



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

A Fool For A Patient

"A physician who treats himself has a fool for a patient." – William Osler, M.D.¹

It is generally unwise to treat oneself or a family member. The Board cautions licensees against self-prescribing any medications or prescribing for a family member. Further, the Board suggests that a practitioner never prescribe narcotics or benzodiazepines under these circumstances.

When treating a family member, there is a significant danger that the practitioner will fail to take a full medical history, perform a complete physical examination, make an objective assessment, and maintain appropriate records. Similarly, the patient may feel uncomfortable disclosing sensitive information or undergoing a physical examination. According to Oregon law, it is a violation of the

Medical Practice Act for a practitioner to prescribe controlled substances without following accepted procedures for examination and record keeping. When self-treating, it is nearly impossible for a practitioner to complete these tasks.

In addition, unnecessary burdens exist when the practitioner treats himself or herself or an immediate family member. First, the practitioner may feel pressured to provide care beyond his or her expertise or training. Second, the patient may feel that he or she is unable to question or decline the practitioner's recommendations. Third, if controlled substances are prescribed, the pharmacist has the difficult burden of determining whether to fill the prescription or to question abuse.



(Continued on page 6)

INSIDE THIS ISSUE:

| | |
|---|----|
| FAQ's from the OMB | 2 |
| Guidelines for Pain Management | 3 |
| Material Risk Notice | 4 |
| Committee Openings | 4 |
| Statement of Philosophy: Pain Management | 5 |
| Prescription Drug Abuse Summit | 6 |
| Board Actions | 7 |
| Oregon Administrative Rules, Proposed & Adopted | 10 |
| Annual Statistics | 12 |

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.

Oregon Medical Board

Chair

Ralph A. Yates, DO
Gresham

Vice Chair

W. Kent Williamson III, MD
Portland

Secretary

Ramiro Gaitán

Public Member

Portland

Lisa Cornelius, DPM
Corvallis

Donald E. Girard, MD
Portland

Linda B. Johnson, MD
Turner

Douglas B. Kirkpatrick, MD
Medford

John Kopetski
Public Member
Pendleton

George Koval, MD
Portland

Roger McKimmy, MD
Eugene

Lewis D. Neace, DO
Hillsboro

Keith A. White, MD
Salem

Staff

Executive Director
Kathleen Haley, JD

Medical Director
Jim Peck, MD

OMB Report Writer and Co-Editor
Nicole Krishnaswami, JD

OMB Report Designer and Co-Editor
Brandy Trotter

www.oregon.gov/OMB

FAQs from the OMB

Q: Should cost be a factor in what or how much I prescribe?

A: Yes. Practitioners should consider the cost of any recommended treatment – not just pain management. However, cost is only one of many considerations. The decision should be based on drug safety, efficacy and treatment goals for the patient. Patient safety should be the main interest.

Q: How do I use a pain inventory?

A: A pain inventory is a questionnaire to measure the patient's level of pain. Although there are many acceptable versions, most pain inventories ask the patient to rate their pain on a scale of one to ten. Practitioners should review the results with the patient at each visit and use it to reassess their pain and guide pain therapy.

Q: What is a pain management plan and how is it used?

A: A pain management plan (Opioid Therapy Plan) is a signed agreement between the patient and prescribing practitioner that includes the treatment plan and goals. It requires the patient to be responsible for taking the controlled substances as prescribed. Among other things, it includes expectations for obtaining urine drug screens or pill counts when requested and locking up medications to prevent theft or loss.

Q: What are the warning signs of a patient abusing opioid prescriptions?

A: Aberrant behavior includes lost or stolen medications, multiple early refills, two or more providers of opioids, concurrent alcohol or illicit drug use, cancellations of appointments and recommended consultations (physical therapy, psychological evaluation and treatment, behavior modification, etc.), emergency room or urgent care visits for medications and self-adjusting opioid medications without permission.

(Continued on page 6)

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

OMB Guidelines for Pain Management

The Oregon Medical Board requires the use of effective pain control treatments for all patients, irrespective of the etiology of the pain, including acute pain resulting from injury, invasive procedure or acute illness and chronic pain of diverse etiology. At times, appropriate treatment necessitates the prescription of opioid medications. Practitioners must be knowledgeable in pain treatment, treat pain within the scope of their practice and refer patients to the appropriate specialists when indicated.

Effective treatment of acute pain promotes recovery and return to normal function. The best approach is often multi-modal, with both opioid and non-opioid medications. The risk of developing a new addiction is very low when a short course of opioids is used for acute pain and discontinued as the patient recovers. However, inadequately managed acute pain may result in chronic pain. Therefore, patients who are not recovering as expected must be carefully assessed.

