



MARYLAND BOARD OF PHYSICIANS

M B P

"ASSURING CONTINUED QUALITY HEALTHCARE"

FALL 2004

BOARD SEEKING NOMINATIONS TO FILL BOARD VACANCIES

The Maryland Board of Physicians is soliciting nominations for three physicians, including one Doctor of Osteopathy, and one physician assistant to fill Board member positions that will become vacant June 30, 2005. One of the consumer member seats on the Board will also become vacant on that date. All current Board members whose appointments expire on June 30, 2005 are eligible for reappointment for a second term.

Physician nominees will be accepted from Maryland physician organizations representing at least 25 licensed physicians in the State. These nominations should be on the organization's letterhead and signed by the administrator of the organization. Organizations representing at least 25 physician assistants certified in Maryland may submit nominations for the physician assistant position. In addition, nominations will be accepted from individual Maryland licensed physicians who submit a valid petition signed by 25 Maryland licensed physicians and from individual physician assistants certified in Maryland who submit a valid petition with signatures of 25 physician assistants certified in Maryland. The petition should contain the candidate's name, address, license number, and signature; and the names, license numbers and signatures of the signers of the petition.

Nominations and petitions must include a completed biographical information form and resume or curriculum vitae of the nominee. The form may be downloaded from the Department of Health and Mental Hygiene website: www.dhmh.state.md.us/execnom. Questions about the form may be directed to Anna Lieberman at 410-767-6485. Questions about the Board should be directed to the Board at 410-764-4777.

Please forward all nominations and petitions to the Secretary of the Department of Health and Mental Hygiene, S. Anthony McCann, at 201 West Preston Street, Baltimore, MD 21201, Attention Anna Lieberman, Administrator, Appointments and Executive Nomination by March 1, 2005. The Department is committed to obtaining increased gender, geographical and minority representation on each of the Boards, Commissions and Task Forces.

Valid nominations and petitions will be forwarded to Governor Robert L. Ehrlich, Jr. The Governor will appoint the new physician and physician assistant Board members from lists submitted by the Board.

NEW LEADER FOR STATE HEALTH DEPARTMENT

Governor Ehrlich appointed S. Anthony McCann to the position of Secretary of Health and Mental Hygiene (DHMH), effective October 1, 2004. Secretary McCann has worked in health care positions with the federal government, in both the Department of Health and Human Services and the Department of Veterans Affairs. He has also served as Deputy Director of the American International Health Alliance and most recently served as Director of Financial Affairs for the Smithsonian Institution. Secretary McCann replaced former Secretary Nelson J. Sabatini as Secretary and as a member of the Governor's Task Force on Medical Malpractice and Health Care Access. The Maryland Board of Physicians operates as a unit of the Department of Health and Mental Hygiene. In addition to oversight of the health occupation licensing boards, DHMH is responsible for public health services, oversight of local health departments in each county, the Medical Assistance (Medicaid) Program, and preparation and coordination of the state's response to a catastrophic health emergency.

PHYSICIAN AND PRACTITIONER PROFILES

Remember, physicians and allied health practitioners can update certain information with the Board by logging on to the practitioner profiles on the Board's website:

www.mbp.state.md.us.

Updates to data such as specialty certification and postgraduate education can now be made by licensees online using the password protected system. If you see errors in a field that you cannot change, please notify the Board as soon as possible so that the Board can make corrections.

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FROM THE BOARD CHAIR

THE INDIVIDUAL PHYSICIAN IN A PRIMARY CARE GROUP PRACTICE

In a case recently decided by the Board, the issue of the responsibility of the individual physician in a primary care group practice setting was addressed. The Board articulated a standard for care provided by a physician member of a primary care group practice in Maryland and indicated that it would apply this standard in future cases. I would like to share some of the text from the Board Order with you:

"More importantly, as a member of a group practice, Dr. A was and remains responsible for reading the chart and taking account of the significant findings that are already written in the chart when he does see or does medically interact with the patient."

"In a primary group practice, each physician who medically treats or evaluates or clears a patient for surgery is responsible for having a knowledge of the history of the patient as revealed by the group practice records, for providing and documenting the services which will carry out any reasonably required next step in the plan of continuing care, and for devising or altering such a plan if and when required by the patient's history and condition. The Board feels strongly that membership in a group practice does not insulate an individual physician from the requirement of meeting the standard of quality care in his or her encounters with the patient."

"If no physician is responsible for the continuity of care in a primary care practice group, then that group is not practicing primary care medicine but is instead functioning as some type of urgent care center."

The Board felt that patients rightfully expect their "primary care" providers to make them aware of necessary screening procedures at the appropriate ages and times and to assist them in scheduling such tests and interpreting the results. Please see page 4 of this issue for more of our thoughts on this subject.

