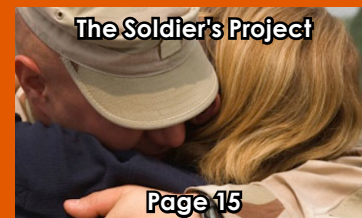




Medical Board of California Newsletter



The Soldier's Project

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A Quarterly Publication

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LINKS TO OUR WEBSITE

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[Contact us: Webmaster@mbc.ca.gov](mailto:Webmaster@mbc.ca.gov)

Do Not Panic! What Should You Expect if a Complaint is Filed Against You?

By Ian McGlone, Enforcement – Physician Conduct Section

Part 1 of a 2-part series

Most complaints filed with the Medical Board of California (Board) do not result in administrative actions.¹ In the fiscal year 2012-2013 the Board received 7,459 complaints. During that same time frame, the Board took 394 administrative actions.²

The mission of the Board is, in part, “... to protect healthcare consumers through the proper ... regulation of physicians and surgeons ... and through the vigorous, objective enforcement of the Medical Practice Act.”³ The Board’s complaint process is thoughtful, deliberate, and aligned with the Board’s mission. The process has two basic goals: to determine whether or not the allegations contained in a complaint are within the Board’s jurisdiction, as defined by the Medical Practice Act,⁴ and, if they are jurisdictional, to determine whether or not the issues raised by the complaint indicate that further investigation is required.



You will likely be contacted.

With some exceptions, [Business and Professions Code Section 2220.08](#) requires the Board to take specific actions when processing a complaint involving the quality of care provided by a physician.⁵

For each quality of care complaint, the Board is required to request the relevant

Complaint (continued on page 7)

The Mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through the 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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Submission of original-written articles is welcome, but all submissions become the property of the Medical Board of California and are subject to editing.

Medical consultants needed

Especially from San Bernardino, San Diego, San Dimas, and Valencia

Are you interested in being an integral part of the Medical Board of California as a medical consultant? Do you have the ability to conduct effective interviews, exercise sound judgment in reviewing conflicting medical reports and preparing opinions, and analyze problems and take appropriate action? This is an excellent opportunity to help your community and obtain valuable experience. The Medical Consultant (Enforcement) exam is a continuous filing and once enough applications are received, an examination will be conducted (<http://jobs.ca.gov/JOBSGEN/1CADD.PDF>). If you have any questions, please contact John Hirai, Supervising Investigator II, at (562) 402-4668.

Interested in becoming an expert reviewer?

The Medical Board of California established the Expert Reviewer Program in July 1994 as an impartial and professional means by which to support the investigation and enforcement functions of the Board. Experts assist the Medical Board by providing reviews and opinions on Medical Board cases and conducting professional competency exams, physical exams and psychiatric exams. The Board is currently looking specifically for experts actively practicing in Addiction Psychiatry, Dermatology, Neurosurgery, Pain Medicine, Spine Surgery and Urology. For more information regarding compensation and how to apply please visit: http://www.mbc.ca.gov/Enforcement/Expert_Reviewer/

Editor's Spotlight

By Susan Wolbarst

Fall is always a season of transition and it's no less so at the Medical Board of California (MBC) in 2014.

We welcome a new board president, David Serrano Sewell, elected to lead the Board in July. You can read his first President's Message on page 3.

This is also my first Newsletter as managing editor for the MBC. My background is in writing, editing and video production. I worked as a reporter and section editor at a daily newspaper, as a radio reporter, and subsequently in corporate communications, marketing, advertising and public affairs in several industries, including high tech medical equipment manufacturing. In addition to Newsletters, articles, and website content, I've produced many videos and published one cookbook.

I'm excited about my new job, which offers the opportunity to work with a team of smart, interesting, dedicated people. I'm very much indebted to all the folks helping me make this transition, especially Frank Miller, former managing editor of this Newsletter, who continues to work for MBC in an enforcement capacity. During his tenure as editor, Frank engineered significant design improvements to the Newsletter and enhanced its interactive capabilities, providing a more attractive and useful tool for readers. His trend of consistent improvement is a hard act to follow, but I plan to give it my best shot.

I hope you enjoy this edition of the Newsletter. Our lead story offers physicians insight into what to expect if a complaint is filed against you. This is the first of a two-part series. The second part will cover what a physician can expect if the Board determines an investigation is needed.

Other stories in this issue look at what it would take for California to become the healthiest state in the country, the new California Physician Orders for Life-Sustaining Treatment (POLST), the profile of a once-homeless girl who dared to pursue her dream of becoming an orthopedic surgeon, a program offering free mental health therapy to veterans and their loved ones, and more.

I look forward to hearing from readers about story ideas or any other feedback. Please contact me at Susan.Wolbarst@mbc.ca.gov or at (916) 263-2480.

President's Message



David Serrano Sewell, J.D.

I am honored to be the new president of the Medical Board of California. I was originally appointed to the Board in September of 2012 by Governor Jerry Brown, and during these last few years I have served on the Executive and Enforcement Committees as well as the Outpatient Surgery Settings Task Force. This last year I also served as the Board's vice-president.

I am a long time health care advocate,

recently appointed by the Hospital Council of Northern and Central California as their new regional vice-president for the San Francisco district. I also previously served on the California Institute for the Regenerative Medicine's Independent Citizens Oversight Committee, and was a Deputy City Attorney for the City and County of San Francisco.

As I take office I want to applaud the excellent job Dr. Sharon Levine has done during her two terms as President. Dr. Levine helped see this Board through the Sunset Review Process, and has worked hard to promote safe and appropriate controlled substance prescribing. Dr. Levine has dedicated herself to the issue of physician accountability with the paramount goal of public protection. I am pleased she will be continuing on as a Board Member.

As I take the reins, I intend to continue our focus on the primary goal of protecting the public. That is and always will be the Board's number

one goal. One of the challenges I look forward to tackling is the issue of prescription drug abuse (specifically opioids). The Board revised its *Guidelines for Prescribing Controlled Substances for Pain* to assist physicians in providing the proper standard of care to their patients.

One of my first acts as Board president was to eliminate and consolidate the duties of some of the Board's current existing committees. My proposal was to have four committees, Enforcement, Licensing, Executive, and Education and Wellness. These four committees will be able to serve all appropriate and necessary interests. This will allow the Board to conduct its business in a more focused and efficient manner.

I am looking forward to my new role, and the ability to serve the physicians, stakeholders, and consumers of California.

David Serrano Sewell J.D.

Which License Status is Right for You?

As many physicians plan for retirement, questions often arise around choosing a license status most appropriate for individual circumstances in retirement.

At retirement, many doctors choose to trade their active license – which requires a renewal fee of \$820 and 50 hours of continuing medical education (CME) every two years – for a retired license. A retired license costs \$37 upon issuance or renewal (required every two years), and includes a mandatory fee of \$25 to the Steven M. Thompson Physician Loan Repayment Program and a \$12 mandatory fee for the Controlled Substance Utilization Review and Evaluation System/Prescription Drug Monitoring Program (CURES/PDMP). No CME is required.

Anyone who is not on probation can place his or her California medical license in a retired status at any time. If you place your license in a retired status, you cannot practice medicine and you cannot write prescriptions for yourself or others. If you ever decide to come out of retirement, you will need to pay the full licensing fee and have completed 50 hours of CME before having an unrestricted license issued and resuming practicing medicine.

