim, San Mateo Medical Center, San Mateo County
- Courtney Ladika, Redwood Family Practice, Humboldt County
- Payam Marouni, St. Anthony Medical Center, Los Angeles County
- Nicole Mohlman, Petaluma Health Center, Sonoma County
- Carmen Morales, Wilmington Health Center, Los Angeles County
- Gina-Nga Nguyen, Nhan Hoa Clinic, Orange County
- Sherloune Normil-Smith, Vista Community Clinic, San Diego County
- Kristen Ochoa, Olive View UCLA, Los Angeles County
- Carla Perissinotto, UCSF and Lifelong Medical Care, San Francisco/Alameda Counties
- Azin Shahryarinejad, University of Southern California, Los Angeles County
- Gerardo Solorio Cortes, Primary Care Medical Center, Santa Clara County
- Thavalinh Sphabmixay, Mercy Family Health Clinic, Merced County
- Leanne Stoneking, Los Angeles Department of Mental Health, Los Angeles County
- Adrian Strand, Seaside Family Health Center, Monterey County
- Kulin Tantod, Neighborhood Healthcare, San Francisco County
- Candice Tong, Golden Valley Health Center, Stanislaus County
- Clifford Tse, Redwood Family Practice, Humboldt County
- Sa Vang, Ceres Medical Office, Stanislaus County
- Caithness Vibbard, Clinica Oscar A Romero, Los Angeles County

(*During the March 2011 cycle, the Steven M. Thompson Physician Corps Loan Repayment Program partnered with the California State Loan Repayment Program (SLRP). The Foundation was able to award an additional $969,571 by leveraging federal funds from the American Reinvestment and Recovery Act. Twenty individuals received funding from both the Steven M. Thompson and SLRP programs.)*

Report from the Board's Access to Care Committee

The California physician workforce is vital to the well being of the state's 35 million residents. While advances in medicine offer great promise, uninsured Californians and those with public coverage have less access to physician care than those with private insurance. For the many Californians who will become insured through the expansion of public programs due to national health care reform, access to physicians may be limited; it is estimated that over 15 percent of primary care physicians are not accepting new patients, and only half are accepting new Medi-Cal patients.

Many sources indicate California is facing a shortage of 17,000 physicians in California by the end of this decade. Currently, most parts of the state have a shortage of primary care physicians, and the problem may be worsening: almost 30 percent of California physicians are 60 years or older. More California doctors are nearing retirement than in any other state, and surveys show that as they age, physicians work fewer patient-care hours. Other reports addressing these statistics are more dire: the total number of California physicians does not accurately reflect the availability of physicians to provide care; half of the state's physicians work full-time in patient care, but their other activities include teaching, administration, and research.

In 2008, California ranked first in the nation for medical school student retention and second for resident retention. But the number of graduates from California's eight medical schools has remained flat over the last 15 years (about 1,000 graduates annually), in spite of the 20 percent growth in population. And while the University of California, which operates five of the state's medical schools, has announced plans to expand enrollment in existing programs, in addition to opening new medical schools in Riverside and Merced, this will not come close to addressing the larger shortage problem.

Consequently, the Board's Access to Care Committee's recent focus is on collaborative practice models in medicine. With the aforementioned barriers to health care accessibility for residents, there is an increased need to utilize imaginative and innovative tools that promote access to care. The Board views access to quality health care as a priority to reinforce and promote with collaborators across California.

At the Committee's May meeting, presentations were given by Dr. Eric Davydov, Medical Director of Facey Medical Group, and Dr. Paula Verette, Chief Medical Officer and Vice President for Quality and Performance Improvement at Huntington Hospital. To learn more about these presentations, please see the President's Report in the July 2011 issue of this Newsletter at ***http://www.mbc.ca.gov/publications/newsletters/newsletter_2011_07.pdf.***

In July, Deborah Ortiz, J.D., Vice-President-Government Affairs with the California Primary Care Association (CPCA), addressed the Committee. CPCA represents the interests of California community clinics, and health centers and their patients. These clinics provide comprehensive health care services, particularly for low-income, uninsured and underserved Californians who might otherwise not have access to health care. These clinics often are the first line of defense in providing health care services to those who need it most, while at the same time suffering from the most stringent funding cutbacks; thus, these clinics recognize the need to transform the way they utilize physicians and physician-extenders as they offer health care services.

These are small but important first steps in assisting the Board and its licensees to understand the collaborative practice model evolving from the traditional office primary care model to expanding the pool of providers and specialists, with an ultimate goal of improving patient care. This can become a reality through the creation of a patient-centered medical home program — a health care setting that encourages partnerships between individual patients and their personal physicians, which is facilitated by registries, information technology, health information exchanges, electronic medical records, and other means by which to assure patients get needed care in a culturally and linguistically appropriate manner.

Revised Strategic Plan in the works

The Medical Board of California is in the final phase of developing its latest Strategic Plan. A final draft will be presented to the Board for vote and implementation at the February 2012 quarterly Board meeting in San Francisco. The Plan will be available to the public at that time.

