

MARYLAND BPQA

BOARD OF PHYSICIAN QUALITY ASSURANCE



C. IRVING PINDER, JR., EXECUTIVE DIRECTOR
DR. SAMIR R. NEIMAT, BOARD CHAIRMAN

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"ASSURING CONTINUED QUALITY HEALTHCARE"

FALL/WINTER 2002



SAMIR R. NEIMAT, M.D.

From the Chairman's Desk

I am most gratified to accept re-appointment by Governor Glendening as a physician member and Chairman of the Board of Physician Quality Assurance. During the last few years, I have enjoyed my work as chairman in spite of the time demands.

I feel, as I know each physician Board member feels, that it is part of our duty to the profession of medicine to contribute our time and effort in encouraging and assisting medical care in Maryland. To do otherwise would be contrary to the mission for which the medical licensing board was created in 1798. I want to recognize each and every Board member for the generous grant of their time and talent to the Board.

It should come as no surprise that certain aspects of the Sunset Review report made by the legislature last fall are very troubling. In addition, I would be less than human if I did not admit that the media criticism of this Board, while grossly exaggerated, is troublesome as well. Like any institution, the Board can do better and, indeed, I believe we have been doing better as a result not only of new board members, but of staff changes over the last year. I believe that we are on track to have a responsive and efficient Board. In this regard, I want to compliment Mr. C. Irving Pinder, Jr. on his energy and helpfulness as he completes his second year as the Executive Director of the Board.

While, however, our effectiveness and efficiency have been improving in the last year, I believe there is still more room for improvement. Our first priority has, and will always be, the protection of the patients of Maryland. Our function is to investigate the allegations of improper medical practice and to do so fully, fairly, and expeditiously. The work of the Board should not be measured by percentages or numbers, but by the fairness of each individual decision. Our focus is to serve the citizens of this State and do it as fairly as humanly possible.

In that regard, we need to carefully consider any case where appropriate peer review has indicated that there has been an inadequate medical practice. If the Board cannot meet the standard of proof, clear and convincing, and discipline the physician for a single instance of substandard medical care, I think that, at the very least, we ought to initiate a practice review of that physician to ensure that a single incident is truly a single incident and does not represent a trend.

I look forward to working with all members of the Board to ensure the safety of the citizens of Maryland and the proper regulation of the medical profession. We have a wonderful medical community in Maryland starting with our superb medical schools and including our recognized institutions and our local non-profit community hospitals. Maryland doctors, as a group, are undoubtedly one of the highest trained of any state in the nation. I am, and we should be, justly proud of our medical community. However, we need to be careful not be blinded by our pride and miss any deficiencies. As Chairman, I pledge to each of you that we will aim for developing this Board to be one of the finest medical boards in the United States so that it will be on par with the medical community that it oversees.

Physician licensing boards, such as ours, deal with multiple types of medical errors. The Maryland Board of Physician Quality Assurance (BPQA) receives complaints and reports that often result from medical errors. Since our mandate is to ensure and promote quality healthcare in Maryland, all complaints are investigated.

Investigating medical error involves many facets. Was an error committed? What was the cause? The extent? Did patient harm result? Essentially errors are of three types:

1. Medical mistakes that have no serious consequences,
2. Medical mistakes that lead to serious injury or death and involve issues of physician competence,
3. Systems issues.

Simple physician mistakes (as determined by peer review) are the most common form of physician error. Human error is a fact of life. Physicians are human. Errors occur. The BPQA recognizes this and generally acts accordingly. We have no wish to disrupt or jeopardize a twenty-(20) year career for twenty (20) minutes of flawed judgement. Advisory letters or corrective actions are utilized to stimulate individual self-assessment and remediation. Both of these actions are non-public in nature.

...and Screening

A recent case presented to the Board:

In July 1998, a 60-year-old male presented to his new primary care provider for an initial office visit. He had no complaints. A complete history and physical was done, including a normal digital rectal exam. Baseline laboratory studies were ordered, including an EKG, CBC, chemistry and lipid profile, urinalysis and a PSA. Yearly visits were advised.

In February of 1999, the patient presented with a sore throat and productive cough. As an afterthought, he also mentioned right testicular swelling and pain.

