



Medical Board of California Newsletter

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IN THIS ISSUE

President's Message	3
Legislator Profile	4
You Asked For It	5
Board Officers Elected	6
Warning: Delayed Onset of M. chimaera Infections	6
Loan Repayment Program Recipient Profile	7
Apply Soon for Steven M. Thompson Physician Corps Loan Repayment Program	9
CDPH Expands Services to Children Exposed to Lead	10
New Tools Developed to Increase Prediabetes Awareness	11
Vaccination Law Removes Personal Exemption	12
Screening and Treatment Recommendations for Latent Tuberculosis	13
News to Use / Tech Med Corner	14
Administrative Actions	15
Board Members and Executive Director	27
Contact Us	27
Meetings	27
Take the MBC Newsletter Survey	27

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Human Trafficking in California- What Role Can Physicians Play?

By Susan Wolbarst

An unknown number (thought to be in the thousands) of men, women and children are being "trafficked," coerced and exploited for money earned selling their sex and/or labor in the United States. California was cited as one of the top four destinations for trafficking in the U.S. by California Attorney General Kamala Harris in a 2012 report.

"For trafficking, solid data are sorely lacking," stated Dr. Susie Baldwin, a co-founder and president of HEAL Trafficking, a non-profit organization of healthcare professionals addressing the problem.

Victims can be largely invisible. They live as prisoners -- intimidated, constantly supervised and controlled by their traffickers. The trafficker may even be a family member. Fewer than 1 percent of trafficking victims in the U.S. are identified, according to a 2014 report by the U.S. Department of State.

When trafficking victims seek medical care, as they do 28-88% of the time, according to various studies, medical providers usually fail to recognize that their patients are being exploited. "It's our responsibility to identify and assist them," Dr. Baldwin said.

Physicians should be on the lookout for red flags, such as controlling behavior by the person who accompanies and speaks for, and/or translates for, the patient.



Human Trafficking (continued on page 8)

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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Medical Board of California:

Kimberly Kirchmeyer, Executive Director
Cassandra Hockenson, Public Affairs Manager
Christine Valine, Public Information Analyst
Kerrie Webb, Staff Counsel
Susan Wolbarst, Managing Editor

Contributors: Norlyn Asprec, OSHPD, HPEF

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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, Valencia and Fresno 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 (<https://jobs.ca.gov/JOBGEN/5CACC.PDF>). If you have any questions, please contact Division of Investigation, Health Quality Investigation Unit Commander Bob Pulido at (909) 421-5800 or email Robert.Pulido@mbc.ca.gov.

Interested in becoming an expert reviewer?

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

The Board is currently looking for experts **in the following specialties:** addiction medicine with added certification in family medicine or internal medicine or psychiatry, dermatology, family medicine, neurological surgery, neurology, ob/gyn, pathology, pain medicine, pediatric cardiac surgery, pediatric pulmonology, psychiatry, surgery, and urology, as well as midwife reviewers.

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, no prior discipline and must be willing to testify in court. Midwives must have an active midwifery practice for the past two years, have no current complaints, no prior discipline 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 email the Board's expert program at: MBCMedicalExpertProgram@mbc.ca.gov.

Editor's Spotlight

By Susan Wolbarst

Please read the President's Message on page **3** from the new President of the Medical Board of California, Dr. Dev GnanaDev.

Find information on how to apply for up to \$105,000 in student loan repayment through the Steven M. Thompson Physician Corps Loan Repayment Program. This program encourages physicians to practice in medically underserved parts of California. A brief history of the program and description of how awardees are chosen is available on page **9**.

Providing medical exemptions to immunizations under the state's new vaccination law (SB 277, Pan) is discussed in an article on page **12**.

A lot more information is packed into these pages to help you be informed. Please let us know what you think of the Newsletter by taking our quick survey on the back cover (page **27**). Thank you in advance for your time.

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.

President's Message



Dr. Dev GnanaDev

I was honored to be elected as the Board president at the July Board meeting. I have had the honor of serving as vice president for the last two years with past President David Serrano Sewell, who did an

outstanding job in addressing several important consumer protection issues, which I, along with my Vice President Denise Pines, plan to continue in the future.

As Board president, the growing opioid abuse issue in California, and in our country, remains a matter of concern for me and I plan to continue the work the Board has already begun on this important issue. This will be a top priority for me during my term.

Board staff has been participating with the California Department of Public Health on its Prescription Drug Overdose Prevention Statewide Workgroup by participating on several task forces including: Communications and Outreach, Integrated Health Care and Policy, Treatment and the Data Gathering and Sharing task forces. The purpose of this workgroup is to improve collaboration and expand joint efforts among state departments and state and local stakeholders working to decrease prescription

drug misuse, abuse and overdose deaths in California. The Board will be developing an educational brochure regarding prevention of opioid misuse and abuse and engaging in outreach to both physicians and patients, including discussing the use of Naloxone.

I also want to continue to promote the work the Board has begun through its outreach campaign entitled "Check Up On Your Doctor's License." The campaign is designed to encourage all California patients to check up on their doctor's license using the Board's website. The Board developed brochures and video tutorials in English and Spanish that are posted on the Board's website. The tutorials and brochures show patients step-by-step instructions on how to look up public information on any physician licensed in California.

I look forward to furthering the Board's mission of consumer protection and take my role as president in leading that mission very seriously.



More than
40
PEOPLE



die every day from overdoses involving **prescription opioids.**

Resources Available

The Centers for Disease Control and Prevention (CDC) have produced many resources designed "to help improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death." Visit the CDC website at <http://www.cdc.gov/drugoverdose/prescribing/resources.html>.

Legislator Profile

Senator Cathleen Galgiani



Senator Cathleen Galgiani (D-Stockton) has represented the Central Valley in the State Legislature for the past ten years. She was elected to the California State Senate in 2012 after serving six years in the California State Assembly.

In addition to Stockton, her 5th Senate District includes Galt, Lodi, Lathrop, Manteca, Tracy, Modesto and many other communities.

A 5th generation Stocktonian, Senator Galgiani has lived and worked in the San Joaquin Valley all of her life. She has been involved in a wide range of critical issues facing the Valley, including protecting agriculture, cleaning up the air in the Central Valley, cutting government waste and fraud, and fighting for Cal-Grant expansions so more kids can go to college.

Additionally, she helped to secure funding and support for the University of California, Merced as a consultant to the Legislative

Committee on the Development of UC Merced.

One of Senator Galgiani's key pieces of legislation this year is Senate Bill (SB) 1177, signed into law by Governor Jerry Brown, which establishes a physician health and wellness program within the Medical Board of California (Board). The newly approved program will provide for early identification of physicians with addiction disorders and provide appropriate interventions to help rehabilitate physicians to ensure that these physicians remain able to practice medicine in a manner that will not endanger the public health and safety. Physicians can self-refer to the program to find treatment. The Board will contract with a private third-party independent administering entity to administer the program, which will be funded by participant fees. There will be no cost to the state or to taxpayers. For physicians who self-refer to the program, confidentiality will be protected as long as the participant complies with the terms of program participation and does not withdraw from the program.

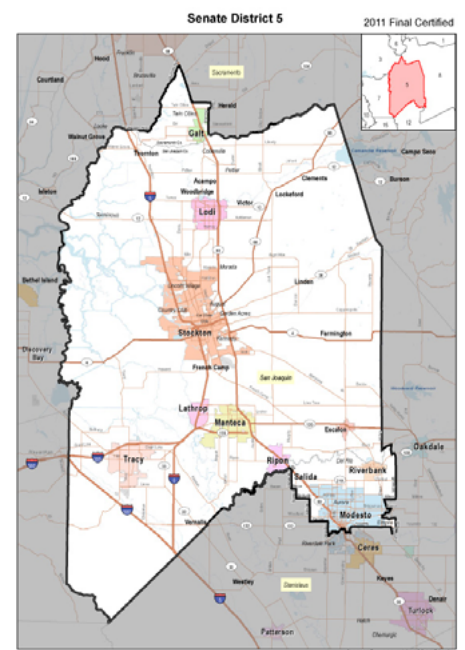
Additionally, Senator Galgiani has continuously worked to address the home mortgage crisis that has disproportionately affected the 5th Senate District. This year, Senator Galgiani introduced SB 907 that provides tax relief to Californians who modify their home mortgage. After a loan modification or short sale of a home, a bank can cancel or forgive thousands of dollars of an individual's

mortgage debt, helping homeowners to stay in their homes and avoid bankruptcy in many cases. However, federal and state income tax laws generally define cancelled debt as a form of income. Without additional

A 5th generation Stocktonian, Senator Galgiani has lived and worked in the San Joaquin Valley all of her life.

legislation to exclude cancelled debt, many Californians can be taxed on "phantom" income they never received. SB 907 would have applied to the tax years: 2014, 2015, and 2016. SB 907 was held in the Assembly Appropriations Committee, but Senator Galgiani promises to take up the issue again.

