Medical Board of California Newsletter

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LINKS TO OUR WEB SITE

- *Update your email address online*
- *Update your address of record online*
- *Update your physician survey online*
- *Join the email subscribers list online*
- *Webmaster@mbc.ca.gov*

Saving Lives By Donating Life

Left to right: Libby Wood, liver recipient; Khaleighya Dandie, liver recipient; and Michael Brice, heart and liver recipient

It's a matter of numbers when it comes to life-saving organ and tissue donations. Currently in California, there are 20,867 people on the transplant waiting list, which accounts for 18% of the national total of 115,296. Every day, 18 people die waiting for a transplant.

"This ongoing tragedy can be prevented if we all sign up to give the gift of life through organ and tissue donation," said Charlene Zettel, Chief Executive Officer of Donate Life California (DLC).

DLC is a nonprofit Organ and Tissue Donation Registry dedicated to increasing the number of registered donors. Since the registry was established, donors have saved or healed over 120,000 lives. So far, nearly 9.4 million people have registered, but more are still needed. Just one person can save up to eight lives through organ donation and save, heal or improve up to 50 lives through tissue donation.

Donation *(continued on page 6)*

Breast Cancer Awareness Month

Did you know that October is National Breast Cancer Awareness Month (NBCAM)? The Medical Board offers a brochure entitled "A Woman's Guide to Breast Cancer" that you can view and download from our Web site by using the following link: ***http://www.mbc.ca.gov/publications/breast_cancer.html***

To learn more about NBCAM, visit the Web site at ***http://www.nbcam.org/***

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.

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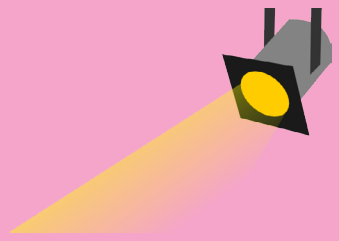
*To subscribe or unsubscribe, please use the following link: **www.mbc.ca.gov/subscribers.html**. Submission of original-written articles is welcome, but all submissions become the property of the Medical Board of California and are subject to editing.*

Editor's Spotlight



by Frank Miller

Even though the year is beginning to wind down to a close, fall is still a season of firsts for the Medical Board. We are welcoming a new Board President, Dr. Sharon Levine, and you can read her first message in our newsletter on page 3.

It is also my first newsletter as managing editor and I'm very much looking forward to hearing your feedback about items you may like or ideas you have to improve our publication. We have provided a link to a survey about the newsletter on page 19. If you feel inclined, please take a moment to provide us with your opinion.

A little background about myself: I graduated from California State University, Sacramento in 2007 with a bachelor's degree in journalism. I've worked for the Medical Board for the last 3 years, spending time in both the Central Complaint Unit and the Consumer Information Unit. I am excited about my new opportunity in the Executive Office and want to take a moment to thank our former editor, Debbie Nelson, for all of her hard work over the years. Her retirement was well-earned and I wish her nothing but the best in her future endeavors.

With that being said, I hope to build upon Debbie's work with the newsletter to bring you timely content and pertinent information. You can also look forward to more interactive content as we continue to push the boundaries of our newsletter.

As content moves towards a more digital-centric medium, like our newsletter, you may be making changes to your own practice in the form of Electronic Health Records (EHR). We have multiple articles in this edition of the newsletter about EHRs, which you can read about on pages 8 and 9, and the impact they have along with an incentive program in place to encourage their meaningful use.

Again, I hope you enjoy this edition of the newsletter and feel free to contact me directly for feedback, or to share a good story. I can be reached at ***Frank.Miller@mbc.ca.gov***.

President's Message

As I begin my tenure as President of the Medical Board of California, I want to acknowledge the estimable work done by our immediate past President, Barbara Yaroslavsky. She has been a wonderful role model and I am grateful to her for her mentorship and guidance, and delighted that she is continuing on as a Board member.

And I want to assure you that I will continue to build upon this solid foundation. My role as President affords me the opportunity to give back to the profession, the medical community, and to continue to strengthen and enhance the work the Medical Board does in the service of consumers and physician licensees.

Sharon Levine, M.D.
President, Medical Board of California

The law states that "protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount."

The Medical Board has a dual responsibility: to both ensure consumer protection and ensure that California remains a destination where physicians want to practice. It is the Medical Board's duty to maintain the confidence of consumers, letting them know that their protection is paramount to our goals. We also have a responsibility to the profession to ensure that Californians are confident that the health care delivered in California is of high quality, that the State continues to attract the best physicians, and that the Medical Board is committed to supporting licensees in the State through excellence in carrying out our core functions of licensing and enforcement.

In 2013 the Medical Board must submit a Sunset Review report to the Legislature. Sunset Review is a periodic evaluation designed to demonstrate to the Legislature and the public the continuing need for the Board's role in carrying out the functions assigned to us in our authorizing legislation. This process is the Legislature's opportunity to identify areas of need, and to confirm that licensee resources are being used in the most efficient manner – another dimension of our accountability to our licensees, which the Legislature carries out on behalf of the physicians in California. Among our goals are to continue to enhance operational efficiency, reduce processing times for both licensing and enforcement, the core functions of the Board, and to look for additional ways to make the Board's work relevant and meaningful to consumers and to the profession.

The Sunset Review is also an opportunity for the Medical Board to review the body of law which governs the practice of medicine and to ensure our authorizing statute is consistent with 21st century clinical practice. We are very cognizant of coming changes as the requirements of the Affordable Care Act are implemented beginning in 2014, and the impact they will have on the public, the Medical Board, and the profession. The Board fully supports the fundamental intent of the law - to ensure access to quality health care for all Californians - and is working to understand our role in protecting consumers and serving the profession as these changes take place over the next several years.

I am looking forward to the road ahead and I consider it an honor and a privilege to serve as President. I fully commit my energy and efforts to do the best I can to serve the public and my colleagues in the medical profession.

Sharon Levine, M.D.

The Gavel is Handed Off

Barbara Yaroslavsky, who has served as a Board member for the Medical Board of California since 2003, and most recently as the President of the Board, has handed off the gavel to Dr. Sharon Levine. Dr. Levine was elected President of the Board at the Board's July meeting in Sacramento.

As Ms. Yaroslavsky concluded her last Board meeting as President, her fellow Board members lauded her with praise for her leadership, inspiration, and dedication.

The Presidential gavel is now in the capable hands of Dr. Sharon Levine.

Pictured: Sharon Levine, M.D. and Barbara Yaroslavsky

Legislator Profile - Assemblyman Rich Gordon

Assemblyman Rich Gordon - D
21st District

If you reside in the South Bay Area, you are probably familiar with Assemblyman Rich Gordon. For everyone else, you will find him to be a legislator worth learning more about.

Assemblyman Gordon was elected in November 2010 and represents the 21st Assembly District on the San Francisco Peninsula in San Mateo and Santa Clara Counties.

Assemblyman Gordon was recently appointed to chair the Assembly Committee on Business, Professions and Consumer Protection and is a member of the Assembly Committees for Budget, Health, Local Government, Revenue & Taxation, and Joint Sunset Review.

He also serves on the Select Committees on Biotechnology, Community Colleges, High Technology, and the Status of Boys and Men of Color in California. Assemblyman Gordon chairs the Lesbian, Gay, Bisexual, and Transgender (LBGT) Caucus, co-chairs the Bay Area Caucus and is a member of the Environmental Caucus.

Assemblyman Gordon was actively involved in the creation of the Children's Health Initiative, which guarantees health care coverage for children. He also authored ***AB 1846*** which establishes a framework so that under the Affordable Care Act, those seeking to form a Consumer Owned and Operated Plan (a non-profit health insurer), may apply for federal start-up funds and be fully operating in time to offer insurance products in the Health Benefit Exchange by October 2013.

As a legislator, Assemblyman Gordon has been committed to ensuring that California invests in the education of its children, maintains its position as a leader in environmental protection, and fights for all of its residents to have access to health care. In his first year, Assemblyman Gordon was among the most productive legislators -- sending 16 of 19 bills introduced to the Governor and seeing 15 of those bills signed into law.

Assemblyman Gordon is a fourth generation Californian, born and raised in San Mateo County. He completed high school in Orange County, and graduated from the University of Southern California. He has a Masters in Divinity from Garrett Theological Seminary at Northwestern University.

California State Assembly – Committee on Business, Professions and Consumer Protection

Committee Jurisdiction: Primary jurisdictions are consumer protection; Department of Consumer Affairs occupational licensing (medical and non-medical), including private postsecondary and vocational education; creation and elimination of regulatory agencies, boards and commissions; governmental organization, efficiency and cost control; Administrative Procedure Act and Office of Administrative Law; Department of General Services, state procurement, and printing contracts; state and local property acquisition law; charitable solicitations; product labeling (excluding agriculture and medical); weights and measures, including accuracy of product pricing.

Link: ***abp.assembly.ca.gov/committeehome***

California 21st Assembly District

YOU ASKED FOR IT

by Chris Valine, Webmaster

Questions received from the Web

Q. I am a newly licensed physician preparing to open a medical practice in California. How much malpractice insurance am I required to obtain?
There is no requirement by the Medical Board of California for you to carry professional liability insurance, unless you are performing surgical procedures outside of an acute care hospital. It is considered unprofessional conduct for a physician to fail to provide adequate security by liability insurance for surgical procedures performed in an outpatient setting. If you are on the medical staff of a hospital, the hospital will usually require you to carry a certain amount of liability insurance.

Q. I have just completed the 300-hour training and certification program in Medical Acupuncture for Physicians and wanted to inquire as to whether there is any additional registration I need to do with the Medical Board to be able to include medical acupuncture in my practice.
Physicians licensed by the Medical Board of California are authorized to practice acupuncture within their scope of licensed medical practices. While a physician may perform this function, he/she may not supervise a nurse not licensed by the Acupuncture Board of California as an acupuncturist.

Q. Who oversees residents practicing in a hospital?
Residents are under the supervision of their attending physician at the facility where they are practicing.

