

New guidelines for transmission and receipt of electronic controlled substances prescriptions

At the Medical Board’s May 2011 quarterly meeting, the Board adopted guidelines for “Transmission and Receipt of Electronic Controlled Substance Prescriptions” that were developed in a joint effort by the Medical Board of California, the California State Board of Pharmacy, and the California Department of Justice. These guidelines were developed as a clarifying summary of the law, for physicians and pharmacists, as reflected in a new federal rule that became effective June 2010.

The new guidelines can be viewed on the Medical Board’s Web site at www.mbc.ca.gov/publications/e-prescription_guide.pdf. It covers the topics of Audit and Selection of Software Applications, Identity Proofing of Prescribers (Practitioners), Access Controls-for both Prescribers and Pharmacies, Signature and Transmission of Prescriptions by Prescribers, Receipt and Processing of Prescriptions by Pharmacies, Archiving of Prescriptions Record keeping by Prescribers and Pharmacies, Audit Trails and other Requirements, and Relationship between DEA Regulations and California Law. The summary is offered as a guideline and a compilation of references to the appropriate sections of the DEA Final Rule. For additional clarification,

prescribers are encouraged to review the regulations themselves at <http://edocket.access.gpo.gov/2010/pdf/2010-6687.pdf>.

Electronic prescribing by providers is voluntary – the regulations do not mandate that prescribers use only electronic prescribing for controlled substances, nor do they require pharmacies to accept electronic controlled substance prescriptions. Written prescriptions remain acceptable, as are oral prescriptions for Schedule III-V controlled substances. If used, electronic prescriptions for Schedule II-V controlled substances must meet DEA regulatory requirements.

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Please note:

In our efforts to be green and fiscally responsible, the October 2011 issue of the Medical Board’s newsletter will be published only online at www.mbc.ca.gov. The October issue includes the Board’s Annual Report, which can be printed separately from our Web site.

The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board’s licensing and regulatory functions.

President's Report

The staff at the Medical Board continues to impress me with their dedication to both consumer protection and physician licensure working earnestly to stay ahead of the game, with reduced staffing — the result of a yearlong state mandatory hiring freeze.

The Board's Licensing Committee and Licensing Program staff are currently working on streamlining the licensing process by revising the physician and surgeon application, updating the licensing section on the Medical Board's Web site, conducting a study of its Postgraduate Training Authorization Letter process, implementing new management reports, and revising the policy and procedures manual. The Licensing Committee and staff continue to look for additional opportunities to streamline the licensing process and maximize its efficiency.

A regulatory hearing was conducted at the Board's May meeting proposing a framework for certain health care events whereby free care would be offered to uninsured or under-insured individuals by volunteer health care practitioners. Those practitioners may include individuals who are licensed in one or more states but are not licensed in California. There is a genuine and urgent need for this volunteer effort drawing specialty physicians from throughout California as well as other states. We look forward to a proactive outcome from this hearing and its implementation per AB 2699 (Bass). I will keep you posted on its status as soon as more information is available.

I am pleased to announce that Kimberly Kirchmeyer returned to the Board as Deputy Director in June of this year. She most recently served as Deputy Director of Board and Bureau Relations for the Department of Consumer Affairs from late 2009 to June. Kim is known and praised for her extensive knowledge in the administration of boards and bureaus and her positive, warm-hearted style of management. We are very pleased to welcome her back! A short bio on Kim can be found on page 3.

In this issue, two outstanding physician recipients of the Medical Board's Physician Humanitarian Award are profiled: Dr. Richard Kammerman and Dr. Rodney



*Barbara Yaroslavsky
President of the Board*

Borger. These distinguished physicians exemplify the best of the best in their humanitarian efforts and commitment to the underserved and under-insured communities in California and abroad. Please read their stories on pages 4 and 5.

I am excited to share that the Board's Access to Care Committee's focus is on collaborative practice models in medicine. With affordable health care reform gaining momentum, there is an increased need to utilize imaginative and innovative tools that promote access to care. The Board views access to quality health care as a

priority to reinforce and promote with collaborators across the State of California and nationwide.

At the Committee's May meeting, we were enlightened with presentations by Dr. Eric Davydov, Medical Director of Facey Medical Group, and Dr. Paula Verette, Chief Medical Officer and Vice President for Quality and Performance Improvement at Huntington Hospital. Dr. Davydov shared that the initial approach of Facey Medical Group was the concept of traditional office-based adult medicine, but they have advanced into a transitional stage, expanding the number of specialties in which they offer care by adding nurse practitioners into the areas of general surgery, dermatology and orthopedics. Facey also expanded the pool of extenders at their various locations, with continued support from their Coordinated Care Management Program. Dr. Verette advised that Huntington Hospital is a 635-bed community based hospital with more than 800 medical staff, and this year, the hospital initiated a Patient Partners Program. It is a four-phase program: the "in-hospital" stay, the "immediate post-hospital" phase, the "post-discharge" phase and ultimately, the final phase, using "collaborative care," deals with acute and preventive care.

As evidenced above, we see the collaborative practice model evolving from the traditional office primary care model and expanding the pool of providers and specialists, with an ultimate goal of improving patient care. This can become a reality through the creation of a Patient-Centered Medical Home Program — a health care

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Legislator profile:

Assemblymember Linda Halderman, M.D.



Assemblymember Linda Halderman, M.D. (R-Fresno) was elected to the Assembly in 2010. She represents the 29th District which includes the communities of Clovis, Fresno, Madera and Orange Cove.

Dr. Halderman is a board-certified general surgeon who specializes in breast cancer

diagnosis and treatment. She brings a unique blend of public policy and real world experience to the Legislature. She has served as a surgeon in the Choctaw Nation and the U.S. territory of American Samoa, and continues to practice as a surgeon in underserved rural areas of California.

Dr. Halderman's legislative bills that affect Medical Board of California (Board) licensees include AB 1267 (2011), which is sponsored by the Board, and authorizes the Board to automatically place a physician's license on inactive status when a physician is incarcerated after the conviction of a misdemeanor for the period of incarceration. She also authored Assembly Bill 895 (2011), which would provide a tax credit for physicians of up to \$5,000 for providing charity emergency medical services to the uninsured.

Dr. Halderman's leadership has made her a sought out expert on the issue of providing medical services to those with limited access to modern health care.

She graduated Phi Beta Kappa with a degree in English from the University of Illinois, and is a published author with more than 50 articles and essays that have appeared in local, national and international publications.

New and returning Medical Board Deputy Director



Kimberly Kirchmeyer returned to the Medical Board as deputy director and chief operating officer effective June 2, 2011. Kimberly previously held this same position until her appointment by Governor Schwarzenegger as deputy director of board and bureau relations for the Department of Consumer Affairs in late 2009. The

position has been vacant since her departure.

Kimberly is responsible for overseeing the daily administrative operations of this organization and the delivery of program services to the consumers and physicians of California. She works closely with the Board to promote effective planning and implementation of its policies into program operations. Staff are delighted she is back!

President's Report *(continued from page 2)*

setting that encourages partnerships between individual patients and their personal physicians, which is facilitated by registries, information technology, health information exchanges, electronic medical records, and other means by which to assure patients get needed care in a culturally and linguistically appropriate manner. More to come on this topic in future issues as the Committee continues to hear more on this timely subject.

Two recipients receive Medical Board's Physician Humanitarian Award

At its May 6 quarterly meeting in Los Angeles, the Medical Board of California presented its 2011 Physician Humanitarian Award to Richard Kammerman, M.D. of Orange County, and Rodney W. Borger, M.D. of San Bernardino County. The following provides insight into our choice.

Richard Kammerman, M.D.



Dr. Kammerman is board certified in family medicine and past chair and current Clinical Professor of the UC Irvine Department of Family Medicine. He graduated from the University of California, Irvine College of Medicine in 1962 and was issued his California physician and surgeon license in 1975.