The Board's revised goals, which are incorporated in the new Strategic Plan, are:

1. Professional Qualifications: Promote the professional qualifications of medical practitioners by setting requirements for education, experience, and examination.
2. Regulations and Enforcement: Protect the public by effectively enforcing laws and standards to deter violations.
3. Consumer and Licensee Education: Increase public and licensee awareness of the Board, its mission, activities and services.
4. Organizational Relationships: Improve effectiveness of relationships with related organizations to further the Board's mission and goals.
5. Organizational Effectiveness: Evaluate and enhance organizational effectiveness and systems to improve service.
6. Access to Care, Workforce, and Public Health: Understanding the implications of the changing health care environment and evaluate how it may impact access to care and issues surrounding health care delivery, as well as promoting public health, as appropriate to the Board's mission in exercising its licensing, disciplinary and regulatory functions.

The new Strategic Plan will be posted on the Board's Web site in February at ***www.mbc.ca.gov,*** click on publications.

Physician survey data

The Medical Board is in the process of updating our computer system that receives and tracks information you provide on the physician survey. We also are revising the physician and surgeon survey to include additional information about certifications that were not previously listed on the survey and have been requested.

Please take a moment to view your profile online at ***http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Search.aspx***, and if you need to provide an update, please visit ***www2.mbc.ca.gov/SurveyUpdate/Survey_Front.aspx***. It only will take a few moments of your time.

Thank you for assisting the Board in keeping accurate and up-to-date information available for consumers and patients.

Veteran status may be factor in diagnosis

Over the years, military men and woman have suffered every manner of physical and emotional injury. Those injuries have had significant health consequences for millions of California veterans.

Vietnam veterans who were exposed to ***Agent Orange***, the toxic herbicide sprayed over the jungles between 1962 and 1971, now have increased rates of prostate, respiratory and other cancers, lymphoma, Type 2 diabetes, ischemic heart disease, nerve damage, and digestive and skin disorders. Veterans of every era frequently suffer from hearing loss and tinnitus. Many struggle with post traumatic stress disorder or traumatic brain injury.

The U.S. ***Department of Veterans Affairs*** (VA) now presumes that ***14 diseases and disorders*** found in "boots-on-the-ground" Vietnam veterans are the result of Agent Orange exposure.

"It would be easy for a doctor to overlook Agent Orange exposure as the cause of a patient's Type 2 diabetes when genetic and lifestyle risk factors are present. The post traumatic stress disorder or military sexual trauma at the root of patient's chronic depression could also be missed," said ***California Department of Veterans Affairs*** (CalVet) ***Secretary Peter Gravett***. "That's why it's so important to ask patients whether they ever served in the military when evaluating, diagnosing, and treating them."

CalVet encourages medical, health education, and support organization professionals to:

- Ask patients whether they have served in the military;
- Become familiar with the diseases and disorders that commonly affect the veteran population; and
- Consider a patient's veteran status when evaluating symptoms, making diagnoses, and offering treatment.

Veterans may be entitled to monetary benefits, health care, vocational rehabilitation services, and free assistive devices, such as hearing aids, through the VA. Veterans who have been diagnosed with any service-connected health condition should contact their ***County Veteran Service Office*** for assistance.

For more information about veteran health or benefits, visit ***www.calvet.ca.gov*** or call 1-877-741-8532.

FDA News

Recently, the U.S. Food and Drug Administration (FDA) warned women not to substitute breast thermography for mammography to screen for breast cancer. Some health care providers are promoting breast thermography on their websites and claiming that thermography is superior to mammography as a screening method for breast cancer, because it does not require radiation exposure or breast compression.

The FDA is unaware of any valid scientific evidence showing that thermography, when used alone, is effective in screening for breast cancer. To date, the FDA has not approved a thermography device (also referred to as a telethermographic device) for use as a stand-alone to screen or diagnose breast cancer. However, the FDA has previously cleared thermography devices for use only as an adjunctive diagnostic tool for breast cancer screening and diagnosis. Therefore, thermography devices should not be used as a stand-alone method for breast cancer screening or diagnosis.

Additional information can be found at the following link:

www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm257259.htm

Distribution of Workers Compensation Fraud Warning Notices to California Physicians

by Carol N. Finuliar, Attorney, Legal Unit, Department of Industrial Relations, Division of Workers' Compensation

To promote awareness and to eliminate fraud in the workers' compensation system, the Legislature enacted Labor Code section 3822 to require the Administrative Director of the Division of Workers' Compensation to provide every employer, claims adjuster, third party administrator, physician and attorney who participates in the workers' compensation system, an annual notice warning the recipient against committing workers' compensation fraud, and advising of the penalties for such fraud. This is an annual notice to all California medical providers and is not targeted to any specific entities or individuals. Please distribute a copy of this notice to all of your employees with responsibilities for your participation in workers' compensation.

Workers' compensation fraud is a drain on California's economy. Workers' compensation fraud harms employers by contributing to the high cost of workers' compensation insurance and self-insurance and it harms employees by undermining the perceived legitimacy of all workers' compensation claims. Workers' compensation fraud is not limited to claimant fraud. The workers' compensation program can also be victimized by fraud committed by medical providers, employers, claims adjusters and attorneys.

What Constitutes Medical Provider Fraud?