District Map



You Asked For It

Questions received from the Web

By Christine Valine, Public Information Analyst

Q. As a supervising physician, how often must I review my physician assistant's (PA) medical records?

A. Business and Professions Code section 3502 sets forth requirements for providing adequate supervision of PAs. The supervising physician and surgeon shall use one or more of the following mechanisms to ensure adequate supervision of the PA:

- (1) the supervising physician and surgeon shall review, countersign, and date a sample consisting of, at a minimum, 5 percent of the medical records of patients treated by the PA functioning under the protocols within 30 days of the date of treatment by the PA; and/or
- (2) the supervising physician and surgeon and PA shall conduct a medical records review meeting at least once a month during at least 10 months of the year. During any month in which a medical records review meeting occurs, the supervising physician and surgeon and PA shall review an aggregate of at least 10 medical records of patients treated by the PA functioning under protocols. Documentation of medical records reviewed during the month shall be jointly signed and dated by the supervising physician and surgeon and the PA; and/or
- (3) the supervising physician and surgeon shall review a sample of at least 10 medical records per month, at least 10 months during the year, using a combination of the countersignature mechanism described in (1) and the medical records review mechanism described in (2). During each month for which a sample is reviewed, at least one of the medical records in the sample shall be reviewed using the mechanism in (1) and at least one of the medical records in the sample shall be reviewed using the mechanism described in (2).

The supervising physician and surgeon shall select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his or her judgment, are the most significant risk to the patient.

Q. I work in a county hospital with on and off campus clinics. We are developing a procedure for a handheld diagnostic office hysteroscopy. The physician would be performing the hysteroscopy. If the medical assistant (MA) is assisting the physician during this procedure, is it within the MA's scope of practice to infuse normal saline through a syringe to dilate the uterus? The physician is physically present at all times during which the normal saline would be infused (via a syringe), and the MA is performing this task at the direction of the physician.

A. No. A medical assistant is not permitted to inject normal saline or any medication into the uterus. A medical assistant is permitted to perform injections that are either intradermal, intramuscular, or subcutaneous.

Q. I have not yet registered for CURES. What are the consequences?

A. If you met the requirements of having an active California medical license and a current DEA registration, you were mandated by law to register for CURES by July 1, 2016. At this time, the Medical Board is working on physician compliance, and you are advised to register as soon as possible. CURES registration can be found through the following link: <https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml>.

If it should come to the Board's attention that you are not registered for CURES, you may be subject to action against your medical license for unprofessional conduct for not adhering to the law.

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.



Board Officers Elected

The Medical Board of California (Board) elected officers for 2016-2017 at its July meeting in San Francisco. Dr. Dev GnanaDev of Redlands will serve as Board president. Denise Pines of Los Angeles, a public member, is the new vice president and Dr. Ronald H. Lewis of Rancho Mirage will serve as secretary.

Dr. GnanaDev is president of the Arrowhead Regional Medical Center and chair of the Department of Surgery, a position he has held since 1989. He is a clinical professor of surgery at Western University for Health Sciences and an associate professor of surgery at Loma Linda University. He served as president of the California Medical Association from 2008 to 2009. Appointed to the Board by Governor Jerry Brown in 2011, he served as vice president in 2014-2016 and has served on several Board committees. Dr. GnanaDev earned his medical degree from the Kurnool Medical College in Kurnool, Andhra Pradesh, India.

Ms. Pines served as secretary of the Board in 2014-2016. She is responsible for strategic planning and business development for Denise Pines, Inc. She served as president of The Smiley Group from 1998 to 2010. She launched Pines One Publications in 1993. Prior to starting her own business, Ms. Pines held management positions at AT&T, Neiman Marcus, Louis Vuitton, and The Gap. She holds a master's degree in finance from Stanford University and



Denise Pines



Ronald H. Lewis, M.D.

a master's degree in international business from John F. Kennedy University.

Dr. Lewis has been a physician and surgeon with the California Department of Corrections at Ironwood State Prison since 2008. He also has been an assistant clinical professor at the University of California, San Diego Department of Medicine since 2000. Dr. Lewis was an urgent care physician at Eisenhower Immediate Care from 2003-2008, and Sharp Rees-Stealy Medical Group from 2001-2004. He also worked for Agouron Pharmaceuticals, Inc.; Sequus Pharmaceuticals, Inc.; Stanford University School of Medicine; Syntex Laboratories, Inc.; and St. Mary's Hospital and Medical Center. He earned his medical degree from The George Washington University and is a fellow of the American College of Physicians.

WARNING: Delayed onset of *M. chimaera* infections following exposure to the Sorin 3T heater-cooler device in open-chest cardiopulmonary bypass surgery

The Healthcare-Associated Infections (HAI) Program of the California Department of Public Health (CDPH) is alerting the clinical community of an outbreak of invasive infections with a slow-growing nontuberculous mycobacteria, *M. chimaera*, associated with exposure to the LivaNova Sorin Stockert 3T (Sorin 3T) heater-cooler device during open chest surgery.

CDPH is currently aware of two affected patients in California.

Investigations determined that Sorin 3T heater-cooler devices manufactured prior to September 2014 may have been contaminated with *M. chimaera* during the manufacturing process. Contaminated Sorin 3T heater-cooler devices can aerosolize and expose

patients to *M. chimaera* during open chest surgical procedures.

The Food and Drug Administration issued Safety Alerts with recommendations to minimize infection risk associated with heater-cooler devices. The Centers for Disease Control and Prevention issued a Health Advisory to increase awareness among patients and health care providers.

Clinicians should consider the possibility of *M. chimaera* infection when evaluating patients with signs of infection and a history of open chest surgery, and consult an infectious disease specialist for assistance with diagnosis and management. Clinical manifestations of *M. chimaera* infection may be variable and nonspecific, and present months

or even years after exposure to the contaminated device.

Specific stains (e.g., acid fast bacillus (AFB) staining) and cultures for mycobacteria of blood or other invasive samples are necessary to diagnose *M. chimaera* infection. Treatment of *M. chimaera* infection is complex and prolonged. Delays in diagnosis and treatment result in poor outcomes.

Clinician awareness and index of suspicion for *M. chimaera* infections are critical to ensure appropriate diagnostic testing and management. For more information, see the CDPH HAI Program web page, "*M. chimaera* Infections Associated with Sorin 3T Heater-Cooler Devices" at www.cdph.ca.gov/HAI.

Steven M. Thompson Physician Corps Loan Repayment Program Recipient

Pediatrician Sean Dugan was inspired to become a doctor “by compassionate physicians I knew growing up. I was heavily involved in community service and knew I wanted to go into a career that involved serving others.”

A California native who was raised in Hawaii, he achieved the Eagle Scout rank at a young age. He attended the University of Southern California (USC), where he met his future wife in chemistry class: she was his lab partner. After earning a Bachelor of Science in chemistry, he moved back to Hawaii, where he attended the John A. Burns School of Medicine and Pediatric Residency Program while his future wife continued working at USC.

“What I love about pediatrics is that my actions will impact a lifetime. Educating patients and their families can have long-lasting positive effects, such as healthier lifestyle changes that impact morbidity and mortality. In turn, this will affect their future children and families. Pediatrics is also very challenging. Many times the patients cannot tell you what they are feeling or what symptoms they are having. Even if they are old enough to speak, it often requires a certain level of skill to extract the information you need from the patient,” Dr. Dugan said.