Dr. Kammerman has contributed countless hours to service and leadership positions within the Orange County Medical Association (OCMA) and other professional associations and hospital organizations since the early 1960's. He has served as OCMA President and on its Board of Directors, and they recognized him as Physician of the Year in 1997.

Dr. Kammerman served as president of the Orange County Chapter of the Academy of Family Physicians and served as a representative to the California State Academy of Family Physicians and the California Medical Association. He has served on the hospital staffs of St. Joseph's Hospital of Orange, Children's Hospital of Orange County, and Western Medical Center, serving as chair of the Family Medicine Department for each of these organizations. Dr. Kammerman has given his time to multiple volunteer and service groups, including the Discovery Science Center, the Santa Ana Junior Chamber of Commerce, and the Lion's Club. He has received commendations for service from Boy Scouts of America, the Orange County Board of Supervisors, the California State Senate, the California State Assembly, and the House of Representatives of the United States Congress.

Dr. Kammerman's greatest humanitarian impact on the community has been the positive impact on the lives of the uninsured and underinsured in Orange County. His tireless work and unwavering commitment to the poor resulted in the unprecedented launching of CalOptima, the county's Medicaid managed system of care. He

oversaw the program's research and design and was instrumental in forging the partnership among the county government, private physicians, hospitals and community clinics that continues to exist today.

A few years ago, the Department of Family Medicine at UC Irvine created a Richard Kammerman Award which is presented each year to a volunteer faculty member in recognition of outstanding service to the department and community. Dr. Kammerman was the first recipient and the award has continued to be named in his honor in recognition of his service – displaying the characteristics that form the selection criteria for this honor.

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Rodney W. Borger, M.D.



Dr. Borger is board certified in emergency medicine and Director of the emergency room at Arrowhead Medical Center (ARMC) in Colton, CA. He graduated from Loma Linda University School of Medicine in 1993 and was issued his California physician and surgeon license in 1994. He has dedicated

himself to serving the Inland Empire for more than 15 years. He has repeatedly demonstrated his commitment to public health and safety through the development of innovations to improve the operation of emergency departments. Dr. Borger served on the California Department of Public Health Advisory Committee, which is charged with advising the Agency on policies and procedures impacting California's health and safety, and to help improve program effectiveness and identify emerging public health trends.

In 2008, under Dr. Borger's guidance, a new patient flow system was devised for the emergency room that significantly shortened wait times and reduced the number

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Physician Humanitarian Award *(continued from page 4)*

of patients who left without being seen by a physician. Subsequently, representatives from many hospital emergency rooms – large and small – visited Dr. Borger to learn about the new patient flow system. Several months after the patient flow system was implemented, ARMC's emergency room was named "ER of the Year" by the California Emergency Physicians (CEP) America.

Dr. Borger also was instrumental in forming the San Bernardino County Medical Reserves Corps (MRC), a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. Collaborating with representatives from several existing emergency response agencies, Dr. Borger assisted in the formation of the local MRC. Since 2003 he has served as the MRC Commander and has worked consistently to bring together the knowledge and skills of 120 health professionals and community volunteers to address public health crises.

Dr. Borger's volunteer efforts are not just limited to California. In 1990 he traveled to Africa and provided basic health care for the people of Botswana. In 2002 he

provided medical care for missionaries and aid workers in remote locations in Thailand.

In 2005, Dr. Borger received the CMA Young Physician Community Service Award; in 2008 he received the Molina Healthcare of California's Community Champions Award; and has since been recognized with additional awards for his leadership and impressive work.

The Physician Humanitarian Award recognizes physicians who strive to improve access and fill gaps in health care delivery for underserved patients. Nominations for 2012 are being accepted until November 30. For more information, please go to: www.mbc.ca.gov/license/physician_recognition.html.

New law affects peer review bodies

A new reporting requirement for peer review bodies under Business and Professions Code section 805.01 became effective January 1, 2011. For the Medical Board, the most significant aspect of this new law is having access to relevant documents on an ongoing basis, rather than obtaining documents after a disciplinary action is filed.

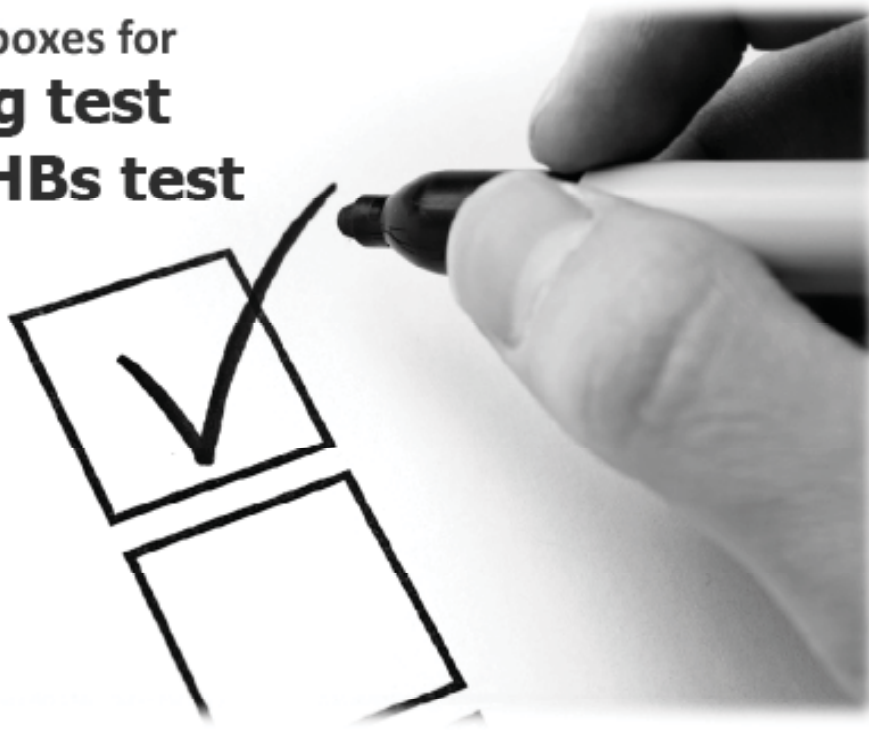
The chief of staff of a medical or professional staff or other chief executive officer, medical director or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic must file a report with the relevant agency within 15 days after a peer review body makes a final decision or recommendation regarding the disciplinary action. The licensee must receive a notice of the proposed action, which also includes a notice advising the licensee of the right to submit additional explanatory or exculpatory statements electronically or otherwise.

To read this new law in its entirety, and download the Medical Board's new Health Facility/Peer Review Reporting Form, go to: <http://mbc.ca.gov/forms/enf-805-01.pdf>.

"Without concerted action, thousands more Americans will die each year from liver cancer or liver failure..."

*-Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C
2010 Institute of Medicine Report*

Check the boxes for
HBsAg test
Anti-HBs test



Hepatitis B: A Vital Sign for Asian Americans

1 in 12

Asians and Pacific Islanders is living with chronic hepatitis B. Most became infected at birth or early childhood.

2 of 3

are unaware of their infection because they have not yet been tested. Most have no symptoms and even their liver enzymes could be normal.

1 in 4

will die from liver cancer or liver disease without long term medical care.

Websites for further information: <http://www.cdc.gov/hepatitis/HBV/TestingChronic.htm>
<http://liver.stanford.edu>

A public service announcement from



California Health Information Partnership and Services Organization (CalHIPSO) offers technical assistance services to physicians transitioning to electronic health record systems

Health care providers often face significant challenges transitioning from a paper-based system to electronic health records (EHRs). At the CalHIPSO, we understand these challenges and we are here to help.

Who we are

CalHIPSO is an independent, nonprofit, vendor-neutral organization founded by providers for providers. We offer a variety of programs and services designed to help you transition from a paper-based practice to one that successfully uses EHRs. CalHIPSO is made up of ten Local Extension Centers (LECs) around the State that bring health information technology (HIT) expertise to local communities.