- Billing fraud
- Employing individuals to solicit new patients
- Unnecessary treatment or self-interested referrals
- Failing to report a work injury

Workers' Compensation Fraud is a Crime

Insurance Code section 1871.4 provides that it is a felony to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Labor Code section 3207, or present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, any claim for compensation for the purpose of obtaining or denying any compensation, as defined in Labor Code section 3207. It is a crime to knowingly assist, abet, conspire with, or solicit any person in an unlawful act of workers' compensation insurance fraud. It is also a crime to make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

Workers' compensation fraud may be punished by imprisonment which can be in a county jail for over one year, or in a state prison, for two to five years. A fine may also be imposed not exceeding $150,000, or double the amount of the fraud, whichever is greater. If someone is convicted of workers' compensation fraud, the court is required to order restitution to be paid, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted under Insurance Code section 1871.4 may be charged the costs of the investigation at the discretion of the court. Insurance Code section 1871.5 provides that any person convicted of workers' compensation fraud pursuant to section 1871.4, or Penal Code section 550, shall be ineligible to receive or retain any compensation, as defined in Labor Code section 3207, where that compensation was owed or received as a result of a violation of section 1871.4, or section 550 of the Penal Code, for which the recipient of the compensation was convicted.

Workers' Compensation Fraud is a Serious Matter

Workers' compensation fraud can increase the cost of doing business and can result in decreases (or no increases) in employee salaries, laying off employees or even going out of business. Workers' compensation fraud can also increase health care costs and the cost of insurance for all Californians.

If you would like to obtain more information about the issue of workers' compensation fraud, or would like to report an occurrence of workers' compensation fraud, please call the Department of Insurance Fraud Division's hotline number: (800) 927-4357. You can also access the Fraud Division's fraud reporting form at: ***http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/0300-fraud-claims-and-forms/*** to obtain more information and locate the telephone number for the Fraud Division office nearest to you. If you have questions about this notice, please contact the Division of Workers' Compensation.

Administrative Actions: May 1, 2011 – July 31, 2011

Physicians and surgeons

ABRAHAMS, PEZ, M.D. (A71500) Winnetka, CA
Stipulated Decision. No admissions but charged with sexual misconduct and gross negligence in the care and treatment of a patient, and aiding and abetting the unlicensed practice of medicine of an individual hired to work at his medical group by allowing the individual to examine, furnish drugs and recommend laser treatment to an undercover officer. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing an ethics course, a professional boundaries program, and obtaining a third party chaperone. July 15, 2011

ANDERSON, DONOVAN JOHN, M.D. (G48061) Mohave Valley, AZ
Disciplined by Arizona for failing to perform adequate lab monitoring, refer the patient for yearly retinopathy evaluation, perform a yearly foot exam, and conduct appropriate initial and interval lab work when prescribing medication in the care and treatment of a diabetic patient over a period of 8 years. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, obtaining a practice monitor. July 1, 2011

ANDERSON, ORSON ANTONIO, M.D. (A41825) Colton, CA
Stipulated Decision. Disciplined by Texas for writing Schedule III-V prescriptions with an expired DPS Controlled Substance Registration. Public Letter of Reprimand. June 2, 2011

ARIAS, JOHN MANUEL, M.D. (G87655) Coeur d'Alene, ID
Stipulated Decision. Disciplined by Colorado for treatment and care of a patient that fell below the generally accepted standards of practice for a radiologist by failing to properly report a diagnosis which contributed to a delay in treatment for the patient. Public Letter of Reprimand. June 17, 2011

ARTHUR, ARVIN, M.D. (C37057) Sacramento, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 4 patients. Physician must complete a medical record keeping course and an ethics course. Public Reprimand. June 10, 2011

Explanation of disciplinary language and actions

"Effective date of decision" — Example: "June 15, 2011" 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.

BALLARD, LESLIE, M.D. (C52573) Loomis, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 4 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, a clinical training program, and obtaining a practice monitor. July 29, 2011

BEBAWI, NAGUIB, M.D. (A46388) Irvine, CA
Committed gross negligence, repeated negligent acts, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 3 pediatric patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, a clinical training program, obtaining a practice monitor, and prohibited from providing medical evaluation, care or treatment to any patient less than 16 years of age. July 22, 2011

BONILLA, ROBERTO R. (A36897) Los Angeles, CA
Stipulated Decision. Committed gross negligence, incompetence and repeated negligent acts for performing open gallbladder surgery outside a hospital or certified surgical facility, attempting the surgery without the presence of an anesthesiologist, and failing to notify the Medical Board of the patient's death in a timely manner. Surrender of license. July 27, 2011

CHAMBI-HERNANDEZ, RUTH, M.D. (A87453) Riverside, CA
Stipulated Decision. Convicted of a misdemeanor for failing to keep adequate and accurate medical records, committed dishonesty by making a false statement to the Board's investigator, and failing to disclose her financial interest in a health-related facility. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 45 days actual suspension, completing an ethics course, and obtaining a billing monitor. June 7, 2011

CHOI, ANDREW KWANGHWI, M.D. (A41771) Los Angeles, CA
Stipulated Decision. No admissions but charged with a misdemeanor conviction for Receipt in Interstate Commerce of Misbranded Drug and Delivery Thereof, in violation of Title 21 United State Code sections 331(c), 333(a)(1) and 352(f). Public Reprimand. July 22, 2011

CHUN, LORRAINE Y., M.D. (A64318) Warrenton, VA
Stipulated Decision. Disciplined by Nevada for failing to properly evaluate an 18 year-old patient who presented with a full term pregnancy which resulted in the death of the baby from hypoxia shortly after delivery. Public Letter for Reprimand. June 1, 2011

