MEDICAL BOARD OF CALIFORNIA
Newsletter

A Quarterly Publication www.mbc.ca.gov Vol. 126, Spring 2013

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Be proactive when choosing CME courses

By David Bazzo, M.D.
Course Director, UCSD Physician Assessment and Clinical Education

David Bazzo, M.D.

Continuing Medical Education (CME) is familiar to all physicians. CME activities can take many forms and, as lifelong learners, it is not only our duty to report our CME hours for licensure and specialty recertification, it is our professional responsibility to continue to learn how to enhance the care that we deliver to patients. Typically, physicians choose CME activities based on topic or location. Topics may be related to our scope of practice or may be chosen based on an interest in a particular area for personal improvement. Also, conferences may be more appealing based on their proximity to the enrollee.

Physicians are dedicated to delivering the best care possible. However, most of us have witnessed an occasion, whether intentional or not, where professional standards have not been met. Examples include disruptive or unprofessional behavior, demeaning or ineffective communication, incomplete or untimely record keeping, prescribing outside of accepted standards, sexual misconduct, harassment or inappropriate personal boundaries, alcohol or drug impairment, and fraud.

The Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) define six core domains of competence for physicians. They are Medical Knowledge, Patient Care, Professionalism, Interpersonal and Communication Skills, Practice-based Learning and Improvement and Systems-based Practice.[1] Demonstrated proficiency in all areas is necessary for a physician to be deemed competent to practice.

Currently, medical schools and residency programs incorporate formal education on professionalism and communication skills. But for many of us, it was "on the job training". Hence, gaps in knowledge exist and standards may be poorly defined making it difficult to realize expectations. The Joint Commission issued new Leadership Standards in 2009 that address disruptive and inappropriate behavior, having deemed that these behaviors can foster medical errors.[2] Therefore,

CME *(continued on page 6)*

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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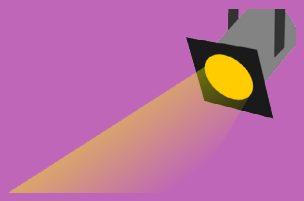
The MBC Newsletter is published four times per year – Winter, Spring, Summer, Fall – by the Medical Board of California. Board headquarters are located at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. The Spring, Summer, and Fall editions are available as digital publications via email or viewable on the MBC Web site, ***www.mbc.ca.gov****.*
The Winter edition is printed in hardcopy for distribution via regular postal service to those not on our email list. 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

Spring is in the air and with it comes new information to be aware of. Among the articles in this edition of the Newsletter, you will find useful material regarding CME courses, conditions and symptoms to recognize, as well as updated reporting requirements for both CURES and patient transfers.

On the front page you will find an article that explains why it is important to be mindful of taking CME courses that deal with professionalism and ethics. These types of courses can help reduce and prevent incidents that lead to complaints resulting in breakdowns in communication.

There has been a resurgence of Valley Fever in California, and on page 13 we have an article that details the increase in cases, information on the signs and symptoms of the disease, and what you can do to help diagnose and report instances of Valley Fever. Also, on page 9, the FDA has provided information regarding acetaminophen toxicity, and what is being done to help prevent it.

New reporting requirements are in effect for the CURES program, and on page 15 you will find information regarding how to report CURES information electronically. The Board sent email correspondence to physicians and surgeons regarding this matter, and the article helps to clarify what it means to be a 'direct dispenser' who must report CURES data. Also, on page 15, you will find a link to a new form that must be used to report patient transfers to the Office of Statewide Health Planning and Development.

In February, the Medical Board and Pharmacy Board co-sponsored a Joint Forum to Promote Appropriate Prescribing and Dispensing. You can find a report on the forum on page 17, as well as how to view a recording of the presentations.

Lastly, April is National Autism Awareness Month. On page 6, you can find information about the Autism Advisory Council's report to the Legislature, as well as symptoms to look for when diagnosing autism spectrum disorder.

As always, I hope you enjoy this edition of the Newsletter. 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

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

For more than a decade there has been growing concern among policy makers about the relationships between physicians and academic medical centers, and the drug, medical device and medical equipment companies. In 2003 the Office of the Inspector General issued a *Guidance to Industry* outlining the concerns of the Federal government on this issue, and in March of 2010, the passage of the Affordable Care Act included the Physician Payment Sunshine Act (PPSA). The PPSA is an effort to bring transparency to these relationships by requiring pharmaceutical, biological, and medical device companies to report to the Centers for Medicare and Medicaid Services (CMS) any **gifts** given to physicians. And **gifts** are defined as any "payment or other transfer of value." The information that is collected, including physician names and dollar amounts, will be available to the public on a Web site.

The basis for the concern was two-fold. First, that these previously unreported gifts have led to physicians prescribing certain drugs and using devices based on established relationships, gifts of food, speaking engagements, consulting arrangements, etc. with vendors, rather than based on the best available evidence for an individual patient's treatment. Second, that these inducements to utilize heavily promoted brand drugs and devices have led to unnecessary increases in the cost of medical care in the United States. While the PPSA does not go so far as to prohibit these relationships, the belief is that the transparency and public availability of this information will help to discourage patterns of practice that may not always be in a patient's best interest. It will also help interested consumers be aware of the relationships and practices, and help to inform them about their treatment.

Data collection will begin on August 1, 2013. Applicable manufacturers and applicable group purchasing organizations will report data for August through December of 2013 to CMS by March 31, 2014. The data will be released on a public Web site by September 30, 2014.

Also, there will be specific definitions for categories of payment that will provide clarity about what "value" has been provided. There will not be an "other" category, which could obfuscate reported information. A manufacturer or vendor will also be required to identify products that are relevant to a payment made to a physician.

There may be legitimate reasons for these types of relationships, such as physicians' participation in research, and reports of research payments will be required as well. Payments to a third party, such as a teaching hospital or research organization, will be categorized as such, and will include the name of the physician or physicians who are principle investigators.

Physicians will be given a 45-day review period to make sure that the information being reported is accurate prior to its being reported. It will be important for physicians to review the information and to be prepared to answer any questions their patients may ask.

Members of the public will have the ability to educate themselves about gifts or honoraria received by physicians or academic medical centers from health care vendors, and they may raise questions about whether or not the care that they received has been influenced by outside sources. As physicians, it is critical that we are prepared to answer our patients' questions honestly, and that we can assure them that we are, in fact, making decisions about treatment and health care interventions with our patients' and the public's interest as the first priority.

Please take the time to learn more about this important change in public reporting on physician relationships with industry coming in 2014. You can read the final rule in its entirety by visiting the Web site:
https://federalregister.gov/a/2013-02572

Sharon Levine, M.D.

Legislator Profile - Senator Mark DeSaulnier

Senator Mark Desaulnier - D
7th District

Senator Mark DeSaulnier represents the 7th Senate District which includes most of Contra Costa County and the Tri-Valley cities in Alameda County. He has served at the local level on the Concord City Council, as Mayor of Concord, and as a three term Contra Costa County Supervisor. As Supervisor, he served on the California Air Resources Board, the Association of Bay Area Governments, the Bay Area Air Quality Management District, and the Metropolitan Transportation Commission.

In 2006 DeSaulnier was elected to the California State Assembly where he served one term before taking office as a State Senator in 2008. In the Senate, DeSaulnier currently Chairs the Transportation and Housing Committee. In addition he sits on the Senate Committees on Budget & Fiscal Review; Budget Subcommittee 3 – Health and Human Services; Energy, Utilities and Communications; Governance and Finance; and Health.

DeSaulnier recently authored ***SB 809***. This legislation will provide funding to strengthen and modernize the Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES) program and Prescription Drug Monitoring Program (PDMP) that exists within CURES. ***SB 809*** mandates that once the CURES PDMP is capable of accommodating all prescribers and pharmacists, they must enroll and use the program. For the past three years Senator DeSaulnier has introduced bills to combat prescription drug abuse or strengthen the CURES program.