For providers who do not currently have an EHR system, CalHIPSO will help you choose and implement one in your office. For eligible providers who already have a system, CalHIPSO can help you meet the criteria for incentive payments from Medicare or Medi-Cal for the meaningful use of EHRs.

CalHIPSO is a support center making the implementation or upgrade of EHRs easier for providers throughout the process. Ultimately, CalHIPSO's aim is to help increase quality of care for patients and overall productivity and efficiency in the providers practice by helping them achieve meaningful use of EHR systems. CalHIPSO is committed to the success of EHR implementation in participating provider practices.

What we offer

CalHIPSO offers participating practices a wide range of valuable services. Some service areas include:

- Assistance with EHR vendor selection and access to group purchasing discounts and special contract terms and conditions with our seven Vendor Partners
- Readiness and workflow assessment leading to a Practice Service Plan
- High level project management
- Education and training
- Assistance meeting Meaningful Use and obtaining incentive payments through Medicare or Medi-Cal

Who is eligible?

If you are a physician and work in an ambulatory care setting, you are eligible to join CalHIPSO now! Primary care providers who work in small practices, community health centers, or outpatient public hospital, critical access hospital, or rural hospital facilities will receive subsidized services. Other providers can access our services on a fee-for-service basis.

Why you should act now

CalHIPSO's priority is helping providers navigate the complex world of EHR adoption. We provide scalable solutions that will enable providers to:

- Take advantage of CalHIPSO's subsidized technical assistance services while they are still available.
- Achieve EHR meaningful use objectives from the very beginning to maximize incentives and minimize financial and administrative burdens associated with implementing new electronic systems.
- Prepare and position yourself for future pay for performance programs.
- Membership fees are currently being waived for Priority Primary Care Providers who sign up before December 31, 2011.

For more information about CalHIPSO and to become a member, please visit us online at www.calhipso.org and click on "Join Now".

Revised POLST form effective April 1, 2011

Changes to the California POLST form were approved by the statewide POLST Task Force and the Emergency Medical Services Authority Commission. The new form was effective on April 1, 2011. Previous versions of signed POLST forms remain valid. The new form can be accessed at www.mbc.ca.gov/forms/ems-111b_polst.pdf.

Physicians Under Stress: Recognition and Support

by Alan H. Rosenstein M.D., M.B.A., Medical Director for Physician Wellness Services in Minneapolis, MN, and a practicing Internist in San Francisco

We all entered into medicine with the idea that hard work and dedication would provide us with the necessary knowledge and skill set that would enable us to provide best-practice care for our patients. Only we could do what we did, and we were happy to make the necessary sacrifices in the name of patient care. Hard work, dedication and the drive for perfection were the spirit of the day. Exhaustion was a sign of a job well done. So, what has changed?

The world of medicine has become more complex. Personal, economic, government and societal pressures have forced the one-time cottage industry to suffer from the pains of running medicine as a business. With more external bureaucracy, restricting rules and regulations, limits on autonomy and control, and a growing list of third party, patient and family demands, providers are finding it more frustrating to do what they need to do, and are getting paid less for doing it.

All of these factors have contributed to increasing levels of dissatisfaction, frustration, anger, stress and burnout. In some cases these factors have progressed into bouts of depression, substance abuse, and/or suicidal ideation. Besides the toll it takes on personal life and career satisfaction, increasing levels of stress, burnout and fatigue are known to adversely affect performance efficiency, resulting in behaviors that negatively impact work relationships and patient care. So, what's the best way to address the problem?

Table I gives an overview of steps to consider in dealing with stress. The first step is recognition and awareness. It's hard to self-diagnose, and since physicians work under stress most of the time, it rarely registers. However, there are different tactics that we can take to help ourselves, and also resources available which can provide assistance in understanding the impact stress is having on our lives — and addressing it effectively and constructively.

Table I: Approach to Stress Management

1. Become aware that stress exists
2. Recognize its impact on self and others
3. Address barriers and resistance to seeking support
4. Identify self-help strategies

5. Explore lifestyle management:
 - Relaxation
 - Proper nutrition, exercise, sleep and habit control
 - Time management
 - Work-life balance
6. Seek coaching and mentoring
7. Accept supportive intervention
8. Work on stress management
9. Explore conflict management or sensitivity training programs
10. Seek counseling

As physicians, we may recognize the more obvious physical symptoms of stress such as chest pain, palpitations, headaches, muscle pains, panic/anxiety attacks and GI distress. However, we may not recognize the more subtle symptoms such as irritability, mood swings, apathy, loss of focus, sleep disturbance, isolation and just an overall sense of not being happy (Table II).

Table II: Signs of Stress

1. **Physical symptoms:**
 - Anxiety or panic attacks
 - Chest pain or palpitations
 - Headaches
 - Muscle aches
 - Fatigue
 - GI distress
2. **Psychological symptoms:**
 - Irritability, agitation and/or impatience
 - Mood changes
 - Sense of being overwhelmed
 - Difficulty concentrating
 - Inability to relax
 - Impaired work quality, efficiency and productivity
 - Depression

Once we recognize that we are under stress, the customary default position is that we can handle it ourselves. We have lived with stress all our lives and feel like we can manage it on our own. Physicians are reluctant to share their inner emotional concerns, and admitting that they are under

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Physicians Under Stress *(continued from page 8)*

stress is often self-perceived as being a blow to our egos. Discussing it with someone else also opens up concerns about how others might view our competence and ability to perform.

Table III provides a list of internal and external barriers that may influence our behavior as physicians. Many of these attributes are a result of attitudes and lifestyles perpetuated by the medical training process. We need to remind ourselves that we are not invincible, nor immune to the pressures of the surrounding environment.

Table III: Barriers

1. **Training:**

- Technology and knowledge vs. people skills
- Autonomy and self-reliance
- Self-sacrificing

2. **Psychology:**

- Denial
- Egocentricity
- Drive for perfection
- Repressed feelings and detached concern
- Receptivity

3. **Environment:**

- Complexity
- Accountability
- Time pressures and over-extension
- Reimbursement
- Liability

The question is — who is going to tell us? It's a sensitive issue. Most physicians won't readily seek assistance and become resistant to someone who interferes. Voluntary support works much better than forced intervention. Informal interventions from concerned friends, family or work colleagues can often be successful if the approach is empathetic and supportive, and advice and encouragement is provided in a non-threatening, confidential manner. Being open to feedback is a good first step in addressing the problems. Because physicians may be reluctant to reach out, if you see a colleague who appears to be under stress, take the initiative and talk to them about what you can do to help.

In some cases, a more structured approach by an objective third party may be helpful. These interventions are best

conducted by individuals who have the necessary skill set and training to guide the discussion toward a successful outcome. Typically, they may take on more of a coaching posture with a goal toward addressing physician-specific concerns. These sessions can and should be conducted in a confidential manner and provided in a setting that is both convenient and comfortable.

Depending on the organization you work for, many of these services may be offered through Human Resources, a Physician Wellness Committee, or a physician-focused Employee Assistance Program that can offer trained physician peer coaches. In most cases, the early intervention process does the job. Allowing physicians an opportunity to discuss personal problems and assisting them in weighing the value of alternative strategies and appropriate outlets will help reduce stress, improve work-life balance, and increase levels of satisfaction, productivity and efficiency in both the home and workplace settings.

Some physicians may require more comprehensive stress management programs. If there are more deep-seated issues, training programs focusing on anger management, conflict management, diversity management or lifestyle management may be indicated. In some cases, more intensive, individualized therapy sessions or rehabilitative programs may be necessary.

It's important to take action. Physicians are a precious resource and soon to be in short supply. For our own sake, and those of our colleagues, we need to get a better understanding of physician needs, concerns and priorities and be better able and equipped to address the growing stress, frustration and burnout infiltrating our practices. We need to proactively provide physician support services in a positive, supportive, confidential and collegial manner, and provide guidance and assistance in helping physicians adjust to the pressures that are a reality of today's health care environment.