THE ANATOMY OF A MEDICAL ERROR

**AN ERROR IS AN ERROR IS AN ERROR.
(WE DON'T THINK SO.)**

By: Ronald J. Orleans, M.D.

If patient safety issues are involved, however, Maryland's statute precludes the BPQA from utilizing these two non-public modalities of discipline. A peer review may uncover significant knowledge deficits on the part of a physician, which may result in questions of competence. Here, patient safety is an issue. In this situation charges may be issued and the case proceeds through the hearing process which may result in a probationary order intending to repair the deficit involved. Charges and Disciplinary Orders are public documents.

The healthcare industry has been slow to recognize that most physician mistakes are the result of faulty systems in place, which facilitate the occurrence of an error. The traditional approach, of fixing blame and imposing discipline, has been criticized for not preventing error.

A urology appointment was made for him but, unfortunately, he didn't keep the appointment.

In May of 1999, the patient returned to his PCP. He had right lower extremity edema. He was again referred to a urologist. His PSA at this time was 242ng/ml. Metastatic prostate cancer was diagnosed.

At this time the patient inquired as to his screening PSA. That test result was not found in the patient's medical record; apparently the result had not been received by the PCP. The screening PSA value was 19.7. This result should have prompted follow-up; however, since the PCP had not seen the PSA test result, no follow-up had been done. A malpractice suit was filed.

Over the past few years, and especially since the publication of the first Institute of Medicine report in 2000, "To Err Is Human: Building a Safer Health System," it has been increasingly clear that the reduction of medical error, to be effective, has to deal with systems of care (the so called "blunt end of care) in addition to the individuals who directly provide that care (the "sharp" end). We know that blaming those individuals at the so-called sharp end of patient interaction has minimal value in preventing future errors.

Full text of the IOM Report is available online at www4.nationalacademies.org

The lesson from this case is clear. Although it is difficult for clinicians to track every lab test ordered, office systems need to be in place to track at least the more important tests. With many managed care affiliations, the physicians of today utilize multiple labs and radiology groups. Often patients don't obtain the lab tests ordered by the physician. Tracking can be a logistical nightmare. However, extra diligence is advised, especially regarding cancer screening such as CA-125, occult blood screens, mammograms, PSA's, etc.

Ronald J. Orleans, M.D. is Secretary-Treasurer of the Maryland BPQA and a participant in the Maryland Health Care Commission's Patient Safety Coalition.

What is the Board's Role?

The primary role of the BPQA is to protect the public and assure quality healthcare in Maryland. Until recently, the public through consumer advocates and legislators, has emphasized the disciplinary path to this goal. There has been an obsession with disciplinary "ratings" and penalties, far more than exists in other industries or professions.

Since the IOM report and the subsequent establishment by the Maryland legislature of the Maryland Health Care Commission's Patient Safety Coalition (which will issue its final report this year), the public has come to realize that systems can be created which facilitate and promote good decision making in the practice of medicine while at the same time making it more difficult for healthcare workers to make poor decisions at the point of care.

BPQA's role is both educational and disciplinary in nature. However, the BPQA also hopes to make a substantial contribution by reviewing the data that we have accumulated regarding medical error. This information will facilitate the analysis of safety issues and the development of patient safety strategies.

See article below and on page 3 for additional patient safety articles.

It may be wise to document that the patient was instructed to call for follow-up regarding all laboratory tests.

Perhaps laboratories should be required to forward screening PSA results to patients as well as their physicians, much like radiologists do with mammograms.

BPQA ONLINE

In the past year, BPQA has enhanced service to both its physician licensees and the general public through its website:

www.bpqa.state.md.us. The New Physician Orientation, which many of you will recall attending in person, is now given online. This saves the Board staff time and money, and makes the program convenient to licensees throughout the world.

