



MEDICAL BOARD OF CALIFORNIA

Newsletter



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Does national licensure make sense?

Can high standards be maintained?

The Medical Board of California for years has participated in many discussions regarding national licensure and how it compares to California licensure standards. Recently, representatives of the board attended the Federation of State Medical Boards' annual meeting and the subject of national licensure was a hot topic.

License portability across borders and abroad is being realized by the ever-advancing technologies of telemedicine. The board is supportive of joining the ranks of other states that are proactively discussing this alternative avenue to licensure, but, before that commitment can be made, California must ensure that its criteria are met. The requirements for licensure in California are specific and are set at a very high standard.

To become licensed as a physician in California, an applicant must obtain a medical education from a medical school approved or recognized in California. California laws and regulations specifically define the stringent criteria a school must meet to be recognized or approved by the board. Since many other states issue licenses to those who obtain their medical education from schools not meeting California's requirements, the board is unable and unwilling to allow those individuals to practice medicine in California simply based upon obtaining licensure in another state. Therefore, to establish one nationwide license that would allow the practice of medicine from state to state would, in some instances, require that other states establish a higher licensing standard, identical to what California law requires.

Other important obstacles include California's requirement for criminal history backgrounds on all its applicants, a process that requires the submission of fingerprints to the board, and the requirement that medical education and training be verified by primary source documents. Primary source verification is not currently required by all states or credential verification services.

California continues to be interested in and supportive of facilitating the benefits of national licensure. However, the progression to national licensure cannot be made at the expense of California consumers, who look to the board for assurance that those authorized to practice medicine in California meet our established laws and regulations.

We look forward to continuing to participate in this important discussion and advocating for stricter licensure regulations by all states to promote the mandate of public protection.

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The mission of the Medical Board of California

The mission of the Medical Board of California is to protect healthcare consumers through proper licensing and regulation of physicians and surgeons and certain allied healthcare 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

We at the Medical Board know that so many of us, when reading the board's newsletter, turn immediately, and some exclusively, to the administrative actions in the back to see if we recognize any of the names of those recently disciplined. (Actually, reading that section can serve as a cautionary tale to our licensees, though we certainly hope you also will read the other articles, all of which are published to help you in your practices, either clinically or by updating you in changes in law and regulation.)

I am happy to report further on our enforcement program. The numbers help tell the story. We receive about 7,500 complaints per year, of which approximately 6,000 are within our jurisdiction. Of those, about 4,750 are closed within an average of 54 calendar days in our Central Complaint Unit. That leaves around 1,250 complaints that are sent to the board's district offices for investigation. About 950 cases will close without disciplinary action in an average of 307 calendar days. Ultimately, approximately 300 physicians will receive some form of discipline each year. The cases that result in discipline are usually complex, and require a lengthy administrative process.

There are almost 100,000 physicians in California; when physicians who are licensed in California but are living elsewhere are added, the total number of physicians licensed by our board comes to about 125,000. Three hundred out of 125,000 is about .3 percent, meaning 99.7 percent of physicians are not subject to discipline and presumptively are doing a good job. If they are not, that is largely a failure of peer review – a topic of complexity and depth worthy of discussion another day. In the meantime, while the board is always seeking to improve its performance of its consumer-protection mandate, when 99.7 percent of the state's physicians are not subject to discipline, we believe that is a good sign.



Richard Fantozzi, M.D.
President of the board

The board maintains its ongoing commitment to improve all aspects of its enforcement program.

The Medical Board is complaint-driven; we do not show up at hospitals or physicians' offices absent complaint information brought to our attention. Complaints are reviewed by staff and, in quality-of-care cases, by our medical consultants. Because a medical license is a property right, physicians who face investigations and charges by the Medical Board have many due process rights, as they should. We respect those rights. Some elements of the disciplinary process are not solely under the control of the Medical Board, but are shared with the Attorney General's Office (AG) and the Office of Administrative Hearings.

The medical business is highly specialized, and questionable practices require expert review. The board uses a list of more than 1,000 physicians in varying specialties for this purpose. When under scrutiny by the board, physicians overwhelmingly are represented by counsel of the highest caliber. Our investigators, and the attorneys with whom they work from the Health Quality Enforcement Section of the AG's Office, are specially trained in this kind of work.

As reported in earlier board newsletters, our association with the AG's Office has changed. Now we work in a relationship known as "vertical enforcement," whereby Medical Board investigators work cases from the ground up with the AG's attorneys, rather than the former "hand

off" method, in which our investigators completed the investigation and then handed the cases over to the deputy attorneys general for review and prosecution. This approach has so far been effective in swifter resolution of cases that do not result in discipline, while strengthening cases that do result in discipline.

The board's attention is very much focused on its enforcement program, and we are pleased with what we see. Nonetheless, the board maintains its ongoing commitment to improve all enforcement processes.

Legislator profile

Assembly Speaker Karen Bass



Karen Bass (D–Los Angeles) was elected to the California State Assembly in 2005. In February 2008, she made history when the California Assembly elected the Los Angeles Democrat as its 67th Speaker. Along with the California political first, Speaker Bass makes national history as the first

African American woman to serve in this powerful state legislative role.

Speaker Bass has been a part of the leadership since her first term when she was appointed to Majority Whip. In her second term, she was elevated to the post of Majority Floor Leader, making her the first woman to hold the post and the second African American to serve in the position. She also is the chair of the California Assembly Select Committee on Foster Care. Under her leadership, the Speaker was able

to secure more than \$82 million and the signing of eight new laws to help improve the state’s foster care system.

She graduated from California State University, Dominguez Hills with a bachelor’s degree in health sciences and the University of Southern California, School of Medicine with a physician assistant certificate.

Recently, Speaker Bass authored Assembly Bill 3 which became law on January 1, 2008, and directly impacts Medical Board licensees. AB 3 made significant changes pertaining to the practice of physician assistants in California: 1) ratio of physician assistants to supervising physicians; 2) chart countersignature; and 3) patient-specific authority.

Before she began her political career, she founded and ran Community Coalition. As executive director, she built a community-based social justice organization in South Los Angeles to empower residents to get involved in making a difference. Today, the organization is considered a model to engage the community throughout the country.

New Web portal provides U.S. physicians with unbiased information on pharmaceutical marketing practices