We need to make it easy and acceptable for physicians to open up and share. Early intervention through friends, family or colleagues or through more formal physician wellness programs is the preferred choice. Identifying those at risk, and working with them early on in the process has a greater chance for success than post-event crisis intervention, which usually takes on more of a negative approach.

You May Have State Nonresident Withholding Responsibilities

If you pay California source income to nonresidents of California, the Franchise Tax Board (FTB) wants to make you aware that unless certain exceptions apply, you must withhold and send to FTB 7 percent of all payments that exceed \$1,500 in a calendar year. (Revenue and Taxation Code Section 18662)

What is considered California source income?

For your purposes, California source income may include, but is not limited to:

- Payments to consultants, trainers, and contracted traveling nurses.
- Other non-wage payments made to those who service the medical industry.

Is nonresident withholding a new tax?

No. Nonresident withholding is a prepayment of tax similar to payroll tax withholding on California residents' wages. While laws governing nonresident withholding are not new (see Stats. 1951 ch. 257), FTB's goal is to better educate withholding agents, in this case, medical providers and their affiliates, on their responsibilities.

Need withholding procedures, information, or forms from FTB?

- Visit our web site at ftb.ca.gov and search for **withholding**.
- Review FTB Publication 1017, *Resident and Nonresident Withholding Guidelines*.
- Call us at 888.792.4900 or 916.845.4900.
- Email us at wscs.gen@ftb.ca.gov. Type Nonresident Withholding in the subject line. This is not a secure email address. Please do not send confidential information.

Subscribe to free, online webinars!

To get nonresident withholding information via free, online webinars:

- Search for **subscription services** at ftb.ca.gov.
- On the subscription services page, select the Tax News, Backup Withholding and Nonresident options. You will automatically receive email updates on these topics, including upcoming webinar invitation links.

Medical Board's Subscribers' List

Are you interested in the Medical Board's latest actions?

If yes, please join the Medical Board of California's Subscribers' List to obtain e-mail updates of the MBC Newsletter; meeting agendas, notices, and minutes; regulations; license suspensions, restrictions, accusations, revocations, and surrenders for physicians.

If you wish to subscribe to this list, please go to www.mbc.ca.gov/subscribers.html and follow the instructions for subscribing.

Update your e-mail address online

Please keep the Board informed of your current e-mail address so we may contact you immediately with updates about the Board and your profession. Go to <https://www2.mbc.ca.gov/UpdateMyEmail/> to complete this easy process — it only takes one minute! We appreciate your time. Thank you!

West Nile Virus: Keep it on Your Radar

Contributors: Anne Kjemtrup, DVM, MPVM, Ph.D; Maria Salas, MPH; Cynthia Yen, MPH; Vicki Kramer, Ph.D; Carol Glaser, DVM, MPVM, MD, California Department of Public Health

Nearly 3,000 cases of West Nile virus (WNV) infections have been detected in California since its introduction in 2003, with as many as 880 cases detected in 2005. Last year, 111 cases with 6 fatalities occurred. This year, as of June 1, 2011, no human cases have been detected in California though virus activity has been detected in mosquitoes or wild birds from Los Angeles, Orange, Riverside, Sacramento, San Bernardino, and Santa Clara counties. Late spring rains this year followed by a spike in temperatures may portend an increase in WNV activity and human infection.

It is important to consider testing for WNV in patients who present with symptoms compatible with WNV disease, particularly those with neuroinvasive disease. We are concerned that WNV neuroinvasive disease cases may go unrecognized. A recent chart review of patients with compatible ICD-9 codes for neuroinvasive disease from selected hospitals in California admitted from April 1-October 31, 2010 found that 130 out of 162 (80 percent) of patients with a neuroinvasive diagnosis were not tested for WNV, and only 20 percent of all encephalitis cases were tested for WNV. This is a decrease from 2009, when 27 percent of neuroinvasive disease cases were tested for WNV.

The volume of testing for WNV has decreased dramatically in both public health and commercial laboratories in the past few years. The drop in test volume may be partly due to a decrease in WNV activity but may also be because WNV is not being considered on the differential.

While there is no specific treatment for WNV, there are a number of important reasons to test for it:

- Differentiation from other conditions (diseases due to enterovirus or other arboviruses)
- Anticipatory guidance — both WNV neuroinvasive disease and WNV fever patients can have lingering symptoms and knowing the underlying etiology is helpful for the patient and family members
- Local mosquito control and public health agencies can institute proper control measures, where the patient might have been exposed, to prevent further cases

Additional WNV resources include:

- A flyer that may be useful to post in your hospital emergency department: <http://www.cdph.ca.gov/HealthInfo/discond/Documents/WNVPhysicianFlyerJune2011.pdf>
- A complementary educational presentation, Keep WNV on your Radar: <http://www.cdph.ca.gov/HealthInfo/discond/Documents/KeepWNVonYourRadar.pps>
- Information on West Nile virus and testing procedures: <http://www.cdc.gov/ncidod/dvbid/westnile/clinicians/>.
- Information on West Nile virus in California: <http://www.westnile.ca.gov>

If you have any questions about testing, please contact Cynthia Yen at Cynthia.yen@cdph.ca.gov or phone 510-620-3987.



Medical assistants may perform venipuncture only with appropriate certification

Did you know that as an employer of a medical assistant, you must retain a copy of the medical assistant's certificate demonstrating his/her ability to perform venipuncture or skin puncture?

Business and Professions Code section 2070 states that a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood with authorization and under the supervision of a physician and surgeon, or podiatrist, or physician assistant, or nurse practitioner, or a nurse-midwife.

The medical assistant must have at least the minimum amount of hours of appropriate training pursuant to standards established by the Board's licensing program. Such training shall be administered in either of the following settings:

1. Under a licensed physician or podiatrist, or under a registered nurse, licensed vocational nurse, a physician assistant or a qualified medical assistant, or
2. In a secondary, postsecondary, or adult education program in a public school authorized by the Department of Education, in a community college program provided for in the Education Code, or a postsecondary institution accredited or approved by the Bureau for Private Postsecondary Education in the Department of Consumer Affairs.

To administer medications by intramuscular, subcutaneous and intradermal injections, to perform skin tests, or to perform venipuncture or skin puncture for the purposes of withdrawing blood, a medical assistant shall complete the minimum training prescribed in the regulations. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in 16 CCR Section 1366.3 (a)(2), proficiency in the procedures to be performed as authorized by section 2069 or 2070 of the code, but shall include no less than:

- a. 10 clock hours of training in administering injections and performing skin tests, and/or
- b. 10 clock hours of training in venipuncture and skin

puncture for the purpose of withdrawing blood, and

- c. Satisfactory performance by the trainee of at least 10 each of intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and/or at least 10 venipuncture and 10 skin punctures.
- d. For those only administering medicine by inhalation, 10 clock hours of training in administering medical by inhalation.
- e. Training in (a) through (d) above, shall include instruction and demonstration in:
 - pertinent anatomy and physiology appropriate to the procedures
 - choice of equipment
 - proper technique including sterile technique
 - hazards and complications
 - patient care following treatment or tests
 - emergency procedures, and
 - California law and regulations for medical assistants

In every instance, prior to administration of medicine by a medical assistant, a licensed physician or podiatrist, or another appropriate licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the code.

The medical assistant must be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy of the certificate must be retained as a record by each employer of the medical assistant.

***Are you current on your CME?
See page 19 to learn more
about CME audits.***

Grant H. Kenyon Prostate Cancer Detection Act

Business and Professions Code section 2248 — Failure to provide information on diagnostic procedures relating to the prostate gland is known as the Grant H. Kenyon Prostate Cancer Detection Act. If a physician, during a physical examination, examines a patient's prostate gland, the physician must provide information to the patient about the availability of appropriate diagnostic procedures, including, but not limited to, the prostate antigen (PSA) test, if any of the following conditions are present:

1. The patient is over 50 years of age.
2. The patient manifests clinical symptomatology.
3. The patient is at an increased risk of prostate cancer.
4. The provision of the information to the patient is medically necessary, in the opinion of the physician.

