

Action Report

Medical Board of California

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STOP SMOKING POSTER	This detachable poster is provided by the Department of Health Services for physicians to post in their offices.
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Medical Board of California Meeting Dates/Locations 1997

July 25-26	San Francisco
October 31-	San Diego
November 1	

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Refer, Defer, or Confer—Patient Referrals and the Physician Ownership and Referral Act

What's an illegal kickback? The most common answer to this question is, "It is when a physician is paid to refer patients to another physician." Business and Professions Code section 650 (Section 650) prohibits this type of payment for referrals. Section 650 was enacted in 1949 and has been the subject of numerous court cases and disciplinary actions. But, what about a physician referring a patient for an ultrasound at a diagnostic imaging center in which the physician holds a limited partnership interest? Does it make any difference if the physician's spouse holds the limited partnership interest? Any problems with referring your patient to another physician within your medical group? These questions need to be considered in light of California's 1993 Physician Ownership and Referral Act (PORA), (see Business and Professions Code sections 650.01 and 650.02).

Recent news reports of physicians being offered lucrative ownership or business interests in health care facilities or operations implicitly in exchange for patient referrals have drawn attention to the prohibitions and penalties contained in PORA. PORA supplements federal law prohibiting illegal kickbacks or self referrals. The penalty for violating PORA ranges from a fine of \$5,000 to \$15,000 per offense, can result in disciplinary action, and may be a misdemeanor. PORA applies to a number of licensees beyond physicians, including acupuncturists, dentists, optometrists, podiatrists, chiropractors, and psychologists.

PORA prohibits physicians from referring patients for designated *health care goods or services* in which the physician or a member of the physician's *immediate family* has a *financial interest*. Specified "health care goods or services" include laboratory, diagnostic nuclear medicine, diagnostic imaging (which is broadly defined), psychometric testing, radiation oncology, physical therapy, physical rehabilitation and home infusion therapy. "Immediate family" member includes the licensee's spouse and children, the licensee's parents, and the spouses of the licensee's children. "Financial interest" is broadly defined and includes any type of ownership interest, debt, loan (with exceptions), lease (with exceptions), direct or indirect compensation, discount, rebate, distribution, payment, and defined indirect relationships.

There are a number of exceptions to the above prohibition. For example, there are exceptions for goods and services provided in emergencies, for Knox-Keene/HMO enrollees, in rural areas, in a physician's office or a group practice, and for interests in large publicly held corporations.

What about the questions raised at the beginning of this article? Generally, PORA prohibits the physician holding the financial interest in the diagnostic imaging center from referring his or her patients to that center for diagnostic testing. Ownership of the limited partnership interest by the physician's spouse does not change the analysis since "licensee's spouse" is included within the definition of "immediate family." And the referral of a patient to a member of the physician's own medical group? PORA's provisions do not apply to services performed within a "group practice" as that term is defined.

Laws such as PORA seek to deter the potential divided loyalties a licensee may have when he or she is an investor and actively participates in the health care business's financial risks and rewards. The law and the circumstances in which it applies are complex. Physicians who are involved in, or considering becoming involved in, any activity that falls within PORA or any anti-kickback law should confer with an attorney with expertise in this area.

Basic Guidelines for Diabetes Care

See pages 4 and 5 for the fully reproduced guidelines.

Diabetes is one of the most complex and costly diseases managed by physicians in California. It is also one of the leading causes of death. Diabetes is the major cause of blindness, kidney failure, and lower extremity amputations in California. A controlled, clinical trial published in 1993, demonstrated a 76% reduction in retinopathy, a 60% reduction in neuropathy, and a 54% reduction in nephropathy when good glucose control was maintained in persons with Type I diabetes. Optimum care may also reduce the risk of serious and costly complications in persons with Type II diabetes.

The purpose of the guidelines on pages 4-5 is to provide primary care physicians with a brief, easy-to-use tool to help ensure the consistent provision of essential care for persons with diabetes. They were developed by practicing primary physicians and other professional members of the Diabetes Coalition of California in consultation with the State Diabetes Control Program. Diabetologists from all eight medical schools in California and the American Diabetes Association support the guidelines. For copies of the guidelines please contact Cheryl Larson at the Department of Health Services by phone (916) 327-6985 or fax (916) 324-7764.

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

by

Stewart Hsieh, J.D., President of the Board

In this issue, the Medical Board of California continues its partnership with the Department of Health Services to work with the health profession in providing practical and useful information via the *Action Report*. I hope that physicians will post in their waiting rooms the enclosed poster, designed as part of the Proposition 99 campaign to discourage smoking. We recognize that prevention can be as important as cure, and are pleased to distribute this important information.

Colloquium on Alternative Medicine

The Medical Board of California will be sponsoring a colloquium on alternative medicine on August 22-23 at the University of California, San Diego Price Center. This will be advisory in nature, with speakers helping the Board understand the current state of affairs in this area of health care. The Board will not be taking any position regarding alternative medicine, nor is the Board's purpose to promote or reject any particular practice currently designated as "alternative medicine."

Information to be presented at the event includes:

- Frequency of the use of alternative medicine
- Alternative therapies as enhancements of conventional medicine
- Existing relationships between conventional and alternative medicine as they exist at the federal level, in the State of Washington, and in Canada
- Case studies from clinical trials now underway in California medical schools
- The relationship of complementary medicine to insurance and managed care reimbursements
- Alternative medicine instruction in American medical schools and family practice residency programs, and
- Implications of alternative medicine upon informed consent.

In coming issues of the *Action Report*, we will be reporting on some of the more interesting and informative aspects of alternative medical practice in the health care environment as they are presented in San Diego

Medical Director Licensure Bill Moves Forward

The Medical Board is for the second time sponsoring legislation that would require the medical director of a health care service plan who makes decisions regarding the medical care rendered to plan enrollees to be licensed to practice

medicine in California. SB 324 (Rosenthal) has passed through the Senate and, at the time we go to print, is at the Assembly Desk for assignment to an Assembly committee. The Board recognizes that consumer care is best supported by maintaining the physician/patient relationship, unhampered by the intrusion of a business/financial decision-making scheme.



Stewart Hsieh, J.D.

Corporate Practice

The Corporate Practice of Medicine Work Group held its initial meeting on May 23, 1997. The group's purpose is to discuss the impact of, and the Medical Board's role in enforcing, California's law which generally prohibits the hiring of physicians. Complex configurations of physician business entity relationships in today's health care delivery market have raised a number of issues on how the Medical Board enforces the ban on physician hiring and how to best protect patients from economic pressures. The first meeting was attended by staff of the

Medical Board, attorneys who work in the field of health care, and me. At the conclusion of the meeting, there was a consensus that developing the ideas and issues brought before the group would be beneficial. A number of attendees will bring back information for consideration by the group at its next meeting, to be held in July or August.

Congratulations!

