



The mission of the Oregon Medical Board is to protect the health, safety and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

Maintenance of Licensure

By James Peck, MD, Medical Director Emeritus

When I graduated from medical school in 1972, I thought I was knowledgeable and competent to treat patients. In reality, my learning had just begun. Much of what I was taught would soon become obsolete.

Maintenance of Licensure (MOL) is a new process by which licensed physicians periodically provide evidence of continuous professional development as a condition of state licensure.

Conventional wisdom holds that physicians get better with age and experience. This is not borne out by the evidence.

Oregon requires CME to be relevant to a physician's specific area of practice.

Evidence of lifelong learning and ethical behavior are characteristics that must be displayed continuously throughout a physician's career. Empowered patients increasingly expect higher quality and an emphasis on safety in medical care. In 2007, the American Association of Retired Persons (AARP) conducted a survey in which 95% of respondents said that physicians should be required to demonstrate up-to-date knowledge and skills as a condition of licensure.

Medical knowledge and advancements in technology are increasing exponentially. Failure to keep pace has the real potential to negatively impact healthcare quality. Younger age and specialty certification have been found to be the only significant predictors of competence.¹ In a series of reports beginning in 2000, the Institute of Medicine addressed the importance of continuous learning for patient safety.²

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Statement of Purpose: *The OMB report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.*

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FAQs from the OMB

Q: A licensee received a letter stating that an investigation has been opened in their name. What happens next?

A: The letter received explains the allegations against the licensee, asks for a detailed account of the situation, provides a response deadline, requests supporting documents and provides the name and contact information of the assigned investigator.

Licensees will mail the completed response by the specified due date along with any additional requested documents. Many cases are resolved after this step. If further actions are required, the investigator will contact the licensee.

It is important to follow all deadlines as the process can be slowed by issue complexities, the number of people involved and consultant reports, among other items.

Q: Can licensees find out who lodged the complaint? If they guess, can they contact the person?

A: Complainant information is always confidential. No, the licensee or a representative may not contact the person believed to be the complainant.

Q: The Board investigated a complaint but took no formal action and closed the case. Will the public know about the investigation?

A: By statute, Board investigations and complaint information are confidential. This information is not available to the public.

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Submit Your Question

Do you have a question you'd like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

E-mail your question to
OMBReport@state.or.us

FAQs from the OMB

(Continued from page 2)

Q: A licensee was asked in for an interview with the Investigative Committee. Can they decline? Can they retain legal counsel?

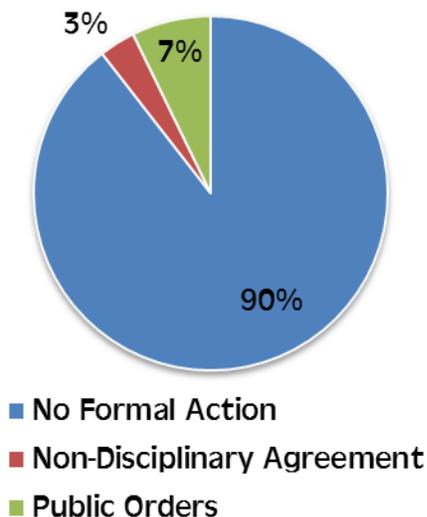
A: No, a licensee cannot decline a request for an interview, nor should the licensee want to. Interviews are the opportunity for the interview panel to hear from the licensee directly regarding the matter under investigation.

A licensee may retain legal counsel at **any time** during the investigative process. Many licensees find counsel representation beneficial during an investigation, and the Board never discourages a licensee from obtaining counsel. Some malpractice carriers provide this service. If this is not an option, the Oregon State Bar Association can provide names of attorneys who practice this type of law.

Q: Does a malpractice lawsuit automatically result in a formal investigation?

A: Staff review all malpractice cases, but not all reviews result in an investigation. Less than one percent of OMB cases originate from malpractice claims. +

Investigation Closures



Board Researches Disciplinary Outcomes

By Kathleen Haley, JD, Executive Director

Measurements of performance via outcome data are a fact of life in government today. This is particularly true in education and health care. The Oregon Medical Board as a regulator of state health care professionals has a series of outcome measures to determine its efficiency and effectiveness (www.oregon.gov/omb/pages/performance.aspx).