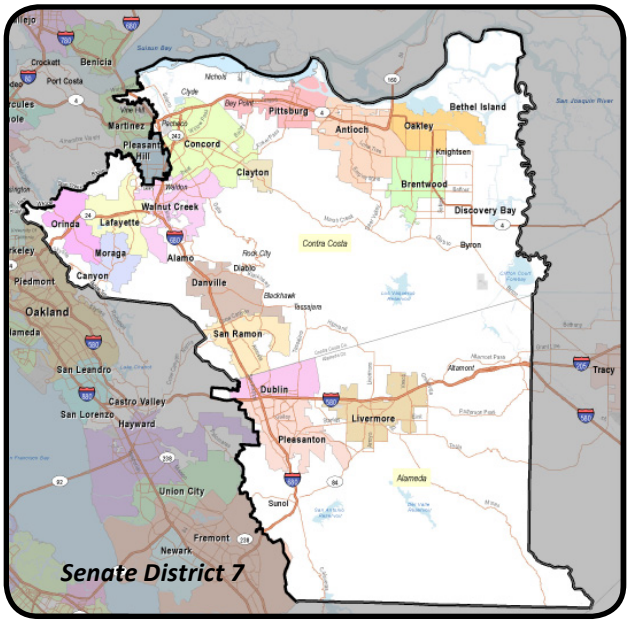
DeSaulnier has also authored ***Senate Concurrent Resolution 8*** to declare March, of each year, as Prescription Drug Abuse Awareness Month. ***SCR 8*** has been passed by the Senate and is currently waiting to be heard in the Assembly.

For most of his career, DeSaulnier has been a small business owner of several successful Bay Area restaurants. He has served the East Bay Area in public office for more than 20 years. DeSaulnier lives in Concord where he raised his two sons. He is an avid runner.

Authored Legislation

To read the full text of ***SB 809***, which would provide funding for CURES and PDMP, and mandate reporting, click here: ***http://leginfo.ca.gov/pub/13-14/bill/sen/sb_0801-0850/sb_809_bill_20130222_introduced.html***

To read the full text of ***SCR 8***, which proposes to declare March of each year as Prescription Drug Abuse Awareness Month, click here: ***http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0001-0050/scr_8_bill_20130114_introduced.pdf***



YOU ASKED FOR IT

Questions received from the Web

by Chris Valine, Public Information Analyst

Q. I am a physician in solo practice. Am I required to have back-up coverage whenever I go on vacation or just want a day off?
There is no law mandating you to provide back-up coverage for your medical practice. However, you should provide instructions to your patients on what to do if they have an emergency, such as directing them to a hospital's emergency department or an urgent care facility.

Q. The nurse practitioner I supervise has a furnishing license. Is she allowed to recommend medical marijuana?
No. Only physicians and osteopaths can recommend medical marijuana.

Q. Am I required to have a chaperone in the room when examining a patient?
If the patient requests a chaperone in order to feel more comfortable, you should accommodate the patient. However, there is no law in California that requires you to do so.

Q. Am I required to have a DEA number if I am not prescribing any controlled substances?
No. A physician who administers, prescribes, or dispenses any controlled substance must be registered with the Drug Enforcement Administration.

Q. I have a nurse practitioner in my office who recently received her doctorate degree. She is insisting that patients address her as "doctor." Is this permitted?
If a person has received a doctorate degree then, for the purpose of introduction, use of the term "Doctor" would not be in violation of Business and Professions Code section 2054. However, if that introduction is in a setting that would lead a reasonable person to conclude that this person is licensed to practice medicine in the State of California, without being licensed by the Medical Board of California, they would be in violation of this section.

Q. Is it okay to delegate informed consent to my nurse?
Obtaining informed consent is the responsibility of the physician performing the procedure and should not be delegated to another person. Additionally, a physician can be charged with negligence if informed consent has not been obtained from the patient.

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.

Autism Awareness

Autism Advisory Task Force

The Autism Advisory Task Force submitted a report to the Governor and the Legislature on February 26, 2013. The Task Force, which was called for in Senate Bill 946, was charged with developing recommendations regarding medically necessary behavioral health treatment for individuals with autism or pervasive development disorder, as well as the appropriate qualifications, training and education for providers of such treatment.

To read the Autism Advisory Task Force Report, use this link: *http://www.dmhc.ca.gov/library/reports/news/aatf/aatfr.pdf*

Autism Awareness Month

April is National Autism Awareness Month and it is important for physicians to know the early signs of autism spectrum disorder (ASD) so that an appropriate diagnosis can be made. The Centers for Disease Control and Prevention (CDC) estimates that 1 in every 88 children has been identified with ASD. The National Institute of Child Health and Human Development lists five behaviors that signal further evaluation is needed:

- **Does not babble or coo by 12 months**
- **Does not gesture (point, wave, grasp) by 12 months**
- **Does not say single words by 16 months**
- **Does not say two-word phrases on his or her own by 24 months**
- **Has any loss of any language or social skill at any age**

To learn more about symptoms, or to get free materials about ASD, visit CDC's Web site: *http://www.cdc.gov/ncbddd/autism/facts.html*.

CME *(continued from page 1)*

similarly to physicians enrolling in traditional CME to fill a knowledge gap, consideration should be given to CME that has heretofore been considered non-traditional to avoid behaviors that can lead to discipline and contribute to poor patient care.

When choosing CME activity, physicians rarely think of courses about medical ethics, professionalism or those related to avoidance of issues that lead to professional misconduct. I have yet to hear a colleague state that they are really interested in the topic of medical records.

The UCSD Physician Assessment and Clinical Education (PACE) Program's Medical Records Keeping Course, delivers a two-day, 17 *AMA PRA Category 1 Credits*™ course to approximately 250 physicians and other providers per year. Approximately 100 physicians per year enroll in the Physician Prescribing Course, 60 physicians in the Anger Management for Healthcare Professionals Program, 50 in the Professional Boundaries Program and 40 in the Clinician Patient Communications Course. Nearly all physicians that attend these programs come as a requirement of a disciplinary action by the medical board of their State, their hospital or medical group executive committee or based on a pending action.

The PACE Medical records keeping course has been offered 3 to 5 times each year since 1999. At the end of each course, many physicians approach me and say that if they had been educated on this material in the past, they wouldn't be sitting here now and that they didn't want to take the course, but they're sure glad they came. Mandated CME on these topics is not the answer. But, next time you consider your professional development needs, contemplate education in ethics, professionalism, communications or leadership development. This proactive decision will enhance your competence and perhaps help you avoid pitfalls in the future.

1. *http://www.abms.org/maintenance_of_certification/MOC_competencies.aspx*

2. *http://www.jointcommission.org/assets/1/18/SEA_40.PDF*

Act now to avoid Medicare penalties in 2015

California Medical Association

Over the past six years, the Centers for Medicare and Medicaid Services (CMS) has launched a number of initiatives that offer physicians the opportunity to increase their net revenue by participating in quality reporting programs. Until now, these programs have been voluntary and physicians have received bonuses for participating. That's about to change. Failure to participate now means physicians could face significant penalties.

The American Academy of Family Physicians estimates that participating in these initiatives in 2013, rather than waiting until 2014, could save a physician $19,000 in avoided penalties.

To help physicians understand the bonuses and penalties associated with key Medicare initiatives, the California Medical Association (CMA) recently hosted a webinar for members, "Quality Reporting Programs: What Physicians Need to Know and Do Now to Improve Care and Avoid Penalties." The webinar is now available for on-demand viewing in the CMA resource library at ***www.cmanet.org/webinars***.

> *"Failure to participate now means physicians could face significant penalties. ... participating in these initiatives in 2013, rather than waiting until 2014, could save a physician $19,000 in avoided penalties."*

During the webinar, CMS Region 9 Chief Medical Officer, Betsy L. Thompson, M.D., discusses about the major quality reporting and e-health incentive programs currently underway for eligible professionals. The session covers the basics of the Physician Quality Reporting System, the Medicare and Medicaid Electronic Health Records Incentive Programs, the Medicare E-Prescribing Incentive Program and the new value-based payment modifier. The content is geared toward physicians, nurse practitioners and physician assistants and what they need to know, although other health care professionals and medical office may find the information useful, as well.

If you are not already familiar with each of these programs, the time to learn about them is now.

Below is a brief summary of the programs and key dates that were discussed in the CMA webinar.

Meaningful Use

Meaningful use is the set of criteria on which physicians must report in order to receive federal incentive payments for EHR adoption under the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs. Meaningful use is also the necessary foundation for all impending payment changes involving patient-centered medical homes, accountable care organizations, bundled payments and value-based purchasing.

Bonuses: For the Medicare EHR incentive program, your cumulative payment amount depends on the first year of participation. Physicians who start participating in 2013 can receive up to $39,000; physicians who start in 2014, up to $24,000. The last year to begin participation in the Medicare EHR incentive program is 2014. For the Medicaid (Medi-Cal) incentive program, physicians can receive up to $63,750.

Penalties: Physicians who do not demonstrate meaningful use by 2015 will be subject to Medicare payment penalties. These reductions increase from 1-2 percent of total Medicare charges in 2015, to 2 percent in 2016 and 3-5 percent in 2017 and beyond. Medicaid rates will not be adjusted for failure to achieve meaningful use.