Other frequently asked questions about retired licenses are answered on the Medical Board of California website at http://www.mbc.ca.gov/Licensees/Retired_Status_FAQ.aspx.

License Status Options (continued on page 12)

Legislator Profile

Assemblymember Susan Talamantes Eggman



Assemblymember
Susan Talamantes Eggman

Assemblymember Susan Talamantes Eggman represents California's 13th Assembly District, which includes the cities of Tracy and Stockton.

Before her election to the State Assembly in 2012, Eggman was an associate professor of social work at California State University, Sacramento. She has a background in health care; after high school she enlisted in the United States Army and served four years as a combat medic. Before completing her Ph.D., Eggman worked as a mental health care provider and medical social worker, with stretches in substance abuse counseling, hospice care and in a hospital emergency room. During her first year in the State Assembly she became a Licensed Clinical Social Worker.

The chair of the Assembly Committee on Agriculture, Eggman also serves on the Committee on Business, Professions and Consumer Protection, and is interested in scope of practice, palliative care, care for the elderly, and medical transparency issues. Eggman has authored several significant bills relating to health care, signed into law by the Governor, including the following:

AB 1886: Sponsored by the Medical Board of California, this bill increases transparency and provides greater consumer protection by making more information available online (and for more time) regarding disciplinary actions against physicians.

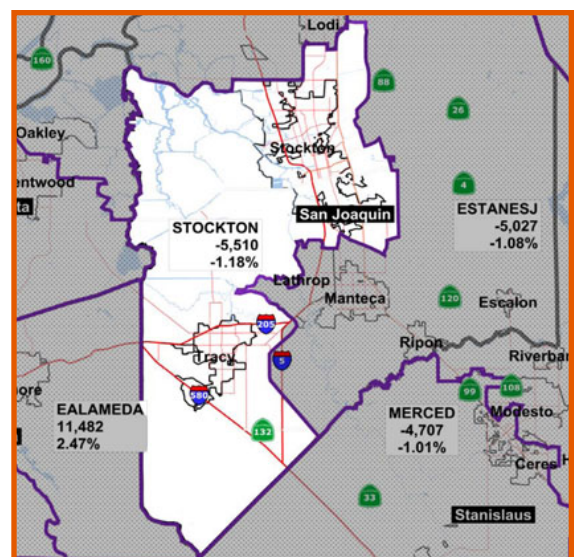
AB 2139: Ensures that terminally ill individuals (or their appropriate decision makers) are informed of their right to receive comprehensive counseling regarding end-of-life treatment options, including palliative care.

AB 1572: One of a package of bills known as the Residential Care Facilities for the Elderly (RCFE) Reform Act, AB 1572 requires a facility to assist residents in establishing

and maintaining a resident council at the request of two or more residents. The bill also requires facilities to respond to resident council concerns in writing, to inform residents about the council and its activities, to respond to concerns raised by family councils and to include notice of the family council, among other reforms.

Eggman also authored legislation, AB 1571, to make more detailed information about RCFEs, including regulatory compliance, available online, and to eventually establish a consumer ratings system to apply to RCFEs. The bill stalled in Senate Appropriations. Eggman plans to introduce similar legislation in the next session.

District Map



You Asked For It

Questions received from the Web

By Christine Valine, Public Information Analyst

Q. Is a physician permitted to mail a prescription for a Schedule II controlled substance to his/her patient?

A. A physician may mail the original prescription to the patient or pharmacy.

Q. One of my patients continues to bring her “service dog” into my office for each visit. The dog does not have identification as a service dog and I am not treating her for any disability. Must I accommodate this patient’s dog in my office?

A. A service animal who is trained to provide assistance to a person with a disability must be accommodated, and the law requires the service dog to have identification tags that identifies the animal as a service animal. A person with a mental disability who has a psychiatric service animal with proper identification tags must also be accommodated by law. A companion animal (pet) that does not have the service animal tags required by law does not need to be accommodated.

Q. How do I check my physician profile on the Medical Board’s website to find out if my medical license has been renewed and if my address is correct?

A. To access your physician profile, please click on the following link:

http://www.mbc.ca.gov/Breeze/License_Verification.aspx, select “Physician and Surgeon,” and then perform a search by “Name” or “License Number.” When entering a license number only use the numeric portion of the license. Review your information and verify it is correct. Scroll to the bottom of your profile and any public actions will be listed if applicable.

Q. I am applying for licensure in another state and need a verification of my California license. I am unable to determine how to make this request or if there is a fee.

A. A license verification for another state may be obtained by contacting VeriDoc through the following link: <https://www.veridoc.org/index.aspx>. This is an online company that processes license verifications for the Board. The fee is \$20 and, once the request is made, the License Verification is emailed to the other state board the next business day.

You may also request a License Verification by contacting the Medical Board. The fee is \$10 and takes approximately four to six weeks to complete. The following information must be provided to the Medical Board with the written request: contact information (phone number, email address) of the physician or individual requesting the verification, the complete name and license number of the physician requesting verification, the complete name and address of the other state and/or country medical board where each letter will be sent via US Mail, and a check made out to the Medical Board for each verification at the rate of \$10 per verification. No credit card payments are accepted. Mail your request to: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815.

Have a question?

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



Steven M. Thompson Loan Repayment Program Recipient

Letitia Bradford was born and raised in California. Her humble beginnings included suffering homelessness during childhood. She entered the foster care system as a teenager, living in multiple homes throughout junior high and high school. Despite these challenges, she flourished academically.

Letitia was interested in medicine and the disparities of healthcare from a young age so she attended a summer program geared toward high school students interested in sciences at the University of California, San Francisco (UCSF). She received many academic scholarships to attend the University of California, Berkeley (Cal), where she played club-level basketball in college, serving as president of her team.

She also attended the Minority Medical Education Program at University of Washington, a summer program for college students, where she met a female Orthopedic Surgeon who greatly influenced her career and decision to pursue Orthopedic Surgery. Letitia graduated with highest honors from Cal with a

Bachelor of Arts degree in Physical Education and attended medical school at UCSF. She continued training at UCSF for both internship and residency -- including two years of Mechanical Engineering basic science research at Cal -- producing multiple awards and scientific papers in the field of joint replacement surgery.

During residency at UCSF, Letitia was one of only five African-American females in training throughout the country, out of approximately 1300 orthopedic surgery residents. She was instrumental in increasing the recruiting efforts of women and students of color by the American Academy of Orthopaedic Surgeons, directly affecting an increase in both of these national numbers since that time.

Dr. Bradford currently works as a general orthopedic surgeon at George Mee Memorial Hospital, a small community hospital and rural health clinic in California's Central Valley. She serves as the Director of Orthopedic Services in this community of mostly migrant farmworkers. Letitia is also



an active member and volunteer of the Perry Initiative, an organization committed to inspiring young women to be leaders in the exciting fields of orthopedic surgery and engineering. She currently serves as a member-at-large and is one of the founding members of the Artemis Medical Society, a professional networking and mentoring organization of African-American female physicians.

