



Medical Board of California Newsletter

Medical Assistant's Scope
of Practice

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Patient Protection is Paramount: File Your 805.01 Reports

**By Christina Delp,
Chief of Enforcement**

During a random review of medical staff's records, the Peer Review Body (PRB) of the Clinic becomes aware that Dr. Jones may be repeatedly prescribing oxycodone to her patients without a prior examination. A formal investigation into the allegation is conducted by the facility and the findings of the investigation



*demonstrate that Dr. Jones has been repeatedly prescribing oxycodone, and several other controlled substances, to five patients without conducting examinations. The PRB recommends that Dr. Jones's staff privileges be suspended for 60 days. Dr. Jones contests the findings and demands a hearing pursuant to **Business and Professions Code (BPC) section 809.2**. Should a BPC section 805.01 report be filed with the Medical Board of California (Board) prior to the 809.2 hearing? Yes!*

IMPORTANT UPDATE on CURES 2.0 for all prescribers:

Registration into CURES (Controlled Substance Utilization Review and Evaluation System) has been extended to **July 1, 2016** (changed from January 1, 2016). Pursuant to Assembly Bill (AB) 679 (Allen, Chapter 778, Statutes of 2015), all physicians authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances

Important Update (continued on page 3)

Nurse Smith alerted the hospital PRB a female patient told her that Dr. Taylor made her uncomfortable when he massaged her breasts and asked if she was married. A formal investigation is initiated by the PRB. Several current and former female patients, as well as clinical staff, are interviewed. Based on the admissions of patients and staff, the allegations of sexual misconduct

by Dr. Taylor with patients are validated. The PRB recommends that Dr. Taylor be terminated. Dr. Taylor contests the findings but resigns. Should a BPC section 805.01 report be filed with the Board? No! However, because Dr. Taylor resigned pending the investigation and imposition of discipline, the facility is required to file a report pursuant to BPC section 805(C) within 15 days of Dr. Taylor's resignation. An 805.01 report is not required to be filed because Dr. Taylor resigned.

LINKS TO OUR WEBSITE

Update your address of record online
update your email address online
Update your physician survey online
Join the email subscribers list online
Contact us: Webmaster@mbc.ca.gov

805.01 Reports (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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To subscribe or unsubscribe, please use the following link: <http://www.mbc.ca.gov/Subscribers/>.

Submission of original 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 Dimas and Valencia areas

Are you interested in being an integral part of the Medical Board of California enforcement process? Do you have the ability to conduct interviews, exercise sound judgment in reviewing conflicting medical reports and preparing opinions, analyzing problems and taking appropriate action? This is an excellent opportunity to help your community and obtain valuable experience. The Department of Consumer Affairs, Division of Investigation, Health Quality Investigation Unit is seeking well-qualified individuals to be Medical Consultants. Interested individuals must submit an application for examination; see link for additional information and instructions (<http://jobs.ca.gov/JOBSGEN/1CADD.PDF>). If you have any questions, please contact Division of Investigation, Health Quality Investigation Unit Commander John Hirai at (562) 402-4668.

Interested in becoming an expert reviewer?

If you are actively practicing in California and interested in becoming an expert reviewer (expert), applications are accepted continuously. The Medical Board of California established its Expert Reviewer Program in July 1994 as an impartial and professional means to support the investigation and enforcement functions of the Board. Experts assist the Board by providing reviews and opinions on Board cases and conducting professional competency examinations, medical and psychiatric evaluations.

The Board is currently looking specifically for experts **in the following specialties:** addiction medicine with added certification in family medicine or internal medicine or psychiatry; dermatology; family medicine; midwife reviewer; neurological surgery; neurology; ob/gyn; pathology; pain medicine; plastic surgery; psychiatry; surgery; urology.

Actively practicing physicians from all other specialties not listed above are also welcome to apply and participate in the review process.

Physicians must be board certified; have been practicing their specialty for a minimum of three years after board certification; have no current complaints or disciplinary action pending against their license; and must be willing to testify in court. Midwives must have an active midwifery practice for the past two years, have no current complaints or disciplinary action pending against their license; and must be willing to testify in court.

For more information regarding compensation and how to apply, please visit: www.mbc.ca.gov/enforcement/expert_reviewer/ or contact the Board's expert program at: MBCMedicalExpertProgram@mbc.ca.gov.

Editor's Spotlight

By Susan Wolbarst

Congratulations to Medical Board of California (Board) officers David Serrano Sewell, President; Dr. Dev GnanaDev, Vice President; and Denise Pines, Secretary, all of whom were re-elected by fellow Board members to a second one-year term. Such continuity is a valuable commodity during times like the present, when technology, scientific discovery, legislation and public perception seem to be fluid as never before.

Our cover story, by Chief of Enforcement Christina Delp, sheds some light on the question of when a Peer Review Body must file an 805.01 **in addition to** an 805 report.

Another article, by Dr. Brittan Durham, offers an update on the topic of telehealth, a tool which can expand physicians' ability to reach patients in remote and underserved areas. The potential for change this tool promises in delivery of medical care is impossible to calculate.

In this issue, we address a couple of areas which prompt questions to the Board from the public and licensees almost every day, namely: (1) patient requests for their medical records and (2) the tasks which can be performed by medical assistants, who are unlicensed, in physicians' offices.

Additional articles discuss why trauma-informed care is important to physicians and offer guidance to health care professionals on creating a voluntary compliance program, as they are encouraged to do by the Affordable Care Act (ACA).

As always, your feedback is appreciated. Please contact me at susan.wolbarst@mbc.ca.gov.

President's Message



David Serrano Sewell, J.D.

It is an honor to have been elected to serve as Medical Board President for a second year. I am looking forward to continuing to promote the Board's mission to protect consumers through

the proper licensing and regulation of physicians and certain allied health licensees. In addition, I also look forward to providing physicians the tools and information they need to provide quality care to patients in California. Educating consumers about the Board's role and the information available on the Board's website is also a priority this year, as it is important for consumers to be informed patients.

During our last Board meeting we had two presentations on Physician Health Programs, the first **presentation** was from Michel A. Sucher, M.D., who is the Medical Director for the Monitored Aftercare Program used in Arizona. The second **presentation** was from Doris C. Gundersen, M.D., who is the Medical Director of the Colorado Physician Health Program. Both presentations were extremely informative for the Board, as the Board will be looking at elements of a Physician Health Program that provides appropriate support

for physicians and also ensure that consumers are protected.

Another priority for the Board is our "Verify a License" campaign. The Board wants every Californian to know that they can, and should, take a proactive role in their health care by making sure that their physician is licensed and in good standing with the Medical Board of California. To accomplish this, the Board is launching a campaign to educate the public on how to verify a physician's license via the Board's website, making sure the license is renewed and current, as well as looking for any disciplinary actions. The Board will be conducting outreach events throughout the state and reaching out to consumers through media and social media.

I am committed to working on both of these important issues which will further the Board's mission of consumer protection.

Important Update *(continued from page 1)*

must have submitted an application to the Department of Justice (DOJ) for registration by July 1, 2016. Therefore, physicians have an additional six months to get registered into CURES. The Medical Board of California recommends that physicians register as soon as possible to ensure they are in compliance with this requirement.

In addition, the new streamlined application and approval process will be released in November 2015 for users who have a browser that is in compliance with the CURES 2.0 specifications. Compliant browsers are Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome, or Safari. This new process will allow an individual to register for CURES 2.0 completely online without the need for a notary. Once you register, you will be able to access the CURES 2.0 system. **Please note** that if you use a computer that does not have a compliant browser, after you have registered into the CURES 2.0 system, you will not be able to access CURES data. Therefore, please ensure that all computers you will be using have a compliant browser before using the streamlined application and approval process.

For physicians who do not have a compliant browser, you will still need to have your documents notarized

and either register online by completing the forms and uploading the documents or completing the application form electronically and then mailing or emailing your notarized application and documents to DOJ. Please be aware that this registers you for the CURES 1.0, and you will not be able to take advantage of the improvements and alerts that are available in the upgraded CURES 2.0. Once you have a compliant browser for all computers that you will use to access CURES, you may transition to the CURES 2.0 system.

In mid-2016, DOJ will require all users to have the specified browser to utilize CURES. Physicians are encouraged to make the necessary upgrades to their computer systems in order to have a compliant browser by July 2016.

The Medical Board will be posting frequently asked questions about CURES 2.0 and the registration process on its website once the streamlined process has been completed and more information on the upgraded system is available.

For additional information on the CURES 2.0 upgrade, please see the article in the **Summer 2015 Newsletter**.

Legislator Profile

Assemblymember Catharine Baker



Assemblymember
Catharine Baker

Catharine Baker (R-Dublin) was elected to the California State Assembly in November 2014. She represents the 16th Assembly District, which includes the Alameda County communities of Dublin, Livermore, and Pleasanton, as well as the Contra Costa communities of Alamo, Danville, Lafayette, Moraga, Orinda, San Ramon, and Walnut Creek.

Baker's legislative agenda is intently focused on four key areas, which she describes as her "four pillars": education, infrastructure, financial discipline, and pro-job policies.

As Vice Chair of the Assembly Higher Education Committee, Baker works hard to protect California students' access to a quality, affordable education. Part of this role is keeping the state's colleges and universities accountable for providing sensible tuition costs and pushing for admission preference for in-state students in the UC and CSU systems.