I am proud to announce that Immediate Medical Board Past President and Division of Medical Quality member Alan E. Shumacher, M.D. has been elected Vice President of the Federation of State Medical Boards. Founded in 1912, the Federation is comprised of the medical boards of the United States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, and 13 of the 16 independent state boards of osteopathic medicine. All the members of these boards are fellows of the Federation and many of them have been prominent in the affairs of numerous other medical organizations.

A retired neonatologist from San Diego, Dr. Shumacher has been involved in Federation leadership and committees for several years. His election to Vice President of the organization represents the active interest that the Medical Board of California is taking in national level issues ranging from managed care to telemedicine. We are determined to retain our leadership role nationally to maximize California's influence.

Governor Appoints Three New Members to Medical Board

Governor Wilson has appointed three new members to the Medical Board's Division of Medical Quality. Members do not receive a salary. These appointments require Senate confirmation.

Raquel D. Arias, M.D., of Los Angeles

- Private practitioner, certified by the American Board of Obstetrics and Gynecology
- Earned her medical degree from the University of Southern California in 1982



- Professional affiliations: Associate professor of Clinical Obstetrics and Gynecology for the University of Southern California School of Medicine, Women's and Children's Hospital. Co-director of the Breast Diagnostic Center at the Women's and Children's Hospital. Member of the Los Angeles OB/Gyn Society and the Alpha Omega Alpha Medical Society.

Klea D. Bertakis, M.D., of Sacramento

- Professor of medicine and chairwoman of the University of California, Davis, Department of Family and Community Medicine; diplomate of the National Board of Medical Examiners



and the American Board of Family Practice

- Earned her medical degree from the University of Utah in 1977
- Professional affiliations: Member of the American Academy of Family Physicians, American Public Health Association, American Federation for Clinical Research, Society of Teachers of Family Medicine, and the California Medical Association. She is also a member of the American Medical Association, North American Primary Care Research Group, and the Coastal Research Group.

Kip S. Skidmore, of Carmichael

- President of Sierra National Construction, Inc., a construction company specializing in public works projects



- Earned a bachelor's degree in finance from Cal Poly Pomona in 1970 and a master's degree in business administration from the University of Southern California in 1971
- Mr. Skidmore is a licensed engineer, contractor and real estate broker in the state of California and holds a lifetime teaching credential.

Licensed Midwifery: Call For Supervising Physicians

In 1983 the Legislature passed a law which legalized the practice of direct-entry midwifery in California. The responsibility for implementing the program and monitoring the profession was delegated to the Medical Board of California.

Over the past three years the members of the Division of Licensing have spent many hours debating and adopting regulations to provide an administrative framework for the program. In addition, a new licensing examination was approved to measure the readiness of prospective midwives to practice their chosen profession in California. We are pleased that the program is now essentially operational and 40 midwives have been licensed to practice.

The most recent, and perhaps the most difficult, regulation adopted deals with the essential elements of the relationship between a supervising physician and a midwife. The enabling statute provides that a licensed midwife must practice "...under the supervision of a licensed physician and

surgeon who has current practice or training in obstetrics"

The regulations approved by the Division of Licensing define the level of communication and the elements of written practice guidelines that are necessary in the supervisory relationship. Although the supervising relationship is mandated, good medical care would indicate that the direct-entry midwife establish a quality relationship with a supervising physician to provide access to consultative and obstetrical information and referral when required.

Some midwives have indicated the need to establish such relationships in their communities. Physicians who are interested in learning more about the midwifery program should contact the Division of Licensing staff at (916) 263-2393 for copies of the laws and regulations. Staff are also able to give you the names and addresses of licensed midwives in your geographical area if you wish to establish a working relationship.

BASIC GUIDELINES FOR DIABETES CARE *

PHYSICAL ASSESSMENT

Blood Pressure, Weight (for Children, add Height; plot on Growth Chart)

Every visit. Blood Pressure target goal <130/85 mm Hg (children: <90th pctl age standard). Children: normal weight for height (see standard growth charts).

Foot Exam (for adults)

Thorough visual inspection every "diabetes visit"; pedal pulses, neurological exam annually.

Dilated eye exams

Type I (Insulin-Dependent Diabetes Mellitus): 5 years post diagnosis, then every year by a trained expert.

Type II (Noninsulin-Dependent Diabetes Mellitus): shortly after diagnosis, then every year by a trained expert.

LAB EXAM

HbA1c

Quarterly, if treatment changes or is not meeting goals; 1-2 times/year if stable. Target goal <7.0% or <1% above lab norms; children, modify if nec. to prevent significant hypoglycemia.

Microalbuminuria

Type I: 5 years post diagnosis, then every year.

Type II: begin at diagnosis, then every year.

Blood Lipids (for adults)

On initial visit, then annually for adults. Target goals: Cholesterol, Triglycerides(mg/dL) <200; LDL <130 unless CHD, then <100; HDL >35.

SELF-MANAGEMENT TRAINING

Management Principles and Complications

Understanding diabetes, medications, glucose self-monitoring, hypo/hyperglycemia, chronic complications, psycho-social assessment (special attention needed for adolescents); initially and in follow-up visits. Children: appropriate for developmental stage.

Self Glucose Monitoring

Type I: typically test 4 times a day; others as needed to meet treatment goals.

Medical Nutrition Therapy

Initial: assess condition/needs, assist patient in setting nutrition goals. Follow-up: assess progress toward goals, identify problem areas; by a trained expert.

Physical Activity - Assess patient initially; prescribe physical activity based on patient's needs/conditions, initially and in follow-up visits.

Weight Management - Must be individualized for patient; initially and in follow-up visits.

INTERVENTIONS

Preconception Counseling and Management

Consult with high risk perinatal programs where available (e.g., "Sweet Success" Regional Perinatal Programs of California). Adolescents: special counseling advisable, beginning with puberty.

Pregnancy Management - Consult with high risk perinatal programs where available.

Smoking Cessation

Screen, advise, and assist; initially, then annually.

Vaccinations

Influenza and Pneumococcal, per CDC recommendations.

Adopted by the Diabetes Coalition of California ©1995 & 1997 * These guidelines should be used in conjunction with the Explanatory Notes on page 5. These guidelines are consistent with ADA Clinical Practice Recommendations.

EXPLANATORY NOTES
to
BASIC GUIDELINES FOR DIABETES CARE

1. These guidelines are intended for use by primary care professionals.
2. The guidelines are meant to be basic **guidelines**, not enforceable standards.

(Where an internal quality assurance program has demonstrated that less frequent testing does not jeopardize patient care, less frequent testing may be acceptable; e.g., dilated eye exams every two years vs. every year.)