The Recovery Audit Contractor Program

The California Department of Health Care Services (DHCS) wishes to notify all California Medi-Cal providers of the Recovery Audit Contractor (RAC) Program. Section 6411(a) of the Affordable Care Act amended section 1902(a)(42) of the Social Security Act to require that states and territories establish Medicaid RAC programs. The RAC program's mission is to identify and correct improper Medicaid payments through the collection of overpayments and reimbursement of underpayments made on claims for health care services provided to Medicaid beneficiaries. The program will enable the Centers for Medicare and Medicaid Services (CMS) to implement actions that will prevent future improper payments in all 50 states.

DHCS has contracted with Health Management Systems, Inc. (HMS) to act as the RAC for the State of California. For over 25 years, HMS has worked in the Medicaid claiming environment to audit, identify, and recover improper Medicaid payments for both Fee-for-Service (FFS) and managed care populations. HMS's mission is to help protect the integrity of government-sponsored health and human services programs.

HMS will perform desk and field audits for selected FFS Medicaid claims paid within the last three years. HMS will contact the providers whose claims have been selected for review for the RAC audit. After the initial contact, providers may receive letters from HMS requesting

RAC Program (continued on page 15)

Complaint *(continued from page 1)*

patient records and a statement or explanation of care and treatment from the physician who is the subject of the complaint. The subject physician is also given an opportunity to provide relevant expert testimony or literature. Once received, this information becomes part of the complaint file. The complaint file is then reviewed by a medical consultant to evaluate the specific standard of care issues raised by the complaint to determine if further investigation is required.

In addition to quality of care complaints, the Board receives complaints relating to other issues, such as: failure to provide medical records, misleading advertising, fraudulent billing, illegal corporate practice of medicine, etc. When the Board receives a non-quality of care complaint, the subject physician is often contacted for a statement or explanation in order to assist the Board in determining if further investigation is required.

You will be provided a comprehensive summary of the complaint.

If the Board contacts a physician to request information relating to a complaint, a comprehensive summary of the complaint is provided, pursuant to [*Business and Professions Code Section 800\(c\)*](#). In accordance with the law, the Board provides a comprehensive summary rather than a copy of the actual complaint. Also, the identity of the complainant is kept confidential.⁶
Your response is not required, but the requested medical records are.

A physician is not required to provide a statement or explanation to the Board in response to a complaint. However, pursuant to [*Business and Professions Code Section 2225.5*](#), a physician is required to provide the Board with certified medical records within 15 days of receiving a request. A physician who fails to provide the requested records may be subject to a civil penalty of \$1,000 a day for each day the records have not been provided, up to \$10,000.

You will be notified of the final outcome of the complaint.

Once a complaint is closed, if the subject physician was previously contacted by the Board, then the Board will send a letter to that physician indicating that the complaint has been closed. But what if it's not closed? In Part 2 in the next Newsletter, we will look at what a physician can expect if the board determines an investigation is needed.

Your cooperation is requested.

The Board's complaint process is a tool used to fulfill the Board's mission. The process is not meant to harass or annoy the Board's licensees. If you happen to be the subject of a complaint, your cooperation with the process is requested and will be greatly appreciated. If you have additional questions regarding the Board's complaint process, please feel free to contact the Consumer Information Unit at (800) 633-2322.

1) Administrative actions are actions taken against licensees for violations of the Medical Practice Act, and include actions such as: revocation, suspension, surrender, probation, public letters of reprimand, etc.

2) See the Medical Board's 2012-2013 Annual Report: http://www.mbc.ca.gov/Publications/Annual_Reports/annual_report_2012-2013.pdf

3) For full text of the Board's mission statement: www.mbc.ca.gov

4) The Medical Practice Act is located within the California Business and Professions Code, beginning with Section 2000

5) For full text of the statute: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2220.08

6) For full text of the statute: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=800

7) The request for medical records must also include the patient's written authorization for release of records to the Board.

8) For full text of the statute: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2225.5

Survey Finds California Physicians' Medi-Cal Participation May Not Keep Pace with Projected Enrollee Increase

By Janet Coffman, Ph.D.

University of California, San Francisco

A recent report suggests that the number of physicians who provide care to Medi-Cal beneficiaries is inadequate. The report summarizes findings from a survey conducted by researchers at the University of California, San Francisco (UCSF) in partnership with the Medical Board of California. Funding for the survey was provided by the California HealthCare Foundation and the California Department of Health Care Services.

In 2014, California exercised its option under the Affordable Care Act to expand eligibility for Medi-Cal to all persons under age 65 with incomes under 138% of the federal poverty level (\$32,913 for a family of four). The California Governor's Office projects the number of Medi-Cal enrollees will increase from 8.7 million to 11.5 million between 2013 and 2015. This large increase in Medi-Cal enrollment raises questions about whether enough California physicians are participating in Medi-Cal to ensure that enrollees have adequate access to care.

The survey was distributed to physicians whose licenses were due for renewal in June or July 2013. Responses were compared to responses to a similar survey conducted in 2011. Almost two-thirds of eligible physicians completed the survey, answering questions about the payer mix of their patients and specifically whether they participate in the Medi-Cal program.

Researchers found that 69% of California physicians have Medi-Cal patients in their practices. The percentage of physicians with Medi-Cal patients is lower than the percentage with Medicare patients (77%) and substantially lower than the percentage with privately insured patients (92%).

Medi-Cal participation varies widely across physician specialties and practice types. Across specialties, emergency medicine physicians and other facility-based specialists had the highest participation rate (82%) while psychiatrists had the lowest rate (47%). Physicians who practice in community or public clinics were the most

California Physicians' Patients by Payer Status, 2013*

Privately Insured 92%

Medicare 77%

Medi-Cal 69%

Uninsured 70%

Differences between the percentage of physicians with Medi-Cal patients and Medicare patients and between the percentage with Medi-Cal patients and privately insured patients are statistically significant at $p < 0.05$.

likely to have Medi-Cal patients (92%). Physicians in solo practice were the least likely to participate in Medi-Cal (47%).

The percentage of Medi-Cal patients in physicians' practices also differs substantially. The average percentage of Medi-Cal patients in a physician's practice is within a range from 18% to 27%. Only 22% of primary care physicians and 16% of non-primary care physicians report that 30% or more of their patients are enrolled in Medi-Cal. (The threshold of 30% is used for all specialties, except for pediatrics where it is 20%, to determine whether a physician is eligible to receive financial incentives for use of electronic health records (EHR) through the Medi-Cal program.)

The researchers also looked at changes in the ratio of full-time equivalent physicians participating in Medi-Cal to Medi-Cal enrollees between 2011 and 2013. They found that ratios of both primary care and non-primary care physicians to Medi-Cal enrollees increased between

Survey (continued on page 9)

License Plates Drive Organ Donor Awareness

What would it feel like to wait for an organ donation to save a loved one's life?

Thousands of California residents know the answer – they're related to the nearly 22,000 Californians on the waiting list for a life-saving organ donation. Three state residents die every day due to lack of compatible organ donations.

State residents can raise awareness of the need for donated organs and tissue by purchasing a Donate Life License Plate – either six sequential letters and numbers selected for you or six letters and numbers you choose. The cost is \$50 for the first year, with a \$40 annual renewal for sequential plates or \$98 for the first year, with a \$78 renewal paid directly to the Department of Motor Vehicles for personalized plates. More information is available at

www.DonateLifePlate.org.