Also applicable is Health and Safety Code section 109280 — Prostate cancer; alternative treatment methods; standardized written summaries; approval of publications; updated summaries. This law requires the Medical Board of California make available to physicians a written summary concerning the advantages, disadvantages, risks and descriptions of procedures with regard to medically viable and efficacious alternative methods of treatment of prostate cancer.

The Medical Board fulfills this requirement by providing the following brochure online, *What You Need To Know About Prostate Cancer*, at www.mbc.ca.gov/publications/prostate_cancer.html, or requests can be faxed to the Board at (916) 263-2479 for free copies.

Reminder:

Patient Transfer Reporting form change

Effective January 1, 2002, the data collection requirement on outpatient surgeries which result in the patient requiring transfer to an acute care facility for medical care or treatment, was transferred to the Office of Statewide Health Planning and Development (OSHDP). Accordingly, the Patient Transfer Reporting Form developed by the Medical Board, should be mailed to: Office of Statewide Health Planning and Development, Patient Discharge Data Section, Attn: Physician Reporting - Transfers, 818 K Street, Suite 100, Sacramento, CA 95814.

FDA News

The FDA's Center for Drug Evaluation and Research (CDER), Small Business Assistance Program will be hosting two conferences in late September 2011. The locations will be Los Angeles and San Francisco, and the meetings will be two days each. The theme will center on clinical trials and include topics such as clinical trial design, pharmacokinetic studies, and the FDA inspection process. Stay tuned to future workshops and webinars at: www.fda.gov/Drugs/DevelopmentApprovalProcess/SmallBusinessAssistance/ucm070334.htm

Administrative actions: February 1, 2011 - April 30, 2011

Physicians and surgeons

ADYA, NAVNEET, M.D. (C51409) Paso Robles, CA

Stipulated Decision. No admissions but disciplined by Arizona and ordered to complete a residential treatment program to address a mood disorder and sexual boundary violations; convicted in California of using a concealed camcorder to secretly videotape a person in a place where the person had an expectation of privacy, and found to have a medical condition and is unable to practice medicine safely without continued care. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, suspended from practice until the Board is notified that he is fit to practice; must obtain a practice monitor and a third-party chaperone while consulting with, examining, or treating female patients, prohibited from engaging in solo practice, and restricted from engaging in the practice of medicine outside of a office, hospital or clinical setting.
March 16, 2011

ALI, ASHMEAD, M.D. (G78625) California City, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a medical records keeping course. Public Reprimand. March 17, 2011

BANIADAM, BEHZAD, M.D. (A55698) Oceanside, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care provided to five patients, dishonesty, and preparing false and fraudulent medical records by charging for services not performed. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, an ethics course, a clinical training program, and obtaining a billing and practice monitor. March 17, 2011

BEATY, SEAN DALY, M.D. (A109775) Las Vegas, NV

Stipulated Decision. Disciplined by Nevada for committing malpractice when he failed to review a scout film/X-ray prior to performing a barium enema. Public Letter of Reprimand. April 20, 2011

BRYAN, WASHINGTON G.B., II, M.D. (A61799) Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, excessively prescribing narcotic medications without an appropriate prior examination or periodic evaluations, failed to maintain adequate and accurate medical records of services

Explanation of disciplinary language and actions

“Effective date of decision”— Example: “February 15, 2011” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence”— An extreme deviation from the standard of practice.

“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 on

probationary terms and conditions. This is done when good cause exists for denial of the license application.

“Public Letter of Reprimand”— A lesser form of discipline that can be negotiated for minor violations, usually before the filing of formal charges (Accusations). The licensee is disciplined in the form of a public letter.

“Revoked”— The license is canceled, voided, annulled, rescinded. The right to practice is ended.

“Revoked, stayed, five years probation on terms and conditions, including 60 days suspension”—

“Stayed” means the revocation is postponed. Professional practice may continue so long

as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days of actual suspension from practice. Violation of probation may result in the revocation that was postponed.

“Stipulated Decision”— A form of plea bargaining. The case is formally negotiated and settled prior to trial.

“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.

provided, and violated drug statutes by inappropriately using prescriptions forms from a facility which he no longer was affiliated with. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, an ethics course and obtaining a practice and billing monitor(s).

February 4, 2011

**BUEKERS, KARL STEVEN, M.D. (C53172)
Boonton, NJ**

Stipulated Decision. Prescribed dangerous drugs over the Internet to a California resident without an appropriate prior examination or medical indication on 3 separate occasions. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, and prohibited from engaging in Internet prescribing without conducting a prior good faith examination. February 14, 2011

**CANTY, TIMOTHY G., M.D. (G14418)
La Jolla, CA**

Failed to maintain adequate and accurate medical records when he produced an inaccurate record from his dictated pre-operative history and physical. Public Reprimand. April 22, 2011

**CHRISTY, ADWOA AMOANIMAA, M.D.
(A87224) Santa Cruz, CA**

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and failure to adequately identify, document and act on a concerning fetal heart rate pattern in a timely manner via the safest route of delivery available. Physician must complete a clinical training program. Public Reprimand. April 15, 2011

**CIVRNA, JITKA, M.D. (A50201)
Palm Desert, CA**

Stipulated Decision. Failed to document the bleeding risk assessment and discussion he had with a patient on the use of Coumadin. Physician must complete a medical record keeping course. Public Letter of Reprimand. February 15, 2011

**COLE, JOHN PETER, M.D. (G84836)
Alpharetta, GA**

Disciplined by Georgia for employing unlicensed individuals to dispense medications and administer local anesthetic to patients. Public Reprimand. April 7, 2011

**DeGUSTA, LINDA CATHERINE POLLACK, M.D.
(A66410) Hayward, CA**

Stipulated Decision. Committed repeated negligent acts for attempting to remove submucous fibroids by twisting and intermittently using the hysteroscope while operating within the uterus, when direct vision should have been used for the procedure, and for failing to record the type of irrigating fluid used or to monitor the amounts in or out. Physician must complete a clinical training program. Public Letter of Reprimand. February 1, 2011

**DERRICK, MARVIN JAMES, M.D. (G47855)
Decatur, IL**

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence for failing to drain a massive pericardial effusion resulting in a patient's death and repeated negligent acts in failing to confirm final sponge counts prior to wound closure on 2 occasions. Public Reprimand. Physician has agreed to retire as a physician in California. April 15, 2011

**DO, DAVID HUNG (A92915)
Anaheim Hills, CA**

Committed sexual misconduct, gross negligence, repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of 3 female patients. Revoked. April 29, 2011

**DUSICK, JOSHUA ROBERT (A108830)
Los Angeles, CA**

Stipulated Decision. Unable to satisfy the terms and conditions of his probation. Surrender of license. April 11, 2011

**ESLAMI-FARSANI, MAHMOUD, M.D. (A62348)
Santa Ana, CA**

Stipulated Decision. Failed to document the informed consent for a cardiac catheterization in a timely manner. Physician must complete a medical record keeping course. Public Letter of Reprimand. April 28, 2011

**FREISLEBEN-COOK, LOIS ANNE, M.D.
(G45968) Williston, ND**

Disciplined by North Dakota for prescribing controlled substances to herself, spouse or child, and failing to check patient charts or provide adequate documentation in the medical records. Physician complied with the North Dakota Board's stipulated order and completed an ethics course. Public Reprimand. April 26, 2011

GARCIA-NIQUE, LUIS O., M.D. (A33647)
Anaheim, CA

Stipulated Decision. Created a falsified prescription for one patient by forging another doctor's signature. Physician must complete an ethics and a prescribing course. Public Letter of Reprimand. April 4, 2011

GAY, JAMES DOUGLAS (G64488)
Denver, CO

Stipulated Decision. Disciplined by Colorado for excessive use of alcohol and a physical or mental disability which renders him unable to perform medical services. Surrender of license. March 16, 2011