The Board also continually evaluates its work relative to its mission to protect patients while increasing quality and access to health care.

The Board has been very fortunate to partner with Lewis and Clark Law School's externship program. Students have the benefit of working on legal issues involving health care policy and regulation, and the Board benefits from the outstanding research and writing skills of participants. Students sign a confidentiality agreement as a requirement of participation. Last fall one of our externs, Kimberly Fisher, examined the consistency of Board disciplinary decisions.

In order to factor in differences in terms of Board membership, our extern looked at four years of data. While I was consulted as to the areas for review, the extern was otherwise allowed to operate independently. At the January 2013 Board meeting, her research was presented to the Board and interested members of the public, including attorneys who represent physicians before the Board.

Two categories of discipline were reviewed, one involving competency (specifically prescribing)

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Treating Family Members: A Case Study

The 10-year-old daughter of an internist complains of a sore throat at breakfast. It is the second week of school and she is having a hard time adjusting to a new teacher. The doctor does a cursory exam in the kitchen, which shows minimal redness of the posterior pharynx, no tonsillar enlargement or exudate, no lymphadenopathy and no fever.

The daughter is sent off to school after receiving some acetaminophen. Over the next three days, she continues to complain that her throat is sore but no other symptoms develop. Five days later, she awakens in the morning with fever and an erythematous rash

resembling sandpapered sunburn over her face and trunk. Perplexed, the young internist asks his dermatologist



friend and running partner to stop by after their morning jog. After a careful examination, the dermatologist reassures me, "Joe, I haven't seen the rash of scarlet fever in a long time."

This is how I learned I could not be objective when diagnosing or treating members of my family. Fortunately, my daughter recovered after a course of

penicillin prescribed by her pediatrician. In an article "What Do You Do When Your Loved One Is Ill? The Line between Physician and Family Member" in the *Annals of Internal Medicine* 2008; 149: 825-829, the authors outline several examples of situations physicians find themselves in when providing care to family members. The article suggests that physician-family members ask themselves "What would I do in this situation if I did not have a medical degree?" and consider avoiding acts that require a medical license. The Oregon Medical Board agrees with this advice. +

~ Joseph Thaler, MD, OMB
Medical Director

Practice Agreements Now Online

The OMB has streamlined its process for Practice Agreements and Terminations.

Supervising physicians and physician assistants now make all Practice Agreement submissions and terminations electronically through the OMB website. Hard copy submissions are no longer accepted.

Approved supervising physicians and physician assistants will now log in to the Online Services page to make changes. Users will find a Practice Agreements link under the **Supervising Physicians and Physician Assistants** section.

Please see our Current Events announcement at www.oregon.gov/OMB/pages/physicianassistantsupervisionchanges.aspx for more information. +

Oregon Medical Board
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Web site address: www.oregon.gov/OMB

PRACTICE AGREEMENT FORM

The Supervising Physician – Physician Assistant team must complete the practice agreement. A supervising physician or supervising physician organization (SPO) must ensure that the physician assistant is competent to perform all duties delegated to the physician assistant.

The supervising physician and the physician assistant must maintain an updated copy of this agreement at the practice site. This agreement must be updated at least every two (2) years.

Beginning date for the Practice Agreement (mm/dd/yyyy): _____

Type of supervision for this relationship:

Individual Supervising Physician
A physician licensed under ORS Chapter 677, actively registered and in good standing with the Board as a Medical Doctor or Doctor of Osteopathic Medicine, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the PA. OAR 847-050-0010.

Supervising Physician Organization (SPO) – SPO Name:
A group of physicians who collectively supervise a physician assistant. One physician within the supervising physician organization must be designated as the primary supervising physician of the physician assistant. OAR 847-050-0010. Attach a document indicating the primary supervising physician, all physicians within the SPO who will provide some supervision, and the address and phone number for the SPO.