Q. I am a physician who was recently sued by one of my patients. In settling this case, my attorney is telling me the settlement information will include a "gag clause" that will prevent the patient from filing a complaint with the Medical Board. Another physician told me this is illegal.
Business and Professions Code §2220.7 prohibits physicians from including, or permitting to be included, a provision (also referred to as a "gag clause") within a civil settlement, that prohibits another party in the lawsuit from contacting, cooperating with, or filing a complaint with the Medical Board, or that requires the party to withdraw a complaint filed with the Medical Board. A physician who violates this law is subject to disciplinary action by the Board.

Q. Looking at my physician profile on the Medical Board's Web site, I noticed you have my home address listed. I do not want patients to know where I live. How can I change this?
Your address of record must be an address where correspondence can be sent and where you can receive information. Many physicians will use a work address for this purpose, while some use a P.O. Box. If using a P.O. Box, a physical address is still required by the Medical Board as secondary information.

To change your address of record with the Medical Board, click on the following link and read the directions on the Web site: ***http://www.mbc.ca.gov/licensee/address_record.html***

Please note: It is important that every physician check their profile on the Board's Web site for accuracy.

Have a question?
If you have a question, write to me at ***Webmaster@mbc.ca.gov*.** Some of your questions will be featured here in "YOU ASKED FOR IT", but all questions will receive an email answer from me, so let me hear from you.

Donation *(continued from page 1)*

There are a lot of misconceptions about organ donations and it is important to understand the facts in order to clear up questions people have.

"Physicians are our communities' most trusted and respected advisors," Zettel said. "Studies have shown that most people want to hear about organ and tissue donation from their trusted medical professionals. Something as simple as having information in waiting rooms can help."

Here is the truth behind some of the misconceptions:

- "Doctors won't work as hard to save my life if they know I am an organ donor."

  Physicians and emergency medical teams do everything possible to save lives; and brain death must be certified by two physicians. The organ donation and recovery process is not carried out by the attending physicians but by a completely different team of health professionals after lifesaving efforts are exhausted. (In fact, it is important that physicians and hospital staff do not approach the family about organ donation.)

- "I am too old (or too sick) to be a donor."

  Age and health status are not major factors for organ and tissue donation. A specialized team of recovery professionals perform a comprehensive medical history and extensive tests to ensure the health and suitability of organs and tissue for transplantation.

- "I won't be able to have an open casket funeral."

  Organ and tissue recovery procedures are performed like any other surgical operation – with the utmost care and respect in a sterile environment. Furthermore, organ and tissue recoveries do not delay funeral arrangements or prevent open casket viewing.

- "My religion does not support donation."

  Organ donation is consistent with the life-preserving traditions of all major religions in the United States.

New members to the registry come primarily because of DLC's work to educate the public as to the importance of the registry and the convenience of signing up though their partner, the California Department of Motor Vehicles.

"Working together with physicians, we can inspire more people to join the DLC registry, save more lives, and give hope to the nearly 21,000 Californians on the waiting list today," Zettel said.

DLC has an informative video on Interdisciplinary Education for Health Care Providers:

https://www.donatelifecalifornia.org/index.php?option=com_content&view=article&id=158:interdisciplinary-education-for-health-care-providers&catid=56:hospital-professionals-resources&Itemid=235

First responders can earn CEU credits by watching a video on the DLC Web site:

https://www.donatelifecalifornia.org/index.php?option=com_content&view=section&layout=blog&id=11&Itemid=224

To learn more and/or to register as an organ and tissue donor, visit DLC at:

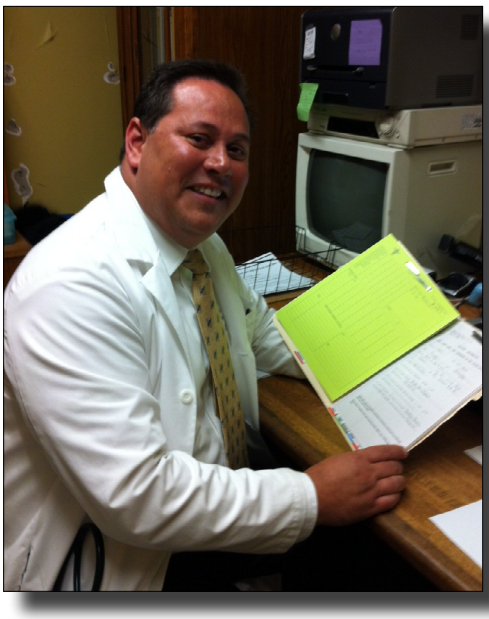
https://www.donatelifecalifornia.org/

FASCINATING FUN FACTS, FROM THE PHYSICIAN SURVEY

1. What are the top three languages in which physicians and surgeons are fluent other than English?
2. What percentage does each of the top three languages represent, based on the total number of physicians and surgeons?
3. What county represents the greatest concentration for each of the top three languages?

***Answers** on page 24*

Steven M. Thompson Loan Repayment Program Recipients



David Guerrero, M.D. is a family physician in the under served community of Compton, CA. He says, "Being a recent recipient of the Steven M. Thompson Loan Repayment Program is a true honor and has alleviated the burdensome repayment of my student loan, allowing me to better focus on my medical practice. The loan repayment program has also allowed me to pursue my passion of teenage medicine, that is helping teenagers deal with the many mental and physical health issues that they are faced with today. I believe that if teenagers' physical and mental health issues are discussed and dealt with openly then their mental and physical health as adults will be healthier overall. I am currently working on a project which will allow teenagers to come together with other health care professionals and share their challenging experiences in a non-judgmental type of arena. These experiences, which may revolve around drug use, body dysmorphia, teenager pregnancy, bullying, etc., will hopefully promote education of such tough topics and teach teenagers ways to prevent or safely deal with such situations." Dr. Guerrero graduated from Stanford University School of Medicine in 1995.

Carla Perissinotto, M.D. is dedicated to working in both community and academic settings. She divides her clinical activities between a community health setting at the Over60 Health Center in Berkeley and with both the Housecalls Program (for homebound seniors) and the new Geriatric Transitions, Consultation, and Comprehensive Care (GeriTraCCC) practice at UCSF. She was named Geriatrics Teacher of the Year in 2012 at UCSF. She is interested in working with diverse communities and improving the training of internal medicine residents and all learners in the care of elderly patients. She also has a special interest in teaching primary care doctors how to more effectively recognize cognitive impairment in the outpatient primary care setting. Dr. Perissinotto is a recipient of the HRSA Geriatric Academic Career Award 2010-2015, with which she will develop curricula to teach a wide range of learners on the care of elderly patients in diverse settings. This year, she has also been interviewed for multiple news outlets internationally, including NPR, the New York Times, and the BBC World News, regarding her research on loneliness in older adults. Dr. Perissinotto attended Tufts University School of Medicine and graduated in 2006.

Myrna Coronado, M.D. works at San Ysidro Health Center (Center). As a child, her family lived near the Center and she received her own medical care there. Her family remembers her saying "When I grow up, I want to be a doctor and work here." Dr. Coronado graduated from Albany Medical College of Union University in 2008 and is the first member of her family to graduate from college. Following medical school and completion of residency, she fulfilled her childhood dream of being offered a job at the Center, providing care in her own community. Today, her younger sister has followed in her footsteps and is now also enrolled in medical school.

*The Medical Board published an article on Electronic Health Records Incentive Programs in our January 2011 newsletter. This is an update to that article. To read the previous article, **click here**.*

Medi-Cal EHR Incentive Program Update

by Larry L. Dickey, M.D., MPH
Medical Director, Office of Health Information Technology
California Department of Health Care Services

The federal HITECH Act of 2009 established the Medicaid and Medicare EHR Incentive Programs to provide financial incentives to providers and hospitals for installing and meaningfully using electronic health records certified by the federal government. To be eligible for the Medicaid (Medi-Cal) program providers must be a physician, dentist, nurse practitioner, certified nurse midwife, or physician assistant with at least 30% of patient encounters during any 90-day period in the preceding calendar year paid for to some extent by Medi-Cal. Providers working in FQHCs or RHCs can also count partial pay or unreimbursed encounters toward the 30% requirement. Providers working in groups or clinics can pool their patient encounters and if the group or clinic as a whole meets the 30% requirement all providers in the group or clinic during the calendar year are eligible for the program. Board certified or board eligible pediatricians are eligible for incentive payments reduced by 1/3 at the 20-29% Medi-Cal encounter level. Providers with 90% or more of encounters in inpatient or emergency department settings are not eligible for the program. Most acute care hospitals (including all childrens' hospitals) are eligible for EHR incentive funds under programs separate from their providers.

Participation Requirements and Payments

During the first year of the program—providers must provide documentation (ie. a contract) that they have a binding financial or legal agreement to adopt, implement, or upgrade (AIU) certified EHR technology. Providers receive the full payment ($21,750) regardless of how much the technology may have actually cost them or whether they have actually used the technology yet. Providers can designate their employers or clinics to receive the incentive payments.

During years 2-6 of the program—providers receive $8,500 per year for reporting information and data demonstrating "meaningful use" of certified EHR technology. Current federal regulations require submission of information or data for 15 "core" and 5 "menu" objectives that are administrative in nature as well as 6 clinical quality measures. See ***http://www.dhcs.ca.gov/provgovpart/Documents/OHIT/CMS_Presentation_Meaningful_Use.pdf*** for an overview of meaningful use objectives and measures. During year 2 the reporting can be for any 90-day period of practice during the current calendar year while during years 3-6 the reporting period must be for practice during the entire current calendar year. Providers can skip participation years but the program ends in 2021. Providers who start the program and do not complete all 6 years retain the payments for all years they have successfully completed.

Progress of the Medi-Cal Program

The Medi-Cal EHR Incentive Program began accepting applications for the first (AIU) program year from providers on December 15, 2011 and began accepting applications from providers for the second (meaningful use) program year on September 27, 2012. As of October 1, 2012 the Department of Health Care Services anticipates that 7,500 California providers will have received payments totaling $160 million for adopting, implementing, or upgrading (AIU) certified EHR technology. In addition, hospitals will have also received $300 million for AIU of certified EHR technology.

How to Register for the Program

Registration is a two-step process. Providers must first register with CMS at: ***https://ehrincentives.cms.gov/hitech/login.action***

To do this, providers (or their representative) will need their NPPES user id and password. After waiting 3-4 days providers can then register with the State's Medi-Cal EHR Incentive Program at: ***http://medi-cal.ehr.ca.gov/***

Representatives can also complete the registration process for providers on the Medi-Cal Web site, but providers must physically sign the completed application form that is uploaded to the Web site. Providers are encouraged to utilize the services of regional extension centers (RECs) that have been created to assist providers with the registration process and attaining meaningful use of certified EHRs.