CRAWFORD, JAMES VINCENT (A81994) La Canada, CA
Default Decision. Disciplined by Washington for failing to properly oversee the preparation, draping, and surgery of the correct surgical site which resulted in permanent diminished hearing in a patient's right ear and caused the patient to undergo unnecessary surgery involving general anesthesia. Revoked. July 1, 2011

DANIELS, TONI D. (A34345) Berkeley, CA
Stipulated Decision. No admissions but charged with violating her Board-ordered probation by failing to comply with numerous terms and conditions of probation including, but not limited to, maintaining a practice monitor, abstaining from the use of alcohol, and submitting to biological fluid testing. Surrender of license. July 6, 2011

DASARI, MURTHY S. (AFE50358) Carmichael, CA
Stipulated Decision. Convicted of two misdemeanors for driving with a blood alcohol level of 0.08 percent or more and driving without a driver's license. Surrender of license. May 11, 2011

DE LOS ANGELES, REYNALDO A. (A35904) Kearney, NE
Default Decision. Disciplined by Nebraska for failing to keep records of controlled substances which were received, administered, and used by him, failing to maintain controlled substances purchased under his DEA permit, failing to conform to the ethics of the medical profession, and appropriating Provigil for his own use without a proper prescription. Revoked. July 1, 2011

DOMINGUEZ, STEVEN, M.D. (A48186) Downey, CA
Committed gross negligence, repeated negligent acts, and failed to maintain adequate and accurate medical records in the care of a patient for weight loss. Revoked, stayed, placed on 7 years probation

with terms and conditions including, but not limited to, surrendering his DEA permit, completing a prescribing practices course, a medical record keeping course, and a clinical training program. May 20, 2011

EGAN, JOHN CRAIG, M.D. (A68147) Phoenix, AZ
Stipulated Decision. Disciplined by Wisconsin for conduct that fell below the minimum standards of competence by failing to appropriately evaluate and obtain a timely neurosurgical consult in the care of a patient's acute onset of post-operative pain. Public Letter of Reprimand. June 1, 2011

EHRLICH, DENNIS WAYNE, M.D. (G45623) Kailua, HI
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts for failing to inform a patient of his abnormal prostate specific antigen (PSA) value or otherwise follow-up on the results. Physician must complete a clinical training program. Public Reprimand. July 22, 2011

ELGIN, THOMAS MICHAEL, M.D. (A55569) Laguna Hills, CA
Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of a patient for failing to recognize an acute cardiac event and evaluate a patient for stent restenosis, failing to recognize changes in the EKG, failing to treat the hypokalemia appropriately, and failing to document the patient's refusal to be admitted to the hospital. Physician completed a medical record keeping course. Public Reprimand. July 8, 2011

GALLENO, MAYA L. M.D. (A90269) Bronx, NY
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 a patient for failing to perform a pelvic exam, a speculum exam, and schedule an urgent transvaginal ultrasound to rule out an ectopic pregnancy, when the patient complained of pelvic pain, abnormal bleeding, and had a positive pregnancy test. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and a clinical training program. May 6, 2011

GARDNER, ROBERT W., M.D. (A67955) Carmel, CA
Stipulated Decision. No admissions but charged with gross negligence, incompetence, and repeated negligent acts for failing to recognize that a nasogastric (NG) tube was placed in the patient's lung and not the stomach prior to commencing a study and, once the barium was administered, failing to recognize immediately that the barium was not in the stomach or in any other loop of the bowel. Physician must complete an educational course. Public Reprimand. July 21, 2011

GHAFUR, NAEEMAH HOWELL, M.D. (A79585) Lancaster, CA
Committed acts of unprofessional conduct by failing to comply with terms of the California Physician Corps Loan Repayment Program Agreement by not repaying and/or following through on the agreement. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course and reimbursing the Board for repayment of the California Physician Corps Loan Repayment Program Agreement. May 6, 2011

GOMEZ, GREGORY RODRIGUEZ (A90854) Phoenix, AZ
Default Decision. Disciplined by Oregon for entering into sexual relationships with a female employee who also was his patient, a female medical assistant who worked under his supervision, and treating two male patients with testosterone without adequate examination, lab studies, or indication. Revoked. July 1, 2011

HADUONG, QUAN (G57891) Las Vegas, NV
Stipulated Decision. Voluntarily tendered his license due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of his probation. Surrender of license. May 25, 2011

HARE, SUSAN MARIE (A66998) Tilton, NH
Stipulated Decision. Disciplined by New Hampshire for committing unprofessional misconduct related to her prescribing practices. Surrender of license. July 19, 2011

HATHERLEY, JOHN A. (G52940) Dana Point, CA
Stipulated Decision. No admissions but charged with dishonest acts for reporting inaccurate information on his quarterly declarations and violating his Board-ordered probation by failing to comply with numerous terms and conditions including, but not limited to, abstaining from the use of products or beverages containing alcohol, submitting to biological fluid testing, adhering to practice monitoring requirements, and notifying the Board of required information regarding

Schedule IV controlled substance prescriptions he filled. Surrender of license. July 27, 2011