Pictured: Kimberly Kirchmeyer, Executive Director of the Medical Board of California (left) with Charlene Zettel, Chief Executive Officer of Donate Life California (right). Donate Life California oversees California's organ and tissue donor registry.



Visit the Donate Life California YouTube Page by clicking the video to the left

See the faces and hear the stories of the people whose lives are saved by organ donation.

Watch informative videos that discuss the subject of organ and tissue donation. Learn about the science behind donation and the miracle of transplantation.

Survey *(continued from page 8)*

2011 and 2013 but the ratio of primary care physicians to enrollees was still well below a federal standard used to estimate the necessary number of full-time equivalent primary care physicians on a population basis. This finding suggests that Medi-Cal enrollees are likely to have difficulty obtaining primary care unless the number of full-time equivalent physicians participating in Medi-Cal increases or access to primary care expands through other means, such as increasing use of non-

physician clinicians or telephone or electronic visits.

The UCSF research team and the Medical Board appreciate the assistance of the physicians who participated in the survey.

To download a copy of the report and related documents, please go to <http://www.chcf.org/publications/2014/08/physician-participation-medical>.

POLST in 2014: What healthcare professionals need to know

By Judy Thomas, J.D. and Mark J. Apfel, M.D.

The new California POLST (Physician Orders for Life-Sustaining Treatment) went into effect October 1, 2014, and healthcare professionals should note key changes to the form.

POLST is a physician order signed by both a doctor and patient that specifies the types of medical treatment a patient wishes to receive toward the end of life. POLST is a tool that encourages conversation between providers and patients about their end-of-life treatment options, helps patients make more informed decisions and communicates their wishes clearly. Using POLST can prevent unwanted or medically ineffective treatment, reduce patient and family suffering, and help ensure that patient wishes are followed.

Most changes to POLST in 2014 are in Sections B and C, where the order of treatment choices has been reversed for consistency listing most aggressive to least aggressive treatment options. The POLST Documentation Committee and Task Force also developed goal statements for these sections to clarify and help patients better understand treatment options.

[\(View a copy of the 2014 POLST as a PDF.\)](#)

All information relevant to the new POLST can be found at <http://caPOLST.org/2014polst>. There you will find

downloadable versions of the new form in English, Armenian, Chinese, Farsi, Hmong, Japanese, Korean, Pashto, Russian, Spanish, Tagalog and Vietnamese. POLST in braille can be ordered.

A list of upcoming POLST education opportunities can be found at <http://coalitionccc.org/training-events/polst-education>.

Previous versions of POLST will still be honored after the 2014 form goes into effect, however, it is ideal to complete a 2014 version of POLST—and void older versions of the form—when a patient’s POLST is updated.

Healthcare professionals with questions about POLST are encouraged to connect with their local POLST Coalition, or contact the Coalition for Compassionate Care of California at info@capolst.org.

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Judy Thomas, J.D., executive director of the Coalition for Compassionate Care of California (CCCC), has worked in healthcare for more than 20 years, and chairs the National POLST Paradigm Task Force.

Mark J. Apfel, M.D., is medical director of Anderson Valley Health Center in Boonville, CA, and serves on the California POLST Physician Leadership Council.

DEA Reschedules Hydrocodone Combination Products

A potentially significant tool in controlling abuse and inappropriate prescribing of Hydrocodone combination products (HCPs) took effect October 6, 2014, when the U.S. Drug Enforcement Administration (DEA) moved HCPs from Schedule III to the more restrictive Schedule II.

HCPs contain hydrocodone -- itself a Schedule II drug -- and specified amounts of other substances, such as acetaminophen or aspirin. HCPs are the most frequently prescribed opioids in the United States, where nearly 137 million prescriptions for HCPs were dispensed in 2013.

“Almost seven million Americans abuse controlled-substance prescription medications, including opioid

painkillers, resulting in more deaths from prescription drug overdoses than auto accidents,” DEA Administrator Michele Leonhart said in a press release.

A long time coming, rescheduling of HCPs was initiated by a petition from a doctor in 1999. For more information on the history and process involved in making this scheduling change, please see <http://www.justice.gov/dea/divisions/hq/2014/hq082114.shtml>.

For an in-depth look at changes in prescribing and refilling prescriptions for HCPs as Schedule II controlled substances, please see http://www.mbc.ca.gov/News/2014/09/Rescheduling_Hydrocodone.aspx.

It's That Time of the Year - Flu Season

By Susan Wolbarst

Now is the time for all of us to get our annual flu shots. But how many of us will do it?

According to a recent article in *The Wall Street Journal* (WSJ), "Despite campaigns to promote vaccinations and widespread availability of shots at pharmacies and clinics, only 42% of adults were vaccinated last year."

The Centers for Disease Control and Prevention (CDC) recommends annual flu vaccinations (either shots or nasal spray) for all healthy people over the age of six months. "Young children and the elderly are the most at risk from the flu, which can lead to hospitalization and even death," according to the WSJ article.

The vaccines typically protect against either three or four strains of influenza. It takes about two weeks for antibodies which protect against influenza to develop,

according to the California Department of Public Health.

The timing of flu season varies each year, but it can begin as early as October. Flu season generally peaks in December, January or February and can end as early as December or linger through April.

More than 300 Californians died of influenza during the 2013-2014 flu season, three times as many as the previous year.

There are two laws in California requiring flu vaccine for healthcare workers and other personnel ([CA Health & Safety Code §1288.7](#) effective January 1, 2007 and [§5199](#) Aerosol Transmissible Diseases standard of Cal OSHA, effective September 1, 2010) and some counties require health care workers be immunized against influenza.

FDA - Fake Online Pharmacy Warning

The FDA warned doctors that their patients may be buying counterfeit drugs from fake online pharmacies.

Signs a patient may consider buying from a rogue online pharmacy include:

- Individuals without adequate prescription coverage
- Lower-income and older patients who need long-term maintenance medicine
- People seeking lifestyle medicines
- People seeking financial assistance for prescription costs for themselves or a loved one
- Patients accustomed to home delivery who have met their coverage limits

To better protect your patients:

- Consider potential counterfeit or substandard medicines as an explanation for patients not responding to treatment or experiencing an unexpected side effect or new symptoms
- Ask your patients where they intend to purchase their prescription medicines and discuss the risks and benefits of buying medicines online
- Provide samples, if available, to establish a baseline of the medicine's characteristics
- Educate patients with FDA BeSafeRx resources



A legitimate internet pharmacy will have a VIPPS seal provided by the National Association of Boards of Pharmacy (NABP) to indicate that the Internet pharmacy is safe to use because it has met state licensure requirements, as well as other NABP criteria. Legitimate pharmacies require prescriptions and have a pharmacist online to answer questions.

Resources: <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/BuyingMedicinesOvertheInternet/BeSafeRxKnowYourOnlinePharmacy/ucm292982.htm>

Printed materials can be downloaded from the link above.