- California Health Information Partnership and Services Organization (statewide) ***http://calhipso.org/***
- HITEC-LA (Los Angeles) ***http://www.hitecla.org/***
- Cal-Optima's Regional Extension Center (Orange County) ***http://www.corecoc.org/***
- California Rural Indian Health Board (Indian Health Clinics) ***http://www.crihb.org/***

An EHR Pitfall

by Jason A. Black, M.D.
District Medical Consultant
Medical Board of California

Let's face it: electronic health records (EHRs) are here to stay. Over the last decade, the number of physician offices utilizing EHRs has grown by leaps and bounds, and there are now more EHR choices than ever. The pros are easy to see: saving paper, fewer errors, better legibility, no lost charts, and remote access to name just a few. As an avid EHR advocate and user myself, I wouldn't hesitate to declare that EHRs are vastly superior to the old paper-chart way of doing things. But that doesn't mean the new technology is without its pitfalls.

With EHR use now widespread, it is very likely that many physicians have received records from other doctors' offices which include lengthy and suspiciously detailed review of systems (ROS) and physical exam (PE) sections. After briefly wondering, "Did he really ask this patient about abdominal bloating and examine his mucous membranes when the visit was just for a sprained ankle?", it becomes clear that the physician documenting the encounter was simply clicking the "Normal" boxes on his computer screen.

As physicians, we are all taught the mantra: "If it isn't documented, it didn't happen." But we must remember that the converse is also true: if you documented it, you did it. You would not write in a paper chart that you percussed a patient's lungs when, in fact, you did not. Most of us would never knowingly engage in such fraudulent documentation, so it is important to know what your EHR is writing when you check the "Normal" box next to the lung exam. Some EHRs allow you to customize what "normal" means; however, if your system is lacking this helpful feature, you may want to go a few clicks further to accurately document what you actually did. Similarly, checking an "All Systems Normal" box in your ROS may result in a long list of negatives for symptoms that were never discussed during the encounter.

What, after all, is the point of documentation? In the simplest terms, we wish to remind ourselves and inform other practitioners of what transpired at each encounter, in order to ensure good continuity of care. Medical-legal issues aside, it can be misleading to document a symptom or physical finding as being denied by the patient or absent on exam when, in reality, it was never addressed. Such discrepancies can potentially derail a subsequent provider's workup.

Improper, inadequate, or illegible documentation very often becomes a central feature during Medical Board investigations. EHRs have allowed providers to make great strides in correcting these deficiencies, but it is important to recognize the limitations inherent in those systems.

So remember: as you document your next encounter, it may be necessary to think outside the "Normal" box.

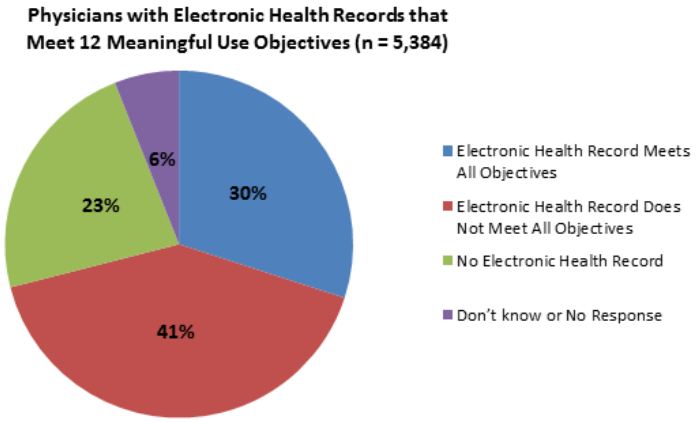
EHR Survey

Survey finds that most California physicians are not prepared to achieve meaningful use of Electronic Health Records

by Janet Coffman, Ph.D.
University of California, San Francisco

Researchers at the University of California, San Francisco recently published a report on California physicians' experience with electronic health records (EHRs). The report summarizes findings from a survey that the UCSF researchers conducted in partnership with the Medical Board of California. Funding for the survey was provided by the California Department of Health Care Services and the California HealthCare Foundation.

EHRs capture patients' health information, such as medical history, medication allergies, prescriptions, laboratory test results, and radiology images in an electronic form that enables clinicians and other providers to access and share the information. Exchanging electronic records among physician practices and between physician practices and hospitals can improve coordination of care, because all providers can have access to the same information.



The survey was distributed to physicians whose licenses were due for renewal in June or July 2011. The research team thanks the physicians who responded to the survey.

The survey found that EHRs are used widely by California physicians, but many of their systems are

EHR Survey (continued on page 15)

New EDD M.D. Teams With MBC for SDI & PFL

by Laurel Waters, M.D., FCAP, FASCP
Medical Director
Employment Development Department

Normally when someone mentions the Employment Development Department (EDD), you think of the agency that handles unemployment insurance and helping people find work. This is true, but the EDD does much more to service the people of California and it can even help people stay healthy. Now EDD has a new M.D.

I am Laurel Waters, M.D. and in May 2012 I became Medical Director of the California Employment Development Department. Why does EDD need a M.D. you ask? In addition to offering a wide variety of services under the Job Service, Workforce Investment, Labor Market Information, and Unemployment Insurance programs, the EDD administers the State Disability Insurance Program (SDI). SDI is a partial wage-replacement insurance plan for California workers, funded through mandatory payroll deductions. SDI actually has two components:

1. Disability Insurance (DI), which provides benefits to workers who are unable to work due to non-work-related illness, injury, or pregnancy that prevents them from performing their regular or customary work.
2. Paid Family Leave (PFL), which provides benefits to workers who take time off work to care for a seriously ill child, spouse, parent, or domestic partner, or to bond with a new child.

SDI relies heavily on the medical community since all DI claims and a portion of PFL claims require medical certification. The following claim information is needed by the treating physician/practitioner in order to process your patient's claim:

- Physician/practitioner's certification.
- Physician/practitioner's license number.
- Estimated date the patient will be able to return to his/her regular or customary work. This should take into account the primary and secondary diagnosis. The EDD utilizes the evidence-based M.D. Guidelines to determine the claimant's return to work date.
- ICD-9 Code and diagnosis (primary and secondary)
- Nature, severity, and extent of the incapacitating disease or injury.
- Type of treatment surgery or procedure performed.
- Pregnancy due date.

Workers are often unaware of SDI programs or that they may qualify for SDI benefits. When knowledgeable, health care providers can be a valuable source of information for these workers. The EDD's Disability Insurance Branch would like to partner with the medical community to better serve their patients by making them aware of SDI when the need arises. Workers who are able to utilize these benefits in many cases are returning to good health sooner. Without the benefits health problems could worsen from lack of proper medical care which eventually could put a greater strain on the state's health care system. It can pay to be proactive and it better serves your patients. To help you as a physician in this area, we have provided the links below to aid you in providing valuable information.

For your convenience, you may order the PFL Claim Form at:
http://www.edd.ca.gov/Disability/PFL_Request_a_Claim_Form.htm

In addition, health care providers may also make additional form requests at:
http://www.edd.ca.gov/Disability/DI_Forms_and_Publications.htm

The EDD's Disability Insurance Branch will soon launch a new customer self-help Internet-based automation system. It is called SDI Online and it provides claimants, physicians/practitioners and voluntary plan providers the option to submit DI and

EDD M.D. *(continued on page 11)*

Affordable Care Act in Action
PCIP - Pre-Existing Condition Insurance Plan

by David Sayen
Regional Administrator
U.S. Centers for Medicare & Medicaid Services

If you have a patient who doesn't have health insurance because of a pre-existing illness, you may want to tell him or her about the Pre-Existing Condition Insurance Plan, or PCIP.

PCIP provides insurance to Americans denied coverage by private insurance companies because of a pre-existing condition. Coverage for people with such conditions as diabetes, asthma, cancer, and HIV/AIDS has often been priced out of the reach of most Americans who buy their own insurance. The result: a lack of coverage for millions.

Created under President Obama's Affordable Care Act, PCIP covers a broad range of health benefits and is intended as a bridge program until 2014. That's when all Americans – regardless of health status – will have access to affordable coverage either through their employer or new competitive marketplaces called Exchanges. As of Jan. 1, 2014, insurers will be prohibited from charging more or denying coverage to anyone based on the state of their health.

PCIP provides comprehensive coverage, including primary and specialist physician services; in-patient and out-patient hospital services; emergency care; x-rays; and lab tests. The Plan also covers pregnancy and maternity care; skilled nursing care; and home health care.

Other covered benefits include durable medical equipment; in-patient and outpatient mental health care; in-patient and out-patient treatment for alcohol and substance abuse; preventive health services; and disease management programs.

The cost of PCIP is reasonable for such wide-ranging coverage. Subscribers pay deductibles, a monthly premium, and some cost-sharing -- just as they would with private insurance. Premiums vary according to a subscribers' age and where he/she lives.

For example, a 49-year-old resident of Los Angeles County would pay a monthly premium of $306. A child 18 years old and under in the same area would pay $110 per month. And someone who's 60 or older in Los Angeles County would be charged $494 per month.

Patients must pay an annual $1,500 in-network deductible before PCIP starts to pay. Doctor office visits carry a $25 co-payment (but no deductible); most in-network services require a 15 percent co-pay.

Preventive care is covered 100 percent, with no co-pays and no deductible.

PCIP *(continued on page 12)*

EDD M.D.

(continued from page 10)

PFL claims online. The option to file a paper claim will remain available by using the new Optical Character Recognition form.

I hope this information will help you and your patients properly complete claim forms. When claim forms are completed properly, claims can be processed quicker. If you have any questions about the SDI programs please email me at ***Laurel.Waters@edd.ca.gov***

SDI Online Free Webinar open to all

The Employment Development Department (EDD) is offering a free Webinar to aid in using the new SDI Online way of filing claims. The Webinar is open to all interested persons and registration is online at the California Medical Association (CMA) Web site:

http://www.cmanet.org/events/detail/?event=state-disability-insurance-online-for-your

You do not need to be a CMA member to register for the Webinar.

Are You the 75%?

