



Medical Board of California

Newsletter

Volume 146 | Spring 2018

IN THIS ISSUE

President's Message	3
Breaking the Language Barrier	6
Loan Repayment Program Recipient Treats San Francisco's Homeless	7
Driving Rehabilitation Specialists: A Resource for Clinicians	8
Death Certificate Project Podcast	9
When to file 805 or 805.01 Reports	10
Amputations and Canagliflozin	11
New Parkinson's Disease Registry	12
Major Licensing Changes on the Horizon for Postgraduates	13
Third Annual Legislative Day	15
News to Use	16
Continuing CME Requirements	18
Change in License Expiration Date	18
New Seal for the Medical Board	19
Board Members and Executive Director	39
Contact Us	39

LINKS TO OUR WEBSITE

[Update your address of record and email address](#)

[Update your physician survey](#)

[Join the email subscribers list](#)

Contact us: webmaster@mbc.ca.gov

THE BOARD'S MISSION

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 professionals 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.

Patients Shed Light on How They Live with



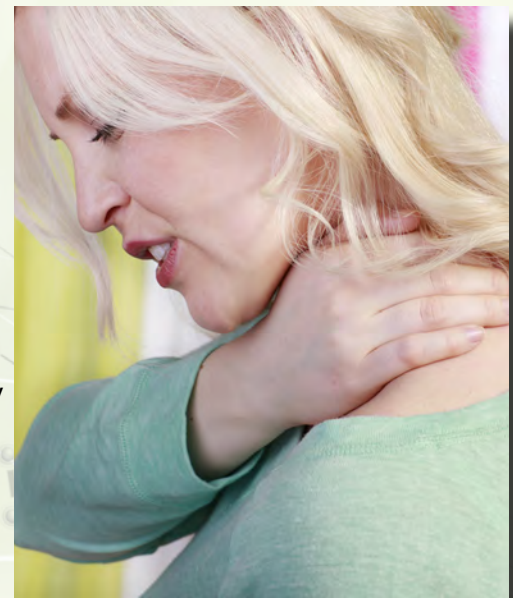
Story by Carlos Villatoro
Public Information Manager

Foreword By Kimberly Kirchmeyer
Executive Director

As the Executive Director of the Medical Board of California (Board), I attend numerous conferences and trainings providing presentations on the Board's Guidelines for Prescribing Controlled Substances for Pain and the enforcement process. At these meetings, I see physicians continuously striving to find better ways to provide the best possible care for their patients, true to the heart of the Hippocratic Oath that the physician takes.

I recently attended a daylong symposium that provided education to physicians on pain management, opioids, medication assisted treatment, and other modules related to these issues. During the training, two patients provided their perspectives on their journeys through life with chronic pain. The reoccurring theme for both patients was finding a doctor who would be a champion for them in managing their lives and pain. They described their champion physician as one who took time to look up new and innovative treatment, the physician who encouraged the patient to try other treatment modalities besides opioids, and those who spoke frankly with them. These patients inspired me and I wish all physicians could hear their stories.

The most impressive thing I saw that day was the care and concern the physicians attending the meeting demonstrated for their patients, which was evident through close attention they paid to the information being provided and the questions they asked. I saw this demonstrated as I waited to speak to one of the patients after her presentation. A physician from the audience followed the patient out of the room to ask her if she had heard about a new medication for migraines that was just starting to be used that could be beneficial to the patient. This physician was not the patient's physician



Continued on page 4

Published quarterly by

Medical Board of California:

Kimberly Kirchmeyer, Executive Director
Carlos Villatoro, Public Affairs Manager
Alexandria Schembra, Public Information Analyst
Kerrie Webb, Staff Counsel
Susan Wolbarst, Managing Editor

.....
The Newsletter is published four times per year – Winter, Spring, Summer, Fall – by the Medical Board of California. Board headquarters are located at:

**2005 Evergreen Street, Suite 1200
Sacramento, CA 95815**

All editions are available as digital publications via email or viewable on the Board's website:

www.mbc.ca.gov

Additionally, the Winter edition is printed in hard copy for distribution via U.S. Postal Service to those physicians or interested parties without an email address.

Submission of original-written articles is welcome, but all submissions become the property of the Board and are subject to editing.



Join the Medical Board's Subscribers Alerts

.....
The Medical Board of California uses a subscriber service to notify individuals about items relating to the activities of the Medical Board via email. To subscribe or unsubscribe, please use the following link:

www.mbc.ca.gov/Subscribers

Newsletter Survey

Medical Board of California

Please take a moment to share your thoughts about the Medical Board's Newsletter. Do you 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:

[www.surveymonkey.com/s/
mbc_newsletter_survey](http://www.surveymonkey.com/s/mbc_newsletter_survey)

Editor's Spotlight

By Susan Wolbarst

What happens when a patient is speaking a language you cannot understand? Learn where to locate resources to help ensure nothing about your patient's care is lost in translation. Please see page 6.

To drive or not to drive? Geriatric patients and their families may seek your advice about whether it could be time to stop driving. Driving rehabilitation specialists have emerged as a resource that can evaluate a person's ability to drive safely and may recommend adaptations to the vehicle to make the job of driving easier. Please see page 8.

Beginning July 1, 2018, health care providers diagnosing or caring for patients with Parkinson's disease must report to a new California Parkinson's Disease Registry. To learn more, please see page 12.

California law requires certain professional organizations responsible for reviewing the medical care and conduct of various licensees to file 805 reports with the associated licensing boards when action is taken against these medical professionals for patient and public safety concerns. More than 100 of these reports were submitted to the Medical Board of California in 2017. Please see page 10 for more information about 805 and 805.01 reports.

The Board is diving into a re-branding initiative, led by Information Technology Associate Jennifer Meyer, developing an exciting new look for print and digital materials. Learn more on page 19.

Don't forget to listen to the Board's first podcast "Medical Board Chat." Host Carlos Villatoro chats with Executive Director Kimberly Kirchmeyer about the Death Certificate Project. Listen on page 9.

Need A Speaker?

If you would like a speaker from the Medical Board of California to address your organization, please contact Public Affairs Manager Carlos Villatoro at Carlos.Villatoro@mbc.ca.gov.

President's Message



Dr. Dev GnanaDev

For the past several months members of the Medical Board of California (Board) and its staff have been working diligently to put together a road map that will guide us in our mission to protect California medical consumers for the next four years.

To that end, I am proud to present the Board's Strategic Plan 2018-2021. Inside the plan the Board identifies several key goals that it would like to achieve and perhaps more importantly, a strategy for how it will achieve them.

The goals outlined in the strategic plan will not only allow us to provide more protection for consumers, but also provide useful guidance to physicians, empower patients through education, build better communication and relationships with relevant organizations, and provide assistance to increase access to quality medical care.

Within the plan you will find the goals and strategies for Licensing, Enforcement, Legislation and Regulation, Outreach, and Board Administration. The Board took a collaborative approach in crafting the plan and enlisted the services of the California Department of Consumer Affairs' SOLID training unit.

Part of the process in crafting the strategic plan called for forming focus groups that identified the strengths and weaknesses of the Board. SOLID conducted interviews with Board Members and the Board's Executive Director to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.

The most critical part of developing the strategic plan, however, involved getting feedback from you, the consumers. We sent an online survey to external Board stakeholders in August 2017 to identify strengths and weaknesses of the Board from your perspective. I am pleased to say that 479 stakeholders completed the survey, and we used the feedback to craft the strategic plan.

I would like to thank you for your participation.

I would also like to thank everyone else who was involved with the process; it was truly a collaborative effort with the Board Members, staff and the public.

MBC Newsletter Survey

Please take a moment to share your thoughts about the Medical Board's Newsletter. We want to hear from you! Click the link below to take the survey:

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

Did you know...



Physicians with an email address are required to report it to the Medical Board? The email address shall be considered confidential and not subject to public disclosure.

and she did not have to take the time to speak to this patient, but that is what she did. As I watched her talking to the patient, I saw a physician clearly called to her profession. Watching this conversation also convinced me that I had to share these stories through the Board's Newsletter. There are so many physicians fighting for their patients. The physicians described here are just a few, but I hope all physicians are encouraged by these stories as they strive to be champions for their patients.

Imagine what it is like to lose 15 days out of the month because of pain. Welcome to Sacramento native Karen O'Brien's world.

O'Brien, 70, began suffering from debilitating migraines at the age of 6.

"I was singing in a children's choir and all of a sudden my vision on my left side, there was just like this black box, and that black box was followed by zig-zagging lights, followed by another black box and I couldn't sing," she said. "I couldn't form words and at that point my choir director said, 'You need to sit down.'"

That fateful day 64 years ago would jumpstart a lifetime of migraines and visits to doctors' offices in desperate attempts to make them stop, or at least subside enough that O'Brien could live a relatively normal life.

"There are actually four stages to migraines. Most people think about the headaches, that's all they really focus on, they don't understand how debilitating it is," she said.

For O'Brien, it goes a little something like this. She starts off the migraine cycle with a prodrome, or warning, phase in which she experiences a tremendous burst of energy.

"The prodrome phase is the save-the-date notice," she said. "For example, the day before a migraine hits, I have almost manic behavior. I'm getting our Mr. Eraser and I'm cleaning. I'm at a high energy level. It's what alerts you to the fact that a migraine is coming."

Next is the aura phase in which O'Brien starts seeing a black box with zig-zagged lines. Her cognitive function decreases, she says, and she finds it difficult to communicate. There is also nausea, tingling sensations, and a feeling of whirling.



Karen O'Brien
Photo: Sutter Health

"The third phase is the headache phase, a head full of razor blades and somebody is just shaking your head as hard as they can and these razor blades are moving around in your head, and also you get light sensitivity and sensitivity to sound," she said. "The headache lasts three to 10 hours. I get very nauseated."

Finally comes postdrome, or recovery, phase in which O'Brien feels out of it for the day, she said. In all, O'Brien estimates she is out of commission for 15 days of the month because of migraines.

"I feel very fatigued and it's very hard to do things afterwards," she said. "My cognition is still very impacted."

When it comes to struggling with her migraines, her relationships with her doctors have been critical, she said.

"One doctor in particular, she was my doctor for 30 years until she retired, she was the only person including my neurologist who really understood what it was like to have chronic migraines and the impact that it would have on my life," she said. "She was my partner at managing my pain. You want somebody that is on top of your condition at all times. She was always thinking about me, whenever she saw an article she would say 'Hey I want to get that article to Karen, because this is useful information.' Now they don't have the time to be able to do that. Without that I can assure you that the patients are left to their own devices. I can understand that some patients can get hooked on opioids."

