



D.C. Board of Medicine

INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC FROM THE D.C. BOARD OF MEDICINE

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

DC Board of Medicine
Processing Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005

★ ★ ★ District of Columbia
Department of Health
Adrian M. Fenty, Mayor

November 2007

Letter from the Chair

It has been my pleasure to serve as Chairperson of the D.C. Board of Medicine (the "Board") since November 2005. The Chairmanship is an honor, but it is also a challenge in terms of time, as well as a challenge in terms of the issues that come to the attention of the Board.

For the reader's perspective, I am not a regulation-loving bureaucrat sitting in a downtown office. I am a practicing physician... and not just a "keeping my hand in" practicing physician. I am a full-time, daily operating, round-making, call-taking surgeon. My physician colleagues on the Board are also practicing physicians. The Board includes three involved consumer members, who also have full-time jobs in addition to their dedicated service on the Board. All of us share the common goal of protecting the health and safety of the citizens of the District of Columbia through oversight of the practice of medicine. And we take our responsibility seriously.

The Board's oversight involves scrutinizing applications to ensure that applicants have the requisite education, training, examination results, professional history and character to present a reasonable expectation of safe practice. As a result of complaints or other adverse information, an applicant or licensee may find herself or himself involved in the disciplinary process. At the conclusion of the disciplinary

process, an applicant could have his or her application for a medical license denied. A licensee could have his or her license revoked, suspended, placed on probation, reprimanded, fined or subjected to a course of remediation. The Board's efforts in reviewing applications as well as considering disciplinary issues are directed toward doing what's right for the public.

In broad strokes "doing what's right for the public" involves maximizing the likelihood of safe medical practice by our licensees through the application process and taking appropriate action through the disciplinary process, when there is evidence of practice that is below the standard of care or behavior that is cause for concern. Although there has been an increase in disciplinary actions in the last few years, that increase was not due to an increased propensity to discipline licensees by the Board. The increase in disciplinary actions is the result of an increase in available resources and new procedures that allow the Board to address disciplinary issues more expeditiously than was previously the case. The Board is concerned



Frederick C. Finelli, M.D., J.D.

with due process as well as appropriate action, and the Board's decisions are subject to judicial review to ensure that due process was afforded in arriving at our decisions.

The Board and the Health Professional Licensing Administration are also committed to improving our public outreach and educational efforts. This newsletter is an example. Another example is represented by the physician profiles that were recently posted on the Department of Health website that provide consumers with information about physicians' education, training, board certifications, malpractice history, and other information that might assist healthcare consumers selecting a physician.

It is my continuing pleasure to chair a board that includes practicing physicians and dedicated consumers with the shared objective of doing what's right for the public.

—Frederick C. Finelli, M.D., J.D.
Chairperson
DC Board of Medicine

Upcoming Board Meetings

NOVEMBER 28, 2007
DECEMBER 19, 2007

at 717 14th St., NW, 10th Floor,
Washington, DC 20005

Open Session is at 9:00 am.

Verification of Licensure

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars (\$34.00), to:

DC Board of Medicine
Suite 600
717 14th Street, NW
Washington, DC 20005

On the form, be sure to include your name, and the address where the form is to be sent.

If the jurisdiction or institution did not give you a form, please send us a short note requesting a letter of verification. The note should include your name, and the name and address of the institution where you want the letter of verification sent. Please enclose a check or money order, payable to "DC Treasurer," for twenty-six dollars (\$26.00).

PHYSICIAN PROFILES NOW ONLINE

Physician profiles are now available to the public online via the DC DOH web site at: <http://hpla.doh.dc.gov/hpla/site/>. Users can search the database by first name, last name, license number or status. The physician information available on our website is as follows:

Provided by the Board:

- Licensee name
- License number
- Date of issue
- Date of expiration
- Any DC Board of Medicine Notice or Order

No personal information such as Social Security number, home address or home telephone is displayed.

Provided by Physician:

- Practice information (location, telephone number, translating services, percentage of time spent at location(s))
- Education
- Years in active clinical practice
- Board Certifications
- Hospital affiliations
- Academic appointments
- Publications
- Medicaid participation
- Actions and Felony convictions
- Paid claims in the most recent ten years
- Insurance plans accepted or managed care plans in which he or she participates
- Hours of continuing education
- Subspecialties obtained
- Honors and awards received
- Practice name in the practice location
- Days of the week at practice location
- Medicare information
- Non-emergency email address

YOU MUST UPDATE YOUR PROFILE

Please be aware that each physician is required to update his or her profile within 30 days of a change. It is the physician's responsibility to do so.

Sanctions will be imposed on physicians who do not report changes within 30 days.