Additionally, Governor Brown signed Baker's bill, AB 1401, providing

veterans with greater access to student financial aid services. The Office of the Adjutant General was required to provide veterans with student financial aid forms and assist them in the completion of enrollment fee waivers and FAFSA applications, until the law expired on January 1, 2012. AB 1401 reinstates the expired law and restores a much-needed service to veterans interested in continuing their education.

In addition, Baker also serves on the Assembly Committees on Transportation, Business and Professions, Privacy and Consumer Protection, and the Joint Legislative Audit Committee. She is also on the Public Health and Developmental Services Committee for the 2nd Extraordinary Session.

Although Baker's Assembly career began less than a year ago, she has developed a reputation as an independent-minded leader who is able to bridge party lines to improve government efficiency, accountability, and transparency.

Baker's first piece of signed legislation was Assembly Bill (AB) 1284. This measure requires the Toll Bridge Program Oversight Committee—the entity responsible for oversight of the Bay Bridge project—to be subject to the Bagley-Keene Open Meeting Act. Continuing problems have plagued the Bay Bridge project, requiring costly repairs funded by bridge toll payers. AB 1284 provides much-needed transparency to the Bay Bridge project.

This past year, Baker also introduced Assembly

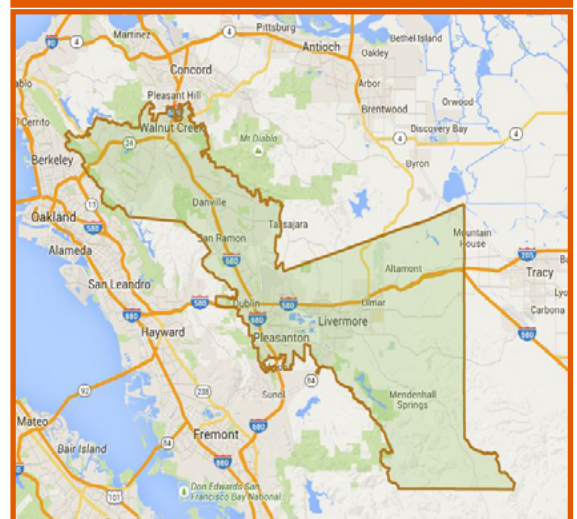
Concurrent Resolution (ACR) 62, designating June 7th as California Cancer Survivors Day. ACR 62 aims to raise awareness to the fact that more people than ever are overcoming cancer due to the many advances in cancer prevention, treatment, and follow-up care. As a cancer survivor herself, and daughter of a breast cancer survivor, Baker supports measures to fight cancer at all ages.

Baker is a native Californian. She earned her B.A. degree from the University of Chicago, overcoming cancer her senior year to graduate Phi Beta Kappa and with honors. Baker later went on to earn her J.D. degree from U.C. Berkeley School of Law. As an attorney, she helped small businesses and local charities get started and succeed.

She is a mother of school-age twins and an active parent leader in local schools and youth programs.

Baker is married to her college sweetheart, Dan Baker, and they currently live in Dublin, California with their twins.

District Map



You Asked For It

Questions received from the Web

By Christine Valine, Public Information Analyst

Q. I am a recently licensed physician. When is it necessary for me to apply to the Board for a fictitious name permit?

A. You must apply for a fictitious name permit if you intend to practice under a name other than your own, either alone, with a partnership, in a group, or as the name of a professional corporation. You do not need a fictitious name permit if you are only adding "Inc." to the end of your name. Further information regarding the law and obtaining a fictitious name permit can be accessed through the following link:
http://www.mbc.ca.gov/Applicants/Fictitious_Name/.

Q. I have been charged with a felony offense; however, I have not been convicted. My understanding is I do not need to report this to the Medical Board unless I am actually convicted. Is this correct?

A. No. As a physician, you are required by law to report to the Medical Board within 30 days all information regarding the bringing of an indictment or information charging you with a felony. Additionally, you are required by law to report to the Medical Board any felony or misdemeanor conviction within 30 days. (*Business & Professions Code §802.1*)

Q. I have just received the renewal forms for my medical license. Do the forms need to be mailed to the Medical Board or can I renew my medical license online?

A. You can renew your medical license either by mail or online through the BreEZe system. Please note, however, when renewing your medical license by mail, it takes six to eight weeks to process your renewal. If you renew your medical license online, the renewal, if complete, is processed immediately. To create an account on BreEZe, please go to <https://www.breeze.ca.gov/datamart/loginCADCA.do> and below the blue "Sign In" button you will find "New Users BreEZe Registration". You will create your own user ID consisting of a minimum of 8 characters. If you require assistance with this process, please call the Medical Board Help Desk at (916) 263-2205 (Monday - Friday 7 a.m. - 5 p.m.).

Q. Does the Medical Board still send out a pocket license/card when I renew my medical license?

A. Yes. You will receive your pocket license approximately four weeks after your renewal is processed. The pocket license is automatically mailed to your "Address of Record" with the Medical Board. Please be sure this address is current. In the meantime, your renewal can be verified on the Medical Board's website under your physician profile – please click on "Verify a License."

Q. Has the Medical Board changed its guidelines regarding pain management?

A. The Medical Board updated its guidelines for physicians in November 2014 in a publication entitled "Guidelines for Prescribing Controlled Substances for Pain." The booklet is available on the Medical Board's website at www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf.

Have a question?

If you have a question, write to Webmaster@mbc.ca.gov. Although only some questions may be featured here in "YOU ASKED FOR IT," all questions will receive an email response, so let us hear from you.



Steven M. Thompson Loan Repayment Program Recipient

Nicholas Whitley, M.D., a family practice physician, is a recipient of the Steven M. Thompson Physician Corps Loan Repayment award for providing health care in a Health Professional Shortage Area (HPSA) in California. For nearly six years, he has worked at the Chula Vista Medical Plaza, a clinic in the South Bay area of San Diego near the Mexican border. His patient population is mostly Hispanic, with the majority of them speaking Spanish as their primary language. Most of the clinic's clients have no insurance or Medi-Cal. Dr. Whitley says he's grateful for the expansion of Medi-Cal through the Affordable Care Act, which he says has helped the community.

When he graduated from the University of Southern California Medical School in 2010, Dr. Whitley found himself "burdened by a very heavy school loan debt load." The need to pay off such debts, he said,

can make higher-paying jobs seem very attractive. "However, my passion is for the community here in Chula Vista, and I feel that I have become very close to the community and now understand the community well. I truly enjoy coming to work every day and serving this community," he said.

Dr. Whitley's wife grew up in the area where he lives and works. Over the years, she "has introduced me to many people in the area who have become my patients, friends, and family members." During the past five years, he has learned Spanish, which he speaks with his patients and at home with his wife and two children.

"After working here in Chula Vista for nearly six years, meeting so many people and living in the area, I cannot imagine leaving the clinic. I am very thankful to the Health Professions Education Foundation and the Steven M. Thompson Program for the assistance they have given me to



Nicholas Whitley, M.D.
Loan Repayment Program Recipient

help pay off my school loan debt. The financial assistance has made it much more economical for me to stay at the clinic and continue to serve the Chula Vista community," Dr. Whitley said.



Ashby Wolfe, M.D.

Implementing A Provider Compliance Program

Ashby Wolfe, M.D., a family physician and Chief Medical Officer for the Centers for Medicare and Medicaid Services, Region IX (California, Arizona, Nevada, Hawaii and the Pacific Territories), made the case for effective compliance programs in her July presentation to the Medical Board of California's Education and Wellness Committee.

"The intent of compliance programs is to minimize fraud and abuse," she said, explaining that fraud and abuse remain costly issues in federal programs such as Medicare, Medicaid, and the Children's Health Insurance Program. How costly? Fraud and abuse **recoveries** totaled \$4.3 billion in fiscal year 2013 and \$19.2 billion over the past five years, Dr. Wolfe said.

Section 6401 of the Affordable Care Act (ACA) "is intended to induce all health care professionals to implement a compliance program." While such a program is no guarantee that fraud, waste, abuse or inefficiency will not occur, a compliance program will help providers protect themselves from risk of improper conduct. Section 6401 of the ACA speaks specifically to solo and small group practices, however the intent is for all health care professionals to implement a compliance program in their offices. There is no "one-size fits all" approach to compliance;

Provider Compliance Program (continued on page 15)

805.01 Reports *(continued from page 1)*

In January of 2011, the California Legislature enacted a statute requiring health care facilities and clinics to submit 805.01 reports to the Board. However, compliance by these entities has been feeble. The Board has only received 28 reports since the law passed, including **only four reports** submitted during the 2014/2015 fiscal years.

When a PRB becomes aware of an allegation that a physician has:



- Deviated from the standard of care resulting in the death or serious bodily injury to a patient due to incompetence, or gross or repeated negligence;
- Used, prescribed, or administered a controlled or dangerous drug(s) or alcohol to himself or herself and this behavior is harmful or dangerous to the physician or the public, or the substance abusing behavior impairs the physician's ability to practice medicine safely;
- Excessively and repeatedly prescribed, furnished, or administered controlled substances to a patient, with or without a prior examination or without a medical reason;
- Engaged in sexual misconduct with one or more patients during a course of treatment or an examination;

and pursuant to BPC section 805 (b)(1), (2), or (3), the PRB recommends termination or revocation, summary suspension, or restriction (for a cumulative total of 30 days or more for any 12-month period) of the physician's staff privileges, memberships, or employment for his or her involvement in **any** of the preceding circumstances, **the body must submit an 805.01 report to the Board within 15 days of making a final decision or recommendation to take disciplinary action.**

It is imperative to emphasize that an 805.01 report must be filed within 15 days of the PRB's final decision or recommendation relating to any of the preceding triggering circumstances **even if an 809.2 hearing has been requested and the proposed discipline has not yet become effective.**

It is also important to note that filing an 805.01 report does not relieve the facility from filing a BPC section 805 report. An 805 report must still be filed within 15 days after the effective date on which any of the following occur as a result of an action of a PRB:

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - Department of Consumer Affairs EDMUND G. BROWN JR., Governor

 **MEDICAL BOARD OF CALIFORNIA**
Central Complaint Unit 

HEALTH FACILITY/PEER REVIEW REPORTING FORM
(Required by Section 805.01 of the California Business & Professions Code)

NOTE: Certain actions, with respect to staff privileges, membership or employment of physicians, physician assistants and podiatrists must be reported to the Medical Board of California when they are imposed or voluntarily accepted for a medical disciplinary cause or reason.