3. One or more of the following criteria were used for inclusion of an item in the guidelines:
 - a. Published evidence demonstrated either the **efficacy** or the **effectiveness** of the item.
 - b. Published studies on **cost-identification**, **cost-effectiveness**, or **cost-benefit** analysis of the item demonstrated favorable economic results.
 - c. A preponderance of **expert opinion** held that the item is considered to be essential to the care of persons with diabetes.
4. It is assumed that the following are routinely occurring in the medical setting:
 - a. A history and physical appropriate for a person with diabetes are performed. Visits are sufficiently frequent to meet the patient's needs and treatment goals.
 - b. **Abnormal physical or laboratory findings result in appropriate interventions which are individualized for each patient.**
 - c. Self-Management Training is provided by allied health professionals who are experts in the provision of this training. For children/adolescents and their families, training from a diabetes team or team member with experience in child and adolescent diabetes is strongly recommended to begin at diagnosis.
 - d. Physicians consult current references for normal values and for appropriate treatment goal values, both for children and adults.
 - e. Specialists should be consulted when patients are unable to achieve treatment goals in a reasonable time frame, when complications arise, or whenever the primary care physician deems it appropriate. Under similar circumstances, children/adolescents should be referred to specialists who have expertise in managing children and adolescents with diabetes.
5. Additional comments on specific items included in the guidelines:

Children/Adolescents - For specific diabetes care, see references.

HbA1c / Self Blood Glucose Monitoring - HbA1c target goals should be achieved gradually over time. Targets goals should be less stringent for children, the elderly and other fragile patients. Clinicians have found that making the patient aware of his/her HbA1c values and their significance helps motivate the patient toward improved glucose management. This principle also applies to self blood glucose monitoring. **Target goals should be individualized for each patient.**

Blood Lipids - Abnormal blood lipids are often under-treated. An active, progressive treatment and monitoring plan should be instituted.

Microalbuminuria - Need not test for microalbuminuria if albumin has previously been found in the urine.

6. A list of general and specific references is available.

What is the Diversion Program?

The Diversion Program is a highly structured, multifaceted monitoring program administered by the Medical Board of California to monitor the recovery of physicians who suffer from alcoholism or other drug addiction, or suffer from mental disorders.

Self-Referrals

Approximately 62 percent of the physicians who participate in the Diversion Program are self-referred and do not have any Board action against them. These physicians request entry into the program at the urging of a hospital, colleague, or family member. Over the years, self-referrals have had a positive influence attracting other physicians in need of Diversion Program services. Because they seek assistance prior to a complaint to the Medical Board being filed, these self-referred physicians avoid probable Board action, enter recovery, and no longer are a threat to patient care.

Diverting Physicians

On January 1, 1996, legislation went into effect that allows a physician's placement in Diversion, in lieu of discipline, if that physician is suffering from alcoholism or drug addiction. The legislation makes clear that a physician whose violations are related to the self-administration of alcohol and other drugs, where there is no evidence of patient harm, can participate in the Diversion Program. The clarifying legislation also allows the Medical Board to continue to investigate and take disciplinary action against a physician who is enrolled in the program for violations unrelated to the substance addiction.

When a physician requests entry into the Diversion Program, staff must first check for any Board action against the physician. In instances where there is an open investigation of a complaint or some other related action, Medical Board Enforcement Program approval is required for physicians to participate in the program.

The names of participants who have been ordered into the Diversion Program as part of a disciplinary action are public record. The statutes establishing the Diversion Program require the confidentiality of all other participants who enter the program voluntarily.

Prevalence of Alcoholism and Drug Addiction

Physicians are as susceptible to alcohol addiction as the general population and may be more vulnerable to other drug addiction because of access to and familiarity with addictive, mood-altering drugs. The drugs most frequently abused by physicians seem to be proportionate to the availability and familiarity of a particular drug in a treatment or social setting. As in the general population, the most frequently abused drug by physicians is alcohol.

Because the populations of those abusing alcohol and other drugs often overlap and because of the illegality of drug abuse, it is difficult to derive a meaningful prevalence rate

for alcohol and drug abuse. However, many believe the total percentage of all persons who may abuse alcohol or drugs during their lifetimes exceeds 15 percent. Additionally, those with expertise in the field who work with health care professionals estimate the lifetime risk for developing a problem of abuse among health professionals may be as high as 18 percent.

Estimates of prevalence are often misinterpreted to indicate that all of the abusing population are addicted and need treatment at the same point in time. Therefore, it is important to note that although the lifetime risk for abusers may be 15-18 percent, the percentage of those who are addicted and need treatment at any given time is closer to 1-2 percent of the population.

How Someone Enters the Diversion Program

A physician may enter the Diversion Program by calling the Sacramento office at (916) 263-2600. The physician will be referred to a local Diversion group facilitator in his or her area and be asked to start attending Diversion group meetings immediately. The physician will meet with a Diversion Program case manager and be scheduled for an evaluation by a Diversion Evaluation Committee. Hospitals or colleagues who request that a physician enter Diversion may get verification that they have done so by having the physician give the Diversion Program permission to inform the hospital or colleague of their application.

Unlicensed Practice of Medicine

Hundreds of physicians relocate to California each year from other states and countries, intending to become licensed to practice here. Most physicians are able to qualify for California licensure rapidly. Others may take one or more years to satisfy the licensing requirements.

Licensing Program staff have noticed a steady increase in the number of physicians in the latter group who violate the law by engaging in the unlicensed practice of medicine. The unlawful activities include participation in nonaccredited postgraduate training, externships, working in clinics or in physicians' private practices as volunteers, consultants or self-styled "physician assistants." In some cases, the physicians and their supervisors are unaware that these activities are against the law.

This is a reminder that physicians are subject to prosecution for practicing medicine without a California license, and the licensed physicians who supervise them can face disciplinary action against their licenses for aiding and abetting the unlicensed practice of medicine. The law offers very few exemptions that permit physicians to train or practice without a valid California license. If you have any questions about the legality of activities being proposed for unlicensed physicians, please contact the Licensing Program staff in writing.

Cessation is a Major Focus of State Tobacco Media Campaign

In a relatively short period of time, since the passage of Proposition 99 (the California Tobacco Tax), California has seen the rate of smokers fall from 26.7% in 1988 to 18.6% in 1996. In the context of the battle, this is a phenomenal success and one which the medical profession has been instrumental in helping to achieve. But this is a fight that can never be over and done with because there is more to achieve while we protect the gains already realized. The Medical Board of California wants to help in this effort by providing a link between the very effective resources of the state's Tobacco Control Program and the thousands of physicians to whom patients turn daily for advice about their health.

The Medical Board, in cooperation with the Department of Health Services (DHS), makes available in this issue of the *Action Report* a reproduction of one of the recent billboard pieces aimed at putting tobacco users in touch with a service which can help them quit. This reprint can be removed from this issue and posted in an area where your patients can see it and realize that there is help available to them as they seek to follow your advice for enhancing their health.

The DHS, Tobacco Control Section, has received tremendous public response to its recently launched 1997 media campaign. Many of the TV, radio and billboard spots deal with smoking cessation and second-hand smoke.