Beginning on January 1, 2008, the Board will conduct random audits of physician profile information.

To update your profile, login to the system at: <https://app.hpla.doh.dc.gov/mylicense/>

If you do not remember your user name and password, or you have never created an on-line user name or password, follow the directions for "new users."

Questions? Call the Board of Medicine at (202) 724-7325 or (202) 724-8914.

WHEN YOU MOVE (OR CHANGE YOUR NAME)

Licensees sometimes forget to inform the Board of Medicine when they move, or undergo a name change. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. All name and address changes must come in writing to our office within 30 days of the change. Failure to do so may result in a \$100 fine per section 16A DCMR § 3201.1 (d). Please include your name, address, Social Security number, and license number (if you know it). If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change. Fax your request to (202) 727-8471, or mail your name and/or address change to: DC Board of Medicine, Attn: HRLA Processing Department, Address/Name Change, 717 14th Street, NW, Suite 600, Washington, DC 20005.

New Fees per final rulemaking on June 29, 2007

Application and License Fee by Examination	\$288
Application by Re-exam	\$ 85
Application and License Fee by Waiver of Examination	\$805
Renewal or Paid Inactive Fee	\$500
Verification Fee	\$ 34

NEW REGS FOR PHYSICIAN ASSISTANTS

Final rulemaking on new regulations for Physician Assistants grants PAs expanded prescriptive authority, and changes physician oversight arrangements.

To view PA regs:

- go to <http://hpla.doh.dc.gov/hpla/site/default.asp>
- click DC Municipal Regulations
- then click Physician Assistants.

MUST PRACTICE UNDER NAME ON LICENSE

A notice of final rulemaking has been made regarding the name under which a physician may practice. Section 4016 of 17 DCMR Chapter 40, HEALTH OCCUPATIONS: GENERAL RULES states that "an individual holding a license, registration, or certification to practice a health occupation in the District of Columbia shall perform all professional practice in the District under the full name in which his or her license was issued."

§ 4016 also specifies that all signage, stationary, and advertisements, as well as oral and written communication with the public must be in the same name as on one's license.

TAMPER-RESISTANT PRESCRIPTION PADS

The regulation mandating the use of tamper-resistant prescription pads for Medicaid outpatients has been postponed for six months. In September, Congress passed S. 2085, the Patient and Pharmacy Protection Act of 2007, which delays for 6 months the requirement to use tamper-resistant prescription pads. If President Bush signs the bill, as expected, the requirement will go into effect on April 1, 2008. The Centers for Medicine and Medicaid Services (CMS) would then require that tamper-resistant prescription pads be used for all Medicaid non-electronic outpatient prescriptions. The tamper-resistant pad requirement will apply for all outpatient drugs, including over-the-counter drugs in states that reimburse for prescriptions for such items.

DISTRICT'S LOAN REPAYMENT PROGRAM

The District of Columbia, through the Department of Health Primary Care Program, has established a loan repayment program for health care professionals. The program's main goal is to aid in the recruitment and retention of health care professionals to provide services to medically underserved residents. Known as the "District of Columbia Health Professional Recruitment Program Act of 2005", the Act allows the District to provide loan repayment benefits to eligible health providers in exchange for a commitment to practice full-time at a facility located in a designated shortage area. Applicants are required to serve a minimum of two years, with an option to extend their service for two additional years.

The District may repay eligible applicants up to 100% of their total debt, not to exceed \$120,000, repaid by the program over 4 years of service. For each year of participation, the Program will repay loan amounts according to the following schedule:

- (1) For the 1st year of service, 18% of their total debt load, not to exceed \$21,600;
- (2) For the 2nd year of service, 26% of their total debt load, not to exceed \$31,200;
- (3) For the 3rd year of service, 28% of their total debt load, not to exceed \$33,600; and
- (4) For the 4th year of service, 28% of their total debt load, not to exceed \$33,600.

Participation will be approved on a case-by-case basis and each applicant is required to:

- Be a United States Citizen.
- Be a physician who has completed post-graduate training in family practice medicine, general internal medicine, general pediatrics, obstetrics/gynecology, psychiatry or osteopathic general practice.
- Submit a completed application to participate in the Program.
- Be licensed or eligible to practice in the District of Columbia.
- Have no other obligation for health professional service to federal or state government, unless the obligation will be completely satisfied prior to the beginning of service under the Program.