REPORTING ENTITY

Please check type of Reporting Entity: ☐ Health Care Facility or Clinic - §805(a)(1)(A) ☐ Health Care Service Plan - §805(a)(1)(B)
☐ Professional Society - §805(a)(1)(C) ☐ Medical Group or Employer - §805(a)(1)(D)
☐ Ambulatory Surgical Center - §805(a)(1)(A)

Name _____ Telephone # _____
Chief Executive Officer/Medical Director/Administrator _____ Chief of Medical Staff _____
Name of person preparing report _____ Telephone # _____
Street address _____ City _____ State _____ Zip code _____

LICENTATE

Name _____ License # _____
☐ Physician ☐ Podiatrist ☐ Physician Assistant

REASON FOR FORMAL INVESTIGATION

Reason for formal investigation that resulted in recommended action:

☐ Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients in such a manner as to be dangerous or injurious to any person or the public.
☐ The use of, or prescribing for or administering to him/herself, any controlled substance, or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to the licentiate, or any other persons, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely.
☐ Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor.
☐ Sexual misconduct with one or more patients during a course of treatment or an examination.

RECOMMENDED ACTION

☐ Termination or revocation of staff privileges, membership or employment
☐ Summary suspension of staff privileges, membership or employment
☐ Restriction of staff privileges, membership or employment
List proposed specific restrictions: _____
Date final decision/recommendation made: _____

Signature _____ Date _____ Signature _____ Date _____
Chief Executive Officer/Medical Director/Administrator Chief of Medical Staff

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2528 FAX: (916) 263-2435 www.mbc.ca.gov Revised 1/2014

1. A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.
2. A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.
3. Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.

So why the campaign to bring this issue to your attention?

BPC section 805.01 reports are mandated by law. When the 805.01 report is submitted, the Board can begin its investigation regarding the alleged acts and can determine in a timely fashion whether an interim suspension order should be filed against the practitioner, fulfilling its mission to provide paramount public protection.

For further information regarding BPC sections 805.01 and 805 reporting requirements, please visit the Board's website at http://www.mbc.ca.gov/forms/Health_Facility_Reporting_FAQ.aspx

Warnings About Workers' Compensation Fraud

Date: October 1, 2015

To: All California Medical Providers

From: Destie Overpeck, Administrative Director
State of California
Department of Industrial Relations
Division of Workers' Compensation

Subject: Workers' Compensation Fraud

Contrary to popular belief, workers' compensation fraud is more than just an employee exaggerating his or her medical condition. While this may occur, workers' compensation fraud also occurs when health care providers bill for services never performed, when employers underreport payroll, and when attorneys or claims adjusters facilitate claimant fraud. Workers' compensation fraud is costing the industry, and the citizens of California, billions of dollars each year. While not targeted to any specific entities or individuals, this notice is to remind everyone of the serious consequences of fraudulent actions.

EMPLOYER FRAUD

- Premium fraud: when an employer schemes to defraud their workers' compensation insurer by paying less for workers' compensation insurance. Examples include underreporting payroll, misclassifying employees' job descriptions, paying an employee's medical provider directly for medical treatment for a work-related injury.
- Failing to secure workers' compensation insurance coverage.

MEDICAL PROVIDER FRAUD

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

ATTORNEY FRAUD

- Facilitating claimant fraud.
- Engaging in client solicitation.
- Receiving a fee for referring clients to a medical provider
- Facilitating employer or insurer fraud.

CLAIMS ADJUSTER FRAUD

- Causing payments to be made to non-existent

claimants or medical providers.

- Referring patients or clients to medical providers or attorneys for compensation.
- Issuing excessive payments to an attorney or medical provider in return for a kickback.
- Backdating documents in an attempt to avoid penalties for delays in benefit payments or altering documents to support an unjustified denial of a claim.

WORKERS' COMPENSATION FRAUD IS A CRIME

It is a felony to make or cause to be made a knowingly false or fraudulent material statement or material representation to obtain or deny any compensation, or present or cause to be presented a knowingly false or fraudulent material statement in any claim for compensation to obtain or deny compensation. It is a crime to knowingly assist, conspire with, or solicit any person in an unlawful act of workers' compensation insurance fraud. It is also a crime to make or cause to be made a knowingly false or fraudulent statement with regard to entitlement of benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim. Workers' compensation fraud may be punished by imprisonment in county jail for over one year, or in a state prison for two to five years. A fine may be imposed not exceeding \$150,000, or double the amount of the fraud, whichever is greater. If someone is convicted of workers' compensation fraud, the court is required to order restitution, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted of workers' compensation fraud may be charged the costs of the investigation and shall be ineligible to receive or retain any compensation, where that compensation was owed or received as a result of workers compensation fraud.

REPORTING WORKERS' COMPENSATION FRAUD

If you would like to obtain more information about workers' compensation fraud, or would like to report workers' compensation fraud, please call the Department of Insurance's fraud hotline number: (800) 927-4357. You can also access the Fraud Division's website at: <http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/> to obtain more information and locate the telephone number for the Fraud Division office nearest you.

Telehealth and the Law: What You Need to Know

By Brittan Durham, M.D.

Health Quality Investigation Unit, Tustin Office

Many terms -- such as eHealth, telemedicine and telehealth -- have been used to describe the use of communication technology in medicine. In this article, I will use the term telehealth, defined as the use of telecommunication and information technologies in order for licensed medical care practitioners to provide clinical health care from a location that is distant from their patients. Telehealth is a tool used in the practice of medicine, not a separate form of medicine. The objective of this article is to highlight new developments in California telehealth law and review issues to consider when using this tool.

AB 415, also known as the Telehealth Advancement Act of 2011, was signed into law on January 1, 2012. This law changed the statute of [California Business & Professional Code \(BPC\) section 2290.5](#) that governs telehealth services. The intent of this law was to integrate parity of telehealth into in-person traditional medicine.

The idea is that telehealth can provide health care delivery, diagnosis, consultation, treatment, transfer of medical data, care management and education using interactive audio, video and data communications in a real time (synchronous) interactive medium where the patient is at the originating site and the health care provider is at a distant site. Telehealth has been shown to be beneficial to patients living in isolated communities and remote regions where they receive telehealth care from physicians or specialists from far away. In addition, telehealth has been used by some hospitals to provide for rapid neurology consultation in patients with time-sensitive treatment such as thrombolytics for acute cerebral accident (CVA).

According to BPC section 2290.5 (b), prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient that telehealth may be used and obtain verbal or written consent from the patient for this use. The verbal or written consent shall be documented in the patient's medical record. The consent should not alter the scope of practice or standard of care. Informed consent and privacy standards apply to all health care encounters including telehealth. A patient may receive in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services by telehealth.



While other states, such as Oregon, have instituted a new category of licensure for physicians practicing telehealth from an out-of-state location, California requires physicians providing telehealth services to patients located in California to have an active California medical license. There is a limited exception for out-of-state physicians if they are in consultation with a physician licensed in California pursuant to BPC section 2060. Even under those circumstances, the out-of-state physician using telehealth may not receive calls from patients, give orders, write prescriptions or have ultimate authority over patient care.

Under California law, a physician cannot prescribe medications (or recommend marijuana for medical purposes) without an appropriate prior examination and indications justifying the patient's use of the drug. The Board has stated that this examination need not be in person, if the technology is sufficient to provide the same information to the physician as would be obtained if the exam had been performed face-to-face. A simple questionnaire without an appropriate prior evaluation may be a California practice violation.

The Medical Board of California (Board) has received complaints of inadequate medical examinations via telehealth. Undercover investigators posing as patients have revealed cases in which they were evaluated by Skype from a distant location. Many of these evaluations had an inadequate history, no physical examination and resulted in no coherent treatment plan. Many of the associated medical records were inaccurate and some were fraudulent. A telehealth evaluation must meet the same standard of care as a face-to-face medical

Telehealth (continued on page 10)

Medical Records and Patient Rights

By Susan Wolbarst

Hardly a day goes by that the Medical Board of California (Board) doesn't receive phone calls and emails from consumers attempting to obtain copies of their medical records.

Medical records are defined as records relating to the health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient. This includes films and tracings from diagnostic procedures such as x-ray, CT, PET, MRI, ultrasound, etc.

Medical Records and the Law

Medical records are not owned by the patient. They are the property of the medical provider (or facility) that prepares them. However, pursuant to [Health and Safety Code section 123110](#), the patient (or the patient's representative) has a legal right to see them and to obtain copies of most records. (An exception is mental health records if the physician determines there is substantial risk of significant adverse or detrimental consequences to the patient if inspection or copying were permitted. Such exceptions are subject

to specific conditions. See [Health and Safety Code section 123115](#) for details.)