The Federation of State Medical Boards Launches Web Tool

Funded by Attorney General Consumer and Prescriber Education Grant Program

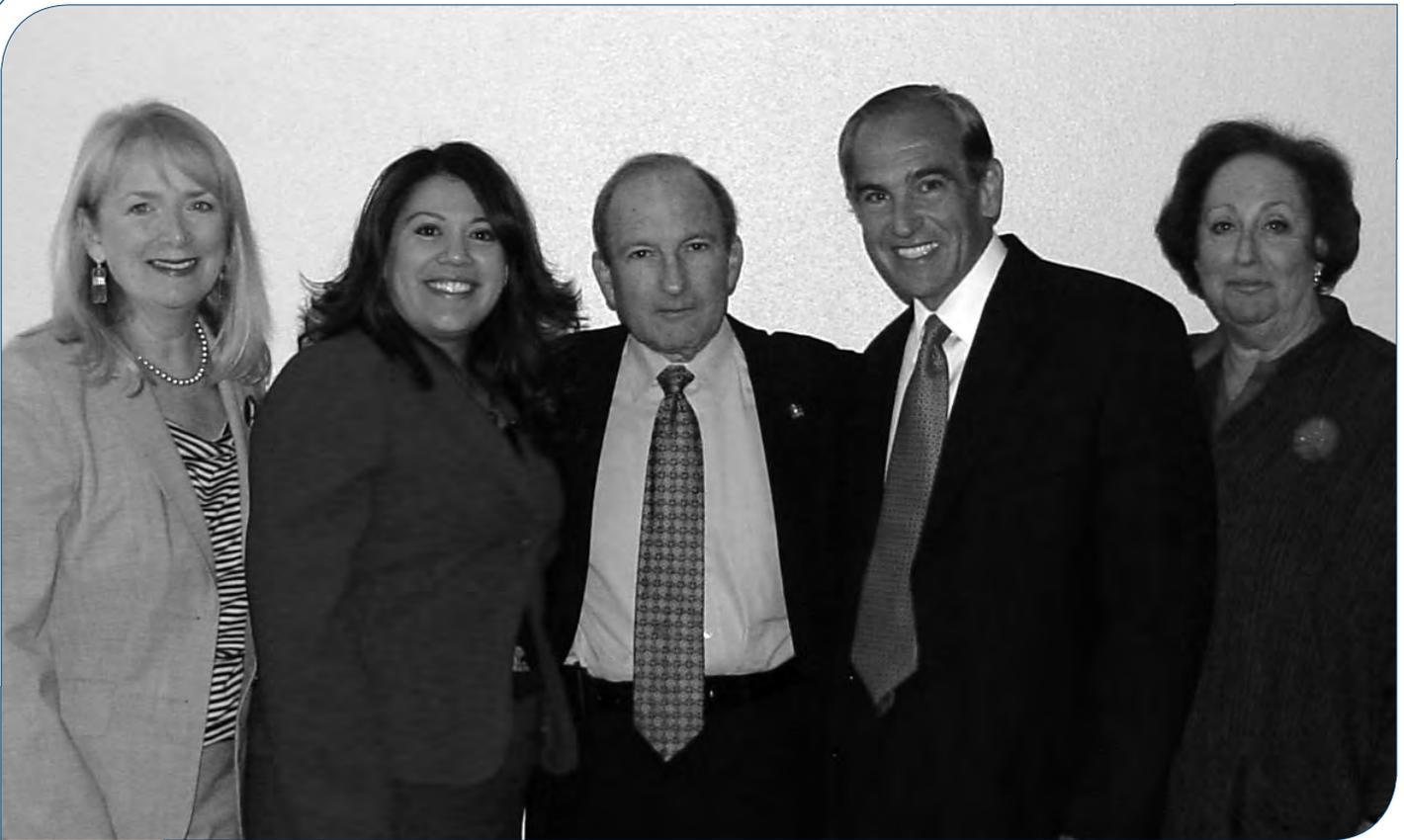
The Federation of State Medical Boards’ (FSMB) Research and Education Foundation recently announced the launch of a new Web-based tool providing U.S. physicians with access to accredited educational programs about pharmaceutical industry marketing techniques and their effort on prescribing practices.

The portal is funded by a grant from the Attorney General Consumer and Prescriber Education Grant Program, which was created as part of a 2004 consumer protection settlement with Warner-Lambert, a division of Pfizer, Inc., that resolved allegations of deceptive “off-label” marketing of the drug Neurontin. The national program is designed to educate health care professionals about pharmaceutical industry marketing practices and provide tools for accessing unbiased sources of information about drugs.

As a program grantee, the FSMB Foundation has developed and implemented a Web-based portal—the Online Prescriber Education Network (OPEN). The portal provides physicians access to free continuing medical education courses developed by other program grantees, which include medical schools, hospitals, health insurers and professional associations. The FSMB Foundation is working in partnership with the University of Texas Southwestern Medical Center to provide accreditation for educational programs developed by grant recipients.

“The FSMB, in partnership with its 70-member medical boards, is in a unique position to help disseminate unbiased information about prescription medications

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(left to right) Medical Board Executive Director Barb Johnston, Health Professions Education Foundation Executive Director Lupe Alonzo-Diaz, and Medical Board members Gary Gitnick, M.D., Richard Fantozzi, M.D., and Barbara Yaroslavsky.

Steven M. Thompson Physician Corps Loan Repayment Program awards more than \$8 million

Since its inception in 2003, the Steven M. Thompson Physician Corps Loan Repayment Program has created unique opportunities for physicians willing to practice in medically underserved areas throughout California. To date, the program has provided loan repayment awards to almost 100 physicians, totaling over \$8 million in funding. The response from physicians interested in this program has been overwhelming during the past six years; applications have been received from nearly 440 recently licensed physicians seeking awards in exchange for a three-year service obligation in a medically underserved area.

Supporting the program benefits all of the groups involved with this philanthropic endeavor. In a state committed to health care reform, California strives to increase and improve the accessibility of health care for the public and its communities. The medically underserved populations are positively impacted by the backfill of physicians willing to provide services in these areas.

Even though the operation of the program transitioned in 2006 from the Medical Board to the Health Professions Education Foundation (501(c)(3) public benefit corporation), the board continues to support the program. The board would like to remind our licensees that donations of up to \$50 can be contributed to the program during the license renewal process. As financial contributors, physicians can invest in an organization committed to supporting their peers and fellow medical professionals and help provide treatment in underserved areas.

Further, the Medical Board is able to assist the HPEF with the administration of the program. Medical Board members Gary Gitnick, M.D., Richard Fantozzi, M.D., and Barbara Yaroslavsky and Board Executive Director Barb Johnston serve on HPEF's Board of Trustees. They are pictured above with Lupe Alonzo-Diaz, who was appointed by Governor Schwarzenegger in April as HPEF's new executive director.

Improving breast cancer outcomes in California

by Lisa D. Benton, M.D., M.P.H., Public Health Medical Officer
Cancer Detection Section, California Department of Public Health

Everything from genetics, tumor biology, diet and nutrition, environmental exposures, lifestyle and reproductive experiences, delivery of and access to health care, race/ethnicity, and lack of socioeconomic resources can play a role in differences in breast cancer outcomes among specific populations and for any individual. The impact of disparities of race/ethnicity, health care access and socioeconomic status become obviously significant when considering interventions to better promote awareness of the need for regular screening and diagnostic testing to detect breast cancer as early as possible when it has the best chance to be cured.

When reviewing personal and family history for breast cancer, the BRCA1 and BRCA2 genes, other biomarkers that are attributed to increase breast cancer risk are being shown to cluster in African American and Latino women. In addition to using the Breast Cancer Risk Assessment Tool (Gail Model) to determine who is at greater risk for breast cancer, newer tools such as the CARE (Contraceptive and Reproductive Experiences) Model, and the BCSC (Breast Cancer Surveillance Consortium) Breast Density Model that have been validated in racially and ethnically diverse populations can be used. Studies have shown that women of color desire to undergo genetic testing and participate in clinical trials on prevention when presented with health information on these opportunities. Providers should not hesitate to discuss these options whenever possible.

In promoting the need for mammography, it is important to be clear about the age to start screenings and clinical breast exams and not contribute to the confusion about current guidelines. While women understand that screening is important there are misperceptions about the value of early detection in different cultural and ethnic groups and populations. Factors such as access to medical care, educational and socioeconomic background can influence the decision to keep appointments for breast screenings and follow up for attention to abnormal results.

Understanding the biology of breast tissue is relevant when considering the use of mammography alone for screening compared to a mammogram coupled

with breast ultrasound and clinical breast exam.

Digital mammography has increased sensitivity for tumor detection compared to film screen (analog) mammograms for women who have breasts characterized as highly dense—greater than 50 percent of the total breast tissue area appears dense rather than fatty or fibroglandular on a screening mammogram.

Some studies have shown that high density breasts are associated with an increased risk of breast cancer 3 – to 5-fold higher than women who have breast density of less than 25 percent of their total breast tissue. After considering increasing age as a breast cancer risk factor, breast density appears to be the next greatest risk factor. Dense breast tissue is seen more often in women younger than 50. Having high density breasts, being younger than 50 years old, and being pre-menopausal mean a digital mammogram is more sensitive for detecting cancer. As women age into their sixties and beyond, film screen (analog) mammography becomes more sensitive for detecting breast abnormalities.

Because of the concern that cancers can be missed by mammography more often in dense breast tissue, including an ultrasound in breast evaluation should be considered. A thorough clinical breast exam should always be done. Although breast cancer occurs less often in women younger than 50, there appear to be more cancers that show up in the interval between subsequent mammogram screenings in women younger than 50 years old. These “interval breast cancers” tend to be more aggressive, metastasize more, and be less favorable subtypes because they are less well-differentiated and lack tumor surface markers such as the estrogen, progesterone, and Her2Nu (human epidermal growth factor) receptors, meaning they are “triple negative”. Breast cancers that are considered “triple negative” tend to recur sooner and more often and have fewer proven options for treatments that will cure them. “Triple negative” breast cancers occurring in younger women and women of color are harder to treat, meaning they are associated with greater morbidity, mortality and cost of care.