As physicians, you can support this effort by proactively encouraging your patients to seek out cessation services if they smoke. An easy way to do this is to promote cessation services in your area or refer smoking patients to the California Smokers Helpline. The Helpline is a one-on-one cessation counseling program over the phone that is free to your patients by dialing:

English	(800) 7-NO-BUTTS
Spanish	(800) 45-NO-FUME
Mandarin & Cantonese	(800) 400-0866
Vietnamese	(800) 778-8440
Korean	(800) 556-5564
Hearing Impaired	(800) 933-4TDD
Chewing Tobacco	(800) 844-CHEW

The Helpline boasts a 28% quit rate at six months and is ready to help your patients end their tobacco addiction. Please post the enclosed "centerfold" for the Helpline in your waiting area and refer to it as needed. Physicians play a key role in smoking cessation. Physicians, the Helpline and DHS—*together we can save lives.*

Medical Board Establishes Website: www.medbd.ca.gov

The Medical Board of California has established a website on the Internet that provides information about its services to consumers as well as public record information on each of its 103,000 physician licensees, including licensing and disciplinary status. The Board's mission, composition, organization, and upcoming meeting dates and locations described, and key telephone numbers are listed. The contents of the website include information concerning:

- What is the Medical Board?
- Important and useful phone numbers
- Search for information on a doctor (information about individual physicians is here)
- License verification
- How to choose a doctor
- Complaints
- Ordering legal documents
- Members of the Medical Board
- When and where does the Board meet? Can I attend?
- Diversion Program for alcohol or drug abuse
- Other health professions not regulated by the Medical Board
- Board publications

Information about the Board's licensees has been made available through a contract with Administrators in Medicine, the association of medical board executive directors nationwide. The search engine, called "DocFinder," provides

the following information on physicians: discipline, e.g., Revoked, Suspended; malpractice judgments over \$30,000 reported to the Board after 1-1-93; license number; license type (through which examination process the license was obtained); city, state, zip code and country of address of record; original license date; license expiration date; medical school graduated from and year of graduation; date of last discipline; discipline code (which is linked to a list of explanations of what terms such as "revoked" and "suspended" mean); complaint number; case number; terms of discipline, and code sections violated.

The expanded access to information is but one step which the Medical Board has taken recently to address the goal of providing consumers easier and broader information about the Board and its licensees. Last April, a special meeting of the Board was convened to focus on the issue of public information disclosure. An intensive review of laws, policies, and pending legislation provided background to the Board's deliberations, which will be continued at upcoming meetings as the Medical Board redefines its information disclosure policies for the future.

The Medical Board intends to expand its website by adding Board policy statements, emerging issues in the health care field, how to access related governmental agencies, and other information of interest to patients and physicians.

Open Letter to New and Renewing License Applicants

by

David Werdegar, M.D., M.P.H., Director, Office of Statewide Health Planning and Development

It has been nearly four years since the late Dr. William Filante, Member of the Assembly, authored his bill giving the Office of Statewide Health Planning and Development the authority to solicit contributions to support the training of primary care physicians for medically underserved areas of the State. In that time, over \$1.2 million have been allocated through the State's Song-Brown Family Physician Training Program to programs throughout California.

Your voluntary \$25 contributions, at the time of your license renewal, along with the matching dollars from the State General Fund and the University of California, have supported ten projects located in community-based settings in inner city and rural areas of the State. These projects have included, among others, the development of training sites in:

- the Rivera Street Health Center located in a low income housing project in downtown Sacramento
- the Westside Neighborhood Clinic in an underserved area of Long Beach
- the St. Vincent de Paul Village Medical Clinic in San Diego
- the Buttonwillow Migrant Health Clinics in Buttonwillow and Wasco (Kern County); and
- the Shasta Community Health Center in Redding

In addition, these funds have supported the development of an obstetrics fellowship focused on the unique needs in the Boyle Heights area of Los Angeles; the development of an innovative curriculum for the management of diabetes in low income patients in greater East Los Angeles; and the development of a managed care curriculum for primary care in decentralized community-based settings in South Central Los Angeles.

It is, indeed, gratifying to know that California physicians are willing to help in addressing the need for essential medical services in areas where there are physician shortages. In spite of the often-cited physician surplus, there are over five million Californians who live in federally designated health professional shortage areas. For those of you who have contributed in the past as part of your license application, I offer my heartfelt thanks on behalf of the many individuals who are now receiving primary care and other related services. For those who have not contributed in the past, I ask you to join your colleagues and participate in this worthy effort.

If you have any questions about the program or would like additional information, please contact Priscilla Gonzalez-Leiva, R.N., Deputy Director, Primary Care Resources and Community Development at (916) 653-0733. Thank you.

DISCIPLINARY ACTIONS: FEBRUARY 1, 1997 TO APRIL 30, 1997

Physicians and Surgeons

BENNETTS, JOHN FRANK, M.D. (A31528)

Monterey, CA

B&P Code §§725, 2234. Stipulated Decision. Excessive prescribing of Vicodin and Parafon Forte over a 7-year period to a patient who had undergone inpatient treatment for addiction to these drugs. Public Letter of Reprimand. November 22, 1996

BITZER, JOHN W., M.D. (C19783) Taft, CA

B&P Code §2234. Stipulated Decision. Added 2 years to current probation with additional terms and conditions for failing a mental examination. March 3, 1997

BLAKELY, GEORGE WAYMAN, Jr., M.D. (A30851) Duarte, CA

B&P Code §§490, 2234(f), 2236(a), 2237, 2238, H&S Code §11153(a). Stipulated Decision. Misdemeanor criminal conviction of obtaining controlled substances—Percodan, Hydrocodone, and Diazepam—by fraud, deceit and misrepresentation. Prescribed drugs without having conducted or documented good faith medical examinations and/or the medical indications therefor. Revoked, stayed, 7 years' probation with terms and conditions. February 28, 1997

BRIGHAM, STEVEN CHASE, M.D. (G62438)

Voorhees, NJ

B&P Code §§2234, 2305. Disciplined by New Jersey and New York for committing acts of negligence and incompetence in performing second trimester abortions and for incompetence in his treatment of obstetrical/gynecological patients. One year suspension, stayed, 3 years' probation with terms and conditions. April 24, 1997

CLEGG, CHARLES T., M.D. (G13555) Anaheim Hills, CA

B&P Code §§2234, 2234(f), 2236, 2238, 2239, 2354.