He works in rural northern California, at Shasta Community Health Center (SCHC). In a typical day, he sees 18-24 patients, often accompanied by a family practice resident or a medical student. “I perform circumcisions



Sean Dugan, M.D.
Loan Repayment Program Recipient

daily, in addition to many other procedures, ranging from Nexplanon implantation/removal to external Broviac repair.” On alternating Wednesdays, Dr. Dugan proctors the Telemedicine Endocrinology Clinic provided by the University of California Davis and runs an Adolescent (Teen) Clinic. He is on call at Mercy Medical Center in Redding, where he admits newborns and pediatric patients. Dr. Dugan is a part-time faculty member at Shasta Family Practice Residency Program. In addition, he serves on several committees at SCHC and in the Shasta County community.

“My favorite part of the job is getting to know my patients and their families. Building trust and rapport is very rewarding. I also love to teach, which is why we frequently have a

resident or a medical student working with me,” Dr. Dugan said.

The most challenging part of his job is dealing with pervasive child abuse. “I am working closely with my colleagues at the District Attorney’s office, in law enforcement and in Children and Family Services (formerly Child Protective Services) to start the first Children’s Advocacy Center in Shasta County. This is an evidence-based multidisciplinary approach to child abuse.”

Another challenge is the number of uninsured and underinsured patients in Shasta County. “It’s also difficult to find specialists for our patients. Even if we find the specialists, transportation can be challenging given the limited resources of the population we serve. I’ve learned to manage a lot of conditions and chronic diseases that I otherwise would have referred to a specialist if I practiced in a major city,” he said.

Being a beneficiary of the Steven M. Thompson Physician Corps Loan Repayment Program “... has allowed me to pursue my dream of working in a rural community and serving the underserved,” Dr. Dugan said. He and his wife and three young children enjoy the seasonal rhythms of outdoor life in Shasta County, where favorite activities include planting trees, growing their own food, swimming in nearby lakes, and playing in the snow.

Are you interested in becoming a Steven M. Thompson Physician Corps Loan Repayment Program recipient? Please see story on page [9](#) for application details.

Human Trafficking (continued from page 1)

Other clues that the patient may be a trafficking victim include: patient fear, nervousness, and depressed affect; patient memory gaps; patient reluctance to speak; and/or a patient who doesn't know where he or she lives. The patient may be branded or tattooed with a bar code, a name, or other mark of "ownership." The patient, who may have motel keys and multiple cell phones if he or she is being trafficked for sex, usually pays in cash.

"We have to create environments where people feel safe and secure," Dr. Baldwin said. "The setting must be private, unhurried and trauma-informed ... We have to ask the right questions in the right way."

Suggested screening questions include: Are you safe at home? Do you owe your employer money? Does anyone force you to have sex when you don't want to? Has anyone threatened your family? Has your identification or documentation been taken from you?

"The holy grail is to ask and figure out what's going on for each of these patients," she said.

"We have to create environments where people feel safe and secure. The setting must be private, unhurried and trauma-informed ... We have to ask the right questions in the right way."

--Dr. Susie Baldwin

Common diagnoses of trafficking survivors include: abdominal pain, abnormal Pap smears, anemia, acid reflux, anxiety, depression, headaches, low back pain, other musculoskeletal pain, pelvic pain, pregnancy, sexually transmitted infections, skin problems, and sleep disorders. In a majority of cases, the patient has many concurrent symptoms and may have delayed seeking medical care.

"We have to improve the system so individual doctors and nurses aren't left without knowing about resources and



ways to link victims to them," Dr. Baldwin said. The HEAL Trafficking website (<https://healtrafficking.org/>) lists many resources. Physicians and other health care providers can call the Coalition to Abolish Slavery and Trafficking (CAST) Hotline at (888) 539-2373 or the National Human Trafficking Resource Center Hotline at (888) 373-7888 if they suspect that a patient is being trafficked.

"The number one thing is protecting a patient's safety," Dr. Baldwin said. In California, if the patient is under 18, trafficking is recognized as child abuse and the physician must report it to local law enforcement, the county probation department, or the county welfare department, per [Penal Code sections 11165.7\(a\)\(21\), 11165.9, 11166\(a\)\(c\)](#). If the patient is 18 or older, the appropriate response may be contacting police, linking the victim to a social worker, or finding him or her a safe place to spend the night, depending on the victim's wishes.

Webinars offering physicians more information about recognizing and assisting trafficking victims can be found at Introduction to Labor and Sex Trafficking: A Health Care & Human Rights Challenge: <https://www.futureswithoutviolence.org/14599-2/> and Addressing Human Trafficking in Health Care Settings: <http://www.essentialaccess.org/learning-exchange/addressing-human-trafficking-health-care-settings-0>. Continuing Medical Education (CME) credits are available.

Apply for up to \$105,000 through the Steven M. Thompson Loan Repayment Program Application Cycle is Open December 1, 2016 - February 28, 2017

By Norlyn Asprec
Marketing and Outreach Director,
Office of Statewide Health Planning and Development

The Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) was established in 2003 to increase access to health care and to promote the retention of primary care physicians in medically underserved areas (MUAs) of California. The program is counseled by an Advisory Committee of seven members and includes two members recommended by the California Medical Association. Physicians and surgeons may receive up to \$105,000 in exchange for providing a minimum of 32 hours per week of direct patient care in a MUA for a minimum of three years.

Since its inception, STLRP has received 1,172 applications. This program has awarded and monitored the progress of 558 physicians providing direct patient care in 45 of California's 58 counties. Over this period of time, the program has awarded more than \$59.8 million. Consistent with the intent of the program, 80 percent of the total recipients are certified in a primary care specialty.

STLRP applicants are awarded based on their practice setting, medical specialty, and ability to meet the cultural and linguistic needs of the patients they serve. All recipients must serve in a MUA where more than 50 percent of its patients are uninsured, Medi-Cal beneficiaries, or beneficiaries of another publicly-funded program serving patients who earn less than 250 percent of the federal poverty level.

Applicants are reviewed by the STLRP Selection Committee, which is required to have a minimum of three members,

including a member appointed by the Medical Board of California. The Selection Committee is required to award at least 65 percent of available funds to primary care physicians who have completed a three-year postgraduate residency in the areas of family practice, internal medicine, pediatrics, or obstetrics and gynecology. Up to 15 percent of the total funds are dedicated to loan repayment for physicians and surgeons who practice in geriatric care settings, and up to 20 percent of funds may be awarded for other specialties.

The Selection Committee also considers where awardee practice sites are located to better serve the needs of California from a geographic perspective. Furthermore, priority consideration is given to the applicants best suited to meet the cultural and linguistic needs of patients, as determined by meeting one or more of the following criteria:

- Speaks a Medi-Cal threshold language.
- Comes from an economically disadvantaged background.
- Has significant training in culturally and linguistically appropriate service delivery.
- Has three years of prior experience working in a medically underserved area or with a medically underserved population.
- Has obtained a license to practice medicine in any state of the United States or Canada within the last 15 years.

For an application and complete details, please visit the Health Professions Education Foundation website at www.oshpd.ca.gov/hpef.

State Budgets \$100 Million to Expand GME

There was some good news in California's \$170.9 billion budget for physicians seeking residencies. Passed June 15, 2016, the budget included \$100 million to expand primary care graduate medical education (GME) in medically underserved areas.

The lion's share of the funding (\$62 million) will be spent over six years to bolster existing primary care residencies in family medicine, internal medicine, obstetrics/gynecology, and pediatrics. The primary care residencies at Teaching Health Centers will receive \$17 million over six years, and \$10 million will be spent over six years to create new primary care residencies at facilities that have none. Another \$10 million will be spent over six years to pay for new primary care residency slots in existing residency programs. The Office of Statewide Health Planning and Development has an implementation plan to fund the new residencies.

Historically, the Medical Board of California (Board) has always supported funding for expansion of primary care GME in medically underserved areas of the state. The Board has adopted a policy statement on this issue: "The Board supports additional funding for physician education, including funding for additional residency positions, funding for medical schools in California, and funding for loan programs, including the Steven M. Thompson Physician Corps Loan Repayment Program."

CDPH Expands Services to Children Exposed to Lead

The Childhood Lead Poisoning Prevention Branch of the California Department of Public Health has expanded its services by lowering the blood lead level (BLL) at which children are eligible for full case management, which includes home visits by a public health nurse and an environmental professional. There is no cost to the family; eligibility is based on BLLs, not income or insurance status.