HELLIWELL, JASON, M.D. (A74796)
Bakersfield, CA
Stipulated Decision. Negligent in the treatment of a patient who underwent a SmartLipo procedure. Physician must complete a medical record keeping course. Public Letter of Reprimand. June 29, 2011

HUANG, WENTIAN, M.D. (A87003) Garland, TX
Stipulated Decision. Disciplined by Texas for failing to practice medicine in an acceptable professional manner consistent with public health and welfare, meet the generally accepted standard of care, exercise diligence in his treatment of a patient who was admitted to the emergency room after a vehicle accident, and failed to independently review the CT scans resulting in a delayed treatment for renal cell carcinoma. Public Reprimand. July 21, 2011

HUERTA-IBARRA, JOSE FELIX, M.D. (A94115)
Watsonville, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and unprofessional conduct in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program and obtaining a practice and billing monitor. July 21, 2011

IGNACIO, PATRICK LOUIS, M.D. (A101799)
Alexandria, VA
Stipulated Decision. Convicted of a felony for grand theft of personal property for cashing bonus checks paid to him by his employer as a result of falsified time sheets reflecting hours in which he did not work. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, 30 days actual suspension, and completing an ethics course. July 15, 2011

INJO, DANIEL, M.D. (G41374) Grand Terrace, CA
Stipulated Decision. Failed to repeat lab work, inform a patient of the need for follow-up care with a surgeon, and document in the record the care and treatment of a patient who presented with severe abdominal pain. Physician completed a medical record keeping course and an educational course. Public Letter of Reprimand. June 1, 2011

JOACHIM, NANCY (G67039) New York, NY
Disciplined by New York for having a condition affecting her ability to practice medicine safely. Revoked. May 20, 2011

KABINS, MARK BRADLEY, M.D. (G71021)
Las Vegas, NV
Disciplined by Arizona for felony conviction for conspiracy, mail fraud/honest services fraud, and aiding and abetting. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course.
July 1, 2011

KADET, STEPHEN MARK, M.D. (C53151)
Parkland, FL
Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, abetting unlicensed corporate practice of medicine, allowing an unlicensed person to use his certificate to engage in the practice of medicine, committing dishonest acts, and engaging in unprofessional conduct. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an ethics course. June 24, 2011

KAMRAVA, MICHAEL (G41227) Beverly Hills, CA
Committed gross negligence, repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked. July 1, 2011. Judicial Review Pending.

KAWANISHI, DAVID TOSHIO, M.D. (G35547)
Mission Viejo, CA
Stipulated Decision. Failed to document the severity of a patient's illness, failed to document recommendation for hospitalization, and failed to document his discussion with the patient of the risk for sudden cardiac death and needs for ICD placement. Physician must complete a clinical training program and a medical record keeping course. Public Letter of Reprimand. May 6, 2011

LEE, DONALD WOO, M.D. (A56294) Temecula, CA
Committed gross negligence, repeated negligent acts, dishonest acts, alteration of medical records,

unprofessional conduct, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, and an ethics course. May 11, 2011. Judicial Review Pending.

LEONG, WAYNE CHIH WING, M.D. (G78793)
Oakland, CA
Stipulated Decision. Failed to recognize that a patient was critically ill with persistent tachycardia and severe acidosis, placing her at high risk for decompensation, and failed to demand formal consultation by a critical care specialist in the face of the patient's worsening clinical condition. Public Reprimand. June 17, 2011

LEVATTER, ROSS ELI (G62815) Phoenix, AZ
Stipulated Decision. Disciplined by Arizona for felony conviction of attempted money laundering, and by Ohio and New Mexico for felony conviction of money laundering and conspiracy to commit promoting prostitution. Surrender of license. June 1, 2011

LEVIN, EMIL (A36761) Los Angeles, CA
Committed repeated negligent acts and unprofessional conduct by engaging in an improper dual relationship with a patient, which included his misappropriation of her assets, and joint management of her funds. Revoked. June 24, 2011

LI, EVELYN EVENS, M.D. (G48660) Fremont, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, dishonest acts, and failure to maintain adequate and accurate medical records in the care and treatment of 10 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program with professional enhancement, a medical record keeping course, and an ethics course. July 8, 2011

LONG, SAMMIE INEZ, M.D. (C36672)
Nashville, TN
Disciplined by the District of Columbia for failing to conform to standards of acceptable and prevailing practice within a health profession and demonstrating a willful or careless disregard for the health, welfare or safety in the care of 11 patients in Mississippi. Revoked, stayed, placed on 5 years probation with terms and conditions, but not limited to, must complete a clinical training program prior to resuming the practice of medicine, prohibited from the practice of interventional radiology and from engaging in the solo practice of medicine, obtaining a practice monitor, and completing an educational course. June 30, 2011

MADAN, SHERNA, M.D. (G43846) San Carlos, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, failure to maintain adequate and accurate medical records in the care and treatment of 4 patients, and aiding and abetting the unlicensed practice of medicine by allowing registered nurses to diagnose, treat and prescribe without supervision and falsely advertising she was supervising the nurses. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prohibited from either practicing aesthetic medicine or performing cosmetic procedures, completing a medical record keeping course, an ethics course, and providing free community medical services. July 6, 2011

MCILROY, RICHARD HARRY, M.D. (A117659)
Walnut Creek, CA
Stipulated Decision. Disclosed on his application for licensure a misdemeanor conviction for driving under the influence and a felony conviction for criminal damage. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, submitting to biological fluid testing and abstaining from use of alcohol and controlled substances. Probationary license issued July 22, 2011.