A national survey of office-based physicians reports that most of those who have adopted electronic health record (EHR) systems are satisfied with their system and say it has improved patient care. Three-fourths of the physicians who are using EHR technology said that using their system "enhanced overall patient care."

Visit the following link to read more about the national survey:
http://www.cdc.gov/nchs/data/databriefs/db98.htm

Source: Centers for Disease Control and Prevention

California Granted $4.6 Million to Help Consumers With Questions

The California Department of Managed Health Care was awarded a $4.6 million federal grant to assist with questions about health insurance and to improve data collection on health care problems and trends.

To find out more about how the funds will be used, click on the following link:

http://www.bizjournals.com/sacramento/news/2012/08/27/calif-fed-grant-health-care-help-data.html

Source: Sacramento Business Journal

PCIP *(continued from page 11)*

PCIP also covers prescription drugs, both generic and brand-name. Generics have a $5 co-pay for a 30-day supply, with no deductible. For brand-name drugs, there's a $500 annual deductible. The co-pay for a preferred brand-name is $15; non-preferred brands have a $30 co-pay.

And here's an important point for your uninsured patients: the most they'll spend out-of-pocket for in-network services in a calendar year is $2,500. After that, PCIP pays 100 percent of their costs for the remainder of the year. The Plan has no annual or lifetime maximums.

PCIP doesn't cover dental or vision, nor does it cover dependents.

How do people qualify for the Pre-Existing Condition Insurance Plan? There are several requirements.

- First, they must live in California to be covered under the Plan in this state. And they must be a U.S. citizen or legal resident.
- They also have to provide a letter from an insurance company denying them coverage. If they don't have a denial letter, they can use what's called an "offer letter," showing they were offered individual coverage, but at a premium higher than the state's traditional high-risk pool for the area in which they live.
- Or, they can satisfy this requirement by providing a letter from a licensed physician, nurse, or physician assistant stating that they have, or have had, a medical condition or disability. These letters have to be dated within the last 12 months.
- In addition, a person can't have had health insurance for 6 months prior to the time he/she applies for PCIP. That includes job-based insurance, COBRA, Medicare, and Medi-Cal.

Congress included the 6-month requirement to make sure that people who enroll in PCIP are those who truly can't get health insurance -- rather than people who'd drop insurance they already have and get into this program because it's less expensive.

For a complete list of benefits, go to: ***https://pcip.ca.gov*** or call 1-877-428-5060.

PCIP has an extensive provider network in California: 11,000 primary-care physicians; 43,300 specialists; 321 hospitals; and 250 urgent care centers.

Do Your Growth Charts Measure Up?

Your growth charts for infants and children may not measure-up if you are not using the WHO Growth Charts.

The California Women, Infants and Children (WIC) Program is pleased to announce that on October 1, 2012, WIC will begin using the WHO International Growth Standards to assess growth and development of infants and children birth to < 24 months of age and continue using the Centers for Disease Control and Prevention Growth Charts for children 24-59 months.

By adopting the WHO growth standards, WIC hopes to support consistent health messages and encourage continuity of care as an adjunct to the patients' medical home.

Background: The 2009 WHO Growth Charts describe a standard for how healthy children should grow under optimal environmental and health conditions and includes infants from six different countries who are breastfed from birth to 4 months and who are still breastfeeding at 12 months of age. The familiar CDC infant Growth Charts use growth references describing how certain children grew in a particular place and time not necessarily optimal growth.

The U.S. Department of Agriculture , CDC and other organizations such as the American Academy of Pediatrics recommends the use of the WHO Growth Standards for infants and children birth to < 24 months; and to continue using the CDC charts for persons aged 24-59 months because it is feasible to do so, and the methodological difference between CDC and WHO in creating growth curves for ages 24-59 months were minor.

At age 24 months WIC stops using the recumbent length and measures the standing height of children. CA WIC looks forward to collaborating with the medical community to embrace the WHO Growth Chart standards statewide to determine if growth and development needs are met and to establish the breastfed child as the norm during this important childhood period.

Additional Information:

- WHO Growth Standards/Charts: ***www.cdc.gov/growthcharts***
- California WIC's implementation: ***www.cdph.ca.gov/programs/wicworks*** under "News & Updates" and WIC contacts in your area under "WIC Contacts for Health Professionals"

Questions: email ***MD-WIC@cdph.ca.gov*** or call Paula Etcheberry at (916) 928-8539

New Growth Charts		New Cutoffs and Criteria Changes	
Age Group	**Recommended Growth Chart**	**Criteria**	**Cutoff**
Birth to < 24 months	WHO Growth Chart (2009)	Underweight	≤ 2 percentile Weight for Age
24 months to 59 months*	CDC Growth Chart (2000)	High Weight for Length	≥ 98th percentile Weight for Length
		Short Stature	≤ 2 percentile Length for Age

**Per the CDC and USDA, WIC continues to use the CDC growth charts published in 2000 for 24-59 months (two to five year olds) WIC participants.*

Flu Season Coming - You Can Help!

Contributors to the article include Cynthia Yen, M.P.H.; Samuel Yang; Janice Louie, M.D., M.P.H.
California Department of Public Health

Influenza season will be underway soon, and the California Influenza Surveillance Program needs your help!

In collaboration with the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH) works with clinicians throughout the state to conduct surveillance for influenza-like illness (ILI) in outpatients. These clinicians volunteer as sentinel providers and are an invaluable part of our influenza surveillance program. Sentinel providers help us assess the timing, location, and impact of influenza viruses, and also help to identify the influenza virus strains that are circulating in the community.

Physicians, nurse practitioners, and physician assistants from any specialty are eligible to participate as sentinel providers. Participating providers are asked to report on a weekly basis the number of patients with ILI by age group and the total number of patients seen for any reason. Reports are submitted to the CDC by internet or fax. It takes most providers less than 30 minutes per week to compile and report their data.

In return for their participation, sentinel providers receive routine updates on influenza activity occurring in California, individual test results for specimens submitted for testing, and subscriptions to the Morbidity and Mortality Weekly Report (MMWR) and Emerging Infectious Diseases (EID) journals, courtesy of the CDC. Sentinel providers who report ILI data consistently are also offered rapid influenza test kits.

As a physician, you are at the front line of influenza epidemics. Please consider participating as a sentinel provider. The information you provide will help us better target influenza education, vaccine and prevention strategies. For questions or information on how to enroll, please email ***InfluenzaSurveillance@cdph.ca.gov*** or contact Samuel Yang by email at ***Samuel.Yang@cdph.ca.gov*** or by phone (510) 620-5718.

Additional information about the California Influenza Surveillance Program is available at: ***http://cdph.ca.gov/programs/dcdc/Pages/CaliforniaInfluenzaSurveillanceProject.aspx***

Outbreak Warnings

West Nile Virus

West Nile Virus (WNV) has claimed the life of an 74-year-old Auburn, California man. He is the fifth person in the state to die from WNV this year. In 2011 there were 158 reported WNV cases in California which claimed the lives of 9 people. A single bite from an infected mosquito can prove fatal. The Centers for Disease Control and Prevention (CDC) has extensive information and guidance for clinicians about WNV on its Web site at: ***http://www.cdc.gov/ncidod/dvbid/westnile/clinicians/***

California has a special Web site dedicated to providing up-to-date information on the current outbreak. The data on human cases of the virus is updated every Tuesday and Friday by 4 p.m. To check the site for the latest data from your area of the state, follow this link: ***http://www.westnile.ca.gov/***

Hantavirus

Late this summer, an outbreak of Hantavirus Pulmonary Syndrome (HPS) was reported at Yosemite National Park in California. HPS can be fatal and has a mortality rate of 38 percent. So far three park visitors who contracted the virus have died, and the Centers for Disease Control and Prevention (CDC) estimates that 10,000 people may have been exposed. Symptoms may develop between 1 and 5 weeks after exposure to the droppings, fresh urine or saliva of infected rodents. As a California physician, or one who treats visitors to California's Yosemite National Park, it is important to know the symptom of Hantavirus Pulmonary Syndrome (HPS).

To learn about the symptoms follow this link to the CDC: ***http://www.cdc.gov/hantavirus/hps/symptoms.html***

National Latino AIDS Awareness Day

The number of people living with HIV infection in the United States is higher than ever and HIV disproportionately affects certain populations. October 15 is National Latino AIDS Awareness Day (NLAAD), which was established in 2003 in response to the impact of HIV and AIDS in the Hispanic/Latino communities nationwide.

NLAAD is a national community mobilization and social marketing campaign that unites the Hispanic/Latino community in its efforts to raise HIV awareness, promotion of HIV testing, prevention and education.

To find out more visit: ***http://www.nlaad.org***

AIDS Research

National Institutes of Health (nih.gov) – Press Release
NIH presents the latest AIDS research advances at AIDS 2012.
The latest research illuminating progress and challenges in AIDS prevention and treatment and the search for a cure for HIV infection was presented by investigators supported by the U.S. National Institutes of Health at the XIX International AIDS Conference (AIDS 2012).
(July 9, 2012)
http://www.nih.gov/news/health/jul2012/oar-09.htm

EHR Survey *(continued from page 9)*

not designed to meet new federal standards aimed at improving the quality of health care. Beginning in 2015, the Centers for Medicare and Medicaid Services (CMS) will require eligible physicians (i.e., those not working primarily in hospitals) to demonstrate meaningful use of certified EHRs. Physicians who do not comply will receive lower Medicare payments. To encourage meaningful use, the HITECH Act created incentive programs through Medicare and Medicaid (Medi-Cal in California) to help physicians and other eligible providers purchase, install, and use EHRs. Physicians can participate in either the Medicare or Medicaid incentive program and can receive up to $44,000 through Medicare or $63,750 through Medicaid.

As the graph illustrates, in 2011 only 30% of respondents had an EHR at their main practice location that could perform all 12 of the meaningful use functions addressed in the survey. An additional 41% had an EHR that could perform some but not all functions.

Respondents were more likely to report that their EHRs had functions that could help them provide care to individual patients than functions that could help them monitor the quality of care they provide to all of their patients or exchange information with patients and other providers. Respondents were most likely to have EHR functions that enabled them to take clinical notes, view laboratory test results, and keep track of patients' medications and medication allergies. They were least likely to be able to transmit data to immunization registries and to provide patients' access to their own electronic health records.