License Status Options *(continued from page 3)*

A disabled license may be available if a licensee becomes disabled and unable to practice. With a disabled license, the licensee must demonstrate to the satisfaction of the Board that he or she is unable to practice due to a disability. The licensee can also request a waiver of fees, but will be required to pay the \$37. CME is required unless a waiver is approved by the Board due to the disability. A physician can come out of a disabled license status and apply to restore the license to an unrestricted full license or a license with limitations on his or her practice. In the latter case, he or she signs an agreement with the Board under penalty of perjury to limit his or her practice in the manner prescribed by a reviewing physician. A limited status allows the licensee to continue to practice, albeit in a limited capacity, and requires the physician to pay the full licensing fee and complete the required CME hours. In order to return to full practice, the physician must prove to the satisfaction of the Board that the disability no longer exists, or does not affect his or her ability to practice medicine safely.

An inactive license is geared towards California licensees who are working in other states. A licensee requesting an inactive status does not have to meet California CME requirements since he or she is not practicing in California. However, to maintain the inactive California license, he or she must pay the full licensing fee every two years. If and when a physician decides to practice in California, he or she will need to complete 50 hours of CME prior to activation of the license.

A military license restricts the licensee to practicing on military bases and facilities, and only caring for military personnel and dependents. He or she cannot engage in any other form of practice in California. The licensee must complete the 50 CME hours required in California, and pay \$37 upon issuance or renewal. Upon discharge from the military, the licensee needs to notify the Board and return to a full and unrestricted California license, or another licensing status, if appropriate.

The voluntary license is available to licensees who are California residents and provide their services free of charge, volunteering their time. Fifty hours of CME must be completed and the \$37 fee applies. Licensees whose only medical practice is volunteering in safety net or free clinics without compensation qualify for this license.

If your license is current, you can make a status change

and will not have to pay anything until your renewal cycle. If you allow your license to expire, you must renew your license prior to requesting a change.

An expired license may be renewed within a period of five years after expiration, but the licensee must pay the one-time delinquency fee of \$78 if payment is not received within 30 days following the expiration date. If the license is not renewed within 90 days, a one-time penalty fee of \$391.50 is added to the delinquency and renewal fees already owed.

For example, if a physician's license expired on June 30, 2010, and he or she wanted to renew it August 1, 2014, he or she would need to pay the 2010-2012 renewal fee (\$808), the 30-day delinquency fee (\$78), the 90-day penalty fee (\$391.50), the 2012-2014 renewal fee (\$808) and the 2014-2016 renewal fee (\$820). The total cost would be \$2,905.50 and the new expiration date would be June 30, 2016.

In addition, a certification of compliance with the CME requirement (50 hours) and disclosure of financial interest in health-related facilities is required. If the license is not renewed within five years of expiration, it is automatically cancelled. The licensee would then have to apply for a new license and meet the current licensure requirements.

Please note that a physician who has a valid, unrevoked, unsuspended and unsurrendered retired, disabled, inactive or military license may use the words "doctor" or "physician" or the initials "M.D." as long as he or she does not hold himself or herself out as a physician entitled to practice medicine in the state.

Please be aware, however, that any physician who lets his or her license expire, or whose license is revoked, surrendered or suspended, is guilty of a misdemeanor if he or she uses the words "doctor" or "physician" or the initials "M.D." and holds himself or herself out as a physician and surgeon entitled to practice in this state. In short, being a graduate of medical school alone does not entitle you to identify yourself as a doctor, physician or M.D. unless you are in full compliance with [*California Business and Professions Code Section 2054*](#).

For questions, please contact Josephine Fernandez at Josephine.Fernandez@mbc.ca.gov or (916) 263-2462.

Let's Get Healthy California Campaign

What will it take for California to become the healthiest state in the nation?

That question was the focus of several presentations before the Medical Board of California Education and Wellness Committee. "Californians are experiencing an unprecedented increase in chronic disease" as well as widening disparities in health outcomes across racial and ethnic groups, according to Let's Get Healthy California Task Force (LGHCTF) report co-chairs Diana S. Dooley, J.D., Secretary of the California Health and Human Services Agency and Donald Berwick, M.D., M.P.P. F.R.C.P., former administrator of the Centers for Medicare and Medicaid Services. The complete report can be found at <http://www.chhs.ca.gov/pages/LGHCTF.aspx>.

On July 24, 2014, the Committee heard from several speakers on these issues. Dr. Jessica M. Nunez de Ibarra, Director of Coordination of the Division Chronic Disease and Injury Control of the California Department of Public Health (CDPH), presented an update on the LGHCTF Report and the California Wellness Plan (CWP). The executive summary of the CWP says an estimated 14 million of the state's 38 million citizens are living with at least one chronic condition, such as cardiovascular disease, cancer, stroke or diabetes. Nearly 7 million have more than one chronic condition.

What would it take to turn that around? "Chronic diseases are largely preventable. Up to 80 percent

of cardiovascular disease, stroke, type 2 diabetes and over 30 percent of cancers could potentially be prevented by eliminating tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol," according to the report, compiled by CDPH staff and partners.

Spending on prevention could yield significant savings, according to the report. "It is estimated that \$10 per person per year invested in prevention would yield \$1.7 billion annually in health care savings in California within 5 years, a return of \$4.80 for every \$1 spent."

Statewide partners hope to align efforts around four goals for the next two years: (1) fostering healthy communities that promote active transport such as walking or bike riding, healthy eating and daily physical activity; (2) creating optimal health systems linked with community prevention; (3) expanding access to comprehensive statewide data to meet state and local needs; and (4) exploring, funding and expanding community-based prevention. According to the CWP, its overarching goal "is equity in health and wellbeing, with an emphasis on the elimination of preventable chronic disease."

The report is available at <http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx>.

A presentation by Barbara Couden Hernandez, Director of Physician Vitality and Professor in the Loma Linda University School of Medicine, offered suggestions for "Promoting Physician Vitality Across the Career." She discussed peer support training,

Let's Get Healthy (continued on page 14)



Dr. Jessica M. Nunez de Ibarra

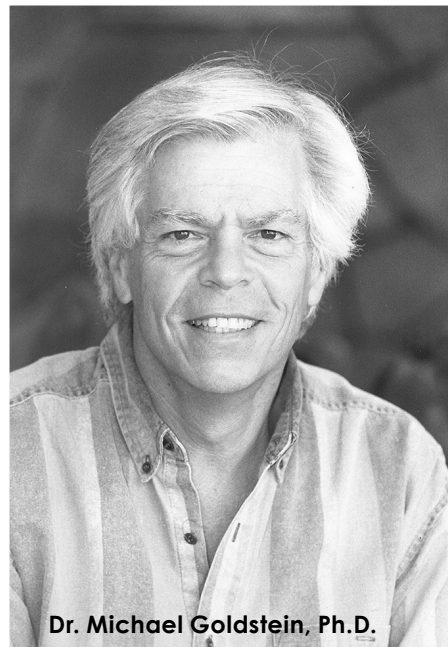


Barbara Couden Hernandez

Let's Get Healthy *(continued from page 13)*

attending retreats and conferences, engaging in altruistic or artistic endeavors, advising, mentoring and coaching as tools for promoting physician vitality. She talked about particular challenges of medical students and a "Student Vitality Track" coming in 2015, adding 72 hours of curriculum aimed at promoting reflection, developing self-management skills, teaching psychosocial-relationship clinical skills, increasing the ability to tolerate ambiguity, creating a resilience plan for the career span and identifying markers for resilience.