For more information, please contact:

Community Health Administration **or**
 Primary Health Program
 Attn: Ms. Katina R. Green
 825 North Capitol Street, NE, 3rd Floor
 Washington, DC 20002
 (202) 442-9168 / katina.evans@dc.gov

Department of Health Professional Licensing
 Attn: Ms. Alesia Henry
 D.C. Board of Medicine
 717 14th Street, NW, 10th Floor
 Washington, DC 20005
 (202) 724-8797 / alesia.henry@dc.gov

Apply to Serve on the Board of Medicine

If you are a resident of the District of Columbia, you may apply to serve on the DC Board of Medicine.

For full instructions on how to apply, please contact the Mayor's Office of Boards and Commissions (OBC):

OBC Website:
<http://obc.dc.gov>

Phone:
 (202) 727-1372

Fax:
 (202) 727-2359

Address:
 Office of Boards and
 Commissions
 Executive Office of the Mayor
 1350 Pennsylvania Ave., NW
 Suite 302
 Washington, DC 20004

Continuing Medical Education

The Board reminds all licensees that the continuing medical education (CME) requirement for renewal in 2008 is fifty (50) hours of Category I continuing education. The courses must be accredited by the Accreditation Council for Continuing Medical Education, the American Osteopathic Association, a state medical society, or the American Medical Association. The Board recommends that licensees accumulate CME credits throughout the renewal period in order to avoid last minute cramming and possible renewal issues.

The Board of Medicine would like to offer its heartfelt thanks to outgoing Consumer Member Ron Simmons, PhD, and Physician Member Peter G. Shields, MD, whose terms expired in August 2007. They will continue to serve until new members are appointed to fill their positions.



Physician Member Peter G. Shields, M.D.
Professor of Medicine and Oncology
Interim Academic Chair, Department of Medicine
Associate Director for Cancer Control
and Population Sciences
Director, Cancer Genetics and Epidemiology
Lombardi Comprehensive Cancer Center
Georgetown University Medical Center

PETER G. SHIELDS, MD

How long have you been serving on the Board of Medicine?
 I think about 6 years.

Is there any aspect of your service as a Board member that has surprised you (or has the experience been what you expected it to be)?
 I find that the commitment and professionalism by the staff and Board members to be exceptional. Working with the consumer members is a particular strength of the Board. As important as is the licensing and evaluations of physicians and physicians' assistants, setting policy is both very challenging and maybe the most important thing we do.

During your tenure as a member, what do you feel was the greatest accomplishment of the Board?

There are several accomplishments, including improved efficiency for evaluations of physicians, and establishing numerous policies. Since I started as a Board member, the staff and Board Chair have remarkably improved so many systems that we not only work faster, but are much more accurate in our assessments.

What challenges lay ahead for the Board?

Work always brings on more work. As we set our agendas higher for establishing

policies, we can become one of the most progressive Boards in the country.

What advice would you give to new Board members?

This is a critical service role for physicians and consumer-members. The Board staff are very cognizant of our time, and work to make our activities more efficient.

What would you say to a physician or consumer who is thinking about applying to serve on the Board?

This is an important opportunity to affect medical practice and public health in the city. One can learn a lot and give back to our community.

RON SIMMONS, PhD

How long have you been serving on the Board of Medicine?
 I came to the Board the first year of [Mayor Anthony] Williams's administration [1999].

Is there any aspect of your service as a Board member that has surprised you (or has the experience been what you expected it to be)?
 I didn't know what to expect. This was my first time serving on a Board. I have been very impressed by the integrity and sincerity of the members of the Board of Medicine in judging cases. This is not "doctors giving doctors a break." The Board members take their job of protecting the public very seriously.

During your tenure as a member, what do you feel was the greatest accomplishment of the Board?
 What stands out most to me is the automation of our meetings. It has enabled us to

be more efficient. When I first became at Board member, we each would be given 500 pages of agenda and 500 pages of addendum. One thousand pages per Board member, per meeting. Now, we get the information on CD and we use laptops. The improved technology makes reviewing the material easier, and there is less waste.

What challenges lay ahead for the Board?
 Our Board, like other boards of medicine throughout the country, is looking at the issue of "denying" a physician initial licensure as opposed to asking an applicant to "withdraw his or her application" for licensure. The applicant might not qualify under District regulations; for example they may not have passed the three medical exams within a seven year period as we require. Other states allow ten years. To deny them a license would put an unfair mark against them. A formal

denial would be a red flag to other states that might not be warranted.

What advice would you give to new Board members?

As a consumer member, I would tell future consumer Board members: do not be afraid to ask the physicians about things you don't understand. Some of the terminology I did not understand. Sometimes you just have to ask the doctors [fellow Board members]: "Was that procedure more risky than what is usually done?" Usually the doctors on the Board will ask each other about issues. Sometimes we get an outside expert [to give an opinion on a case involving specialized matters].