Practice size was the strongest predictor of whether a respondent had an EHR. Respondents in large practices were much more likely to have EHRs than respondents in small practices. Rates of EHR availability ranged from a high of 99% among Kaiser Permanente physicians to a low of 44% among physicians in solo practices. Younger respondents were more likely to have an EHR than older respondents. This is largely because younger physicians are more likely to practice in large groups. Urban respondents were more likely to have EHRs than rural respondents, and primary care physicians are more likely to have EHRs than specialists.

Based on the survey responses, the research team estimated that 17% of California physicians (approximately 22,000 physicians) are likely to be eligible for Medi-Cal incentive payments for meaningful use of EHRs. One third of eligible respondents practice in a community or public clinic. Seventy percent of eligible respondents did not have an EHR that could meet all of the meaningful use objectives measured.

To download a copy of the report, go to:
http://www.chcf.org/publications/2012/06/meaningful-use-ehrs-physicians

For a list of certified EHRs, go to:
http://oncchpl.force.com/ehrcert/CHPLHome

Kudos for Laura Sweet

Laura Sweet has made it a personal mission to make sure the expert reviewers for the Medical Board of California are the best anywhere. Laura has dedicated countless hours to training expert reviewers. The training is tough and Laura puts the trainees through their paces. The results are solid reviewers that make a difference in enforcement.

At the July Board meeting, Dr. Reggie Low, M.D., Chair of the Enforcement Committee and then President Barbara Yaroslavsky called a very surprised Ms. Sweet to the front of the room and presented her with a beautifully framed Certificate of Appreciation.

For her outstanding development, administration and oversight of the Expert Reviewer Training program. Your perseverance and unwavering dedication to this project ensured our expert Reviewers received an exceptional training class that will further the Medical Board's mission of consumer protection.

Congratulations Laura!

Left to right: Barbara Yaroslavsky and Laura Sweet

Board Member Receives Distinguished Physician Award

The American Association of Physicians of Indian Origin (AAPI) has selected Medical Board of California Board Member, Dr. Dev GnanaDev, as its Most Distinguished Physician of 2012. Dr. GnanaDev received the prestigious award at AAPI's 30th Annual Convention this summer in Long Beach, California.

He serves as the medical director of the Arrowhead Regional Medical Center and chair of the Department of Surgery, a position he has held since 1989. He is a clinical professor of surgery at Western University for Health Sciences and an associate professor of surgery at Loma Linda University. He served as president of the California Medical Association from 2008 to 2009.

Dr. GnanaDev has received a multitude of honors and recognition for his outstanding work and commitment to those who utilize public health programs, including the Medical Board's Physician Recognition Award in February 2005. He earned his medical degree from the Kurnool Medical College in Kurnool, Andhra Pradesh, India.

Dr. GnanaDev (center) receiving his award from the AAPI

Polysomnographic Program Online & Operational

Individuals that are involved in the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders are required to be registered with the Board as registered polysomnographic technologists, polysomnographic technicians or registered polysomnographic trainees, as appropriate.

Individuals that are not required to be registered with the Board are California licensed allied health professionals, including, but not limited to, respiratory care practitioners working within the scope of their license.

To view and learn more about the Registered Polysomnographic Program follow this link:
http://www.mbc.ca.gov/allied/polysomnography.html

Photos From the July 19-20, 2012 Board Meeting in Sacramento

Medical Board President Sharon Levine, M.D (left) and Medical Board Executive Director Linda Whitney (right)

Executive Assistant Tim Einer (left) reviews the agenda prior to the Board meeting

Retired Board member Hedy Chang (left) and past Board President Barbara Yaroslavsky (right)

Reviewing a presentation

The Board readies for the July quarterly meeting

TCGA Discovers Potential Therapeutic Targets for Lung Squamous Cell Carcinoma

Researchers have identified potential therapeutic targets in lung squamous cell carcinoma, the second most common form of lung cancer. The Cancer Genome Atlas (TCGA) Research Network study, that appeared in the journal Nature, comprehensively characterized the lung squamous cell carcinoma genome. The study found a large number and variety of DNA alterations, many of which seem to be driving forces behind pathways that are important to the initiation and progression of lung cancer. This form of lung cancer is responsible for 400,000 deaths annually.

The TCGA study as it appeared in the journal Nature can be found at this link:
http://www.nature.com/nature/journal/vaop/ncurrent/full/nature11404.html

Sponsored Free Health Care Event Regulations Approved

Regulations allowing out-of-state physicians and surgeons to volunteer their services at sponsored free health care events in California, have been approved. Event organizers must register with the Medical Board at least 90 days before the event. Physicians and surgeons must also register in order to temporarily practice in California. Physicians and surgeons must also have a license in good standing in the state in which they practice.

Information and registration documents can be found at:
http://www.mbc.ca.gov/licensee/sponsored_free_health_care_events.html

Listeriosis Linked to Recalled Imported Cheese

An outbreak of Listeria monocytogenes across California and 10 other states has led to three deaths and 14 people being hospitalized. The Centers for Disease Control and Prevention (CDC) says the outbreak is linked to Frescolina Ricotta Salata Cheese. The manufacturer of the cheese issued a voluntary recall of its product on September 10, 2012. It is possible that this cheese may still be in consumers' homes and physicians may encounter patients suffering with the illness. The CDC has the following information posted on its Web site to aid in recognition of Listeria monocytogenes.

The CDC recommends that consumers not eat imported Frescolina Ricotta Salata Cheese. This is especially important for pregnant women, persons with weakened immune systems, and older adults.

To read about the signs and symptoms of listeriosis, click on the following link:
http://www.cdc.gov/listeria/outbreaks/cheese-09-12/signs-symptoms.html

Recalled Frescolina cheese label

New Board Members

Denise Pines of Los Angeles has been appointed to the Medical Board. She is responsible for strategic planning and business development for Denise Pines Inc. She served as President for The Smiley Group from 1998 to 2010. She launched Pines One Publications in 1993. Prior to starting her business over 15 years ago, Ms. Pines held management positions at AT&T, Neiman Marcus, Louis Vuitton, and The Gap.

Ms. Pines has a bachelor of science degree in marketing from San Francisco State University, a master's degree in international business from John F. Kennedy University and a master's degree in finance from Stanford University.

David Serrano Sewell, J.D. of San Francisco has been appointed to the Medical Board. He is a Deputy City Attorney at the Office of the City Attorney for the City and County of San Francisco and held this position since 2003. Prior to practicing law, he was an Assistant to the Director at the Department of Building Inspection for the City and County of San Francisco from 1998 to 1999. Mr. Serrano Sewell was a Special Assistant to Mayor Willie L. Brown Jr. from 1996 to 1998. He served for seven years as a founding member of the state Governing Board for the California Institute for Regenerative Medicine, the state agency responsible for awarding three billion dollars for stem cell research and facilities. He earned a Juris Doctorate degree from Golden Gate University School of Law, and was a member of Law Review. He worked as an extern for Judge Maxine M. Chesney at the United States District Court, Northern District of California in 2002.

Reminder: Change in Requirements for Controlled Substance Prescriptions

SB 360 (DeSaulnier, Chapter 418, Statutes of 2011) modified the requirements for information that must be preprinted on the tamper resistant prescription forms used for controlled substances. The law now requires that the address of the prescribing practitioner be added to the form in addition to the prescriber's pre-printed name, category of licensure, license number and federal controlled substance registration number.

The change in prescription requirements became effective January 1, 2012 and prescription forms not in compliance with this statute are not valid or accepted after July 1, 2012.

The Help Group Summit

The Help Group Summit 2012 is scheduled for October 26–27 at the Skirball Cultural Center in Los Angeles. The Summit convenes internationally recognized experts to present cutting edge research and best practices in autism, learning disabilities and ADHD.

Founded in 1975, the Help Group is dedicated to the education, treatment and outreach of children with autism and other special needs through its public awareness, professional training and parent education programs.

For more information on the Summit visit:
https://www.thehelpgroup.org

MBC Newsletter Survey

Please take a moment to share your thoughts about the Medical Board's newsletter. Have a particular section that you like or an idea on how to improve our publication?
We want to hear from you!

Click the link below to take the survey:

https://www.surveymonkey.com/s/mbc_newsletter_survey

News 2 Use

American Medical News (amednews.com)
Medicare previews pay increases and cuts for 2013. The program's physician fee schedule details a new care coordination service but also outlines potential additional reductions through a quality payment modifier. (July 16, 2012)
http://www.ama-assn.org/amednews/2012/07/16/gvsa0716.htm

American Medical News (amednews.com)
3 steps to quality pay for physicians.
With physician compensation increasingly based on more than the number of patients treated, how can doctors ensure they hit quality targets and get paid fairly? (July 23, 2012)
https://www.ama-assn.org/amednews/2012/07/23/bisa0723.htm

Centers for Medicare & Medicaid Services (cms.gov)
CMS proposed rule would increase payment to family physicians by approximately 7 percent.
The increase in payment to family practitioners is part of the proposed rule that would update payment policies and rates under the Medicare Physician Fee Schedule (MPFS) for calendar year (CY) 2013.
(July 6, 2012)
http://tinyurl.com/cqojmm8

Centers for Disease Control and Prevention (cdc.gov)
Updated CDC recommendations for the management of Hepatitis B virus–infected healthcare providers and students. (July 6, 2012)
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6103a1.htm

Office of Adolescent Health (hhs.gov/ash/oah/)
With the new school year in effect, adolescents may be seeing their doctor or nurse for a physical. Any medical visit is the perfect time to check that pre-teens' and teens' immunizations are up-to-date. (August 1, 2012)
http://www.hhs.gov/ash/oah/news/e-updates/july-2012.html

Journal Watch (jwatch.org)
Which Is Worse, Hepatitis B or Hepatitis C?
A new study shows that chronic hepatitis B infection was associated with higher liver-related mortality.
(September 20, 2012)
http://general-medicine.jwatch.org/cgi/content/full/2012/920/1

Centers for Medicare & Medicaid Services (cms.gov)
CMS proposes policy and payment changes for outpatient care in hospitals and ambulatory surgical centers.
Proposals also would enhance beneficiary role in quality of care reviews. (June 25, 2012)
http://tinyurl.com/bux4u6k

U.S. Food and Drug Administration (fda.gov)
FDA introduces new safety measures for extended-release and long acting opioid medications.
In July, FDA approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioids. The REMS is part of a federal initiative to address the prescription drug abuse, misuse, and overdose epidemic. It introduces new safety measures designed to reduce risks and improve the safe use of ER/LA opioids, while ensuring access to needed medications for patients in pain. (July 9, 2012)
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm310870.htm

Are You Ready?