Dr. Michael Goldstein, Ph.D., Associate Vice Provost, UCLA and professor at UCLA's Fielding School of Public Health, described the UCLA Healthy Campus Initiative and Chancellor Gene Block's commitment to make UCLA the healthiest campus in America. Given the success of significant changes growing out of social movements on college campuses such as civil rights; lesbian, gay, bisexual and transgender rights; and environmentalism/sustainability, the decision was made to build a social movement around health and wellness on campus. A health-driven social movement begins with understanding that the unhealthy choice is usually the norm, acknowledging that society has not made healthy choices easy choices, and accepting that norms reflect the dominance of groups benefiting from the status quo,



Goldstein said. College students face daily health choices: what to eat, what substances to imbibe, who to have sex with, when to go to sleep, and others. A key organizing principle is defining health according to students' own ideas, needs and values, and providing leadership from the top (leading by example, setting policies, building healthier infrastructure), which responds to students' concerns instead of telling them what to do, he noted.



In July, Dr. Reginald Low, left, was honored with a plaque to thank him for serving on the Medical Board of California from 2006-2013. Among other efforts, he served as Chair of the Enforcement Committee and identified ways to reduce complaint-processing times. Dr. Sharon Levine was also honored by fellow Board members for service as Board President. Incoming President David Serrano Sewell expressed appreciation to Dr. Levine for her great leadership, often in a challenging environment. On behalf of the Board and staff, he presented her with a personally engraved gavel as a thank you gift.

Can you help? The Soldiers Project Seeks Volunteer Therapists

By Susan Wolbarst

Dealing with the hidden wounds of war -- post-traumatic stress disorder, traumatic brain injuries and military sexual trauma -- is the focus of volunteer therapists working with veterans through The Soldiers Project (TSP) over the past 10 years.

The brainchild of psychiatrist Dr. Judith Broder, now retired, TSP matches veterans and their loved ones with therapists willing to provide confidential mental health treatment at no cost. Headquartered in North Hollywood, TSP has chapters in Sacramento, Washington State, Chicago, New York City, Long Island (New York), Pennsylvania and Wyoming. Funding comes from private family foundations, corporations and individual donors. Costs are controlled by spending very little on infrastructure. Patients are often seen in therapists' private or home offices.

"In the past year or so, 550 veterans and their families have received about 3,000 to 4,000 hours of therapy," according to TSP Executive Director Adam M. Greenwald. "Dr. Broder always says, 'When a soldier goes off to war, the entire family goes off to war,'" Greenwald noted. More than 450 TSP therapists have worked with former military personnel and their boyfriends, girlfriends, spouses, children, parents and grandparents in the past year.

Anyone serving since September 11, 2001 is eligible for the free therapy, regardless of discharge status. Receiving assistance is simple. Therapists working in TSP cannot accept payment or bill any insurance company for time spent serving veterans through the program.



"We're always looking for new therapists to take on even one client. It's a huge benefit to the vets and their families," Greenwald said. Specifically, the program seeks psychiatrists, psychologists, social workers, marriage and family therapists, and psychiatric registered nurses. Three educational seminars, two of which are internet-based, familiarize potential volunteers with military culture and other pertinent material before they provide services. "Providing resources for vets to take care of their mental health" is paramount," Greenwald said, "and often needs attention even before they can attempt to deal with necessities such as jobs and housing."

Dr. Broder's work, providing free mental health services to vets and their families, was honored in 2011 when she received the Presidential Citizens Medal and the James Irvine Foundation Leadership Award.

For more information, call (877) 576-5343, write info@thesoldiersproject.org or visit www.thesoldiersproject.org.

RAC Program *(continued from page 6)*

medical records for further review. DHCS urges all providers to treat HMS in the same manner as DHCS or any other government or law enforcement agency. Providers need to furnish accurate and complete contact information, and access to medical records. (Failure to comply with the medical records request from HMS will be considered an error and may result in an overpayment recoupment from providers.) Providers can submit medical records documentation to HMS via secure fax, mail, or encrypted media.

California has made a commitment to educate providers impacted by the RAC Program. The following web resources are available to gain a better understanding of what to expect from the contractor, and the program:

RAC Program Web Resources

The HMS Medicaid RAC website:

<http://www.medicaid-rac.com/>

The DHCS RAC website:

http://www.dhcs.ca.gov/individuals/Pages/Al_MRB_RAC.aspx

Providers can also contact HMS Provider Services at info@hms.com or (855) 699-6290.

Providers may also contact the DHCS RAC program at RAC@dhcs.ca.gov for more information.

U-T San Diego (utsandiego.com)

Small hospitals face big challenges

Financial pressures have forced nearly 100 hospitals in California out of business since 1996. (October 11, 2014)

<http://www.utsandiego.com/news/2014/oct/11/fallbrook-hospital-challenges/>

Los Angeles Times (latimes.com)

Health agency moving to skid row to aid homeless

The \$18 million Housing for Health program aims to get 10,000 of the county's sickest, most vulnerable people off the streets and into permanent housing. (October 8, 2014)

<http://www.latimes.com/local/countygovernment/la-me-homeless-office-20141009-story.html>

California Healthline (californiahealthline.org)

Cancer Risk From Air Pollution Has Dropped by 65% in Southern Calif.

The lowest cancer risk was found in the northern half of Orange County, where the risk of cancer fell from more than 1,000 cases per million individuals to fewer than 400 cases per million. (October 3, 2014)

<http://www.californiahealthline.org/articles/2014/10/3/cancer-risk-from-air-pollution-has-dropped-by-65-in-southern-calif>

California Healthline (californiahealthline.org)

Study: California Residents Face Third-Highest Rate of Medical Debt

The study found that California residents incurred the third-highest amount of medical debt, behind New York and Texas. (October 10, 2014)

<http://www.californiahealthline.org/articles/2014/10/10/study-california-residents-face-thirdhighest-rate-of-medical-debt>

Tech Med Corner

iHealthBeat (iHealthBeat.org)

Facebook Considering Health Care-Related Moves, Sources Say

Sources said that Facebook is still in the early stages of data gathering but is considering: Creating "preventive care" applications that would help users make healthier lifestyle choices; and establishing Web-based "support communities" that would allow individuals to connect with other users with various medical conditions.