PHYSICIAN ASSISTANT Name			PA Oregon license #
PA Primary Practice NAME and ADDRESS (for this relationship only)			
City	State, Zip Code	County	Business Phone #
PA Secondary Practice (if any & for this relationship only) NAME and ADDRESS			State and Zip Code
PA E-mail Address			

SUPERVISING PHYSICIAN Name <input type="checkbox"/> MD <input type="checkbox"/> DO			Physician Oregon License #
Physician Primary Practice NAME and ADDRESS			
City	State, Zip Code	County	Business Phone #
Physician SPECIALTY for this relationship			

Maintenance of Licensure

(Continued from page 1)

Continuing Medical Education (CME) activities are required for renewal of medical licensure by nearly all state medical boards. Interactive CME workshops enhance physician engagement and provide the opportunity to practice skills. A randomized controlled study concluded that evidence-based online internet CME can produce sustained gains in knowledge and behavior that are comparable to live interactive CME workshops.³ A recent review of 130 articles determined that “CME appears to be effective at the acquisition and retention of knowledge, attitudes, skills, behaviors and clinical outcomes.”⁴



The National Institutes of Health has placed greater emphasis on translating scientific knowledge into clinical practice. It involves three steps: 1) an assessment of the physician’s practice

using evidence-based benchmarks, 2) implementation of an intervention, and 3) reevaluation of those performance measures to gauge improvement. External practice related feedback is essential.

The American Board of Medical Specialties (ABMS) has now adopted its Maintenance of Certification (MOC) program. While Oregon does not require specialty certification or recertification activities for medical licensure, the Board will accept the MOC program or the Osteopathic Continuous Certification (OCC) program to fulfill CME requirements for license renewal. Physicians who are not involved in MOC/OCC may adhere to the MOL requirements.

MOL is intended to ensure continued professional development over the length of a career. It is part of a larger, widespread movement in health care aimed at the enhancement of patient safety, the measurement of quality outcomes and system improvements. MOL is a physician-led response to the changes in medicine. +

Oregon is one of nine states participating in Maintenance of Licensure. For additional information, please visit www.fsmb.org/mol.html.

¹Caulford PG, Lamb SB, Kaigas TB, Hanna E, Norman GR, Davis DA. Physician Incompetence: Specific Problems and Predictors. *Acad Med.* 69(10):S16-S18. October 1994.

²Institute of Medicine. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America.* Washington, DC: National Academy Press. 2012.

³Fordis M, King JE, Ballantyne CM, Jones PH, Schneider KH, Spann SJ, Greenberg SB, Greisinger AJ. Comparison of the Instructional Efficacy of Internet-Based CME with Live Interactive CME Workshops. *JAMA.* 294(9):1043-1051. September 7, 2005.

⁴Marinopoulos SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar BH, Magaziner JL, Miller RG, Thomas

PA, Prokopowicz GP, Qayyum R, Bass EB. Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality. January 2007.

Professional Use of Name

Licensees must be licensed and practice under their legal name. A legal name is defined as the first, middle and last or surname given at birth or acquired through marriage, court order, adoption or naturalization.

In the event of a name change, licensees have 30 days to notify the OMB and complete the necessary requirements. Licensees must submit a signed and notarized name change affidavit provided by the Board, submit a copy of the legal document showing the name change and return their original Oregon license and certificate.

Failure to report the name change and submit the required documents or practicing under an alternate name will result in a \$195 fine. These actions may also be cause for further disciplinary action by the Board.

The name change affidavit is available on the OMB website at www.oregon.gov/OMB/mddo_application/namechange.pdf. +

OMB Report Turns Green!

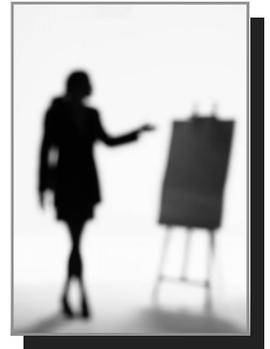
The Oregon Medical Board now offers an electronic version of the quarterly *OMB Report* newsletter direct to your e-mail inbox.

If you would like to receive the *OMB Report* electronically, please visit www.oregon.gov/OMB/newsltr.shtml and follow the link to opt out of paper copies.

Board Researches Disciplinary Outcomes

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and the other inappropriate behavior (specifically sexual misconduct). Ms. Fisher reviewed all disciplinary cases involving the prescribing of controlled substances to self or family and sexual misconduct from 2009 through 2012. Over three months full time, she read the voluminous documents involved in 120 cases. Her research indicates that the Board is highly consistent in its disciplinary



actions – 97% of the outcomes were consistent and the remaining 3% of cases had explainable inconsistencies. In addition, she found that the Board tailors the outcome to the facts of the case.