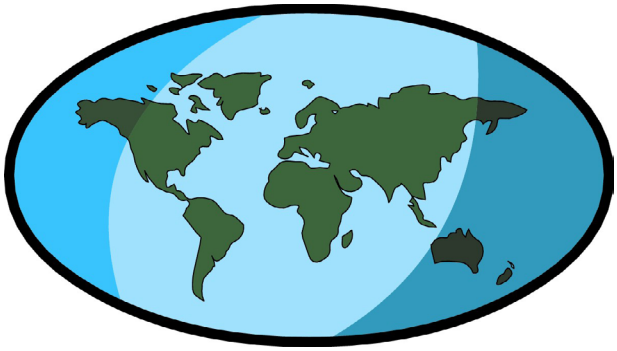
September was emergency preparedness month, but in reality being prepared for a natural or unnatural disaster is a year round task. The Federal Emergency Management Agency (FEMA) has put together a downloadable Family Emergency Plan. It's simple and easy, just download, fill in the blanks and print it out. Then keep it safe in case the unthinkable happens.

Download the plan at this link:

http://inside.dca.ca.gov/services/archive/admin_emails/family_plan.pdf

World Pulse

Centers for Disease Control and Prevention (cdc.gov)
A drop in cigarette consumption is being offset by increases in other forms of smoked tobacco, such as pipe tobacco or cigarette-like cigars. Loopholes in tax structure, classification system are possible. (August 2, 2012)
http://www.cdc.gov/media/releases/2012/p0802_tobacco_consumption.html



ECFMG (Educational Commission for Foreign Medical Graduates) - Press Release
New ECFMG Program Provides Support and Service to International Medical Graduates (July 5, 2012).
http://www.ecfmg.org/news/2012/07/05/new-ecfmg-program-provides-support-and-service-to-international-medical-graduates/

National Institutes of Health (nih.gov)
Vaccine and antibiotics stabilized so refrigeration is not needed.
NIH study could pave way for development of enhanced delivery and storage in third world countries, save billions in cost. (July 9, 2012)
http://www.nih.gov/news/health/jul2012/nibib-09.htm

Tech Med Corner

American Medical News (amednews.com)
4 ways social media can improve your medical practice. Going online doesn't have to be only about chatting with colleagues and patients. Experts give insights into techniques to tap into the power of social media. (June 25, 2012)
http://www.ama-assn.org/amednews/2012/06/25/bisa0625.htm

Outpatient Surgery Center Database

Pursuant to the enactment of SB 100, which became law on January 1, 2012, the Medical Board of California posts the Outpatient Surgery Setting Database on the Board's Web site. The information in the database comes from the 4 approved accreditation agencies. The database is very easy to use. All you have to do is enter the name of the setting or the owner of the business.

Try it out at this link:

http://www2.mbc.ca.gov/OSSDPublic/

National Institutes of Health (nih.gov)
New mobile app from NIH helps women learn about their health in 52 weeks.
52 Weeks for Women's Health, a new app that offers women access to a year's worth of practical health information, highlighted week-by-week, is now available. (August 23, 2012)
http://www.nih.gov/news/health/aug2012/od-23.htm

Centers for Disease Control and Prevention (cdc.gov)
A new Preventing Chronic Disease (PCD) application is available for iPad and iPhone. The app brings you the latest peer-reviewed research on public health efforts to prevent chronic disease. (September 18, 2012)
To download the app, visit the following link:
http://itunes.apple.com/us/app/preventing-chronic-disease/id560556547?mt=8

The following notice is now being mailed out by the Division of Workers' Compensation as an aid to avoid workers' compensation fraud. In an effort to assist in reaching physicians and surgeons licensed by the Medical Board, we are printing this important notice in its entirety.

Warning About Workers' Compensation Fraud

October 1, 2012

To:
All California Medical Providers

From:
Destie Overpeck, Chief Counsel
Division of Workers' Compensation

Subject:
Workers' Compensation Fraud Warning Notice

To promote awareness and to eliminate fraud in the workers' compensation system, the legislature enacted Labor Code §3822 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

Under Insurance Code §1871.4, 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 §3207, or present or cause to be presented a knowingly false or fraudulent 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 §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 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 §1871.4 may be charged the costs of the investigation at the discretion of the court.

Workers' Compensation Fraud *(continued on page 23)*

Super Links - Physician Health

AMA Web site - Physician Health e-Newsletter
The American Medical Association offers a free monthly publication about physician health including wellness, stress, burnout, addiction, depression, duty hours, impairment and suicide.

To see the latest issue, follow this link:
http://www.ama-assn.org/resources/doc/physician-health/physician-health-eletter-sept-oct-2011.pdf

Earn CME Credit -- View free webinars on physician suicide
1.5 AMA PRA Category 1 Credits™ available.
A physician's personal health can have a great impact on patients and peers. If you practice healthy behaviors as a physician you are more likely to discuss such behaviors with patients and colleagues. To learn more go to:
http://www.ama-assn.org/ama/pub/physician-resources/physician-health.page

Follow this link to view the webinars:
http://www.ama-assn.org/ama/pub/physician-resources/physician-health/physician-suicide-webinars.page?

When is a Patient-Physician Relationship Established?

Knowing when a patient-physician relationship is established is important to understand when determining a physician's duty to treat, when a physician can be sued for malpractice, and when a physician has "abandoned" a patient, among other serious matters:

The American Medical Association has gathered a number of important legal cases that have helped to define the patient-physician relationship, as well as some key exceptions to the rule.

To read more visit:
http://virtualmentor.ama-assn.org/2012/05/hlaw1-1205.html

Source: American Medical Association

Coming up Next Issue

The next MBC Newsletter will be the Winter Edition in January. Here are a few of the articles you can look forward to.

- **Physician Reporting – What is required?**
- **New California laws that affect the practice of medicine**
- **Welcoming the Affordable Care Act**

Workers' Compensation Fraud *(continued from page 22)*

Insurance Code §1871.5 provides that any person convicted of workers' compensation fraud pursuant to section 1871.4 or Penal Code §550 shall be ineligible to receive or retain any compensation, as defined in Labor Code §3207, where that compensation was owed or received as a result of a violation of section 1871.4 or Penal Code §550 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 Web site at: ***http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/*** 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 at (510) 286-7100 and ask for Shavonda Early.

Focus On Physician's Health at Conference in Canada

The 2012 International Conference on Physician Health is scheduled for October 25–27 at Le Westin Montréal Hotel in Quebec, Canada. The Conference is a joint presentation of the American Medical Association (AMA), the Canadian Medical Association (CMA) and the British Medical Association (BMA), in conjunction with the Quebec Medical Association and the Quebec Physicians' Health Program. The program offers three concurrent learning streams based on the conference objectives.

- **Self:** All attendees will be able to develop a personal action plan to enhance their health, satisfaction, and resilience in medicine.
- **Service:** Physician health professionals will be able to identify new networks and support systems and be able to use best evidence in the management and treatment of physician colleagues.
- **Leadership:** Medical and health care leaders will be able to identify the linkages between a healthy physician workforce, a just and supportive workplace, and a high quality and sustainable health system.

To find out more about this conference, go to: ***http://www.cma.ca/2012InternationalConference***

Physicians Struggle With Burnout

Feeling burned out from working long hours or seeing a large amount of patients? Turns out, you're not the only doctor who feels that way.

According to a study published in Archives of Internal Medicine, physicians work an average of 10 hours more per week than the general population and are nearly twice as likely to be dissatisfied with their work-life balance.

To find out more information about who is affected and what steps you can take to reduce burnout, go to: ***http://www.ama-assn.org/amednews/2012/09/03/prl20903.htm***

Source: The American Medical Association

FASCINATING FUN FACTS ANSWERS

Questions on page 6

1. The top three languages in which physicians and surgeons are fluent other than English are:
   - Spanish
   - Hindi
   - Mandarin

2. The percentage that each of the top three languages represents, based on the total number of physicians and surgeons is:
   - Spanish – 16.67%
   - Hindi – 4.62%
   - Mandarin – 4.12%

3. The county that represents the greatest concentration for each of the top three languages:
Los Angeles County has the greatest concentration for all three languages:
   - Spanish – 29.55%
   - Hindi – 19.46%
   - Mandarin – 29.84%

Physician Survey Disclaimer –
All information provided by the Medical Board of California is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. The information is self-reported by the physician and the Board does not verify the information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information.

Board certified expert reviewers (actively practicing in California)

The Medical Board of California established its Expert Reviewer Program in July 1994 as an impartial and professional means to support the investigative and enforcement functions of the Board. Specifically, medical experts assist the Board by providing expert reviews and opinions on board cases, conducting professional competency examinations, physical and mental evaluations.

The rate of payment for conducting case reviews (record review and report writing) is $150/hour and $200/hour for providing expert testimony. Experts are also reimbursed for travel expenses within the limits imposed by the state.

The Board is trying to expand its database of highly qualified reviewers in the following specialties:

- *Colon & Rectal Surgery*
- *Correctional Medicine (with professional medical experience in a correctional institution, whose current active practice is in the field of Family or Internal Medicine, outside of CDCR)*
- *Dermatology*
- *Interventional Cardiology*
- *Endocrinology, Diabetes and Metabolism*
- *Family Medicine (with additional expertise in Addiction Medicine)*
- *Gastroenterology*
- *Internal Medicine (with additional expertise in Addiction Medicine)*
- *Medical Oncology*
- *Rheumatology*
- *Midwifery*
- *Neurological Surgery*
- *Neurology (general)*
- *Neurology (Clinical Neurophysiology)*
- *Neuroradiology (Interventional; we only need neuroradiologists practicing interventional neuroradiology; the neuroradiology experts we have only perform general neuroradiology procedures and some basic interventional procedures)*
- *Obstetrics & Gynecology*
- *Gynecologic Oncology*
- *Maternal & Fetal Medicine*
- *Reproductive Endocrinology & Infertility*
- *Orthopaedic Surgery*
- *Pain Medicine*
- *Pathology*
- *Pediatric Cardiology*
- *Pediatric Cardiothoracic Surgery*
- *Pediatric Gastroenterology*
- *Pediatric Surgery*
- *Plastic Surgery*
- *Psychiatry (active practice/expertise: general/adult/addiction and able to perform psychiatric evaluations; we are specifically short of evaluators from these locations: San Luis Obispo/Tulare County/Central & Northern California)*
- *Addiction Psychiatry*
- *Psychiatry (Clinical Neurophysiology)*
- *Spine Surgery*
- *Surgery (general surgeons and surgeons performing skin cancer surgeries)*
- *Vascular Surgery*
- *Thoracic Surgery*
- *Medical Toxicology (Los Angeles/Southern California)*
- *Undersea & Hyperbaric Medicine*
- *Urology*
- *Vascular/Interventional Radiology*

Expert reviewers must be willing to testify.

