

Action Report

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**Medical Board of
California
Meeting Dates
& Locations**

1999

July 29 - 31 Burlingame
Nov. 4 - 6 San Diego

All meetings are open
to the public.

Medical Experts Vital to Objective, Efficient Enforcement Program

The Medical Board receives approximately 11,000 complaints each year against physicians, yet about 2,100 are formally investigated and only about 400 physicians are disciplined each year. How does the Medical Board determine which cases should be investigated and which physicians should be disciplined? Medical expertise provided by the outstanding physicians of the Board's Expert Reviewer program is the determining factor for the most part.

When receiving a complaint about a physician from a patient or a surviving family member, the Medical Board must determine whether or not the care provided was reasonable and competent or was in some manner negligent. To make that determination, the Board relies on medical experts, who are practicing physicians from the medical community.

In contrast to civil malpractice suits, where experts often are chosen to promote or buttress claims to support a defendant's or plaintiff's claim, medical experts for disciplinary cases are chosen in order to provide an independent and objective opinion. Board

experts review medical records and write opinions that the Board will use to either close a case or to further evaluate it for disciplinary action. Contrary to the process in civil malpractice suits, the Board does not "shop" for an expert to render a negative opinion. As all opinions are discoverable under administrative action, expert findings would be made available to defense counsel if the matter proceeds to hearing. For that reason, it serves the Board best to have access to physicians, highly qualified in their specialty, who will render honest, thorough, and objective opinions.

In 1994, the Medical Board established a formal medical expert program, to develop a cadre of highly competent practicing physicians from diverse specialties. To ensure that the experts were fully qualified to render judgment on quality of medical care issues, the requirements to serve as an expert were set to assure that the most qualified physicians participated. To serve in the Expert Program, physicians must be board-certified by an ABMS

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Board Member Alan E. Shumacher, M.D. Assumes Presidency of the Federation of State Medical Boards

The Medical Board is pleased and proud to announce that long-time member and past President Alan E. Shumacher, M.D. has assumed the office of President of the Federation of State Medical Boards (FSMB).

Dr. Shumacher has been a licensed physician and surgeon in California since 1959 and was appointed to the Medical Board in 1992. He is now on the Board's Division of Medical Quality, having previously served on its Division of Licensing. He has been a leader on the Board, participating actively on a variety of committees,



including the Executive, Medical Quality, Managed Care and Telemedicine committees. Among his standout accomplishments was his work in 1993 on the Board's Task Force on Information Disclosure, which resulted in California having one of the broader physician-information disclosure policies in the nation.

The Federation of State Medical Boards is the membership organization of 69 licensing and disciplinary boards, which include osteopathic and allopathic boards across the

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

It is an honor to serve as the President of the Medical Board of California for the year 1999-2000. I look forward to a year in which the Medical Board and the physicians it licenses continue to come closer together in our mutual efforts to assure that the residents of California continue to receive the best health care available.

As I undertake this responsibility, I must first pause and express my profound admiration for the job which Tom Joas, M.D. did during his year and a half as President. Not only did Dr. Joas perform his duties as President of the Board admirably, he also chaired numerous, vital Board committees. His focus and expertise were visible on issues such as outpatient surgery, the Board's Sunset Review, and managed care.

Issues which I anticipate will impact the Board this year include:

- Continuation of the work which the Board began in the field of outpatient surgery and, especially, cosmetic surgery. AB 271 (Gallegos), sponsored by the Medical Board, would require physicians who perform cosmetic surgery outside of the hospital setting to have malpractice insurance; regulate overnight stays of cosmetic-surgery patients; and require increased reporting to the Medical Board of adverse patient outcomes. This bill has passed the Assembly and is in the Senate Business and Professions Committee.
- The Board has developed a Diversion Task Force that will be looking closely at each component of the Medical Board's Diversion Program, which is designed to rehabilitate and return physicians to productive practice.
- The Board recently formed a committee on Internet prescribing (please see the article on page 5), which will address this important subject in the coming weeks.

However, the most important issue will be securing the funding base necessary for this Board to continue as the finest public service organization in the state. Great strides have been made in that direction, but to maintain the momentum, we must be guaranteed adequate funding that will allow further improvement. This subject, because it entails physician fee increases, has caused much consternation in the medical community. But, as a long-time Medical Board member, I believe that is misdirected. The \$45 per year increase which the Medical Board seeks is a sum which can assure continued quality service to consumers and physicians. If avoidance of this fee reduces those services then everyone suffers, as patients have diminished redress for their legitimate health care concerns, while high-visibility cases of physician



*Karen McElliott
President of the Board*

misconduct are played out in the media. In my view, thoughtful consideration would result in the Medical Board and responsible physicians agreeing that a well-functioning Board serves everyone's interests.

Representatives from the Medical Board of California, the California Medical Association (CMA), the Attorney General's Office, the state Department of Consumer Affairs, and interested legislators' offices have convened to discuss pending legislation involving the fee-hike issue. The two bills that have been introduced before the California Legislature on this subject are AB 265

(Davis), sponsored by the Medical Board, which would raise physician-licensing fees by \$90 biennially; and SB 1045 (Murray), sponsored by the CMA, which would raise licensing fees by an unspecified amount and also contains 14 provisions affecting physician regulation in California. Both of these bills have become two-year bills while the above-named parties attempt to achieve a mutually agreeable compromise. As a public-member representative of the Medical Board, I am very interested in this issue and will continue to report on the results of our ongoing discussions. It is my desire to conclude the extended negotiations in a reasonable period of time.

I have made several presentations at Federation of State Medical Boards' meetings and had opportunities to discuss issues of national importance. I hope to have many chances in my travels in the coming year to discuss matters of concern to you.

1999 OFFICERS OF THE MEDICAL BOARD OF CALIFORNIA

Karen McElliott, President
Bernard S. Alpert, M.D., Vice President
Jack Bruner, M.D., Secretary
Thomas A. Joas, M.D., Immediate Past President

Division of Licensing

Bernard S. Alpert, M.D., President
Thomas A. Joas, M.D., Vice President
Bruce H. Hasenkamp, J.D., Secretary

Division of Medical Quality

Ira Lubell, M.D., M.P.H., President
Carole Hurvitz, M.D., Vice President
Alan E. Shumacher, M.D., Secretary

Medical Board Receives Two New Public Members

The Medical Board of California is pleased to announce the appointment of two new members. Rudy Bermudez of Norwalk was appointed to the Board's Division of Medical Quality by Assembly Speaker Antonio Villaraigosa. James A. Bolton, Ph.D. of Altadena was appointed to the Board's Division of Licensing by Senate Rules Committee Chairman John Burton.