BLLs are measured in micrograms per deciliter (mcg/dL). The new levels for triggering eligibility for services are: A person, aged birth to 21 years, with one venous BLL ≥ 14.5 mcg/dL (decreased from ≥ 19.5 mcg/dL); or two BLLs ≥ 9.5 mcg/dL (decreased from ≥ 14.5 mcg/dL), the second of which must be venous and drawn at least 30 days after the first BLL.

Children with BLLs ≥ 4.5 mcg/dL receive, at a minimum, monitoring, outreach, and education.

Children receiving services through the Child Health and Disability Program, Medi-Cal, or other publicly-funded programs are considered at increased risk for lead exposure and must have BLLs measured at ages 1 and 2 years, and between 2 and 6 years if not previously tested.¹ Anyone up to 21 years should be tested if changed circumstances put them at risk or upon parental request. Refugees, recent immigrants, and foreign adoptees should be tested at time of entry (for ages 6 months to 16 years) and 3 to 6 months after permanent placement in the United States (for ages 6 months to 6 years, and older if warranted).²

Initial testing may be capillary (a finger stick), but for all BLL values ≥ 4.5 mcg/dL subsequent testing should be venous. Include complete information on the laboratory requisition: child's name, address, telephone, birthdate, gender, provider contact information, date, and draw type. This information is needed to reach and provide public health services to these children.

Please see <http://www.cdph.ca.gov/programs/clppb/pages/Default.aspx> for further guidance and contact information.

¹ California Code of Regulations, Title 17, Sec. 37000–37100.

² <http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>. Accessed 7/20/2016.

PREVENT CHILDHOOD LEAD POISONING

LEARN WHERE LEAD CAN BE:



www.cdph.ca.gov/programs/clppb



New Tools Developed to Increase Prediabetes Awareness and Ease of Program Referrals

A recent study released by the UCLA Center for Health Policy Research found that nearly half (46%) of the adult population in California (13 million) have prediabetes (higher-than-normal blood glucose levels but not high enough to be considered type 2 diabetes) or diabetes.

Research found that 15-30% of overweight people with prediabetes will develop type 2 diabetes within five years unless they lose weight and increase their physical activity. The [National Diabetes Prevention Program \(National DPP\)](#) is an evidence-based lifestyle change program delivered by a trained lifestyle coach over a 12-month period during which small groups of participants learn to make manageable healthy changes.

The American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) have supported this program by developing the Prevent Diabetes STAT (Screen, Test,

Act - Today™) initiative. Prevent Diabetes STAT is a multi-year initiative focusing on prediabetes as a critical and serious medical condition. The AMA and CDC co-developed a [Provider Toolkit](#) meant to serve as a guide for physicians on the best methods to screen and refer high-risk patients to National DPPs in their communities.

In addition, the AMA and CDC partnered with the American Diabetes Association and the Ad Council to develop an awareness campaign with the tag line, "Do I Have Prediabetes." Medical offices are encouraged to utilize the suite of materials, including audio and video advertisements, posters, and social media graphics to help promote the message to their patient population. To learn more about the Prevent Diabetes STAT initiative or to find a CDC-recognized National DPP near you, visit DoIHavePrediabetes.org.

Research found that 15-30% of overweight people with prediabetes will develop type 2 diabetes within five years unless they lose weight and increase their physical activity.

Physician Assistants May Now Certify Disability Insurance

Effective immediately, physician assistants may certify Disability Insurance (DI) and Paid Family Leave (PFL) benefits. Senate Bill 1083 (Pavley), signed by Governor Jerry Brown on September 18, 2014, authorizes a physician assistant to certify disabilities for the purposes of State Disability Insurance (SDI) after a physical examination and under the supervision of a physician or surgeon.

For more information about certifying for benefits, view the Employment Development Department (EDD) [Physician/Practitioner's Guide to Disability Insurance](#) and [Physician/Practitioner's Guide to Paid Family Leave](#).

A new version of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F Rev 2 [10-16]) form is available. To order new forms, visit the

[EDD Forms and Publications](#) page or call 1-877-238-4373.

Also, medical certifications and other supporting documents may be submitted through an online account. [SDI Online](#) is easy to use and available 24 hours a day. For more information and to establish a physician/practitioner account, visit [SDI Online](#).

For more information, contact Mai Do at DIBOutreach@edd.ca.gov.

Vaccination Law Removes Personal Exemption

Effective January 1, 2016, the California Health and Safety Code was amended regarding childhood vaccinations. Under the new law (SB 277, Pan) all California children entering public or private day care, kindergarten, or 7th grade must be vaccinated against 10 preventable diseases unless the students obtain a medical exemption. Exemptions based on parents' personal beliefs were eliminated under the new law.

Separately, the American Academy of Pediatrics (AAP) published a policy statement on August 29, 2016, recommending that only medical exemptions be allowed for vaccine requirements for child care and school attendance. "Parents, pediatricians, and policy makers all have a role here in protecting children from diseases like measles and whooping cough," according to AAP President Benard P. Dreyer, MD, FAAP. "No child should have to suffer through a disease that could have been prevented by a vaccine," Dr. Dreyer said.

Vaccines have been scientifically proven to be effective in preventing illnesses. Ensuring that children receive the Advisory Committee on Immunization Practices' (AICP) recommended [vaccination schedule](#) is the standard of care, unless there is a medical reason that the child should not receive the vaccine(s).

Only a licensed medical doctor (MD) or doctor of osteopathic medicine (DO) may provide a medical exemption. The parent or guardian must present the medical exemption that states that the physical condition or medical circumstances of the child are such that the required



immunizations are not warranted to the school; which vaccines are being exempted; whether the medical exemption is permanent or temporary; and the expiration date of the medical exemption, if it is temporary. There is no standardized state form physicians should use when providing such an exemption.

Physicians are not required to provide medical exemptions. When issuing a medical exemption, a physician must also consider the child's family medical history.

Students are not required to have immunizations if they attend a home-based private school or an independent study program that does not include classroom-based schooling. In addition, students whose parents filed personal belief exemptions with schools or day care facilities before the new law took effect (January 1, 2016) will not have to get vaccinated until the children enroll in the next "grade span,"

usually at kindergarten (or transitional kindergarten) or 7th grade. The AAP urges pediatricians to

To read the exact language of the law, please refer to: https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277.

address the specific concerns individual parents may have about vaccines. According to the AAP website, "Unimmunized children are at risk of vaccine preventable diseases and in a practice setting also create risk of disease outbreaks in young infants and those children who medically cannot be immunized."

USPSTF Recommends Screening and Treatment for Latent Tuberculosis: A Call for Action

The United States Preventive Services Task Force (USPSTF) recently released recommendations to make screening routine for adults at increased risk for tuberculosis (TB).¹ California has the highest TB case count in the nation; over 2000 cases were reported in the state in 2015. Eighty-one percent of California's TB cases occurred in foreign-born persons and 80% of cases were attributed to reactivation of latent tuberculosis infection (LTBI).²

TB testing using tuberculin skin tests or interferon gamma release assays can identify individuals with LTBI. However, these tests can result in false positives, especially if performed on people at low risk. Instead, targeted TB testing of persons at increased risk for TB should be employed. The California Department of Public Health (CDPH) with the California Tuberculosis Controllers Association and Curry International Tuberculosis Center have developed a risk assessment tool to help clinicians identify adults for testing.³ The three main risks to prompt testing are below:

LTBI testing is recommended if any of the 3 boxes below are checked.

If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.

☐ Foreign-born person from a country with an elevated TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons.

☐ Immunosuppression, current or planned

HIV infection, organ transplant recipient, treated with tumor necrosis factor (TNF)-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication.