If you are interested, please refer to the expert program link for more information: ***www.mbc.ca.gov/licensee/expert_reviewer.html*** or ***www.mbc.ca.gov*** →Quick Links → A-Z Index→Expert Reviewer Program.

Applications to participate in the program are accepted continuously, including the specialties/subspecialties not listed above.

Administrative Actions: May 1, 2012 – July 31, 2012

Physicians and Surgeons

ALTMAN, DAVID ELLIOT, M.D. (G 34377)
Chico, CA
Placed on three years probation and is prohibited from supervising physician assistants.
Decision effective: May 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=34377

ANDREWS, BRIAN THOMAS , M.D. (G 48858)
San Francisco, CA
Public Reprimand issued. Physician must complete a medical record keeping course and a professionalism course.
Decision effective: June 22, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=48858

ANDRISANI, MICHAEL (G 14769)
Spring Valley, CA
License surrendered.
Decision effective: July 27, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=14769

AZAR-FARR, SHAABAN, M.D. (A 32840)
Granada Hills, CA
Placed on five years probation, with an actual suspension of 60 days from 8/5/12 through 10/3/12. Dr. Azar-Farr is prohibited from supervising physician assistants.
Decision effective: July 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=32840

BARR, PHILIP, M.D. (C 50828)
Westlake Village, CA
Placed on three years probation and is prohibited from supervising physician assistants. Dr. Barr is also prohibited from being employed as a medical director of a medical corporation of which he is not the majority owner.
Decision effective: July 27, 2012. Judicial Review Pending.
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=50828

BARRERA, JOSEPH EMIL, M.D. (G 64643)
Mission Viejo, CA
Public Reprimand issued. Physician must complete a prescribing practices course and a professionalism course.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=64643

Explanation of disciplinary language and actions

"Effective date of decision" — Example: "March 14, 2012" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence" — An extreme deviation or departure from the standard of care.

"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 with probationary terms and conditions. This is done when cause exists to deny the license application, but limitations can be put in place to protect the public.

"Public Letter of Reprimand" — A lesser form of discipline that can be negotiated after or in lieu of the filing of formal charges. The reprimand may include educational and clinical training requirements.

"Revoked" — The right to practice is ended due to disciplinary action. The license is invalidated, voided, annulled, or rescinded.

"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 any term of probation may result in the revocation that was postponed.

"Stipulated Decision or Settlement" — A form of plea bargaining. The case is formally negotiated and settled prior to hearing.

"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.

BENZOR, JOANNE MARIAN (G 53502)
Moreno Valley, CA
License revoked.
Decision effective: May 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=53502

BOREN, WILLIAM LEE, M.D. (G 71975)
Las Vegas, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: May 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=71975

BREITMAN, LES (A 21592)
Oceanside, CA
License revoked.
Decision effective: July 30, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=21592

BUBIEN, JOHN F. (A 20226)
Phoenix, AZ
License surrendered.
Decision effective: July 12, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=20226

BURKETT, FRANK ELLIS (G 36763)
Minocqua, WI
License surrendered.
Decision effective: May 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=36763

CARTWRIGHT, KENNETH PAUL, M.D. (A 69363)
Los Angeles, CA
Placed on five years probation, with an actual suspension of 30 days from 8/12/2012 through 9/10/2012. Dr. Cartwright is prohibited from supervising physician assistants, engaging in the solo practice of medicine, as well as being prohibited from practicing medicine outside his specialty, anesthesia.
Decision effective: July 27, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=69363

CASTILLO, REUBEN CARLOS, M.D. (A 56105)
Colton, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: June 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=56105

CHANG, ALAN THOMAS, M.D. (A 62342)
San Diego, CA
Public Reprimand issued.
Decision effective: July 24, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=62342

CHAM, DANIEL K., M.D. (A 86714)
Alhambra, CA
Placed on five years probation. Dr. Cham shall not participate in nor provide telehealth nor telemedicine services of any other type.
Decision effective: June 6, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=86714

CHAO, DAVID JEE WEI, M.D. (G 78677)
San Diego, CA
Public Reprimand issued. Physician must complete a medical record keeping course and a professionalism course.
Decision effective: June 8, 2012. Judicial Review Pending.
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=78677

CHEN, LOUIS C. (A 79663)
Seattle, WA
License revoked.
Decision effective: May 4, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=79663

CORTES, JAIME OSCAR, M.D. (A 63927)
Oakland, CA
Public Reprimand issued. Physician must complete a medical record keeping course.
Decision effective: June 22, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=63927

CRUZ, BAYARDO A. (A 63740)
Buena Park, CA
License revoked.
Decision effective: July 3, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=63740

DAVIS, VIRGIL WELCH, M.D. (A 76649)
Salt Lake City, UT
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: May 31, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=76649

DENLEY, ERIC CARNEY, M.D. (A 121927)
Palmdale, CA
Issued a probationary license and placed on three years probation. Dr. Denley is prohibited from engaging in the solo practice of medicine and is also prohibited from supervising physician assistants.
Decision effective: July 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=121927

DUGGAL, ASHWANI (A 71611)
Stockton, CA
License revoked.
Decision effective: May 17, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=71611

DUNN, GERALD WAYNE, M.D. (A 24224)
Las Vegas, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: July 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=24224

EDWARDS, WILLIAM GYE, JR. (C 37092)
Riverside, CA
License surrendered.
Decision effective: July 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=37092

ELLINGTON, OWEN BERNARDO, M.D. (A 30345)
Houston, TX
Placed on five years probation with conditions to be met precedent to returning to the practice of medicine. Dr. Ellington is prohibited from supervising physician assistants; shall not prescribe, order, dispense, furnish, or possess any controlled substances; shall not issue an oral or written recommendation or approval for possession or cultivation of marijuana for the personal medical purposes.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=30345

EPSTEIN, LARRY A., M.D. (C 24787)
Mountain View, CA
Public Reprimand issued. Physician must complete a prescribing practices course, a medical record keeping course, and a clinician-patient communication course.
Decision effective: May 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=24787

FENTON, DREW EVAN, M.D. (G 55500)
Los Angeles, CA
Placed on seven years probation with conditions to be met precedent to returning to the practice of medicine. Dr. Fenton is prohibited from supervising physician assistants.
Decision effective: June 7, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=55500

FISHELL, MICHAEL L., M.D. (G 85220)
Henderson, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: July 3, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=85220

GAMAGE, KEVIN, NIMAL (A 45641)
Pomona, CA
License revoked.
Decision effective: May 4, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=45641

GARCIA, CASSANDRA NICOLE, M.D. (A 80685)
Santa Rosa, CA
Placed on three years probation and is prohibited from supervising physician assistants.
Decision effective: May 25, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=80685

GIOVANNINI, ANDREW M. (G 10958)
San Francisco, CA,
License surrendered.
Decision effective: May 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=10958

GOSCH-BARKER, DELL JOHN, M.D. (CFE 24772)
Middletown, RI
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: July 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=CFE&licenseNumber=24772

GROSSMAN, PETER LAWRENCE (G 32982)
San Mateo, CA
License surrendered.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=32982

HARRIS, DARRYL CLARENCE (G 88191)
Los Angeles, CA
License revoked.
Decision effective: July 11, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=88191

HENDERSON, MARK THOMAS (A 80922)
Louisville, KY
License surrendered.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=80922

HILBURG, LELAND E. (G 3725)
Valley Glen, CA
License surrendered.
Decision effective: July 3, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=3725

JACKSON, WILLIAM WESLEY (G 78919)
Brea, CA
License revoked.
Decision effective: May 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=78919

JAIN, KIREN SAVITA , M.D. (G 88160)
Fremont, CA
Public Reprimand issued.
Decision effective: June 8, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=88160

JAISWAL, ROHIT, M.D. (A 121854)
Sacramento, CA
Issued a probationary license and placed on three years probation. Dr. Jaiswal is prohibited from supervising physician assistants.
Decision effective: June 28, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=121854

JEIROUDI, RAAD, M.D. (A 56133)
Claremont, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: May 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=56133

JOHNSON, WILLIAM H., M.D. (G 46239)
Pittsburg, CA
Placed on five years probation and is prohibited from supervising physician assistants.
Decision effective: June 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=46239

JUNG, JAMES MAN-GIL, M.D. (A 48898)
Los Angeles, CA
Placed on four years probation and is prohibited from supervising physician assistants.
Decision effective: July 6, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=48898

KHOKHAR, JASWANT S., M.D. (A 50719)
Bakersfield, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: June 22, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=50719

KRAMER, SCOTT, M.D. (G 59337)
Fremont, CA
Placed on three years probation and is prohibited from supervising physician assistants.
Decision effective: May 10, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=59337

KUNKEL, GLENN ALLEN, M.D. (G 78387)
Rolla, MO
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: May 31, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=78387

LEE, ANTHONY DONALD, M.D. (A 86868)
Las Vegas, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: May 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=86868

LEE, DAVID MICHAEL, M.D. (A 121246)
Pasadena, CA
Issued a probationary license and placed on seven years probation. Dr. Lee is prohibited from supervising physician assistants.
Decision effective: May 3, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=121246

LEHR, LEONARD KENNETH, M.D. (G 25608)
Sacramento, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: June 22, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=25608