Criminal conviction for self-use of drugs and failed to complete the Board's Diversion Program. Revoked. April 24, 1997

COLMAN, LARRY MELVIN, M.D. (C32794)

Palos Verdes Estates, CA

B&P Code §2234(c). Stipulated Decision. Performed a negligent chemical face peel, and cut a patient's nerve when removing a lymph node from her neck. Revoked, stayed, 5 years' probation with terms and conditions. March 3, 1997

DAY, FRANKLIN JEROME, M.D. (GFE39260)

Walnut Creek, CA

B&P Code §2234 (a)(b)(c)(d). Gross negligence and incompetence in treatment of several pain patients. Revoked, stayed, 5 years' probation. February 11, 1997

DESLEY, CHRISTOPHER R., M.D. (G69534)

Vacaville, CA

B&P Code §141. Stipulated Decision. Disciplined by Ohio for certifying he had completed some required continuing medical education hours when he had not. Public Reprimand. April 14, 1997

DORAN, ALLEN ROBERT, M.D. (G50024)

Roseville, CA

B&P Code §726. Stipulated Decision. Sexual misconduct with a patient. Revoked, stayed, 15 years' probation with 90 days' actual suspension with terms and conditions. April 21, 1997

DREISBACH, DYAN ALAYNE, M.D. (A41399)

Oakland, CA

B&P Code §§725, 2234, 2234(c), 2238, 2242(a), H&S Code

Explanation of Disciplinary Language

1. **"Revoked"**— The license is canceled, voided, annulled, rescinded. The right to practice is ended.

2. **"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.

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

4. **"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).

5. **"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.

6. **"Gross negligence"**— An extreme deviation from the standard of practice.

7. **"Incompetence"**— Lack of knowledge or skills in discharging professional obligations.

8. **"Stipulated Decision"**— A form of plea bargaining. The case is negotiated and settled prior to trial.

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

10. **"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.

11. **"Effective date of Decision"**— Example: "March 7, 1997" at the bottom of the summary means the date the disciplinary decision goes into operation.

12. **"Judicial Review recently completed"**— The disciplinary decision was challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court—and the discipline was upheld. This notation explains, for example, why a case effective "March 7, 1993" is finally being reported for the first time four years later in 1997.

13. **"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.

§1153. Stipulated Decision. Prescribed controlled substances—Demerol, Percocet and Methadone—inappropriately and without medical indication. Revoked, stayed, 5 years' probation with terms and conditions. February 6, 1997

**DRESSELHAUS, CAROL H., M.D. (AFE14443)
Chula Vista, CA**

B&P Code §§2234(b)(c), 2242. Negligence, incompetence and prescribing medication without a medical indication to 2 patients. Revoked, stayed, 5 years' probation with terms and conditions. March 17, 1997

DRISS, LEON AARON, M.D. (G47566) Kirkland, WA
B&P Code §2234(b)(c). Failed to timely diagnose and treat a patient with prostate cancer. Revoked, stayed, 2 years' probation with terms and conditions. April 14, 1997

DRUCKER, ROBERT NEIL, M.D. (A31889) Napa, CA
B&P Code §§2234(a)(b)(c)(e), 2261. Stipulated Decision. Failed to prepare adequate examination records on 7 patients covered by the Child Health and Disability Prevention Program, and falsely billed the CHDP Program for examination services which had not been performed on these

patients. Spanked 2 unruly and misbehaving children. Revoked, stayed, 8 years' probation with terms and conditions. March 27, 1997

DUNKLEE, GEORGE M., M.D. (A11408) El Cajon, CA
B&P Code §§2234, 2234(c)(d). Stipulated Decision. Failed to perform and record an adequate history and physical examination for a patient on first visit who complained of persistent cough of approximately 1 week duration after being advised by the patient he had quit smoking 2 months earlier, and giving this patient expired samples of medication which caused him to complain of swelling in his legs and difficulty walking. Public Letter of Reprimand. March 6, 1997

ELY, PARRY HAINES, M.D. (G22469) Grass Valley, CA
B&P Code §§2237(a), 2238, 2239(a), H&S Code §§11357(a), 11377, 11379.6, 11390. Stipulated Decision. Criminal conviction for cultivation, possession and use of controlled substances, i.e., hallucinogenic mushrooms, marijuana, LSD and other hallucinogenic compounds. Revoked, stayed, 5 years' probation, with actual suspension to be determined and terms and conditions. April 14, 1997

**FAHMY, HOSNI NAGIB, M.D. (A26075)
Los Angeles, CA**

B&P Code §2234(b). Failed to diagnose and properly treat a patient with an ectopic pregnancy, resulting in the patient's death. Revoked, stayed, 5 years' probation with terms and conditions. December 17, 1996

**GABBITA, GEETHA VISWANATH, M.D. (A43392)
Whittier, CA**

B&P Code §§725, 2234. Stipulated Decision. Inappropriately treated a patient after an automobile accident. Public Letter of Reprimand. April 14, 1997

GIBSON, BUFORD, Jr., M.D. (C29561) Inglewood, CA
B&P Code §§490, 810, 2234(e), 2236, Penal Code §§182(a)(1), 487.1. Stipulated Decision. Criminal conviction for grand theft for submitting false claims to the Medi-Cal program and failing to file a tax return. Revoked, stayed, 5 years' probation with terms and conditions. March 17, 1997

HAFEZI, FRED FARHAD, M.D. (G19337) Whittier, CA
B&P Code §2234(b)(c)(d). Negligent and incompetent treatment of a patient with a back injury. Revoked, stayed, 3 years' probation with terms and conditions. April 4, 1997

HANZEL, SAM EDGAR, M.D. (G1642) Santa Rosa, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Negligence and incompetence in the care and treatment in August 1991, of a developmentally disabled patient for acute toxic liquid ingestion (ethanol). Public Reprimand. August 23, 1996

HARRIS, JEFF, M.D. (A24797) Malibu, CA
B&P Code §2242. Stipulated Decision. Prescribed Halcion, a controlled substance, without a good faith examination or

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

medical indication to 1 patient over a 4-year period. Revoked, stayed, 3 years' probation with terms and conditions. March 12, 1997

JANDAGHI, MEHDI, M.D. (C37875) Agoura Hills, CA
B&P Code §§2234(a)(e)(f), 2289. Threatened the personal safety of personnel of the Medical Board's Diversion Program and impersonated another licensed medical practitioner when making these threats. Revoked. April 14, 1997

JAVIDI, KOUCHEK, M.D. (A35777) Loma Linda, CA
B&P Code §§2234, 2292(d). Failed to comply with Board-ordered competency examination. Revoked. October 17, 1996

JUAREZ, JESUS R., M.D. (A43595) Fresno, CA
B&P Code §§2234(a), 2236, 2237, 2238, 2239(a), 2242, H&S Code §11170, 11357. Convicted in federal court of distribution of controlled substances. Also, use and addiction to marijuana, Vicodin, Percocet, Hydrocodone, LSD, Peyote and cocaine. Revoked. August 9, 1996

KEANE, MOULTON WHITFIELD, M.D. (A36711) Plantation, FL
B&P Code §§2234, 2305. Stipulated Decision. Disciplined by Florida for falsifying the medical records of a patient. Public Letter of Reprimand. April 3, 1997