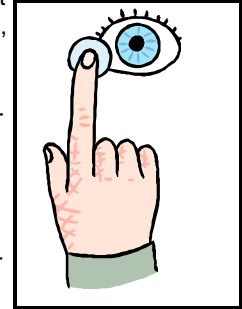
As anticipated in the Spring 2002 issue of the Newsletter, physicians who renewed their licenses in 2002 could renew online, with options to pay online via electronic check, mail in a traditional check upon completion of the application, or indicate a third-party payer who would be making the payment. Approximately 37% of physicians completed their applications online, with 42% paying via electronic check, 42% sending in their check, and the balance indicating that a third party would pay. Most users were pleased with the process, though some experienced difficulty with the electronic payment feature. As always, many problems resulted from putting off the renewal process until the last minute. During the last week of September and the first week of October, BPQA staff set up computers to allow walk-in physicians to complete their applications immediately to complete the renewal process.

Maryland's online "Search for a Provider" option allows anyone with access to the Internet to verify a physician's current licensure status as well as the status of physician assistants, respiratory care practitioners and medical radiation, nuclear medicine, and radiation oncology/therapy technologists. The information is updated daily, so that transactions occurring one day (for instance, a new license issued) show up on the website the next day.

COSMETIC CONTACT LENSES

Contact lenses are a prescription device whether the lenses are intended to correct vision or enhance the appearance of the wearer. Maryland Health Secretary Dr. Georges Benjamin has asked the Board to remind all physicians that the federal Food and Drug Administration classifies cosmetic lenses as a prescription product, which can only be purchased with a valid prescription written by an ophthalmologist or optometrist.

Use of contact lenses purchased without professional fitting and eye care oversight can lead to infection, eye pain, sensitivity to light, conjunctivitis, scratches to the cornea, eye swelling, and corneal ulceration. An optometrist or ophthalmologist will take measurements for proper fit and provide training on insertion, removal, and hygiene. A follow-up exam will determine whether it is safe for an individual to continue using the lenses.



The Division of Drug Control of the Maryland Department of Health and Mental Hygiene handles complaints about sale of contact lenses by unlicensed persons. To date, the Division has completed 10 investigations regarding the sale of (non-corrective) contact lenses without a prescription. You or your patient can direct complaints to the Division of Drug Control, 4201 Patterson Avenue, Baltimore MD 21215 or contact the office by telephone at 410-764-2890.

CAPTAIN OF THE SHIP

By: *Ronald J. Orleans, M.D.*

Occasionally, the Board of Physician Quality Assurance reviews complaints of "wrong site" surgery. These unfortunate situations are nearly 100% preventable. To reduce the incidence of this type of medical error, the culture in the operating room needs to change.

The operating surgeon has traditionally been the "captain of the ship." With the development of complicated systems and processes, new procedures, and sophisticated instrumentation, this must change. To eliminate these preventable errors, the "captain's" role must be shared with every member of the team who participates in the surgery.

The anesthesiologist, though obviously responsible for the analgesia or anesthesia for the patient, should "step up" and assume co-responsibility for total OR success. This includes not only thorough preoperative evaluation, but also knowledge of the type of surgery to be performed and the correct site of that surgery. Just to administer safe anesthesia is not enough anymore.

Likewise, the operating room nurses should recognize that they have an obligation to the patient not only to perform accurate sponge and instrument counts, to insure that the equipment is functioning well, and to document the procedure in the medical record. They must also know the type and site of the surgery being performed.

The Board views successful surgery as a team accomplishment. Preventing a "wrong site" mishap is the responsibility of each member of the team. While the surgeon has traditionally been the "captain" in the OR, adopting the concept of "co-captaincy" will significantly decrease the incidence of "wrong site" surgery in the future.

Patient Safety Ideas

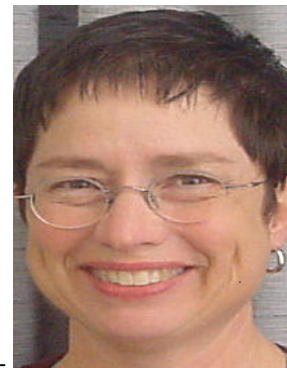
If you and your staff have developed systems or methods for preventing medical errors and enhancing patient safety, please share them with us. Your ideas may be featured in a future newsletter. Send your suggestions to BPQA Newsletter, 4201 Patterson Avenue, Baltimore MD 21215, fax to 410-358-2252, or by e-mail to BPQA@EROLS.com.