GINIER, BRUCE LEONARD, M.D. (A45708)
Fresno, CA

Stipulated Decision. No admissions but charged with dishonesty for forging names of other physicians on prescriptions for himself and prescribing controlled substances to himself. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course and an ethics course. April 13, 2011

GOODSTEIN, WALLACE ALLEN, M.D.
(G26339) Beverly Hills, CA

Violated a Board-ordered probation by failing to enroll in a clinical training program. Revoked, stayed for 140 days, physician must complete a clinical training program. April 8, 2011

GUTIERREZ, GODOFREDO RODRIGUEZ, M.D.
(A60481) Baldwin Park, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence for failing to perform a pericardiocentesis after initially evaluating the patient following a pacemaker implantation, and after a Code Blue was called. Public Reprimand. April 1, 2011

GUZMAN, RENATO FRANCISCO, M.D.
(A24088) Joshua Tree, CA

Stipulated Decision. Failed to adequately discuss the range of complications which can occur with cholecystectomy and failed to admit the patient to the hospital with post-operative E.R. presentations. Physician must complete an educational course. Public Letter of Reprimand. March 25, 2011

HAMILTON, RICHARD EDWARD, JR., M.D.
(G34133) Mammoth Lakes, CA

Stipulated Decision. Disciplined by Missouri for violating his Board-ordered probation by failing to abstain from the use of alcohol, being convicted of driving under the influence in California, and for being dishonest by misrepresenting to the Board that he was in compliance with the terms of his Missouri order. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 90 days actual suspension, abstaining from the use of drugs, submitting to biological fluid testing and completing a clinical training program. March 18, 2011

HANG, PETER NATHAN (A31451)
Canoga Park, CA

Default Decision. Physician has a condition affecting his ability to practice medicine safely. Revoked. April 15, 2011

HANSEN, LAWRENCE H., M.D. (G7513)
Cypress, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failure to timely report a patient death after performing a posterior colporrhaphy at an unaccredited outpatient surgery setting. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a medical record keeping course, a clinical training program and prohibited from performing any surgical procedures. February 9, 2011

**View your physician profile on
the Medical Board's Web site**

www.mbc.ca.gov

Click on "Licensees" tab and "View My Profile."

The mandatory physician survey data is used to update your online physician profile on the Board's Web site.

Remember, your address of record is public.

Signed address changes may be submitted to the Board by fax at (916) 263-2944, or by regular mail to:

Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

HARRIS, TRAVIS MICHAEL, M.D. (C53649)
San Francisco, CA

Stipulated Decision. Disciplined by Florida for failing to assess/evaluate and take an adequate history on a patient seen in the emergency room, and failing to perform a neurological examination and order diagnostic lab tests timely. Public Reprimand. February 10, 2011

HART, CHERYLE RAM, M.D. (G87598)
Buffalo, NY

Disciplined by Washington for prescribing medications with either nominal or no clinical indication to do so and insufficient office visits to monitor the patients. Public Reprimand. April 15, 2011

HERNANDEZ-RIVERA, JOSE-DANIEL, M.D. (A80166)
Chula Vista, CA

Stipulated Decision. No admissions but charged with sexual misconduct and general unprofessional conduct for inappropriate touching during the examination of a female patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 90 days actual suspension, completing an educational course, an ethics course and a professional boundaries program, obtaining a practice monitor and a third-party chaperone while consulting, examining or treating any female patient. March 17, 2011

HOCHBERG, RICHARD ALAN, M.D. (G24647)
Long Beach, CA

Stipulated Decision. Committed gross negligence, repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course and a clinical training program. March 30, 2011

ISRAELI, ALEXANDER V. (A94992)
Middle Village, NY

Stipulated Decision. Disciplined by New York following a felony conviction for insurance fraud. Surrender of license. March 18, 2011

JONES, JESSE GEORGE ATHERTON, M.D. (A115890)
Los Angeles, CA

Stipulated Decision. Misdemeanor conviction for reckless driving with alcohol. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of drugs

and alcohol and submitting to biological fluid testing. Probationary license issued February 18, 2011.

JOPLIN, JESSE JAMES, M.D. (G41971)
Santa Clara, CA

Committed unprofessional conduct when convicted twice in a three-year period of driving while intoxicated in a manner dangerous to himself or others. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, obtaining a practice monitor and prohibited from engaging in solo practice. April 22, 2011

KAO, MICHAEL (A51885)
Irvine, CA

Stipulated Decision. Physician unable to satisfy the terms and conditions of his probation. Surrender of license. April 19, 2011

KELLEY, DIANE MARIE, M.D. (G43839)
Novato, CA

Stipulated Decision. Committed repeated negligent acts by failing to review and evaluate the fetal heart rate tracing of a high-risk patient during labor, and failed to maintain adequate and accurate medical records. Physician must complete a medical record keeping course. Public Letter of Reprimand. March 8, 2011

KIM, GWANG M. (AFE41115)
Yangsan Kyung Nam, South Korea

Default Decision. Disciplined by Washington for failing to adequately document the liposuction procedures performed on 2 patients. Revoked. April 14, 2011

KIM, STEVEN SUKHO, M.D. (G69347)
Sunnyvale, CA

Stipulated Decision. Committed dishonesty by signing a Statement of Facts based on information later to be determined to contain a number of inaccuracies. Public Reprimand. February 9, 2011

KNOPKE, CARL GEORGE, III, M.D. (A82718)
Riverside, CA

Stipulated Decision. Committed repeated negligent acts in the care and treatment of 2 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program and obtaining a practice monitor. February 4, 2011

**KWAW, ISIDORE KOFI-BREKYI, M.D. (G66583)
Los Angeles, CA**

Stipulated Decision. Violated drug statutes by furnishing dangerous drugs without a legitimate medical purpose and failed to conduct the examinations as noted in the medical records. Physician completed a prescribing practices course, medical record keeping course and an ethics course. Public Letter of Reprimand. March 9, 2011

**LIAO, BENEDICT SCHUE-SCHIE, M.D.
(A30083) Monterey Park, CA**

Stipulated Decision. No admissions but charged with gross negligence for failing to order additional diagnostic testing to confirm or exclude the diagnosis of an ectopic pregnancy and failing to give close clinical follow-up care. Physician must complete an educational course and a medical record keeping course. Public Reprimand. February 25, 2011

**LICHTEN, EDWARD MARK, M.D. (C51661)
Birmingham, MI**

Stipulated Decision. Disciplined by Michigan for negligence in the treatment of one patient who died from complications following a total hysterectomy. Public Reprimand. April 7, 2011

**LOOSE, MICHAEL STEVEN, M.D. (G84055)
Napa, CA**

Stipulated Decision. Convicted of a felony involving the consumption of alcohol. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of drugs and alcohol, submitting to biological fluid testing, and completing an ethics course. April 1, 2011

Setting the Record Straight

**MAISSIAN, ABRAHAM, M.D. (A52772)
Glendale, CA**

The April 2011 Medical Board of California Newsletter erroneously reported that Abraham Maissian, M.D. was charged with creating false documents concerning one patient. Dr. Maissian's discipline was based on a Stipulated Decision. No admissions but charged with repeated negligent acts for failing to maintain adequate and accurate medical records in the care and treatment of a patient by failing to document physical examinations prior to prescribing medications and failing to refer the patient to a specialist. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an educational course, a medical

record keeping course, an ethics course and obtaining a practice monitor. December 3, 2010

**MASON, KENNETH EVERETT (G53438)
Westminster, CA**

Default Decision. Convicted of a crime substantially related to the practice of medicine and charged with unprofessional conduct for violating his Board-ordered probation. Revoked. April 15, 2011

MATA, DAVID JOSEPH (G64183) Hemet, CA

Committed sexual misconduct, gross negligence, repeated negligent acts and unprofessional conduct for providing massage therapy despite a lack of formal training and qualification, and used his status as a physician to engage in sexual misconduct with 7 patients. Revoked. March 11, 2011

**MC CLANE, GEORGE EDDINGTON (G68757)
San Diego, CA**

Stipulated Decision. Unable to satisfy the terms and conditions of his probation. Surrender of license. March 15, 2011

**MENDEZ, ALLEN BRENT, M.D. (A116177)
Edgewater Park, NJ**

Stipulated Decision. Misdemeanor conviction for driving under the influence of alcohol/drugs. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and submitting to biological fluid testing. Probationary license issued March 11, 2011.