KIM, HONG-SIK, M.D. (A45579) Tustin, CA
B&P Code §§2234(a), 2238, 2242(a), 2264. Stipulated Decision. Prescribed or dispensed Phentermine, Phendimetrazine and Talwin without medical indication and aided and abetted the unlicensed practice of medicine. Public Reprimand. February 12, 1997

KIM JOONG TAI, M.D. (C40677) Los Angeles, CA
B&P Code §§490, 493, 2234(a), 2236, 2261. Criminal conviction for false income tax return, and failed to comply with the terms and conditions of prior probation. Revoked. April 4, 1997

KNEIBLER, BONNIE, M.D. (G50636) Pinole, CA
B&P Code §§2234, 2234(e), 2238, 2242, 2261, H&S Code §11153(a). Stipulated Decision. Issued prescriptions for Hycodan cough syrup to a patient without documenting any clinic visits, any diagnosis warranting such medication, or any notation of the prescriptions. Although the prescriptions were issued for 1 patient, they were intended for use by the patient's spouse. Public Reprimand. April 11, 1997

LAQUI, CECIL CAGUIOA, M.D. (A41142) Anaheim, CA
B&P Code §725. Stipulated Decision. Prescribed and administered clearly excessive physical therapy treatments to several patients. Revoked, stayed, 3 years' probation with 60 days' suspension with terms and conditions. February 12, 1997

LAUER, JAMES WARD, M.D. (G20834) Grand Junction, CO
B&P Code §2305. Stipulated Decision. Disciplined by Colorado for deficiency in his record keeping. Public Letter of Reprimand. February 3, 1997

LAWLOR, TIM E., M.D. (G29789) Berkeley, CA
B&P Code §822. Stipulated Decision. Physical and/or mental illness affecting competency. Revoked, stayed, 20 years' probation with terms and conditions. February 10, 1997

LEE, JONES A., M.D. (A19152) Paradise, CA
B&P Code §§2234(c), 2242(a). Stipulated Decision. Committed acts of negligence in care and treatment of 3 patients, and prescribed Xanax and Fastin without an examination or medical indication. Revoked, stayed, 5 years' probation with terms and conditions. April 14, 1997

LIM, RANULFO Y., M.D. (A38719) San Francisco, CA
B&P Code §2234(d). Stipulated Decision. Failed to diagnose bowel cancer resulting in delayed treatment and metastatic spread of the cancer. Revoked, stayed, 5 years' probation with terms and conditions. March 28, 1997

LOPEZ, JACINTO, M.D. (C41319) Huntington Park, CA
B&P Code §2234(b)(c)(d). Negligence and incompetence in management and treatment of a second trimester abortion. Revoked, stayed, 5 years' probation with terms and conditions. April 10, 1997

MARSH, ROBERT JAMES, M.D. (C39078) Minnetonka, MN
B&P Code §141(a). Disciplined by Minnesota for failure to adequately document patient medical records, failure to refer patients appropriately, failure to note in patient records examinations performed, failure to maintain medication and problem lists as part of the medical records, and failure to obtain adequate patient history. Revoked. March 28, 1997

MASON, OLIVER LEE, M.D. (G56462) Los Alamitos, CA
B&P Code §§2234, 2239(a). Stipulated Decision. Prescribed 8 Halcion and 1 Tylenol #3 to a former girlfriend without creating and maintaining a patient chart, and 2 convictions for driving under the influence of alcohol. Public Reprimand. March 7, 1997

MITCHELL, ACCIE, M., M.D. (C28274) Los Angeles, CA
B&P Code §§490, 2236. Stipulated Decision. Criminal conviction for dispensing a prescription for a dangerous device in violation of Business and Professions Code section 4387.1. Public Letter of Reprimand. February 18, 1997

PARHAM, FRED WALTON, M.D. (G43938) Vacaville, CA
B&P Code §§2234, 2234(e). Stipulated Decision. Solicited loans from 43 patients by way of letters indicating the reason

for the loan was for his financial difficulties as a result of industry-wide trends towards managed care when in fact the money was for personal use. Revoked, stayed, 2 years' probation with terms and conditions. March 26, 1997

PREIS, KAREN, M.D. (G31566) South Burlington, VT
B&P Code §141(a). Stipulated Decision. Disciplined by Vermont for failing to provide written documentation of a psychiatric evaluation of a patient after repeated requests. Public Reprimand. April 21, 1997

ROHLFING, JEFFREY WILLIAM, M.D. (C37481) Fresno, CA
B&P Code §§822, 2239, 2354. Stipulated Decision. Impairment due to mental illness, use of alcoholic beverages to an extent that his ability to practice medicine safely was impaired, and failure to comply with the Board's Diversion Program. Revoked, stayed, 5 years' probation with terms and conditions. February 17, 1997

ROSENTHAL, MICHAEL J., M.D. (G17628) Claremont, CA
B&P Code §2234. Stipulated Decision. Charged with gross negligence and incompetence in his care and treatment of 2 patients. No admissions, but agrees to stipulated penalty. Revoked, stayed, 5 years' probation with terms and conditions. March 26, 1997

RUDDICK, MARK, M.D. (G29897) Los Angeles, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Gross negligence, incompetence and repeated negligent acts in treating 2 female patients. Revoked, stayed, 7 years' probation, 60 days' actual suspension with terms and conditions. March 28, 1997

SAUNDERS, FRANCIS LEON, M.D. (G21018) Chico, CA
B&P Code §2234(b). Gross negligence in care and treatment of a post-surgical patient. Revoked, stayed, 5 years' probation with terms and conditions. February 7, 1997

SMITH, BLAINE L., M.D. (G1479) Huntington Beach, CA
B&P Code §§725, 2234. Stipulated Decision. Clearly excessive use of physical therapy in treatment of 1 patient. Revoked, stayed, 3 years' probation with terms and conditions. February 17, 1997

SPRINGER, JAMES WILLIAM, M.D. (C18207) Porterville, CA
Violated terms and conditions of prior probationary orders. Revoked. March 24, 1997

TRAN, PAUL CHI TIEN, M.D. (A35347) Houston, TX
B&P Code §§2234, 2305. Stipulated Decision. Disciplined by Texas for prescribing and administering excessive passive physical therapy in the treatment of soft tissue injuries sustained by 3 patients. Public Letter of Reprimand. March 4, 1997

VAHID, KHOSRO, M.D. (A42627) Brentwood, CA
B&P Code §2234. Stipulated Decision. Charged with making telephone solicitations for free examinations; and gross negligence, incompetence, excessive use of diagnostic procedures in the care and treatment of several patients and submitting false insurance claims. No admissions but agrees to a stipulated penalty. Revoked, stayed, 3 years' probation with terms and conditions. April 23, 1997