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Federation of State Medical Boards elects MBC member to its board of directors



The Medical Board of California is pleased to announce that board member Hedy Chang has been elected to the board of directors of the Federation of State Medical Boards (FSMB).

On May 3, 2008, during the federation's

96th annual meeting, Ms. Chang, a public member, was elected for a three-year term.

Ms. Chang was appointed to the Medical Board of California by Governor Arnold Schwarzenegger in 2004. Currently, she is board secretary. She was a city council member for the City of Morgan Hill. She is also an appointee to the Morgan Hill Medical Foundation, tasked with rebuilding city medical services by recruiting doctors and retaining a hospital site.

New Web portal *(Continued from page 3)*

and appropriate prescribing to the nation's 750,000 licensed physicians," said Lisa Robin, senior vice president of Member Services for the FSMB. "The OPEN portal will provide access to curricula and other resources to help physicians become more effective prescribers."

First Educational Modules Available

The first educational modules available via the OPEN portal were developed by PharmedOut, a project facilitated by physicians at Georgetown University Medical Center (GUMC). The two modules, Drug Approval in the U.S.: How Drugs Get to Market and Generic Drugs and Prescribing Sensibly, provide a brief history of the Food and Drug Administration, requirements regarding new drug approvals and information on how generic drugs are tested and approved. The courses are available at no charge at www.fsmb.org/re/open/modules.html and may be taken separately for one CME credit each.*

"We want to educate doctors about the fact that generic drugs are held to exactly the same standard as different batches of branded drugs," said Adriane Fugh-Berman, M.D., director of PharmedOut and associate professor of Physiology and Biophysics at GUMC.

Although pharmaceutical sales representatives may misinform doctors that generic drugs may contain 20 percent less drug than brand-name medications,

said Dr. Fugh-Berman, different batches of drugs may differ slightly in potency, but allowable variability never approaches 20 percent.

"Doctors want to take the best care of their patients, but misinformation from drug reps can interfere with good medicine," said Dr. Fugh-Berman. "We want to prevent doctors from increasing the dose of generics to compensate for their supposedly weaker effect, a practice that increases the risk of adverse medication effects."

More Modules in Development

Additional accredited modules from grant recipients will be distributed via the OPEN portal as they are completed. The courses are available at no cost to all licensed medical prescribers in the nation and may be taken for continuing medical education credit.

In addition, the portal will provide access to relevant state and federal statutes, unbiased databases of information about the safety and efficacy of prescription medications, reporting mechanisms for adverse events related to medications and tools and strategies for evidence-based prescribing.

The FSMB Research and Education Foundation undertakes educational and scientific research projects designed to expand public and medical

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Helping patients who have no Workers' Compensation Insurance, part 2

by David D. Bagheri, Deputy District Attorney and Dee Dee Porter, R.N., Legal Nurse Consultant, San Diego District Attorney's Office

In July 2007, the San Diego District Attorney's Office included an article in the MBC Newsletter to enlist the help of the medical community in preventing the unjust treatment of injured workers (IWs), their families, and the health care community. The article explained how the health care community can assist injured workers in obtaining Workers' Compensation (WC) benefits. It also described how the District Attorney's Office could assist both patients and providers by asking the courts to order restitution. In response to the article, we received many calls from physicians and their staffs, as well as a number of referrals. Some referrals were sent directly to our office and others through the California Department of Industrial Relations (DIR).¹ This article presents issues raised by our callers, as well as some of the referred cases, to illustrate how you can continue to help patients who have been injured on the job.

To reiterate the law, all employers are required by California Labor Code section 3700 to provide WC insurance coverage for all employees. Additionally, it is a felony for an employer with insurance to deny benefits to IWs as described in Insurance Code section 1871.4. When employers deny having WC Insurance, refuse to provide insurance information, deny knowing the IW, deny the injury happened at work, and/or tell IWs to use their group health plan, they may be violating one of the laws mentioned above. In either case, the patient needs to receive the appropriate care, with follow up, and the medical community needs to be reimbursed.

Often, instead of making an insurance claim, unscrupulous employers pressure their IWs not to report an injury, thereby denying patients access to the WC system. Another common practice is sending the worker for treatment with no information or with instructions to have the facility bill the employer directly. Unfortunately, if the employer fails to pay the bill, the IW is unable to receive further treatment unless he/she pays for it out of pocket.

Your Phone Calls

Doctors who called in response to last summer's article indicated that they often encounter uncooperative

employers and reluctant employees. One topic of discussion was how long a provider has to refer a potential uninsured employer case. The law allows prosecutors only one year from the date of the patient's injury to file charges. Therefore, the earlier an employer is reported, the more likely it will be that the DIR can conduct an inspection and, in the case of an uninsured employer, cite him/her. If the DIR determines that the employer does have WC insurance (and was being untruthful about it), the carrier can be notified immediately and the IW can proceed with treatment. The employer can then be charged criminally for the denial of WC benefits.

Those of you with the most success in referring uninsured employers said it is important for doctors and their staffs to ask the right questions and to ask them more than once. There are multiple reasons that an injured worker would not be able to or want to provide WC insurance or employer information. Fear of employer reprisals, job loss, and immigration concerns remain difficult topics. Sometimes, patients simply don't know very much about their employer, insurance or available treatment. Multi-lingual and culturally diverse personnel, as well as staff trained in WC issues, can overcome obstacles such as language barriers and a patient's lack of knowledge.

Your Case Referrals

One referred case involved a restaurant with 80 employees operating without WC insurance. An injured employee was sent to the hospital for treatment after suffering a severe finger laceration. Since the patient had clearly suffered a work-related injury, the hospital contacted his employer. The employer, even though it had promised to do so, never paid the injured worker's medical bills. The hospital referred the case to the DIR, which immediately conducted a labor law compliance inspection at the restaurant. The employer was found to be operating without WC insurance and the District Attorney's Office prosecuted the employer. Among other penalties, the employer was ordered to pay the IW's medical costs, which were paid in full prior to the conclusion of the case. The DA's Office notified the injured worker. Thanks to the referral, the

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¹A statewide list of DIR offices and phone numbers is located at www.dir.ca.gov/dlse/Districtoffices.htm

Workers' Compensation Insurance *(Continued from page 7)*

injured worker's medical costs were paid and he stopped receiving the related bills and collection calls. He also was informed about his entitlement to benefits from the Uninsured Employers' Benefits Trust Fund (UEBTF).

Another referred case involved a manufacturing company and two injured workers. One worker suffered minor injuries and was sent to the emergency department. The costs of treatment totaled \$800. The company, which admittedly did not have WC insurance, instructed the hospital to bill the company directly. The \$800 bill was never paid. One month later, a second worker suffered a laceration to a wrist tendon, requiring immediate surgery. However, the employer (who again instructed the hospital to bill directly) never paid any of the \$6,000 in costs related to the surgery. The injured worker had to pay for the necessary follow-up treatment out of his own pocket. Neither worker received temporary disability pay nor any subsequent benefits. The hospital referred the employer to the DIR and a compliance inspection soon followed. After two injuries, the employer was still operating without WC insurance. Therefore, the DIR issued a penalty assessment of \$1,000 per employee and an order to stop using employee labor until a WC policy was obtained. The employer was prosecuted for its failure to have insurance and, in addition to other substantial penalties, ordered to pay all medical costs immediately. Again, the injured workers were referred to the UEBTF to recover disability pay and other benefits due.

How to Help

In situations where it appears a patient's ailment is work-related, health care providers should be asking for the employer's name and/or WC insurance information. Ongoing inquiry at each of the initial points of contact (registration, nursing, and medical), and again at follow-up appointments, may eventually elicit the information needed to report the employer. Reporting helps ensure the patient receives the appropriate care and follow up and the medical community gets reimbursed. This also helps steer the uninsured IW away from state agencies, community clinics, or other social programs where already scarce resources can be preserved for patients who should be using those resources.