There is no central repository for medical records. The protocol a patient should follow – even if the physician is deceased – to obtain medical records is to put the request in writing and send it to the physician's address of record, which can be located on the Board's website <http://www.mbc.ca.gov> by clicking "Verify a License" and following the prompts. A physician is required to provide copies of medical records to the patient within 15 days of receiving the written request.

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Telehealth (continued from Page 9)

evaluation, consistent with use of the patient history, appropriate examination, and laboratory data, to arrive at a diagnosis and develop therapeutic plans. Medical record documentation requirements remain constant for all health care delivery modalities.

Out-of-state telehealth practitioners have been prosecuted. The California State Appellate Court allowed California to criminally prosecute a Colorado-licensed physician for the unlicensed practice of medicine through telehealth. (*Hageseth v. Super. Ct. of San Mateo Co.* (2007) 150 Cal.App.4th 1399 ("Hageseth")). The patient in question, a California resident, obtained a prescription via telehealth after filling out an internet questionnaire. No physical examination took place and the physician who prescribed the medication never entered California or had contact with the patient. With this case in mind, California physicians seeking to provide telehealth services to patients located in another state, while they (the physicians) remain physically in California, must ensure compliance with that other state's licensing and telemedicine requirements.

There are no legal prohibitions to using telehealth technology in the practice of medicine in California, as long as the practice is done by a California-licensed physician, complies with BPC section 2290.5 and other

applicable codes and regulations, and the care given meets the standard of care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers such as transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

This has been a brief administrative review of telehealth, which is evolving as I write this article. "Dial a Doctor" web interactive access is being marketed, diagnosis applications are available on smart phones, and digital medicine is poised to change the way patients can obtain and monitor their clinical data. For example, a home laboratory unit, which is literally a finger prick away from providing real-time data via smart phones, is already available. So stay tuned and connected, there is more to come.

California has been a major leader of medical technology innovations, and telehealth law will evolve to reflect future changes in the delivery of medical care. The Board will continue to monitor licensees to ensure the standard of care is met, which protects health care consumers by promoting responsible physician-patient relationships, regardless of technology used.

If a physician moves, retires, or dies, another physician may buy out or take over his or her practice. The “active” patients are usually notified by mail (as a courtesy) and told where to obtain their records. If the physician died and did not transfer the practice to someone else, the local Probate Court may be able to supply the name of the executor, who may be able to supply copies of the records.

A physician may charge “a reasonable fee” for costs of copying medical records. The fee cannot exceed 25 cents per page (or 50 cents if copied from microfilm). The physician may also charge “reasonable clerical costs,” which are not specifically defined in the law. If the physician’s office advises that a fee will be charged for the records, then the records do not have to be provided to the consumer until the fee is paid.

If a consumer requests in writing that his or her medical records be transferred to a different physician, the first physician may transfer them to the other physician for free, as a professional courtesy, but is not required by law to do so.

A consumer who has complied with the requirements outlined in the Health and Safety Code, but has not received his or her medical records from the physician after 15 days may [**file a complaint with the Board**](#). The physician will be contacted to determine the reason for failing to provide copies of the consumer’s medical records.

Physicians' Failure to Comply

In addition to requests for medical records received, in fiscal year 2014-2015, the Board received 84 complaints relating to the allegation of “Failed to Provide Records to Patient/Representative.” To put that in perspective, the total number of

complaints filed during that time period for all reasons combined was 8,267.

The Board may take action against a physician for failing to provide patient medical records within the legal time limit. Such action can range from making sure the physician provides the consumer with copies of the records he or she requested to a citation and fine or disciplinary action against the physician’s medical license.

Any adult patient who inspects his or her medical records pursuant to [**Health and Safety Code section 123111**](#) has the right to provide a written addendum of up to 250 words to any item the patient believes to be incorrect or incomplete. The patient must clearly indicate in writing that he or she wants the addendum to be part of his or her medical record and give it to the health care provider. The provider must attach it to the medical records and include it when making a disclosure of the allegedly incomplete or incorrect portion of the patient’s records to a third party.

How long does a physician need to keep medical records?

There is no general law requiring a physician to maintain medical records for a specific period of time. However, there are situations or government health plans that require a provider/physician to maintain records for a certain period of time. Several laws specify a three-year retention period: [**Welfare and Institutions Code section 14124.1**](#) (which relates to Medi-Cal patients), [**Health and Safety Code section 1797.98e\(b\)**](#) (for services reimbursed by Emergency Medical Services Fund), and [**Health and Safety Code section 11191**](#) (when a physician prescribes, dispenses or administers a Schedule II controlled substance). The Knox-Keene Act requires that

HMO medical records be maintained for a minimum of two years to ensure that compliance with the act can be validated by the Department of Corporations. In Workers’ Compensation Cases, qualified medical evaluators must maintain medical-legal reports for five years. [**Health and Safety Code section 123145**](#) indicates that providers who are licensed under section 1205 as a medical clinic shall preserve the records for seven years. The Centers for Medicare & Medicaid Services (CMS) require that providers submitting cost reports retain all patient records for at least five years after the closure of the cost report. CMS requires Medicare managed care program providers to retain patient records for 10 years. For more information, see [**https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1022.pdf**](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1022.pdf).

The HIPAA (Health Insurance Portability and Accountability Act) Privacy and Security Rules require that digital and paper medical records containing confidential information cannot be thrown away in a public dumpster or recycling bin until they have been rendered unreadable or indecipherable by shredding, burning or other destruction.

More information is available on the Board’s website at [**http://www.mbc.ca.gov/Consumers/Complaints/Complaints_FAQ/Medical_Records_FAQ.aspx**](http://www.mbc.ca.gov/Consumers/Complaints/Complaints_FAQ/Medical_Records_FAQ.aspx).

Trauma-Informed Care: A Challenge for Physicians

Trauma-informed care (TIC) refers to a set of modifications in the physical environment of clinical settings (for example, minimizing the use of confined spaces), policies and procedures of health care systems (for example, requiring all staff to undergo training on basic facts about psychological trauma), and clinical practices (for example, routine screening for history of sexual assault or unwanted sexual contact before pelvic or rectal exams) to convey to patients the values of safety, respect and choice, and to minimize the risk of re-traumatization.

Why is TIC important?

Dr. Andrés F. Sciolla of the Department of Psychiatry and Behavioral Sciences at the University of California, Davis, speaking before the Medical Board of California's Education and Wellness Committee, said multiple studies confirm that childhood maltreatment is linked to poor health outcomes in later life. As an example, he provided a graphic showing a higher risk of adult heart disease in persons who experienced Adverse Childhood Experiences (ACEs).

"Those who have suffered childhood traumas experience increased morbidity and premature mortality as well as treatment-resistant chronic conditions," Dr. Sciolla said.

Unfortunately, these same patients may encounter special difficulties when they seek health care. They may have difficulty trusting health care systems and providers, have problematic clinical encounters (earning them the label "difficult patients"), and experience difficulty engaging in preventive care. They

are likely to suffer physical and behavioral health co-morbidities, including substance use disorders.

"Trauma exposure across the lifespan is prevalent in the general population and all clinical settings," Dr. Sciolla said. Implications for clinical care include:

- Patients want to be asked about trauma and are not harmed when asked about it.
- For many patients, disclosure of traumatic experiences to a physician who conveys empathy, safety and acceptance is therapeutic.
- Many patients are unaware that their health problems are linked to ACEs.

Dr. Sciolla said TIC "fits naturally with cultural competence," and works synergistically with Affordable Care Act-supported patient-centered medical homes. TIC also takes into account social determinants of health and is aligned with the goal of eliminating health disparities.

TIC can challenge physicians because it "requires excellent patient-centered communication skills," Dr. Sciolla said. Further, providing such care "may imply changes in certain billing and reimbursement procedures" as well as changes in medical school curricula and assessment of competency.

Suggested trauma-informed competencies for physicians include the ability to elicit patient histories of exposure to traumatic experiences, as appropriate, and to "respond with compassion, normalization and education to patient disclosure of traumatic or adverse experiences,"



Andrés F. Sciolla, M.D.

Dr. Sciolla said. Physicians should also be able to "identify and advocate for resources and refer patients to appropriate psychosocial services."

Physicians should also be able to "determine the patient's strengths, life goals and values that can sustain recovery and healing from trauma" and to "integrate the trauma and resilience information gathered in patient-centered, culturally-responsive treatment plans to enhance health outcomes," Dr. Sciolla said. His complete presentation is available at: http://www.mbc.ca.gov/About_Us/Meetings/2015/Materials/materials_20150730_edu-5.pdf.

Need A Speaker?

If you would like a speaker from the Medical Board of California to address your group or organization, please contact Public Affairs Manager Cassandra Hockenson at cassandra.hockenson@mbc.ca.gov.

Medical Assistants Scope of Practice Clarified



Medical assistants are unlicensed individuals who, according to [*Business and Professions Code section 2069*](#), perform basic administrative, clerical and technical supportive services – usually in a physician’s office -- under the **direct** supervision of either a supervising physician or podiatrist, physician assistant, nurse practitioner or certified nurse-midwife.

The person in the supervising role must be physically present at the treatment facility when the medical assistant is performing routine medical tasks and procedures. Although the supervising physician may delegate – in writing – supervision of the medical assistant to a physician assistant, nurse practitioner or certified nurse-midwife, the physician is ultimately responsible for the patient’s treatment and care.