Rudy Bermudez

- Mr. Bermudez is a parole agent with the California Department of Corrections, Cornell Correctional Re-entry Facility, in Inglewood and is a member of the Norwalk City Council.



- His memberships include: Labor Council for Latin American Advancement; the League of United Latin American Citizens, and the Coordinating Council, City of Norwalk.
- Mr. Bermudez is a graduate of UCLA and is currently working toward a Master's Degree at CSU, Long Beach.

James A. Bolton, Ph.D.

- Dr. Bolton is a licensed marriage, family and child counselor and retired Education professor, CSU, Los Angeles.



- His memberships include: California Association of Black Professors, California Association of Marriage and Family Therapists.
- Dr. Bolton earned his Ph.D. from Claremont Graduate School, his masters degree in English from Atlanta University, and his bachelor of arts degree from Langston University.

Shumacher (continued from p. 1)

U.S. and its territories. The Federation's mission is to promote high standards for physician licensure and practice through assisting state medical boards collectively and individually in the regulation of medical practices and the protection of the public.

Dr. Shumacher has a distinguished record of service to the Federation. In addition to serving on the Board of Directors since 1996, he has been a member of several standing and special committees, including the Examination, Nominating, Program and Rules; the Special Committee on Telemedicine; and the Special Committee to Evaluate Licensure Examinations. He also has served as the Federation's representative on the United States Medical Licensing Examination's Committee on Irregular Behavior and Score Validity, and the Advisory Committee for Standardized Patient Implementation.

Dr. Shumacher has declared that in the coming year the Federation will be dedicated to addressing many issues of importance to the medical community including teleprescribing, post-licensure assessment and the regulation of medical residents.

Dr. Shumacher has been an active participant in organized medicine both locally and nationally. He is a member of the

American Medical Association as well as a fellow of the American Academy of Pediatrics. A past member of the San Diego Pediatric Society, he also chaired the San Diego County Medical Society's Professional Conduct Committee for 11 years. He was a delegate to the California Medical Association and a consultant to its Council on Legislation.

For more than 26 years, Dr. Shumacher served as an independent neonatal forensic consultant. He is director emeritus of the Division of Neonatology at Children's Hospital in San Diego, and associate clinical professor of pediatrics at the University of California, San Diego, and was an adjunct professor at the Graduate School of Public Health and School of Nursing at California State University, San Diego.

A graduate of the University of Iowa School of Medicine, Dr. Shumacher interned at Mercy Hospital in San Diego and completed pediatric residencies at Children's Hospital in Los Angeles and San Diego County General Hospital. In 1980, he completed a National Endowment for the Humanities Fellowship in Political Basis of Health Care Policy at the University of Virginia. He is certified by the American Board of Pediatrics with a subspecialty in neonatal-perinatal medicine.

Continuing Medical Education (CME)

Options Available to You

California law requires all licensed physicians to complete an average of at least 25 hours of approved Category 1 or other acceptable continuing medical education each calendar year for a total of 100 approved hours every four years as a condition of license renewal.

A number of educational activities that meet the content standards set forth in Business and Professions Code §§2190-2191 approved by the Division of Licensing for continuing education credit include: programs accredited by the California Medical Association (CMA); the American Medical Association; the Accreditation Council for Continuing Medical Education (ACCME); programs which qualify for prescribed credit from the American Academy of Family Physicians; and other programs offered by other organizations and institutions acceptable to the Division.

It is your obligation to fulfill your continuing medical education requirement and maintain documentation for audit purposes. The following summary, provided by the Institute of Medical Quality, lists just *some* of the many educational activities which can qualify for CME credit. This information is provided to assist you in finding those options which best meet your needs and should not be considered exhaustive. You may contact the organizations listed above should you wish to obtain more specific information about other qualifying educational activities beyond the following listed by the CMA. Please note that the hourly limitations below are those of the CMA and not the Medical Board.

- **Self-Study Programs**—Recorded, videotaped, or televised enduring educational material sponsored by an accredited provider for home or office listening or viewing. Category 1 credit is granted for completing and passing a written test on the material presented. Studying for tests does not count for Category 1 credit.
- **Courses, Seminars or Meetings**—Educational activities designated as Category 1 approved by the CMA or an ACCME-accredited provider. These include: local, national, and foreign activities sponsored by accredited hospitals, medical specialty societies, or medical schools. These courses include hospital standing activities such as grand rounds and tumor boards. Credit is granted on an hour-per-hour basis. Foreign courses must be offered by an ACCME-accredited organization or endorsed by a specialty society.
- **Residency and Fellowship Programs**—Residents and fellows are allowed six hours of Category 1 credit for each month of residency or fellowship, with a maximum of 72 hours each year.

- **Audiovisual Programs** presented by accredited institutions and organizations may be offered for credit provided they meet all of the CMA's criteria of a Category 1 program.
- **Research**—A maximum of eight hours of credit per year is allowed for clinical research activities.
- **Foreign Course Credit**—A maximum of 40 Category 1 hours may be allowed annually for participation in appropriate foreign-sponsored courses directly related to patient care, community and public health, or preventive medicine. Requests should be accompanied by documentation of the educational activity and evidence of participation.
- **Advanced Degrees**—Hours may be accumulated in activities directed toward a master's degree or Ph.D. degree in fields related to medicine, specifically oriented toward patient care, community and public health or preventive medicine. A maximum of 25 hours can be claimed for completing these degrees.
- **Preceptorship**—A preceptee may receive a maximum of five Category 1 hours per day. The preceptor must have a faculty-teaching appointment of comparable credentials. Documentation/verification must be provided by the preceptor.

The Medical Board of California by regulation allows:

- Any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board credit for four consecutive years (100 hours) of CME for relicensure purposes.
- A maximum of one-third of the required hours of CME may be satisfied by teaching or otherwise presenting an approved course or program.

As you can see, there are numerous ways that you can obtain CME credit. Some of these educational activities do not even require that you leave your home. The *New England Journal of Medicine* and other prominent medical publications have available to their subscribers examinations which can be taken to earn CME credit. For specific details related to those CME opportunities, contact the journals directly.

For more information related to CME requirements, the Medical Board of California has a brochure available, "Continuing Medical Education Requirements for Physicians Licensed by the Medical Board of California." This brochure may be ordered by calling the Medical Board's Consumer Education Line at (916) 263-2382.