Providers can also help IWs get benefits by sending Doctor's First Reports of Injury (DFR) documents (as required by Labor Code section 6409(a)) only to insurance companies. Sending a DFR directly to an employer may allow the employer to hide the fact he does not have WC insurance or decide not to report the injury to his insurer at all.

Conclusion

The lack of WC insurance is an enormous problem for the state of California. It deprives IWs of medical care, deprives the medical community of limited resources, and unfairly raises premiums for legitimate employers. Further, state agencies and social programs absorb the costs of non-covered injuries. Those costs then strain the health care system and are passed on to taxpayers. The bottom line is, when in doubt, report a "Suspected Lack of WC Insurance" to your local DIR office.

David Bagheri is a prosecuting attorney with the San Diego District Attorney's Office, Insurance Fraud Division. He can be reached at (619) 685-6640.

Dee Dee Porter, R.N., is a legal nurse consultant with the San Diego District Attorney's Office, Insurance Fraud Division. She can be reached at (619) 531-3031.

Pending changes to Continuing Medical Education

The Medical Board of California is adopting new regulations regarding Continuing Medical Education (CME). This change directs licensees, in order to renew their license, to complete at least 50 hours of approved CME during the renewal cycle, the two-year period immediately preceding the expiration date of the license.

The board anticipates these regulations to become effective in early 2009, and will provide more notices to licensees as the process nears completion. This change is being implemented to reduce confusion for our licensees as they verify compliance with CME requirements.

To learn more, visit www.mbc.ca.gov/licensee/continuing_education.html.

Measles health alert: Imported measles in California residents

by Rina Shaikh, M.P.H., Epidemiologist

California Department of Public Health, Immunization Branch

An upsurge in measles cases has recently been reported in the United States. From January 1–April 25, 2008, 64 confirmed measles cases were reported, the highest number in a comparable time period since 2001 (www.cdc.gov/mmwr/preview/mmwrhtml/mm57e501a1.htm). Of the 64 cases, 54 (84 percent) were associated with importation of measles from other countries (Switzerland, Israel, Belgium, India, and Italy) and 63 of the 64 patients were unvaccinated or had unknown or undocumented vaccination status.

Fifteen of these cases were reported in California residents; 12 children in San Diego (index case exposed in Switzerland, one child traveled to Hawaii), two toddlers in Los Angeles County (not linked, sources unknown), and one adult in San Francisco (exposed in India).

Several key prevention and control measures, not strictly implemented in the initial California cases, which could have limited further transmission and reduced morbidity, costs and additional work for public health officials include:

- Suspect measles in patients with febrile rash illness and history of recent international travel;
- Implement appropriate infection control precautions for patients with febrile rash illness or suspected measles to prevent transmission to other patients in a clinic or health care facility;
- Notify public health immediately of suspected measles cases; and
- Use public health laboratories rather than private laboratories for timely laboratory testing and results.

To minimize the risk of measles transmission in health care settings, clinicians and staff should:

1. Query patients with febrile rash illness about history of international travel history in the prior three weeks; suspect measles in patients with such a history.
2. Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented.
3. Isolate suspect measles patients immediately in an airborne infection isolation room if one is available. If such a room is not available, place patient in a private room with the door closed

(see CDC's "Guideline for Isolation Precautions" at www.cdc.gov/ncidod/dhqp/gl_isolation.html).

4. Allow only immune (documented administration of two doses of live measles vaccine, laboratory evidence of immunity, year of birth before 1957 or documentation of physician–diagnosed measles) health care workers and visitors to enter the patient's room.
5. Instruct suspect measles patients and exposed persons to inform all health care providers of the possibility of measles prior to entering a health care facility so that appropriate infection control precautions can be implemented.
6. Do not use the examination room for at least two hours after the possibly infectious patient leaves. If possible, see suspect measles patients at the end of the day.
7. Notify the local health department immediately of any suspect measles patients; arrange for measles testing at a public health laboratory.
8. Do not refer suspect measles patients to other locations for clinical evaluation unless infection control measures can be implemented at those locations.
9. Ensure that all health care workers are immune to measles.

To date, the measles outbreaks in Switzerland and Israel have not been brought under control and measles importations will continue to occur. Please contact CDPH Immunization Branch at (510) 620-3737 for additional information.

Free online CME course on domestic violence

Blue Shield Foundation of California recently launched a new Web site offering free online CME and training for California doctors treating domestic violence victims. The program provides specific information regarding California reporting laws and provides doctors the tools and information needed to help patients who may be victims of domestic violence.

Up to 16 Category 1 credits
www.RespondtoDV.org.

Workers' Compensation Fraud warning notice

by Carrie Nevans, Administrative Director

Division of Workers' Compensation, Department of Industrial Relations

To promote awareness and to eliminate fraud in the Workers' Compensation system, the Legislature enacted Labor Code section 3822 to require the Administrative Director of the Division of Workers' Compensation to provide every employer, claims adjuster, third-party administrator, physician and attorney who participates in the Workers' Compensation system, an annual notice warning the recipient against committing Workers' Compensation fraud, and advising of the penalties for such fraud. The Administrative Director is providing this notice to all California medical providers. This is an annual notice which is not targeted to any specific entities or individuals. She has asked the Medical Board of California to share this notice with its licensees.

Workers' Compensation fraud is a drain on California's economy.

Workers' Compensation fraud harms employers by contributing to the high cost of Workers' Compensation insurance and self-insurance and it harms employees by undermining the perceived legitimacy of all Workers' Compensation claims. Workers' Compensation fraud is not limited to claimant fraud. The Workers' Compensation program is also victimized by fraud committed by medical providers, employers, claims adjusters and attorneys.

What constitutes medical provider fraud?

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

Workers' Compensation fraud is a crime.

Insurance Code section 1871.4 provides that it is a felony to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Labor Code section 3207, or present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, any claim for compensation for the purpose of obtaining or denying any compensation, as defined in Labor Code section 3207. It is a crime to knowingly assist, abet, conspire with, or solicit any person in an unlawful act of Workers' Compensation Insurance fraud. It is also a crime to make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

Workers' Compensation fraud may be punished by imprisonment which can be in a county jail for one year, or in a state prison, for two to five years. A fine may also be imposed not exceeding \$50,000, or double the amount of the fraud, whichever is greater. If someone is convicted of Workers' Compensation fraud, the court is required to order restitution to be paid, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted under Insurance Code section 1871.4 may be charged the costs of the investigation at the discretion of the court. Insurance Code section 1871.5 provides that any person convicted of Workers' Compensation fraud pursuant to section 1871.4 or Penal Code section 550 shall be ineligible to receive or retain any compensation, as defined in Labor Code section 3207, where that compensation was owed or received as a result of a violation of section 1871.4 or section 550 of the Penal Code for which the recipient of the compensation was convicted.

Workers' Compensation fraud is a serious matter.

Workers' Compensation fraud can increase the cost of doing business and results in decreases (or in increases) in employee salaries, laying off employees or even going out of business. Workers' Compensation fraud also increases health care costs and the cost of insurance for all Californians. If you would like to obtain more information about the issue of Workers' Compensation fraud, or would like to report an occurrence of Workers' Compensation fraud, please call the Department of Insurance Fraud Division's hotline at (800) 927-4357. You can also access the Fraud Division's Web site at: www.insurance.ca.gov/FRD/Frd_main.htm to obtain more information and locate the telephone number for the Fraud Division office nearest to you. If you have questions about this notice, please contact the Division of Workers' Compensation.



News from the U.S. Food and Drug Administration

Drug recalls warning: Continued problems with heparin products

Please help FDA spread the word about recalls of injectable heparin products and heparin flush solutions that may be contaminated with oversulfated chondroitin sulfate (OSCS). Affected heparin products have been found in medical care facilities in one state since the recall announcement. Although product recall instructions were widely distributed, they may not have been fully acted upon at all sites where heparin is used. There have been many reports of deaths associated with allergic or hypotensive symptoms after heparin administration (see FDA link at www.fda.gov/cder/drug/infopage/heparin/adverse_events.htm).