Medical assistants must be at least 18 years old. Before he or she can perform technical supportive services, the medical assistant must receive a certificate from the training institution or instructor indicating satisfactory completion of required training. A copy of the certificate must be retained by the employer of the medical assistant. The training may also be administered by a licensed physician or podiatrist, or by a registered nurse, licensed vocational nurse, a physician assistant or a “qualified medical assistant” certified by a certifying organization recognized by the Medical Board of California (Board) and holding appropriate credentials to teach medical assistants. Certification in writing showing all training received, the content and duration of the training, and that requisite competence was demonstrated by the medical assistant is required. The physician, podiatrist or instructor must sign and date the certification. The documented record of all training received must be maintained by the employer.

By law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital.

Judging from the number of questions received by the Board every day, there is confusion about exactly which tasks medical assistants are allowed to perform. The bottom line is that medical assistants may not diagnose, treat or perform any task that is invasive or requires an assessment. Additionally, the Board has said that it is illegal to use medical assistants to replace highly trained licensed professionals. Further, medical assistants are there to assist and perform support services in the physician’s office appropriate with their training, which cannot be compared with licensed nurses or other health professionals who must meet rigorous educational and examination requirements.

It is difficult, if not impossible, to create a comprehensive list; however, properly trained medical assistants who have demonstrated competence, and whose training and competence have been properly documented in their records by supervising physicians, may perform the following:

- Administer medication orally, sublingually, topically, vaginally or rectally, or by intramuscular, subcutaneous and intradermal injection (injections require additional training). Provide a single dose to the patient for immediate self-administration. In every case, the physician must verify the correct medication and dosage and authorize the administration. The physician must be physically present in the treatment facility when the drug is administered. The verification of medication can also be delegated to a podiatrist, physician assistant, nurse practitioner or registered nurse.
- Call in refills to a pharmacy under the direct supervision of the physician or podiatrist as long as refills are exact and have no changes in dosage or quantity. The refill must be documented in the patient’s chart as a standing order and be patient specific.
- Collect and record patient data such as temperature, blood pressure, pulse, respiration rate, height and weight, and basic information about presenting and previous conditions.
- Measure and describe skin test reaction and make a record in the patient’s chart. Every questionable

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test result should be immediately brought to the physician's attention. In addition, all results need to be reported to the appropriate provider.

- Perform electrocardiogram, electroencephalogram, or plethysmography tests, except full body plethysmography.
- Apply and remove bandages and dressings to superficial incisions or lacerations; apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics, and similar devices; remove casts, splints and other external devices; obtain impressions for orthotics, padding and custom-molded shoes; select and adjust crutches to patient; and instruct patient in proper use of crutches.
- Remove sutures or staples from superficial incisions or lacerations.
- Perform ear lavage to remove impacted cerumen.
- Perform hearing tests under the direct supervision of a licensed physician and surgeon or podiatrist.
- Collect, by non-invasive techniques, and preserve specimens for testing, including urine, sputum, semen and stool.
- Swab the throat in order to preserve the specimen in a throat culture, as long as the supervising physician is on the premises.
- Assist patients in ambulation and transfers.
- Prepare patients for and assist the physician, podiatrist, physician assistant or registered nurse in examinations or procedures including positioning, draping, shaving and disinfecting treatment sites; and prepare patients for gait analysis testing.
- As authorized by the physician or podiatrist, provide patients with information and instructions, including how to give insulin injections to themselves.
- Perform simple laboratory and screening tests customarily performed in a medical office.
- Cut the nails of otherwise healthy patients.
- Administer first aid or cardiopulmonary resuscitation in an emergency.
- Administer flu shots, allergy shots, and other vaccines, and narcotic injections EXCEPT anesthetic agents (as long as physician verifies the correct medication and

dosage and is on the premises). Draw blood for tests, including "finger sticks" and venipuncture (requires additional training).

- Administer medication by inhalation (requires additional training).
- Perform nasal smears if the procedure is limited to the opening of the nasal cavity.
- Under supervision of a physician or optometrist, may perform simple non-invasive testing of visual acuity, pupils and ocular motility; automated visual field testing; ophthalmic photography and digital imaging; tonometry; lensometry; and non-subjective refraction.
- Under supervision of a physician or optometrist, may administer cycloplegics, mydratics and topical anesthetics that are not controlled substances for ophthalmic purposes; and perform pachymetry, keratometry, A scans, B scans and electrodiagnostic testing.

Medical Assistants (continued on page 15)

Take the MBC Newsletter Survey

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

We want to hear from you!

Click the link below to take the survey:

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

By contrast, medical assistants **SHALL NOT** perform any of the following tasks:

- Place a needle or start or disconnect the infusion tube of an IV. Medical assistants are not allowed to administer medications or injections into the IV line.
- Calculate a new serum dilution.
- Chart pupillary responses.
- Conduct a subjective refraction of a person’s eyes.
- Insert urine catheters.
- Obtain urine samples from indwelling urinary catheters.
- Perform telephone triage.
- Inject collagen or Botox.
- Use lasers, intense light devices, or radiofrequency devices for any reason.
- Perform chemical peels or microdermabrasion.
- Administer chemotherapy.
- Apply orthopedic splints.
- Interpret results of skin tests, lab tests or pregnancy tests.
- Administer allergy skin tests.
- Cauterize a wound.

- Perform a wound check or assess the site or make any determination about the wound.
- Perform debridement or removal of eschar in wound care.
- Administer any kind of anesthetic agent, including topical lidocaine gel. Pre-draw and mix lidocaine and other anesthetics.
- Mix or compound any medications. (Except to reconstitute a medication by mixing with sterile water or other inert ingredient).
- Suture.
- Collect nasopharyngeal swabs.
- Apply an Unna boot.
- Administer oxygen to patients.
- Determine that a test is required.
- Perform sclerotherapy.

More information about medical assistants is available on the Board’s website, at http://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/.

Provider Compliance Program (continued from page 6)

you must tailor your compliance program to suit your organizations’ needs. To assist you, the Office of the Inspector General (OIG) has provided a number of helpful resources on its public website, such as the Roadmap for New Physicians and a series of voluntary compliance program guidance documents directed at various segments of the health care industry.

Dr. Wolfe reviewed key elements of effective compliance programs and directed physicians to follow the OIG’s Guide for Physician Groups, which can be found at <http://oig.hhs.gov/authorities/docs/physician.pdf>.

<http://oig.hhs.gov/authorities/docs/physician.pdf>. She also recommended free tools such as the Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training at <http://oig.hhs.gov/compliance/provider-compliance-training/index.asp>.

While no enforcement date has yet been issued, Dr. Wolfe urged all physicians, clinicians and providers of medical supplies to establish simple, useable compliance plans and to review them annually. “Implementation of a compliance program sends a message that an organization or practice conducts

itself in an ethical manner and is committed to quality, not only from a customer service perspective, but from a patient care perspective,” Dr. Wolfe said.

Her complete presentation can be watched at <https://www.youtube.com/watch?v=I1E-9iXpyx0>. Advance to the presentation at 4 minutes and 29 seconds.

Please note: All licensees and registrants are required to professionally use the name under which they are licensed or registered with the Medical Board of California. Using any other name may confuse or mislead the public and may be considered by the Board to be unprofessional conduct.

Plague Alert

Physicians are encouraged by the Centers for Disease Control (CDC) to ask patients presenting with flu-like systems if they've recently gone camping or hiking in a rodent habitat in the western United States.

The CDC reports 12 cases of human plague, including four resulting in death, in the U.S. from April 1, 2015 to August 31, 2015. Two of these – one in California and one in Georgia – were linked to exposures in or near Yosemite National Park. This is approximately twice the average number of plague cases seen each year dating back to 2000. According to the CDC, "It is unclear why the number of cases in 2015 is higher than normal."

Transmission most commonly occurs through the bite of an infected flea. The bite site may develop a painful swelling known as a "bubo." The usual incubation period between exposure and illness onset is 2-6 days. "In humans, plague is characterized by the sudden onset of fever and malaise, which can be accompanied by abdominal pain, nausea, and vomiting," according to the CDC.

"Suspicion of plague should prompt (1) collection of blood, bubo aspirate, or sputum samples for *Yersinia pestis* diagnostic testing; (2) implementation of isolation and respiratory droplet precautions for patients with respiratory involvement; (3) immediate antibiotic treatment (before laboratory confirmation); and (4) notification of public health officials. *Y. pestis*-specific testing is available at state health laboratories," the CDC said.

Recommendations for diagnostic testing and antibiotic treatment are available at <http://www.cdc.gov/plague/healthcare/clinicians.html>.

Expanded Access to Medical Products

Expanded access or "compassionate use" is the use of an investigational medical product outside of a clinical trial. Use of an investigational medical product by a patient as part of a clinical trial is preferable because clinical trials can generate data that may lead to the approval of products and, consequently, to wider availability. However, when patient enrollment in a clinical trial is not possible (e.g., a patient is not eligible for any ongoing clinical trials, or there are no ongoing clinical trials), patients may be able to receive the product, when appropriate, through expanded access.