☐ Close contact to someone with infectious TB disease at any time

Local recommendations and mandates from the local health department should also be considered in testing decisions. High risk individuals identified through the risk assessment who are positive upon testing should undergo treatment once TB disease is excluded. Shorter regimens have been shown to be as effective as 9 months of isoniazid, and are preferred in most patients. More information about the short course treatment regimens can be found on the CDPH website.⁴

¹United States Preventive Services Task Force. Screening for Latent Tuberculosis Infection in Adults. <http://jamanetwork.com/journals/jama/fullarticle/2547762#UpdateofPreviousUSPSTFRecommendation>

²California Department of Public Health, TB Fact Sheet 2015. <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-TB-Fact-Sheet-2015.pdf>

³California Department of Public Health, California Tuberculosis Controllers Association and Curry International Tuberculosis Center. Adult Tuberculosis Risk Assessment. <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf>

⁴California Department of Public Health. Fact sheet: 12-dose Isoniazid (INH)/Rifapentine Regimen for Latent TB Infection Treatment. <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-INH-RIF-LTBI-fact-sheet.pdf>

FDA warns of Combining Opioids and Benzodiazepines

The U.S. Food and Drug Administration (FDA) is requiring changes to drug labeling to help inform health care providers and patients of serious risks associated with combined use of certain opioid medications and a class of central nervous system (CNS) depressant drugs called benzodiazepines. According to FDA, benzodiazepines are widely used to treat conditions including anxiety, insomnia, and seizures.

Among the changes, the FDA is requiring Black Boxed Warnings – the FDA's strongest warning -- on packaging and patient-focused Medication Guides for prescription opioid analgesics, opioid-containing cough products, and benzodiazepines – nearly 400 products in total. The patient information required by FDA must list risks associated with using these two classes of medications at the same time. They are: extreme sleepiness, respiratory depression, coma, and death.

CME Video About Using Nutrition Facts Label to Help Patients Make Healthy Choices

The U.S. Food and Drug Administration (FDA), in collaboration with the American Medical Association (AMA) has released a Continuing Medical Education (CME) video for physicians about using the Nutrition Facts Label to help patients make healthful eating choices.

According to a press release, "The video is designed to educate physicians about the Nutrition Facts Label, give practical strategies for discussing nutrition with their patients, and better equip them to offer guidance that is important for general health, combatting obesity, and reducing the risk of other chronic illnesses, such as cardiovascular disease."

To view the CME video, visit FDA's [Food Safety and Nutrition Resources for Healthcare Professionals](#) page or the AMA's Education Center website https://cme.ama-assn.org/Activity/4252182/Detail.aspx?utm_source=Press_Release&utm_medium=media&utm_term=062216&utm_content=improving_health_outcomes&utm_campaign=marketing_campaign.

The video is free. Interested physicians can earn one AMA Physician's Recognition Award PRA Category 1 CME credit™.

Tech Med Corner

Can Brain Training Ward Off Alzheimer's?

The question of whether brain training helps reduce the risk of Alzheimer's Disease is up for debate.

Results from a 10-year-long [study](#) evaluated different kinds of brain training in 2,802 "cognitively healthy seniors" with an average age of 73.4 years at the beginning of the study. Participants were divided into four groups. The control group received no training. The other three groups got 10 hour-long training sessions over five weeks. One group took a classroom-based course designed to teach strategies for boosting memory. A second group received classroom-based training to sharpen reasoning skills. The third group took computerized training "designed to increase the speed at which the brain picks up and processes cues in a person's field of vision," according to the *Los Angeles Times*.

Results charted in the 10-year follow up showed 14 percent of the control group (no brain training) "suffered significant cognitive decline or dementia, compared with 11.4 percent in the memory-strategies training group, 11.7 percent in the reasoning-strategies training group and 10.5 percent in the speed-of-processing group. Cognitive decline or dementia over 10 years was not only less in the speed-of-processing group; when it appeared, it came later." (*Los Angeles Times*, July 24, 2016)

A subsequent article was published in *The Wall Street Journal* discussing the same study, called Active, for Advanced Cognitive Training in Vital Elderly. Dr. Daniel Simons, a professor of psychology at the University of Illinois says, "... the benefits shown in the Active trial are fairly small and it has flaws, including relying primarily on self reports to assess improvements in performing daily activities." (*The Wall Street Journal*, October 11, 2016)

The Active study (linked above) was published in the *Journal of Aging Health*.

Administrative Actions: May 1, 2016 – July 31, 2016

Physicians and Surgeons

ABADIR, MAHER NASHED (A 24538)

Modesto, CA

License Surrendered

May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=24538>

ABILA, SOLOMON OCHIENG, M.D. (A 87755)

San Bernardino, CA

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

June 2, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=87755>

ABRAMS, JEFFREY JOEL (G 27081)

San Diego, CA

License Surrendered

June 1, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=27081>

AKHTER, IQBAL (A 29640)

Lincolnwood, IL

License Revoked

June 24, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=29640>

ALLEN, NATHAN HALE, M.D. (G 37098)

Sacramento, CA

Public Reprimand with terms and conditions

June 17, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=37098>

ANAN, BOONSONG, M.D. (A 31689)

Claremont, CA

Public Reprimand with terms and conditions

June 10, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=31689>

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.

BALOG, JOHN F. (C 25491)

Lahaina, HI

License Surrendered

July 29, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=25491>

BANDOLIN, NORKAMARI SHAKIRA, M.D. (A 143300)

Sacramento, CA

Probationary License issued with 3 years' probation and terms and conditions

June 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=143300>

BARBER, CHRISTINE SUZANNE, M.D. (G 80056)

Tracy, CA

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

July 29, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=80056>

BECKETT, TIMOTHY DESHUN, M.D. (C 138537)

Henderson, NV

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

June 23, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=138537>

BHUIYA, AREF, M.D. (A 67793)

Westlake Village, CA

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

May 26, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=67793>

BIANCHI, ANTHONY STEVEN, M.D. (A 63365)

Fresno, CA

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

June 16, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=63365>

BONAVITACOLA, PATRICK JOSEPH ATKINS, M.D. (A143925)

Santa Monica, CA

Probationary License issued with 3 years' probation with terms and conditions

July 18, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=143925>

BRAUNSTEIN, MARK BENJAMIN, M.D. (G 64033)

Sherman Oaks, CA

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

June 16, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=64033>

BROWN, RICA BONOMO, M.D. (C 136995)

Carlsbad, CA

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

May 13, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=136995>

BURDETTE, DAVID DUKE, M.D. (G 87676)

Omaha, NE

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

May 18, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=87676>

CAPOS, NICHOLAS JOHN, JR. (G 41457)

Yuba City, CA

License Surrendered

May 5, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=41457>

CASILLAS, MIGUEL AGUSTINE, M.D. (C 50928)

North Little Rock, AR

Public Reprimand

June 24, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=50928>

CHAN, EUGENE THOMAS (A 55104)

Riverside, CA
License Surrendered
May 4, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=55104>

CHILDERS, BEN JASON, M.D. (G 76953)

Riverside, CA
Revoked, stayed, placed on 4 years' probation with terms and conditions
July 22, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=76953>

CLARK, SHANNON L., M.D. (A 103021)

Sacramento, CA
Public Reprimand with terms and conditions
June 17, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=103021>

COPELAND, JOHN W. (C 26299)

Antioch, CA
License Surrendered
June 17, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=26299>

CORTINA, PABLO GARZA (G 47561)

Ukiah, CA
License Revoked
July 18, 2016

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

CUNNINGHAM, EMMETT THOMAS JR. M.D. (A 51186)

Hillsborough, CA
Public Reprimand
July 1, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=51186>

DAUPHIN BAPTISTE, ROSELINE, M.D. (G 55469)

Glendale, CA
Revoked, stayed, placed on 5 years' probation with terms and conditions
July 8, 2016
Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=55469>

DIAZLIZARRAGA, OCTAVIO (A 26388)

Huntington Park, CA
License Surrendered
June 8, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=26388>

DICKEY, JAN VON, M.D. (G 49405)

Fremont, CA
Public Reprimand with terms and conditions
June 10, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=49405>

DUNN, JAMES SANDIDGE JR. M.D. (A 84568)

Auburn, CA
Public Reprimand with terms and conditions
July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=84568>

DUNNE, WILLIAM PATRICK, M.D. (A 60416)

Los Angeles, CA
Public Reprimand with terms and conditions
June 16, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=60416>

DYNE, GODFREY D., M.D. (A 43164)

Santa Barbara, CA
Revoked, stayed, 35 months' probation with terms and conditions
June 23, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=43164>

ESTERSON, FAITH DEBRA, M.D. (G 71205)

Baltimore, MD
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
May 11, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71205>

FABRICK, KURT CHARLES (G 86460)

Brookline, MA
License Surrendered
June 13, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=86460>

FANTONE, EMMANUEL J., M.D. (A 61097)

Friant, CA

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

June 24, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=61097>

FERNANDO, EARL DON, M.D. (G 64927)