What would you say to a physician or consumer who is thinking about applying

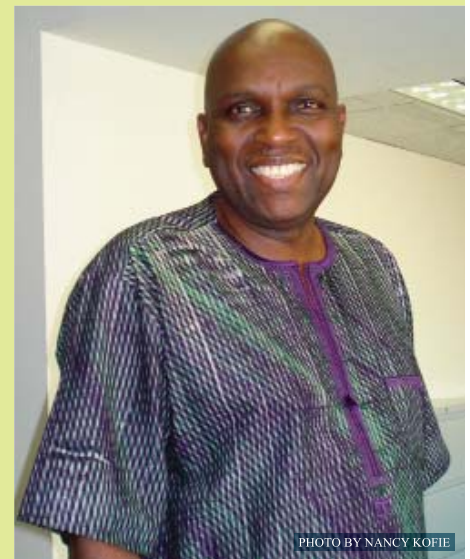


PHOTO BY NANCY KOFIE

Consumer Member Ron Simmons is President of Us Helping Us, which specializes in HIV/AIDS Prevention and Care services, including testing and case management.

to serve on the Board?

There is a time commitment, but it is not bad. I attend three or four hearings a year, and the monthly Board meetings, which run about five hours. It's worth it. I have learned a lot.

Counsel's Column

New Reporting Requirements for Physicians

By John C. Greenhaugh, Esq.
Senior Assistant Attorney General & Board Legal Advisor

Physicians need to be aware of all the changes that have occurred lately in the area of reporting information to the Board of Medicine. All of the changes have at least one goal in mind, and that is to provide the consumer-patient with as much information as possible when they select their healthcare provider. What follows are the new reporting requirements for physicians. Not all reporting requirements may be applicable to every physician, but it is important to know they exist, when they should be followed, and how and by what means the information is to be reported.

First, this summer the Health Regulation and Licensing Administration (HRLA) went "live" on-line with a physician profile. The profile generally places the responsibility on the physician to keep it updated. The physician also has the responsibility to inform the Board of Medicine of certain information. Physicians must report to the Board any felony or misdemeanor conviction, and any settlement of a malpractice claim or civil lawsuit for malpractice. It makes no difference who actually paid the settlement as long as it was for the benefit of the physician. Any judgment in a malpractice lawsuit must also be reported. For complete information on what data is included in the physician profile or provided to the Board of Medicine, refer to District of Columbia Municipal Regulation (DCMR) § 4609.1. The Board of Medicine will shortly begin to consider appropriate action in those cases where physicians have not maintained their profiles, and the Board has already initiated disciplinary action against

several physicians who have updated the profiles with false or misleading information. Physicians not in compliance may be subjected to a fine or other possible sanctions.

Also, be aware that this year a new law was passed that requires certain information be reported to the Board. To a certain extent some of the same information that is required by the DCMR physician profile is also now required by this new law found at D.C. Official Code § 3 – 1205.13a (2007), and the requirements in the new statute will be assimilated into DCMR § 4609. You can easily see the statute by going to the website for the Health Professional Licensing Administration (HPLA), which is part of HRLA, and looking on the right hand side of the web page for the link to the new reporting requirements. The link is entitled "Interim Guidelines Issued for Medical Malpractice Amendment Act of 2006." The statute requires that within sixty (60) days of the event, physicians report to the Board of Medicine the settlement of malpractice claims or civil suits and any malpractice judgment. Additionally, physicians must report any discipline imposed by other jurisdictions.

If physicians employ other physicians (the law applies to any healthcare provider or medical facility that employs physicians) they must also report to the Board of Medicine within ten (10) days any discipline imposed upon the employee-physician. Discipline in this context is defined as an action that serves to limit practice, such as a loss of privileges or a suspension from practice until certain conditions are met.

Finally, effective July 1, 2007 the District made mandatory the reporting of adverse events to the Senior Deputy for HRLA. Actually, the Act specified that the reporting would be to the system administrator, and the Senior Deputy has been designated the system administrator for purposes of the Act. Twice a year, any licensed healthcare provider or medical facility must report to the system administrator any adverse event as defined by the Board of Medicine. The Board has defined adverse events to include the twenty-eight (28) "never" events listed by the National Quality Forum plus one type of hospital acquired infection (HAI) defined as a central catheter associated laboratory confirmed primary bloodstream infection. The Interim Guidance referred to above also addresses the reporting of adverse events. The Act was codified at D.C. Official Code § 7-161 (2007) as it pertains to the reporting of adverse events and that code provision is also included in the Interim guidance on the website with a link to the statute.