For the 38 cases involving the prescribing of controlled substances, 35 involved physicians and three involved physician assistants. In the cases that resulted in discipline for sexual misconduct, there were 39 physicians, four physician assistants and five acupuncturists. Some of the cases overlapped.

In making disciplinary decisions, Board members weigh a number of factors including patient harm, vulnerability of the patients, complainant credibility, reputation of the health care professional, honesty, prior Board history, other offenses and remorsefulness. This study is a first step in examining the consistency of Board decisions in the disciplinary arena. Thanks to the externship program, the Board has an additional resource to continue to examine its effectiveness through outcome data. +

OMB Enhances Customer Services

The OMB's licensing call center recently implemented a new tool, improving its ability to provide outstanding customer service. This new online feature, OregonConnect, allows support representatives to remotely view



computer screens of callers experiencing online

service issues.

When an applicant or licensee needs this service, OMB staff will send the caller an e-mail requesting temporary access to his or her computer. After the caller approves the request, the OMB staff will be able to view the caller's computer screen and guide the mouse while the caller is online. This allows identification and resolution of issues without frustrating

miscommunications, regardless of physical location.

A secure internet connection is required for representatives to access a caller's computer. This tool has vastly increased staff's ability to assist applicants, licensees and the public.

To view additional information about the OMB's website and services, please visit www.oregon.gov/omb. +

Helping Patients Retire from Driving

Submitted by Lisa Wallig, DMV Medical Programs Coordinator

Do you have patients who are no longer safe to drive and need them hang up the keys? The DMV has step-by-step instructions to help you assist when it's time to "retire" from driving:

On the OregonDMV.com website:

- Click on "**Medical Professionals**" tab
- Click on "**Helping Your Patients Retire from Driving**"

Under the "Helping Your Patients Retire from Driving" link, you will find instructions on how to help your patients turn in their license and obtain an identification card. Your patients may qualify for a no-fee "quit driving" ID card that is good until the expiration of the driver license they surrendered. The ID card can be renewed for a fee.

The process to apply for a "quit driving" ID card varies depending on whether or not your patient is medically able to visit a local DMV office and the driver license expiration date. If your patient

is medically unable to visit a local DMV office due to a medical condition or health problem, they will need a letter from you, as the treating physician, stating that a medical condition or health problem prevents the patient from applying for a



"quit driving" ID card in person. Additional information that may be needed is outlined on the website. This process will allow a patient who is medically unable to travel to obtain the quit driving ID card by mail.

For more information visit www.OregonDMV.com or contact Lisa Wallig, Gerontologist, DMV Medical Programs Coordinator at (503) 945-5295. +

Washington's Program, Oregon's Benefits

Oregon prescribers have an additional tool to protect patient safety when writing prescriptions. Licensed prescribers can access Washington State's Prescription Monitoring Program (PMP) without a Washington medical license.

Like Oregon's Prescription Drug Monitoring Program, PMP provides a patient's prescription history, which includes a list of controlled substances prescribed, dosages, and the names and contact information of other prescribers. The program tracks information for Schedule II, III, IV and V substances.

To access the program, prescribers need to set up an account. This involves reading and accepting terms and conditions, completing a brief training guide and submitting a formal account request. Those approved will receive an e-mail with database instructions. Those denied will receive notification from PMP staff.