**MIRANDA, FREDERICK RALPH (A30370)
Pebble Beach, CA**

Violated Board-ordered probation conditions, committed dishonest acts in reporting inaccurate information on his quarterly declarations, and aided and abetted the unlicensed practice of medicine by authorizing an unlicensed person to respond to patient calls and telephone in prescription refills under his name. Revoked. April 6, 2011

**MIRRAFATI, SAYED JALIL, M.D. (A61772)
Costa Mesa, CA**

Stipulated Decision. Failed to maintain adequate and accurate medical records in his care and treatment of a patient. Physician must complete a medical record keeping course. Public Reprimand. April 22, 2011

MISHLOVE, LAWRENCE ALAN, M.D. (A52846)
Panama City Beach, FL

Stipulated Decision. Disciplined by Florida for non-compliance with his agreement with the Florida Professionals Resource Network, and suspended by Louisiana for suspected substance abuse. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days suspension, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, completing an ethics course, and obtaining a practice monitor. February 23, 2011

MULTANI, SALIMA AKHTER, M.D. (A51179)
Pasadena, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, prescribing without an appropriate prior examination or medical indication, excessive prescribing, inadequate records, dishonesty and alteration of records in the care and treatment of 5 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a clinical training program, medical record keeping course, a prescribing practices course, and obtaining a practice monitor. April 21, 2011

MURRAY, CONRAD ROBERT, M.D. (G71169)
Las Vegas, NV

Stipulated Decision. Disciplined by Nevada for providing inaccurate and incomplete statements on his license

renewal applications for 2007 and 2009 by failing to report noncompliance with a California court-ordered child support obligation. Public Letter of Reprimand. March 11, 2011

NARAYAN, DHARMAVIJAYPAL REDDY, M.D. (A90119)
Rancho Mirage, CA

Stipulated Decision. Committed negligence in the treatment of a patient by failing to properly diagnose and treat for a blood infection. Public Letter of Reprimand. February 11, 2011

NITSOS, LOUIS JAMES, M.D. (G75023)
Danville, CA

Committed unprofessional conduct and violated drug statutes by using, administering and furnishing fentanyl to himself. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, suspension from practice pending further notice by the Board, shall not order, prescribe, dispense, administer or possess any controlled substances, abstaining from the use of alcohol and drugs and submitting to biological fluid testing, and completing an ethics course and a clinical training program. March 28, 2011

OLEA, PEDRO, M.D. (A116742)
Santa Monica, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Probationary license issued, placed on 5 years probation with terms

REMINDER: Have you been selected to participate in a CME audit?

Section 1336 of the California Code of Regulations (CCR) requires a licensee to complete not less than 50 hours of approved Continuing Medical Education (CME) during each two-year period immediately preceding the expiration date of the license.

Physicians selected for the random audit are notified by mail and are required to submit documents certifying their compliance with the CME requirement. Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, you may need to contact your CME provider to obtain documents verifying your participation. The Board requests photocopies — not originals.

If you are selected for the audit, failure to provide the requested information by your next renewal period will result in your ineligibility for renewal of your license until such time as the completion of the deficient hours of CME is documented to the Board.

For additional information regarding CME, please visit the Board's Web site at the following address: www.mbc.ca.gov/license/continuing_education.html, or call toll free at 1-800-633-2322.

and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances and submitting to biological fluid testing. Probationary license issued April 27, 2011.

OLSON, WARREN ALBERT (C37203)
San Luis Obispo, CA

Stipulated Decision. Multiple convictions for driving under the influence. Surrender of license. April 8, 2011

PADILLA, MICHAEL ANTHONY, M.D. (A116644)
Santee, CA

Stipulated Decision. Misdemeanor conviction for reckless driving. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs and submitting to biological fluid testing. Probationary license issued April 15, 2011.

PATEL, RAVI ASHOK, M.D. (A115902)
Syracuse, NY

Stipulated Decision. Convicted in New York of driving while impaired. Probationary license issued, placed on 35 months probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs and submitting to biological fluid testing. Probationary license issued February 18, 2011.

PENDLETON, ROBERT BRIAN, M.D. (G83487)
Oceanside, CA

Stipulated Decision. Engaged in a sexual relationship with a patient prior to the termination of the doctor/patient relationship, wrote prescriptions without performing an appropriate prior examination and failed to maintain adequate and accurate medical records for the same patient. Physician completed a professional boundaries program and a physician prescribing course. Public Letter of Reprimand. February 4, 2011

PETITT, JOHN CHARLES, M.D. (G52812)
North Hills, CA

Committed unprofessional conduct for failing to comply with his Board-ordered probation. Revoked, stayed, probation is extended 3 years with terms and conditions previously ordered including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing and attending an AA or other 12-step program. February 4, 2011

POWELL, BARBARA ALENE, M.D. (G72478)
Los Angeles, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records and repeatedly failed to record details of examinations or treatments in sufficient detail to advise subsequent treating physicians of patient's medical history. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course, a medical record keeping course, an ethics course and obtaining practice and billing monitors. February 11, 2011

PUREWAL, JATINDER SINGH (A99284)
Glendale, AZ

Default Decision. Disciplined by Arizona for unprofessional conduct for failing to maintain adequate medical records, providing inadequate care to numerous pain management patients by prescribing several narcotics at the same time, failing to follow guidelines for prescribing suboxone to patients undergoing detoxification, and providing inadequate follow-up. Revoked. March 18, 2011

QUEVEDO, FEDERICO GODOFREDO (A23416)
Sherman Oaks, CA

Default Decision. Convicted of a felony for failing to file tax returns for 2003 and 2004 while working as the medical director of a medical center. Revoked. April 15, 2011

RAMIREZ, HECTOR G., M.D. (G58959)
Rancho Santa Margarita, CA

Stipulated Decision. Committed extreme departures from the standard of care with a patient by continuing steroid eye drops for 2 years, had no specialty consultant notes or phone call documentation, did not reevaluate the patient's condition or alter the treatment resulting in harm to the patient. Physician must enroll in a medical record keeping course. Public Letter of Reprimand. April 25, 2011

RASMUSSEN, LEIF, M.D. (G27227)
Greenville, CA

Committed gross negligence and repeated negligent acts by failing to diagnose recurrent breast cancer, failing to treat the patient's diabetes and hyperglycemia or monitor the patient's glucose level, and failing to maintain adequate and accurate medical records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, a

medical record keeping course, an educational course, and obtaining a practice monitor. March 13, 2011

RUTLAND, ANDREW (G24947) Anaheim CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care provided to one patient who died during a procedure, failed to obtain malpractice/liability insurance, failed to report the patient's death which occurred following the procedure performed in an outpatient surgery setting, and failed to comply with terms of his Board-order probation. Surrender of license. February 11, 2011

SACCO, DAMON CARM, M.D. (G59549) Sausalito, CA

Stipulated Decision. Disciplined by Colorado for failing to diagnose a fracture of the right femoral neck resulting in a 2 week surgical repair delay. Public Letter of Reprimand. March 24, 2011

SANTIAGO, ELEANOR MELO, M.D. (A30385) Irvine, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence in the care and treatment of 4 patients by performing inadequate examinations, ordering multiple tests without medical indication, failing to properly follow-up with patients and keeping inadequate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, an ethics course and a clinical training program, and obtaining practice and billing monitors. April 15, 2011

SCHAFFNER, IRVING (G4293) Thousand Oaks, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. February 23, 2011

SCOTT, JACK M. (AFE28792) Morro Bay, CA

Stipulated Decision. No admissions but charged with excessive use of prescription medications to the extent of being a danger to himself or to the public. Surrender of license. April 13, 2011

SIMMS, ERNEST LEE (C28561) Oakland, CA

Stipulated Decision. No admissions but arrested and charged with sexual battery and having a condition

affecting his ability to practice medicine safely. Surrender of license. April 19, 2011

TASHJIAN, KEVORK GEORGE, JR., M.D. (A81027) Los Angeles, CA

Stipulated Decision. No admissions but charged with repeated negligent acts for failing to accurately diagnose and treat evolving septicemia in one patient and failing to accurately diagnose and treat evolving hypovolemic shock in another patient. Public Reprimand. April 28, 2011

Is your home address posted on the Board's Web site?