Fresno, CA

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

May 18, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=64927>

FERRA, RAMON UBALDO, M.D. (G 48006)

Hallandale Beach, FL

Public Reprimand with terms and conditions

May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=48006>

FOSTER, MARK STEVEN, M.D. (A 61041)

Palm Desert, CA

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

July 13, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=61041>

GASMAN, MICHAEL ANTHONY, M.D. (G 67965)

Redding, CA

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

June 17, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=67965>

GERNER, ROBERT HUGH (G 25068)

Los Angeles, CA

License Surrendered

July 28, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=25068>

GHOSH, SHUBHRANJAN (A 101759)

Anchorage, AK

License Surrendered

June 1, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=101759>

GLUCKSTEIN, LAWRENCE DAVID, M.D. (G 60407)

Berkeley, CA

Public Reprimand with terms and conditions

July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=60407>

GOEL, GUNJAN, M.D. (A 122057)

San Diego, CA

Public Reprimand with terms and conditions

July 22, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=122057>

GUAY, JEFFREY PATRICK, M.D. (A 89659)

Denver, CO

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

June 13, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=89659>

HARRISON, JULIA ANN (G 47704)

Auburn, CA

License Surrendered

July 28, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=47704>

HIRSCHFIELD, KRISTINE MARIE, M.D. (A 93777)

Santa Clarita, CA

Public Reprimand with terms and conditions

May 12, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=93777>

ISOLANI, FRANCESCO GIUSEPPE, M.D. (G 85394)

Berkeley, CA

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

July 7, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=85394>

KIM, JI BAIK (C 40973)

Los Angeles, CA

License Revoked

May 6, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=40973>

KIM, VICTORIA WHANSIL (A 35061)

Los Angeles, CA
License Revoked
June 22, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=35061>

KRAM, HARRY BERNARD, M.D. (G 52608)

Torrance, CA
Public Reprimand with terms and conditions
June 3, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52608>

LAL, MUNISH, M.D. (A 85179)

Chico, CA
Revoked, stayed, placed on 7 years' probation with terms and conditions including 15 days actual suspension
July 8, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=85179>

LARSON, PENNY LEE, M.D. (A 93985)

Marysville, CA
Public Reprimand with terms and conditions
June 2, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=93985>

LEE, KATHERINE EUNJU (A 72902)

Sunland, CA
License Revoked
May 13, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72902>

LEWIS, CHARLES ORLANDO (A 39617)

Hanford, CA
License Revoked
May 25, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=39617>

LIETZKE, CHRISTIANA MARIE (C 128896)

Rutledge, TN
License Revoked
May 27, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=128896>

LIU, STEPHEN KAO, M.D. (A 50939)

Modesto, CA
Public Reprimand with terms and conditions
May 6, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=50939>

LOMBARDI, VINCENT ANTHONY, M.D. (G 88699)

Carmel, IN
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
June 22, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88699>

MALDONADO, DANIEL CARRILLO, M.D. (A 74326)

Los Angeles, CA
Revoked, stayed, placed on 5 years' probation with terms and condition including a condition precedent to the practice of medicine
July 29, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=74326>

MANJUNATH, MADHURE BASAPPA, M.D. (A 29758)

Rowland Heights, CA
Revoked, stayed, placed on 35 months' probation with terms and conditions
May 27, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=29758>

MANTELL, RICHARD BERTON, M.D. (A 39992)

Dana Point, CA
Revoked, stayed, placed on 5 years' probation with terms and conditions including 15 days actual suspension
July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=39992>

MARCHINSKI, LEONARD JOSEPH, M.D. (G 59432)

Mohnton, PA
Public Reprimand with terms and conditions
July 1, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=59432>

MATHUR, PUJA, M.D. (A 142849)

Duarte, CA

Probationary License issued with 3 years' probation and terms and conditions

May 23, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=142849>

MAYER, JONATHAN JOSEPH, M.D. (A 88082)

Madera, CA

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

July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=88082>

MCLAUGHLIN, BARBARA ELAINE (G 13975)

Riverview, FL

License Surrendered

July 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=13975>

MICHEL, JAMES WESLEY (G 46554)

Carmel, CA

License Revoked

May 25, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=46554>

MILLER, SCOTT RICHARD, M.D. (A 72857)

Cerritos, CA

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

June 3, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72857>

MOSS, ROBERT RAY (A 39763)

Nipomo, CA

License Surrendered

June 29, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=39763>

NAVARRETE, ROMMEL ROJAS, M.D. (G 81687)

La Mesa, CA

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

July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=81687>

NGUYEN, HAI VAN, M.D. (A 44145)

Oakland, CA

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

July 14, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=44145>

NWAIGWE, MANASSEH C. (A 42532)

Glendale, CA

License Surrendered

June 1, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=42532>

OHMEMENG, AUGUSTUS KWADWO ATTA (A 48589)

Buena Park, CA

License Revoked

July 8, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=48589>

OLSGARD, EDWARD CHARLES (G 25166)

Eureka, CA

License Surrendered

July 27, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=25166>

PALLARES, FRANK (C 56031)

Coronado, CA

License Surrendered

July 29, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=56031>

PALMER, MICHAEL ANTHONY, M.D. (G 65321)

Eureka, CA

Public Reprimand with terms and conditions

July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=65321>

PAYAWAL, JONATHAN HABER, M.D. (A 103732)

Los Angeles, CA

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

May 26, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=103732>

PERELMAN, RONALD BARRY, M.D. (C 32643)

Northridge, CA
Public Reprimand
June 10, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=32643>

PLANDER, JOHN THOMAS (A 46310)

Camarillo, CA
License Surrendered
May 24, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=46310>

RAHULAN, VIJIL, K. M.D. (C 55933)

Creve Coeur, MO
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
July 6, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=55933>

REDDING, JOSEPH ALOYSIUS JR. (C 38417)

Stockton, CA
License Surrendered
May 27, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=38417>

ROSE, MARC RICHARD (C 37054)

Santa Ana, CA
License Surrendered
May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=37054>

ROYER, LYLE WESLEY, M.D. (C 34553)

Culver City, CA
Revoked, stayed, placed on 7 years' probation with terms and conditions including 90 days' actual suspension and a condition precedent to the practice of medicine
May 11, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=34553>

RUCKER, RICHARD MICHAEL, M.D. (G 61070)

Los Alamitos, CA
Revoked, stayed, placed on 4 years' probation with terms and conditions
June 3, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=61070>

SCHALLER, DOUGLAS ALVIN, M.D. (G 61159)

Tustin, CA
Revoked, stayed, placed on an additional 2 years' probation with terms and conditions
July 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=61159>

SEPUYA, SAMUEL MUJABI, M.D. (A 35525)

San Bernardino, CA
Public Reprimand with terms and conditions
May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=35525>

SMITH, MARJORIE ALEXANDER, M.D. (G 79504)

San Francisco, CA
Public Reprimand with terms and conditions
May 27, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=79504>

SMITH, MICHAEL PATRICK (G 71899)

Encinitas, CA
License Surrendered
May 6, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71899>

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

Atascadero, CA
Revoked, stayed, placed on 5 years' probation with terms and conditions
June 10, 2016

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

STROBECK, JOHN EDWARD (G 85032)

Saddle River, NJ
License Surrendered
July 5, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=85032>

SVADJIAN, EDWARD, M.D. (A 36685)

Sherman Oaks, CA
Revoked, stayed, placed on 5 years' probation with terms and conditions
May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=36685>

TREUHERZ, ROBERT R., M.D. (A 44467)

Cedar Glen, CA

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

July 7, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=44467>

TROCHANOWSKI, ROMAN, M.D. (A 97489)

San Bernardino, CA

Public Reprimand

July 15, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=97489>

VREEKE, MARY ANNE, M.D. (A 78457)

Camarillo, CA

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

May 13, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=78457>

VUKSINICH, MATTHEW JOSEPH JR., M.D. (G 43289)

Alameda, CA

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

June 17, 2016

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

WEAVER, TIMOTHY ALAN, M.D. (A 125727)

Santa Ana, CA

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

June 24, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=125727>

WYATT, LANCE EVERETT (G 79180)

Beverly Hills, CA

License Revoked

July 1, 2016

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=79180>

ZIYAR, LATIF, M.D. (A 55320)