WELCOME ABOARD

The Board's newest member, Ruth A. Robinson, D.O., graduated from the College of Osteopathic Medicine at Michigan State University. She completed her training with a rotating internship and residency in family practice at the Osteopathic Hospital of Maine in Portland, Maine.

Dr. Robinson served more than twenty years in the United States Air Force, providing medical care at Air Force bases in Germany and, most recently, at Andrews Air Force Base in Prince George's County, Maryland. At Andrews Air Force Base, she served as Chief of Primary Care and Chief of the Medical Staff at Malcolm Grove Medical Center, a facility which not only served the military community but also provided medical support for Presidential and Congressional airlift missions.

Dr. Robinson is now practicing family medicine with the Mid-Atlantic Permanente Medical Group, providing adult and pediatric ambulatory care at the Marlow Heights Medical Center in Suitland. In January 2003, she will be opening the new Kaiser Permanente Medical Center in Annapolis. She is an active member of the Maryland Association of Osteopathic Physicians.



Ruth A. Robinson, D.O.

ALTERNATIVE MEDICINE

The Maryland Board of Physician Quality Assurance licenses and disciplines physicians, and several allied health practitioner groups, in order to assure citizens quality medical care from Maryland's licensed health care providers. There are 40 actions that can result in the Board investigating and disciplining a physician, including number 22: "Fails to meet appropriate standards as determined by appropriate peer review..." Historically, the Board has developed a consistent approach to standard of care reviews, applicable for reviewing a variety of types of care, from the most scientifically based treatments to alternative, complementary, or unconventional treatments.

The Board has recognized that physicians sometimes use and patients may request methods of diagnosis and treatment which have not been verified by generally accepted clinical or scientific studies. The Board has respected the freedom of physicians to do so, and the freedom of patients to make informed choices. When faced with the question of whether diagnosis or treatment are consistent with competent medical practice, the Board has employed the following principles:

1. An adequate diagnosis must be made;
2. An explanation of both diagnosis and options should be provided to the patient;
3. An alternative or unconventional method not verified by generally accepted clinical studies should not be used to the exclusion of scientifically proven effective methods;
4. Use of alternative therapies does not relieve a physician from the duties to refer to appropriate professionals or to keep a complete medical record;
5. If the patient rejects a scientific modality of diagnosis or treatment in favor of an unproven method, a meaningful informed consent must be completed and documented in the medical record;
6. An unproven treatment should not be pursued indefinitely in the face of failure to achieve the desired effect; and
7. The unproven method should not be employed if it has the potential to harm the patient.

A practitioner's competence is not evaluated solely on the use of an unconventional therapy. The Board considers all aspects of care, from diagnosis through treatment. The Board is aware that physicians often disagree on the proper diagnosis or method of treatment to be employed with a patient. The Board also recognizes that many advances in science come from novel ways of looking at problems or from serendipitous discovery. Nevertheless, if a patient has a clearly diagnosable illness and the physician fails to make the diagnosis, competent care has not been provided. Likewise, if a diagnosis is made of a condition which has been clinically or scientifically shown to be treatable by commonly accepted treatments, the physician must inform the patient of the availability of those treatments.

When alternative therapies are employed, the Board has particularly emphasized the principle of informed consent. Unlike the physician, the patient is ordinarily untrained in medicine and therefore depends on the physician for the information needed to make an informed medical treatment choice. If a proposed treatment modality has not been validated by clinical or scientific studies, or generally accepted by most physicians, the patient must be clearly informed of the fact.

By: Donald C. Chambers, M.D., Vice Chairman, BPQA

BPQA REGISTERS PHYSICIAN VOLUNTEERS OFFERS FEE WAIVER TO REINSTATE

Over 200 physicians, 10 physician assistants and 1 radiation technologist, have been formally recognized as volunteers in response to Secretary Benjamin's call to help Maryland prepare to handle public health emergencies that could result from terrorism and bioterrorism. This formal acknowledgement makes the volunteers eligible for qualified immunity under the Maryland Tort Claims Act as if they were State employees. Over half the physician volunteers indicated their willingness to serve in any area of the state. While formal training for these volunteers is under development, several volunteers have taken advantage of training opportunities provided by notice from the BPQA.