Division of Licensing Visits Philippine Medical Schools

Over a five-year period, graduates of Philippine medical schools represented approximately 13% of California's new internationally trained licensees. In January 1999, the Medical Board's Division of Licensing sent a team of reviewers to Manila to inspect the four medical schools from which the largest number of California licensees graduate. These four Manila schools were the University of Santo Tomas, University of the East, Far Eastern University and the University of the Philippines. The four team members were Bruce Hasenkamp, Licensing Division President; Melinda Acosta, Licensing Program Assistant Manager; and Medical Board Consultants Kenneth Dumars, M.D. and Philip Larson, M.D.

The Division previously toured Philippine medical schools in 1987, and the report generated from that visit suggested that Philippine medical education may not be equivalent to U.S. medical education standards. The 1999 visit was intended to reexamine these concerns and follow up on educational reforms that Philippine government officials were developing in 1987.

The four-member team presented their written report to the Division of Licensing at its May 7, 1999 public meeting and explained their findings and recommendations. The reviewers were impressed with the quality of the medical education provided by these four schools, despite comparatively limited resources, with the reforms that the schools have made to update the curriculum, the dedication and commitment of the faculty to their teaching responsibilities, and the quality of the students admitted to the medical schools. Their positive findings dispelled any concerns created by the earlier report about the quality of Philippine medical education. The team members recommended that the Division of Licensing continue to recognize Philippine medical schools. The Division concurred enthusiastically.

Team member Bruce Hasenkamp expressed his intention to share the team's report with the Federation of State Medical Boards and other U.S. medical boards and licensing jurisdictions. Licensing Program staff will be following up in this regard. Copies of the report are available by contacting the Medical Board's Licensing Program at (916) 263-2344.

Medical Board Forms New Committee on Internet Prescribing

As many of you have observed, the Internet is being used increasingly to provide controlled substances to buyers who are not patients of the prescriber. The most frequently promoted prescription drugs by this medium are currently Viagra and Propecia. This has raised concerns among licensing boards nationwide. At its May 1999 meeting, the Medical Board of California formed the Committee on Internet Prescribing and Telemedicine. The Board's

concern is that Internet prescribing can constitute unprofessional conduct, as the prescriptions are provided without a good faith prior examination, in violation of Business and Professions Code §2242(a). The Committee will be looking at this practice as well as other more proper uses of the Internet which are aimed directly at end users. Its current members are: Bernard S. Alpert, M.D., Chair; Carole Hurvitz, M.D. and Kip Skidmore.

Medical Experts (continued from p. 1)

specialty board or one recognized by the Medical Board as having equivalent standards, have served for five years in an appropriate specialty, have an unrestricted license, and practice at least 80 hours a month. A physician may not be retired for more than two years to serve in the program.

Taking action against a physician's license is a serious matter, which is undertaken consistent with the Board's mission to protect the public. To ensure that the process is fair, the Medical Board is dedicated to only using quality experts in the field of medical practice from which the complaint arose. Experts can have no prior knowledge of the case.

The Board's ability to draw upon a pool of highly qualified experts is vital for success in balancing patient protection with physician rights. In a case where the quality of care rendered is the basis for the complaint, the opinion of the medical expert is critical in determining if the physician, in fact, met the community standard of practice or if he or she provided substandard medical care.

Disciplinary matters are not the only way the Board uses this

pool of experts. Experts are used to develop and administer competency examinations and perform physical and mental evaluations. When a complaint brings into question the ability of the physician to practice in a manner that meets the standard of practice in the community, a competency examination may be required. The results will then determine what action, if any, the Board will take.

There are currently 834 physicians participating in the program representing all of the ABMS specialty boards. Some specialties are well represented such as family practice, internal medicine, and emergency medicine, while other specialties are under represented such as thoracic surgery, plastic surgery, pediatrics, and colon and rectal surgery. The Board is recruiting participation in these specialties through articles in specialty and society periodicals. All medical experts enjoy complete civil immunity while reviewing cases or testifying for the Board (Civil Code section 43.8).

If you are interested in participating in the program, please contact Marilyn Ansak at (916) 263-2349 or fax (916) 263-2479.

Medicine and Public Health: Partnering to Improve Health

*by Patty Porter, RN, MPH, CHES
Ronald W. Chapman, MD, MPH*

*Integrating Medicine and Public Health Program
UCSF Institute for Health and Aging & California Department of Health Services*

As we approach the next millennium, professionals and organizations in medicine and public health are under increasing pressure to take a more population-based approach to the promotion of health and the prevention/management of disease. This pressure is largely the result of regulatory and financial pressures to contain cost and document successful outcomes. A collaborative effort between public health and medicine would create a comprehensive, innovative, effective and more efficient approach to serving the numerous and diverse health needs of the population.

In 1995, the leadership of the American Medical Association and American Public Health Association convened to develop an action plan that cooperatively engaged medicine and public health in reshaping health education, research and practice. The vision and goals of this collaboration, otherwise referred to as the Medicine and Public Health Initiative (MPHI), quickly gained national recognition and support. These leaders agreed that neither sector could achieve the shared goals to improve, protect and preserve the health of the population alone; they must work together in partnership. To this end, there are now efforts across the country to advance the MPHI at the local/state level.

In 1998, a California-based program entitled Integrating Medicine and Public Health (IMAP) was established. IMAP, a joint effort of the California Department of Health Services and the Institute for Health and Aging at the University of California, San Francisco, is supported with funds from the Centers for Disease Control and Prevention. IMAP draws its strength from a multidisciplinary team that includes professionals from academia, public health, sociology, nursing and medicine. Members of the IMAP team have expertise in the areas of quality improvement, chronic disease management, health services research, aging and application

of population health principles and practices to medicine. The mission of the team is to identify, initiate, convene, evaluate, and support collaborations between Medicine and Public Health in California by:

- Collaborating with medical and health practitioners, medical groups, hospitals, health systems, insurers, purchasers, community clinics, academic medical centers and professional organizations to more effectively and efficiently care for their patients and members.
- Collaborating with community-based organizations, volunteer health organizations, city-county-state health departments, schools of public health and professional organizations to more effectively and efficiently care for their target populations.

The present major IMAP project is the identification of medicine and public health partnerships in California. The data from this project will be used to create a registry which will be published toward the end of 1999. Using qualitative research methodology, the team will explore these partnerships and identify which elements appear to be necessary for these partnerships to form and be successful. The team will use these findings to promote and support the initiation of medicine and public health collaborations in California.