Electronic Prescribing

Medicare's e-prescribing program provides incentive payments for physicians who e-prescribe and payment penalties for physicians who do not.

Bonuses: This year is the last year to receive a bonus for e-prescribing.To qualify for the 0.5 percent

Medicare penalties *(continued on page 8)*

Medicare penalties *(continued from page 7)*

bonus in 2013, you must have successfully reported e-prescribing activity for at least 25 patient visits between January 1 and December 31, 2012.

Penalties: Starting in 2012, physicians who did not electronically transmit their prescriptions became subject to payment penalties on all Medicare allowed charges. The penalty in 2013 is 1.5 percent, and in 2014, 2 percent.

Physician Quality Reporting System

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that provides incentive payments to eligible professionals who report data on quality measures for services provided to Medicare beneficiaries.

Bonuses: Physicians must report on three individual measures or one measures group to receive a 0.5 percent bonus. Physicians participating in a maintenance-of-certification program are eligible for an extra 0.5 percent bonus, for a total bonus of 1 percent.

Penalties: The Affordable Care Act calls for PQRS payment penalties starting in 2015. In the 2012 Medicare Physician Fee Schedule, CMS announced that 2015 program penalties will be based on 2013 performance. Therefore, physicians who do not successfullyreport on at least one individual measure in 2013 or elect to participate in the administrative claims reporting option will receive a 1.5 percent payment penalty in 2015. The penalty goes up to 2 percent in 2016 and beyond.

Value-Based Payment Modifier Program

The value-based payment modifier was mandated by Congress under the Affordable Care Act. It will adjust physician payment based on the quality and cost of the care they provide. It will take effect in 2015 using 2013 data for groups of 100 or more physicians. By 2017, this modifier will be implemented for all physicians.

Bonuses: Participating physicians may receive bonuses based on their quality and cost scores.

Penalties: Participating physicians may be penalized up to 1 percent based on their quality and cost scores. Physicians who choose not to participate will be docked 1 percent.

Each of these programs has specific deadlines and reporting requirements, some of which are overlapping, and are not always simple to understand. CMA's webinar will give physicians the information they need to successfully participate in each program. During the webinar, Dr. Thompson will help participants understand which programs they are eligible for, the associated incentives and penalties for each program, and the deadlines and requirements for participation.

The on-demand webinar is available free to CMA members at ***www.cmanet.org/webinars***. Nonmembers can purchase the webinar for $99.

Contact: CMA's member service center, (800) 786-4262 or ***memberservice@cmanet.org***.

National Take-Back Day for unused prescriptions

The Drug Enforcement Administration (DEA) is holding another National Prescription Take-Back Day, which allows those who have accumulated unwanted and unused prescription drugs to dispose of them safely.

The event will take place on Saturday, April 27, 2013 from 10 a.m. to 2 p.m.

For more information, or to locate a collection site, please visit: ***http://www.deadiversion.usdoj.gov/drug_disposal/takeback/***

FDA: Acetaminophen toxicity

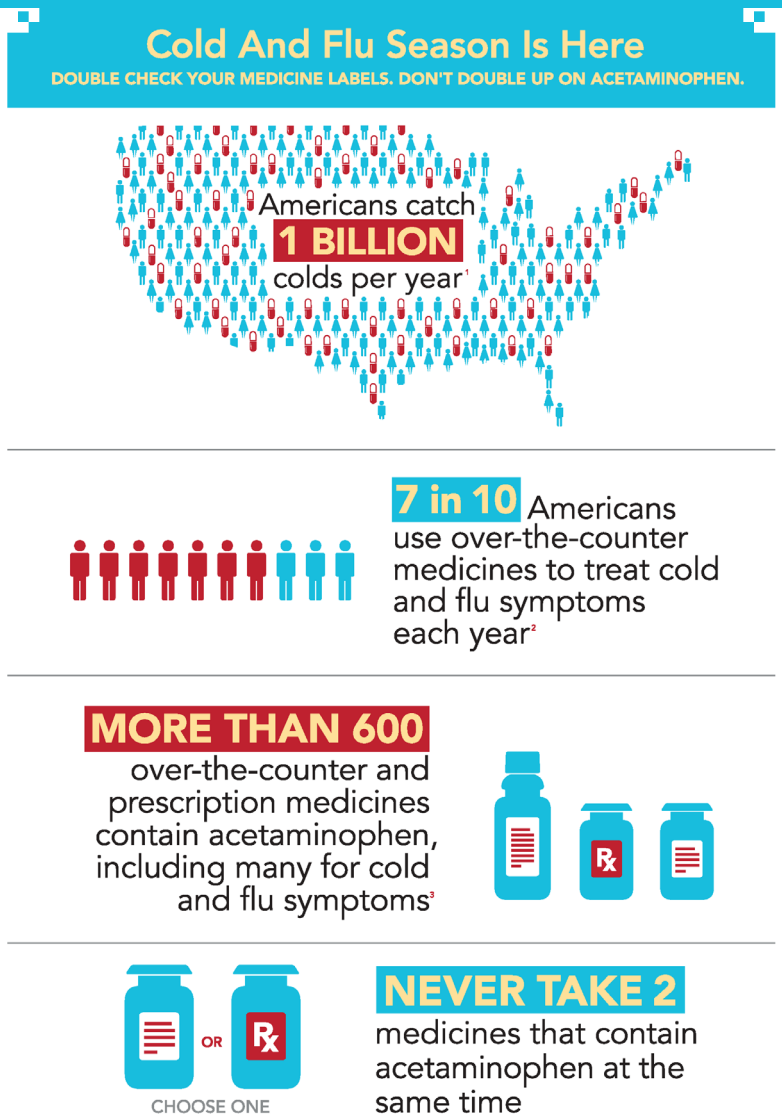
By Mary Ellen Taylor
Public Affairs Specialist, U.S. Food and Drug Administration

Acetaminophen has a well-established safety record when used according to label directions, but liver injury from acetaminophen overdose remains a serious public health problem despite ongoing regulatory and educational efforts. Consumers need to be able to read labels and recognize when their medicines contain acetaminophen. OTC active ingredients are clearly listed on the label; labels for prescription medicines may not clearly identify acetaminophen as an active ingredient.

Under the leadership of the National Council for Prescription Drug Programs, FDA's Safe Use Initiative and stakeholders formed the Acetaminophen Best Practices Task Group in 2011. This group produced white papers with recommendations to make it easier for consumers to: identify if their prescription pain reliever contains acetaminophen, compare active ingredients on drug labels, and take action to avoid taking two medicines with acetaminophen. They advocate harmonizing the prescription container labeling with the labeling that already exists for OTC medicines that contain acetaminophen, providing consistency in labeling across all acetaminophen-containing medicines.

Specific recommendations include:

- Complete spelling of acetaminophen and all other active ingredients on the pharmacy labels of all acetaminophen-containing prescription medicine, eliminating the use of abbreviations, acronyms or other shortened versions for active ingredients
- A standardized concomitant use and liver pharmacy warning label for these medicines
- Formatting and wording on pharmacy container labels consistent with plain language and health literacy principles.



- A stakeholder call to action: adopt, implement, adhere, communicate and educate

More than 600 medications -- prescription and OTC-- contain the active ingredient acetaminophen for pain relief and fever reduction. Taken carefully and correctly, these medicines can be safe and effective. But taking too much acetaminophen can lead to severe liver damage.

FDA's Safe Use Initiative and partners are committed to improve the safe use of acetaminophen medicines.

Donate Life California license plate

The Medical Board of California and Donate Life California share a mission – to save, heal, and improve lives. On February 1, Charlene Zettel and Sharon Ross of Donate Life California came before the Medical Board to request honorary sponsorship of the proposed Donate Life Specialty License Plate. Funds raised from the specialty plates will support DLC's mission of increasing awareness and inspiring people to sign up on the state organ and tissue donor registry.

"We greatly value our partnership with the Medical Board. With your support, the importance of organ and tissue donation will gain statewide attention, highlight that each person can save up to eight lives, and give hope to the more than 21,000 Californians waiting for a life-saving organ," said Zettel.

DMV requires that applicants for a specialty plate obtain the sponsorship of a state agency and pre-sell 7,500 plates before they go into production. Those interested in pre-registering for a specialty plate may go to:

https://secure.commonground.convio.com/donatelifeca/licenseplateinterest/.

How can my office or facility be subject to regulation by the BBC?

Under the laws and regulations of the Board of Barbering and Cosmetology (BBC), an establishment is any place where any BBC licensed activity occurs. Under the law, a BBC licensee may not engage in licensed activities for compensation in an establishment not licensed by the BBC.