A physician without a current Maryland license who is interested in joining the BPQA Physician Volunteer Corps may be eligible for a waiver of licensure fees if the license will be used for no other purpose except volunteer work. If the physician's activities are not limited to the volunteer setting, the full licensing fee applies. The volunteer contact information sheet and the applications for licensure, reinstatement, and exemption from fee are available at the Board's website at <http://www.bpqa.state.md.us> ("Download Forms") or by calling the Board at 410-764-4777.

In an attempt to help our licensees, "Frequently Asked Questions:" will be featured in issues of the Board's newsletter. If you have a question you would like to see answered in this column, please fax your question to 410-358-2252 or e-mail to BPQA at bpqa@erols.com.

Frequently Asked Questions

Frequently Asked Questions about the Maryland Physician Volunteer Corps

Q. What is the Maryland Physician Volunteer Corps?

A. The Maryland Physician Volunteer Corps is a group of Maryland physicians who have indicated their willingness to serve in a volunteer capacity in the event of a disaster such as bioterrorism, hurricane, flood or other catastrophic health emergency.

Q. How can I volunteer for the Maryland Physician Volunteer Corps?

A. A copy of the registration form is available on the Board's website (bpqa.state.md.us). Click on "Bioterrorism."

Q. If I volunteer for the Maryland Physician Volunteer Corps and provide you with my home address, all my telephone numbers, and my e-mail address, does this information become public information?

A. The form for volunteer physicians requests home addresses, home and cell phone numbers, and home e-mail contact information. Pursuant to the Maryland Public Information Act ("PIA"), Md. Code Ann., State Gov't ("SG") §10-617(e) (1999 Repl. Vol.), disclosure of such information is prohibited unless the physician consents or the Department determines that the public interest requires disclosure. The PIA applies to prevent access to this specific information and to deny requests for its dissemination. (Members of the Maryland General Assembly may obtain the home addresses of all licensee physicians pursuant to MD. Code Ann., SG §10-612(c) as an exception to this general prohibition on disclosure.)

Q. If I want to join the Maryland Physician Volunteer Corps, do I need to register before a catastrophe happens?

A. Yes, you must be formally recognized and approved as a volunteer to qualify for protection under the Maryland Tort Claims Act. The Board of Physician Quality Assurance will send you a formal letter designating you as a volunteer and will provide specialized training. Once the training has been completed, a special DHMH volunteer identification badge will be given to you.

Q. What is the Maryland Tort Claims Act?

A. It is a portion of Maryland law that protects a person employed by or serving as a volunteer on behalf of the State from personal liability for actions taken as employees or volunteers.

Q. Will I be liable should I be accused of injuring someone while acting as a volunteer in the Maryland Physician Volunteer Corps?

A. If you act within the scope of the duties assigned to you as a volunteer, you are not personally liable for any negligent action you take while performing those duties. Instead, the State is liable for up to \$200,000 for each occurrence. If you act outside the scope of your assigned duties, you are not covered. If you perform an act within your assigned duties, but that act is done with malice or in a grossly negligent manner, you would not be protected by the Act. Malice means that your act shows you intentionally wanted to harm someone. Gross negligence has been defined by the courts as meaning "the omission of care that even inattentive and thoughtless men never fail to take care of their own property, implying malice and evil intention."

Q. Can I volunteer for the Maryland Physician Volunteer Corps if I am retired?

A. Volunteers in the Maryland Physician Volunteer Corps must have a current, unrestricted license to practice medicine. Retirement is considered a lifestyle choice, not a licensure status. Renewal requires 50 category 1 continuing education credits and may require the full licensure fee. However, if the physician is not engaged in the private practice of medicine and is only practicing as a volunteer, the physician may qualify for a fee waiver.

Q. What are the requirements for the fee waiver?

A. The Board can grant an exemption to the licensure fees for a physician who is not engaged in the private practice of medicine in Maryland and would like to do volunteer work as a physician in Maryland. Participation in the Maryland Physician Volunteer Corps qualifies as volunteer activity. This provision for exemption from fees has been available for some time to a physician who:

- Will provide medical services to patients in Maryland on a volunteer basis and will not receive monetary compensation for these services;
- Will not provide any medical services in Maryland for which the physician is paid;
- Will not use the Maryland license to write prescriptions for family, friends, or self; and
- Does not depend on the Maryland license in order to be eligible for paid employment, such as in the military.