While O'Brien regularly took opioids to help ease the pain of migraines it proved to be a fruitless way to deal with the problem. The opioids were causing more migraines so she took the advice of her current doctor and stopped taking them regularly, she said.

"I had to try very hard to stop using these drugs and I did, and I think I have been successful at it," she said. "It was difficult, you know, part of the difficulty was the psychological one. Suddenly I did not have a tool to use to reduce the pain and suffering of migraines and so psychologically that was frightening. I think that I'm a pretty strong person but knowing that I could not take medication and knowing what I was going to be faced with was really difficult, but I got through it. I know people who have had much more difficulty."

Today, O'Brien takes a mix of a low dose of Valium and some Benadryl. In addition to the medicine, O'Brien takes part in a local pain management clinic.

Beating addiction, surviving pain

Jon Renfrow's battle with chronic back pain began in 1987. Renfrow was working for a low-voltage alarm company and was inspecting the second floor of a job site when he slipped.

"I ended up on the first floor, on a pile of lumber," said Renfrow, 56, during a recent telephone interview from his Sacramento home. "That was an injury that was very clear that I was going to need help with and that sort of started triggering different treatments that were available at that time."

The numerous treatments that were in store for Renfrow – extended traction physical therapy, cortisone injections and a bevy of pain killers – would define his experience as a chronic pain patient.

Initial treatments consisted of x-rays that would give doctors a better understanding of Renfrow's injury. Doctors also incorporated Vicodin into the treatment plan, Renfrow said. Eventually, the pain became too great to withstand and needed surgery.

His use of Vicodin would eventually give way to OxyContin and fentanyl patches. Renfrow became addicted to the opioids he was using to make it through his work shifts.



*Jon Renfrow
Submitted photo*

"You get up in the morning and say 'Alright, I have to get to work so I'm going to need this amount of pain medication to get to work and function,' and you are just looking forward to getting home to continue with more pain medication to be able to sleep through the night and it became a cycle that takes over for pretty much everything else," Renfrow said, explaining how the addiction changed his life.

Then came a change for Renfrow – one that would change his patient mindset and break his addiction. Renfrow saw a doctor who insisted that he get off of the pain medication. "Unfortunately some of the things they did, didn't work for me and I ended up just having to self-impose my

own thing, and I went for a year without any pain medication and yeah, that was a very difficult year for me and everyone around me, but it allowed my body to kind of stabilize again," Renfrow said.

After his year-long detox and with the support of his family, Renfrow adopted a mantra of only seeking treatment from doctors who were willing to try alternatives to medication for pain management.

"You can't continue to function just on pain medications," Renfrow said. "It just dulls you. There are complications physically and mentally that form from long-term opioid use, all these doctors are aware of that. Taking an active role in your treatment empowers you and hopefully gives you a feeling of control over your life."

**"If you can find somebody who is willing to fight with you, or fight for you, for these other types of treatments as a patient that's what you need."
- Jon Renfrow**

What is my Responsibility to Patients Who Can't Speak English?

By Susan Wolbarst
Public Information Officer

What happens when a patient seeks care at your office, but cannot speak English, and neither you nor your staff can speak the patient's language?

Title VI of the U.S. Civil Rights Law of 1964 has been interpreted to mean that doctors, hospitals, and other health care providers receiving federal financial assistance cannot discriminate against patients who do not speak English. (For details regarding qualifying federal programs and resources available to providers, please see [visit this link](#)).

You are required to provide free translation services using a trained interpreter as an avenue to providing medical care for persons with Limited English Proficiency (LEP). "Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be limited English proficient, or 'LEP' and may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter," according to the U.S. Department of Health and Human Services (HHS).

The cost of translation services is reimbursed by the patient's insurance in some cases, but the services must be provided regardless of whether a physician is reimbursed, even if the translation services cost more than the doctor visit. The exception is if providing the interpreter services places "undue strain" on the practice. If you have unreimbursed expenses for translation services, ask your accountant if those expenses can be characterized as overhead.

Who Can Be an Interpreter?

- An interpreter must meet, at a minimum, all of the following qualifications:
- Demonstrated proficiency in both English and the target language
- Knowledge in both English and the target language of health care terminology and concepts relative to health care delivery systems
- Adheres to generally accepted interpreter ethics principles, including client confidentiality

Physicians cannot require the patient to use his or her own accompanying friend or family member as a translator, except in an emergency. The patient, however, can specify that a certain adult can act as a translator for that one visit. If that is the patient's choice, paperwork must be completed certifying that the adult is qualified to interpret what's being said accurately -- including details which might be awkward, depending on cultural sensibilities -- and to preserve patient confidentiality after the interaction.

Minor children have been found to be especially ineffective translators due to their potential for misunderstanding unfamiliar terms, their desire to protect their parent from embarrassment, and the parent's desire to shield the child from what might be considered "adult" information.



Continued on page 20

Steven M. Thompson Recipient Treats San Francisco's Homeless

By Susan Wolbarst

She cannot tell sick patients to go home and stay in bed until they feel better. Most of them do not have homes; many do not even have beds.

Dr. Joanna Eveland provides health care to the homeless and marginally housed at Tom Waddell Urban Health Center -- part of the San Francisco Department of Public Health -- located in San Francisco's Tenderloin neighborhood. On a typical day, she sees patients with everything from leg ulcers to newly-diagnosed HIV.

While such an environment and clientele might not appeal to every physician, this recent recipient of a Steven M. Thompson Physicians Corps Loan Repayment Award calls her job "a dream come true."

A native of California, Dr. Eveland grew up on the Peninsula and moved to San Francisco for high school. She went to college at University of California Berkeley and medical school at the UC Berkeley-University of California San Francisco Joint Medical Program. Through the joint program, she obtained a master's degree from the UC Berkeley School of Public Health, where she wrote her thesis on the impact of trauma and resilience on middle school students in Richmond.

"While many of my fellow students and residents decided to serve in international or rural areas, I have always felt that it was my responsibility to work in my own Bay Area community," she said. "After seeing the needs of my patients, I completed additional

training to specialize in HIV medicine as well as addiction medicine."

Her attraction to a medical career focusing on public service started early.



Dr. Joanna Eveland

"I first decided to apply to medical school while volunteering at the Berkeley Free Clinic as a college student," she said. "I had started working there because I believed everyone had a right to healthcare, but I found I loved my role as a lay health worker."

When she first worked at the Tom Waddell Urban Health Center as a second year medical student 15 years ago, "I felt like I had found my home in medicine," Dr. Eveland recalled. She was hired there in 2016.

"We have a large multidisciplinary team including an extensive behavioral health program. Tom Waddell Urban Health Center is also well known for its transgender clinic, which has been in operation since 1993," she said. "In addition

to our main primary care site, Tom Waddell Urban Health Center also offers care at community partner sites including mental health clinics, homeless shelters and the day labor program. Tom Waddell Integrated Medical Services includes urgent care, nurses working directly in supportive housing sites, a recently expanded Medical Respite program providing recuperative care, temporary shelter, coordination of services for homeless adults, and a Sobering Center, which is a 24/7 nurse-managed program providing support to individuals who are actively intoxicated on alcohol."

Continued on next page 12

Driving Rehabilitation Specialist: A Resource for Clinicians



An elderly motorist is tested on his driving ability using state-of-the-art technology used by driving rehabilitation specialists across the state to determine if someone can drive safely. Submitted photo.

By Linda Hill, M.D., M.P.H., and Ryan Moran, M.D., M.P.H.

Driving is important for maintaining independence, especially as we age. Driving cessation has been associated with declines in social, mental, and physical well-being. However, driving is a complex process, and road safety is a public health concern.

In some circumstances – when someone experiences a loss of consciousness, seizure, stroke, or other major life-changing event – counseling patients on driving may be clear cut. However, many situations may be more nebulous, as in the following example, which highlights the need for heightened clinical attention.

Example: An 83-year-old woman with a history of longstanding type II diabetes presents for a routine follow-up. She reports generally doing well. She has no concerns and notes adherence with medication management. During the examination you note mildly progressed neuropathy to the mid-foot bilaterally and a lateral superficial abrasion on the right distal fifth metatarsal. After further questioning, she notes not being aware of her foot abrasion until getting

dressed a few days back. You review her recent ophthalmologic evaluation, which notes her treatment plan for macular degeneration. You inquire about driving. She states she is a good driver, but she avoids driving at night and generally only drives within 10 or so miles from her house.

In cases like this, referral to an appropriate specialist may be indicated to assess how the medical conditions may impact the patient's driving safety.

The Training, Research and Education for Driving Safety (TREDS) program at the University of California San Diego (UCSD) has developed a five-minute **video titled “The Driving Rehabilitation Specialist: A Resource for Clinicians.”** The video highlights the role of the driving rehabilitation specialist (DRS), an occupational therapist with advanced training, to assess patients for driving fitness. Typical services include a clinical driving evaluation, on-the-road testing with real-time feedback, and recommendations for adaptive equipment. Although services provided by a DRS

Continued on page 15

Podcast: Medical Board Death Certificate Project

The Medical Board of California (Board) launched its podcast “Medical Board Chat” with a discussion about the Board’s death certificate project. Podcast host Carlos Villatoro chatted with the Board’s Executive Director Kimberly Kirchmeyer about the project that is essentially a proactive approach at curbing opioid deaths in California.

MEDICAL BOARD CHAT

with host Carlos Villatoro

Click microphone to listen



Born out of vetoed legislation that would have required coroners in California to report deaths when the cause of death is the result of prescription drug use, the Board’s death certificate project is designed to give the Board a mechanism to determine if California doctors are inappropriately prescribing to their patients.

For the latest Board information, make sure to follow the Board on Twitter @MedBoardofCA and Facebook at www.facebook.com/MedicalBoardofCA.

Continued from page 5

Renfrow said he began to look at pain differently.

“One of the best things that one of these doctors did for me is to educate me on what pain is for, why trying to medicate all your pain away is not a benefit to you,” Renfrow said. “Pain is a very important function of your body, it tells you what is wrong. Trying to mask it you basically create more pain, you are chasing more pain. And that is not a benefit.”

Today, Renfrow’s strategy for pain management consists of weekly massage therapy, non-narcotic gel injections in his hip, and a 12-hour-extended-release medication known as Nucynta (Tapentadol) that has worked wonders, he said.

“It’s very closely managed and controlled, there is no potential for abuse with this medication because there is no euphoric effect because of the way it’s being administered,” he said. “It’s been a game changer for me.”