If you are a healthcare provider involved in a partnership (or are aware of one) in which medicine and public health are working together to improve the health or health outcomes of a population, please contact us at (415) 502-6493 or pporter@itsa.ucsf.edu.

More information regarding IMAP and the National Medicine and Public Health Initiative can be viewed on the Internet at <http://www.sph.uth.tmc.edu/mph>.

New Tuberculosis Guidelines

by Sarah E. Royce, MD, MPH, Chief, TB Control Branch, CA Department of Health Services
& Charles Daley, MD, President, California Tuberculosis Controllers Association

In response to the resurgence of tuberculosis in California, the California Department of Health Services (CDHS) and the California Tuberculosis Controllers Association (CTCA) published *Joint Guidelines for Tuberculosis Treatment and Control in California*. These guidelines, adapted from the recommendations of the American Thoracic Society (ATS) and Centers for Disease Control and Prevention (CDC), describe the key roles health care providers can play in eliminating TB in California.

Not sure whether you or your office/facility could benefit from these guidelines? Use the following questions answered in the *CDHS/CTCA Joint Guidelines* to test your TB knowledge.

Reporting Tuberculosis Suspects and Cases

Did you know that:

1. Suspected and confirmed cases of TB must be reported to the local health department within one working day of identification? Health departments depend on timely reporting to halt TB transmission.
2. Suspect TB cases include all of the following? Patients:
 - started on multidrug therapy for clinical suspicion of active TB
 - in whom a sputum smear is positive for acid fast bacilli
 - with known or suspected HIV infection who reside in a congregate setting, and have a new finding on chest x-ray consistent with active TB

Treatment of Tuberculosis and Tuberculosis Infection

In order to prevent the emergence of drug resistance:

- initial therapy for TB in California should include isoniazid (INH), rifampin (RIF), pyrazinamide (PZA), and ethambutol (EMB)
- all patients should be assessed at the start of therapy and throughout treatment for adherence
- the local health department can enhance patient adherence by providing directly observed therapy (DOT)
- all sputum culture positive cases should have at least monthly sputum cultures obtained until conversion to culture negative is documented.

To prevent progression to active TB disease, the following persons should be considered for preventive therapy if their tuberculin skin test is positive (once active TB is excluded):

- persons known or suspected to have HIV infection, *regardless of age*
- close contacts to an infectious TB case, *regardless of age*
- tuberculin skin test converters¹, *regardless of age*

- persons with abnormal chest x-rays suggestive of old TB, *regardless of age*
- persons with conditions known to increase the risk of TB (such as IV drug use, diabetes, prolonged steroid therapy), *regardless of age*
- persons under 35 years of age

Mycobacteriology Services

You can use these guidelines to assess your TB laboratory's use of standard methods for rapid, accurate results.

Coordinating TB Care with Other Health Care Providers and Facilities

Did you know that health care providers are required to report to the local health officer when a person with known or suspected TB ceases therapy for any reason?

Did you know that the local health officer must approve a written treatment plan before discharge of a patient with known or suspected TB disease from a hospital?

The *CDHS/CTCA Joint Guidelines for Tuberculosis Treatment and Control in California* represent the consensus of the TB Control community in California and regularly take into account changes in CDC or ATS recommendations. Please note that the next revision of "Guidelines for the Treatment of TB and TB Infection" will integrate the new CDC recommendations including *Prevention and treatment of TB among patients infected with HIV: principles of therapy and revised recommendations*. **Morbidity and Mortality Weekly Report (MMWR)** 1998; 47 (No. RR-20). The CDC recommendations are available on the CDC website (<http://www.cdc.gov/nchstp/tb>).

Despite six consecutive years of decline in TB cases, there is still much to do in order to eliminate TB in California. Make sure you are armed with effective strategies. The *CDHS/CTCA Joint Guidelines for Tuberculosis Treatment and Control in California* is available for \$35, which includes periodic updates. To purchase the guidelines, please send your check or money order to the **California Tuberculosis Controllers Association, 2151 Berkeley Way, Room 608, Berkeley, CA 94704**.

For more information call CTCA at (510) 883-6077.

You may also access the guidelines from the CTCA website at www.ctca.org.

¹ Tuberculin skin test conversion is defined as an increase of at least 10 mm of induration from <10 mm to ≥10 mm within 24 months from a documented negative to a positive tuberculin skin test.

Alzheimer's Disease and Its Impact:

Alzheimer's disease (AD) is a devastating condition that is growing in prevalence with the aging of the population. One in 10 persons over 65 and nearly half of those over 85 have AD. Currently, there are about 400,000 Californians diagnosed with AD. The yearly monetary costs of AD exceed \$100 billion in the U.S. The social and emotional toll on caregivers and families is immeasurable. Although a cure for Alzheimer's disease still remains elusive, benefits of early detection and management of the disease have been demonstrated. These Guidelines present a practical management approach encompassing medical, pharmacological and psychosocial interventions, based on evidence from the literature and expert consensus.

What are the Guidelines for Alzheimer's Disease Management?

The Guidelines were developed by the California Workgroup on Alzheimer's Disease Management through a collaborative effort of healthcare providers, consumers, academicians, professional and volunteer organizations, and purchasers of health care. These clinical practice guidelines represent core care recommendations for AD management that are clear, measurable, practical and based on the available scientific evidence. The California Workgroup has also used consensus expert opinion when research evidence has been limited.

What is covered in the guidelines?

Importance of an accurate assessment including lab work, functional status, cognitive status, coexistent medical and psychiatric conditions, support system and decision-making capacity.

Treatment options including use of cholinesterase inhibitors, referral to appropriate structured activities and non-pharmacological as well as pharmacological strategies for management of behavioral problems and mood disturbance.

Approaches to patient and caregiver education and support including disclosure of the diagnosis, the importance of addressing advance directives, and referral to support organizations.

Reporting requirements including how to monitor and report instances of suspected elder abuse and the procedure for reporting an individual who is at risk to drive.

Alzheimer's

Who uses the guidelines and what are the benefits?

The intended audience of these guidelines is health professionals in the primary care setting, including physicians, nurse practitioners, physician assistants, social workers, as well as other professionals who provide care to patients with AD. The benefits of early detection and management of Alzheimer's disease include: cost containment, the treatment of reversible conditions that mimic dementia, the ability for advanced planning such as appointing a surrogate medical decision maker, avoidance of premature institutionalization, and maximization of quality of life for patients as well as support for their caregivers.