Q. How do I apply for a fee-exempt license?

A. To apply, when you file your initial licensure application, renewal application, or reinstatement application, you should request the Application Packet for Exemption from License Fee. Part 2 of the Application must be completed by a representative of the agency where you will be volunteering. It provides verification that you are planning to volunteer with the agency. If you are applying in order to be a part of the Maryland Physician Volunteer Corps, please insert "Margaret Anzalone, Deputy Director" on the first line and "BPQA, 4201 Patterson Avenue, Baltimore MD 21215" for the address. In the area where the facility administrator is asked to describe the services that will be given, simply insert "Maryland Physician Volunteer Corps." The affirmation should be left blank and will be completed after the application is received.

Board Sanctions April to September 2002

Annamalai Ashokan, M.D., License #: D30492,
Specialty: Anesthesiology. (Las Vegas, NV) Revocation; stayed; probation for 5 years subject to terms and conditions. The Board took reciprocal action on a California order which was based on the physician's unprofessional conduct with a patient. Date of Action: September 25, 2002

Steven Bernstein, M.D., License #: D35175,
Specialty: None. (Owings Mills, MD) Reprimand with chart review. The physician failed to meet standards of quality medical care with regard to a patient in his failure to adequately supervise a Certified Registered Nurse Anesthetist. Date of Action: June 3, 2002

Alfred D. Budnichuk, RT, Certification #: M00009,
Specialty: Radiation Therapy Technologist. (Bel Air, MD) Reinstatement of certification. The healthcare provider has met the requirements for reinstatement. Date of Action: April 3, 2002

Robert T. Chow, M.D., License #: D34851,
Specialty: Internal Medicine. (Baltimore, MD) Reprimand. The physician failed to meet the standard of care in his practice in internal medicine with respect to a patient who had pulmonary embolism. Date of Action: September 25, 2002

Domingo E. Galliano, Jr., M.D., License #: D35451,
Specialty: General Surgery. (Port Charlotte, FL) Fine of \$1,500; the physician shall be subject to and comply with the conditions of probation of a June 20, 2001 order of the Florida Board. Date of Action: June 26, 2002

Suk-Kyun Hahn, M.D., License #: D37449,
Specialty: Internal Medicine. (Lutherville, MD) Reprimand; terms and conditions. The Board found that the physician failed to meet appropriate standards of care in his treatment of a 68 year old patient who had diabetes mellitus. Date of Action: May 22, 2002

Carolyn J. Harrington, M.D., License #: D34163,
Specialty: OB/GYN. (North Potomac, MD) Reprimand; terms; 3 years probation subject to terms and conditions should the physician practice in the field of either obstetrics or gynecology. (Charges as to violation of standards of quality care upheld; charges as to the abandonment of a patient dismissed.) The Board found that the physician violated the standards of quality care with respect to an obstetrical patient. Date of Action: September 17, 2002

Donald H. Hislop, M.D., License #: D08293,
Specialty: General/Family Practice. (Severna Park, MD) Reprimand; probation subject to terms and conditions. The physician failed to keep adequate medical records in his practice of family medicine with regard to 6 patients. Date of Action: August 28, 2002

Michael J. Horan, M.D., License #: D14662,
Specialty: Internal Medicine. (Rockville, MD) Reinstatement; conditions. The physician is subject to a physician rehabilitation contract and may not prescribe controlled dangerous substances. Date of Action: July 1, 2002

Joanne B. Kelly, M.D., License #: D21467,
Specialty: Anesthesiology. (Rockville, MD) Interim Order to immediately cease prescribing all CDS and performing anesthesia. The order is in effect pending a show cause hearing on the physician's Consent Order of February 23, 2000. Date of Action: September 27, 2002