The treatment has given him a new lease on life, allowing him to work part-time as a chef, he said, and giving him a sense of self-worth. Asked what advice he would give to doctors who treat patients for chronic pain, Renfrow said: “You have to be honest with your patient. You can’t tell them whatever treatment you are going to do is

going to fix them, because if you are at the point of chronic pain, it may be something you always have and you have to give the patient a realistic outlook of what to expect. The biggest disservice was when the doctor told me he was going to fix me. Because you realize you are not going to be pain free. It’s not what you want to hear. It’s going to be life changing.”

Renfrow also has some advice for anyone living with chronic pain.

“Understand that pain is an important thing,” he said. “You need to have it. Your body needs to have it. Don’t think that you are going to be able to eliminate it completely because you’ll just be chasing medication to mask it. Educate yourself on what your current condition is or the situation that you are in. Everything is available on the internet. Don’t ever be afraid to ask your doctors what they are thinking. Ask them ‘Are there other options available?’ And if you can find somebody who is willing to fight with you, or fight for you, for these other types of treatments, as a patient that’s what you need.”



A peer review body (PRB) is a medical group, committee of a hospital, clinic or other group of physicians responsible for reviewing the patient care of its staff members or colleagues. PRBs are required to file 805 and 805.01 reports with the Medical Board of California.

Peer Review – When to File 805 and 805.01 Reports with the Medical Board

By Britt Durham, M.D.

Sometimes it is not a patient or the patient's family filing a complaint that triggers an investigation of a physician's behavior and his/her ability to safely practice medicine. Sometimes a peer review body (PRB) takes the lead in initiating discipline against a physician's license.

A PRB is defined as a medical group, committee of a hospital, clinic or other group of physicians responsible for reviewing the patient care of its staff members or colleagues.

The PRB can provide an early detection and expert evaluation for competency or professional conduct issues. California law requires certain professional organizations responsible for reviewing the medical care and conduct of various licensees to make

reports to the associated licensing boards when action is taken against these medical professionals for patient and public safety concerns. For physicians, physician assistants, and podiatrists, the report is named after Business and Professions (B&P) Code section 805, which requires such reports to be submitted to the Medical Board of California (Board) for investigation. More than 100 of these reports were submitted to the Board in 2017.

B&P Code section 805 requires PRBs, such as hospitals, to file an 805 report with the Board within 15 days of the date that the disciplinary action takes effect, when the discipline is imposed for competence issues or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

The 805 reports present an opportunity for the Board to be proactive in potentially preventing undesirable outcomes and future potential complaints by identifying risks in advance.

Common reasons for submission of 805 reports include the imposition of summary suspension of staff privileges for greater than 14 days and/or licensee resignation from the staff during a pending investigation regarding the physician's competence or professional conduct.

A PRB is required to file an 805.01 report pursuant to B&P Code section 805.01 within 15 days of a final decision or recommendation regarding disciplinary action following a formal investigation which determines that the following may have occurred:

- Incompetence or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients to an extent as to be dangerous or injurious to the public;
- Use of or prescribing for or administering to himself or herself any controlled substance or dangerous drug or use of alcohol to such an extent to be dangerous to the licensee or others or to impair the licensee's ability to safely practice medicine;
- Repeated acts of clearly excessive prescribing, furnishing or administering controlled substances without an appropriate prior examination of the patient and a medical reason therefor, such as intractable pain;

- Sexual misconduct with one or more patients during treatment or an examination.

Practitioner's right to a hearing

The practitioner has the opportunity to either waive or exhaust his or her fair hearing rights in accordance with B&P Code section 809.2. However, an 805.01 report may be required once the formal investigation is complete, but prior to the hearing and before the effective date of the discipline, if the proposed discipline is for one or more of the four categories described above. Additionally, an 805 report must be filed if the medical professional resigns or takes a leave of absence during a peer review investigation.

Penalties for not filing 805 or 805.01 reports

Health care facilities are required by law to submit 805 and 805.01 reports. A failure to file an 805 or 805.01 report by any person who is designated or otherwise required by law to file one is punishable by a fine not to exceed \$50,000 per violation. A willful failure to file an 805 or 805.01 report may result in a fine of up to \$100,000 per violation.

Compliance with filing the reports is critical

Professional peer review actions and the filing of 805 and 805.01 reports are the origin of many investigations and disciplinary actions by the Board. These reports provide the Board the opportunity to identify professional conduct, impairment and clinical competency issues early and potentially prevent the future risk of harm to health care consumers.

Dr. Durham is a medical consultant in the Health Quality Investigation Unit, Tustin Office.

Leg, foot Amputations Occurred Twice as Often in Patients Treated with Canagliflozin

The U.S. Food and Drug Administration (FDA) confirms increased risk of leg and foot amputations with the diabetes medicine canagliflozin (Invokana, Invokamet, Invokamet XR). Health care professionals should, before starting canagliflozin, consider factors that may predispose patients to the need for amputations. These factors include a history of prior amputation, peripheral vascular disease, neuropathy, and diabetic foot ulcers.

- [**Read the FDA Drug Safety Communication**](#)
- [**Watch the FDA Drug Safety Communication video**](#)



Dr. Eveland says her patients and teammates are her favorite aspects of her career.

"I learn so much from my patients," she said. "They are true survivors who have made it through things I'm not sure that I could have faced. I also have a great multidisciplinary team so I never feel that I have to go it alone. One project that has been very fulfilling this year is working with the UCSF HERO Study, where we are treating and curing Hepatitis C infection in injection drug users."

Her least favorite thing about her job is the long shadow cast by homelessness itself.

"The core issue for most of my patients is homelessness, and while we can treat the 'symptoms' of homelessness, including physical and mental illness, it's often challenging to find someone permanent supportive housing, which is in many cases a 'cure' for many of their medical issues," she said. "I wish that homelessness could be seen as a public health issue with a solution that is both cost effective and good care."

Dr. Eveland said she felt "honored and very grateful" when she learned of winning a Steven M. Thompson Physicians Corps Loan Repayment Award. "It has allowed me to continue to do service work and to be able to afford to live in San Francisco."



Dr. Eveland spends her time helping homeless people in San Francisco's Tenderloin neighborhood. Photo: Shutterstock

Report Parkinson's Disease Diagnosis and Treatment to New Registry

After July 1, 2018, physicians, hospitals, facilities, and other health care providers diagnosing or providing treatment to Parkinson's disease patients are required to report it to the California Parkinson's Disease Registry (CPDR), administered by the California Department of Public Health (CDPH).

Parkinson's disease is a chronic, progressive neurological disease that affects movement. It is the second most common neurodegenerative disorder after Alzheimer's disease and the most common movement disorder.

Reporting to the CPDR is required by [SB 97 \(Chapter 52\)](#), signed by Governor Brown on July 10, 2017. The law creates a statewide population-based registry that will be used to measure the incidence and prevalence of Parkinson's disease. Currently, little is known about how Parkinson's disease is distributed among

different population groups and whether the patterns of the disease are changing over time.

California's large and diverse population makes it ideal for providing important information about this disease. The CPDR will greatly expand knowledge and understanding of Parkinson's disease and provide critical information to ultimately improve the lives of those affected.

To assist health systems and physicians meet the new reporting requirements, CDPH released the [California Parkinson's Disease Registry Implementation Guide](#) in April 2018. The implementation guide provides information necessary for reporting to the CPDR.

The [CPDR website](#) will have more information about the registry, reporting requirements, and resources.



Major Licensing Changes for Postgraduate Training and Licensure Requirements on the Horizon

By April Alameda, Chief of Licensing

The Licensing Program is gearing up for its most significant changes in decades as a result of the Medical Board of California's (Board) sunset bill, Senate Bill 798.

Effective January 1, 2020, postgraduate training requirements for all physician applicants will change from one or two years to three years of Board-approved postgraduate training, regardless of where the applicant attended medical school.

In another first for the Board, this law creates a postgraduate training license (PTL) for residents that participate in a postgraduate training program approved by the California Accreditation Council for Graduate Medical Education (CACGME). A trainee must obtain a PTL within 180 days after enrollment in a Board-approved postgraduate training program by

submitting an application and supporting documents as required by the Board.

Although the law provides for a six-month period to obtain a PTL, the Board strongly recommends that a trainee apply for a PTL as soon as he or she has confirmation of acceptance into a Board-approved postgraduate training program. A PTL will allow the individual to practice medicine as it relates to his or her duties as an intern or resident physician in the program, affiliates of the program, and as otherwise approved by the program director.

After the trainee has successfully completed 36 months of training, he or she will apply for a full and unrestricted physician's and surgeon's license, and must be licensed within 90 days to continue practicing in California. A renewal of a

Continued on page 21

You Asked For It Questions Received from the Web

By Alexandria Schembra, Associate Governmental Program Analyst

Q: *I recently applied for a license, when will I receive it?*

A: Once an application and the application fee have been received, staff must complete the initial review within 60 working days, although this often occurs in less time. The applicant is then notified in writing of the application status and given an itemized list of documents needed to complete the file. It is the applicant's responsibility to ensure that any missing documents are sent to the Board. These subsequent documents also will be reviewed in order of receipt. The length of time it takes to obtain a license is related to how long it takes for all required documents to be received at the Board. If the application is complete and approved upon first review (including receipt of the initial license fee) a license will be issued promptly. Once issued, please allow 2-4 weeks from the date of issuance to receive your pocket identification card and wall certificate.

Q: *How early can I renew my license?*

A: The license to practice medicine in California must be renewed every two years. The renewal period begins approximately 90 days prior to the expiration date of the license.

Q: *Why do I have to pay additional mandatory fees when I renew my license?*

A: California Business and Professions Code (B&P) section 2436.5 requires licensees to pay a mandatory fee of \$25 at the time of renewal of a physician's and surgeon's license to the Physician Loan Repayment Program and B&P section 208 requires licensees to pay a \$12 mandatory fee at the time of renewal for the Controlled Substance Utilization Review and Evaluation System/Prescription Drug Monitoring Program (CURES/PDMP). The Stephen M. Thompson Physician Corps Loan Repayment Program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan of repayment of their medical school loans in exchange for their service in a designated medically underserved area for a minimum of three years. The CURES/PDMP allows pre-registered users, including physicians and other licensed health care prescribers, pharmacists, law enforcement, and regulatory boards to access a patient's controlled substance history information. Access to this information assists health care professionals in identifying possible prescription drug abuse.

Q: *I want to open a new medical practice. Do I need to notify the Medical Board?*

A: You do not need to notify the Board unless you plan to practice under a fictitious name. If you are a licensed physician and surgeon, or podiatrist, practicing under a name other than your own, you must apply for a fictitious name permit (FNP) with the Board. Business and Professions Code section 2283 requires such a permit if you use a fictitious, false or assumed name in any public communication, advertisement, or announcement. Exceptions to the law include licensees employed by a partnership, group or professional corporation that holds a FNP from the Board; licensees working for or contracting with the State Department of Health Services, an outpatient surgery setting granted a certificate from an accreditation agency approved by the Board, and any medical school approved by the division or a faculty practice plan connected with the medical school. Use of a name other than your own without a FNP constitutes unprofessional conduct. For more information, call the Licensing Program at (916) 263-2382 or (800) 633-2322.