An establishment owner must apply for and be issued a license for each location of the business. A medispa, for example, with an esthetician providing facials and other services authorized by that license must obtain an establishment license from the BBC. Note also that estheticians and other BBC licensees are prohibited from using laser, x-ray appliances, apparatus or machine in the treatment of any patient.

The owner of the establishment is deemed to be in charge of and responsible for all BBC licensees working in the facilities. Further, the establishment is subject to inspection by the BBC, must meet certain physical and equipment requirements, and is therefore subject to discipline imposed by the BBC.

For more information on the requirements for obtaining and maintaining a BBC establishment license, see Business and Professions Code sections 7300 et seq or visit the BBC's Web site at ***http://www.barbercosmo.ca.gov/***.

Finding Balance:
Mindfulness - Good for the patient, good for the doctor

An ongoing series by Robert Bonakdar, M.D., F.A.A.F.P.
Director of Pain Management, Scripps Center for Integrative Medicine

> ***"It seems timely in the culture right now. People understand that there are so many forces that lead us to be distracted. We're being asked to do more in the caregiving setting than ever before, with fewer resources. ... This is about how you take a distracted mind pulled in a million directions and give it a technique that allows it to rest and become clearer."***
>
> Physician mindfulness teacher Mitchell M. Levy, M.D., Chief of the Division of Pulmonary and Critical Care Medicine at the Warren Alpert Medical School of Brown University in an interview with AMA News[1]

In 1979 Jon Kabat-Zinn Ph.D., the founding director of the Stress Reduction Center at the University of Massachusetts Medical School, had an innovative offering for refractory pain patients. He proposed that an 8 week course, formally titled Mindfulness Based Stress Reduction (MBSR), would provide additional coping strategies for patients with refractory pain, anxiety and chronic illness. Since then more than 250 hospitals and clinics, including many in California, have incorporated the package of mindfulness and mind-body exercises as a comprehensive mind-body approach. The interest in this program has been fueled by patient outcomes as well as research demonstrating positive functional brain changes related to stress adaptation as well as clinical trials demonstrating benefit. A 2012 MBSR review by Marchand el al concluded:

> *"MBSR is beneficial for general psychological health and stress management in those with medical and psychiatric illness as well as in healthy individuals."* [2]

As the evidence for mindfulness was building another important observation was equally apparent - ***Some of the most stressed members of the healthcare equation were not the patients but their doctors***. This has been confirmed repeatedly including by the recent article by Dr. Shanafelt and colleagues at the Mayo Clinic.[3] The survey of over 7,000 physicians found that burnout was highly prevalent (>45% of physicians surveyed), especially among front-line physicians (>60% burnout rate) and that the rate was significantly higher than other US workers. In their conclusion they noted:

> *"Given the evidence that burnout may adversely affect quality of care and negatively affect physician health, additional research is needed to identify personal, organizational, and societal interventions to address this problem."*

The intervention that comes to mind for many clinicians who have recommended or taught MBSR to their patients is mindfulness training. However, turning the mirror unto the clinician brings up several important questions:

1. If mindfulness can help patients with stress and associated issues, how would these techniques work for physicians and other clinicians?
2. Can these offerings be adapted for the hectic schedule of clinicians, including physicians in training? And most intriguing,
3. Can mindfulness in some way not only help the clinicians, but also improve the care provided?

As you'd expect, many healthcare organization have been pursuing the answer to these questions to help prevent burnout at their institutions. Michael S. Krasner, M.D. and Ron Epstein, M.D., leaders in the filed of clinician mindfulness, along with colleagues at the University of Rochester Medical Center, took 70 primary care physicians through an 8 week mindfulness training and followed them for an additional 10 months. Their study which was published in JAMA in 2009 found after the intervention notable decreases in the hallmarks of clinician burnout.[4] Of significance, the clinicians noted 55% less anger, 45% less fatigue,41% less depression, 25% less emotional exhaustion and 18% less tension. They also noted improvement in several key areas including empathy, vigor and levels of personal accomplishment.

Along with this well publicized study, other researchers have helped to answer the second question of whether these techniques are adaptable to different healthcare practitioners and settings. Studies thus far have found that mindfulness training can be adapted to residents, nurses as well as medical and nursing students. [5, 6]

Mindfulness *(continued on page 12)*

Mindfulness *(continued from page 11)*

Several adaptations have included Dr. Levy, who has created a condensed four-hour course at Brown for medical students and hospitalists, as well as nursing and social work staff. In addition, internal medicine residents will be required to take the course.

The last question of whether mindfulness training can affect patient care is beginning to be answered. Several trials have made the connection between mindfulness and similar trainings with improved physician empathy and meaning in work as well as associated decreases in medical errors and malpractice claims.[7] This has lead Physicians' Reciprocal Insurer to enlist Dr. Krasner to prepare a three-hour mindfulness CME activity for doctors which provides a 5% reduction on premium. Thus far over 8,000 physicians have completed the course.

On May 11, 2013 California physicians will have the opportunity to learn from Dr. Krasner, one of the leaders in the field of physician mindfulness, at a daylong CME event brought together by the UCSD Center for Mindfulness and supported by a consortium of San Diego institutions.

This program will provide introduction and experiential learning in the area of mindfulness and its incorporation into clinical care. The program will also have a presentation on the *Neuroscience of Mindfulness* by Thomas J. Chippendale, M.D., PH.D., Director of Neuroscience, Scripps Health and Assistant Adjunct Professor of Neurology, UC San Diego. For more information and registration for this CME event: ***http://cme.ucsd.edu/mindfulness/mcp_workshop_home.html***

Mindfulness Resources and References :

- UCSD Center for Mindfulness: ***http://cme.ucsd.edu/mindfulness/index.html***
- Searchable Directory of MBSR Programs (University of Massachusetts): ***http://w3.umassmed.edu/MBSR/public/searchmember.aspx***
- Research and additional resources related to MBSR: ***http://www.umassmed.edu/cfm/research/index.aspx***
- Physician Well-Being Program at Mayo Clinic – Home: ***http://mayoresearch.mayo.edu/mayo/research/physicianwellbeing***

1. Using mindfulness to soothe physician stress.. amednews by Kevin B. O'Reilly staff. Posted Jan. 7, 2013. Accessible at: ***www.ama-assn.org/amednews/2013/01/07/prsa0107.htm***

2. Marchand WR. Mindfulness-based stress reduction, mindfulness-based cognitive therapy, and Zen meditation for depression, anxiety, pain, and psychological distress. J Psychiatr Pract. 2012 Jul;18(4):233-52.

3. Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012 Oct 8;172(18):1377-85.

4. Krasner MS, Epstein RM, Beckman H, Suchman AL, Chapman B, Mooney CJ, Quill TE. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. JAMA. 2009 Sep 23;302(12):1284-93.

5. Beddoe AE, Murphy SO. Does mindfulness decrease stress and foster empathy among nursing students? J Nurs Educ. 2004 Jul;43(7):305-12.

6. Warnecke E, Quinn S, Ogden K, Towle N, Nelson MR. A randomised controlled trial of the effects of mindfulness practice on medical student stress levels. Med Educ. 2011 Apr;45(4):381-8.

7. Shanafelt TD. Enhancing meaning in work: a prescription for preventing physician burnout and promoting patient-centered care. JAMA. 2009 Sep 23;302(12):1338-40.

Increases in Valley Fever in California

By Gail Sondermeyer, M.P.H.; Lauren Lee, M.D., M.P.H.; Debra Gilliss, M.D., M.P.H.; and Duc J. Vugia, M.D., M.P.H.
Infectious Diseases Branch, California Department of Public Health

Increases in Valley Fever in California

Coccidioidomycosis, a fungal disease also known as Valley Fever, has had a dramatic reemergence in endemic areas in the southwestern United States, particularly California and Arizona.[1-3] Coccidioidomycosis is caused by directly inhaling spores of the fungus *Coccidioides* spp., which reside in the soil of disease-endemic regions. When soil is disturbed by strong winds or by activities such as construction, farming, or digging, the spores can become airborne and may be inhaled along with dust particles. Anyone who lives in, visits, or travels through endemic areas is at risk of contracting coccidioidomycosis. Although most of those infected with coccidioidomycosis will not have any symptoms, symptomatic disease will develop in approximately 40% of patients and can range from self-limited influenza-like illness to severe disseminated disease.[4] Most of those who recover will develop lifelong immunity.