Why are the guidelines important for physicians in managed care and private practice?

The Guidelines provide a comprehensive yet practical approach to AD management. They suggest activities that can be carried out by other healthcare professionals and community agencies. They provide strategies for managing coexistent medical and psychiatric conditions. The Guidelines stress the importance of involving the caregiver in the management of the disease. Finally, the Guidelines concisely cover a provider's legal obligations related to AD.

How can providers receive a copy of the Guidelines and additional information?

For copies of the Guidelines for Alzheimer's Disease Management and related information, visit the Alzheimer's Association of Los Angeles' website at www.alzla.org or call their Consult Line at 1-888-276-7100.

For physicians seeking guidance in developing or adopting a diagnostic guideline for Alzheimer's disease, a useful reference is the *Clinical Practice Guideline on Early Alzheimer's Disease: Recognition and Assessment* developed by the Agency for Health Care Policy and Research. To obtain a copy, contact the AHCPR Publications Clearinghouse at 1-800-358-9295.

sease Management*

Assessment

- Conduct and document an assessment of:
 - Daily function, including feeding, bathing, dressing, mobility, toileting, continence and ability to manage finances and medications
 - Cognitive status using a reliable and valid instrument (e.g. the MMSE)
 - Other medical conditions
 - Behavioral problems, psychotic symptoms, or depression
- Reassessment should occur every 6 months or more frequently, if indicated.
- Identify the primary caregiver and assess the adequacy of family and other support systems.
- Assess the patient's decision-making capacity and whether a surrogate has been identified.
- Assess the patient's and family's culture, values, primary language, and decision-making process.

Treatment

- Develop and implement an ongoing treatment plan with defined goals. Include:
 - Use of cholinesterase inhibitors, if clinically indicated, to treat cognitive decline
 - Referral to appropriate structured activities such as exercise, recreation and adult day care services
 - Appropriate treatment of medical conditions
- Treat behavioral problems and mood disorders using:
 - Nonpharmacologic approaches, such as environmental modification, task simplification, appropriate activities, etc.
 - Referral to social service agencies or support organizations, including the Alzheimer's Association's Safe Return Program for people who wander
 - Medications, if clinically indicated

Patient & Caregiver Education & Support

- Discuss the diagnosis and progression of AD with the patient and family in a manner consistent with their values, preferences and the patient's abilities.
- Refer to support organizations for educational materials on community resources, support groups, legal and financial issues, respite care, future care needs and options. Organizations include:
 - Alzheimer's Association** 1-800-660-1993
www.alz.org
 - Caregiver Resource Centers** 1-800-445-8106
www.caregiver.orgor your own social service department
- Discuss the patient's need to make advance directives and to identify surrogates for medical and legal decision-making.

Reporting Requirements

- Abuse: Monitor for evidence of and report all instances of abuse to Adult Protective Services or police department, as required by law.
- Driving: Report the diagnosis of AD in accordance with California law (Sections 2500 and 2572 of Title 17, California Code of Regulations).

**Prepared by the California Workgroup on Guidelines for Alzheimer's Disease Management on September 30, 1998.*

Supported in part by the Federal Health Resources and Services Administration's Bureau of Primary Health Care and the Administration on Aging through a grant to the California Department of Health Services and the Alzheimer's Association of Los Angeles. Version 93098 © 1998

Though copyrighted, the guidelines may be copied and shared with colleagues. Any modification in the content of these guidelines must be approved by the authors.

New Brochure Available

Things to Consider Before Your Silicone Implant Surgery

The California Legislature in 1992 passed The Cosmetic Implant Act (Business and Professions Code §§2259 and 2259.5) which requires physicians and surgeons to give written information to patients considering silicone implant surgery and collagen injections.* The law further stated that failure of a physician and surgeon to comply with these sections constitutes unprofessional conduct and subjects the physician to a possible citation and fine of from \$100 to \$2,500 (C.C.R. §§1364.10 *et seq.*).

The California Department of Health Services (DHS) has finalized the written summary regarding what a patient should consider prior to having silicone implant surgery. This information, as mandated, is consistent with information approved by the federal Food and Drug Administration.

Things to Consider Before Your Silicone Implant Surgery ends with the statement, "The best source of information about your implant surgery is your doctor. He or she knows your health status, and can best inform you of those risks you need to consider." This brochure is provided to assist you in your discussions with your patients. We hope that you will find it a valuable resource material for your surgical practice.

Please note that in place of this brochure, the law also allows for the substitution of the written information authorized for use by the federal Food and Drug Administration which has been prepared by the manufacturer based upon the physician package insert. We hope that you find the DHS brochure more patient-friendly, but certainly the insert option continues to be available to you and fulfills the requirements of this law.

Physicians may order copies of the brochure by faxing their single-copy request to the Medical Board of California at (916) 263-2479 with the information listed below or by sending a written request for bundles to:

**Silicone Implant Surgery Brochure
Medical Board of California
1426 Howe Avenue, Suite 84
Sacramento, CA 95825**

Please specify number of copies (by bundles of 25). There is no charge for a single copy. For each bundle, enclose a check for \$6 payable to the Medical Board of California.

*A separate brochure regarding collagen injections has not been developed. Please continue to use the collagen package inserts.

Explanation of Disciplinary Language and Actions

"Effective date of Decision"—Example: "March 10, 1999" 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 being pursued"—The disciplinary decision is being challenged through the court system—Superior Court, maybe Court of Appeal, maybe 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.

"Probationary Terms and Conditions"—Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

"Public Letter of Reprimand"—A lesser form of discipline that can be negotiated for minor violations 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, 5 years probation on terms and conditions, including 60 days suspension"—"Stayed" means the revocation is postponed, put off.

Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days 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 negotiated and settled prior to trial.

"Surrender"—Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

"Suspension from practice"—The licensee is prohibited from practicing for a specific period of time.