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.

MBC Hosts 3rd Annual Legislative Day at the State Capitol



L-R: Dr. Felix Yip, Dr. Howard Krauss, Ms. Kristina Lawson, Dr. Ronald Lewis, Dr. Dev GnanaDev, Mr. David Warmoth, Ms. Denise Pines, and Dr. Randy Hawkins

On Wednesday, April 25, 2018, the Medical Board of California (Board) hosted its 3rd Annual Legislative Day at the California State Capitol. Legislative Day is an opportunity for Board Members to meet with state legislators and talk about some of the exciting things that the Board is doing for consumer protection.

Board Members chatted with several state lawmakers about the Board's Strategic Plan 2018-2021, its upcoming iPhone app, and legislation that the Board discussed during its April quarterly Board meeting.

Legislative Day is but one of the many ways that the Board performs outreach to achieve its mission of protecting Californians. For more photos from the event visit the Board on [Facebook](#) and don't forget to like and follow.

From page 8

are often not covered by insurance plans, patients may be willing to pay the fee, which usually ranges from \$400 to \$600 for an evaluation.

Addressing driving impairments with patients is a challenging task, especially in ambiguous situations, and the topic of driving retirement should be approached with caution. The DRS can provide additional counseling and resources to allow patients to continue driving and maintain their independence for as long as safely possible.

For additional information, including a [tool](#) to locate DRS providers in your area, visit the [TREDs website](#) or call 858-534-8386.



Dr. Hill is a professor and the Director of the General Preventive Medicine Residency Program in the UC San Diego School of Medicine, Department of Family Medicine and Public Health. In addition, she serves as Director of the Training, Research and Education for Driving Safety (TREDs) program. Dr. Moran provides direct clinical care for primary and geriatric care patients at the UC San Diego Department of Internal Medicine. He also works with the Department of Family Medicine and Public Health where he is actively engaged in population-based research as it relates to traffic safety and aging safely.

FDA Limits Packaging for Loperamide to Encourage Safe Use

The U.S. Food and Drug Administration (FDA) is working with manufacturers to promote the use of blister packs or other single dose packaging of the anti-diarrhea drug loperamide. FDA also wants manufacturers to limit the number of doses per package. Loperamide is an FDA-approved drug to help control symptoms of diarrhea, including travelers' diarrhea.

The maximum dosage per day is eight milligrams for over the counter use and 16 milligrams per day for prescription use. It is sold under the brand name Imodium A-D, as store brands, and as generics. It is safe at approved doses, but when much higher than recommended doses are taken, it can lead to serious problems, including severe heart rhythm problems and death. Health care professionals should be aware that some individuals are taking high doses of loperamide to treat symptoms of opioid withdrawal. For more information, call 855-543-3784. (FDA Drug Safety Communication, January 30, 2018)

Who Are the Estimated 40 Million Americans Who Smoke?

According to a January 31, 2018 National Public Radio story: "Around 25 percent of adults earning less than the federal poverty level smoke, as do nearly a third of enlisted military members in low pay grades. Among adults of Native American descent, 24 percent smoke cigarettes...adults with lifelong mental illness smoke far more commonly than the general population."

Various approaches have been tried to get smokers to stop. The Kingdom of Bhutan banned tobacco sales and smoking in public places and private offices, with no apparent reduction in the number of smokers. New York City has seen some success by raising taxes to the point where cigarettes cost \$10.50 a pack, reportedly the most expensive in the country. Only 13 percent of NYC residents smoke, compared to 15 percent of people nationwide. Australia, which had its lowest-ever smoking rate of 13 percent in 2013, has required all cigarette brands to be packaged in plain brown wrappers "often emblazoned with graphic photos of cancer-ridden body parts and warning labels, since 2012."

Tech Med Corner

Re-set EMR Default Settings to Decrease Opioid Prescribing

A new [study](#) published in the Journal of General Internal Medicine shows that lowering the default setting for emergency room discharge orders to 10 opioid tablets caused physicians to prescribe fewer opioids. Researchers analyzed prescription data from emergency departments at the University of Pennsylvania and Penn Presbyterian Medical Center between late 2014 and mid-2015. Before the default was entered, physicians were required to enter the number of opioid tablets being prescribed. In 2015, both departments instituted a default setting of 10, which physicians can override by either selecting a quantity of 20 or modifying their orders. Researchers compared 41 weeks of prescribing patterns for oxycodone 5 milligram/acetaminophen 325 milligrams and found the proportion of prescriptions written for 10 tablets increased from 20.6 percent to 43.3 percent. ([HealthLeaders Media, January 23, 2018](#))

Company Gets FDA OK to Report Breast Cancer Risk

23andMe, which analyzes consumer genetic data, received U.S. Food and Drug Administration (FDA) permission to notify customers of three gene mutations most common in the Ashkenazi Jewish population linked to breast cancer in BRCA1 and BRCA2 genes. These are not the common BRCA mutations in the broader population ([The Washington Post, March 7, 2018](#)). This is FDA's first time granting a direct-to-consumer analysis commercial entity the right to notify patients they carry a factor for breast cancer. Physicians should be prepared to address the concerns of their patients who may receive this information from 23andMe, and refer them for genetic counseling.



New Law Allows Partial Fills of Schedule II Prescriptions

Beginning July 1, 2018, pharmacists will be able to dispense Schedule II controlled substances as partial fills if requested to do so by the prescriber or the patient.

Schedule II substances have a high potential for abuse. Examples include narcotics such as hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), morphine, opium, codeine and hydrocodone; stimulants such as amphetamine (Dexedrine® and Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®); and other substances such as amobarbital, glutethimide, and pentobarbital.

The law authorizing this change is AB 1048 (Arambula, Chapter 615). The bill requires the pharmacy to retain the original prescription, with a notation of how much of the prescription has been filled, the date and amount of each partial fill, and the initials of the pharmacist dispensing each partial fill, until the prescription has been fully dispensed.

The bill will remove the requirement that pain be assessed at the same time as vital signs. The bill will add Section 4052.10 to the Business and Professions Code.

CDPH Updates Lead Testing Guidelines

The California Childhood Health and Disability Prevention Program (CHDP), in collaboration with the Childhood Lead Poisoning Prevention Branch (CLPPB) of the California Department of Public Health, issued updated Health Assessment Guidelines on Childhood Lead Poisoning in 2017. These included a table, "Recommendations on Medical Management of Childhood Lead Exposure."

A compact-format version of the table is available from the CLPPB by clicking [here](#).

The complete Health Assessment Guidelines on Lead are available by clicking [here](#)

Additional information for health care providers on lead poisoning prevention and testing is available by clicking [here](#)

Save the Date for Upcoming Expert Reviewer Training

Save the date to attend Expert Reviewer training on Saturday, September 22, 2018 at the Los Angeles County + University of Southern California Medical Center.

For more information, please contact Rebecca Grisby at (818) 539-8314 or Susan Goetzinger at (818) 551-2129, or email mbcmedicalexpertprogram@mbc.ca.gov. The Medical Board of California (Board) offers one-day expert reviewer training seminars periodically in different parts of the state. To attend, physicians must meet the expert reviewer criteria and have been approved by the Board. Other upcoming training sessions will be announced as dates and locations are confirmed.

Be Informed about Continuing Medical Education Requirements

Under [California law](#), the Medical Board of California (Board) is charged with adopting and administering standards for physician and surgeon continuing medical education (CME).

Physicians and surgeons must complete at least 50 hours of approved CME during each biennial license renewal cycle. Some of these hours may be credited for activities such as publishing a paper, teaching a course that meets the CME requirement, or passing a specialty board examination.

Deciding which CME courses to take is generally left up to the physician, although most California-licensed physicians (pathologists and radiologists are exempted) have a one-time requirement to take 12 hours of CME units on pain

management and the appropriate treatment of the terminally ill. Physicians must complete the mandated hours by their second license renewal date or within four years, whichever comes first.

All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older are required to complete at least 20 percent of their mandatory CME in the field of geriatric medicine. Although other selections are not mandatory, physicians are encouraged to consider the make-up of their patient populations and select CME consistent with providing the most competent patient care, thereby enhancing consumer protection.

Physicians are encouraged to take a course integrating mental and physical health care in primary settings, especially as it pertains to early identification of mental health issues, and exposure to trauma in children and young adults and their appropriate care and treatment.

More information on CME is available on the Board's [website](#).



Change in Expiration Date Calculation for New Physicians

Beginning July 1, 2018, the Medical Board of California (Board) will issue a two-year license to newly-licensed physicians and surgeons based on the month the license is issued. For example, a license issued August 1, 2018 will expire August 31, 2020 – two years from the last day of the month the license was issued.

The change will have no effect on physicians licensed before July 1, 2018. Previously, a physician's license expired on the last day of a physician's birth month. This resulted in spans of less than a full two years before the first required renewal for some physicians, depending on the relationship of the physician's birth month to the month when the license was issued. This change eliminates that disparity. Legislation prescribing the change is contained in the Board's sunset bill, Senate Bill 798 (Hill, Chapter 775). Licensing fees will not change as a result of the new parameters.

New Seal Launches Rebranding Initiative for MBC



By Susan Wolbarst, Public Information Officer

It is ironic that Jen Meyer, who describes herself as “horribly terrified of snakes,” has been staring at one on her computer screen for months as part of her process in designing the Medical Board of California’s (Board) new brand identity.

As part of the Board’s brand identity, Ms. Meyer designed a new and modern official seal with two prominent elements, specifically chosen to illustrate facets of the Board’s mission.

First, the Rod of Asclepius, which traditionally represents healing and medicinal arts, was chosen to illustrate the Board’s enforcement of the Medical Practice Act, and its mission to promote access to quality medical care.

The rod rests on a shield chosen to represent the Board’s mission to protect California’s health care consumers.

The new seal replaces one which the Board has used for at least 25 years of its 142-year history.

The old seal features a caduceus, a short staff entwined by two serpents under a set of wings. In the United States, this is often recognized as the symbol of healing and medicine, in part due to the U.S. Army Medical Corps’ adoption of the caduceus for its medical officer uniforms in 1902.

Ms. Meyer discovered that the actual symbol of healing worldwide is the Rod of Asclepius, the Greek god of healing, which features a short staff entwined by a single serpent. Changing from the caduceus to the Rod of Asclepius puts the Board in line with other organizations worldwide that have adopted that symbol, such as the World Health Organization, the American Medical Association, and the U.S. National Library of Medicine.