VOELKER, ROBERT L., M.D. (A14379) Martinez, CA
B&P Code §§725, 2234(b)(c)(d), 2238, 2242, 4232, H&S Code §11153. Prescribed controlled substances, Valium and Meprobamate, without examination or medical indication and to addicts. Also, violated terms and conditions of prior probationary order. Revoked. February 17, 1997

VLYMEN, WILLIAM JOHN, M.D. (G37605) Fresno, CA
B&P Code §§2234, 2238, 2239, 2242, H&S Code §§11154, 11158, 11190, 11352. Stipulated Decision. Charged with prescribing controlled substances, Acetaminophen with Codeine Elixir, Acetaminophen with Codeine, Diazepam, Lomotil, Dexedrine, Phenobarbital and Darvocet, to himself, to members of his family, and to friends without prior physical examinations. Revoked, stayed, 3 years' probation, including 30 days' actual suspension with terms and conditions. March 6, 1997

WILLIAMSON, WILLIAM T., M.D. (A8964) Redlands, CA
B&P Code §§2234(a)(d)(f). Stipulated Decision. Failed competency examination and violated terms and conditions of prior probationary order. Revoked. February 13, 1997

WILSON, CLARENCE W., M.D. (A28688) Flint, MI
B&P Code §§141(a), 2234(a), 2236. Disciplined by Michigan for prescribing controlled substances without lawful diagnostic and therapeutic purpose and conviction of a criminal offense. Revoked. March 12, 1997

DOCTORS OF PODIATRIC MEDICINE

BORSTEIN, JAY CHARLES, D.P.M. (E1664) North Hollywood, CA
B&P Code §§810, 2234(e). Stipulated Decision. Committed acts of dishonesty in fraudulent billing of patients for procedures performed. Revoked, stayed, 3 years' probation including 20 days' suspension, with terms and conditions. March 5, 1997

KLEIMAN, ROBERT ALAN, D.P.M. (E1696) Arcata, CA
B&P Code §§2052, 2054, 2234(a)(e), 2472. Represented himself as a physician and surgeon and negligently treated a broken wrist with a combination of massage, herbs, and change of diet. Revoked, stayed, 5 years' probation including 30 days' suspension with terms and conditions. March 3, 1997

PHYSICIAN ASSISTANTS

CAROTHERS, JACK VERNON (PA12554)

Moreno Valley, CA

B&P Code §§2305, 3527(a). Stipulated Decision. Disciplined by Arizona for drug/alcohol dependence. Revoked, stayed, 5 years' probation with terms and conditions. April 7, 1997

DOXZON, TRACEY WARE (PA11098) Crestline, CA

B&P Code §§2234(a) 2242, 3527. Stipulated Decision. Worked as a physician's assistant and prescribed dangerous drugs without an authorized supervising physician and without practice-specific formularies and protocols relating to his practice. Revoked, stayed, 3 years' probation with terms and conditions. February 28, 1997

PURDY, KEVIN PAUL (PA11384) Oakland, CA

B&P Code §§822, 2234(a)(b)(c)(d)(e), 2238, 2239, 2242, 2261, 2262, 2280, 3527, 3531, 4149, 4150, 4211, H&S Code §11170. Felony conviction for spousal battery, self-use of alcohol and drugs, mental illness affecting competency, prescribing for himself and his wife, prescribing without examination, and theft of drugs. Revoked. March 7, 1997

MUMIA, FRED M. (PA11482) Long Beach, CA

B&P Code §§490, 2052, 3531, 3503. Stipulated Decision. Criminal conviction for fraud and unlawful practice. 120 days' suspension, stayed, 3 years' probation with terms and conditions. March 6, 1997

**SURRENDER OF LICENSE
WHILE CHARGES PENDING**

PHYSICIANS AND SURGEONS

ALLEN, HAROLD J., Jr., M.D. (A20793) Santa Ana, CA
February 28, 1997

BURKETT, ROX CHARLES, M.D. (G29053)

Modesto, CA

March 3, 1997

CLARK, PATRICK J., M.D. (C29041) El Centro, CA

March 25, 1997

DOREY, LEE ROY, M.D. (G14916) Tacoma, WA

February 6, 1997

FIELDS, GARY NEAL, M.D. (G23369) Rockville, MD

March 17, 1997

GATES, JOANN M., M.D. (C21409) Bloomfield Hills, MI

March 12, 1997

HANSEN, TERRENCE, C., M.D. (C28894)

Santa Clara, CA

February 28, 1997

HAUZENBLASS, JOHN W., M.D. (CFE24477)

Newport, RI

March 17, 1997

HO, RICHARD KAY-YIN, M.D. (G38504)

Santa Clara, CA

March 15, 1997

KETTING, EFFIE JEAN, M.D. (A16581)

Kennewick, WA

February 12, 1997

KNIGHT, JAMES W., M.D. (C18394) Salinas, CA

March 6, 1997

LOMBARDO, STEPHEN JOHN, M.D. (G45358)

Staten Island, NY

March 28, 1997

McFADDEN, MICHAEL J., M.D. (A18526)

San Francisco, CA

April 21, 1997

PAGANO, ANTHONY MARIO, M.D. (C37430)

Penn Valley, CA

Surrender in lieu of filing an accusation. March 28, 1997

PROUT, RALPH E., M.D. (AFE18041) Volcano, CA

Surrender in lieu of filing an accusation. March 28, 1997

QUINTOS, ROSARIO T., M.D. (A37828) Daly City, CA

March 21, 1997

**ROBERTSON, MACARTHUR MICHAEL, M.D.
(G34725)**

Los Angeles, CA

April 4, 1997

SAMBS, JAMES M., M.D. (G11960) San Diego, CA

February 20, 1997

SINGHAL, ANIL M., M.D. (G65406) San Jose, CA

March 26, 1997

SOMOGYI, EMIL L., M.D. (AFE19941) Lafayette, CA

April 11, 1997

STEIR, BRUCE S., M.D. (C24466) San Francisco, CA

March 18, 1997

TOMA, PAUL, M.D. (C11657) Jamul, CA

February 13, 1997

VAUGHT, RICHARD LOREN, M.D. (C28898)

Sioux City, IA

March 26, 1997

WEITZEL, ROBERT ALLAN, M.D. (A48888)