"Temporary Restraining Order"—A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

DISCIPLINARY ACTIONS: February 1, 1999 to April 30, 1999

Physicians and Surgeons

BENJAMIN, JAMES, Jr., M.D. (G53897) Ann Arbor, MI
B&P Code §141(a). Disciplined by Maine for incompetency in the practice of medicine. Revoked, stayed, 5 years probation with terms and conditions. March 29, 1999

BHAT, KOCHI RAMAKRISHNA, M.D. (A25231)
Saratoga, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in his care and treatment of 2 patients in the emergency room. Revoked, stayed, 3 years probation with terms and conditions. February 24, 1999

BLAKE, DONALD K., Jr., M.D. (A21282)
Rancho Cucamonga, CA
B&P Code §§820, 2234, 2236, 2239, 2264. Used dangerous drugs and alcohol in a manner and to such an extent as to be a danger to himself and others; felony conviction for making terrorist threats, misdemeanor conviction for possession of a concealed weapon in a vehicle, carrying a concealed weapon on his person and carrying a loaded firearm on his person in the city. Revoked. February 4, 1999

BOATWRIGHT, EDDIE JAMES, M.D. (C41570)
Carson, CA
B&P Code §§490, 810, 2234(a)(e), 2236, 2261, 2262. Stipulated Decision. Felony conviction for conspiracy to commit fraud related to his submission of claims to Medi-Cal for medical services that never were provided. Revoked, stayed, 5 years probation with terms and conditions. March 3, 1999

BROWN, ALBERT R., M.D. (A30103) Los Angeles, CA
B&P Code §§2234(b)(c)(d)(e), 2266. Improperly and illegally disposed of medical waste including fetal remains, failed to perform physical examination including patient history or determine gestational age of fetuses prior to performing an abortion. Revoked. March 22, 1999

CAMASURA, OCTAVIO D., M.D. (A30174) Lincoln, CA
B&P Code §2264. Stipulated Decision. Aided and abetted a non-physician to own and operate a medical weight loss clinic which included the dispensing of controlled substances by unlicensed persons. Revoked, stayed, 3 years probation with terms and conditions. April 21, 1999

CASTILLO, REYNALDO B., M.D. (A39948)
Los Angeles, CA
B&P Code §§810, 2234, 2234(e), 2236. Stipulated Decision. Felony conviction for Medi-Cal fraud. Revoked, stayed, 3 years probation with terms and conditions. February 7, 1999

CAUSEY, DENNIS MICHAEL, M.D. (G50618)
Los Angeles, CA
B&P Code §§820, 821. Mental illness affecting his ability to practice medicine safely and failed to comply with order for mental competency examination. Revoked. February 8, 1999

CENDANA, ALBERT RAY, M.D. (G82235)
San Francisco, CA
B&P Code §2234. Stipulated Decision. During his psychiatric residency he entered into a sexual relationship with an adult patient. Revoked, stayed, 3 years probation with terms and conditions. February 27, 1999

CHOI, MARK EUNCHULL, M.D. (A38076)
Los Angeles, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, incompetence and repeated negligent acts in his care and treatment of a patient by unnecessarily delaying a caesarean section. Public Letter of Reprimand. April 22, 1999

CHUNG, SANDERS S., M.D. (A36752) Los Angeles, CA
B&P Code §§2234, 2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence and repeated negligent acts in his care and treatment of 5 obstetrical patients. Revoked, stayed, 5 years probation with terms and conditions. March 19, 1999

CLIFFORD, ROYCE ELLEN, M.D. (G35113)
Encinitas, CA
B&P Code §2266. Stipulated Decision. Failed to document operative procedures and physical examinations performed, treatments rendered and visits made by a patient in the patient's chart. Public Reprimand. February 4, 1999

CRENSHAW, ROGER TIMOTHY, M.D. (A24041)
La Jolla, CA
B&P Code §§2234(b)(c), 2242, 2264, 2266. Aided and abetted the unlicensed practice of medicine by 3 electrologists by knowingly providing them with lidocaine, needles, and syringes so they could inject their electrolysis clients. Revoked, stayed, 5 years probation with terms and conditions including 6 months actual suspension. March 19, 1999. Judicial review being pursued.

CUNNINGHAM, GLENN DONALD, Jr., M.D. (C38701)
Palm Springs, CA
B&P Code §2234(c). Committed acts of repeated negligence in his care and treatment of a patient when he failed to recognize a post-operative, deep-wound infection, failed to proceed with an appropriate course of treatment, incorrectly

diagnosed the condition of a hip fracture, and by recommending a surgery without knowing if the patient had an infection. Revoked, stayed, 3 years probation with terms and conditions. March 12, 1999

DAVIDI, FARAMARZ, M.D. (A51024) Encino, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by engaging in unprofessional conduct which involved boundary violations of the physician/patient relationship and was negligent in his treatment of this patient in that he failed to adequately manage her weight reduction program. Revoked, stayed, 4 years probation with terms and conditions. April 16, 1999

ETTLI, STUART WAYNE, M.D. (A26022) Irvine, CA
B&P Code §§2236, 2239. Stipulated Decision. Convicted of reckless driving after having self-administered a controlled substance. Public Letter of Reprimand. April 29, 1999

FISHER, ROBERT FREDERICK, M.D. (G37668) Pleasanton, CA
B&P Code §822. Mental illness affecting his ability to practice medicine safely. Suspended until evidence is received that he can safely resume the practice of medicine. March 1, 1999

Help Your Colleague By Making A Confidential Referral

If you are concerned about a fellow physician who you think is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

**Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825**

FRIEDMAN, JEFFREY CRAIG, M.D. (G46244) Lafayette, CA

B&P Code §2234. Stipulated Decision. Charged with knowingly falsifying a patient's disability documents. Also charged with commencing a sexual relationship with a patient without first terminating the physician/patient relationship. Admits he exercised poor judgment. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. March 8, 1999

GELLER, STANLEY J., M.D. (AFE11996) San Diego, CA

B&P Code §§490, 2234(a), 2236, 2237, 4390. Stipulated Decision. Criminal conviction for aiding and abetting the forgery of a prescription. Revoked, stayed, 4 years probation with terms and conditions. February 3, 1999

GHANEM, SHAHRAM, M.D. (A38917) Whittier, CA
B&P Code §§726, 2234(c)(d). Committed acts of sexual misconduct during his treatment of 2 patients. 1 year suspension, stayed, 3 years probation with terms and conditions. March 25, 1999

HAWK, JAMES MERLIN, M.D. (G75265) San Bernardino, CA

B&P Code §822. Stipulated Decision. Mental illness affecting his ability to practice medicine safely. Revoked, stayed, 15 years probation with terms and conditions. April 26, 1999

HOPKINS, MILAN LEWIS, M.D. (C34406) Upper Lake, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with unprofessional conduct related to his criminal conviction for possession of marijuana, and for prescribing Vicodin to a patient he knew was getting Vicodin from another physician. Revoked, stayed, 5 years probation with terms and conditions. February 16, 1999