In an effort to reduce unnecessary waste, both physical and financial, the Board will continue using materials that have been printed with the old seal, but will start utilizing the new design in newly created digital and print materials.

Waiver Form

Here is a [sample waiver form](#) to be used when a patient waives the right to the free services of a trained interpreter in favor of translation by a family member or friend. Such a form is good for one visit only, and must be filled out each time the patient waives such services. All waivers must be placed in the patient's permanent record.

Ways to Provide Translation Services

The translator does not have to perform the work in person in your office. The qualified interpreter can do the job by telephone or video conference. Resources for providing remote translation services can be located using the internet and the [HHS list](#) mentioned at the end of this article. If you anticipate a significant number of patients speaking a particular language (other than English), one approach is hiring a staff member who speaks that language and then getting the staff member trained to become a professional translator. The staff member can perform other regularly scheduled duties when not providing translation.

A patient's need for an interpreter and the patient's preferred language should be entered into the patient's medical record, according to the [California Department of Managed Health Care \(DMHC\) website](#), which has a lot of useful information on its website. This is also helpful when the patient makes a future appointment, as staff can arrange for an interpreter speaking the patient's language to attend the appointment. "State law requires that hospitals have interpreters, either onsite or by telephone, 24 hours a day," according to the DMHC. Who pays for this? "Health plans must pay for these services. Patients should not be charged," the DMHC website says.

Multi-Lingual Help Center

Patients who have problems getting language services they need through their health plans should be advised to contact the DMHC Help Center at 1-888-466-2219, where they can receive assistance in many languages. Documents Must Advise of Free Translation Services

[Senate Bill 223 \(Atkins, Chapter 771\)](#), signed by Governor Brown on October 17, 2017, requires that certain documents patients are given – such as consent forms, applications, letters containing information regarding eligibility and participation criteria, notices pertaining to denial or reduction in services – must contain a written notice of availability of free translation services in the top 15 languages spoken by LEP individuals in California as determined by the State Department of Health Care Services. The bill added [Section 1367.042 to the Health and Safety Code](#) with this requirement.

Resources for Physicians Serving LEP Patients

The HHS publishes a list of many [resources for those serving LEP patients](#), including "I Speak" cards. These are useful for doctors to determine what language a patient speaks in order to line up appropriate interpretive services. Download the cards for free and follow the directions to provide a message in English and the patient's preferred language indicating which language the patient speaks. The patient can carry the card with him or her to future medical appointments to alert providers how best to communicate with him or her. "I Speak" cards are available in numerous languages, including Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Japanese, Korean, Laotian, Mien, Portuguese, Punjabi, Russian, Spanish, Tagalog, Vietnamese, and others. The free "I Speak" cards are also available from the [California Department of Social Services](#).

Medical Board of California's Newsletter Contest Has a Winner

And the winner is...

Dr. Kip Virts, an anesthesiologist practicing in Sacramento, has walked off with the Medical Board of California's prize for renaming the Board's quarterly publication currently known as the Newsletter. Dr. Virts' suggestion, selected by the Medical Board, is the Medical Board of California News.

For his winning entry, Dr. Virts received a \$50 gift card.

The new name will make an appearance as part of the eye-catching re-designed publication in coming months.

Thanks to the many people who sent in ideas for publication names as part of the Board's re-naming contest.

It's not the first time the publication has had a name change. The Newsletter was previously published as the Action Report and before that as the Medical Memo. And the Board itself has gone through a few name changes over its 142-year history. At one time it was called the Board of Medical Examiners and, subsequently, the Board of Medical Quality Assurance.

From page 13

PTL is not required; however, the Board must be notified if the trainee transfers to another Board-approved postgraduate training program, resigns, or is terminated. The Board must also be notified if the trainee's program is extended for any reason, such as the trainee takes a leave of absence or fails to get credit for a rotation.

In addition to the increase in postgraduate training requirements for all applicants, there will also be changes to the process for recognizing international medical schools.

The changes will eliminate the Board's requirement to evaluate and recognize each international medical school. Instead, the Board will recognize an international medical school as meeting the educational requirements if the school is listed on the World Federation for Medical Education and the Foundation for Advancement of International Medical Education and Research World Directory of Medical Schools joint directory or the World Directory of Medical Schools.

These sweeping changes require a significant amount of internal coordination. Licensing Program staff is working diligently on an implementation plan that will include revised applications, forms, policies, procedures, updates to the Board's BreZE online system, staff training, and, most importantly, communication to the Board's stakeholders.

Ultimately, these changes are designed to further the Board's mission of consumer protection, and the Board looks forward to working with the stakeholders to ensure a smooth transition.

Administrative Actions

November 1, 2017 to January 31, 2018

Physicians and Surgeons

ABEDI, BABAK (A 95902), Hollywood, CA

Failed to comply with the terms of his Board-ordered probation by testing positive for methamphetamine. Revoked. December 15, 2017. Judicial review pending.

[View document](#)

ALTMAN, DAVID ELLIOT (G 34377), Chico, CA

No admissions but charged with gross negligence, repeated negligent acts, prescribing without an appropriate prior examination and medical indication, and failure to maintain adequate and accurate medical records in the care and treatment of four patients. Surrender of License. November 27, 2017

[View document](#)

AMELI, HOOSHANG (A 38904), Skokie, IL

No admissions but charged with having a condition affecting his ability to practice medicine safely. Surrender of License. November 22, 2017

[View document](#)

APAYDIN, AYTAC HILMI, M.D. (A 46632), Salinas, CA

No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of four patients; and excessive prescribing to two patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, an ethics course, and a clinical competence assessment program; and obtaining a practice monitor. January 19, 2018

[View document](#)

BANDYAN, KARL, M.D. (A 81272), Van Nuys, CA

Committed acts of gross negligence, repeated negligence, prescribing without an appropriate prior examination and medical indication, and failed to maintain adequate and accurate medical records in the care and treatment of three patients; excessively prescribed controlled substances to himself and patients; used controlled substances to the extent, or in such a manner, as to be dangerous or injurious to himself, or to another person or to the public; prescribed illegitimate prescriptions for controlled substances; issued false/fictitious prescriptions for controlled substances; and

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.

obtained controlled substances by fraud or deceit. Revoked, stayed, placed on seven years' probation with terms and conditions including, but not limited to, 60 days' suspension; for the first two years of probation, prohibited from ordering, prescribing, dispensing, administering, furnishing or possessing controlled substances and from issuing an oral or written recommendation or approval to possess or cultivate marijuana; surrendering DEA permit; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana; completing an education course, a prescribing practices course, a medical record keeping course, an ethics course, a clinical competence assessment program, a medical evaluation, and a clinical diagnostic evaluation; obtaining a practice monitor; prohibited from practicing pain management; notification of employer; submitting to biological fluid testing; attending substance abuse support group meetings; and obtaining a worksite monitor. December 29, 2017

[View document](#)

BEE, DAVID, M. (G 14943), Loma Linda, CA

No admissions but charged with repeated negligent acts, prescribing without an appropriate prior examination and medical indication, excessive prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Surrender of License. November 9, 2017

[View document](#)

BENATTI ATWOOD, DAVID WADE, M.D. (A 137214), Fresno, CA

Convicted of corporal injury on a spouse or cohabitant and used alcohol to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, completing an ethics course and an anger management course, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. November 2, 2017

[View document](#)

BERKOWITZ, ARNOLD (G 53757), Philadelphia, PA

Disciplined by Pennsylvania and convicted of three felonies for delivering or possessing and conspiracy to deliver or possess with intent to deliver a controlled substance, and administering or dispensing a controlled substance outside of the scope of a physician-patient relationship; and two misdemeanors for unlawfully procuring a drug by fraud, deceit, misrepresentation, or subterfuge and possessing the identifying information of another person without that person's consent to further an unlawful purpose. Revoked. January 5, 2018

[View document](#)

BIEN, ROBERT, M.D. (A 41647), Las Vegas, NV

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for being disciplined by Nevada for pleading nolo contendere to one count of malpractice. December 4, 2017

[View document](#)

BONSTEEL, ALAN, M.D. (A 50164), Tiburon, CA

No admissions but charged with incompetence and failure to maintain adequate and accurate medical records in the care and treatment of one patient; and failed to comply with the terms of his Board-ordered probation by failing to obey all laws. Revoked, stayed, placed on one additional year of probation with terms and conditions including, but not limited to, completing an education course and prohibited from engaging in the solo practice of medicine. November 16, 2017

[View document](#)

BROWN, MICHELE ANNE (A 62756), San Diego, CA

Convicted of two misdemeanors for driving under the influence with a blood alcohol level of .08 percent or more and a misdemeanor for fighting in public; used alcohol to such an extent, or in such a manner, as to be dangerous or injurious to herself, another person, or to the public; and has a condition affecting her ability to practice medicine safely. Surrender of License. January 4, 2018

[View document](#)

CHEN, BEIRU JIA, M.D. (C 51848), Carlsbad, CA

No admissions but charged with gross negligence in the care and treatment of four patients; repeated negligent acts in the care and treatment of eight patients; and incompetence in the care and treatment of two patients. Revoked, stayed, placed on four years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, and a clinical competence assessment program. December 8, 2017

[View document](#)

CHRISTENSEN, GARY STEVEN (G 44531), Flagstaff, AZ

Disciplined by Arizona and convicted of seven felony counts of tax evasion and two misdemeanor counts of willfully failing to file tax returns. Surrender of License. January 19, 2018

[View document](#)

CIZMAR, BRANISLAV, M.D. (A 80606), Escondido, CA

No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete a medical record keeping course and an education course. Public Reprimand. January 11, 2018

[View document](#)

CONNEALY, LEIGH E., M.D. (G 57433), Irvine, CA

No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of two patients. Physician must complete a medical record keeping course. Public Reprimand. December 29, 2017

[View document](#)

DOAN, TUAN ANH, M.D. (G 77825), Rocklin, CA

Committed acts of repeated negligence and failure to maintain adequate and accurate medical records in the care and treatment of four patients. Revoked, stayed, placed on two years' probation with terms and conditions including, but not limited to, completing an education course, obtaining a practice monitor, and prohibited from engaging in the solo practice of medicine. January 5, 2018

[View document](#)

FELDMAN, ARNOLD ERWIN (G 85449), Baton Rouge, LA

Disciplined by Louisiana for unprofessional conduct and providing false testimony by submitting medical records that had been falsified. Revoked. January 26, 2018

[View document](#)