(October 3, 2014)

<http://www.ihealthbeat.org/articles/2014/10/3/facebook-considering-health-care-related-moves-sources-say>

iHealthBeat (iHealthBeat.org)

690K Veterans Used Telehealth Services During FY 2014, VA Says

According to VA, the 690,000 veterans who received telehealth services represent 12% of all veterans enrolled in health care system. (October 13, 2014)

<http://www.ihealthbeat.org/articles/2014/10/13/690k-veterans-used-telehealth-services-during-fy-2014-va-says>

iHealthBeat (iHealthBeat.org)

Survey Finds 25% of U.S. Adults Use a Fitness Tracker or Health App

Researchers found that 25.1% of U.S. adults currently use a fitness tracker or mobile health application. Of those: 11% use a wearable fitness tracker; and 14.1% use a health app. (October 6, 2014)

<http://www.ihealthbeat.org/articles/2014/10/6/survey-finds-just-25-of-us-adults-use-a-fitness-tracker-or-health-app>



Administrative Actions: May 1, 2014 – July 31, 2014

Physicians and Surgeons

ALAVEKIOS, DAMON ANDREW, M.D. (A 115287)

Laguna Beach, CA

Revoked, stayed, placed on 3 additional years probation with terms and conditions

July 31, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=115287>

ALLEN, DAVID BRUCE, M.D. (C 53466)

Sacramento, CA

Revoked, stayed, placed on 5 years probation with terms and conditions, including 90 days actual suspension

May 30, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=53466>

ANASTASSIOU, PETER THOMAS, M.D. (A 43203)

San Francisco, CA

Public Reprimand with conditions

June 6, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=43203>

ANDREW, HYGIN THYKOOTATHIL, M.D. (A 38710)

Fresno, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

July 31, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=38710>

ARENAS, JESSE PENUNURI, M.D. (G 37465)

La Puente, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

June 6, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=37465>

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.

ARMSTRONG, JOHN THOMAS, JR., M.D. (C 37899)

Napa, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

June 6, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=37899>

BAR-DIN, DORIT (G 50349)

Kensington, CA

License Surrendered

July 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=50349>

BERGER, MICHAEL DEAN (G 21264)

Fallbrook, CA

License Revoked

May 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=21264>

BERNSTEIN, LOUIS DAVID, M.D. (G 22023)

Redding, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

July 3, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=22023>

BITAR, ADIB HUSNI, M.D. (C 37506)

Burbank, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233

July 16, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=37506>

BLAYLOCK, ANDRE VERGENE (G 51438)

Fontana, CA

License Surrendered

July 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=51438>

BLIKIAN, ANAHIT H., M.D. (A 39608)

Los Angeles, CA

Revoked, stayed, 2 years of probation added to current term of probation

July 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=39608>

BOWEN, DAVID, M.D. (A 60193)

Palm Desert, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

May 9, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=60193>

BURTON, HAROLD GLEN, M.D. (C 35484)

Roseville, CA

Public Reprimand

July 18, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=35484>

CANTY, TIMOTHY G. (G 14418)

La Jolla, CA

License Surrendered

June 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=14418>

CAPIZZI, MARTHA B. (A 34221)

San Diego, CA

License Surrendered

June 3, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=34221>

CHAVIN, MICHAEL ALAN, M.D. (G 59872)

Morristown, TN

Revoked, stayed, placed on 3 years probation with terms and conditions

June 8, 2014

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=59872>

CLARK, DENNIS LARRY, M.D. (G 25400)

Long Beach, CA

Revoked, stayed, placed on 1 year probation with terms and conditions

June 8, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=25400>

CLUFF, ROBERT STEPHEN, M.D. (G 80592)

Antioch, CA

Public Reprimand with conditions

June 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=80592>

COTSEN, THOMAS ADAM, M.D. (G 79392)

Los Angeles, CA

Revoked, stayed, placed on 3 years probation with terms and condition

July 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=79392>

COX, BRENT TAYLOR (G 34594)

Mill Valley, CA

License Surrendered

July 24, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34594>

DABROWSKI, THOMAS, M.D. (A 130486)

Fresno, CA

Probationary License issued with 3 years probation and terms and conditions

May 16, 2014

<http://www2.mbc.ca.gov/PDL/mbc.aspx>

DANQUE, FLORA ISHIHARA, M.D. (A 62874)

La Mesa, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

June 6, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=62874>

DAVALOS, ERIC A., M.D. (A 130706)

Torrance, CA

Probationary License issued with 3 years probation and terms and conditions

June 6, 2014

<http://www2.mbc.ca.gov/PDL/mbc.aspx>

DOMINGUEZ, STEVEN, M.D. (A 48186)

Downey, CA

Revoked, stayed, 1 additional year of probation added to current term of probation

June 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=48186>

EISENBERG, JAMES WILLIAM (G 23834)

Woodland Hills, CA

License Revoked

June 4, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=23834>

EISENKOP, SCOTT, M.D. (G 41053)

Sherman Oaks, CA

Revoked, stayed, placed on 10 years probation with terms and conditions, including completion of a condition precedent to practicing medicine

July 18, 2014

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=41053>

FIORAVANTI, BERNARD LOUIS (G 86451)

Okay, OK

License Surrendered

July 31, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=86451>

FISHER, ALAN JEFFREY, M.D. (G 44121)

Arcadia, CA

Public Reprimand with conditions

July 18, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=44121>

GARABET, ANTOINE LEON, M.D. (G 50394)

Glendora, CA

Reinstated, revoked, stayed, placed on 5 years probation with terms and conditions, including completion of a condition precedent to practicing medicine

June 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=50394>

GERSON, SAMUEL JEFFREY, M.D. (A 116916)

Fort Myers, FL

Revoked, stayed, placed on 7 years probation with terms and conditions, including 180 days actual suspension and completion of a condition precedent to practicing medicine

July 30, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=116916>

GILLILAND, J. DAVID, M.D. (C 42251)

Lakewood, CO

Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
June 23, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=42251>

GOMEZ, REYNALDO O., M.D. (A 51395)

Palm Springs, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

June 20, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=51395>

GREENBERG, SANFORD JOSEPH, M.D. (G 35672)

Palm Desert, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
July 23, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=35672>

HALE, MAURICE JEFFREY, M.D. (G 84687)

Glendale, CA

Public Reprimand with conditions

July 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=84687>

HARRIS, HENRY DAVIS, M.D. (A 39781)

Los Angeles, CA

Reinstated, revoked, stayed, placed on 7 years probation with terms and conditions, including completion of a condition precedent to practicing medicine

July 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=39781>

HOPPER, JENNIFER LOUISE, M.D. (A 72295)

Sacramento, CA

Revoked, stayed, placed on 5 years probation with terms and conditions, including a condition precedent to the practice of medicine

July 3, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72295>

INAN, ZABRIN (C 54308)

Chicago, IL

License Surrendered

May 20, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=54308>

IRVINE, WILLIAM J. (A 45025)

Marysville, CA

License Surrendered

May 20, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=45025>

JOURGENSEN, DAVID RAY, M.D. (G 48141)

Oakland, CA

Public Reprimand with conditions

July 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=48141>

JUTILA, GEORGE A. (A 20189)

Fortuna, CA

License Surrendered

June 30, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=20189>

KASSABIAN, ARMEN A., M.D. (A 96289)

Burbank, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

June 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=96289>

KESHISHIAN, ARA, M.D. (A 55904)

Glendale, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

July 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=55904>

KIM, STEVEN SUKHO, M.D. (G 69347)

Sunnyvale, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

July 10, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=69347>

KUMAR, KAIN, M.D. (A 67882)

Palmdale, CA

Revoked, stayed, placed on 4 years probation with terms and conditions

July 24, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=67882>

LAI, MICHELLE QUYNH CHI (A 99890)

Hattiesburg, MS

License Revoked

May 23, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=99890>

LANE, INGILD GANGSAAS, M.D. (C 53026)

Folsom, CA

Revoked, stayed, placed on 4 years probation with terms and conditions

July 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=53026>

LE, JACQUELINE KIM, M.D. (A 98827)