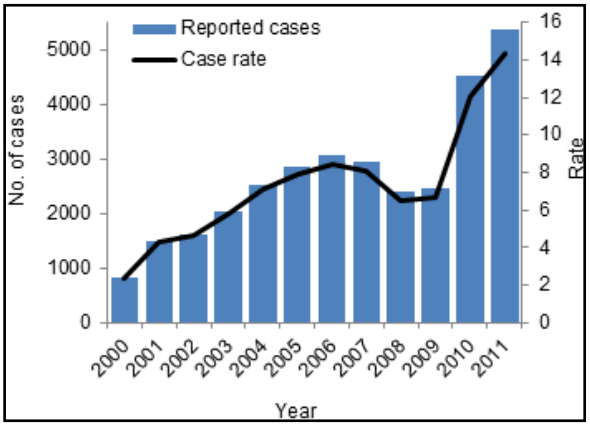


Figure 1: Numbers and rates of reported cases of coccidioidomycosis in California from 2000-2011. Rates calculated per 100,000 population.

Recent increases

Providers and laboratories are required to report coccidioidomycosis in California, as mandated by Title 17 of the California Code of Regulations. Over the past decade, substantial increases in the numbers of reported cases and hospitalizations of coccidioidomycosis have been documented in California. From 2000–2011, the annual number of reported cases increased greater than six-fold from 816 to 5,366 cases (Figure 1).[1, 2, 5]

These increases represent a substantial and growing burden to California residents, providers, and the government, yet the reasons for these increases are still unclear. Researchers believe that contributing factors may include changes in climate and rainfall patterns, soil-disturbing construction activities, an increase in susceptible persons moving to disease-endemic areas, and heightened awareness and diagnosis.[3]

Disease presentation, epidemiology, and management

It is important for providers to be familiar with the signs and symptoms that may warrant testing for coccidioidomycosis.

Symptoms of coccidioidomycosis typically arise 1-3 weeks following infection.[6] Most symptomatic persons will present with a mild, self-limited influenza-like illness or a community-acquired pneumonia and may complain of fever, cough, chest discomfort, malaise, and fatigue. Patients may also develop diffuse or progressive pneumonia, mediastinitis or pulmonary nodules or cavities. In addition, approximately 5% of symptomatic persons will develop disseminated disease which most often presents as skin lesions, osteomyelitis, or meningitis.

While anyone in the endemic area is at risk, persons working in occupations involving dirt and dust exposure may be at increased risk of developing coccidioidomycosis infection.[1] African Americans, Filipinos, persons aged 65 and older, pregnant women in their third trimester, and persons with diabetes or immunocompromising conditions are at increased risk of severe pulmonary or disseminated disease when infected.[4, 6]

Several diagnostic methods for coccidioidomycosis are available including serology, culture, and

Valley Fever *(continued on page 14)*

histopathology and several antifungal medications are available for treatment. For further information on diagnosis and treatment please reference the Infectious Diseases Society of America (IDSA) guidelines.[6]

Prevention and control

Unfortunately prevention options for coccidioidomycosis are limited. Residents of and visitors to disease-endemic areas are advised to avoid breathing dust, and those working in occupations with significant dust exposure in endemic areas should have an Illness and Injury Prevention Program that includes respiratory protection. Vaccine development efforts are underway but no vaccine is yet available.

Due to the lack of effective preventive methods for coccidioidomycosis, providers play a critical role in disease control and the prevention of disease progression through early diagnosis, monitoring, and appropriate treatment.

What you can do

With the reemergence of coccidioidomycosis, it is an important time for California providers to:

- Refresh their knowledge of coccidioidomycosis
- Be aware that the increase in coccidioidomycosis is ongoing
- Be conscious that coccidioidomycosis exists throughout California but is most common in the San Joaquin Valley
- Learn how to diagnose and treat or when to refer patients with coccidioidomycosis
- Report cases of coccidioidomycosis to their local health departments

For more information and Continuing Medical Education (CME) credit training on coccidioidomycosis providers can reference the links below.

Training and free CME credit:

https://www.vfce.arizona.edu/clinicians/FreeOnineCME.aspx

California Department of Public Health fact sheets (English, Spanish, Tagalog) and reports:

http://www.cdph.ca.gov/healthinfo/discond/Pages/Coccidioidomycosis.aspx

1. California Department of Public Health. Epidemiologic Summaries of Selected General Communicable Diseases in California, 2001–2008. [cited 2013 Jan 22] ***http://www.cdph.ca.gov/programs/sss/Documents/Epi-Summaries-CA-2001-2008-083111.pdf***

2. California Department of Public Health. Coccidioidomycosis yearly summary report 2001–2010 [cited 2013 Jan 22]. ***http://www.cdph.ca.gov/data/statistics/Documents/COCCIDIOIDMYCOSIS.pdf***

3. Ampel NM. What's behind the increasing rates of coccidioidomycosis in Arizona and California? Curr Infect Dis Rep. 2010;12:211-216.

4. Saubolle, MA, McKeller PP, Sussland D. Epidemiologic, Clinical, and Diagnostic Aspects of Coccidioidomycosis. J Clin Microbiol. 2007;45:26-30.

5. California Department of Public Health. Coccidioidomycosis yearly summary report 2011 [cited 2013 Jan 22]. ***http://www.cdph.ca.gov/programs/sss/Documents/Cocci-Yearly-Report-Version2.pdf***

6. **IDSA Guidelines:** Galgiani JN, Ampel NM, Blair JE, Catanzaro A, Johnson RH, Stevens DA, Williams PL. Coccidioidomycosis. Clin Infect Dis. 2005;41:1217-23. ***http://cid.oxfordjournals.org/content/41/9/1217.ful***

Regulation changes for emergency contraception

Proposed amendments to section 1746 of Division 17 of Title 16 of the California Code of Regulations regarding emergency contraception have been approved. Among the changes is an update to the information that is to be communicated to the patient when a patient requests emergency contraception.

The operative date for the changes to go into effect is July 1, 2013. To read the adopted text, use this link: ***http://www.pharmacy.ca.gov/laws_regs/1746_adopted.pdf***.

New CURES Direct Dispense reporting requirement

Pursuant to California Health and Safety Code section 11165(d), dispensing pharmacies and clinics must provide weekly dispensing reports to the California Department of Justice (DOJ) on Schedule II, III, and IV prescription drugs. The DOJ, in coordination with Atlantic Associates, Inc. (AAI), released the online direct dispense application which can be accessed at ***www.aaicures.com***. This application allows direct dispense practitioners and entities, including those reporting zero fills and pharmacies filling less than 25 prescriptions per month, to electronically report dispensing data to DOJ.

NOTE: A physician is NOT a direct dispense practitioner if he or she writes prescriptions to be filled by a pharmacist or dispensary. If you are not a direct dispenser, then you will not need the direct dispense application.

The DOJ no longer accepts paper direct dispense reports, nor grants reporting exemptions. Reporting exemptions previously granted will no longer be in effect. As of February 28, 2013, direct dispensers must conform to the new electronic reporting format. If you have already registered with AAI and are submitting files through the File Transfer Protocol (FTP), you do not need re-register for the Direct Dispense application.

In order to access this secured site, you must first complete the registration application at ***http://aaicures.com/register.for.access.php***. Once a registration application has been submitted, an email confirmation from AAI will provide approved users with a username and temporary password. If an email confirmation is not received within 48 hours of submitting the registration application, please contact AAI at ***CACures@aainh.com*** or (800) 539-3370.

Instructions on how to register for an account, enter information, and add information can be found on the Direct Dispense Web site.

For additional information related to reporting controlled substance prescription data, please contact AAI at ***CACures@aainh.com*** or (800) 539-3370. If you wish to provide feedback to the DOJ relating the Direct Dispense application, please email ***SINS.Support@doj.ca.gov***.

As required by ***Business and Professions Code §2240***, any physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital that results in the patient being transferred to a hospital or emergency center for medical treatment for a period exceeding 24 hours shall report, in writing, within 15 days after the occurrence to, the Office of Statewide Health Planning and Development (OSHPD).

When reporting patient transfers, please be sure to use the updated form. You can access the updated form by using this link: ***http://www.mbc.ca.gov/forms/enf-2240b.pdf***.

Physician availability regulations approved

Effective July 1, 2013, new regulations will go into effect regarding physician availability when delegating procedures to allied health professionals.

The regulations will be posted on the Board's Web site. You may also sign up for alerts via the MBC Subscriber's List. To subscribe to emails regarding new regulations, please visit this Web site:

http://www.mbc.ca.gov/subscribers.html

Reminder: Diseases and conditions reportable to local health officer

By Jonathan Fielding, M.D.
Director of Public Health and Health Officer, Los Angeles County

Physicians, surgeons, and other medical professionals in every state are required by law to report certain conditions to their local public health department. In California, the Code of Regulations Title 17, Section 2500 specifies most of the suspected or confirmed diseases and conditions to be reported to the local public health agency. In addition to these infections, other reportable conditions include suspected outbreaks of any cause, suspected foodborne and waterborne illnesses, pesticide-related illness, conditions characterized by lapse of consciousness, and Alzheimer disease and related dementias. Cancers are reportable to the California Cancer Registry.