FUENTES, JULIAN ROBERT, M.D. (G 45631), Redding, CA

No admissions but charged with gross negligence for failing to supervise the care provided by a physician assistant, failed to properly monitor a physician assistant who prescribed controlled substances without a good faith examination; and failed to provide adequate supervision to ensure a physician assistant maintained adequate and accurate medical records in the care and treatment of two patients; conspiring with a physician assistant to violate the Moscone-Knox Professional Corporation Act; and conspiring to allow a physician assistant to practice medicine without a license. Revoked, stayed, placed on four years' probation with terms

and conditions including, but not limited to, completing an education course, a medical record keeping course, and an ethics course; and obtaining a practice monitor. January 26, 2018

[View document](#)

GALINDO, JORGE E., M.D. (C 39465), La Puente, CA

No admissions but charged with failure to adequately supervise a physician assistant and failure to maintain adequate and accurate medical records in the care and treatment of three patients; prescribing without an appropriate prior examination and medical indication and excessive prescribing in the care and treatment of two patients; prescribing to an addict in the care and treatment of one patient; and aiding and abetting the unlicensed practice of medicine. Revoked, stayed, placed on three years' probation with terms and conditions including, but not limited to, completing an ethics course. November 9, 2017

[View document](#)

GILL, KISHWAR R., M.D. (A 52697), Visalia, CA

No admissions but charged with gross negligence, repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of three patients. Revoked, stayed, placed on four years' probation with terms and conditions including, but not limited to, prohibited from ordering, prescribing, dispensing, administering, furnishing or possessing any controlled substances except for Schedules IV and V and from issuing an oral or written recommendation or approval to possess or cultivate marijuana until completion of a prescribing practices course and a medical record keeping course; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana; completing a prescribing practices course, a medical record keeping course, and a clinical competence assessment program; obtaining a practice monitor; and prohibited from engaging in the solo practice of medicine. December 13, 2017

[View document](#)

GOLDSTEIN, AARON LOUIS, M.D. (A 153791), Rancho Mirage, CA

Committed acts of incompetence during postgraduate training. Probationary license issued, placed on 3 years' probation, with terms and conditions including, but not limited to, completing a professional enhancement program and a clinician-patient communication course, and prohibited from engaging in the solo practice of medicine. January 25, 2018

[View document](#)

GOSALAKKAL, JAYAPRAKASH AYILLATH (A 74084), Dayton, OH

Disciplined by Ohio for making a false, misleading, or deceptive statement in his application for licensure. Revoked. December 15, 2017

[View document](#)

GRIFFIN, GLYN CAROL, M.D (G 72092), Menlo Park, CA

No admissions but charged with being convicted of driving with a blood alcohol level of .08 percent or more; used alcohol to the extent, or in such a manner, as to be dangerous or injurious to herself, another person, or to the public; and has a condition affecting her ability to practice medicine safely. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, completing an ethics course, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. January 26, 2018

[View document](#)

GULLION, GUY ROGERS, M.D. (A 50284), Sebastopol, CA

Failed to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete a medical record keeping course. Public Reprimand. December 8, 2017

[View document](#)

GUZMAN, JULIO VICTOR, M.D. (A 66211), Los Angeles, CA

Committed acts of gross negligence and repeated negligent acts in the care and treatment of two patients; prescribed without an appropriate prior examination and medical indication, failed to timely comply with a request for patient records, and failed to maintain adequate and accurate medical records in the care and treatment of one patient. Revoked, stayed, placed on seven years' probation with terms and conditions including, but not limited to, completing an education course, a prescribing practices course, a medical record keeping course, and an ethics course. December 29, 2017

[View document](#)

HAMILTON, DENISE ANN (A 55480), Xenia, OH

Disciplined by Ohio for testing positive for alcohol as part of a random screening through the Ohio Physician's Health Program. Revoked. December 20, 2017

[View document](#)

HANUSEK, GORDON E. (C 21915), Panorama City, CA

Physician has a condition affecting his ability to practice medicine safely. Surrender of License. November 29, 2017

[View document](#)

HEADRICK, DANIEL JOSEPH, M.D. (G 45144), Laguna Beach, CA

No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Public Reprimand. January 19, 2018

[View document](#)

HENRY, BRYAN LAWRENCE, M.D. (A 37110), Saint Helena, CA

No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete an education course and a medical record keeping course. Public Reprimand. December 7, 2017

[View document](#)

ISMAIL, RYAN MAGDY, M.D. (A 153219), Oakland, CA

Committed acts of incompetence during postgraduate training. Probationary license issued, placed on 3 years' probation, with terms and conditions including, but not limited to, enrolling in and successfully completing a one year residency or clinical fellowship program, prohibited from practicing outside of an accredited program, completing a professional enhancement program and a clinician-patient communication course, and prohibited from engaging in the solo practice of medicine. December 14, 2017

[View document](#)

JOHNSON, DAVID R. (A 20315), Corona, CA

Physician has a condition affecting his ability to practice medicine safely. Surrender of License. November 22, 2017

[View document](#)

JOHNSON, STANCIL E.D., M.D (C 28935), Carmel, CA

No admissions but charged with repeated negligent acts in the care and treatment of two patients and failure to maintain adequate and accurate medical records in the care and treatment of three patients. Revoked, stayed, placed on three years' probation with terms and conditions including, but not limited to, completing an education course, a prescribing practices course, a medical record keeping course, and an ethics course. December 7, 2017

[View document](#)

KAHN, DAVID LAWRENCE (C 33917), Felton, CA

No admissions but charged with gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Surrender of License. November 9, 2017

[View document](#)

KASS, MICHAEL ARTHUR (A 37218), Culver City, CA

Convicted of a misdemeanor for reckless driving and used alcohol to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public. Revoked, stayed, placed on three years' probation with terms and conditions including, but not limited to, completing a clinical diagnostic evaluation; notification of employer; submitting to biological fluid testing; attending substance abuse support group meetings; obtaining a worksite monitor; abstaining from the use of alcohol and controlled substances; and maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana. January 11, 2018

[View document](#)

Unable to satisfy the terms and conditions of his probation. Surrender of License. January 24, 2018

[View document](#)

KELADA, MERVAT GAMIL, M.D. (A 48353), Imperial, CA

Committed acts of gross negligence in the care and treatment of one patient, repeated negligence in the care and treatment of four patients, and failure to maintain adequate and accurate medical records in the care and treatment of two patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing a medical record keeping course, an education course, and an ethics course. December 7, 2017. Judicial review pending.

[View document](#)

KELLY, WAYNE JOHN, M.D. (C 43073), Menifee, CA

No admissions but charged with gross negligence, repeated negligent acts, incompetence, signing documents relating to the practice of medicine that falsely represented the existence or nonexistence of facts, dishonesty, and failure to maintain adequate and accurate medical records in the care and treatment of two patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing a prescribing practices course, an ethics course, and a clinical competence assessment program; obtaining a practice monitor; and prohibited from directly or indirectly providing medical marijuana to any patients. November 8, 2017

[View document](#)

KIVIAT, DOUGLAS JAY (G 89144), San Diego, CA

Failed to comply with a Board-ordered evaluation. Revoked. December 1, 2017

[View document](#)

KYRI, LIEN JAY (A 122548), Huntington Beach, CA

Failed to comply with multiple terms of his Board-ordered probation. Revoked. November 1, 2017

[View document](#)

LARA, ADRIENNE ELIZABETH, M.D. (C 51906), Oxnard, CA

Committed acts of repeated negligence and failure to maintain adequate and accurate medical records in the care and treatment of three patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, and an ethics course; obtaining a practice monitor; and prohibited from practicing obstetrics. December 15, 2017

[View document](#)

LIN, THOMAS H.T., M.D. (A 64211), Upland, CA

Convicted of possession of concentrated cannabis, violated statutes regulating dangerous drugs or controlled substances, and failed to comply with the terms of his Board-ordered probation by failing to obey all laws. Revoked, stayed, remain on probation for ten years' with terms and conditions including, but not limited to, completing a clinical diagnostic evaluation, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, obtaining a worksite monitor, and continuation of the terms of the previously imposed probation. January 19, 2018

[View document](#)

MARKOPOULOS, MICHAEL NICHOLAS, M.D. (G 34687), Del Mar, CA

No admissions but charged with gross negligence, repeated negligent acts, aiding and abetting the unlicensed practice of medicine, and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients. Revoked, stayed, placed on three years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, and an ethics course; obtaining a practice monitor; and prohibited from performing any work related to Immigration and Naturalization Service examinations. January 12, 2018

[View document](#)

MARTIN, SCOTT MATTHEW, M.D. (A 94122), Henderson, NV

No admissions but charged with gross negligence, repeated negligent acts, prescribing without an appropriate prior examination and medical indication, excessive prescribing, prescribing to an addict, and failure to maintain adequate and accurate medical records in the care and treatment of three patients. Revoked, stayed, placed on three years' probation with terms and conditions including, but not limited to, completing an education course, a prescribing practices course, a medical record keeping course, and a clinical competence assessment program. November 17, 2017

[View document](#)

MATTHESEN, JENNIFER BERRY, M.D. (A 83217), Ponte Vedra Beach, FL

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for being disciplined by Connecticut for failing to maintain adequate medical records when prescribing controlled substances to herself, her family members, and to others; and inappropriately prescribed controlled substances in New York using her Connecticut DEA number. December 14, 2017

[View document](#)

MCCALL, DAVID ANDREW, M.D. (A 105536), Santa Clara, CA

Committed acts of gross negligence in the care and treatment of one patient. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, a professional boundaries program, and an ethics course; obtaining a practice monitor; and required to have a third party chaperone present while consulting, examining, or treating female patients. December 7, 2017

[View document](#)

MESIWALA, ALI HAKIM, M.D. (A 87133), Rancho Cucamonga, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for failing to consistently document disclosure to a patient of a problem found during postoperative care after a spinal surgery. November 8, 2017

[View document](#)

MOFU, EMMANUEL ROBIN (C 36558), Blythe, CA

No admissions but charged with being convicted of reckless driving, failed to report the conviction to the Board, and used alcohol to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public. Surrender of License. November 1, 2017

[View document](#)

MORROW, DAVID MARTIN (C 33963), Beverly Hills, CA

Convicted of conspiracy to commit mail fraud and making or subscribing to a false tax return, and engaged in acts of dishonesty. Revoked. January 12, 2018

[View document](#)

MORROW, LENTON JOBY (A 97241), Sacramento, CA

No admissions but charged with sexual abuse/sexual misconduct, and repeated negligent acts with one patient; and gross negligence and repeated negligent acts in the care and treatment of four patients. Surrender of License. November 28, 2017

[View document](#)