Palm Springs, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
May 9, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=98827>

LIFSCHUTZ, HARRY, M.D. (G 42802)

Indio, CA

Revoked, stayed, placed on 35 months probation with terms and conditions

July 11, 2014

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=42802>

LIFSON, ROBERT I., M.D. (G 45355)

Beverly Hills, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

May 8, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=45355>

LIN, JAMES THOMAS, M.D. (A 86869)

Thousand Oaks, CA

Public Reprimand

July 23, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=86869>

LOVELACE, STEWART W. (C 30263)

Manhattan Beach, CA

License Revoked

June 27, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=30263>

LYNN, PHILIP ANTHONY RAPHEL, M.D. (G 66511)

Garden Grove, CA

Revoked, stayed, placed on 7 years probation with terms and conditions

June 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=66511>

MADDALENA, RICHARD ALBERT, M.D. (A 50220)

Yuba City, CA

Public Reprimand with conditions

July 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=50220>

MERCENE, OVID PRINCIPE (A 42224)

Los Angeles, CA

License Surrendered

June 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=42224>

MURRAY, CONRAD ROBERT (G 71169)

Las Vegas, NV

License Surrendered

July 30, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71169>

MYKITA, GAYLE M. (G 34500)

Playa del Rey, CA

License Surrendered

July 22, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34500>

NGUYEN, QUY TU, M.D. (A 131609)

Alhambra, CA

Probationary License issued with 3 years probation and terms and conditions

July 3, 2014

<http://www2.mbc.ca.gov/PDL/mbc.aspx>

NYLUND, BARBARA LYNNE (G 35980)

Las Vegas, NM

License Surrendered

June 13, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=35980>

PARK, GYOUNG JAE, M.D. (C 52205)

Tustin, CA

Public Letter of Reprimand issued pursuant to

California Business and Professions Code section 2233

May 27, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=52205>

PAUL, PETER CONRAD, M.D. (A 40030)

Riverside, CA

Revoked, stayed, placed on 7 years probation with terms and conditions, including 30 days actual suspension

July 3, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=40030>

PIROUZIAN, AMIR (A 60792)

Walnut Creek, CA

License Revoked

May 23, 2014

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=60792>

POLK, DANIEL HENRY (G 46125)

Palos Park, IL

License Revoked

May 29, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=46125>

PYLE, LARRY RICHARD, M.D. (A 37880)

Redding, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

June 11, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=37880>

RAGAIN, KERMIT V. (A 22085)

Gold Hill, OR

License Surrendered

June 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=22085>

ROLLAND, MARIA SOCORRO (A 104227)

Bakersfield, CA

License Revoked

July 18, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=104227>

RUBENS, LAWRENCE MICHAEL (G 29896)

Westerville, OH

License Revoked

July 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=29896>

SCHAFER, JEFFRY B. (G 36897)

Coronado, CA

License Surrendered

July 29, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=36897>

SCHIFFMAN, JEFFREY SCOTT, M.D. (G 73875)

Escondido, CA

Public Reprimand with conditions

July 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=73875>

SCHMIT, GERARD M. (C 26891)

Walnut Creek, CA

License Surrendered

May 1, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=26891>

SHAMAAN, IHSAN NAJIB, M.D. (A 36951)

Bell, CA

Public Letter of Reprimand issued pursuant to

California Business and Professions Code section 2233

May 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=36951>

SHENASSA, DAVID, M.D. (A 102331)

Weston, FL

Public Reprimand

July 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=102331>

SINGH, DEVINDERJIT, M.D. (C 52113)

Yuba City, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

July 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=52113>

SMITH, JOHN PHILIP (G 35007)

Chico, CA

License Surrendered

July 1, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=35007>

SNYDER, PATRICIA ANN, M.D. (A 44222)

Atascadero, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

July 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=44222>

STURDIVANT, TED SHAWN (A 52105)

McAllen, TX

License Revoked

June 27, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=52105>

SWAN, BRIAN MICHAEL, M.D. (A 88378)

Costa Mesa, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

June 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=88378>

THATIEPELLI, MALLIK RAO, M.D. (C 53592)

Bakersfield, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

May 15, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=53592>

TORRES-CIFUENTES, GUSTAVO ADOLFO, M.D. (A 70962)

Montebello, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

July 3, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=70962>

VENGER, BENJAMIN HERSCHEL, M.D. (C 50264)

Fort Mohave, AZ

Reinstated, revoked, stayed, placed on 5 years probation with terms and conditions, including completion of a condition precedent to practicing medicine

June 20, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=50264>

WELLS, JAMES DARRICK, M.D. (G 78059)

Selma, CA

Public Reprimand with conditions

June 27, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=78059>

WILLIAMS, JOHN GAVIN, M.D. (C 38680)

Moreno Valley, CA

Revoked, stayed, placed on 3 years probation with terms and conditions, including completion of a condition precedent to practicing medicine

June 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=38680>

Physician Assistants

CHAVEZ, RAFAEL U. (PA 12656)

Apple Valley, CA

License Revoked

June 19, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=12656>

LIND, DARRELL THOMAS (PA 17700)

Lancaster, CA

License Revoked

May 2, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=17700>

Papp, Isabel (PA 14628)

Pleasanton, CA

License Surrendered

June 9, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=14628>

PHAM, LEON G., PA (PA 11963)

San Marino, CA

Revoked, stayed, placed on 7 years probation with terms and conditions

May 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=11963>

RUBY, CHRISTINE ANNE, PA (PA 51803)

Ventura, CA

Probationary License issued with 2 years probation
and terms and conditions

July 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=51803>

WINTON, WILLIAM ANDREW (PA 14007)

Toronto, Ontario, Canada

License Revoked

May 13, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=14007>

Doctor of Podiatric Medicine

RELEFORD, BILL JAMES, JR., DPM (E 3630)

Inglewood, CA

Revoked, stayed, placed on 7 years probation with
terms and conditions, including 2 years actual
suspension and a condition precedent to the practice
of medicine

June 20, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=3630>

*Registered Dispensing Optician
Program*

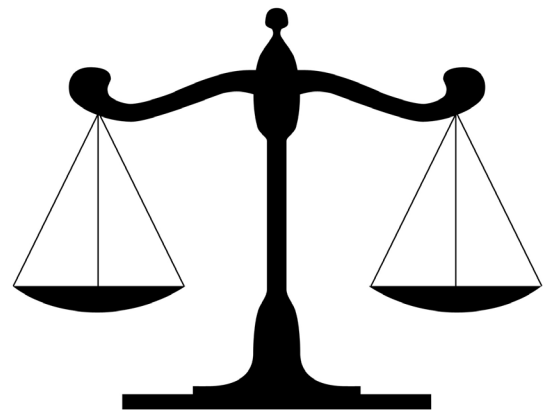
COLE, RACHEL LEE (SL 6035 and CL 1972)

Fresno, CA

Registrations Revoked

May 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=SL&licenseNumber=6035>



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Sacramento, CA 95815

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http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx

MBC Meetings — 2015

(All meetings are open to the public)

January 29 - 30, 2015: Sacramento Area

April 30 - May 1, 2015: Los Angeles Area

July 30 - 31, 2015: San Francisco Area

October 29 - 30, 2015: San Diego Area



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