Spring 2007

Maryland Board of Physicians

BOARD CHAIRMAN: HARRY C. KNIPP, M.D., FACR

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Cultural Competence in the Health Care Arena

Cultural competency in health care refers to being aware of cultural differences among diverse racial, ethnic, and other minority groups, respecting those differences, and taking steps to apply that knowledge to professional practice. Understanding and respect of the cultural, religious and lived experience of others is key in every aspect of existence, but it is especially important in the health care arena. There is indisputable data that illustrates that increased cultural competency of health care providers is associated with increased trust in the medical system, enhanced patient satisfaction, and greater adherence to treatment regimen.

In order to increase the cultural competency of health care providers, the United States Department of Health and Human Services, Office of Minority Health developed and tested a curriculum on cultural competency training for health providers entitled "A Family Physician's Practical Guide to Culturally Competent Care." The teaching module which leads to 9 CME/CEU units is interactive, free and is based on the latest research in the area of cultural competence. It incorporates the CLAS (Culturally and Linguistically Appropriate Services) standards and can be accessed on the following site: ***http://thinkculturalhealth.org/cccm/***.

Prepared by the Maryland's Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, the office that is charged with promoting programs to eliminate health disparities in racial and ethnic minority groups in Maryland. Check out the website at ***www.mdhealthdisparities.org***.

Physician Care for Patients in Assisted Living

The Board of Physicians received an inquiry from a physician regarding a physician's responsibility for patients on admission to an assisted living facility. He indicated that he is frequently asked to assume care of a recently admitted patient when the physician who signed admitting orders refuses to write additional orders or to respond to contacts from the staff of the assisted living facility.

Assisted living facilities provide care to people who have difficulty living independently, by furnishing a place to live, meals, and assistance with daily activities, such as dressing, bathing, eating, and managing medications. In Maryland, these facilities are regulated by the Office of Health Care Quality.

When a patient is discharged from a hospital to an assisted living facility, the Board of Physicians believes that physicians continue to have care oversight responsibilities for the patient, as they would for another patient discharged from a hospital to the community. Thus, an attending physician would continue to be the physician of record in the assisted living facility in Maryland unless the patient or family makes other arrangements. Routine medical issues would be handled in the physician's office, as they would be for a patient living at home.

Failure to continue the care when the patient moves into an assisted living facility could be considered patient abandonment, unless the physician had provided sufficient notice to the patient (or health care agent where appropriate) that another physician would need to be identified. During the transition period, the physician would continue to be responsible for the patient. The Board of Physicians recommends that written notice be provided to the patient or health care agent at least 30 days before terminating any patient.

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Good Byes

The Board of Physicians will lose two "fixtures" this summer. Margaret Anzalone, who has served as Deputy Director of the Board since the Board of Medical Examiners and the Commission on Medical Discipline were combined into one agency in 1988, is retiring. Ms. Anzalone has long been the source of the answer to many queries about "why we do it this way."

Dr. Carol Samuels-Botts, a pediatrician from Montgomery County, has been on the Board of Physicians and its predecessor, the Board of Physician Quality Assurance, since 1999. One staff person commented: "Dr. Samuels-Botts has an incredible ability to listen to a complex discussion and present a cohesive summary, in real time!" The Governor has not yet named a replacement of Dr. Samuels-Botts, whose term ends on June 30, 2007.

BOARD SANCTIONS (DECEMBER 2006 - APRIL 2007)

PHYSICIAN DISCIPLINARY ACTIONS

Michael L. Beavers, D.O., License #: H57008
Area of Practice: Anesthesiology (Berlin, MD)
Summary Suspension continued. After a post deprivation hearing on the Board's Order for Summary Suspension of License to Practice Medicine, the Board determined that it would not lift the October 31, 2006, order. It concluded that the arguments submitted and the responses to the Board did not significantly change the Board's original findings or conclusions regarding the danger to the public. Date of Action: November 30, 2006

Michael L. Beavers, D.O., License #: H57008
Area of Practice: Anesthesiology (Berlin, MD)
Suspension; suspension to continue to September 1, 2007; the physician to remain in compliance with his rehabilitation plan; following reinstatement, probation for 5 years subject to terms and conditions. The Board took action based on the physician's substance abuse issues and his actions that amounted to violations of the Maryland Medical Practice Act. Date of Action: January 24, 2007