Fresno, CA

Public Reprimand with terms and conditions

June 10, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=55320>

Physician Assistants

CLARK, MARY KAY, P.A. (PA 19550)

San Diego, CA

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

May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=19550>

DAVIS, RODNEY EUGENE (PA 19449)

San Diego, CA

License Revoked

June 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=19449>

FRUMAN, PASHA SHEREE, P.A. (PA 22022)

Rancho Cucamonga, CA

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

July 22, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=22022>

SHARMA, SUDHA, P.A. (PA 12831)

Modesto, CA

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

May 20, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=12831>

SALVATO, STEPHEN FRANCIS (PA 14005)

Malibu, CA

License Surrendered

May 4, 2016

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=14005>

SUMMARY OF ACTIONS

May 1, 2016 – July 31, 2016

Physicians and Surgeons

- Aided and abetted the unlicensed practice of medicine and practiced medicine under a fictitious name without a valid fictitious name permit.
- Allowed medical assistants to perform cosmetic medical procedures.
- Arrested for burglary when attempting to steal groceries.
- Closed a clinic without notifying patients, providing patients with information, assistance or referrals to new care providers, or notifying patients as to how to access their medical records.
- Controlled a patient's financial assets and charged large sums of money to the patient for ambiguous medical services.
- Convicted of driving a vehicle on a highway or in an off-street parking facility with wanton disregard for the safety of persons or property.
- Convicted of driving while having a blood alcohol content of .08% or higher – drove a sports car 100 mph, lost control, collided with a rock wall, veered into the other lane and hit another car.
- Convicted of a felony count of illegal remunerations for health care referrals.
- Convicted of a misdemeanor for driving under the influence of alcohol while on criminal probation for a prior alcohol-related conviction.
- Convicted of a misdemeanor for driving while having a blood alcohol content of .08% or higher, BAC .31%. Also, unable to practice medicine safely due to an alcohol abuse disorder.
- Convicted of a misdemeanor for driving while having a blood alcohol content of .08% or higher with a special allegation of having a passenger under the age of 14.
- Convicted of a misdemeanor for maliciously and willfully disturbing another person by loud and unreasonable noise.
- Convicted of insurance fraud and conspiracy to commit insurance fraud and failed to report the conviction to the Board.
- Convicted of six felony counts of health care fraud and sentenced to 42 months' incarceration on each count, to run concurrently.
- Convicted of two misdemeanors involving the use and consumption of alcohol and arrested when methamphetamine and a pipe were found in the physician's carry-on luggage.
- Convicted of sexual exploitation of a patient.
- Demonstrated a lack of knowledge and skill in prescribing opiates and controlled substances at the same time which, when combined, can suppress a patient's ability to breathe; prescribed without a medical justification; performed clinically unnecessary testing; wrongly diagnosed hypertension; and inappropriately prescribed blood pressure medication.
- Demonstrated a lack of knowledge and skill when the physician was unable to properly interpret an EKG.
- Disciplined by a federal agency due to deficiencies in the physician's management and treatment of a number of obstetric patients and disruptive and unprofessional behavior with staff and peers in a patient care setting.
- Disciplined by another state based on an indictment of criminal sexual conduct with six female patients.
- Disciplined by another state based on charges that the physician poses an immediate danger to the public.
- Disciplined by another state due to delusion disorder.
- Disciplined by another state for a misdemeanor conviction for evading arrest when an officer attempted to pull the vehicle over for speeding.
- Disciplined by another state for allowing medical assistants to perform cosmetic medical procedures on patients.
- Disciplined by another state for authorizing prescriptions for five patients, based on internet questionnaires, without physically examining them.
- Disciplined by another state for departing from the standard of practice with respect to the care provided to five patients and violating a formal order, probation, consent agreement or stipulation by not completing Phase II of PACE and failing to ensure that the neurophysiological evaluation was approved by that board prior to completion of a required evaluation.
- Disciplined by another state for engaging in a sexual relationship with a patient.
- Disciplined by another state for failing to correctly interpret a patient's CT scan as metastatic colorectal cancer whereby delaying the diagnosis.
- Disciplined by another state for failing to correctly interpret a patient's CT scan with posterior fossa abnormalities indicative of acute subdural hematomas, or to appropriately notify the ordering ED physician of any abnormal findings.
- Disciplined by another state for failing to diagnose a patient's hyperthyroidism, failing to refer the patient to an endocrinologist for evaluation and failing to keep medical records that justified the course of treatment.

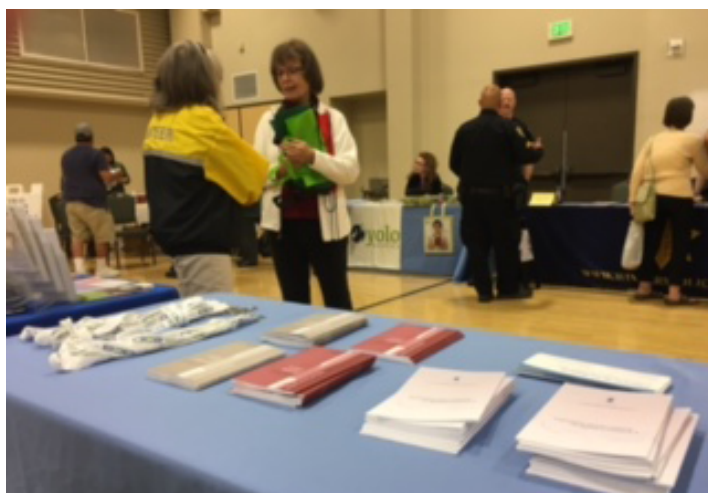
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- Disciplined by another state for failing to submit, upon demand, proof of continuing education credits, which was required for the renewal of the license.
 - Disciplined by another state for failing to take accurate notes of patient meetings, failing to properly prescribe medications for patients and failing to properly supervise subordinate employees.
 - Disciplined by another state for obtaining, maintaining, renewing or attempting to renew a license to practice medicine by bribery, fraud or misrepresentation, or by false, misleading, inaccurate or incomplete statements.
 - Disciplined by another state for posting a comment and a screen shot of an x-ray image related to a recent patient encounter in the emergency room on a non-public, physicians-only social media group, and failing to redact the patient's personal identifiers.
 - Disciplined by another state for prescribing Schedule II controlled substances outside the scope of legitimate medical practice and without maintaining appropriate records.
 - Disciplined by another state for treatment of numerous chronic pain patients to whom the physician prescribed excessive and/or inappropriate quantities of controlled substances without adequate evaluation, assessment, monitoring or follow up.
 - Disciplined by another state for using drugs/alcohol in violation of the law, diverting drugs for personal use, pleading guilty to criminal charges of medical assistance fraud and tampering with physical evidence; engaging in deceit, fraud, or intentional misrepresentations while providing professional services; and failing to maintain adequate and accurate records.
 - Drove a car over an embankment and attempted to leave the scene. Convicted of driving under the influence of alcohol with a blood alcohol content of .08% or higher, BAC .24%.
 - Engaged in a sexual relationship with a patient.
 - Engaged in sexual abuse or misconduct with a patient.
 - Engaged in sexual abuse and/or misconduct with 12 patients. Convicted of eight separate counts of sexual penetration of an unconscious victim, three separate counts of sexual battery by fraudulent representation of professional purpose and one count of possession of matter depicting a person under the age of 18 years in sexual conduct.
 - Engaged in sexual misconduct with a patient and gave an injection to this same patient in a non-traditional office setting without appropriate safeguards to ensure patient safety and comfort.
 - Engaged in sexual misconduct with a patient and prescribed Armour Thyroid to the patient without having established a definitive diagnosis of hypothyroidism by laboratory testing.
 - Entered into a sexual relationship with a patient. Patient visited the physician's apartment and performed sex acts to get prescriptions.
 - Excessively prescribed controlled substances and dangerous drugs to 11 patients without conducting an appropriate prior examination.
 - Excessively prescribed controlled substances to multiple patients and failed to keep adequate and accurate records.
 - Excessively prescribed opioids to a patient with a history of substance abuse without a physical exam, the taking of an adequate history or psychological assessment.
 - Failed to adequately evaluate, prepare for and manage a known difficult airway by inadequately documenting the case before attempting intubation and failing to use the proper equipment. Failed to recognize and treat respiratory depression, recognize bradycardia and to promptly treat pulseless arrest in another patient and failed to create summary notes of the code blue events that occurred in the operating room or of the patient's subsequent death.
 - Failed to adequately and appropriately supervise a physician assistant and medical assistants, allowed the physician assistant to prescribe dangerous drugs to patients, and practiced under a fictitious name without a valid fictitious name permit.
 - Failed to appropriately assess and document the condition of a patient's arm and hand after patient presented with left arm acute arterial occlusion, failed to create an appropriate treatment plan, or perform a physical exam, and delayed surgery. The hand was worse after the surgery, which resulted in an amputation.
 - Failed to appropriately follow up with a patient regarding a severely abnormal cervical biopsy during and after a pregnancy.
 - Failed to come to the hospital to evaluate and examine two patients who were in labor, one of whom had been in labor for 10 hours with abnormal fetal monitoring changes and with an abnormal labor progress.