We ask that health professionals and facilities please review and examine all drug/device storage areas, including emergency kits, dialysis units, and automated drug storage cabinets to ensure that all of the recalled heparin products have been removed and are no longer available for patient use. In addition, the FDA would like to inform health professionals about other types of medical devices that contain, or are coated with, heparin. To read this update, and to learn how to report these

problems to the FDA, please go to www.fda.gov/cdrh/safety/heparin-healthcare-update.html. Please report to the FDA adverse reactions associated with these devices, as well as any reactions associated with heparin or heparin flush solutions. If you have questions or would like more information about this request, please contact the Division of Drug Information at (301) 796-3400.

Digitek Recall (digoxin tablets, USP)

Actavis Totowa, LLC notified health care professionals of a Class I nationwide recall of all strengths of Digitek, a drug used to treat heart failure and abnormal heart rhythms. The products are distributed by Mylan Pharmaceuticals, Inc., under a "Bertek" label and by UDL Laboratories, Inc. under a "UDL" label. The product is being recalled due to the possibility that tablets with double the appropriate thickness may contain twice the approved level of active ingredient. The existence of double strength tablets poses a risk of digitalis toxicity in patients with renal failure. Digitalis toxicity can cause nausea, vomiting, dizziness, low blood pressure, cardiac instability and bradycardia. Several reports of illnesses and injuries have been reported.

Alert: Disposing of medical waste at home

Physicians, please advise your patients that as of September 1, 2008, Senate Bill 1305 will take effect, prohibiting a person from placing home-generated sharps in their trash or recycling container. Home-generated sharps are defined as disposable hypodermic needles, syringes, lancets, and other medical devices used for self-injection or blood test. Sanitation workers, adults, children, and even pets are at risk of needle-stick injuries when sharps are disposed of improperly. Used, home-generated sharps should be placed in a commercial biohazard sharps container. Patients can ask a pharmacist, clinic administrator, or personal physician to ask if they have a "take back" program in place. If patients are purchasing sharps online, please remind them to request a pre-addressed, prepaid mail-back box for their used sharps.

Remember to report point-of-care blood lead results to California Department of Public Health

Have you purchased a LeadCare Analyzer II device for blood lead testing that has a waived status under the federal Clinical Laboratory Improvement Amendments (CLIA)? If so, the California Department of Public Health reminds you that, in using the device, you assume specific laboratory responsibilities. These include reporting all blood lead results to the California Department of Public Health and, for Child Health and Disability Prevention (CHDP) Program claims, participating in the California Blood Lead Proficiency Program. The Childhood Lead Poisoning Prevention Branch can help you get started. Contact Anna Malinis at (510) 620-5652 or anna.malinis@cdph.ca.gov for reporting and other contact information.

Improving breast cancer outcomes (Continued from page 5)

As gene expression and clinical studies better characterize breast cancer, targeting screening, diagnosis, and treatment, based on new evidence will position clinicians and practitioners to give the best breast health care. That means understanding the disproportionate burden of disease, death, and disability for breast cancer in California and the factors that contribute to these disparities so that better individualized attention for screening, diagnosis, and treatment will translate into improved population health and better breast cancer outcomes.

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- Breast Cancer Risk Assessment Tool. www.cancer.gov/bcrisktool

- Newman LA, Martin IA. *Disparities in Breast Cancer*. *Curr Probl Cancer*. 2007 May-Jun; 31(3):134-56.
- Crawford NP, Jones CP, Richardson LC. *Understanding the role of reactions to race-based treatment in breast and cervical cancer screening*. *J Natl Med Assoc*. 2008 Feb;100(2):188-96.
- Berg WA, Blume JD, Cormack JB, et al. *Combined screening with ultrasound and mammography vs. mammography alone in women at elevated risk of breast cancer*. *JAMA*. 2008 May 14;299(18):2151-63.
- Carey LA, Perou CM, Livasy CA, et al. *Race, breast cancer subtypes, and survival in the Carolina Breast Cancer Study*. *JAMA*. 2006 Jun 7;295(21):2492-502

About the Author

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San Diego Union-Tribune recognizes physician wellness issues

The Medical Board would like to acknowledge an article published in the May 28, 2008, edition of the *San Diego Union-Tribune* regarding the University of California, San Diego Medical School's long-time involvement in helping students cope with stress. The article also mentions wellness outreach at Stanford, Johns Hopkins, and UCLA.

These programs show the wellness concept is gaining traction in medical schools, and is exactly what the Medical Board of California is working on with medical schools in California. The board is sponsoring a bill, AB 2443 (Nakanishi) that would require the Medical Board to establish a program to promote the well-being of medical students, postgraduate trainees, and physicians. In addition, both our Education and Wellness committees are devoted to promoting healthy coping strategies for medical students and physicians.

In the meantime, congratulations to the U.C. system and other medical schools for addressing the very important issue of helping students deal with the stresses inherent in their education and career of choice.

New Web portal (Continued from page 6)

professional knowledge and awareness of challenges impacting health care and health care regulation. The Foundation makes the results of its research available to the public and provides educational forums for further dialogue leading to the promotion of high standards for the safety and welfare of the public.

- * This activity has been planned and implemented in accordance with the Essential Areas & Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The University of Texas Southwestern Medical Center and the Federation of State Medical Boards' Research and Education Foundation. The University of Texas Southwestern Medical Center is accredited by the ACCME to provide continuing medical education for physicians.

The Federation of State Medical Boards (FSMB) is a national not-for-profit organization representing the 70 medical boards of the United States and its territories. The FSMB's mission is to continuously improve the quality, safety and integrity of health care by developing and promoting high standards for physician licensure and practice. Visit the FSMB's Web site at www.fsmb.org.



Share the Vision...Create the Future

Are you interested in exploring a career with the State of California's Employment Development Department (EDD)? The EDD is looking for a talented and motivated individual who is eager to channel his/her knowledge and experience into a rewarding and challenging career in our State Disability Insurance Program as

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Employment Development Department

Career Executive Assignment (C.E.A.)

Monthly Salary: \$11,160 - \$12,893

The State of California benefit package includes:

- Retirement contributions into the California Public Employees' Retirement System (CalPERS)
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- Life insurance of \$50,000 basic plus \$50,000 Accidental Death and Dismemberment
- 13 holidays plus one personal day per year
- Voluntary enrollment into a deferred compensation program, Long Term Disability Insurance, Long Term Care Insurance, Group Term Life Insurance, and a Legal Services Plan

If you are interested in filing for this opportunity or would like further information, visit EDD's Web site at www.edd.ca.gov/About_EDD/How_to_Get_a_Job_with_EDD.htm or contact Lisa McVay at (916) 653-8456 or Lisa.McVay@edd.ca.gov.

Reminder: Completing physician survey is mandatory by law (Business and Professions Code sections 2425.1 and 2425.3)

For more than four years, the Medical Board of California has been collecting valuable physician practice information from the survey provided on the reverse side of the physician and surgeon license renewal application.

The data that you provide on your physician survey is used by the Medical Board and the health care community to address any identified problems such as specific physician shortages defined by geography, specialty and other key variables and will be invaluable in understanding the physician workforce needs for California.

In the future, the required information will be posted on each physician's profile on the board's Web site at www.mbc.ca.gov.

The goal for expanding each physician's profile is to provide consumers and patients with details that may assist them in the decision-making process of finding a new physician or researching a specific type of practicing physician. A better-informed consumer hopefully will lead to a better health care outcome.

Please take the time to complete your survey, whether online or hard copy, with the utmost of accuracy. The Medical Board appreciates your help in meeting our mission of consumer protection and promoting access to quality medical care.

Thank you!