Charles E. Biscoe, M.D., License #: D42230
Area of Practice: Ophthalmology (Baltimore, MD)
Denial of Reinstatement for a minimum of one year and until terms and conditions are met to include a fine of $25,000. The physician continued to practice medicine and submit claims for services rendered after his license had expired on September 30, 2004, through and including May 5, 2006. Date of Action: January 26, 2007

Joel Cohen, M.D., License #: D08672
Area of Practice: Psychiatry (Potomac, MD)
Suspension under July 14, 2006, order is stayed for 18 months. The physician has complied with the conditions precedent for a stay of the suspension. Date of Action: February 9, 2007

Aisad Kaleem Dasti, M.D., License #: No License
Area of Practice: Emergency Medicine (Owings Mills, MD)
Application for Licensure denied. The Pennsylvania medical board in 2002 took disciplinary action against the physician based on criminal charges of one felony count of Delivering a Controlled or Counterfeit Substance in Violation of Pennsylvania law and one misdemeanor count in violation of the Pennsylvania Pharmacy Act; thereafter, three other criminal charges were filed. The physician entered into a rehabilitation program in lieu of further prosecution of the criminal charges. In his application for licensure in Maryland the physician failed to disclose all the relevant information in regard to the criminal charges. Date of Action: December 22, 2006

Morton J. Ellin, M.D., License #: D03078
Area of Practice: Internal Medicine (Baltimore, MD)
Summary Suspension. The physician admitted that he had inappropriate sexual contact with a patient approximately 100 times from 1972 to 1979 in the examining room, in his office, and in a hotel room. Date of Action: March 14, 2007

Roger Lee Gordon, M.D., License #: D14223
Area of Practice: Plastic Surgery (Plantation, FL)
Reprimand; Probation for a minimum of one year subject to terms and conditions. The Board took reciprocal action based on disciplinary action by the Medical Board of Florida because of the physician's treatment of a patient in his practice of plastic surgery. Date of Action: December 29, 2006

Robert M. Keenan, M.D., License #: D42002
Area of Practice: General Practice (Towson, MD)
Revocation. The physician was convicted of the federal crimes of: (1) Conspiracy to manufacture MDMA, and (2) Attempt to manufacture MDMA, and was thereby subject to statute that mandates revocation for crimes of moral turpitude. Date of Action: December 11, 2006

Syam P. Kilaru, M.D., License #: D29031
Area of Practice: Internal Medicine (Burlington, IA)
Reprimand; Probation for 60 days subject to terms and conditions. The Board took reciprocal action based on disciplinary action by the Iowa Board of Medical Examiners for failure to meet standards of quality care in his practice of Internal Medicine. Date of Action: December 27, 2006

Gideon M. Kioko, M.D., License #: D08283
Area of Practice: OB/GYN (Adelphi, MD)
Permanent Revocation. The physician endangered the lives of two female patients during his performance of therapeutic abortion procedures. Date of Action: December 28, 2006

Alexander Sang-Hyun Lee, M.D., License #: D55785
Area of Practice: Emergency Medicine (Apple Valley, CA)
Reprimand. The Board concluded as a matter of law that the disciplinary action taken by the Virginia Board of Medicine was for an act that would be grounds for discipline in this State, that is, the physician attempted to obtain a schedule II CDS by illegitimate means. Date of Action: December 20, 2006

Bruce D. Moffatt, M.D., License#: D32472
Area of Practice: Neurological Surgery (Hudson, FL)
Reprimand; administrative fine of $2500. The Board took reciprocal action on disciplinary action by the Florida Board of Medicine for submission of, or having caused to be submitted, false, misleading, or untruthful information to the Florida Board in connection with the application for a medical license in Florida. Date of Action: February 21, 2007

Marcus W. Moore, Sr., M.D., License #: D07990
Area of Practice: General Surgery
(Baltimore, MD)Surrender; the physician will not apply for reinstatement. Inability to practice medicine due to illness. Date of Action: March 14, 2007

BOARD SANCTIONS (DECEMBER 2006 - APRIL 2007)

Herbert L. Muncie, Jr., M.D., License #: D14622
Area of Practice: General Practice (Mandeville, LA)
Suspension for 6 months; suspension to be stayed only on the condition of payment of a $25,000 fine; other terms and conditions prior to filing an application for reinstatement; if the license is reinstated Probation for 3 years subject to terms and conditions as determined by the Board. The physician engaged in unprofessional conduct in the practice of medicine based on his personal relationship including sexual relations with a patient and the physician's misprescribing and over prescribing CDS to the patient, and providing false medical excuses to her employer. Date of Action: March 28, 2007