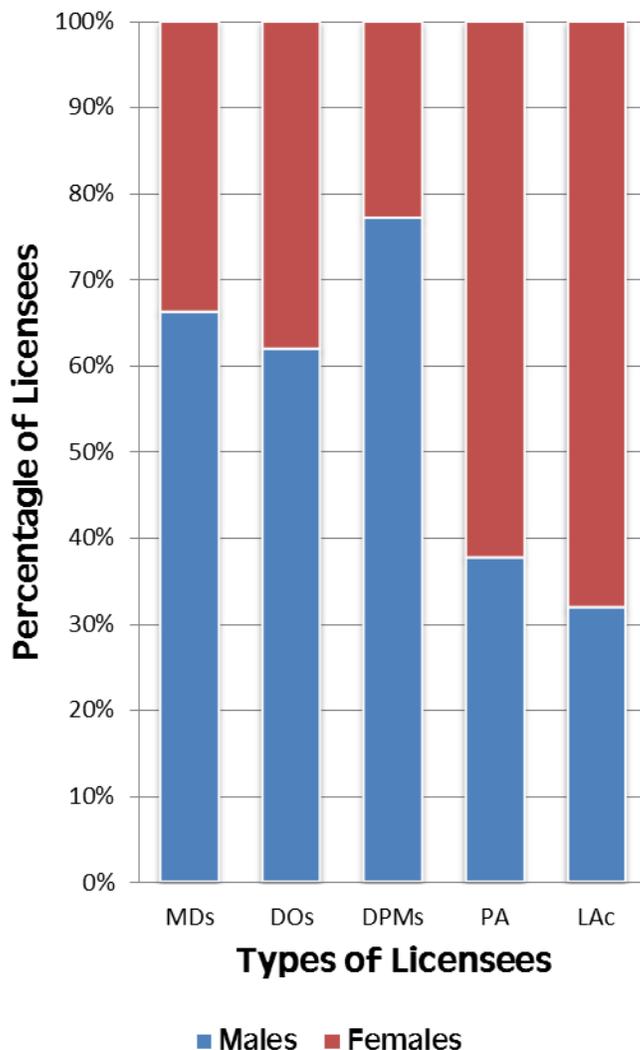
For additional information on the Washington State's Prescription Monitoring Program, please visit www.wapmp.org. +

It's Almost Time!

Licensees should ensure that their CME requirements are being fulfilled before the year ends. Biennial license renewals will be accepted online from October through December, and all licensees who wish to renew must do so by the end of 2013.



Statistically Speaking



Attention!

Dishonesty of any form on an application for licensure is a violation of the Medical Practice Act. Therefore, the Board issues fines, or "civil penalties," for "omissions or false, misleading or deceptive statements or information on an application for licensure." Serious acts of dishonesty on an application are grounds for denial of licensure. See the full text of Oregon Administrative Rule 847-008-0010 on our website, www.oregon.gov/OMB/rulesstatutes.shtml.

Board Actions

January 12, 2013, to April 5, 2013

Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.

Automatic Suspension

*These actions are reportable to the national data banks.**

BECKMAN, Brooke R., DPM; DP00434
Salem, OR

On January 24, 2013, the Board issued an Order of License Suspension to immediately suspend his podiatric license due to his failure to pay child support. Automatic suspension is required by ORS 25.750.

BRAY, Thomas H., MD; MD26593
Portland, OR

On February 7, 2013, the Board issued an Order of License Suspension to immediately suspend his license due to his incarceration in a penal institution. Automatic suspension is required by ORS 677.225.

Interim Stipulated Orders

*These actions are not disciplinary because they are not yet final orders, but are reportable to the national data banks.**

KANE, David H., MD; MD28773
Bend, OR

On March 25, 2013, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

KLEINERT, Kathleen M., DO; DO153515
Roseburg, OR

On March 5, 2013, Licensee entered into an

Interim Stipulated Order to voluntarily withdraw from the practice of obstetrics pending the completion of the Board's investigation into her ability to safely and competently practice in this specialty. The Order also prohibits Licensee from prescribing or dispensing any controlled substances.

SHELNUTT, Mark D., MD; PG157541
Portland, OR

On March 7, 2013, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and expire his Limited License, Post Graduate. Licensee may re-apply for a Limited License, Post Graduate upon the completion of the Board's investigation into his ability to safely and competently practice medicine.

Disciplinary Actions

*These actions are reportable to the national data banks.**

BARONE, Christopher M., MD; MD28251
Portland, OR

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; misrepresentation in applying for or procuring a license to practice in this state or in connection with applying for or procuring registration; and repeated negligence in the practice of medicine. This Order reprimands him; fines him \$7,500; suspends his medical license for 30 days; requires him to work under the supervision of a mentor who will provide weekly chart review; requires him to complete medical documentation and medical ethics courses and places him on probation.

BETTS, Jay G., DO; DO07540
Lake Oswego, OR

On April 4, 2013, Licensee entered into a

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Board Actions

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Stipulated Order with the Board for willfully violating any Board rule, Board Order or Board request. This Order retires his osteopathic license while under investigation.

FLORES, Gonzalo M., LAc; AC00643

Portland, OR

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating any rule adopted by the Board or failing to comply with a Board request or order. This Order revokes his acupuncture license, however the revocation is stayed; reprimands him; suspends his acupuncture license for 30 days; fines him \$6,000; requires the presence of a chaperone when treating female patients and proper documentation of such; and disallows Licensee from treating female patients who decline a chaperone.