Administrative actions: February 1, 2008 — April 30, 2008

Physicians and surgeons

AMINI, SHAMIM, M.D. (A96250)
Oxnard, CA

Stipulated Decision. No admissions but charged with sexual misconduct and repeated negligent acts in the care and treatment of 2 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing an ethics course and professional boundaries program, obtaining a practice monitor, no solo practice, must have a third-party chaperone present while examining or treating all female patients, and completing an educational course in addition to required CME.
March 31, 2008

ANDERSON, DONOVAN JOHN, M.D. (G48061)
Mohave Valley, AZ

Stipulated Decision. Disciplined by Arizona for discarding approximately 100 patient records in a dumpster behind his building without regard to patient confidentiality. Physician completed a medical record keeping course; submitted to the board a written office protocol for maintenance, preservation, storage, destruction and disposal of patient medical records; and paid an administrative fine of \$2,000. Public Reprimand. Decision effective September 19, 2007 and Public Reprimand issued March 25, 2008.

ANSAR, AZBER AZHER, M.D. (A84893)
Saint Paul, MN

Disciplined by Ohio related to his misdemeanor conviction in Minnesota for falsely reporting a crime. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension. March 21, 2008. Judicial review pending.

Copies of public documents from 2001 to the present are available at www.mbc.ca.gov. Click on "Enforcement Public Documents," or for copies of all public documents call the Medical Board's Central File Room at (916) 263-2525.

Explanation of disciplinary language and actions

"Effective date of decision"— Example: "March 26, 2008" 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.

BAHNA, MAMDOUH SADEK (A26744)
Los Angeles, CA

Stipulated Decision. Committed acts of dishonesty, submitted false claims to insurance carriers, created false medical records, employed cappers or steerers or other persons to procure patients, and federal criminal conviction for health care fraud for participating in a scheme to defraud private health insurance companies. Surrender of license. March 11, 2008

BELVILLE, JOHN SCOTT, M.D. (G65179)
San Juan Capistrano, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients; committed acts of incompetence, prescribed controlled substances and dangerous drugs without an appropriate examination or medical indication, engaged in sexual relations with a patient, and engaged in unprofessional conduct in that he intimidated and forced a patient to sign a letter to the board which requested withdrawal of the complaint against him and withdrawal of the authorization for her release of medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course, a medical record keeping course, a prescribing practices course, and a professional boundaries program, no solo practice and obtaining a practice monitor. February 6, 2008

BOHEE, SUMNER T. (C17942)
Los Angeles, CA

Stipulated Decision. Convicted in federal court of 2 felony counts of Medicare fraud and 2 felony counts of money laundering. Surrender of license. March 17, 2008

BOHM, JOHN EDWIN (A51741)
Huntington Beach, CA

Committed acts of sexual misconduct with 2 patients and criminal conviction for sexual exploitation involving 1 patient. Revoked. April 24, 2008

BOYAJIAN, JOHN ARTHUR (A25855)
Boise, ID

Stipulated Decision. Disciplined by Idaho for performing and billing for unnecessary surgeries, CT scans and other procedures. Surrender of license. April 18, 2008

CADIZ, ROLANDO B., M.D. (A43039)
Riverside, CA

Stipulated Decision. Failed to properly supervise his physician assistant during the care and treatment of a patient. Physician must complete a prescribing practices course and medical record keeping course. Public Reprimand. April 25, 2008

COLLINS, RICHARD SCOTT, M.D. (G84500)
Moline, IL

Disciplined by Illinois for performing a wrong site arthroscopic procedure on a patient's knee. Public Letter of Reprimand. April 14, 2008

COOK, ALBERT PAUL, M.D. (A22030)
Hemet, CA

Stipulated Decision. Committed acts of repeated negligence and gross negligence in the care and treatment of a patient. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program and an educational course in addition to the required CME. April 25, 2008

COSGROVE, ZACHARY KING (A70710)
Bakersfield, CA

Stipulated Decision. No admissions but charged with sexual misconduct, repeated negligent acts, and gross negligence in the care and treatment of 3 patients; convicted of a misdemeanor for dissuading a witness; and violated drug statutes by being unlawfully in possession of marijuana. Surrender of license. February 19, 2008

COUTURE, LARRY HENRY, M.D. (A63843)
Riverside, CA

Stipulated Decision. Committed acts of repeated negligence by failing to monitor, or to document having monitored, the laboratory results after changing a patient's diuretic treatment. Physician must complete a medical record keeping course. Public Reprimand. February 19, 2008

CRAGEN, RICHARD DARIN (A54872)
Temecula, CA

Stipulated Decision. No admissions but charged with excessive use of alcohol and/or drugs in a manner injurious to himself and others, and has a condition affecting his ability to practice medicine safely. Surrender of license. April 21, 2008

DAVOODIFAR, SUSAN, M.D. (A62141)
Irvine, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, dishonest or corrupt acts, prescribing without an appropriate prior examination or medical indication, violation of drug laws and failure to maintain adequate and accurate medical records in the care and treatment of 5 patients. Physician has completed a clinical training program and an ethics course. Decision effective October 9, 2006 and Public Letter of Reprimand issued April 8, 2008.

Attention MBC “Hot Sheet” readers

The Medical Board of California has discontinued its “Hot Sheet,” a monthly summary of enforcement-related actions taken by the Medical Board and various other boards and committees. The last “Hot Sheet” will be published in July 2008.

If you are interested in continuing to receive this information, you may join the Medical Board’s Subscribers’ List to sign up and receive e-mail notifications of the information previously provided in the “Hot Sheet.” You can also receive e-mail updates of meeting agendas, notices and minutes, regulations, and the MBC Newsletter.

The advantage of joining the Subscribers’ List is that you will receive timely updates of physician enforcement-related actions. If you wish to subscribe to this list, please go to www.mbc.ca.gov/subscribers.htm and follow the instructions for subscribing.

DOSSETT, LUCY MARYANNA, M.D. (A51448)
Dallas, TX

Disciplined by Colorado for failing to disclose arrest information on her application for a medical license. Public Letter of Reprimand. March 3, 2008

DURON, PAUL ADOLPH, M.D. (A50452)
Lancaster, CA

Stipulated Decision. No admissions but charged with failing to maintain adequate and accurate medical records in the care and treatment of 4 patients; failing to have written protocols for supervision of his physician assistants, and failing to obtain a fictitious name permit from the board for a clinic he owned. Physician has completed a medical record keeping course and has submitted to the board a written proposal detailing his duties and responsibilities for supervision of a physician assistant. Decision effective August 16, 2007 and Public Reprimand issued March 2, 2008.

DYKES, JOHN R., II (G87794)
Grand Blanc, MI

Falsified his application for licensure by failing to disclose misdemeanor criminal convictions for carrying a concealed weapon and for domestic violence. Revoked. April 25, 2008

ELLIOTT, ROBERT MICHAEL, M.D. (G29258)
Los Angeles, CA

Stipulated Decision. Committed unprofessional conduct by failing to take adequate steps to assure the accuracy of the information provided in his application for reinstatement of his Maryland medical license. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, 15 days actual suspension, completing an ethics course, and providing 20 hours of free community service during his first year of probation. February 28, 2008

GALLOWAY, CARL ANTHONY, M.D. (C35766)
Los Angeles, CA

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to complete a medical record keeping course and an ethics course, and failing to submit quarterly declarations. Revoked, stayed, placed on 6 years probation (3 additional years added to original order), with terms and conditions including, but not limited to, continuing conditions of earlier stipulation and order, completing a medical record keeping and ethics course and no solo practice.
March 24, 2008

GALYON, STEVEN WAYNE, M.D. (A82784)
Sidney, MT

Disciplined by New Mexico for falsely stating on his renewal that he had not been named in a malpractice suit. Public Letter of Reprimand. April 22, 2008

GEIGER, KENNETH ROBERT (G55346)
Sonoma, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. April 2, 2008

GOODARZI, MASHALLAH, M.D. (A33411)
Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 1 patient. Physician has completed a clinical training program and a medical record keeping course. Public Reprimand issued April 18, 2008.