INDIRA, THIRUVALAMP., M.D. (A52316) Wilmington, DE
B&P Code §§141(a), 822, 2305. Disciplined by Pennsylvania for a physical illness resulting in her inability to practice medicine safely. Revoked. April 21, 1999

KROES, JOHN F., M.D. (G33277) Gridley, CA
B&P Code §2241.5(b). Stipulated Decision. Failed to properly refer patients for consultation and evaluation as required by the Intractable Pain Act. Revoked, stayed, 3 years probation with terms and conditions. March 1, 1999

LASTING, ROBERT FREDERICK, M.D. (G56345) Poway, CA

B&P Code §2234(c). Stipulated Decision. Delay in the delivery of an infant in 1992. Public Reprimand. March 24, 1999

LAZARO, DIONISIO DUMBRIQUE, M.D. (A48512)
Harbor City, CA

B&P Code §§2234(e), 2236. Stipulated Decision. Felony conviction for grand theft related to false and fraudulent claims submitted to the Medi-Cal program. Revoked, stayed, 3 years probation with terms and conditions. April 16, 1999

LORANT, NIR YEHUDA, M.D. (A49821)
San Luis Obispo, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in that his conduct while treating 2 female patients crossed therapeutic boundaries. Revoked, stayed, 5 years probation with terms and conditions.

LUCKEY, ROBERT C., M.D. (A17435) Richland, WA
B&P Code §§141(a), 726, 2234, 2305. Disciplined by Washington for multiple incidents of sexual relations with patients and his admission of a long pattern of sexual contact with numerous patients as well as most of his staff. Revoked. March 8, 1999

LYNN, PAUL, M.D. (C32097) San Francisco, CA
B&P Code §2234. Stipulated Decision. Failed to obtain a detailed written informed consent signed by the patient prior to performing an analysis with the Interro Hololinguistic Processor, an investigational medical device. Public Letter of Reprimand. March 3, 1999

MACON, PHILIP FREDERICK, M.D. (C30168) Cortez, CO
B&P Code §141(a). Disciplined by Colorado for miscommunication in conjunction with his referral of a patient to an orthopedic surgeon. Revoked. March 26, 1999

MCGILL, THOMAS W., M.D. (A42553) Bangor, ME
B&P Code §§726, 2234, 2305. Stipulated Decision. Disciplined by Maine for having a sexual relationship with a patient. Revoked, stayed, 5 years probation with terms and conditions. April 5, 1999

MEREL, RICHARD WAYNE, M.D. (G17139)
Torrance, CA
B&P Code §2234(a)(b). Stipulated Decision. Committed acts of gross negligence in his care and treatment of a patient. Revoked, stayed, 4 years probation with terms and conditions. March 11, 1999

MINTZ, THOMAS, M.D. (A18030) Santa Monica, CA
B&P Code §2266. Stipulated Decision. Failed to adequately document in medical records the reasons for prescribing antidepressant medication and to account for billing inaccuracies related to his treatment of a patient. Public Letter of Reprimand. March 16, 1999

MITCHELL, ACCIE M., M.D. (C28274)
Los Angeles, CA

B&P Code §2234. Stipulated Decision. Failed to have written guidelines or protocols for the supervision of a physician assistant. Public Letter of Reprimand. February 24, 1999

NORENE, DAVID LELAND, M.D. (G32077)
Sacramento, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and repeated negligent acts for his failure to document respiratory or heart rates, failure to obtain a follow-up chest x-ray, failure to obtain a sputum, blood count or differential, failure to make urgent referral for consultation to appropriate specialist or to hospitalize a patient with known possible immuno-deficiency suffering from chest pain, shortness of breath and infectious processes of undetermined causation. Public Reprimand. March 16, 1999

OSMAN, M. FAROUK, M.D. (C38325) Indio, CA
B&P Code §2234. Demonstrated gross negligence in his care and treatment of a patient when he failed to deliver the fetus immediately or to transport the patient to another facility when she exhibited signs of preeclampsia, failed to institute anti-hypertensive therapy, failed to institute anti-seizure therapy, and failed to treat the patient in a timely fashion. Revoked. April 12, 1999

PADRE, EMILIO JAMORABON, M.D. (A37011)
Cerritos, CA

B&P Code §§2266, 2234(c). Stipulated Decision. Committed acts of repeated negligence for his failure to recognize the severity of a patient's condition and act upon it by referring the patient to a facility providing a higher level of care and his failure to maintain adequate medical records for this patient. Revoked, stayed, 3 years probation with terms and conditions. February 8, 1999

PANDEY, BRIJ KISHORE, M.D. (A37085)
Canyon Lake, CA

B&P Code §822. Mental illness affecting his ability to practice medicine safely. Suspended until evidence is received that he can safely resume the practice of medicine. March 9, 1999

PAPENDICK, DAVID E., M.D. (A20384) Algoma, WI
B&P Code §§141(a), 2234(b)(e), 2305. Disciplined by Wisconsin related to his care and treatment of 2 patients. Revoked. March 22, 1999

PERERA, MENERIGAMAGE NIMAL, M.D. (A51538)
Macon, GA

B&P Code §141(a). Disciplined by North Carolina for acts related to his failure to adequately supervise a physician assistant. Revoked. February 22, 1999

PETERS, ANTHONY N., M.D. (A12130) Burbank, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in his care and treatment of a patient. Revoked, stayed, 5 years probation with terms and conditions. February 8, 1999

PIERRE-LOUIS, PHILIP BRIAN, M.D. (A42426) San Bernardino, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence in his care and treatment of a patient for his failure to give the patient a physical, obtain a history, obtain a preoperative consent, dictate an operative and post operative report and for perforating her uterus during the procedure. Revoked, stayed, 4 years probation with terms and conditions. March 31, 1999

RAO, NIMMAGADDA NARAKANTI, M.D. (A26699) Corona, CA
B&P Code §2234(b)(c). Committed acts of gross negligence and repeated negligence in his care and treatment of 1 patient in that he failed to order a chest x-ray and for not taking a better history of the patient's respiratory problems. Revoked, stayed, 2 years probation with terms and conditions. April 12, 1999

SAINZ, GILBERT RAY, M.D. (C31264) Ione, CA
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Arizona for making false statements in an application for practice privileges, and violated the terms and conditions of his California probationary order by failing to report the Arizona action to the California Board. Additional terms and conditions added to current probationary order. March 19, 1999

SASSOON, CHARLES, M.D. (A31454) Huntington Park, CA
B&P Code §2234. Violated terms and conditions of probation. Probationary term extended for 2 years. March 1, 1999