West Valley Center, UT

March 27, 1997

WULFFSON, ROBIN L., M.D. (A22461) Green Lake, WI

March 26, 1997

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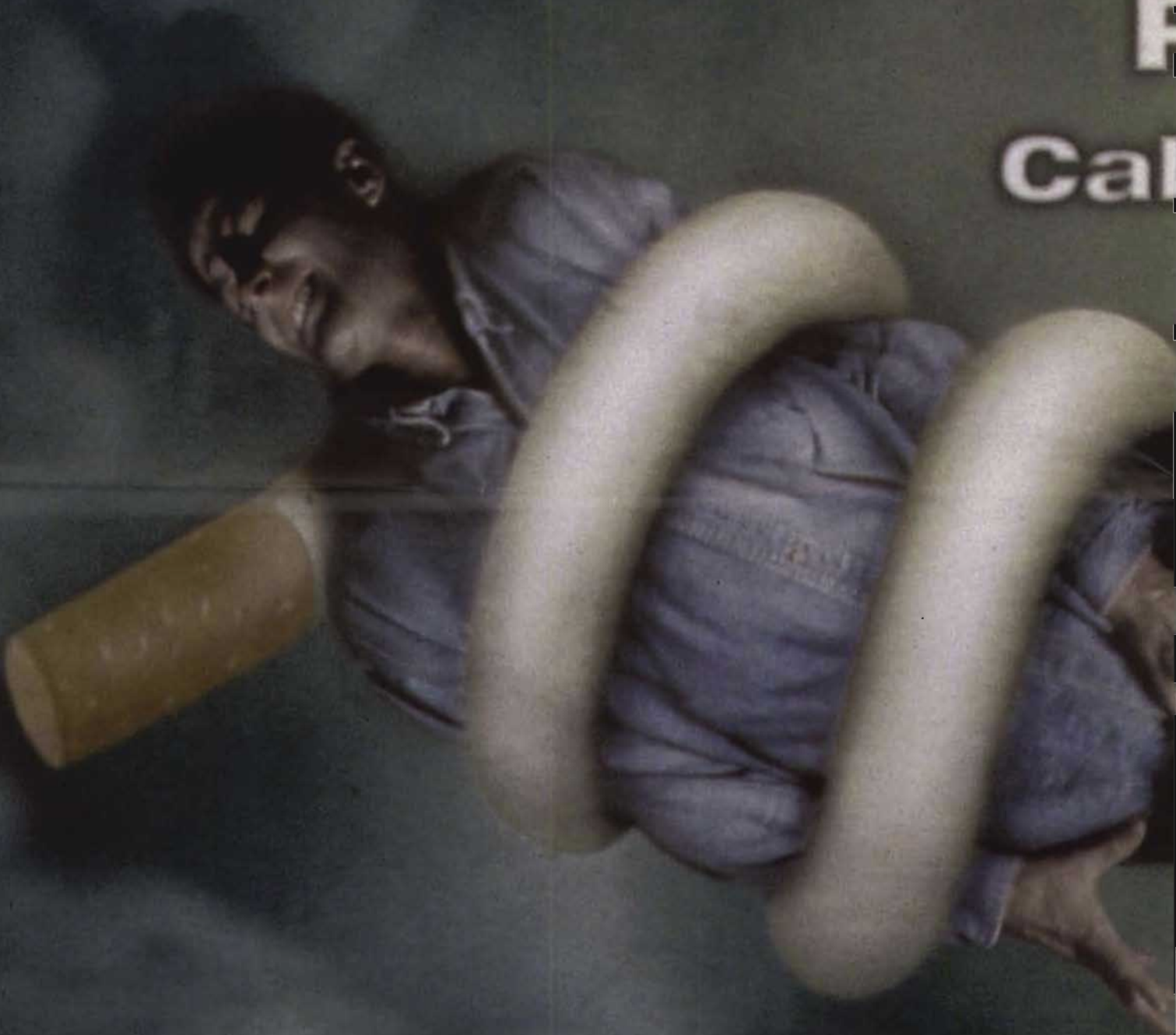
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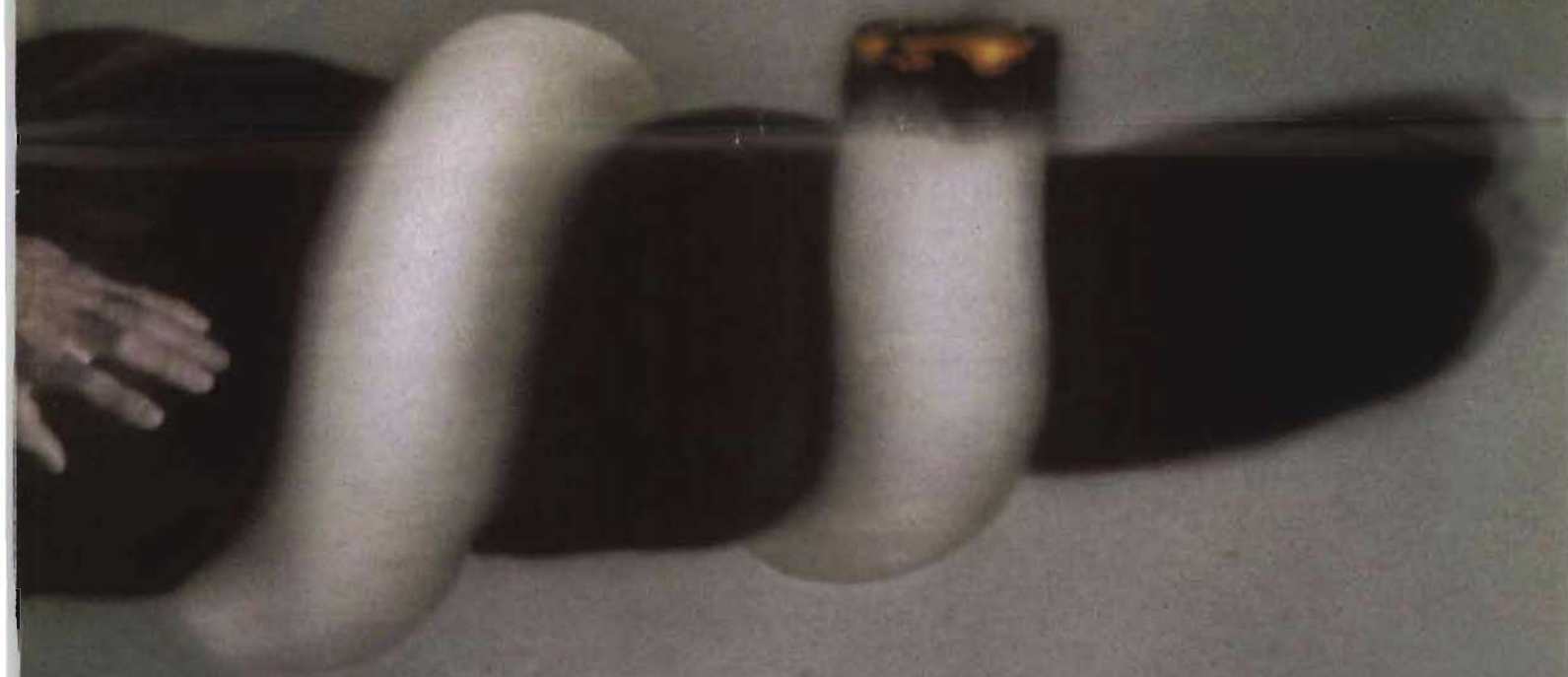
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