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- Failed to comply with a Board request or subpoena for a patient's medical records.
 - Failed to comply with an order for a mental and physical examination.
 - Failed to comply with terms and conditions of probation.
 - Failed to disclose required information to the Board in response to the criminal record history question on the application for a medical license.
 - Failed to document an informed consent process, failed to document physical examinations and failed to maintain complete and accurate records.
 - Failed to provide a patient with appropriate follow-up care after a facial pigmentation procedure and failed to maintain adequate and accurate records.
 - Failed to provide copies of medical records to patients upon request.
 - Failed to provide Rh immune globulin to a pregnant patient who was Rh negative and discuss the patient's treatment options in order to get an informed consent or refusal. Failed to evaluate or document another patient's symptoms and to provide alternative treatments and to maintain adequate and accurate records for the patients.
 - Failed to recognize that a patient's uterus had been perforated during surgery and failed to chart a history and physical, plan of care and current medications; and to record the risks, benefits, and indication for hormonal therapy with another patient.
 - Failed to take adequate measure to timely diagnose and treat a patient with renal cell cancer, which led to the death of the patient.
 - Failed to timely intervene when becoming aware that a PEG tube was misplaced in a patient and the patient had signs and symptoms of possible ileus.
 - Incorrectly interpreted a patient's positron emission tomography (PET) and Computerized Tomography (CT) scans as having no evidence of local or distant metastatic disease when, in fact, an enlarging hypermetabolic mass in the medial segment of the left lobe of the liver was visible.
 - Inappropriately discharged a severely depressed and suicidal patient, who committed suicide a day after being discharged.
 - Issued one-year recommendations for marijuana after briefly interviewing patients via a video link.
 - Overprescribed to a patient despite knowing illegal diversion was occurring and failed to institute a monitoring program for the patient.
 - Overprescribed controlled substances to several patients without conducting an appropriate prior exam, referring patients to a pain management or physical medicine specialist, obtaining prior medical records and checking the Controlled Substance Utilization Evaluation System (CURES) database to ensure the patients were not getting medications from multiple sources.
 - Performed a laparoscopy to evaluate ascites in an elderly patient with multiple serious comorbidities without an adequate preoperative workup, and removed a gallbladder that was not causing any problems. Performed a colonoscopy and failed to remove an ulcerated malignant mass in another patient.
 - Performed an inappropriate vaginal exam on a patient without medical justification and overprescribed to numerous patients and three undercover investigators without an appropriate prior exam.
 - Performed an unnecessary transobturator (TOT) sling procedure on a patient without the patient's consent, which caused the patient nerve pain and required a corrective procedure.
 - Performed hernia repair surgery on a patient based solely on an examination by a physician assistant. Dictated a history and physical exam performed solely by the physician assistant as if the physician had performed them. The patient had to undergo a second surgery to repair the hernia.
 - Performed procedures without having an Advanced Cardiovascular Life Support (ACLS) certified care provider. Allowed medical tasks to be performed by personnel at the facility without adequate training, credentials or demonstrated competency.
 - Performed surgery on the wrong finger in one patient, and failed to adequately and accurately document an initial consultation, including history and examination prior to three surgeries on another patient.
 - Practiced medicine under the influence of a controlled substance and used a controlled substance to the extent that such use impaired the physician's ability to practice medicine safely.
 - Prescribed dangerous drugs without a prior examination or indication to multiple patients, and failed to maintain adequate and accurate records.
 - Prescribed Phenergan to a patient after having been informed that the patient was allergic to the medication, administered repetitive doses of opiates at a level many times higher than the recommended starting dose, and did not refer a patient to a specialist.
 - Stole and misused controlled substances for personal use and admitted to using controlled substances while treating patients.

- Suffers from a physical and/or mental impairment affecting competency.
- Unable to practice medicine safely due to Bipolar Disorder and poly-substance abuse.
- Unable to practice medicine safely due to cognitive impairment.
- Unable to practice medicine safely due to mental disorders. Also, convicted of multiple misdemeanors including driving under the influence of alcohol, hit and run with property damage, second degree commercial burglary, forging, issuing a prescription, or obtaining, possessing drugs secured by forged prescription and disturbing the peace of another by loud and unreasonable noise.
- Under the influence and in possession of a controlled substance on the grounds of a State Hospital. Arrested and charged with a felony.
- Used alcohol in a dangerous or injurious manner.
- Used or administered controlled substances to self. Submitted a hair sample that tested positive for THC2 metabolite (marijuana).
- Used Phenergan to provide sedation for a geriatric patient with multiple serious medical problems and a history of cardiac problem, which led to the patient's death. Altered the patient's anesthesia record.
- Videotaped patients without the patients' knowledge and/or informed consent.
- Violated the terms and conditions of probation by performing cosmetic surgery on two patients in an unaccredited facility.
- Wrote prescriptions for a friend under another person's name.

Physician Assistants

- Demonstrated a lack of knowledge on basic pediatric issues and pharmacology in connection with the care of four pediatric patients. Overprescribed corticosteroids and antibiotics to patients. Failed to distinguish a viral infection from a bacterial infection. Failed to demonstrate an understanding of the assessment and treatment of pharyngitis. Failed to keep adequate and accurate records.
- Diagnosed a patient incorrectly without consulting with the supervising physician which led to the patient becoming a quadriplegic.
- Engaged in the unlicensed practice of medicine by performing liposuction without the proper skill or supervision. Disseminated false and/or misleading advertising.
- Failed to follow the instructions or recommendations of the supervising physician. Performed a bedside debridement of a patient's a sacral decubitus without first considering the patient's international normalized ratio or planning for fresh frozen plasma. Caused a delay in the management of another patient's melanoma by failing to provide adequate communication and reporting to the supervising physician. Performed a core biopsy of the left neck lump of a third patient, despite being directed by the supervising physician not to provide care to the patient who was being seen by another physician.
- Grossly negligent in the care and treatment of several patients. Prescribed controlled substances without approval from a supervising physician, and without performing an exam or a history. Failed to maintain adequate and accurate records.



Teachable Moments

About 240 people attended the 2016 Yolo County Senior Resource and Crime Prevention Fair October 13 in Woodland (pictured at left). Public Affairs Manager Cassandra Hockenson represented the Medical Board of California (Board) at the event, explaining to attendees the importance of using the Board's website to check up on their doctors' licenses and describing how to file a complaint.

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

MBC Meetings — 2017

January 26-27, 2017: Sacramento Area

April 27-28, 2017: Los Angeles Area

July 27-28, 2017: San Francisco Area

October 26-27, 2017: San Diego Area

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

(All meetings of the Medical Board of California are open to the public. To the extent possible, meetings will be webcast and offered via teleconference. To watch the meetings streamed live and/or to find the telephone number to phone in a question, visit the Board's website at <http://www.mbc.ca.gov>).

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

Contact Us:

Medical Board of California

For questions or assistance with the following: (800) 633-2322 or (916) 263-2382

*Consumer Complaints/Information
Applications
Health Facility Discipline Reports
Fictitious Name Permits
License Renewals
BreEZe Assistance*

For questions or assistance with the following:

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

Affiliated Healing Arts Professions

<i>Midwives - all inquiries</i>	(916) 263-2393
<i>Physician Assistants</i>	(916) 561-8780

Department of Consumer Affairs

<i>Healing Arts Board and Bureau Complaints</i>	(800) 952-5210
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Contact us by email: webmaster@mbc.ca.gov