When evaluating the care provided by a physician, Maryland law (Health Occupations Article, Section 14-404(a)(22), Annotated Code of Maryland) requires the Board to determine whether or not the care meets "...standards as determined by appropriate peer review for the delivery of quality medical and surgical care..." Thus, meeting the minimum standard of care may not be sufficient.

Harry C. Knipp, M.D.
Chairman, Board of Physicians

EFFECTS OF ALCOHOL USE DURING PREGNANCY

Prenatal exposure to alcohol can cause a spectrum of disorders referred to as Fetal Alcohol Spectrum Disorders (FASD). FASD is an umbrella term used to describe the continuum of birth defects of varying degrees of severity that can occur when a woman drinks alcohol during pregnancy. Fetal Alcohol Syndrome (FAS) is at the severe end of the spectrum and is characterized by abnormal facial features, and growth and central nervous system problems. The effects of FAS are not seen only in the newborn; they are permanent and stay with an individual throughout his life.

Fortunately, FAS is completely preventable, since it results solely from maternal intake of alcohol during pregnancy. According to the Centers for Disease Control and Prevention, "There is no known safe amount of alcohol, nor a safe time, that a woman can drink while pregnant." There is no cure for FAS. However, with early identification and diagnosis, children with FAS can receive services to improve their well-being.

During the 2004 Session of the Maryland General Assembly, House Bill 1114 would have required all Maryland licensed physicians to successfully complete a course on FASD as a condition for initial licensure or renewal. Although House Bill 1114 failed, the Board recognizes the need for physicians to be equipped to advise patients about this condition.

OB/GYNs and other physicians who see women who are or may become pregnant should address the issue of alcohol use during pregnancy with their patients. Other physicians, especially pediatricians and family practitioners, should be knowledgeable on FASD and able to appropriately refer patients after a diagnosis is made. Please access the Centers for Disease Control and Prevention's website at www.cdc.gov/ncbddd/fas to download "Fetal Alcohol Syndrome: Guidelines for Referral and Diagnosis."

NOTES FROM THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TESTING AVAILABLE THROUGH THE DHMH LABORATORIES ADMINISTRATION

Diane L. Matuszak, MD, MPH, Director
Community Health Administration, DHMH

The DHMH Laboratories Administration reminds health care providers of its capacity to test human urine for the presence of certain pesticides. A sample size of 20 mL of urine is required, collected in a standard 100 mL sterile plastic specimen cup, frozen within 6 hours of collection, and shipped frozen. The pesticides that can be tested at this time include:

Organochlorine Pesticides	Organophosphate Pesticides	Pyrethroid Pesticides
Dieldrin	Dimethylphosphate*	3-Phenoxybenzoic acid*
4, 4' - DDE	Dimethylthiophosphate*	
2, 4' - DDT	Dimethyldithiophosphate*	
4, 4' - DDT	Diethylphosphate*	
Heptachlor Epoxide	Diethylthiophosphate*	
Hexachlorobenzene	Diethyldithiophosphate*	
βHexachlorocyclohexane		
Lindane		
Mirex		
trans-Nonachlor		
Oxychlorane	(* - Metabolite)	

Please contact the Division of Environmental Chemistry of the DHMH Laboratories Administration for further information on pesticide testing at: 410-767-5643. For additional information on pesticide-related illnesses, please check the website of the US Environmental Protection Agency (EPA): <http://www.epa.gov/pesticides/health/index.htm>.

Certain potentially toxic heavy metals can be detected and quantitated by the Inorganics Section of the Division of Environmental Chemistry of the DHMH Laboratories Administration. Please contact the Division at 410-767-5643 for further information about specimen requirements for collection and transportation.

Heavy Metals	(U - Urine; B - Blood)
Antimony (U)	Mercury (B)
Barium (U)	Molybdenum (U)
Cadmium (B)	Platinum (U)
Cesium (U)	Thallium (U)
Cobalt (U)	Tungsten (U)
Lead (B)	Uranium (U)

UPDATE OF MARYLAND CHILDHOOD LEAD POISONING RISK AREAS NOW AVAILABLE

Maureen Edwards, M.D., M.P.H.
Medical Director, Center for Maternal and Child Health

Childhood lead poisoning continues to be a serious health threat in Maryland. An updated list of areas at-risk for childhood lead poisoning has been prepared by the Maryland Department of Health and Mental Hygiene (DHMH) and is now available. The at-risk areas, by zip code, are on the reverse side of the 2004 Department of Health and Mental Hygiene Blood Lead Testing Certificate (DHMH 4620). All previous zip codes remain on the list, and several new at-risk zip codes have been added. A copy of the updated DHMH 4620 certificate can be downloaded from the DHMH web site, <http://www.fha.state.md.us/och/html/lead.html>.