The FDA is committed to increasing awareness of and knowledge about its expanded access programs and the procedures for obtaining access to human investigational drugs (including biologics) and medical devices. For more information on expanded access see:

<http://www.fda.gov/NewsEvents/PublicHealthFocus/ExpandedAccessCompassionateUse/default.htm>

Tech Med Corner

Text Messages Lower Heart Disease Risk

A study published in the *Journal of the American Medical Association* showed that text message reminders of health tips could help participants lower their risk of heart disease. The study involved 700 participants who had either experienced a heart attack, undergone procedures to improve blood flow to the heart, or undergone tests that found "serious blockages or narrowing in the arteries." Participants were divided into two groups. For six months, both groups received their usual care, and one group received four text messages a week in addition to their usual care. An automated computer system generated the tailored text messages at different times and on differing days of the week. Participants were tested at the beginning of the study and again six months later. At the beginning of the study, 53 percent of both groups were smokers. After six months, 26 percent of the text message recipients were still smoking, compared to 43 percent of the control group. Also, 63 percent of the text message recipients had reduced their blood pressure, body mass index and cholesterol, compared to 34 percent in the control group. "Patients said the text messages helped them make behavioral changes, with more than 90 percent reporting the intervention to be useful." (*iHealthBeat*, 9/23/15)

Collaborating to Solve Medical Mysteries

The Undiagnosed Diseases Network (UDN), a research study funded by the National Institutes of Health Common Fund, launched an online portal to "bring together clinical and research experts from across the United States to solve the most challenging medical mysteries using advanced technologies. Through this study, we hope to both help individual patients and families and contribute to the understanding of how the human body works."

The UDN is made up of a Coordinating Center, based at the Department of Biomedical Informatics at Harvard Medical School, nine clinical sites – including Stanford Medical Center and the University of California at Los Angeles Medical Center -- and two Sequencing Cores, where genetic testing for the UDN is performed.

Patients can apply to be part of the study at <http://undiagnosed.hms.harvard.edu/apply/>. A referral letter from primary licensed health care providers is required. Sample referral letters are provided on the website.



Administrative Actions: May 1, 2015 – July 31, 2015

Physicians and Surgeons

AGOLIA, LINDSAY ROSE, M.D. (A 113193)
aka ZEICHNER, LINDSAY ROSE, M.D.

Piedmont, CA

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

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=113193>

ANDERSEN, JARON ROSS, M.D. (A 97202)

Glendale, CA

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

July 23, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=97202>

AQUITANIA, RAMONCITO ELUMBA, M.D. (G 70129)

San Diego, CA

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

July 23, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=70129>

ARIYO, ADENIRAN ABRAHAM, M.D. (A 53707)

Lancaster, TX

Public Reprimand

June 17, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=53707>

ARMSTRONG, DENNIS LEE, M.D. (G 85696)

Napa, CA

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

May 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=85696>

ARUNASALAM, SIVA, M.D. (G 66022)

Victorville, CA

Public Reprimand

May 8, 2015

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=66022>

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, 5 years probation with 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.

BABU, NARAYANAPPA SATHISH (A 105876)

Bolingbrook, IL
License Revoked
May 28, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=105876>

BEHYMER, RICHARD E. (C 36367)

Sonora, CA
License Surrendered
July 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=36367>

BRATHWAITE, LINDSAY MARTIN (A 74850)

Dover, DE
License Revoked
July 17, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=74850>

CALHOUN, KEVIN, M.D. (G 83498)

Rolling Hills, CA
Revoked, stayed, placed on 4 years probation with terms and conditions
July 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=83498>

CHIAROTTINO, MICHAEL ROGER (G 39528)

San Rafael, CA
License Surrendered
June 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=39528>

CHIU, JOHN CHIH, M.D. (C 31784)

Newbury Park, CA
Public Reprimand with conditions
June 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=31784>

CHRISTENSEN, CHRISTIAN OLAF (G 62440)

Yucaipa, CA
License Surrendered
May 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=62440>

CLARK-REED, MONICA ANDREA (C 55503)

Houston, TX
License Surrendered
June 23, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=55503>

CONARD, REY DEAN (G 28049)

Corpus Christi, TX
License Surrendered
May 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=28049>

CONLEY, GENE RAYMOND, M.D. (G 40586)

Walla Walla, WA
Revoked, stayed, placed on 4 years probation with terms and conditions
June 19, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=40586>

CORONA, PAUL DANIEL, M.D. (G 69171)

Laguna Niguel, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
July 31, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=69171>

CORTINA, PABLO GARZA, M.D. (G 47561)

Ukiah, CA
Revoked, stayed, placed on 2 additional years probation with terms and conditions
June 18, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=47561>

DAVIDSON, DANIEL SHANE SHEIBANI (A 56075)

Beverly Hills, CA
License Revoked
June 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=56075>

DE JONG, ANN, M.D. (A 118790)

Las Vegas, NV
Public Reprimand with conditions
July 31, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=118790>

DESANTO, JOSEPH ANTHONY, M.D. (G 81151)

Newport Beach, CA

Revoked, stayed, placed on 7 years probation with terms and condition, including 60 days actual suspension
July 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=81151>

DOLIN, ROBERT HAROLD (G 62445)

Orange, CA

License Surrendered

July 30, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=62445>

DOWLING, MARK CHRISTOPHER, M.D. (G 80355)

Stockton, CA

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

May 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=80355>

ELLIAS, MAZIN ABIDULMASIH (A 53724)

Wausau, WI

License Surrendered

May 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=53724>

FAN, RYAN ANDREW, M.D. (A 90660)

Mission Viejo, CA

Public Reprimand

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=90660>

FESKE, WILLIAM IRA, M.D. (G 73152)

Newport Beach, CA

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

June 25, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=73152>

FISCHEL, ALAN J., M.D. (G 83137)

Eureka, CA

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

May 1, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=83137>

FLEMING, SUSAN BRINDAMOUR (G 34801)

Tucson, AZ

License Surrendered

June 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34801>

FOULADI, ALI, M.D. (A 38712)

Newport Beach, CA

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

May 1, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=38712>

FOX, JERRY CURTIS (A 24108)

Bakersfield, CA

License Revoked

July 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=24108>

FREISLEBEN-COOK, LOIS ANNE, M.D. (G 45968)

Eureka, CA

Public Reprimand

June 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=45968>

GHATNEKAR, JAI VINAYAK, M.D. (C 42883)

Joshua Tree, CA

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

June 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=42883>

GONZALES-NATE, CARMEN PROTESTS, M.D. (A 49248)

Loma Linda, CA

Revoked, stayed, placed on 2 years probation with terms and conditions

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=49248>

GOODWIN, GLENDA DARLENE, M.D. (A 71660)

Sacramento, CA

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

July 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=71660>

GRISEZ, JAMES L. (G 7402)

Arroyo Grande, CA
License Surrendered
June 30, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=7402>

GROTH, STEPHEN JOHN (G 36991)

Laguna Beach, CA
License Revoked
June 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=36991>

GUTNER, KIM A., M.D. (G 59083)

Del Mar, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
May 22, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=59083>

HARELIK, THEODORE R. (G 6391)

Los Angeles, CA
License Surrendered
June 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=6391>

HORDYNSKI, STEPHEN NICHOLAS, M.D. (G 45188)

Redlands, CA
Public Reprimand with conditions
July 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=45188>

HSIANG, PAUL JIA SHENG, M.D. (A 62783)

Riverside, CA
Revoked, stayed, placed on 35 months probation with terms and conditions
July 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=62783>

HUANG, ALAN WEN, M.D. (A 111806)

Dublin, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 60 days actual suspension, and a condition precedent to the practice of medicine
June 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=111806>

HUQ, NISAR MIKAIL, M.D. (C 51732)

London, Ontario, Canada
Revoked, stayed, placed on 5 years probation with terms and conditions, including a condition precedent to the practice of medicine
May 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=51732>

JAMES, ELAINE, M.D. (G 71988)

Los Angeles, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 12 months actual suspension and a condition precedent to the practice of medicine
May 28, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71988>

JODHANI, MADHU, M.D. (A 50459)

Yuba City, CA
Public Reprimand with conditions
May 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=50459>

JOHANSSON, KARL HARVEY, M.D. (A 23456)

Oroville, CA
Public Reprimand with conditions
June 12, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=23456>

KALICINSKY, IHOR BORYS (C 43289)

Visalia, CA
License Surrendered
June 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=43289>

KAPLAN, MICHAEL R., M.D. (A 22816)

Huntington Beach, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
June 9 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=22816>

KHAMSI, BABAK RAZAGHI, M.D. (A 119808)

Riverside, CA
Public Reprimand
July 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=119808>

KHAN, TOSEEF MUZAFFAR, M.D. (C 55087)

Eden Prairie, MN

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

June 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=55087>

KIM, DANIEL KUNIL, M.D. (G 63123)

Las Vegas, NV

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

May 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=63123>

KUMAR, KUSH (A 109523)

Dublin, GA

License Surrendered

July 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=109523>

KURIAN, LEONARD SUNIL, M.D. (G 70489)

Lancaster, CA

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

May 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=70489>

LEE, JAMES HO, M.D. (G 84634)

Fresno, CA

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

July 17, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=84634>

LEE, WAI SHAT, M.D. (G 55211)

Fresno, CA

Public Reprimand with conditions

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=55211>

LEWIS, BRENDA ANN (G 52614)

Hayward, CA

License Revoked

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52614>

LOFTUS, PAUL MICHAEL (C 33393)

Napa, CA

License Revoked

June 4, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=33393>

MALDONADO, ANTHONY S., M.D. (A 94678)

Baldwin Park, CA

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

June 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=94678>

MARANON, WILLIAM ROBERT, M.D. (G 56257)