MELVANI, ASHOK NARAINDAS, M.D. (C43029)
Apple Valley, CA
Stipulated Decision. Failed to obtain, perform, and document an adequate medical history and examination and failed to consider testicular torsion as a possible diagnosis. Public Letter of Reprimand. July 29, 2011

Setting the Record Straight

MISHLOVE, LAWRENCE ALAN, M.D. (A52846)
Panama City Beach, FL
Stipulated Decision. Disciplined by Florida for non-compliance with the terms of his Florida Professionals Resource Network (PRN) monitoring or treatment contract and testing positive for cocaine. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days suspension, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, completing an ethics course, and obtaining a practice monitor. February 23, 2011

MOLINA, ORESTES, M.D. (A95775) Miami, FL
Stipulated Decision. Disciplined by Texas for failing to remove a vaginal packing from a female patient and document the order requiring the removal of the vaginal packing. Public letter of Reprimand. May 24, 2011

MURPHY, MARY CHARLENE, M.D. (G74754)
San Diego, CA
Stipulated Decision. Committed gross negligence in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing an educational course, a medical record keeping course, an ethics course, a clinical training program prior to practicing medicine in the area of intra-abdominal surgery, and obtaining a practice monitor. July 27, 2011

NITSOS, LOUIS JAMES (G75023) Danville, CA
Stipulated Decision. Voluntarily tendered his license due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of his probation. Surrender of license. July 18, 2011

PERRY, CURTIS JOHN, M.D. (G88980)
East Greenwich, RI
Stipulated Decision. Disclosed on his application for licensure two state board actions related to his failure to comply with outpatient surgery center setting requirements and two hospital privileging actions. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, obtaining a practice monitor. Probationary license issued July 7, 2011.

PHAM, LESLIE THANH LOAN, M.D. (A117423)
Huntington Beach, CA
Stipulated Decision. Disclosed on her application for licensure that during her postgraduate training, she took a leave of absence and underwent treatment relative to a medical and mental health condition requiring on-going monitoring. 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, and prohibited from engaging in solo practice. Probationary license issued June 30, 2011.

PHAM, LUONG (A44339) Irvine, CA
Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 6 patients. Surrender of license. July 26, 2011

PHILLIPS, DANIEL BRIAN, M.D. (G56099) Sonora, CA
Stipulated Decision. Physician allowed medical assistants and a nurse practitioner to renew prescriptions without his prior authorization or knowledge, without monitoring or follow-up examination, post surgery in the care and treatment of a patient. Public Letter of Reprimand. May 24, 2011

PHILLIPS, JEFFREY LAWRENCE, M.D. (G64950)
Yuba City, CA
Stipulated Decision. Convicted of a felony for submitting false or fraudulent billings to Medicare and Medi-Cal for services not provided. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing a prescribing practices course, a medical record keeping course, an ethics course, and obtaining a billing monitor. May 6, 2011

PITTMAN, CLINTON CHRISTOPHER, M.D. (G73051)
Thonotosassa, FL
Stipulated Decision. Disciplined by Florida for performing a wrong-site kyphoplasty procedure at the T-12 rather than the T-11. Public Letter of Reprimand. May 25, 2011

PLATT, MICHAEL EDWARD (G23729)
Rancho Mirage, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, prescribing without an appropriate prior examination, violation of terms of interim

suspension order, practice of medicine while license suspended, violation of professional confidence, dishonest acts, and failure to maintain adequate and accurate medical records in the care and treatment of several patients, and violating his Board-ordered probation. Surrender of license. May 19, 2011

POLIQUIN-WILLIAMS, NICOLE, M.D. (A30419)
Los Angeles, CA
Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician must complete a medical record keeping course, a prescribing practices course, and a psychopharmacology course. Public Reprimand. July 15, 2011

PUTCHAKAYALA, KRISHNA G., M.D. (A117220)
Los Angeles, CA
Stipulated Decision. Disclosed on his application for licensure a misdemeanor conviction for driving under the influence greater than .08%. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, submitting to biological fluid testing and abstaining from the use of alcohol and controlled substances. Probationary license issued June 9, 2011.

RAMCHANDANI, RAM P.P. (A21924)
Seal Beach, 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 3 patients. Surrender of license. June 2, 2011

RASH, DOMINIQUE LAN, M.D. (A116999)
Sacramento, CA
Stipulated Decision. Disclosed on her application for licensure a misdemeanor conviction for reckless driving (wet). Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, submitting to biological fluid testing and abstaining from the use of alcohol and controlled substances. Probationary license issued May 18, 2011.