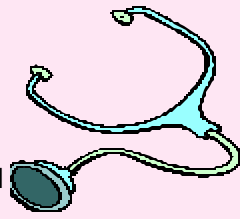
Reduction of lead exposure and prevention of lead poisoning can be achieved through (1) education of families, health care providers and communities, (2) assessment of lead exposure risk, and (3) blood lead testing. Current Maryland law requires that all children who currently reside or have ever resided in an at-risk area receive a blood lead test at the 12-month and 24-month visit. In addition, all children residing in Baltimore City and all children served under the Maryland Medicaid Healthy Kids Program (MHKP), regardless of where they live, must receive blood lead testing at 12 months and 24 months of age. A lead exposure risk assessment questionnaire is also required by the MHKP at every visit between 6 months and 6 years of age. The MHKP Provider Manual contains the required MHKP questionnaire.

Evidence of blood lead testing of all children who currently reside or have ever resided in an at-risk area is required at entry into a public pre-kindergarten program, kindergarten, or first grade. This testing must be reported on the DHMH 4620.

If you have any questions about the lead testing requirements or zip code list, please contact Cheryl De Pinto, M.D., M.P.H., Medical Director for School and Adolescent Health, Center for Maternal and Child Health at 410-767-5595 or cdepinto@dhhm.state.md.us.

WHO COVERS THE BASICS?

Another lesson learned from complaints to and cases before the Board is that too often, no one covers the basics—the routine screenings that all patients should have on a regular basis. We all know that the health care system in the United States is fragmented. Most health care visits are complaint-driven. Patients with several health problems often have multiple specialist-physicians.



A patient's "primary care physician" is supposed to be pulling everything together, ordering basic screening tests, etc. But who is that? Few Americans have old-fashioned "general practitioners" anymore. Therefore, it is imperative that primary care physicians in a number of specialties realize that they must fill in, to insure that their patients have the best care possible. Primary care physicians come from family practice, internal medicine, pediatrics, and obstetrics and gynecology specialties. Sometimes, patients identify other specialists as their primary care physician.

Primary care physicians have a responsibility to make sure their patients get basic, periodic, age-appropriate screening and follow-up. How do you know whether you are a patient's primary care physician? Simple! Just ask. If the patient does not identify another physician, you need to either assume the role yourself or assist the patient to find a primary care physician.

Why? It's good for your patients and good for your patient relations. Many patients think that if they have seen a physician, the physician should have "found" a problem, even if the problem is well outside the physician's specialty. When the problem is eventually found, the patient complains to the Board that they received inadequate care.

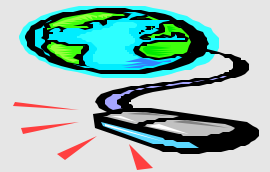
One solution is for you, the physician, to ensure that the basics are covered, for each patient. If you are in family practice, pediatrics, ob/gyn, or internal medicine, assume that you are the primary care physician unless you know that your patient has a primary care physician. If you refer for consultation or medical tests, make sure that your patient knows why he should follow through. And make sure that you follow through on obtaining reports, including them in charts, and notifying patients as needed. These steps will reduce the likelihood of a patient complaint. If a complaint is made to the Board, the patient's medical record will demonstrate to the Board that you provided appropriate care.

VERIFICATION OF LICENSURE OF PHYSICIANS AND ALLIED HEALTH PERSONNEL

No individual is authorized to practice medicine, respiratory care, radiation oncology/therapy technology, medical radiation technology, nuclear medicine technology or as a physician assistant unless certified or licensed. Individuals practicing as an allied health professional without a certificate or a license may be fined up to \$5,000. Fines for practicing medicine without a license can be as high as \$50,000.

Physicians and/or allied health practitioners who employ or supervise allied health personnel in their practices are responsible for verifying that these personnel have active Maryland licenses or certifications. The Board can discipline a physician or allied health practitioner who employs or supervises a person who does not have a current license for practicing medicine (or allied health profession) with an unauthorized person or aiding an unauthorized person in the practice of medicine (or allied health profession). Fortunately, in this computer age, verification can be done online, on the Board's website: www.mbp.state.md.us.

Physicians who are in approved postgraduate training programs must be registered with the Board as "unlicensed medical practitioners." New graduates from allied health professional programs who have not yet taken the national exams may be eligible to work under a temporary license or an internship. Temporary licensure or internship requires prior approval of the Board. For more information about certification and/or licensure as an allied health practitioner or practicing as an intern, access our website at www.mbp.state.md.us.