Las Vegas, NV

Public Reprimand with conditions

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=56257>

MARTINEZ, GONZALO GONZALEZ, M.D. (G 45660)

Palmdale, CA

Public Reprimand with conditions

May 7, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=45660>

MISSETT, JAMES ROBERT (G 27666)

Palo Alto, CA

License Surrendered

June 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=27666>

MOAYED, SEPIDAH, M.D. (A 77967)

Los Altos Hills, CA

Revoked, stayed, placed on 2 years probation with terms and conditions

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=77967>

MONROY, ANDREW GREGORY (A 69536)

Santa Barbara, CA

License Revoked

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=69536>

MORA, LAWRENCE ANTHONY, M.D. (A 71399)

Los Angeles, CA

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

May 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=71399>

NASEEM, MOHAMMAD, M.D. (A 33223)

Oak Brook, IL

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

June 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=33223>

OLIVER, DAVID ALLEN (G 79447)

Mount Vernon, WA

License Surrendered

July 28, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=79447>

PERO, JAMES EDWARD, M.D. (G 70281)

Thousand Oaks, CA

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

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=70281>

PHAM, TIMOTHY QUANG, M.D. (G 81541)

Los Angeles, CA

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

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=81541>

PHILLIPS, CHARLES ROY (G 16783)

Fresno, CA

License Revoked

May 14, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=16783>

PRENDERGAST, JOHN J. (C 30758)

Palo Alto, CA

License Surrendered

July 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=30758>

RANDHAWA, RAJINDER SINGH, M.D. (C 50081)

Antelope, CA

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

May 22, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=50081>

REMEDIOS, ELIZABETH, M.D. (G 55283)

Glendale, CA

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

June 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=55283>

SABIN, MANUEL ALLEN, II, M.D. (A 69270)

Sacramento, CA

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

July 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=69270>

SACHMAN, JASON L., M.D. (A 119972)

San Jose, CA

Revoked, stayed, placed on 7 years probation with terms and conditions, including 15 days actual suspension and a condition precedent to the practice of medicine

May 1, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=119972>

SCHWARTZ, IRVING JACK (A 37528)

Yuba City, CA

License Surrendered

July 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=37528>

SCHWARZBEIN, DIANA LYNN, M.D. (G 60527)

Santa Barbara, CA

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

May 6, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=60527>

SCOTT, ELIZABETH ZIMMERMAN, M.D. (G 80019)

National City, CA

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

May 21, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=80019>

SESHI, BEERELLI, M.D. (A 79526)

La Jolla, CA

Public Reprimand with conditions

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=79526>

SHEPERD, JAIME MANUEL (G 88416)

Minot, ND

License Revoked

May 7, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88416>

SHIVELY, DONOVAN PAUL (G 21888)

Fairfield, CA

License Revoked

June 18, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=21888>

SMITH, BARLOW (G 35320)

Marble Falls, TX

License Revoked

May 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=35320>

SREENIVASAN, PURNIMA RAVI, M.D. (A 82039)

Walnut Creek, CA

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

July 3, 2015

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=82039>

STARRITT, RITA ELAINE, M.D. (C 54648)

La Jolla, CA

Public Reprimand with conditions

May 1, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=54648>

STREIT, CHARLES COONAN (A 25530)

Fullerton, CA

License Surrendered

June 25, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=25530>

TSENG, ANTHONY, M.D. (G 85565)

Yuba City, CA

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

May 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=85565>

VAZIRI, ALI S., M.D. (G 71962)

Napa, CA

Revoked, stayed, placed on 7 years probation with terms and conditions, including 6 months actual suspension and a condition precedent to the practice of medicine

May 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71962>

VERGARA, FELIX ANTONIO, M.D. (A 74444)

Antioch, CA

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

June 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=74444>

VESCO, DAVID MICHAEL, M.D. (A 43384)

Calabasas, CA

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

July 31, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=43384>

VU, VAN HUY, M.D. (G 71968)

Fountain Valley, CA

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

June 12, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71968>

WORK, WILLIAM RALPH (A 66593)

Fresno, CA

License Surrendered

May 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=66593>

WU, BENSON MING-SHUN, M.D. (G 82299)

Newport Beach, CA

Revoked, stayed, placed on 5 years probation with terms and conditions, including 30 days actual suspension

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=82299>

YEH, RONALD NGA, M.D. (A 93085)

Fort Lauderdale, FL

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
June 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=93085>

YOUNG, JOHN LING (G 88871)

Potomac, MD

License Revoked

July 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88871>

ZAMBRANO, ISIDORO VALENTINO, M.D. (A 90235)

Oconomowoc, WI

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
July 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=90235>

ZIMMERMAN, JOSEPH E. (A 19234)

Antioch, CA

License Surrendered

July 17, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=19234>

Physician Assistants

CEAN, BRENDA GRACIELA, PA (PA 52466)

Irvine, CA

Probationary License issued. Two years probation with terms and conditions
May 4, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52466>

GARRISON, DAVID JAMES (PA 12521)

Los Angeles, CA

License Revoked

May 22, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=12521>

KEITH, LONNIE SCOTT (PA 18704)

Chico, CA

License Revoked

May 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=18704>

LIN, NOBEL, PA (PA 17716)

Torrance, CA

Revoked, stayed, placed on 7 years probation with terms and conditions, including 5 days actual suspension and a condition precedent to the practice of medicine

June 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=17716>

ZABLAN, JESSE GARCIA, PA (PA 52501)

Pico Rivera, CA

Probationary License issued. Two years probation with terms and conditions
May 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52501>

Podiatrists

FANOUS, MICHAEL M., DPM (E 3544)

Norco, CA

Public Letter of Reprimand

July 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=3544>

SHERIDAN, LARRY E. (E 2095)

Carmichael, CA

License Surrendered

June 18, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=2095>

Registered Spectacle Lens Dispensers

SILVERSTEIN, ROBIN (SL 5644)

San Jose, CA

Registration Revoked

June 4, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=SL&licenseNumber=5644>

Summary of the Actions for May 1, 2015 – July 31, 2015

The actions taken include charges or findings based on the following:

Physicians and Surgeons

- Administered a controlled substance to himself and a relative
- Allowed unlicensed and inappropriate personnel to assist in the implantation of a spinal cord stimulator
- Committed dishonest acts in that he replaced the controlled substances he had prescribed to two patients with acetaminophen, then used the controlled substances himself
- Continued to prescribe dangerous drugs to a patient even though the patient refused to have surgery or to go to pain management, and without obtaining a medical history or physical exam
- Convicted of driving under the influence of alcohol on two separate occasions; the arrest for one violation occurred while on his way to work at a hospital
- Convicted of burglary, identity theft and forgery of a prescription for writing prescriptions in the names of his patients, without their knowledge, and using the fraudulently-obtained medications for his own use
- Convicted of grand theft of property exceeding \$1.3 million and conspiracy to pay and receive health care kickbacks and defraud Medicare -- created false medical records with fraudulent intent by writing prescriptions for electric wheelchairs for individuals who did not need them
- Convicted of possession of child pornography and ordered to register as a sex offender
- Convicted of possession of controlled substance without a prescription, driving under the influence of drugs, with a special allegation that he was driving recklessly and over the posted speed limit, and willful disobedience of a court order
- Convicted of shoplifting for a second time while on a board-ordered probation
- Convicted of willfully subscribing a false income tax return
- Created a medical record entry documenting a face-to-face examination on a patient that was not performed
- Demonstrated a lack of knowledge in her evaluation of a patient's risk of suicide assessment
- Demonstrated incompetence in failing to recognize basophils in the flow cytometric study and confusing the basophil population with blast population in a case of chronic myelogenous leukemia
- Demonstrated incompetence in failing to recognize signs and symptoms of congestive heart failure
- Demonstrated incompetence in performing a paravertebral sympathetic ganglion block at the same time as a caudal epidural
- Demonstrated poor decision making, poor clinical judgment, and a limited level of understanding of simple and complex shoulder problems
- Disciplined by another state for allowing cross-contamination of blood products, exposing patients to hepatitis, AIDS and other blood-borne pathogens
- Disciplined by another state for allowing unlicensed employees to evaluate and examine patients and provide prescriptions for controlled substances
- Disciplined by another state for dispensing controlled substances outside the usual course of professional practice and without legitimate medical purpose
- Disciplined by another state for failing to consider treatment modalities other than opioids and steroid injections for pain management
- Disciplined by another state for consuming alcohol on a day when he was the on-call Interventional Radiologist for a hospital
- Disciplined by another state for delaying the delivery of a patient who demonstrated typical presentation of a placental abruption and relied on the resident to interpret the tracing and treat the patient
- Disciplined by another state for failing to create and maintain medical records for a patient
- Disciplined by another state for failing to diagnose a popliteal artery laceration and compartment syndrome which resulted in an above the knee amputation
- Disciplined by another state for failing to identify testicular torsion on the initial scrotal ultrasound of a 4-year-old patient. The patient subsequently underwent surgery and the testicle was excised
- Disciplined by another state for failing to meet the standard of care for issuing certificates for marijuana for medicinal purposes