RAYMOND, FREDERICK (G32652)
Pasadena, CA
Stipulated Decision. No admissions but charged with unprofessional conduct for violating his Board-ordered probation by testing positive for controlled substances. Surrender of license. June 8, 2011

RETODO, AGUEDO AVARICIO, JR. (A24925)
Hayward, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of 4 patients. Surrender of license. May 10, 2011

RHODE, BLAIR ANDREW, M.D. (A71731)
Orland Park, IL
Stipulated Decision. Disciplined by Illinois for committing gross negligence and unprofessional conduct in the care and treatment of a patient. Public Letter of Reprimand. June 30, 2011

RIOS, TOMAS BALLESTEROS, M.D. (A54078)
Fresno, CA
Stipulated Decision. Convicted of a felony for making and subscribing a false income tax return. Revoked stayed, placed on 3 years probation with terms and conditions including, but not limited to, 60 days actual suspension, completing an ethics course and obtaining a practice and billing monitor. June 15, 2011

ROSAS, JOSE ANTONIO (A72019) San Francisco, CA
Convicted of 5 felony counts for various sexual misconduct charges and attempting to prevent reporting an offense to law enforcement, and 5 misdemeanor counts for assault. Revoked. May 20, 2011

RUBEN, DAVID ALAN, M.D. (G44789) Tucson, AZ
Disciplined by Arizona for failing to maintain adequate and accurate medical records and rationale for prescribing multiple medications or follow-up, failing to order necessary tests or monitor ongoing treatment, and failing to assess pain patients who were exhibiting drug seeking behavior. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, a clinical training program with professional enhancement, and obtaining a practice monitor. May 16, 2011

SAMIMI, FRED, M.D. (A83265) Stockton, CA
Stipulated Decision. Aided and abetted the unlicensed practice of medicine and committed acts in violation of several drug statutes and regulations by failing

to adequately label medications, secure controlled substances, maintain an accurate drug inventory, provide a written prescription prior to drug dispensing, and properly consult patient when drugs were dispensed. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, 30 days actual suspension, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, possessed and any recommendation or approval for marijuana, and completing an ethics course. May 6, 2011

SANTA MINA, JOJO BORROMEO (A67778) Simi Valley, CA
Committed acts of unprofessional conduct by sexually abusing and engaging in sexual misconduct with a patient. Revoked. May 6, 2011

SCOTT, TERRY WESLEY, M.D. (G54536) Diamond Bar, CA
Stipulated Decision. Committed repeated negligent acts and failed to maintain adequate and accurate medical records by failing to properly manage a patient's medical condition and update his electronic office records. Physician must complete a medical record keeping course and a sinus surgery course. Public Reprimand. July 7, 2011

SCHREIBER, JANET LEE, M.D. (G47346) Anaheim, CA
Stipulated Decision. Committed repeated negligent acts and aided and abetted the unlicensed practice of medicine by allowing an unsupervised medical assistant to administer injections to multiple patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, an ethics course and a professional boundaries program. July 1, 2011

SEID, LORILYN, M.D. (A75441) San Francisco, CA
Stipulated Decision. No admissions but charged with having a condition affecting her ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, submitting to biological fluid testing, obtaining a practice and billing monitor, and prohibited from engaging in the solo practice of medicine. July 29, 2011

SHAW, STEPHEN ROBERT, M.D. (G47926) Ventura, CA
Stipulated Decision. Convicted of two misdemeanors for driving under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, completing an educational course and a clinical training program, obtaining a practice monitor, and prohibited from engaging in the solo practice of medicine. July 29, 2011

SHERMAN, STEPHEN H. (G15834) Arcadia, CA
Stipulated Decision. Surrendered his Texas license in lieu of other state disciplinary proceedings. Surrender of license. June 1, 2011

SIMON, ROY HOWARD, M.D. (G60934) Torrance, CA
Convicted of more than one misdemeanor conviction involving the use or consumption of dangerous drugs or alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol and submitting to biological fluid testing. May 12, 2011. Judicial Review Pending.

SINGER, NATHAN, M.D. (A48173) Santa Maria, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, excessive prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 2 years, 11 months probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course, and a medical records keeping course. July 28, 2011

SMITH, DERRICK LEE, M.D. (G50178) Temecula, CA
Committed repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of a 72 year-old patient who had sustained a spine fracture. Physician must complete a medical record keeping course. Public Reprimand. May 13, 2011

STAVENS, CHRISTODOULOS STEFENOTOS, M.D. (A34266) Louisville, KY
Stipulated Decision. Disciplined by Kentucky for failing to disclose a September 2008 termination of hospital

privileges on his license renewal application. Public Letter of Reprimand. May 24, 2011

THORNTON, HOWARD ALLEN (G17377)
San Rafael, CA
Physician has a condition affecting his ability to practice medicine safely. Revoked. May 19, 2011

TOLENTINO, NATY MADARIAGA, M.D. (A38545)
Las Vegas, NV
Stipulated Decision. Committed repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and a clinical training program. July 14, 2011

TYDINGS, LAWRENCE HENRY (G21806)
Hicksville, NY
Stipulated Decision. Disciplined by New York for failing to perform adequate physical examinations, including obtaining blood pressure readings, fundal height measurements and urine test results, and maintain records which accurately reflect the evaluation and treatment of patients. Surrender of license. June 1, 2011

VALENTINE, JOHN DALE, M.D. (G86912)
Denver, CO
Stipulated Decision. Disciplined by Colorado for attempting to work as an anesthesiologist while under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and condition including, but not limited to, abstaining from the use of controlled substances, dangerous drugs, and alcohol, submitting to biological fluid testing, obtaining a practice monitor, and prohibited from engaging in solo practice. July 29, 2011

VELASQUEZ, ANTHONY LENNY (A83511)
Louisville, KY
Disciplined by the U.S. Navy which issued a General Court Martial for wrongful sexual contact and conduct unbecoming an officer. Revoked. May 26, 2011