HUTSON, Daniel B., PA; PA00697

Portland, OR

On April 4, 2013, Applicant entered into a Stipulated Order with the Board. This Order grants him a physician assistant license; places him on probation; requires that his practice setting, supervising physician, and practice agreement be pre-approved; requires the presence of a chaperone when treating female patients; requires him to work under the personal supervision of his supervising physician for at least 520 clinical hours; outlines the chart review and reporting requirements of his supervising physician; allows for no-notice audits of his medical records; prohibits him from prescribing Schedule II controlled substances, dispensing any medications, and prescribing any

controlled substances for at least three months; prohibits him from treating or prescribing for himself, friends, clinic personnel, or relatives; requires that he complete courses in medical documentation, professional ethics, and professional boundaries; requires that he establish and maintain a relationship with a healthcare provider; and requires that he surrender his physician assistant license should he become licensed as a naturopathic physician.

LEE, Anthony H., MD; MD15438

Beaverton, OR

On April 4, 2013, Licensee entered into a Stipulated Order with the Board. This Order retires his medical license while under investigation.

MEINIG, Martin L., MD; MD27787

Klamath Falls, OR

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands him, assesses a fine of \$2,500, requires that he complete a boundaries course, and requires that he establish and maintain a relationship with a healthcare provider.

PAYSSE, Jeanette C., MD; MD26435

Portland, OR

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, impairment, willfully violating any Board rule or order, violating the federal Controlled Substances Act and prescribing controlled substances without a legitimate purpose. This Order surrenders her medical license while under investigation.

SAKS, Seldon K., MD; MD15511**Tualatin, OR**

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for willfully violating any Board rule, Board Order or Board request. This Order reprimands him, places him on probation, outlines a payment plan for costs owed to the Board and prohibits him from acquiring or using electronic equipment for medical diagnosis or treatment without approval.

SHELNUTT, Mark D., MD; PG157541**Portland, OR**

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order expires his Limited License, Post Graduate, requires that he withdraw from the practice of medicine while under investigation and prohibits him from re-applying for licensure in Oregon for two years.

USHER, Vernon H., MD; MD09413**Portland, OR**

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order retires his medical license while under investigation.

VAUGHN, Janice M., MD; MD12709**West Linn, OR**

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence in the practice of medicine. This Order disallows her from providing general or regional anesthesia to patients, requires her to complete a medical documentation course and allows the Board

to conduct no-notice compliance audits of her medical charts and practice location(s).

YAZDI, Navid D., MD; MD150979**Helvetia, OR**

On April 4, 2013, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, fraud or misrepresentation in applying for a license to practice medicine in this state and willfully violating any rule adopted by the Board or any Board order or any Board request. This Order surrenders his medical license while under investigation, assesses a civil penalty of \$2,500 and prohibits him from applying for licensure in Oregon for three years.

Prior Orders Modified or Terminated**BECKMAN, Brooke R., DPM; DP00434****Salem, OR**

On February 4, 2013, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's January 24, 2013, Order of License Suspension.

GALAVIZ, Manuel R., MD; MD13449**Vancouver, WA**

On April 4, 2013, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's April 17, 2003, Stipulated Order.

GRAHAM, Barbara A., MD; MD15611**Portland, OR**

On April 4, 2013, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's October 11, 2012, Stipulated Order, allowing the Board to hold the Order in abeyance provided that Licensee is not actively practicing medicine.

(Continued on page 12)

Board Actions

(Continued from page 11)

GRIESSER, Carl R., MD; MD155331
Medford, OR

On April 5, 2013, the Board issued an Order Terminating Consent Agreement. This Order terminates Licensee's November 16, 2011, Consent Agreement.

O'GARA, Michael, R., DO; DO08605
Gold Beach, OR

On February 7, 2013, the Board issued an Order Terminating Amended Interim Stipulated Order. This Order terminates Licensee's November 1, 2011, Amended Interim Stipulated Order.

TREIBLE, Timothy J., MD; MD15152
Portland, OR

On April 4, 2013, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's April 5, 2012, Corrective Action Agreement.