Healthcare professionals are rightly concerned about their legal obligation to protect the personal health information of their patients from unwarranted exposure. However, some have an incorrect belief that releasing patient information to the health officer somehow violates state or federal privacy laws. We would like to emphasize that the release of patient information regarding a reportable disease or condition does not violate either state or federal law. Both the California Confidentiality of Medial Information Act (CMIA) and the federal Health Insurance and Portability and Accountability Act of 1996 (HIPAA) contain specific authorization to health care providers to disclose confidential information to state and local health officials for purposes of preventing or controlling disease where the disclosure is required by law. Both HIPAA and CMIA apply whether the patient is alive or deceased; both laws protect the release of patient information to the health officer whether the release is orally or in writing.

State and local health officers have broad authority under the ***California Health & Safety Code §120175***:

"Each health officer knowing or having reason to believe that any case of the diseases made reportable by regulation of the department, or any other contagious, infectious or communicable disease exists, or has existed within the territory under his or her jurisdiction, shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional diseases."

Disease control can only be effective with the cooperation and partnership between the providers of care and the local public health department. The health officers across California greatly appreciate the healthcare community for its collaboration and support in reducing disease through timely and complete disease reporting.

FASCINATING FUN FACTS

1. Excluding primary care specialties (Family Practice, General Practice, Internal Medicine, Obstetrics & Gynecology, and Pediatrics), what are the top three specialties practiced by California physicians who hold an active license?
2. Based on the total number of physicians holding an active license, what percentage does each of these top three specialties represent?
3. What percentage of physicians holding an active license in these top three specialties self-reported board certification?

***Answers** on page 20*

Joint Forum to Promote Appropriate Prescribing & Dispensing

The Medical Board co-sponsored a joint forum with the Pharmacy Board on "Promoting Appropriate Prescribing and Dispensing" on February 21st and 22nd in San Francisco. This forum was offered at no cost to attendees and was attended by 400 individuals each day. The forum also offered CME credits at no cost to attending physicians and pharmacists. The forum focused on the problem, the responsible parties (including prescribers, dispensers, patients, and regulators/ law enforcement), and the solutions.

Among the speakers at the forum were Michael P. Botticelli, Deputy Director of the White House Office of National Drug Control Policy and Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration. Other speakers provided a physician's, a pharmacist's, and a prosecutor's perspective to the issue of prescription drug abuse. A presentation was also made on the CURES system. At the end of the forum, both boards heard from attendees on possible steps that could be taken to help address the issues, including, educating physicians, pharmacists, and consumers, funding CURES, encouraging proper disposal of unused prescriptions, and exploring potential enforcement enhancements.

The Board videotaped the forum and it has been placed on the Board's Web site for individuals to view for future reference and education. The Board believes that the Forum was a significant step toward addressing the public health issue of prescription drug abuse, and furthering its mission of consumer protection.

PowerPoint and Video Presentations from the Forum are available on the Board's Web site at:

http://www.mbc.ca.gov/pain_forum_february_2013.html

Photos from the January 31 - Feb 1, 2013 Board Meeting in Burlingame

1. *Letitia Robinson, Research Specialist and Kim Kirchmeyer, Deputy Director*
2. *Susan Cady, Enforcement Manager*
3. *Board President Sharon Levine, M.D. swearing in new Board member, Felix C. Yip, M.D.*
4. *Curt Worden, Chief of Licensing*

News 2 Use

iHealthBeat (ihealthbeat.org)
CMS Releases Final Rule on Physician Payment Disclosure
CMS released a long-awaited final rule on the Physician Payments Sunshine Act, outlining a timeline for its implementation. (February 4, 2013)
http://www.ihealthbeat.org/articles/2013/2/4/cms-releases-final-rule-on-physician-payment-disclosure

California Healthline (californiahealthline.org)
California's Breast Density Notification Law Goes Into Effect
A new state law took effect that requires physicians to notify women if they have dense breast tissue, which could be associated with a higher risk of breast cancer. (April 1, 2013)
http://www.californiahealthline.org/articles/2013/4/1/californias-breast-density-notification-law-goes-into-effect.aspx#

U.S. Food and Drug Administration (fda.gov)
FDA Approves New Seasonal Influenza Vaccine Made Using Novel Technology
The vaccine, Flublok, is the first trivalent influenza vaccine made using an insect virus expression system and recombinant DNA technology. (January 16, 2013)
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm335891.htm

California Healthline (californiahealthline.org)
California Lawmakers Eye New Fees, Taxes To Boost Health Care Programs
The bills propose new taxes or fees to bolster existing state services or to try to alter what lawmakers consider to be harmful habits. (March 18, 2013)
http://www.californiahealthline.org/articles/2013/3/18/calif-lawmakers-eye-new-fees-taxes-to-boost-health-care-programs.aspx

U.S. Food and Drug Administration (fda.gov)
FDA Approves New Seasonal Influenza Vaccine Made Using Novel Technology
The vaccine, Flublok, is the first trivalent influenza vaccine made using an insect virus expression system and recombinant DNA technology. (January 16, 2013)
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm335891.htm

iHealthBeat (ihealthbeat.org)
Medical Specialists Pushing for More Tailored Electronic Health Record Systems
Recent studies have found that specialists are lagging behind in electronic health record adoption. (January 9, 2013)
http://www.ihealthbeat.org/special-reports/2013/medical-specialists-pushing-for-more-tailored-electronic-health-record-systems.aspx

Tech Med Corner

IT World (itworld.com)
Ask Your Doctor – But Not Via Social Media
Physicians and other healthcare providers need to be especially careful when using social media. (January 31, 2013)
http://www.itworld.com/print/339527

iHealthBeat (ihealthbeat.org)
Scientists Develop New Twitter Algorithm To Better Track Influenza
The algorithm uses human language-processing technologies to pinpoint individual flu cases on Twitter while screening out flu-related tweets that do not represent actual cases. (January 25, 2013)
http://www.ihealthbeat.org/articles/2013/1/25/scientists-develop-new-twitter-algorithm-to-better-track-influenza.aspx

Steven M. Thompson Loan Repayment Program Recipient

Dr. Sa Vang knew she wanted to be a physician from a young age. Seeing the struggle that her family faced as non-English speaking patients was one of the catalysts that motivated her. She said that she considers it an honor to be a recipient of the Health Professions Education Foundation loan repayment program.

According to Dr. Vang, the program has allowed her two incredible opportunities: working with the underserved and underinsured patients that she personally identifies with, and knowing she can focus on being a doctor without worrying about the financial burden acquired from a medical education. Her hope is to continue to work with college students who are interested in health professions. She also hopes to inspire those who fear the unknown that a career in medicine is possible no matter the cultural or socioeconomic challenges.

She says that if a teenage Hmong mom can do it, it is possible for anyone. Dr. Vang is a graduate of the University of California Davis School of Medicine and works closely with the Hmong Health Alliance, a student based organization at CSU Sacramento that promotes leadership and academic developments of Hmong pre-health students as well as those from other ethnic backgrounds.

Dr. Sa Vang

Fascinating Fun Facts Answers

***Questions** on page 16*

1. Excluding primary care specialties (Family Practice, General Practice, Internal Medicine, Obstetrics & Gynecology, and Pediatrics), the top three specialties practiced by California physicians who hold an active license are:

   Psychiatry (8,556)
   Anesthesiology (7,657)
   Radiology (6,695)

2. Based on 128,071 physicians holding an active license , the following data represents the percentage to active licensees for each of the top three specialties:

   Psychiatry (7%)
   Anesthesiology (6%)
   Radiology (5%)

3. The following data represents the percentage of physicians holding an active license who self-reported board certification in the top three specialties (excluding primary care specialties):

   Psychiatry (62%)
   Anesthesiology (64%)
   Radiology (73%)

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.

New Board member

Felix C. Yip, M.D.

Dr. Felix C. Yip has been appointed to the Medical Board of California by Governor Jerry Brown in 2013. Dr. Yip is a board certified urologist in private practice and is currently the Chief of Surgery at Garfield Medical Center and Pacific Alliance Medical Center.