Tajudeen I. Ohiokpehai, M.D., License #: D30115
Area of Practice: Internal Medicine (Brooklandville, MD)
Permanent Revocation; the Board will not accept any application for reinstatement in the future. The Board based its determination on the physician's long disciplinary history with the Board combined with his apparent inability or unwillingness to respond to any of the Board's remedial and educational initiatives, and the Board's recent findings in this case of substandard care, inadequate medical recordkeeping, and unprofessional conduct while treating patients. Date of Action: December 29, 2006

Ruben Peralta, M.D., License #: D59763
Area of Practice: Surgery (Boston, MA)
Revocation. The physician pled guilty to the felony of knowingly entering into a marriage for the purpose of evading a provision of the immigration law in violation of United States Code, and thereby is subject to Maryland statute that mandates revocation of license. Date of Action: December 28, 2006

Steven A. Pickert, M.D., License #: D15804
Area of Practice: General Practice (Thurmont, MD)
Reprimand, Probation until satisfactory completion of terms and conditions. The physician violated the standards of quality care in his treatment of four patients in many aspects of his diagnoses, treatment, and medical recordkeeping. Date of Action: December 21, 2006

Jack P. Powell, M.D., License #: D36483
Area of Practice: Emergency Medicine (Jacksonville Beach, FL)
Revocation; $100 fine. The Board took reciprocal action based on action taken by the United States Army for conduct that constitutes violations of the Maryland Medical Practice Act, that is, failure to meet the standards of quality care and failure to maintain adequate medical records. The physician was fined $100 for failure to notify the Board of change of address. Date of Action: January 26, 2007.

Renzo Ricci, M.D., License #: D25804
Area of Practice: General Practice (Finksburg, MD)
Permanent Denial of Reinstatement and Termination of Disposition Agreement. The physician consistently failed to cooperate with the Board in its requests for information about his professional activities, failed to provide necessary releases to enable it to perform monitoring functions pursuant to his Disposition Agreement, and failed to enroll in or otherwise participate in the Board's Rehabilitation Program. Date of Action: January 26, 2007

Michael S. Rudman, M.D., License #: D17106
Area of Practice: General Practice (Middletown, MD)
Revocation. The physician pled guilty to a crime of moral turpitude and was thereby subject to statute that mandates the revocation of his license to practice medicine. Date of Action: December 20, 2006

Michael D. Schauber, M.D., License #: D56373
Area of Practice: Unspecified (Easton, MD)
Suspension for 2 years with all but 6 months stayed; terms and conditions; if suspension stayed, Probation for 5 years subject to terms and conditions. On December 6, 2005, the physician performed surgery after consuming alcohol and was diagnosed with alcohol dependence. Date of Action: April 25, 2007

Parvez I. Shah, M.D., License #: D18214
Area of Practice: Urology (Laurel, MD)
Reprinand; Probation for a minimum of 2 years subject to terms and conditions. The Board found that the physician failed to meet the standards of quality care, failed to maintain adequate medical records, and grossly over utilized health care services in the care and treatment of 5 patients in his practice of urology. Date of Action: January 30, 2007

Richard G. Shugarman, M.D., License #: D08572
Area of Practice: Ophthalmology (West Palm Beach, FL)
Reprimand; Probation for one year subject to terms and conditions. The Board took reciprocal action based on disciplinary action of the Florida Board of Medicine in the physician's practice of Ophthalmology. Date of Action: December 27, 2006

Adaobi Stella Udeozor, M.D., License #: D41987
Area of Practice: General Practice (Gaithersburg, MD)
Suspension. The physician was found guilty of the federal felony crimes of conspiracy to illegally harbor and induce an alien, harboring an illegal alien for financial gain, and aiding and abetting the commission of a crime against the United States, and thereby is subject to Maryland statute that mandates suspension of license. Date of Action: December 29, 2006

Paul I. Valove, M.D., License #: D17463
Area of Practice: OB/GYN (Catonsville, MD)
Permanent Surrender of License. The physician decided to surrender his license to avoid further prosecution of pending disciplinary charges in which the Board charged the physician with failing to meet the standards of quality care and to keep adequate medical records with respect to four patients to whom he provided gynecologic and/or obstetrical care. Date of Action: January 24, 2007