GORYL, GERARD GEOFFREY, M.D. (A42265)
Redondo Beach, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts by prescribing diet medications to 2 patients without a sufficient examination, and failing to provide adequate and accurate medical records. Physician has completed a clinical training program, a medical record keeping course and an ethics course. Decision effective June 19, 2006 and Public Reprimand issued April 23, 2008.

GRANT-ANDERSON, BETTY SUE, M.D. (G55694)
Moreno Valley, CA

Aided and abetted the unlicensed practice of medicine; failed to maintain adequate and accurate medical records in the care and treatment of patients; paid an unlicensed person a fee for the referral of patients, and entered into an unlawful partnership with an unlicensed person. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course and medical record keeping course, obtaining a practice and billing monitor and completing an educational course in addition to required CME. February 11, 2008

HAGEN, KARL MATTHEW, M.D. (G70206)
Orlando, FL

Disciplined by Florida for performing a procedure on the wrong site when he placed a left chest tube in a patient instead of a right chest tube. Public Letter of Reprimand. March 26, 2008

HANSEN, RALPH STUART (G41057)
Manhattan Beach, CA

Stipulated Decision. Committed acts of unprofessional conduct by obtaining Schedule II controlled substances for self-use through fraud and deceit, and felony conviction for obtaining controlled substances by fraud and deceit. Surrender of license. February 4, 2008

HARTNETT, JOHN MICHAEL (G72166)
Mill Valley, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 2 patients, and failure to maintain adequate and accurate medical records related to the care of those patients. Surrender of license.
March 6, 2008

HONDA, JAMES I. (A21748)
Fullerton, CA

Stipulated Decision. No admissions but charged with acts of repeated negligence and gross negligence in the care and treatment and/or the care and treatment rendered by his physician assistant to 12 patients; acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients; and altering the medical records of those patients. Surrender of license. March 13, 2008

HYSHAW, CLARENCE MOODY, M.D. (A26220)
Inglewood, CA

Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a medical record keeping course. Public Reprimand. February 13, 2008

INGRAM, ALICE MICHELLE, M.D. (A65769)
Aberdeen, United Kingdom

Stipulated Decision. Disciplined by Texas for failing to practice medicine in an acceptable professional manner consistent with public health and welfare related to the care and treatment of 2 obstetrical patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, completing an educational course in addition to required CME, and obtaining a practice monitor. March 6, 2008

JORDAN, IRENE OW GLEASON (A14408)
Palmdale, CA

Physician has a condition affecting her ability to practice medicine safely. Revoked. February 19, 2008

KALINA, MARK EVAN, M.D. (A49274)
Del Mar, CA

Stipulated Decision. Committed acts of unprofessional conduct, violated drug statutes and self-administration of drugs related to his admissions to board investigators that he smoked marijuana on 2 occasions with his niece during the summer of 2005 and that he personally smoked marijuana on other occasions which he estimated as 2 or 3 times a year. Physician must complete an ethics course. Public Reprimand. February 25, 2008

KAPELEVICH, DIANA L. (A44245)
Los Angeles, CA

Stipulated Decision. No admissions but charged with acts of repeated negligence, gross negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 5 patients. Surrender of license. February 15, 2008

KARLIN, MICHAEL ROBERT (G54678)
Naples, FL

Stipulated Decision. Surrender of Florida license in lieu of investigation, inquiry or other action based on impairment. Surrender of license. April 21, 2008

KIM, JOONG WAN, M.D. (A36121)
Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligent acts, and failing to keep adequate and accurate medical records in the care and treatment of 1 patient. Physician has completed a clinical educational program and a medical record keeping course. Decision effective June 11, 2007 and Public Reprimand issued March 25, 2008.

KROUPA, VLADIMIR, M.D. (A48466)
Porterville, CA

Stipulated Decision. No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a medical record keeping course and an educational course in addition to the required CME. Public Reprimand. April 7, 2008

KUMAR, KAIN, M.D. (A67882)
Palmdale, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, excessive prescribing, and prescribing to an addict in the care and treatment of 2 patients. Physician has completed a clinical training program and a prescribing practices course. Decision effective June 4, 2007 and Public Reprimand issued March 10, 2008.

KWONG, MYRON S., M.D. (A86563)
San Jose, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence and incompetence in the care and treatment of a patient. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME and obtaining a practice monitor. February 28, 2008

LEE, JAE HONG, M.D. (G81426)
San Diego, CA

Stipulated Decision. Committed an act of gross negligence in the care and treatment of a patient. Physician must complete a clinical training program. Public Reprimand. February 11, 2008

MALAYAN, SAMUEL ARA, M.D. (G61143)
Glendale, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program and medical record keeping course. February 11, 2008

MILLER, STUART CRAIG, M.D. (G47045)
Pasadena, CA

Committed acts of repeated negligence by failing to carefully review a patient's medical chart to make a timely diagnosis of diabetes, despite repeated lab results reflecting elevated blood sugars. Physician has completed a medical record keeping course and had his practice monitored for 1 year. Decision effective March 5, 2007 and Public Reprimand issued March 5, 2008.

MIRANDA, FREDERICK RALPH, M.D. (A30370)
Salinas, CA

Committed gross negligence in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, must not practice cosmetic surgery until successful completion of a clinical training program, no solo practice, completing an ethics course, and obtaining a practice monitor. February 22, 2008. Judicial review pending.

MITCHELL, THOMAS EVANS, JR., M.D. (G54207)
Pasadena, CA

Committed an act of gross negligence in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program. March 10, 2008

MODNY, CYNTHIA JEAN (CFE34520)
Phoenix, AZ

Stipulated Decision. Disciplined by Arizona related to her care and treatment of several patients. Surrender of license. March 17, 2008

MORA, WILLIAM EDWARD (G53726)
Phoenix, AZ

Stipulated Decision. Disciplined by Arizona for unprofessional conduct for performing unnecessary tests, billing irregularities and unbundling codes. He was further subject to an Interim Order by Arizona prohibiting him from practicing medicine due to his performing a surgical procedure inconsistent with reasonable standards of medical care and for being criminally charged with criminal assault and threat. Arizona, in a separate order, disciplined him for unprofessional conduct, inappropriate prescribing, and inadequate medical record keeping and prescribing for non-therapeutic purposes. Surrender of license. March 18, 2008

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, revocations, and surrenders for physicians.

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

MORRIS, DAVID JACK (G28067)

Price, UT

Disciplined by Utah for obtaining controlled substances for his own use by writing prescriptions in excess of those quantities medically necessary and then requesting that the patients split the controlled substances with him; and for a felony conviction related to his prescribing practices and insurance fraud. Revoked. February 8, 2008

MURRAY, DAVID BARDWELL (A21805)

Whittier, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. April 4, 2008

NGUYEN, AN MINH (A54288)

El Monte, CA

Stipulated Decision. No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 10 patients. Surrender of license. February 20, 2008

NISHIBAYASHI, STEVEN WAYNE, M.D. (G38552)

Glendale, CA

Committed acts of unprofessional conduct in the care and treatment of a patient. Public Letter of Reprimand. April 17, 2008

O'DELL, KEVIN BRUCE (C42660)

Shelby, NC

Stipulated Decision. Surrender of license to practice medicine in North Carolina. Surrender of license. February 5, 2008

PAIGNE, KITTYA, M.D. (G79550)

Long Beach, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, a prescribing practices course, and an educational course in addition to required CME. February 15, 2008

PHAM, KHANH GIA, M.D. (A41805)

Westminster, CA

Stipulated Decision. No admissions but charged with acts of repeated negligence and incompetence in the care and treatment of 1 patient, and incompetence and failure to maintain adequate and accurate medical records in the care and treatment of a second patient. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course. March 3, 2008

QUADRO, ROBERT ELTON, M.D. (G40361)

Sacramento, CA

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Physician completed a clinical training program. Decision effective July 26, 2007 and Public Reprimand issued March 10, 2008.