NADELSON, ADAM, M.D. (A 131723), New York, NY

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for being disciplined by Illinois for completing and signing his postgraduate training verification using the program director's signature stamp without the program director's direct knowledge or permission. November 3, 2017

[View document](#)

NGUYEN, KHOI NGOC (A 36682), Apple Valley, CA

Unable to satisfy the terms and conditions of his probation. Surrender of License. January 3, 2018

[View document](#)

NOURI, FOUAD MOHAMMED M., M.D. (A 64212), Los Angeles, CA

No admissions but charged with being convicted of aiding and abetting the unlicensed practice of medicine. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing an education course and an ethics course; practice is limited to a general primary care practice; prohibited from practicing or having any ownership interest in any medical day spas; prohibited from performing any cosmetic procedures; prohibited from supervising any registered nurses, nurse practitioners, physicians assistants, or aestheticians. November 22, 2017

[View document](#)

ORDOG, GARY JOSEPH (G 43038), Newhall, CA

Convicted of a felony for health care fraud. Revoked. January 5, 2018

[View document](#)

PAIK, PHILLIP CHUNG PIL (A 50381), San Diego, CA

Failed to comply with multiple terms of his Board-ordered probation. Revoked. January 11, 2018

[View document](#)

PANICCIA, GREGORY SEAN, M.D. (G 76979), National City, CA

Committed acts of gross negligence, repeated negligence, excessive prescribing, prescribing without an appropriate prior examination and medical indication, and failed to maintain adequate and accurate medical records in the care and treatment of five patients; and prescribing to an addict in the care and treatment of four patients. Revoked, stayed, placed on six years' probation with terms and conditions including, but not limited to, prohibited from ordering, prescribing, dispensing, administering, furnishing, or possessing any controlled substances and from issuing an oral or written recommendation or approval to possess or cultivate marijuana; completing a prescribing practices course, a medical record keeping course, and a clinical competence assessment program; obtaining a practice monitor; and prohibited from engaging in the solo practice of medicine. December 7, 2017

[View document](#)

PANJABI, RAVI SHAM, M.D. (A 55600), Castro Valley, CA

No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of two patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, an ethics course, and a clinical competence assessment program; obtaining a practice monitor; and prohibited from engaging in the solo practice of medicine. November 22, 2017

[View document](#)

PARKINSON, GEORGE WILLIAM (G 22439), Campbell, CA

Committed acts of gross negligence, repeated negligence, excessive prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of two patients. Revoked.

December 22, 2017

[View document](#)

PARTRIDGE, LIBERTY, M.D. (A 108903), Lompoc, CA

No admissions but charged with being convicted of a misdemeanor for corporal injury upon a spouse. Physician must complete an ethics course, provide 50 hours of free community service, and complete an anger management course. Public Reprimand. November 22, 2017

[View document](#)

PATEL, MONEIL MAHENDRA, M.D. (A 107791), Scottsdale, AZ

Disciplined by Arizona for engaging in unprofessional conduct for inappropriately prescribing a variety of controlled substances to two patients for weight loss that were not indicated, and were issued prior to any patient examination. Revoked, stayed, placed on three years' probation with terms and conditions including, but not limited to, completing an education course, a medical record keeping course, and a prescribing practices course; and maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana. January 12, 2018. Judicial review pending. Per Superior Court, completion of a clinical competence assessment program and obtaining a practice monitor are stayed if physician does not practice medicine in California. [View document](#)

PEREZ, ROBERT T., M.D. (G 80178), Santa Ana, CA

No admissions but charged with gross negligence, repeated negligent acts, dishonesty, and failure to maintain adequate and accurate medical records in the care and treatment of one patient and unprofessional demeanor with another individual. Revoked, stayed, placed on thirty-five months' probation with terms and conditions including, but not limited to, completing an education course, a prescribing practices course, an ethics course, and a professional boundaries program. December 8, 2017

[View document](#)

PHAM, JOSEPHINE DIEM, M.D. (A 53882), San Jose, CA

No admissions but charged with gross negligence, repeated negligent acts, excessive prescribing, prescribing without an appropriate prior examination and medical indication, and failure to maintain adequate and accurate medical records in the care and treatment of four patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, prohibited for the first three years of probation from ordering prescribing, dispensing, administering, furnishing, or possessing any controlled substances except Schedules IV and V and from issuing an oral or written recommendation or approval to possess or cultivate marijuana; maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana; completing an education course, a prescribing practices course, a medical record keeping course, and an ethics course; and obtaining a practice monitor. December 8, 2017

[View document](#)

PIERRE, EDGAR JOSEPH (G 138868), Miami, FL

Unable to satisfy the terms and conditions of his probation. Surrender of License. December 20, 2017

[View document](#)

POPA, THEODORE OLIVER, M.D. (A 153536), Palos Verdes Peninsula, CA

Committed acts of dishonesty during medical school and had professionalism issues during postgraduate training. Probationary license issued, placed on 5 years' probation, with terms and conditions including, but not limited to, completing a professional enhancement program and an ethics course, and prohibited from engaging in the solo practice of medicine. January 5, 2018

[View document](#)

QUINONES, JOSHUA, M.D. (A 91404), Baldwin Park, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for using a gastrointestinal cocktail as a diagnostic test and failing to perform appropriate diagnostic evaluations to exclude emergent conditions in the care and treatment of one patient. January 11, 2018

[View document](#)

RAHEB, STEVEN THEODORE (G 62726), Putnam, CT

Physician voluntarily surrendered his license in Connecticut. Surrender of License. December 28, 2017

[View document](#)

RAMIREZ, EDDIE ANTHONY, M.D. (G 61452), Santa Monica, CA

No admissions but charged with being disciplined by Arizona for departing from the standard of care in the care and treatment of a patient. Physician must complete an education course. Public Reprimand. January 12, 2018

[View document](#)

REECE, TYRON CLEON, M.D. (A 31509), San Bernardino, CA

Failed to comply with multiple terms of his Board-ordered probation. Revoked, stayed, placed on two additional years' probation with terms and conditions including, 30 days' suspension, or in lieu of suspension, reimbursement of the costs of his evaluations and probation monitoring costs, providing proof of enrollment in a physician enhancement program, and providing proof of the establishment of a log, as previously specified; and continuation of the terms of the previously imposed probation. November 3, 2017

[View document](#)

REINERSMAN, EUGENE JOSEPH, M.D. (A 116685), Fort Collins, CO

No admissions but charged with being disciplined by Colorado for having a condition that renders him unsafe to practice medicine and has used alcohol and controlled substances to the extent, or in such a manner, as to be dangerous or injurious to himself, or to another person or to the public. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, prohibited from engaging in the solo practice of medicine, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. November 17, 2017

[View document](#)

ROSEN, ALAN, M.D. (A 51388), Houston, TX

Disciplined by Texas for pre-signing prescriptions for a physician assistant to give patients when he was out of the office. Public Reprimand. November 8, 2017

[View document](#)

SAFER, JEFFREY PHILIP (G 42819), San Juan Capistrano, CA

Convicted twice for misdemeanors for driving under the influence of alcohol with a blood alcohol of .15 percent or more, and used alcohol to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, completing an ethics course and a clinical diagnostic evaluation, prohibited from engaging in the solo practice of medicine, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. November 17, 2017

[View document](#)

Unable to satisfy the terms and conditions of his probation. Surrender of License. January 29, 2018

[View document](#)

SAHIJWANI, ANIL JAMNU (C 140423), Tampa, FL

Disciplined by Florida for being convicted of two felony counts of distributing, dispensing, and possessing with the intent to distribute and dispense controlled substances not for a legitimate medical purpose. Revoked.

January 12, 2018

[View document](#)

SAHLOLBEI, HOSSAIN, M.D. (G 84450), Blythe, CA

No admissions but charged with being convicted of grand theft and committing acts of gross negligence and repeated negligent acts in the care and treatment of one patient. Revoked, stayed, placed on four years' probation with terms and conditions including, but not limited to, providing 300 hours of free community service, and completing an education course and an ethics course. November 3, 2017

[View document](#)

SANTELLA, ROBERT JOHN (G 23945), San Diego, CA

Committed acts of gross negligence, repeated negligence, prescribing without an appropriate prior examination and medical indication, and failure to maintain adequate and accurate medical records in the care and treatment of seven patients. Surrender of License. December 31, 2017

[View document](#)

SCHWARTZ, STANLEY HARRY, M.D. (A 42271), Moreno Valley, CA

Failed to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete a medical record keeping course. Public Reprimand. January 5, 2018

[View document](#)

SEAMAN, ELIZABETH BYERRUM, M.D. (G 32266), Greenbrae, CA

Failed to comply with the terms of her Board-ordered probation by failing to submit a biological fluid sample when requested and also testing positive for alcohol. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing a clinical diagnostic evaluation and an ethics course, notification of employer, abstaining from the use of alcohol, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. January 10, 2018

[View document](#)

SIDHU, JAIPAL S., M.D. (A 72117), Fresno, CA

Used alcohol to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public; engaged in dishonest acts; and has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on seven years' probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, completing an ethics course and a clinical diagnostic evaluation, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. January 17, 2018

[View document](#)

SIEW, VICTOR BOON HUAT (G 32104), Fountain Valley, CA

Convicted of one count of distributing a Schedule II controlled substance, and one count of distributing a Schedule IV controlled substance, violated statutes regulating dangerous drugs or controlled substances, and prescribed without an appropriate prior examination and medical indication. Surrender of License.