Board Sanctions (December 2006 - April 2007)

ALLIED HEALTH DISCIPLINARY ACTIONS

Nathaniel L. Akers, RCP, License #: L03736
Area of Practice: Respiratory Care (Columbia, MD)
Application for reinstatement of certification as a respiratory care practitioner is denied. The Maryland Board took reciprocal action based on disciplinary action in the District of Columbia that suspended his license because he submitted a statement to the DC Board that he fulfilled continuing education units but failed to submit proof of completion of required units. Date of Action: March 28, 2007

Solomon Bayou, No License
Area of Practice: (Fort Washington, MD)
Civil monetary fine of $5,000. The individual practiced or attempted to practice, or offered to practice nuclear medicine technology without being licensed by the Board, in violation of Md. Health Occ. Code Ann. §14-5B-08(a) and 14-5B-17(b). Date of Action: April 13, 2007

Laura L. Hemler, MRT, Cert. #: R04094
Area of Practice: Radiation Therapy (Eldersburg, MD)
Summary Suspension continued. After a post deprivation hearing on the Board's Order for Summary Suspension of Certification to Practice Radiation Technology, the Board determined that it would not lift the October 31, 2006, order. It concluded that the arguments submitted and the responses to the Board did not significantly change the Board's original findings or conclusions regarding the danger to the public. Date of Action: November 29, 2006

Laura L. Hemler, MRT, Certificate #: R04094
Area of Practice: Radiation Therapy (Eldersburg, MD)
Suspension for a minimum of 2 years subject to terms and conditions; the allied health practitioner bears the burden of demonstrating to the satisfaction of the Board her successful rehabilitation from alcohol and drug dependency and addiction. The practitioner stole blank prescriptions in her own name as well as names of other individuals; in a separate matter she was criminally charged with and received probation for uttering a forged prescription; and on her 2005 renewal application she did not answer truthfully in regard to her criminal matter. Date of Action: January 26, 2007

Michael P. Holthaus, MRT, License #: R05647
Area of Practice: Radiologic Technology (Baltimore, MD)
Certificate to practice medical radiation technology is revoked. The Board's action is based on the practitioner's falsification of patient x-rays and alteration of patient medical records, and felony burglary and theft convictions. Date of Action: April 16, 2007

Claude O. McKay, RT, Certification #: O00499
Area of Practice: Radiation Therapy Technology (Catonsville, MD) Reprimand; Fine of $500. The practitioner engaged in the unauthorized practice of radiation oncology/therapy technology after the termination of his internship on December 31, 2004. Date of Action: April 25, 2007

Victoria Lynn Taciak, RCP, Certificate #: L00824
Area of Practice: Respiratory Therapy (Baltimore, MD)
Suspension for a minimum of 1 year; the allied health practitioner bears the burden of demonstrating to the satisfaction of the Board successful rehabilitation from alcohol and drug abuse. The Board took action based on hospital incidents in which the practitioner worked while impaired. Date of Action: January 24, 2007

ALLIED HEALTH ADMINISTRATIVE FINES

Helen Contreras-Pionorio, R.T., Certificate # : O00536
Area of Practice: Radiation Oncology/Therapy (Silver Spring, MD) Administrative Fine of $500. The health care practitioner practiced radiation oncology/therapy without a certificate, in violation of the Medical Practice Act, Md. Code Ann., Health Occ. §14-5B-17(c). Date of Action: January 10, 2007

Lana J. Smith, P.A., License #: C01876
Area of Practice: Physician Assistant (Germantown, MD) Administrative fine of $500. The individual continued to practice as a physician assistant after her certificate lapsed. Date of Action: December 20, 2006

Physician Care for Patients in Assisted Living

(continued from front page)

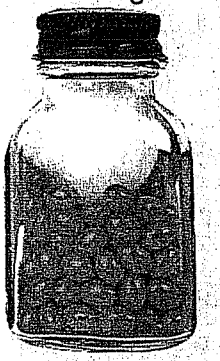
If a patient is admitted to an assisted living facility from outside of Maryland, an attending physician without a Maryland license may, in some cases, be permitted to continue to see the patient. Specifically, a physician who lives in, and is licensed in, a state bordering Maryland and has no regularly appointed location in Maryland where he sees patients may follow his patient into Maryland if the bordering state offers such reciprocity to Maryland physicians. Otherwise, if a patient is admitted from outside of Maryland, the assisted living facility should work with the patient (or health care agent) to identify a Maryland physician who can and will provide care locally prior to accepting the resident.