Waheed U. Akthar, M.D., License #: D31675
Area of Practice: Internal Medicine (LaPlata, MD)
Summary Suspension. The Board concluded that the public health, safety, and welfare imperatively required emergency action, based on the Board's investigative findings of multiple instances of unprofessional, sexual misconduct with his patients. Date of Action: September 9, 2004

Mary Ann Duke, M.D., License #: D38796
Area of Practice: Ophthalmology (Potomac, MD) Summary Suspension. The Board concluded that the public health, safety, or welfare imperatively required emergency action based on investigatory information showing serious alcohol impairment. Date of Action: November 30, 2004

Michael F. Miller, M.D., License #: D36056
Area of Practice: Internal Medicine (Annapolis, MD)
Reinstatement of License subject to conditions. The physician has demonstrated his competency to the Board. In the future should he actively practice in Maryland the Board will peer review his practice. Date of Action: September 21, 2004

Okenwa Nwosu, M.D., License #: D27120
Area of Practice: Surgery (Landover, MD) Suspension for 1 year effective 15 days from date of order and until terms and conditions are met; written petition for termination of suspension and approval by Board; thereafter 2 years Probation subject to terms and conditions. The Board concluded that the physician was guilty of immoral or unprofessional conduct in the practice of medicine; willfully made or filed a false report or record in the practice of medicine and failed to meet standards of quality care by exceeding the scope of his delineated hospital privileges, making willful misrepresentations in posting the procedure, and during the course of doing the procedure and inadequate work up and surgical procedure for the patient. Date of Action: October 27, 2004

Jerome I. Snyder, M.D., License #: D22648
Area of Practice: Emergency Medicine (Baltimore, MD)
The Board placed the physician on probation for a minimum of one year and until terms and conditions are satisfied. The Board found that the physician failed to meet standards of quality care in his practice of emergency medicine and his care and treatment of a patient who presented with knee pain. Date of Action: October 7, 2004

Scott A. Steinmetz, M.D., License #: D47463
Area of Practice: Surgery (Bel Air, MD)
Reprimand; terms and conditions. The Board found that the physician failed to meet standards of quality care in his failure to appropriately assess and diagnose a patient's biliary leak in a timely manner following a postoperative rehospitalization. Date of Action: October 19, 2004

FINES

Sarah J. Kane, P.A., Certificate #: C01425
Area of Practice: Physician Assistant (Salisbury, MD)
Administrative fine of \$500. The Respondent's physician assistant certificate lapsed, and she continued to practice without a certificate issued by the Board. Date of Action: November 10, 2004

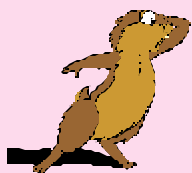
William H. Lee, No License
(Bronx, NY) Cease and Desist Order to cease and desist practicing medicine and representing himself as a practitioner of medicine; fine of \$25,000. The individual, not a medical doctor and not licensed, practiced medicine and represented himself as a practitioner of medicine. Date of Action: October 27, 2004

Janet Maus, No License,
Clinton, MD 20735-1305
Fine of \$15,000. The individual practiced medicine without a license.
Date of Action: September 13, 2004

Deanna M. Parr, MRT, Certificate #: R07210
Area of Practice: Medical Radiation Technologist (Pasadena, MD) Administrative fine of \$500. The Respondent practiced medical radiation technology in the State of Maryland without a certificate issued by the Board. Date of Action: November 10, 2004

****KEEP A LOOKOUT****

Emergency Preparedness Training Sessions Move Online February 2005



In February 2005, the Maryland Board of Physicians' Emergency Preparedness Physician Volunteer Corps training sessions will take on a whole new look. In the past, live 4-5 hour, face-to-face training included topics such as Weapons of Mass Destruction, Public Health Preparedness Issues, Incident Command Structure, and Legal Considerations for Volunteer Physicians. Volunteers in attendance also received photo ID badges and were eligible for CEUs.

Due to the overwhelming number of interested volunteers, the Board, in conjunction with the MidAtlantic Public Health Training Center and the Johns Hopkins Center for Public Health Preparedness, plans to transform the training into a more volunteer-friendly program by having all of the presentations available online. Volunteer physicians and allied health personnel will be able to view the presentations online in the comfort of their own home or office. Logistics of volunteer ID badges and CEUs are being developed.

Many of you have asked to be notified when this training becomes available online. In response to your request, the Board has created a listserve to keep you up-to-date. To be added to this listserve, please send your name and email address to Jen Zucco, Emergency Preparedness, at jzucco@dhmh.state.md.us, or you may also contact Jen Zucco via telephone at 410-764-4762.

For more information on becoming a volunteer and receiving CME credits, please visit the Board's Emergency Preparedness website at http://www.mbp.state.md.us/pages/emergency_prep.html. On this website you can also find a volunteer registration form, information about the Corps, and other useful links regarding bio-terrorism.

Jen Zucco,
Emergency Preparedness Coordinator

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