Israel Kogan, M.D., License #: D14110,
Specialty: OB/GYN. (Washington, DC) Order staying suspension; probation for 3 years subject to terms and conditions. The physician complied with the conditions precedent in the March 15, 2002, Final Order of the Board. Date of Action: July 10, 2002

Michael R. Kronen, M.D., License #: D46906,
Specialty: Unspecified. (Washington, DC) Modification of March 24, 1999, Consent Order; the physician may engage in the private practice of medicine. The physician met the conditions precedent. Date of Action: August 5, 2002

Keith N. Levitt, M.D., License #: D28247,
Specialty: Anesthesiology. (Phoenix, AZ) Reprimand; suspension for 12 months, immediately stayed; probation for 5 years; must comply with the conditions of probation of the 2/7/02 order of the Arizona Board. The Maryland Board took reciprocal action based on an order of the Arizona Board as a result of physician's relapse with the use of chemical substances. Date of Action: June 26, 2002

Robert N. Lipnick, M.D., License #: D44167,
Specialty: Pediatrics. (Washington, DC) Temporary surrender of license through May 22, 2002, pending a hearing before the Board. The Board has scheduled a hearing on its investigation of allegations of unprofessional conduct. Date of Action: April 24, 2002

Robert N. Lipnick, M.D., License #: D44167,
Specialty: Pediatrics. (Washington, DC) Surrender of license. The physician's decision to surrender his license was prompted by an investigation of allegations that he engaged in unprofessional conduct in examination of three female patients and his admission to "unprofessional conduct" under the Maryland Medical Practice Act. Date of Action: May 22, 2002

Clement I. Momah, M.D., License #: D46933,
Specialty: Internal Medicine. (Silver Spring, MD) Summary Suspension of December 20, 2000 reaffirmed; Revocation. The Board found that the physician engaged in unprofessional conduct in the practice of medicine, was professionally and mentally incompetent, and willfully made false representations on his application for clinical privileges. Date of Action: July 25, 2002

Paul A. Mullan, M.D., License #: D08462,
Specialty: Pediatrics. (Towson, MD) Reprimand. The physician did not obey the May 17, 2000, investigatory subpoenas issued by the Board. Date of Action: April 24, 2002

Paul A. Mullan, M.D., License #: D08462, Specialty: Pediatrics. (Towson, MD) The Stay of Revocation, in accord with the January 23, 2002 order, is lifted. The physician did not meet the terms and conditions during the allotted three month period. Date of Action: April 25, 2002

Srinivasan Ramamoorthy, M.D., License #: D22598 (non-renewed), Specialty: Unspecified. (Grove City, OH) Application for licensure denied. The Board found the applicant guilty of among other things fraudulently attempting to obtain a license; immoral or unprofessional conduct in the practice of medicine; making a false report in the practice of medicine; being disciplined in another jurisdiction; making a false representation when seeking licensure; and having been convicted of a crime of moral turpitude. Date of Action: July 24, 2002

Michael D. Schaubert, M.D., License #: D56373, Specialty: General Surgery. (Oxford, MD) Reprimand. The Board took action based on action by the Florida Board for failing to practice medicine within the standard of care. Date of Action: August 28, 2002

Robert C. Shepard, M.D., License #: D52810, Specialty: Internal Medicine. (Charlottesville, VA) Reprimand with a condition. The Board found that the physician engaged in immoral or unprofessional conduct in the practice of medicine for diverting clinical trial program checks to personal bank accounts. Date of Action: May 1, 2002

Gregory L. Taylor, M.D., License #: D27556, Specialty: General/Family Practice. (Baltimore, MD) Suspension; stayed; probation for 5 years subject to terms and conditions. The physician violated a condition of his Disposition Agreement with the Board and two conditions of his advocacy contract with the physician rehabilitation program. Date of Action: July 10, 2002

Adil R. Totoonchie, M.D., License #: D22673, Specialty: General Surgery. (Baltimore, MD) Reprimand. Physician must have written permission of the Board before re-entering active surgical practice in Maryland. The physician failed to meet the standard of care with respect to a patient by operating on the wrong organ. Date of Action: September 25, 2002