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- Disciplined by another state for failing to monitor, recognize and evaluate problems associated with opioid-related disorders
 - Disciplined by another state for failing to obtain radiologic images of the neck and spine of a patient he treated in the emergency room and failing to diagnose the patient's cervical spine injury
 - Disciplined by another state for failing to properly perform a pacemaker placement and failing to appropriately interpret the signs indicating the misplacement of the lead
 - Disciplined by another state for failing to report impression of an MRI of a patient's lumbar spine to rule out epidural abscess
 - Disciplined by another state for improperly disposing of pharmaceutical samples by placing them on the curb in front of his office, failing to respond to a board's request for information, and demonstrating a lack of knowledge of the expectations for the supervision of his employees
 - Disciplined by another state for performing a procedure on an over-medicated patient even though nursing staff recommended the patient be given a fluid bolus prior to the procedure
 - Disciplined by another state for performing a wrong-site surgery on a patient
 - Excessively prescribed controlled substances and dangerous drugs to patient by failing to closely monitor the amounts and frequency of prescriptions
 - Experienced an unanticipated altered level of consciousness during surgery and was unable to complete the surgery
 - Failed to adequately evaluate a patient's gastrointestinal tract during exploratory surgery and terminated the surgery without determining and addressing the etiology of the drainage and leakage
 - Failed to adequately monitor patients, including ordering monthly blood testing, which resulted in the death of patients
 - Failed to appreciate and follow up on a patient's serious and developing post-operative complications following a lymphadenectomy
 - Failed to appropriately identify and remove a patient's appendix during a laparoscopic appendectomy, which resulted in the patient undergoing a second appendectomy which put the patient and her fetus at risk
 - Failed to comply with an Order for Examination
 - Failed to comply with the terms and conditions of probation
 - Failed to convert a laparoscopic procedure to an open procedure even after viewing many adhesions
 - Failed to diagnose deep vein thrombosis during two medical visits that eventually resulted in a pulmonary embolus
 - Failed to document and/or conduct psychiatric evaluations on two patients
 - Failed to document treatment plan and objectives for patient
 - Failed to establish that she had a regular program of fetal testing with non-stress tests of a patient
 - Failed to identify and appropriately treat a patient's Diabetes Mellitus
 - Failed to maintain adequate and accurate records
 - Failed to obtain informed consent from patient
 - Failed to perform an adequate physical examination for possible cause of patient's complaint
 - Failed to perform and document periodic reviews of patient's pain treatment
 - Failed to perform lumbar discography with adequate controls in order to produce a valid diagnostic study on three patients
 - Failed to properly diagnose and treat kidney failure
 - Failed to properly label chemotherapy solutions
 - Failed to provide an appropriate evaluation of a patient's report of decreased fetal motion
 - Failed to provide patients with timely notice of office closure and be available to meet their medical needs after the office closed
 - Failed to report a misdemeanor conviction within 30 days of the conviction
 - Failed to supervise physician assistant
 - Failed to timely produce copies of patient records
 - Improperly screened patients for state-supplied vaccines, administered the state-supplied vaccines to ineligible persons and failed to comply with requirements related to state-supplied vaccines
 - Failed to treat patients with care and respect
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-
- Improperly supervised mid-level providers during laser therapy to a patient
 - Performed an occipital nerve block for relief of migraines, but used the wrong needle and injected particulate corticosteroid in the patient's eye which resulted in significant vision loss
 - Initiated obstetric care of a patient without first obtaining a complete history
 - Lacked the ability to and thereby failed to integrate basic knowledge of ovarian physiology into the plan of treatment of a patient
 - Made multiple failed attempts at lower extremity re-vascularization resulting in below the knee leg amputation of the patient
 - Performed carotid procedures at a hospital that was a non-cardiac surgery hospital
 - Performed cosmetic procedures in his office without adequate protocols and emergency equipment in place
 - Performed a labiaplasty on a patient without having the necessary training and knowledge to do so
 - Performed surgery in non-accredited surgery center
 - Permitted medical assistants to discontinue IV medications being administered
 - Prescribed controlled substances to known addicts
 - Prescribed escalating doses of opioids to patients then closed his office without notice to the patients
 - Prescribed high doses of narcotic medications to patients, one of whom died in a car accident, while impaired
 - Prescribed medications to patients without medical indication thereof
 - Prescribed medications through fictitious patients for personal use
 - Prescribed multiple controlled substances without creating medical records for the patients
 - Provided untruthful answers to investigators and psychiatrist regarding her own treatment and medications
 - Purchased and used materials and equipment which he knew or should have known were stolen
 - Signed a document that falsely represented that he possessed a valid medical license
 - Suffers from a cannabis use disorder and depression
- which has created an impairment that impacts her ability to practice medicine with safety to the public
 - Suffers from a medical impairment as a result of Small Vessel Cerebrovascular Disease and is unable to practice medicine with safety to the public
 - Suffers from a mental/physical illness affecting competency which impairs ability to practice medicine safely
 - Suffers from polysubstance abuse which renders him incapable of practicing medicine with safety to the public
 - Surgically removed the wrong ovary
 - Used a prosthetic penis and bladder during a biological fluid testing
 - Used controlled substances, dangerous drugs, and/or alcohol in a manner dangerous or injurious to himself, others, or to the public
 - Used a patient's name and medical insurance to obtain medications without the patient's knowledge or consent
- ### *Physician Assistants*
- Committed fraudulent acts in that he billed, or aided and abetted others to bill the Medi-Cal Family Pact program for services not rendered
 - Convicted of conspiracy to commit health care fraud and aiding/abetting health care fraud for submitting fraudulent claims for power wheelchairs and accessories
 - Convicted of forcible rape and kidnapping and ordered to register as a sex offender
 - Dispensed controlled substances and/or dangerous drugs in an lawful manner
 - Improperly used dangerous drugs and hypodermic needles and syringes to effectuate crimes on women
 - Performed inadequate history and physical examination of patient
 - Prescribed controlled substances or dangerous drugs to patients without medical indication and/or appropriate examination
- ### *Podiatrists*
- Failed to complete medical records for visits, instead copied and pasted exact notes from prior medical records for the patient
-

- Failed to conduct and document a complete preoperative history and physical
- Failed to send tissue specimen to pathology for evaluation
- Removed hardware from the ankle of a patient, but failed to conduct post-operative x-rays
- Treated a patient with peripheral arterial disease and

proceeded to perform a surgery before obtaining a vascular consultation

Registered Spectacle Lens Dispensers

- Convicted of driving under the influence of alcohol and possession of drug paraphernalia

Board Officers Re-elected for Second Term

In addition to Board President David Serrano Sewell, who was re-elected, board members Dr. Dev GnanaDev and Denise Pines have been re-elected as officers of the Medical Board of California (Board) for a second one-year term.

Dr. GnanaDev, of Upland, is Vice President of the Board. He serves as the president of the Arrowhead Regional Medical Center and chair of the Department of Surgery and an associate professor of surgery at Loma Linda University.

Ms. Pines, a public member, serves as Secretary of the Board. A Los Angeles resident, she is responsible for strategic planning and business development for Denise Pines Inc. She served as President for The Smiley Group from 1998 to 2010. She launched Pines One Publications in 1993.



Dev GnanaDev, M.D.



Denise Pines

Verify A License Campaign Begins

The Medical Board of California's Verify a License Campaign has begun. The Board wants patients to know that the ability to ensure that their physician's license is in good standing with the Board is literally a few "mouse clicks" away. Patients should be proactive regarding their physician and health care, and the Board wants to educate them on how to do that through the information readily available on the Board's website.

Board staff will be doing outreach throughout the state including health fairs, town halls and shopping malls, passing out our brochures and providing one-on-one information and instruction on how to look up a physician's license, as well as

how to check for any disciplinary actions. In addition, the Board plans to launch a publicity campaign all culminating with March as "Verify a License Month".

This is just the beginning. The Board is committed to developing creative ways to educate the public on how to verify a physician's license. If you have an idea on how the Board can improve public outreach, please contact Cassandra Hockenson, public affairs manager, at cassandra.hockenson@mbc.ca.gov.



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Medical Board of California
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Business and Professions Code § 2021(b) and (c) require physicians to inform the Medical Board in writing of any name or address change. Go to:
http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx

MBC Meetings — 2016

January 21 - 22, 2016: Sacramento Area

May 5 - 6, 2016: Los Angeles Area

July 28 - 29, 2016: San Francisco Area

October 27 - 28, 2016: San Diego Area

(All meetings are open to the public. To the extent possible, meetings will be webcast and offered via teleconference. Visit our website at <http://www.mbc.ca.gov>)



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Medical Board of California

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(916) 263-2382

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Continuing Education	(916) 263-2645
Health Facility Discipline Reports	(916) 263-2382
Fictitious Name Permits	(916) 263-2382
License Renewals	(916) 263-2382

For questions or assistance with the following:

Continuing Education	(916) 263-2645
Expert Reviewer Program	(818) 551-2129
Publications/Outreach	(916) 263-2466

Affiliated Healing Arts Professions

Midwives - all inquires	(916) 263-2393
Physician Assistants	(916) 561-8780

Department of Consumer Affairs

Healing Arts Board and Bureau Complaints	(800) 952-5210
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Officers

David Serrano Sewell, J.D.
President

Dev GnanaDev, M.D.
Vice President

Denise Pines
Secretary

Members

Michelle Anne Bholat, M.D.

Michael Bishop, M.D.

Randy W. Hawkins, M.D.

Howard R. Krauss, M.D.

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Gerrie Schipske, R.N.P., J.D.

Jamie Wright, Esq.

Barbara Yaroslavsky

Felix C. Yip, M.D.

Medical Board of California, Executive Director — Kimberly Kirchmeyer

Fall 2015 — Medical Board of California Newsletter — Susan Wolbarst, Editor (916) 263-2480

Contact us by email: webmaster@mbc.ca.gov