Pain Relief and Regulatory Oversight

Historically, there has been a concern about prescribing opioid medications and scrutiny from licensing and regulatory boards. For a long time, this made many practitioners leery of prescribing opioids at all, especially for chronic pain patients who might require large amounts of opioids for prolonged periods. Today there is greater awareness of the problem of inadequate pain relief. The Federation of State Medical Boards has published a guide for medical licensing and oversight boards, including criteria for evaluating a physician's treatment of pain. This guide, called "Model Policy for the Use of Controlled Substances for the Treatment of Pain," is available at **http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf**.

This document suggests that, when working with pain patients, the clinician should consider the following:

* Evaluation of the Patient
* Treatment Plan
* Periodic Review
* Consultation
* Medical Records
* Compliance with Controlled Substances Laws and Regulations



Evaluation

There should be a full assessment, including a full history with descriptions of the nature of the pain, location, duration, onset, relieving and exacerbating factors, and any psychological components. A physical examination should be germane to the type of pain and presentation. In addition to targeted laboratory, imaging, and other diagnostic testing, there should be a formal assessment with a pain instrument that has been standardized in populations similar to the patient being evaluated.

Treatment

Once a diagnosis has been made, the etiology should be addressed. If cure is not possible, the treatment plan should be directed towards symptomatic control or palliation. Patients should be advised of the plan of care and the time until initial relief can be expected. Additionally, follow-up should be scheduled based on the treatment plan and expected response.

Periodic Review

The treatment plan and the continued need for various interventions, including opioids, must be reviewed periodically. Once pain relief is attained, a review of continued need along with a strategy to reduce or eliminate medications is necessary. As a patient attains pain relief, function can be expected to improve along with activity. This can lead to excessive strain on deconditioned muscles. Referral for physical or occupational therapy may be needed.

Consultation

If pain relief is not achieved in a reasonable period, consultation should be initiated. Consultation is also advisable if one is concerned about substance abuse or drug diversion. It is often prudent to get a second opinion when a patient presents with legitimate pain in conjunction with a prior history of drug abuse or addiction. Patients with pain who have gotten relief from opioids previously may present with aggressive behavior knowing that relief is attainable with appropriate medication. Such aggressive presentation, sometimes termed psuedoaddiction, may be misinterpreted by well-meaning clinicians. It would be unconscionable to withhold opioids post-operatively from a patient who has severe pain. Eliminating the opioids once the pain subsides is more challenging for those with a prior history of addiction. Consultation with addiction specialists becomes important. History of addiction cannot be an excuse not to provide adequate pain relief.

Medical Records

Many clinicians provide good pain relief but fail to maintain adequate medical records. Inadequate documentation is one of the most common reasons for disciplinary action related to pain management. The records should reflect the assessment, treatment plan, re-evaluation, and strategy to reduce or eliminate opioids, if and when pain improves. The records should clearly reflect prescribing patterns and identify that refills are timely. Records should document other relevant issues, e.g., depression, and indicate how these issues have been addressed.

(continued on back page)

Compliance with controlled substances laws and other regulations

Clinicians are always required to act within the limits of the law. Prescribers of controlled dangerous substances need both a Maryland CDS registration and a federal DEA registration.

Maryland's regulations protect prescribers dealing with patients at the end of life. Clinicians who prescribe medications that might have the potential to increase the risk of death or to hasten death are protected as long as pain relief is the goal of the prescribed treatment.

Summary

In summary, physicians and other clinicians who care for patients with pain have an obligation to provide appropriate interventions to relieve pain and/or to seek consultation to assist in this process. Citizens deserve good pain care and in Maryland it is a standard to which all clinicians should strive.

F. Michael Gloth, M.D.

Renewal Reminder

Physicians with last names from M-Z are required to renew their licenses between July and September 30, 2007. We encourage you to complete the renewal process online at www.mbp.state.md.us. The renewal fee is $515.50

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4201 PATTERSON AVENUE
P.O.BOX 2571
BALTIMORE, MD 21215-0095

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410-764-4777
Toll Free 1-800-492-6836
FAX: 410-358-2252
E-Mail: mbpmail@rcn.com

website: www.mbp.state.md.us