Non-Disciplinary Board Actions

January 12, 2013, to April 5, 2013

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* unless related to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

FOSTER, David W., MD; MD12438
Stayton, OR

On April 4, 2013, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to

complete courses on medical documentation and neurological assessment.

MORISHITA, Megumi, MD; MD25973
Newport, OR

On March 7, 2013, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to a Board audit of her surgical cases after six months.

PAGE, Travis L., DO; DO26755
Nyssa, OR

On April 4, 2013, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a course on medical documentation and allow for no-notice audits of his clinic and charts.

Board Action Subscriber's List

Want to stay updated on the Oregon Medical Board's latest actions? Please join the Subscriber's List. You can sign up by going to www.oregon.gov/OMB/bdactions.shtml and following the link to be e-mailed when a new report is posted.

Consent Agreements

*These actions are not disciplinary and are not reportable to the national data banks.**

BERGIN, Patrick J., MD; MD150855
Springfield, OR

On April 4, 2013, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under a Board-approved mentor for a minimum of one year.

Please read the full *Report* for all the Board's news and ways to improve your practice. Previous issues of the *Report* can be found at www.oregon.gov/OMB/newsltr.shtml.

**CARLSON, Deborah L., MD; Applicant
Salem, OR**

On April 4, 2013, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under the supervision of a Board-approved mentor and complete the recertification process with the American Board of Psychiatry.

**LUTY, Jeffrey A., MD; MD155853
Portland, OR**

On April 5, 2013, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to practice under the supervision of a Board-approved mentor in accordance with the submitted re-entry to practice plan and continue with his current healthcare treatment.

Current and past public Board Orders are available on the OMB website:

www.oregon.gov/OMB/bdactions.shtml. +

**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB).*

Did you know...



The Oregon Pain Management Commission is responsible for the **1** hour of pain management specific CME credit required of all OMB Licensees.

The course has recently been updated with new information. It is available at www.oregon.gov/oha/OHPR/pages/pmc/index.aspx

Even licensees who took the course in the past years complete the **1** hour course.

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. The full text of the OARs under review and the procedure for submitting comments can be found in the Secretary of State Bulletin, available at:

<http://arcweb.sos.state.or.us/banners/rules.htm>.

Proposed Rules

First Review

All Licensees

847-001-0035: Approval of Suspensions and Terminations of Orders by Operation of Law – Delegates authority to the Executive Director and Medical Director to approve Suspensions and Terminations of Orders that occur by operation of law. Currently, Suspensions that occur by operation of law are those required by statute for licensees who are in arrears for child support, licensees who do not comply with the CME audit requirements, licensees who are adjudged to be mentally ill or admitted to a treatment facility for

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Oregon Administrative Rules

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a mental illness for more than 25 consecutive days, and licensees who are inmates in a penal institution. Currently, Terminations of Orders that occur by operation of law are those required by statute for licensees who come into compliance with child support or come into compliance with the CME audit requirements after the minimum 90 day suspension.

Physicians (MD/DO/DPM)

847-017-0000 through 847-017-0040: Office-Based Surgery

– Classifies levels of office-based surgeries and sets forth the corresponding requirements; reorganizes and adds new definitions; establishes a standard of practice for licensees performing office-based surgery; sets forth requirements for where a licensee may perform office-based surgery; clarifies the assessment and informed consent procedures prior to the performance of an office-based surgery; clarifies the requirements for patient medical records; expands the emergency care and transfer protocol requirements; requires reporting of specified office-based surgical adverse events; and contains general grammar and language housekeeping changes.

Acupuncturist (LAc)

847-070-0050: Acupuncture Advisory Committee

– Corrects the term of office for members of the Acupuncture Advisory Committee, specifies that the Committee elects its own chairperson, and provides the statutory authority for Committee member compensation and expenses.

Podiatrists (DPM)

847-080-0007 through 847-080-0030: Podiatry – Updates the name of the licensing examination,

clarifies that applicants must pass the MPA and DEA exams and a criminal records check, streamlines and clarifies the qualifications and documentation requirements to reflect a simplified application process that has evolved with advancements in technology and availability of electronic documents, and clarifies the requirement for a clinical competency assessment for applicants who have not had sufficient postgraduate training or specialty board certification or recertification within the past ten years.