LIMANSKY, RAYMOND PIERRE, M.D. (A 32735)
Denver, CO
Placed on five years probation with conditions to be met precedent to returning to the practice of medicine. Dr. Limansky is prohibited from supervising physician assistants and cannot engage in the solo practice of medicine.
Decision effective: May 24, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=32735

LIMON-OLIVARES, JOSE GILBERTO, M.D. (A 80753)
Modesto, CA
Placed on five years probation, with an actual suspension of 60 days from 7/22/12 through 9/20/12 and is prohibited from supervising physician assistants.
Decision effective: July 6, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=80753

LULIC, DZENAN, M.D. (A 121406)
Brooklyn, NY
Issued a probationary license, placed on five years probation and is prohibited from supervising physician assistants.
Decision effective: May 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=121406

MALONE, KIMBERLY DAWN, M.D. (A 51398)
Los Angeles, CA
Placed on four years probation and is prohibited from supervising physician assistants.
Decision effective: June 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=51398

MARQUEZ, MANUEL (G 50643)
Ventura, CA
License surrendered.
Decision effective: June 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=50643

MICHON, JOHN JOSEPH, M.D. (G 74651)
Hoffman Estates, IL
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: May 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=74651

MIZE, RICHARD (G 44645)
Crescent City, CA
License revoked.
Decision effective: May 31, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=44645

NATH, MAHENDRA, M.D. (A 32279)
Fresno, CA
Had the length of his existing Board-ordered probation extended by 590 days with conditions to be met precedent to returning to the practice of medicine. Dr. Nath is prohibited from supervising physician assistants and engaging in the solo practice of medicine. Dr. Nath must have a third party chaperone present while treating female patients.
Decision effective: May 30, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=32279

OLDRE, ARNOLD N. (C 29357)
Los Angeles, CA
License revoked.
Decision effective: May 23, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=29357

PARK, JENNIFER YUN-YUN, M.D. (A 91570)
Pasadena, CA
Placed on 35 months probation and is prohibited from supervising physician assistants.
Decision effective: July 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=91570

PFISTER, DAVID ALFRED (G 56495)
Oakland, CA
License surrendered.
Decision effective: June 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=56495

PHAM, TUAN ANH, M.D. (A 62514)
Rancho Cucamonga, CA
Public Reprimand issued. Physician must complete a Clinical Training Program (PACE).
Decision effective: May 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=62514

RICHARDS, WINSTON HERMAN, M.D. (G 31343)
Riverside, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=31343

RICHARDSON, FRED DOUGLAS, (C 42974)
Elk Grove, CA
License revoked.
Decision effective: June 22, 2012. Judicial Review Pending.
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=42974

SADEGHI, HOSSEIN M., M.D. (A 60751)
San Diego, CA
Placed on five years probation and is prohibited from supervising physician assistants.
Decision effective: June 4, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=60751

SALEHANI, FOAD, M.D. (A 54079)
Los Angeles, CA
Placed on five years probation and is prohibited from supervising physician assistants.
Decision effective: July 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=54079

SCHRECK, JENNIFER ANN, M.D. (A 81515)
Santa Cruz, CA
Public Reprimand issued. Physician must complete an education course.
Decision effective: June 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=81515

SHAH, HITENDRA H., M.D. (A 36638)
Diamond Bar, CA
Public Reprimand issued.
Decision effective: June 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=36638

SHAHEEN, RAYMOND MICHAEL, M.D. (A 63071)
Mountain View, CA
Public Reprimand issued. Physician must complete a medical record keeping course.
Decision effective: May 17, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=63071

SHEPHERD, DANIEL CHARLES, M.D. (A 121782)
San Francisco, CA
Probationary license issued and placed on three years probation. Dr. Shepherd is prohibited from supervising physician assistants.
Decision effective: June 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=121782

SHIDELER, BLYNN LEWIS, M.D. (G 23099)
Monterey, CA
Placed on three years probation and is prohibited from supervising physician assistants.
Decision effective: June 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=23099

SIDHU, GURCHARAN S., M.D. (A 38687)
Fresno, CA
Placed on three years probation and is prohibited from supervising physician assistants.
Decision effective: June 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=38687

STANCIL, STANLEY HUBERT (C 41929)
Williamsburg, MI
License revoked.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=41929

SUTTON, CLARENCE JR. (G 74582)
Inglewood, CA
License revoked.
Decision effective: July 1, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=74582

TERRY, LEON CASS (G 83539)
Milwaukee, WI
License surrendered.
Decision effective: June 7, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=83539

THOMPSON, MICHAEL DAVID (G 56271)
Hanford, CA
License surrendered.
Decision effective: May 10, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=56271

TOLENTINO, PHILLIP ROBERT, M.D. (A 65923)
Union Grove, WI
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: June 5, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=65923

TYSINGER, JAMES WALDEN, JR., M.D. (C 37451)
Red Bluff, CA
Placed on five years probation and is prohibited from supervising physician assistants.
Decision effective: June 8, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=37451

TZENG, YINN SHIN, M.D. (G 60257)
San Francisco, CA
Placed on four years probation, is prohibited from supervising physician assistants and engaging in the solo practice of medicine. Dr. Tzeng, as long as she practices within a Kaiser system, is prohibited from surgical procedures, except for ambulatory, office-based gynecological procedures that use local anesthesia.
Decision effective: July 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=60257

VALENTINE, JOHN F. (G 86912)
Denver, CO
License surrendered.
Decision effective: May 8, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=86912

VANGALA, VENKAT REDDY (A 40666)
Victorville, CA
License revoked.
Decision effective: July 16, 2012. Judicial Review Pending.
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=40666

VAN SCHAACK, LESLIE ANN, M.D. (A 121754)
Mountain View, CA
Issued a probationary license and placed on 35 months probation. Dr. Schaack is prohibited from supervising physician assistants.
Decision effective: June 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=121754

VICARY, WILLIAM TICE, M.D. (G 30952)
Los Angeles, CA
Placed on 35 months probation and is prohibited from supervising physician assistants.
Decision effective: June 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=30952

WILLIAMSON, LAWRENCE JAMES (A 73495)
Windsor, CA
License surrendered.
Decision effective: May 31, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=73495

WINKLER, JUERGEN G., M.D. (G 67075)
Carlsbad, CA
Placed on three years probation, is prohibited from supervising physician assistants and from making and disseminating any false or misleading statements to patients or potential patients regarding insulin potentiation therapy (IPT).
Decision effective: July 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=67075

WIRTZER, ALLAN STANLEY, M.D. (G 21007)
Sherman Oaks, CA
Public Reprimand issued. Dr. Wirtzer must complete an education course, a medical record keeping course, and a clinical training program.
Decision effective: May 17, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=21007

WOODWORTH, AMANDA MICHAEL, M.D. (A 122229)
Pasadena, CA
Issued a probationary license and placed on three years probation. Dr. Woodworth is prohibited from supervising physician assistants.
Decision effective: July 25, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=122229

YEDIDSION, DAVID, M.D. aka YEDIDSION, DAVOUD, M.D., (A 38412)
Los Angeles, CA
Will remain on probation until he complies with all financial obligations owed to the Board.
Decision effective: May 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=38412

XELLER, CHARLES FRED, M.D. (G 54316)
Sacramento, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233.
Decision effective: June 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=54316

ZIEMBA, JASON SCOTT (A 68372)
Valencia, CA
License surrendered.
Decision effective: May 24, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=68372

Licensed Midwives

GREEN, SELENA (LM 202)
San Francisco, CA
License surrendered.
Decision effective: July 10, 2012

MCCALL, KATIE aka MCCALL, KATHERINE (LM 269)
Anaheim, CA
License surrendered.
Decision effective: July 27, 2012

Physician Assistants

ACEVES, THADEO P.A. (PA 22255)
Gonzales, CA
Issued a probationary license and placed on three years probation.
Decision effective: April 25, 2012
http://www2.dca.ca.gov/pls/wllpub/wllqryna$lcev2.startup?p_qte_code=PA&p_qte_pgm_code=7000

PLOWMAN, SHAWN PHILLIP, P.A. (PA 22377)
San Clemente, CA
Issued a probationary license and placed on three years probation.
Decision effective: July 5, 2012
http://www2.dca.ca.gov/pls/wllpub/wllqryna$lcev2.startup?p_qte_code=PA&p_qte_pgm_code=7000

TAYLOR, KENNETH R., P.A. (PA 15549)
Northridge, CA
Placed on five years probation with an actual suspension of 60 days, from 06/03/2012 until 08/02/2012, and shall have on-site supervision for one third of his employment hours.
Decision effective: May 3, 2012
http://www2.dca.ca.gov/pls/wllpub/wllqryna$lcev2.startup?p_qte_code=PA&p_qte_pgm_code=7000

STEPHENS, DEIRDRE SUE, P.A. aka TUNTLAND, DEIRDRE SUE, P.A. (PA 13292)
Laguna Niguel, CA
Placed on three years probation.
Decision effective: May 24, 2012
http://www2.dca.ca.gov/pls/wllpub/wllqryna$lcev2.startup?p_qte_code=PA&p_qte_pgm_code=7000
Doctor of Podiatric Medicine

Doctor of Podiatric Medicine

MOUSSAVI, RAMYAR, D.P.M. (E 4361)
North Hollywood, CA
Placed on five years probation, 90 days suspension stayed, and is prohibited from engaging in the solo practice of podiatric medicine.
Decision effective: June 29, 2012
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=4361&P_LTE_ID=875

Registered Dispensing Opticians

BAILEY, MARK ELLIOTT (CL 1565)
Woodland Hills, CA
License revoked.
Decision effective: May 3, 2012

COLMENARES, OSCAR L. (CL 1282 & SL 4382)
Lancaster, CA
Placed on three years probation.
Decision effective: June 22, 2012

NEXT BOARD MEETING
San Diego, CA
October 25-26, 2012
Details at: *http://www.mbc.ca.gov/board/meetings/Index.html*

Department of Consumer Affairs
Medical Board of California
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Sacramento, CA 95815

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Business and Professions Code § 2021(b), (c) require physicians to inform the Medical Board in writing of any name or address change. Go to: ***www.mbc.ca.gov/licensee/address_record.html***

MBC Meetings — 2012/2013

(All meetings are open to the public)

October 25 - 26, 2012: San Diego

January 31 - February 1, 2013: San Francisco Area

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Medical Board of California

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