VICTORIA, EDWARD SOLLESA, M.D. (A100513)
Las Vegas, NV
Stipulated Decision. Disciplined by Nevada for committing malpractice by removing a patient's Percutaneous Endoscopic Gastrostomy (PEG) tube too early and in an inappropriate manner which resulted in a tear and clot at the site of the PEG tube. Public Letter of Reprimand. May 24, 2011

VINCENT, CHRISTOPHER KELLY, M.D. (A79718)
Roanoke, VA
Stipulated Decision. Disciplined by Virginia following complications in the performance of four endovascular procedures. Public Letter of Reprimand. June 21, 2011

WARM, KENNETH A., M.D. (G38070) Coronado, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts for failing to perform a readmission evaluation of a patient within 72 hours of readmission to a skilled nursing facility and perform monthly visits to the patient and generate progress notes of the patient's current health status while at the skilled nursing facility. Physician must complete a medical practice management course. Public Reprimand. July 28, 2011

WONG, TONY LEE, M.D. (A51262) Daly City, CA
Stipulated Decision. Failed to document compliance with the guidelines for the use of controlled substances for patients with chronic pain conditions. Physician must complete a medical record keeping course. Public Letter of Reprimand. June 16, 2011

WOODWARD, PAUL DOUGLAS (A30765) Napa, CA
Stipulated Decision. Voluntarily tendered his license due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation. Surrender of license. June 14, 2011

YADEGAR, SASAN, M.D. (G72739) Los Angeles, CA
Stipulated Decision. No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician completed a medical record keeping course. Public Reprimand. June 15, 2011

YAQUB, NIZAR ABDUL, M.D. (A29913)
Salinas, CA
Stipulated Decision. No admissions but charged with violating his Board-ordered probation by failing to timely pay his probation monitoring costs. Physician

paid his probation monitoring costs. Public Reprimand. May 2, 2011

Physician Assistants

BAILEY, GRIFFIN B., P.A. (PA21688) Hanford, CA
Two misdemeanor convictions, disciplined by the California Board of Chiropractic Examiners and the Arizona State Board of Chiropractic Examiners. Physician Assistant license granted, immediately revoked, stayed, placed on 3 years probation with terms and conditions. License issued July 8, 2011.

CALDERON, DAN R., P.A. (PA21670) Lancaster, CA
Stipulated Decision. Failed to disclose a conviction on his application for licensure. Probationary license issued, placed on 2 years probation with terms and conditions. June 2, 2011

LUCAS, ROBERT J., P.A. (PA15947) Palm Desert, CA
Stipulated Decision. Two criminal convictions for driving under the influence. Revoked, stayed, placed on 4 years probation with terms and conditions. June 17, 2011

NICOLA, ELENA, P.A. (PA21612) Orange, CA
Stipulated Decision. Failed to disclose a conviction on her application for licensure. Probationary license issued, placed on 2 years probation with terms and conditions. June 2, 2011

PLONG, AUSTIN VANNATH, P.A. (PA15560) Long Beach, CA
Stipulated Decision. Committed repeated negligent acts and failed to maintain adequate and accurate medical records in his care and treatment of 8 patients. Revoked, stayed, placed on 4 years probation with terms and conditions. May 20, 2011

UDOH, EKAETE DANIEL (PA19664) Chula Vista, CA
Stipulated Decision. Felony conviction of vehicular manslaughter and driving under the influence. Surrender of license. May 26, 2011

Licensed Midwife

ARMSTRONG, LUNA W. (LM167) Mendocino, CA
Default Decision. Committed gross negligence and incompetence by accepting the care of a high risk patient for a vaginal birth after caesarean section (VBAC) home delivery. Revoked. July 15, 2011

Is your home address posted on the Board's Web site?

The Board has been contacted by physicians who are not aware that their address of record, which may be a home address, is posted in their online physician profile on the Board's Web site. We have long informed physicians of this, both in our license applications and renewal forms, and in the Board's quarterly newsletter.

We continue to caution physicians about listing their home address as an address of record.

We encourage you to view your profile at ***www.mbc.ca.gov***, click on the Licensees tab and "Check My Profile," to insure that your address (and all other information provided) is correct, and it is the address you want the public to see. Please note that clicking on the address listed on your profile brings up a Google map of your address of record.

The mandatory physician survey that is now completed by physicians at the time of initial licensure, and with each renewal, provides the data we use to update your online physician profile.

If you want to change your address of record or need to update your survey, or if you have relocated and need to change your address, the change of address form is available on the Board's Web site at ***www.mbc.ca.gov/forms/07a-08.pdf***. The Board must be notified in writing within 30 days of the change. Please fax the form to (916) 263-2944, or mail to:

Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Department of Consumer Affairs
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

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

See: www.mbc.ca.gov/licensee/address_record.html

Medical Board of California Meetings — 2011/2012

October 27-28, 2011: San Diego
February 2-3, 2012: San Francisco
May 3-4, 2012: Los Angeles
July 26-27, 2012: Sacramento
October 25-26, 2012: San Diego

All meetings are open to the public.

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MEDICAL BOARD OF CALIFORNIA NEWSLETTER — OCTOBER 2011
Debbie Nelson, Editor (916) 263-2480

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