Adopted Rules

Final Review

847-005-0005: Fees – Reorganizes the fee schedule for accuracy and clarity, deletes charges for certain information requests that are no longer offered due to electronic availability of the information, and corrects a typo in the fines for delinquent registrations for physicians and podiatrists.

847-008-0040: Process of Registration – Reflects the Board's online registration renewal process and the Board's ability to provide certificates of registration electronically rather than by mail and reorganizes the subsections, streamlines the language, and contains general grammar and housekeeping changes.

847-008-0068: State and Nationwide Criminal Records Checks, Fitness Determinations – Moves (renumbers) the rule on criminal records checks from Division 020 to Division 008 to accurately show that it applies to all Board applicants and licensees and clarifies that the submitted fingerprints must be legible.

847-012-0000: Patient's Access to Medical Records – Clarifies that electronic information is also "health information" for the purpose of these rules and corrects statutory references due

to amendments and renumbering of the implemented Oregon Revised Statutes.

Physicians (MD/DO/DPM)

847-020-0100 through 847-020-0200: Rules for Licensure to Practice Medicine in Oregon –

Reorganizes the rules in this Division 020 to be more concise and updates the rules to reflect a simplified application process that has evolved with advancements in technology and availability of electronic documents; streamlines the definitions; clarifies the requirements for a license after the first post-graduate year; removes the requirement for licensing staff to verify the accreditation of each medical school clerkship for international graduates; removes contradictory language about postgraduate training requirements for international graduates; removes the discussion of the Limited License Visiting Professor in favor of its primary location in OAR Chapter 847, Division 010; requires documents in a foreign language to be submitted with an official translation; removes references to a paper application form; revises the requirements for a photograph so that it may be submitted digitally; updates the name of the Practitioner Self-Query for the DataBanks; includes fingerprints within the rule on documents to be submitted for licensure; clarifies that the Board may ask for additional documents regarding information received during the processing of the application; clarifies that a Verification of Medical Education form must include dates of attendance; includes the ECFMG certificate among the documents that must be sent to the Board from the source; clarifies that license verifications are required from international licensing boards in addition to licensing boards within the United States; reorganizes the list of examinations that may be used to apply for licensure; adds an “extenuating circumstances” waiver for the requirement that

USMLE or NBOME must be passed within seven years; adds a “board certification” waiver for the requirement that the FLEX examination must be passed within four attempts; incorporates licensing examinations administered by other state boards among the examinations accepted by the Board for licensure based upon reciprocity and repeals the independent rule addressing the issue; and simplifies the discussion of the Limited License SPEX by referring to the rule describing this license status in OAR Chapter 847, Division 010.

Emergency Medical Services Providers (EMS)

847-035-0011: EMS Advisory Committee – Adds a position for a public member to the EMS Advisory Committee.

847-035-0030: Scope of Practice – Adds “intramuscular injection” of epinephrine to the scope of practice for an EMT; removes the subsection related to the release of chemical warfare agents from the Umatilla Army Depot; and requires that all Emergency Medical Responders (formerly First Responders) have standing orders from an approved supervising physician (agency medical director). The category of Emergency Medical Responders without standing orders has been eliminated; there is no scope of practice that an Emergency Medical Responder can perform without standing orders. The former scope of practice for these Emergency Medical Responders is now included within the scope of practice for Emergency Medical Responders with standing orders.

For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/OMB, or call 971-673-2700. +

OFFICE CLOSURES

The OMB will be closed and unavailable to provide licensee support on the below dates.

2013 Holidays

Independence Day

Thursday, July 4

Labor Day

Monday, September 2

Veteran's Day

Monday, November 11

Thanksgiving Day

Thursday, November 28

Christmas Day

Wednesday, December 25

PUBLIC NOTICE SUBSCRIBER'S LIST

If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to www.oregon.gov/OMB/monthlymeetingnotice.shtml and following the link to receive meeting notices.

CALENDAR OF MEETINGS

May 2, 7:30 a.m.

Investigative Committee

June 6, 7:30 a.m.

Investigative Committee

June 7, Noon

Acupuncture Advisory Committee

June 12, 5 p.m.

Administrative Affairs Committee

June 13, 9:30 a.m.

Physician Assistant Committee

July 11-12, 8 a.m.

Board Meeting

July 11, 3:30 p.m.

Investigative Committee

August 1, 7:30 a.m.

Investigative Committee