SHEFTALL, REID GAILLARD, M.D. (G66357) Biloxi, MS
B&P Code §141(a). Stipulated Decision. Disciplined by Mississippi for violating the rules and regulations pertaining to prescribing, administering and dispensing of medication, and prescribed or dispensed drugs for other than legitimate medical purposes. Public Reprimand. March 8, 1999

SIEGEL, PHILIP, M.D. (G14429) Beverly Hills, CA
B&P Code §2234. Stipulated Decision. Committed acts of sexual misconduct, gross negligence and repeated negligent acts with several patients, felony conviction for 1 count of sexual exploitation by a physician and 4 misdemeanor counts of sexual battery. Revoked. March 4, 1999

SILVER, MARK E., M.D. (G58733) Brookings, OR
B&P Code §141(a). Stipulated Decision. Disciplined by Oregon for engaging in a sexual relationship with a female patient. Revoked, stayed, 8 years probation with terms and conditions. April 29, 1999

TAN, ALFRED EUAIK, M.D. (G48933) Danville, CA
B&P Code §§725, 2234. Stipulated Decision. No admissions but charged with repeated negligent acts in his care and treatment of 7 patients for chronic fatigue syndrome. Revoked, stayed, 3 years probation with terms and conditions. April 30, 1999

TIWARI, RATAN LAL, M.D. (A35113) Hemet, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in his care and treatment of a patient admitted to the hospital for chest pain, shortness of breath and indigestion. The patient expired. Public Reprimand. March 1, 1999

TSAI, SHIU-CHI, M.D. (A38034) Madera, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate records in that he did not record his medical judgment as to why he did not intervene to deliver a baby by cesarean section. Revoked, stayed, 35 months probation with terms and conditions. April 19, 1999

VICENCIO, VIOLETA B., M.D. (A39857) Palos Verdes, CA
B&P Code §§490, 810, 2234(a)(e), 2236, 2261, 2262. Stipulated Decision. Felony conviction for 4 counts of filing false income tax returns and 1 count of mail fraud related to submitting claims, which contained false information, to insurance companies for payment. Revoked, stayed, 3 years probation with terms and conditions. April 28, 1999

VILLANO, GENEROSO PERALTA, M.D. (A24065) Perris, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with failure to properly supervise his physician assistant, allowing his physician assistant to function autonomously and for not having proper protocols and guidelines for supervising a physician assistant. Revoked, stayed, 3 years probation with terms and conditions. March 4, 1999

WEBER, GLENN ALLAN, M.D. (C37381) Sacramento, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence related to his prescribing of controlled substances to 1 patient, and gross negligence for making lewd and unprofessional remarks to 2 female patients. Revoked, stayed, 5 years probation with terms and conditions. March 5, 1999

WEINTRAUB, ARTHUR HAROLD, M.D. (G41965)
Woodland Hills, CA

B&P Code §2234. Stipulated Decision. Violated terms and conditions of probation. Probationary term extended for 3 years. March 22, 1999

DOCTORS OF PODIATRIC MEDICINE

BAUER, DOROTHY ELIZABETH, D.P.M. (E3071)
Orange, CA

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in her care and treatment of 2 patients. Revoked, stayed, 5 years probation with terms and conditions. February 26, 1999

DEVLIN, DAVID PATRICK, D.P.M. (E3578)
Los Angeles, CA

B&P Code §2234. Stipulated Decision. Violated terms and conditions of probation. Probationary term extended for 1 year with 30 days actual suspension. March 18, 1999

LEIR, ROGER K., D.P.M. (E1171) Thousand Oaks, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in his care and treatment of 1 male patient. Revoked, stayed, 3 years probation with terms and conditions. April 23, 1999

PHYSICIAN ASSISTANT

GEIGER, EUGENE ALLEN, P.A. (PA11389) Colton, CA
B&P Code §2234. Stipulated Decision. Prescribed dangerous drugs without good faith examination, committed acts of gross negligence and incompetence in his care and treatment of 2 patients and prescribed controlled substances without patient-specific orders from his supervising physician. Revoked, stayed, 3 years probation with terms and conditions. March 11, 1999

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

ALDAN, VICENTE SABLÁN, M.D. (G72216) Saipan, MP
February 17, 1999

BOYLES, JOHN H., Jr., M.D. (C24156) Dayton, OH
April 12, 1999

BURKE, JAMES RICHARD, M.D. (GFE61182) Asan, GU
March 26, 1999

GERBER, ROBERT C., M.D. (G11267) Medford, OR
March 30, 1999

GRAVADOR, LOURDES GAMO, M.D. (A29795)
Lakewood, CA
April 6, 1999

HARRIS, VERNE DUNCAN, M.D. (G42114) Arcadia, CA
April 21, 1999

HINOJOSA, VITAL, M.D. (A37463) Glendale, CA
March 8, 1999

HUSAIN, ZAFARUL, M.D. (A35259) Corona, CA
February 16, 1999

LABAYEN, ROBERTO FRANCISCO, M.D. (A42380)
Buenos Aires, Argentina
March 31, 1999

LEWIS, RAYFIELD, M.D. (AFE10943)
Hacienda Heights, CA
April 20, 1999

NEWMAN, LEE DAVID, M.D. (G7037) Los Angeles, CA
March 17, 1999

SAGHERIAN, ARTIN ASSADOUR, M.D. (A36349)
Glendale, CA
April 30, 1999

SCHRECONGOST, RAYMOND ALVIN, M.D. (A26728)
San Pablo, CA
April 23, 1999

YENTIS, RICHARD D., M.D. (C27959) Fort Worth, TX
March 1, 1999

DOCTORS OF PODIATRIC MEDICINE

MCFARLAND, JAMES ALAN, D.P.M. (E2416)
Auburn, CA
February 12, 1999

FRESE, JAMES LYLE, D.P.M. (E2061) Chula Vista, CA
April 27, 1999

PHYSICIAN ASSISTANT

KING, GRANT MARCUS, P.A. (PA11127) Pomona, CA
April 28, 1999

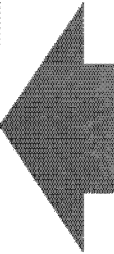
For further information...


Copies of the public documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

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Board of Podiatric Medicine (916) 263-2647

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ACTION REPORT - JULY 1999

Candis Cohen, Editor, (916) 263-2389

For additional copies of this report, please fax your company name, address, telephone number, and contact person to: Medical Board Executive Office, at (916) 263-2387, or mail your request to: 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.