The Board continues to hear from physicians that are not aware their address of record, which may be a home address, is posted on their online physician profile on the Board's Web site. We have long informed physicians of this, both in our license applications and renewal forms, and quarterly in the Board's newsletter. **We continue to caution physicians about listing their home address as an address of record.** We encourage you to routinely visit your profile at www.mbc.ca.gov, click on the Licensees tab and "Check My Profile," to insure that your address (and all other information provided) is correct, and it is the address you want the public to see. Please note that clicking on the address listed on your profile brings up a Google map of your address of record.

The mandatory physician survey that is now completed by physicians at the time of initial licensure, and with each renewal, provides the data we use to update your online physician profile.

If you want to change your address of record or need to update your survey, or if you have relocated and need to change your address, the change of address form is available on the Board's Web site at www.mbc.ca.gov/forms/07a-08.pdf. The Board must be notified in writing within 30 days of the change. Please fax to (916) 263-2944, or mail to:

**Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815**

TRUONG, LAN THUY, M.D. (A116188)**Tulare, CA**

Stipulated Decision. Failed to disclose she was placed under investigation relative to her postgraduate training performance on her application for licensure. Probationary license issued, placed on 35 months probation with terms and conditions including, but not limited to, providing community service and completing an educational course. Probationary license issued March 11, 2011.

UZUN, GUVEN, M.D. (A72928)**Marina Del Rey, CA**

Stipulated Decision. Committed gross negligence and repeated negligent acts in the care and treatment of 3 patients. Revoked, stayed, placed on 8 years probation with terms and conditions including, but not limited to, 6 months actual suspension, completing a prescribing practices course, a medical record keeping course, an ethics course, a clinical training program, and obtaining practice and billing monitors. April 22, 2011

VANGALA, VENKAT REDDY, M.D. (A40666)**Victorville, CA**

Committed gross negligence and repeated negligent acts in performing surgery to remove a stent and failed to obtain a CT scan to determine the etiology of the hydrocephrosis. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, prohibited from performing open surgical procedures until he has successfully passed a clinical training program. February 14, 2011. Judicial review pending.

VANPUTTEN, JUAN TOMAS (C39095)**Los Angeles, CA**

Default Decision. Felony conviction for grand theft. Revoked. March 28, 2011. Judicial review pending.

VELEZ, ANTERO, M.D. (A30678) Reseda, CA

Stipulated Decision. Convicted of a misdemeanor for receipt or delivery of misbranded drugs or devices in that he unlawfully received in commerce, delivered or proffered for delivery to the Medi-Cal program a foreign made intrauterine device. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing a medical record keeping course and an ethics course and obtaining a billing monitor. March 17, 2011

WASHINGTON, SHARON DENISE, M.D. (G70516) Tracy, CA

Failed to maintain adequate and accurate medical

records in the care and treatment of a patient. Physician must complete a medical record keeping course. Public Reprimand. March 11, 2011

WHITE, LLOYD GEORGE (G37804)**Corona, CA**

Default Decision. Failed to comply with a Board-ordered probation. Revoked. April 21, 2011

WICKWIRE, WILLIAM JAMES, M.D. (G65083)**Big Bear Lake, CA**

Convicted twice of driving with a blood alcohol content of .08% or more. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of drugs and alcohol and submitting to biological fluid testing. April 21, 2011

WILDER, CRAIG RICHARD, M.D. (A77700)**Upper Marlboro, MD**

Stipulated Decision. Felony conviction for grand theft and failure to file tax returns. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, enrolling in an ethics course and obtaining a billing monitor. February 4, 2011

WILLIAMS, DANIEL ATHERTON, Jr., M.D. (G37614) Greenville, CA

Stipulated Decision. Misdemeanor conviction for possession of a controlled substance, without a prescription, for self prescribing under his girlfriend's name and a violation of federal and state drug statutes by failing to properly store and label dangerous drugs at his home or office, and failing to maintain adequate and accurate medical records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and abstaining from the use of controlled substances. April 22, 2011

WILLIAMS, MONIQUE B. (A54185)**Altadena, CA**

Stipulated Decision. Felony conviction for knowing and intentional distribution of a controlled substance, violation of drug statutes and excessive use of alcohol or drugs. Surrender of license. February 2, 2011

WILLIAMS, STEPHEN BENTLEY, M.D. (A116665) Belmont, MA

Stipulated Decision. Two misdemeanor convictions for driving under the influence and possession of false evidence of age and identity. Probationary license issued, placed on 35 months probation with terms and conditions

including, but not limited to, abstaining from the use of alcohol and drugs and submitting to biological fluid testing. Probationary license issued April 15, 2011.

WILSON, TARA LYNN, M.D. (A80520)

Riverside, CA

Stipulated Decision. Committed repeated negligent acts in the care and treatment of 2 patients. Public Letter of Reprimand. February 17, 2011

WITZLING, SANDY, M.D. (A30242)

Long Beach, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care and treatment of multiple patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, restricted from performing surgery prior to successfully completing the PACE program, completing an educational course, a medical record keeping course and obtaining a practice monitor. March 4, 2011

YUKL, RICHARD LESTER (G87341)

Loma Linda, CA

Stipulated Decision. Physician unable to satisfy the terms and conditions of his probation. Surrender of license. March 16, 2011

Podiatrists

IVANCICH, LARRY MARK, D.P.M. (E3249)

Granite Bay, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a medical record keeping course. Public Letter of Reprimand. April 25, 2011

NORDYKE, RANDOLPH W., D.P.M. (E4245)

Ventura, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a medical record keeping course. April 8, 2011

Registered Dispensing Optician Program

HASEGAWA, SHIMON (SL5829)

San Marcos, CA

Default Decision. Felony conviction for grand theft from the employer by falsely creating customer returns through the computer and carbon copy receipts. Revoked. April 15, 2011

Licensed Midwife

DORADO, LUCERO SELENE (LM56)

Sebastopol, CA

Default Decision. Committed gross negligence and incompetence in the prenatal care and assessment of a patient's prolonged labor and delivery. Revoked.

April 22, 2011

Update:

Resumption of Hib vaccine

The California Department of Public Health, Immunization Branch reports that the nationwide shortage of the Haemophilus influenza type b vaccine has been resolved. As a result, one dose of Hib vaccine on or after the 1st birthday will once again be required for all children ages 15 months to four years and six months to enter licensed child care and related early childhood programs on or after September 1, 2011 (17 CCR §6025).

Go to www.cdph.ca.gov/programs/immunize/Documents/HibVaccineLetterToProviders.pdf to view a recently distributed CDPH letter alerting California healthcare providers and California Licensed Childcare Providers of this change.

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

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Business and Professions Code
section 2021(b) and (c) require
physicians to inform the
Medical Board in writing of any
name or address change.

See: [www.mbc.ca.gov/license/
address_record.html](http://www.mbc.ca.gov/license/address_record.html)



Medical Board of California Meetings—2011

July 28-29, 2011: Sacramento
October 27-28, 2011: San Diego

All meetings are open to the public.

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MEDICAL BOARD OF CALIFORNIA NEWSLETTER—JULY 2011

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