January 10, 2018

[View document](#)

SINGLETON, CHRYSTAL JOY LEONA, M.D. (A 65522), Selma, CA

No admissions but charged with gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete a medical record keeping course and an education course. Public Reprimand. January 12, 2018

[View document](#)

SOLIMAN, KARIM ADLY, M.D. (C 51512), San Marino, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for failing to take responsibility for the proper storage of one patient's medical records and failed to obtain a written consent for a therapeutic procedure or clearly document that oral consent was obtained. November 8, 2017

[View document](#)

SUESS, FRED, M.D. (G 26266), San Francisco, CA

No admissions but charged with gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete a medical record keeping course and an education course. Public Reprimand. November 3, 2017

[View document](#)

SUTHERLAND, ELIZABETH ANNE, M.D. (G 40463), Danville, CA

No admissions but charged with failing to comply with the terms of her Board-ordered probation by testing positive for controlled substances. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, completing an ethics course and a clinical diagnostic evaluation, prohibited from engaging in the solo practice of medicine, notification of employer, submitting to biological fluid testing, attending substance abuse support group meetings, and obtaining a worksite monitor. November 8, 2017

[View document](#)

TAWANSY, KHALED ALY, M.D. (G 76762), Los Angeles, CA

No admissions but charged with gross negligence in the care and treatment of one patient, repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of four patients, and repeated negligence for combining medications in an unsterile environment. Physician must complete a medical record keeping course, an education course, and an ethics course. Public Reprimand. December 7, 2017

[View document](#)

THIENE, PAMELA DEVON (G 68347), Santa Barbara, CA

No admissions but charged with failing to comply with the terms of her Board-ordered probation by failing to provide a biological fluid sample when requested. Surrender of License. January 30, 2018

[View document](#)

TUSHLA, SCOTT JEFFREY, M.D. (G 86841), Colorado Springs, CO

No admissions but charged with gross negligence in the care and treatment of one patient, repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of four patients, and prescribing without an appropriate prior examination and medical indication and excessive prescribing in the care and treatment of two patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana; completing an education course, a prescribing practices course, a medical record keeping course, and a clinical competence assessment program; and obtaining a practice monitor. December 8, 2017

[View document](#)

VAN MEURS, DIRK HENDRIK (G 40574), Albany, CA

Committed acts of gross negligence, prescribing without an appropriate prior examination and medical indication, and failure to maintain adequate and accurate medical records in the care and treatment of six patients, and failed to comply with the terms of his Board-ordered probation by failing to obey all laws. Revoked. January 22, 2018

[View document](#)

VESAL, OMID, M.D. (A 73459), Anaheim Hills, CA

No admissions but charged with gross negligence, repeated negligent acts, dishonesty, prescribing without an appropriate prior examination and medical indication, and failure to maintain adequate and accurate medical records in the care and treatment of three patients. Revoked, stayed, placed on four years' probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval to possess or cultivate marijuana; completing an education course, a prescribing practices course, a medical record keeping course, an ethics course, and a clinical competence assessment program; and obtaining a practice monitor.

November 9, 2017

[View document](#)

WEINSTEIN, DANIEL ERIC (G 88035), San Diego, CA

Committed acts of gross negligence by performing fluoroscopic patient studies without holding a valid permit; dishonesty; convicted of a misdemeanor for reckless driving without injury; used alcohol to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public; and violated statutes regulating dangerous drugs or controlled substances. Surrender of License. December 11, 2017

[View document](#)

WEINTRAUB, JAMES SETH, M.D. (G 40636), Simi Valley, CA

No admissions but charged with gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Physician must complete an education course and a medical record keeping course. Public Reprimand. January 12, 2018

[View document](#)

WHEELER, JONATHAN WILLIAM, M.D. (G 68184), Saint Helena, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for failing to further evaluate borderline vital signs of a patient with a history of upper GI bleed and failed to document the patient's last visit in a progress note. January 25, 2018

[View document](#)

WHITMORE, CASSANDRA LYNN-HERBERT, M.D. (A 68131), Fairfield, CA

No admissions but charged with gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records in the care and treatment of three patients. Physician must complete a prescribing practices course and a medical record keeping course. Public Reprimand. January 10, 2018

[View document](#)

WILLIAMS, ELSWORTH PEARL, JR. (A 24406), Redlands, CA

Unable to satisfy the terms and conditions of his probation. Surrender of License. January 17, 2018

[View document](#)

WONG, KING, M.D. (A 35471), Upland, CA

No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of one patient. Physician must complete a clinical competence assessment program. Public Reprimand. December 7, 2017

[View document](#)

YOHO, ROBERT ALAN, M.D. (C 41114), Visalia, CA

No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of four patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, 30 days suspension; completing an education course, a medical record keeping course, and a clinical competence assessment program; obtaining a practice monitor; required to have a certified registered nurse anesthetist or anesthesiologist present for medical procedures on all moderately sedated patients; and must have an approved proctor for the first 25 elective cosmetic surgeries. November 3, 2017

[View document](#)

Physician Assistants

CHASE, NICOLE JEAN, P.A. (PA 22482), Carlsbad, CA

Convicted of a misdemeanor for driving under the influence with a blood alcohol level of .08 percent or more and used alcohol to the extent, or in such a manner, as to be dangerous or injurious to herself, another person, or to the public. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing an ethics course and a clinical diagnostic evaluation, abstaining from the use of alcohol and controlled substances, participating in a drug and alcohol recovery monitoring program, submitting to biological fluid testing, participating in facilitated group support meetings, and obtaining a work site monitor. December 1, 2017

[View document](#)

CREASY, PATRICK TYE (PA 21414), Irvine, CA

No admissions but charged with gross negligence, repeated negligent acts, excessive prescribing, dishonesty, prescribing without authorization, violation of drug statutes, forgery, self-prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients. Surrender of License. November 16, 2017

[View document](#)

GARBETT, BRUCE HARRY (PA 11636), Costa Mesa, CA

Unable to satisfy the terms and conditions of his probation. Surrender of License. January 2, 2018

[View document](#)

KAYS, MICHAEL STEPHEN (PA 21494), Riverside, CA

Physician assistant has a condition affecting his ability to practice medicine safely; used methamphetamine to the extent, or in such a manner, as to be dangerous or injurious to himself, another person, or to the public. Revoked. December 1, 2017

[View document](#)

KENNER, KATI LYNN, P.A. (PA 55303), Santa Barbara, CA

Convicted of reckless driving. Probationary license issued, placed on 3 years' probation with terms and conditions including, but not limited to, completing a clinical diagnostic evaluation, abstaining from the use of alcohol and controlled substances, participating in a drug and alcohol recovery monitoring program, submitting to biological fluid testing, and obtaining approval of a supervising physician. January 24, 2018

[View document](#)

KUSCH, KEVIN F. (PA 19990), Gilmer, TX

Disciplined by Texas for being convicted of reckless driving, self-reported treatment for alcohol abuse, and failed to comply with a referral to the Texas Physician Health Program. Revoked. November 3, 2017

[View document](#)

LEDERER, SHEILA ANITA, P.A. (PA 21352), Sacramento, CA

No admissions but charged with gross negligence in the care and treatment of one patient, and repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of four patients. Revoked, stayed, placed on five years' probation with terms and conditions including, but not limited to, completing a medical record keeping course and an education course, and obtaining approval of a supervising physician. December 7, 2017

[View document](#)

MORAN, MIGUEL ANGEL, P.A. (PA 11298), Pico Rivera, CA

Convicted of misbranding of drugs, a felony, prescribed without an appropriate prior examination and medical indication, prescribed without a supervising physician approving the prescriptions prior to issuing to multiple patients, and failed to report the filing of an Information and conviction to the Board. Revoked, stayed, placed on four years' probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances administered, transmitted orally or in writing on a patient's record, or handed to a patient during probation; completing an education course, an ethics course, and a prescribing practices course; and obtaining approval of a supervising physician. December 1, 2017

[View document](#)

ROBERSON, DESHAWN MICHAEL (PA 54384), San Diego, CA

Unable to satisfy the terms and conditions of his probation. Surrender of License. January 31, 2018

[View document](#)

SUH, PHILIP, P.A. (PA 55267), Corona, CA

Convicted of driving under the influence and did not disclose the conviction on the application for licensure. Probationary license issued, placed on 5 years' probation, or until he is discharged from the Diversion Program plus one (1) year, whichever is longer, with terms and conditions including, but not limited to, completing a clinical diagnostic evaluation, abstaining from the use of alcohol and controlled substances, enrolling in a drug and alcohol recovery monitoring program, submitting to biological fluid testing; and obtaining the approval of a supervising physician. January 2, 2018

[View document](#)

Podiatric Medicine

JONES, FRANKLYN COLLIER (E 3875), Clovis, CA

Failed to comply with the terms of his Board-ordered probation by failing to pay his probation costs, failing to comply with required continuing medical education, and failing to maintain a current license. Revoked. December 6, 2017

[View document](#)

KALHOR, NASIM, DPM (E 4581), Oxnard, CA

No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of one patient. Revoked, stayed, placed on four years' probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, and a clinical competence assessment program; and obtaining a practice monitor. January 25, 2018

[View document](#)

KAPLANSKY, ARKADY, DPM (E 4173), Encino, CA

No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of one patient. Physician must complete a clinical training program, a medical record keeping course, and an ethics course. Public Reprimand. January 26, 2018

[View document](#)

LARSEN, ROBERT WAYNE, DPM (E 2687), Folsom, CA

No admissions but charged with unprofessional conduct for prescribing without an appropriate prior examination and medical indication, furnishing controlled substances to oneself, failure to maintain adequate and accurate medical records, and failure to maintain records of purchases and disposals of dangerous drugs. Revoked, stayed, placed on one year probation with terms and conditions including, but not limited to, completing a prescribing practices course and a medical record keeping course. January 19, 2018

[View document](#)

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

Failed to comply with multiple terms of his Board-ordered probation. Revoked, stayed, placed on two additional years' probation with terms and conditions including, but not limited to, obtaining a current license, and completing an ethics course. December 15, 2017

[View document](#)

STEIN, MICHAEL ALAN (E 2905), San Leandro, CA

Committed acts of gross negligence, repeated negligence, and violation of professional confidence by video recording female members of his staff, patients, and the general public without their permission. Revoked. January 29, 2018

[View document](#)

Wedding Bells in Your Future? Congratulations!

And remember, if your marriage involves a name change, please don't forget to report it to the Medical Board of California within 30 days.

Visit: http://www.mbc.ca.gov/licensees/name_change.aspx



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

PRSRT STD
U.S.POSTAGE
PAID
Sacramento, CA
PERMIT NO. 3318

MBC Meetings — 2018

July 25-27, 2018: San Francisco Area
October 18-19, 2018: San Diego Area

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 www.mbc.ca.gov.

Contact Us:

Medical Board of California	
For questions or assistance with the following:	(800) 633-2322 or (916) 263-2382
<i>Consumer Complaints/Information</i>	
<i>Applications</i>	
<i>Health Facility Discipline Reports</i>	
<i>Fictitious Name Permits</i>	
<i>License Renewals</i>	
<i>BrEZe Assistance</i>	
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

Officers

Dev GnanaDev, M.D., President
Denise Pines, Vice President
Ronald H. Lewis, M.D., Secretary

Members

Michelle Anne Bholat, M.D.
Randy W. Hawkins, M.D.
Howard R. Krauss, M.D.
Kristina D. Lawson, J.D.
Sharon Levine, M.D.
Brenda Sutton-Wills, J.D.
David Warmoth
Jamie Wright, J.D.
Felix C. Yip, M.D.

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

Medical Board of California, Executive Director — Kimberly Kirchmeyer

Spring 2018 — Medical Board of California Newsletter — Susan Wolbarst, Editor (916) 263-2480

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