RASTEGAR, JOHN HASSAN, M.D. (A53847)

Los Angeles, CA

Stipulated Decision. No admissions but charged with acts of repeated negligence and incompetence in the care and treatment of 3 patients, and failure to maintain adequate and accurate medical records for 1 of those patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, obtaining a practice monitor and no solo practice of medicine. February 25, 2008

ROBINSON, WAYNE L., M.D. (C24438)

Irvine, CA

Stipulated Decision. Aided and abetted the unlicensed practice of medicine; conspired with unlicensed persons; violated, assisted, abetted and/or conspired to violate the Moscone-Knox Professional Corporation Act; committed acts of false or misleading advertising and false communications; and employed persons to

procure patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and an ethics course, obtaining a practice and billing monitor, must terminate his unlawful business relationship and is prohibited from participating as a physician employee of a medical group or entity owned or operated by a non-physician unless authorized by law to employ physicians, and complete an educational course in addition to required CME. February 22, 2008

ROSARIO, BENJAMIN ZAMORA (C41073)
Council Bluffs, IA

Stipulated Decision. Iowa issued an Emergency Adjudicative Order suspending his license based on criminal charges against him for selling controlled substances out of his medical office to undercover officers; charged with pre-signing prescriptions, receiving controlled substances back from patients, failing to maintain appropriate patient, business and income records, and engaging in fraudulent billing practices. Surrender of license. February 22, 2008

SAGINOR, MARK L., M.D. (G8242)
Marina Del Rey, CA

Committed acts of sexual misconduct and sexual exploitation of a patient, possessed and used illegal drugs, committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances; completing a medical record keeping course, an ethics course, and a professional boundaries course; and must surrender his DEA permit and cannot order, prescribe, dispense, administer, or possess any controlled substances. March 3, 2008

SHIVELY, DONOVAN PAUL, M.D. (G21888)
Fairfield, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence and incompetence in the care and treatment of 1 patient and repeated negligence and incompetence in the care and treatment of another patient. Physician has completed a clinical training program. Decision effective July 27, 2006 and Public Reprimand issued March 5, 2008.

STEEVER, CALVIN S. (C20726)
Santa Rosa, CA

Stipulated Decision. Committed acts of unprofessional conduct related to the care and treatment of 2 patients. Surrender of license. March 4, 2008

SULEIMAN, MUSTAFA ISMAIL, M.D. (A48051)
Seal Beach, CA

Committed acts of unprofessional conduct for his use and self-administration of cocaine, a controlled substance, and misdemeanor criminal convictions for violating a protective order, making criminal threats, attempted violation of a protective order, violating a protective order by contacting a victim through a third party, and violating a protective order issued in a pending criminal proceeding involving domestic violence. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances, submitting to biological fluid testing, and completing an ethics course. February 28, 2008

TATARIN, RUDIGER KARL, M.D. (A39779)
Orange, CA

Stipulated Decision. Committed acts of repeated negligence and failed to keep adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course. April 9, 2008

TATE, HAROLD AUSTIN, M.D. (G74583)
Las Vegas, NV

Stipulated Decision. Committed a dishonest act related to his failure to file income tax returns for 3 years and felony conviction for failing to file income tax returns. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 15 days actual suspension, and completion of an ethics course.
March 21, 2008

TIMBADIA, ELA MANSUKHLAL, M.D. (A46384)
Glendale, AZ

Disciplined by Arizona for failure to abandon a procedure to place a central catheter after multiple attempts and for failure to recognize the central catheter was inappropriately placed. Public Letter of Reprimand.
April 23, 2008

TREASURE, TREVOR EDWARD (A60364)
Carmel, IN

Stipulated Decision. Surrendered his license to practice medicine in Texas. Surrender of license. April 21, 2008

VO, CAU VAN, M.D. (A43680)
Westminster, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care of a patient. Physician must complete an educational course in addition to required CME. Public Reprimand. February 7, 2008

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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

VOGT, WALTER ARNOLD (G87134)
San Jose, CA

Used controlled substances or dangerous drugs in such a manner as to be dangerous or injurious to himself or to any other person or to the extent that it impairs his ability to practice medicine safely and unsuccessful termination from the board's diversion program.
Revoked. February 21, 2008

WADE, MARK ROBERT (G47936)
Germantown, TN

Stipulated Decision. Failed to comply with the terms and conditions of his Tennessee probation which then was a violation of the terms and conditions of his California board-ordered probation. Surrender of license.
February 4, 2008

WINKLER, HEIDI ANN, M.D. (A50311)
Norwalk, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence and failure to maintain adequate and accurate medical records by prescribing controlled substances to a drug-seeking patient without an appropriate examination and medical indication and without documenting any subjective or objective findings of pain, and convicted for issuing an illegal prescription. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a clinical training program, a prescribing practices course, a medical record keeping course, and an ethics course; obtaining a practice monitor; prohibited from providing care, treatment or management to any patient with chronic pain or intractable pain; prohibited from prescribing, dispensing, administering, or possessing any Schedule I, II or III controlled substances, and must maintain a record of all controlled substances ordered, prescribed dispensed, or administered. April 7, 2008

ZIMMERMAN, KIMBERLY ROSE, M.D. (A45334)
Shadow Hills, CA

Stipulated Decision. Committed an act of gross negligence in the care and treatment of a patient by failing to completely review an X-ray. Physician must complete a clinical training program. Public Reprimand.
March 21, 2008

Doctors of Podiatric Medicine

LEE, JAKE ISRAEL, D.P.M. (EL1732)
Oakland, CA

Stipulated Decision. Misdemeanor conviction for acts related to using a credit card belonging to someone else. License issued, revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course. Decision effective January 29, 2008 and license issued February 1, 2008.

SPLETTSTOESSER, JAMES WILFRED, D.P.M. (E1960)
Santa Barbara, CA

Violated terms and conditions of his board-ordered probation related to his arrest and conviction for driving under the influence of an alcoholic beverage and failing to report the conviction to the board. Three additional years were added to his current probationary order. March 3, 2008

Physician Assistants

ACEVEDO-SCHOUPS, ANTONIA A., P.A. (PA13324)
Monterey, CA

Stipulated Decision. Committed acts of unprofessional conduct by being convicted of driving under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and condition including, but not limited to, abstaining completely from the use of alcohol and/or controlled substances, submitting to biological fluid testing, participating in the committee's diversion program, and completing an ethics course. March 10, 2008

ALLEN, ISONG JASON, P.A. (PA19615)
Etiwanda, CA

Stipulated Decision. Failed to disclose on his application for licensure a conviction for failure to appear and driving without a license. Probationary license issued, placed on 1 year probation with terms and conditions including, but not limited to, cannot practice until a supervising physician is approved by the committee. Probationary license issued February 13, 2008.

CAPURRO, PETER ANTHONY (PA17235)
Los Angeles, CA

Sexually assaulted 2 female patients. Revoked. February 11, 2008

COLEMAN, JOHN LEE (PA13693)
Yucca Valley, CA

Felony conviction for possession of methamphetamine. Revoked. April 17, 2008

REYNOSO, ROBERTO, P.A. (PA19687)
Monterey, CA

Stipulated Decision. Applicant has criminal convictions for alcohol-related offenses. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining completely from the use of alcohol and/or controlled substances, submitting to biological fluid testing, and participating in the committee's diversion program. Probationary license issued March 26, 2008.

Contact Lens Dispenser

DAHLENE, CINDY ANN (CL1833)
Homeland, CA

Felony conviction for 2 counts of lewd and lascivious acts with 2 males under the age of 14 years old. Issuance of a registration for a spectacle lens dispenser and a contact lens dispenser is granted; however, the registration is immediately revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, prohibited from practicing in a private setting where her interaction with customers is not open to public view, and must not assist customers under the age of 18 unless such persons are accompanied by an adult. Decision effective April 17, 2008, spectacle lens dispenser registration and contact lens dispenser registration issued April 28, 2008.

Department of Consumer Affairs
Medical Board of California
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July 24–25: San Francisco

November 6–7: San Diego

All meetings are open to the public.

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MEDICAL BOARD OF CALIFORNIA NEWSLETTER — JULY 2008

Candis Cohen, Editor (916) 263-2389

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