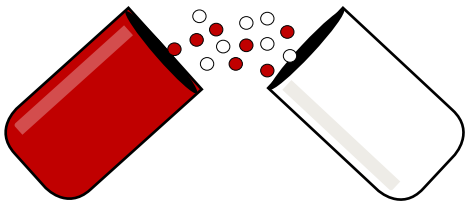
Presently he is serving as clinical professor of urology at the Keck School of Medicine - University of Southern California and has served as clinical assistant professor of surgery at UCLA School of Medicine and Western University of Health Sciences in prior years. Dr. Yip is also a UCLA Foundation Governor and a member of the Board of Counselors at UCLA School of Dentistry.

Dr. Yip earned his medical degree from the University of Wisconsin - Madison, School of Medicine and Public Health, and his M.B.A. in healthcare management from the University of California, Irvine.

Use caution when importing drugs into the United States

By Jennifer Stoll, Director
State Government Affairs, Allergan

The Food and Drug Administration (FDA) is currently pursuing enforcement actions against foreign and unlicensed suppliers of prescription drugs and devices, as well as physicians and medical practices that have purchased products that were intended for sale in foreign countries. FDA sent letters to over 350 physicians in the U.S. warning against purchasing drugs from "foreign or unlicensed suppliers" as this practice "puts patients at risk" and "is illegal." FDA also listed the more than 350 physicians who received the letters on its Web site.



It is unlawful under both federal and California law to purchase or import unapproved drugs into the United States (***21 U.S.C. § 331; CA Business & Professions Code § 2238***).

In announcing that they sent letters to physicians warning them against purchasing prescription products from foreign or unlawful suppliers, FDA stated the following:

"FDA urges the health care community to examine its purchasing practices to make sure that products are purchased directly from the manufacturer or from state-licensed wholesale drug distributors in the United States. Health care professionals, pharmacies, and wholesalers/distributors are valuable partners in efforts to protect consumers from the risks of unsafe or ineffective products that may be stolen, counterfeit, contaminated, or improperly stored and transported. The receipt of suspicious or unsolicited offers from unknown suppliers should be questioned, and extra caution should be taken when considering them."

http://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm330610.htm

Please carefully review the sources of any drugs or devices you purchase for your patients. California physicians and healthcare practices have access to the California Pharmacy Board's Web site to verify any seller is licensed to operate in the state.

http://www.pharmacy.ca.gov/online/verify_lic.shtml

Administrative Actions: November 1, 2012 – January 31, 2013

Physicians and Surgeons

Correction: In the Winter 2012/2013 issue, it was incorrectly reported that Dr. Tomic Hacopian (A 123319) disclosed a conviction for battery on his application for licensure. Instead, Dr. Hacopian disclosed an arrest for battery on his application, but was not convicted.

ABADIR, MAHER NASHED, M.D. (A 24538)
Modesto, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
November 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=24538

ABRAMS, HARVEY, M.D. (G 65423)
Los Angeles, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 45 days actual suspension
November 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=65423

ALBUSSAM, NAZAR (A 26479)
Downey, CA
License Revoked
January 4, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=26479

AN, CAROLINE SHUN-TSU, M.D. (A 51874)
Alpharetta, GA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
November 6, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=51874

ANDO, DALE GENJI, M.D. (G 50003)
Walnut Creek, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
December 26, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=50003

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.

APAYDIN, AYTAC HILMI, M.D. (A 46632)
Salinas, CA
Public Reprimand with conditions
January 25, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=46632

ATIGA, ROLANDO LODEVICO (A 25166)
Glendora, CA
License Surrendered
December 7, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=25166

BAGHDOIAN, MICHAEL (C 33786)
Southgate, MI
License Revoked
December 6, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=33786

BARNETT, PHILIP (A 66800)
London, United Kingdom
License Surrendered
November 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=66800

BATANIDES, STEVEN NICHOLAS (G 30145)
San Jose, CA
License Surrendered
December 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=30145

BLAU, ROD ABRAHAM, M.D. (G 61405)
Woodland Hills, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
November 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=61405

BODEN, SCOTT ADAM, M.D. (A 90385)
Wethersfield, CT
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 10, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=90385

CHEIN, EDMUND, M.D. (A 38678)
Palm Springs, CA
Revoked, stayed, placed on 4 years probation with terms and conditions
November 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=38678

Interested in becoming an expert reviewer?

Experts assist the Board by providing reviews and opinions on Board cases and conducting professional competency exams, physical exams and psychiatric exams.

To learn more about becoming an expert reviewer, please visit:
http://www.mbc.ca.gov/licensee/expert_reviewer.html

CHOPRA, GOBINDER SINGH, M.D. (A 55939)
Las Vegas, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 7, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=55939

COX, BRENT, M.D. (G 34594)
Mill Valley, CA
License Suspended
January 31, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=34594

DAHL, ERIK ALAN, M.D. (AFE 65751)
Bethesda, MD
Public Reprimand
November 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=AFE&licenseNumber=65751

DARBY, EARL MICHAEL, M.D. (G 38816)
Oakland, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
December 31, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=38816

DAVID, ERIN MUNTEAN (A 65697)
San Diego, CA
License Surrendered
December 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=65697

DAY, FRANCES (G 66391)
Eureka, CA
License Revoked
December 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=66391

DEL VECCHIO, FRANCIS X., M.D. (GFE 58041)
Las Vegas, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
December 27, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=58041

DIAZ, OTERO JULIO GABRI (A 36932)
Santa Barbara, CA
License Revoked
November 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=36932

EDROZO, JOHNNY AGUINALDO, M.D. (C 51509)
Anaheim, CA
Revoked, stayed, placed on 35 months probation with terms and conditions
January 3, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=51509

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Medical consultants evaluate the professional competence of physicians and surgeons and allied health professionals and lend their medical expertise in the review of medical investigations and evaluations of the professional conduct of licensees in relation to the requirements of the law. Consultants work part time in the Board's district offices.

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FARHAT, RAOUL GEORGE (G 67658)
Livonia, MI
License Revoked
November 30, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=67658

FERNANDEZ, LOUIS MANUEL (G 71660)
Atlanta, GA
License Surrendered
January 2, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=71660

FREDE, JAMES R. (G 56882)
Kahului, HI
License Surrendered
December 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=56882

GODT, RICHARD L. (G 14867)
Upland, CA
License Surrendered
January 16, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=14867

GOLDBERG, ERIC LAWRENCE, M.D. (A 97687)
Crystal Bay, NY
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
December 19, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=97687

HAMED, HATEM FIKRY AHMED, M.D. (A 123745)
Middletown, CT
Probationary License issued with 3 years probation and terms and conditions
November 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=123745

HICKOX, PETER G., M.D. (G 86782)
Stockton, CA
Revoked, stayed, placed on 4 years probation with terms and conditions
December 28, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=86782

IYENGAR, SRIDHARA, S., M.D. (C 42391)
Fountain Valley, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 30 days actual suspension
Judicial Review Pending
November 16, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=42391

JAIN, ABHISHEK, M.D. (A 124608)
Denver, CO
Probationary License issued with 3 years probation and terms and conditions
November 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=124608

JAMNANI, BEHROUZ, M.D. (G 86358)
Fairfield, CA
Public Reprimand with conditions
January 4, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=86358

KADY, M. TAREK (A 64105)
San Diego, CA
License Revoked
January 18, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=64105

KALMANSOHN, ROBERT B. (C 12187)
Los Angeles, CA
License Surrendered
January 23, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=12187

KAO, DAVID PETER (A 87967)
San Francisco, CA
License Revoked
January 2, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=87967

KARNS, ROBERT M. (G 7277)
Los Angeles, CA
License Revoked
November 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=7277

KEATING, JAMES ALAN, M.D. (C 51527)
Hemet, CA
Public Reprimand with conditions
January 4, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=51527

KHAN, KULSOOM ALVI, M.D. (C 52915)
Cupertino, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
December 5, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=52915

KHO, PETER (A 36350)
Chula Vista, CA
License Revoked
December 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=36350

KIDNEY, SELWYN ANTHONY (G 59845)
Las Vegas, NV
License Revoked
December 7, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=59845

KUNAM, SYAM PRASAD BABU, M.D. (A 46695)
Redlands, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 18, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=46695

KUNBERGER, LAURA ELIZABETH, M.D. (G 88620)
Sarasota, FL
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 22, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=88620

LAKHANI, ABDUS SAMAD (CFE 50742)
Chesterton, IN
License Surrendered
November 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=50742

LEE, BRIAN ERIC, M.D. (A 97171)
Las Vegas, NV
Public Reprimand
December 7, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=97171

LEE, DONALD WOO, M.D. (A 56294)
Temecula, CA
Revoked, stayed, placed on 6 years probation with terms and conditions
November 2, 2012; and

Revoked, stayed, placed on 3 years probation with terms and conditions
December 7, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=56294