Brian Wise Weaver, M.D., License #: D42017, Specialty: Unspecified. (Sikeston, MO) Reprimand. The Board based its action on an Illinois board order based on a failure to meet the standard of care with regard to a patient presenting with a large mass in a perforated colon. Date of Action: September 25, 2002

FINES

Christian E. Chinwuba, M.D., License #: D23935, Specialty: Diagnostic Radiology. (Hyattsville, MD) Administrative fine of \$1,000.; terms and conditions. Failure to comply with CME requirements for renewal of license. Date of Action: May 22, 2002

Karen R. Vail, M.D., License #: D47401; Specialty: Anesthesiology. (Towson, MD) Administrative Fine of \$1,000; terms and conditions. Failure to comply with CME requirements for renewal of license. Date of Action: June 26, 2002

January and February 2002 Sanctions which were inadvertently omitted from the Spring 2002 Newsletter

P. Waverly Davidson, III, M.D., License #: D03269, Specialty: Psychiatry. (Beverly Hills, CA) Revocation; revocation stayed; probation for 5 years subject to terms and conditions. Based on an order of the California Medical Board the Board found the physician guilty of unprofessional conduct and practicing medicine with an unauthorized person in his practice of psychiatry. Date of Action: February 27, 2002

Timothy H. Emeigh, MRT., License #: R03572, Specialty: Radiologic Technician. (York Springs, PA) Reprimand; fine of \$1,200. The licensee allowed an uncertified individual to provide radiological services to patients. Date of Action: February 27, 2002

Leonard C. Kinland, M.D., License #: D22037, Specialty: Family Practice. (Brunswick, MD) Supplemental Order to June 2, 1999 order. One ground for charging dismissed (H.O. §14-404(a)(22)). A requisite peer review for standard of care issues was not completed prior to charging. The Board's sanction based on unprofessional conduct and prescribing or administering drugs for illegal and illegitimate medical purposes remain unchanged. Date of Action: February 6, 2002

Dora M. Mamodesene, M.D., License #: D29649, Specialty: General/Family Practice. (Silver Spring, MD) Reprimand; terms and conditions. The Board found that the physician repeatedly withheld credentialing information on hospital reappointment and Board license renewal applications. Date of Action: February 27, 2002

Alfred Muller, M.D., License #: D15017, Specialty: Internal Medicine. (Chevy Chase, MD) Revocation. The physician pled guilty to a charge of misdemeanor sexual abuse and thereby was subject to state statute that requires revocation. Date of Action: February 27, 2002

Luanne Ruona, M.D., License #: D14211, Specialty: Unspecified. (Alexandria, VA) Reinstatement; Probation to run concurrent with probationary period by the Virginia Board of Medicine; probation subject to terms and conditions. The physician met the requirements for reinstatement subject to terms and conditions related to her contract with the physicians rehabilitation program in Maryland. Date of Action: January 30, 2002

Do you work with Physician Assistants?

If you are a physician assistant or you employ a physician assistant, please remember that all physician assistants must have a Board-approved delegation agreement, signed by both the physician assistant and the supervising physician, before beginning employment. In the past, physician assistants worked under job descriptions. Job descriptions have been phased out! If you do not have an approved delegation agreement, please call the Board at 410-764-4775 or visit our website at www.bpqa.state.md.us to download the required form.

All physician assistants who order medications or write prescriptions must be approved for prescriptive authority in their delegation agreements. Effective October 1, 2002, "medication order writing" is no longer part of the law. If your current delegation agreement already includes prescriptive authority, you do not need to do anything. However, if your previously approved delegation agreement included "medication order writing authority" only, an amendment to the delegation agreement is needed. Please complete page 9 of the delegation agreement and send it to the Board for approval. There is no charge for an amendment to an approved delegation agreement.

REMINDER:

Physicians are required by law to notify the Board in writing of any change in name or address within 60 days after the change. Failure to notify the Board could result in an administrative penalty of \$100.

Docboard gets an "A"

The health research group Public Citizen has rated Maryland's portion of the "Docboard" website of the Administrators in Medicine "A" for both content and user friendliness. The Administrators in Medicine is non-profit organization of administrators of medical licensing and regulatory authorities. This website gets information directly from a number of states, including Maryland, and is available to the public without charge.

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