It is important to note the requirement to report an adverse event applies to any licensee in a healthcare profession and to all medical facilities. The term "medical facilities" is very broadly defined. It is not limited to hospital reporting. It applies to sole practitioners and even to adverse events that occur in a home healthcare environment. The report "shell" to report adverse events is also found on the website as a link from the Interim guidance, as well as full instructions for reporting. The first reports are due January 1, 2008 for all adverse events occurring on

"Not all reporting requirements may be applicable to every physician, but it is important to know they exist, when they should be followed, and how and by what means the information is to be reported."

or after July 1, 2007. Each report should address only one event, and the report should not divulge by name or by any other identifier the identity of the patient. However, it is the responsibility of each reporting entity to maintain an internal system of identification in the event that HRLA needs to subpoena primary health records on the event. These records need to also be "de-identified" so that the identity of the patient is not inadvertently disclosed.

With so many new reporting requirements do not hesitate to contact the Board of Medicine or the supporting staff at HRLA.

2007 BOARD ORDERS

May 16th through October 16th

Revoked

Bassett, David W. (7/23/07) The physician's D.C. medical license was revoked as a result of a Maryland action of revocation for prescription irregularities, including prescribing drugs in quantities generally considered to be the lethal limit. [Psychiatry & Neurology]

Greene, Peter (6/19/07) The physician provided or attempted to provide professional service while under the influence of alcohol. [Dermatology]

Greer, Douglas F. (9/26/07) The physician's D.C. medical license was revoked upon voluntary surrender while under investigation related to his guilty plea to healthcare fraud. [Ophthalmology]

Hernandez, Joseph M. (aka Joseph Hernandez-Medina, M.D.) (8/29/07) The physician's D.C. medical license was revoked upon voluntary surrender while under investigation for a Florida disciplinary action. [Emergency Medicine]

Howard, Douglas R. (7/3/07) License revoked as a result of disciplinary action in Massachusetts related to improper prescribing of controlled substances. [Orthopedic Surgery]

Negussie, Yeheyis (9/26/07) The physician's D.C. medical license was revoked upon voluntary surrender while under investigation for his involvement in a malpractice case. [Internal Medicine]

Probation, Reprimanded and Reporting Requirements

Shah, Parvez I. (10/16/07) The physician was reprimanded and placed on probation with reporting requirements as a result of disciplinary action in Maryland for quality of care, record-keeping and utilization issues. [Urology]

Probation, Reprimanded, Remediation and Fined

Perlman, Ronald (6/27/07) The physician was placed on probation for three years, fined \$2,500 and required to conform to certain standards of practice and maintain monitoring for relapsed substance abuse. [Plastic Surgery]

Other

Rogers, Allen S. (7/18/07) Upon completion of ten hours of continuing medical education related to the treatment of non-alcoholic fatty liver disease, the charges against the physician were dismissed *nunc pro tunc* as of December 14, 2006. [Internal Medicine]

To use HPLA's website to check and verify a license, go to:

<http://hpla.doh.dc.gov/hpla/site/default.asp>

Current Members of The D.C. Board of Medicine

Frederick C. Finelli, MD, JD,
Physician Member and Chairperson
Carlos Cano, MD, Statutory Member
John J. Lynch, MD, Physician Member
Lawrence A. Manning, MD, Physician Member
Peter G. Shields, MD, Physician Member
Ronald Simmons, PhD, Consumer Member
Felicia Ann Retland, Consumer Member
James A. Towns, Esq., Consumer Member
Raymond K. Tu, MD, Physician Member
Cheryl R. Williams, MD, Physician Member

Contact Information

Board phone number (202) 724-8800

Fax number (202) 724-8677

DC Government website www.dc.gov

Board Staff

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Mr. James R. Granger, Jr.

Health Licensing Specialists
Ms. Alesia Henry
Ms. Lisa Robinson
Ms. Antoinette Stokes

Health Licensing Specialist Assistant
Ms. Pooja Varma

Newsletter Editor/Layout
Nancy Kofie

Health Professional Licensing Administration Webpage
<http://hpla.doh.dc.gov/hpla/site/default.asp>

Address DC Board of Medicine
717 14th Street, NW
Suite 600
Washington, DC 20005

Filing a Complaint

To file a complaint against a licensed DC physician or physician assistant, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have. The letter must also include your address, so we may contact you as necessary and notify you of any findings.

You should mail the complaint to:

DC Board of Medicine
Suite 600
717 14th Street, NW
Washington, DC 20005

You can also fax the complaint to the Board at (202) 724-8677.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
Suite 1000
717 14th Street, NW
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided.

If you have a fee dispute with a health professional, you can seek redress through the civil courts.