LIN, ZHIWEI (A 70489)
San Gabriel, CA
License Revoked
November 15, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=70489

LUDMIR, JAIME, M.D. (A 35195)
Santa Ana, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
November 27, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=35195

MANOHARA, SAKREPATNA ANANTHARAM (A 34791)
Bakersfield, CA
License Surrendered
January 3, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=34791

McDONALD, CAROLYN SCOTT, M.D. (A 40902)
Wesley Chapel, FL
Revoked, stayed, placed on 5 years probation with terms and conditions
November 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=40902

McNEIL, JOHN WILLIAM (G 34418)
Inglewood, CA
License Surrendered
January 23, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=34418

MINNELLI, CARRIE REBECCA, M.D. (A 123820)
Riverside, CA
Probationary License issued with 3 years probation and terms and conditions
November 28, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=123820

MOTT, ROBERT ALAN, M.D. (G 41724)
McKinleyville, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
December 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=41724

MRDJEN, JASNA (A 31833)
Mountain View, CA
License Surrendered
December 4, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=31833

NAJI, MOHAMMED, M.D. (C 51126)
Glendora, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
Judicial Review Pending
November 18, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=51126

NIELSEN, ERIK WILLIAM (G 41366)
Portland, OR
License Surrendered
December 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=41366

ONEIL, DAVID MICHAEL, M.D. (A 35210)
Baltimore, MD
Public Reprimand with conditions
January 23, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=35210

OPPENHEIMER, JONATHAN ROBERT, M.D. (G 87999)
Nashville, TN
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
November 13, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=87999

OSIAS, JOELLE, M.D. (G 80476)
Palo Alto, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
January 2, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=80476

OVERLIE, PAUL ALBERT, M.D. (G 41794)
Lubbock, TX
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 8, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=41794

POLK, ERNEST KEITH, M.D. (C 39853)
Alhambra, CA
License Suspended
November 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=39853

PRAKASH, RAMANATHAN (A 38484)
Lancaster, CA
License Revoked
November 8, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=38484

RAFFLE, STEPHEN MERRITT, M.D. (G 16478)
Kentfield, CA
Public Reprimand with conditions
November 30, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=16478

REMBETSKI, THOMAS E., M.D. (G 56166)
Reno, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
December 11, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=56166

RICHARDS, JAMES MARTIN, M.D. (G 37794)
Los Angeles, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
November 6, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=37794

RIFENBARK, NEIL PETREE, M.D. (A 124061)
Chapel Hill, NC
Probationary License issued with 5 years probation and terms and conditions
December 21, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=124061

ROBERTS, ERIC (A 17567)
Los Angeles, CA
License Surrendered
January 16, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=17567

ROSS, BRANDON MICHAEL, M.D. (A 76782)
La Jolla, CA
Revoked, stayed, placed on 10 years probation with terms and conditions, including 120 days actual suspension
November 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=76782

ROWLAND, JOHN BERNARD (AFE 62825)
Los Angeles, CA
License Surrendered
December 27, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=62825

RUBIN, HERBERT M., M.D. (A 27808)
Burbank, CA
Must take and pass the Physician Assessment and Clinical Education Program (PACE). Upon successful completion of PACE, he shall be on 1 year probation. If the PACE evaluation or test determines he cannot safely practice medicine, his license will be immediately suspended, and surrender his license within 48 hours.
November 30, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=27808

SCOTT, ALAN FULTON (C 39087)
Walnut Creek, CA
License Surrendered
January 15, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=39087

SHAH, BIHARI M., M.D. (A 37529)
Bakersfield, CA
Revoked, stayed, placed on 7 years probation with terms and conditions, including 60 days actual suspension
December 20, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=37529

SHARP, JOHN A. (G 85690)
Lexington, KY
License Revoked
November 19, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=85690

SINGH, SAWRAJ (A 42982)
Ellensburg, WA
License Revoked
December 28, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=42982

SNEAD, JOHN, M.D. (G 29925)
Fort Meyers, FL
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 8, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=29925

SOLINAS, JEFFREY ALFRED, M.D. (G 43136)
Watsonville, CA
Revoked, stayed, 5 years probation with terms and conditions
November 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=43136

SPITLER, JAMES E., M.D. (G 53654)
Castroville, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
November 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=53654

STALKER, DAVID ALEX, M.D. (G 68555)
Clovis, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
January 11, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=68555

STARR, EDWIN GARY, M.D. (G 56329)
Reno, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
January 7, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=56329

TANOURA, TAD TADASHI, M.D. (G 67703)
Rancho Palos Verdes, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
November 16, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=67703

TAYLOR, JOHN NICHOLAS (A 90426)
Palm Desert, CA
License Revoked
November 2, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=90426

TAYLOR, LYNN EDWIN (C 40646)
Orlando, FL
License Surrendered
November 21, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=40646

TOKE, RAJA M., M.D. (A 26070)
Walnut Creek, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
December 14, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=26070

UMALI, RENE (G 71638)
Redding, CA
Revoked, stayed, probation with terms and conditions
November 1, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=71638

VICENCIO, EDUARDITA EOLANI, M.D. (A 23710)
Hermosa Beach, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
January 17, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=23710

VIERREGGER, KRISTEN SUE, M.D. (A 112427)
Santa Ana, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
November 9, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=112427

WALKER, BRADLEY STEVEN, M.D. (G 73117)
Las Vegas, NV
Public Reprimand
November 29, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=73117

WATERBURY, JUDE THADDEUS, M.D. (A 90991)
Sacramento, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
November 1, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=90991

WILBURN, WANDA ALTHEA, M.D. (A 84253)
Apple Valley, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
December 28, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=84253

WOLIN, HOWARD EVAN (C 50320)
Libertyville, IL
License Surrendered
January 7, 2013
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=C&licenseNumber=50320

WONG, STEVE C., M.D. (G 58532)
Henderson, NV
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
December 3, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=G&licenseNumber=58532

WORK, WILLIAM RALPH, M.D. (A 66593)
Fresno, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
November 22, 2012
http://www2.mbc.ca.gov/LicenseLookupSystem/PhysicianSurgeon/Lookup.aspx?licenseType=A&licenseNumber=66593

Physician Assistants

BALDWIN, MELBOURNE RAY (PA 12724)
Victorville, CA
License Revoked
January 7, 2013
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=12724&P_LTE_ID=884

CORZO, SILVIA MARIA , P.A. (PA 12255)
Thousand Oaks, CA
Public Reprimand
November 30, 2012
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=12255&P_LTE_ID=884

COLLINS, TABITA L. (PA 16147)
North Tustin, CA
License Revoked
January 3, 2013
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=16147&P_LTE_ID=884

KRIKORIANTZ, STEVE, P.A. (PA 15820)
Chico, CA
Public Reprimand
January 25, 2013
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=15820&P_LTE_ID=884

LEWIS, LINDA ARLENE, P.A. (PA 10179)
Inglewood, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 15 days actual suspension
November 30, 2012
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=10179&P_LTE_ID=884

MIRANDA, CHRISTINA, P.A. (PA 17684)
Pembroke Pines, FL
Revoked, stayed, placed on 5 years probation with terms and conditions
January 25, 2013
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=17684&P_LTE_ID=884

TRAN, TAI TIEN, P.A. (PA 19528)
Lake Forest, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
January 25, 2013
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=19528&P_LTE_ID=884

WILLIAMS, TOMMIE L., (PA 15458)
Los Angeles, CA
License Revoked
January 8, 2013
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=15458&P_LTE_ID=884

Spectacle Lens Dispensers

ZOHRABYAN, ALFRED (SL 5185)
Glendale, CA
License Revoked
December 28, 2012
http://www2.dca.ca.gov/pls/wllpub/WLLQRYNA$LCEV2.QueryView?P_LICENSE_NUMBER=5185&P_LTE_ID=959

Research Study on Physician/ Patient Communication

Please take 15-20 minutes to complete this survey on physician/patient communication. This research is aimed at better understanding how the communication strategies of physicians and patients affect the perceptions that physicians and patients have of one another.

If you are a physician, you can participate by clicking this link: ***http://ssp.qualtrics.com/SE/?SID=SV_9AoNbpi3gWbXrLL***.

For questions, or if you'd like the results at the study's completion, please contact the primary investigator, Kathy Castle, at ***kcastle4@unl.edu***.

MBC Newsletter Survey

Please take a moment to share your thoughts about the Medical Board's newsletter.
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We want to hear from you!

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MBC Meetings — 2013

(All meetings are open to the public)

April 25 - 26, 2013: Los Angeles Area

July 18 - 19, 2013: Sacramento Area

October 24 - 25, 2013: Ontario Area

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