Appropriate treatment of chronic pain involves both medication and non-medication techniques to address the complaint of pain along with physical de-conditioning, mental health and other sources of distress. Opioids are most likely to be successful in reducing pain and restoring function when they are combined with other approaches (physical therapy, pain relieving procedures, psychological techniques, complimentary medicine approaches, etc.). Opioids are not always required for the treatment of chronic pain. If the patient's pain control or function does not improve with opioids, their use should be tapered and

discontinued. Prescribing opioids for non-medical use is illegal.

When prescribing opioids for chronic pain, the law requires practitioners to provide careful assessment and documentation of the medical condition causing pain as well as co-morbid medical and mental health conditions. Goals for treatment should be established with the patient before prescribing opioids. Patients

must be informed of the risks and sign a Material Risk Notice.

In all cases of pain management, practitioners should maintain records to track prescriptions, coordinate care with other treating practitioners, and identify drug seeking behavior or diversion.

Patient response, compliance with treatment and periodic reassessment is required.

The Board expects, and the law requires, appropriate management of all of types of pain in a practitioner's medical practice. The standard of care allows neither under-treatment nor over-treatment. +

The Intractable Pain Statute is ORS 677.470 to 677.480, and the Oregon Administrative Rule is 847-015-0030. Visit the Board's website at www.oregon.gov/OMB, click "Topics of Interest," and proceed to "Intractable Pain and Pain Management" for more information.

Special thanks to Jim Peck, MD, OMB Medical Director, and Brett Stacey, MD, OHSU Comprehensive Pain Center, for their assistance with this article.

"Appropriate treatment of chronic pain involves both medication and non-medication techniques..."

Material Risk Notice

A Material Risk Notice (MRN) is a written record documenting the physician-patient discussion on long-term controlled substance therapy for intractable pain. Similar to obtaining informed consent for a procedure, the attending physician first explains the intended opioid therapy and provides the MRN document, which the patient signs to acknowledge understanding.

Although not an exclusive list, the MRN should include the diagnosis, the controlled substance(s) to be used, the anticipated results, alternative

therapies and any therapies that will be used in conjunction. Further, the MRN should include the patient's allergies, potential side effects, medication interactions and the potential for impairment of judgment or motor skills. The possibility of dose escalation and tolerance should be included, as well as the potential for dependence and addiction and withdrawal precautions.

The attending physician is required to keep the MRN, documentation of follow-up and repeated assessment of the

therapy in the patient's permanent medical record. Further, the physician must maintain a dispensing record in the patient's chart showing the amount, dosage and timing of prescribed or administered controlled substances. +

For more information, see Oregon Administrative Rule 847-015-0030. Visit the Board's website and click the link for "Material Risk Notice" for a sample, Board-approved MRN. Licensees may use a customized MRN if it includes the minimum required information provided in the Rule.

"Pain is one of the most common reasons people consult a physician, yet it frequently is inadequately treated, leading to enormous social cost in the form of lost productivity, needless suffering and excessive healthcare expenditures."

American Pain Society

The Use of Opioids for the Treatment of Chronic Pain

Committee Openings

The Board's **Acupuncture Advisory Committee** is seeking an **acupuncturist** and a **physician member**. The Committee makes recommendations to the Board on licensing, investigations, education and issues related to acupuncture in Oregon. It is composed of three acupuncturists, two physicians and one Board member. The term of office is four years. Committee meetings occur twice a year, with additional meetings or conference calls if necessary.

The Board's **Physician Assistant Advisory Committee** is seeking a **physician assistant** and a **physician member**. The Committee makes recommendations to the Board on licensing, investigations, education and issues related to physician assistants in Oregon. It is composed of three physician assistants, one physician who supervises a physician assistant and one Board member. The term of office is three years. Committee meetings occur quarterly, with additional meetings or conference calls if necessary.

Interested applicants may contact the Board at 971-673-2700 or log on to www.oregon.gov/OMB/ccmvacancies.shtml.

Statement of Philosophy: Pain Management

The OMB urges the use of effective pain control for all patients, irrespective of the etiology of their pain. This includes, but is not limited to, postoperative pain, chronic pain of diverse etiology, and pain derived from malignancies. Physicians are encouraged to treat pain within the scope of their practice.

Studies have shown that as many as one-half of patients in pain are not given sufficient pain medication to control their pain in an optimal manner. There are three reasons for this failure to achieve adequate pain relief: (1) concern about causing addiction; (2) lack of knowledge about pain management techniques and pain medication pharmacology; and (3) fear of scrutiny and discipline by regulatory agencies. None of these factors, however, should preclude the physician from assuring that the patient has adequate pain control.

The treatment of post-operative pain requires aggressive management and frequent feedback from the patient regarding the adequacy of the pain control prescribed. The potential for addiction is very low when short courses of narcotics are used to treat post-operative pain.

Skillful pain management techniques, including oral, parenteral and, when available, regional pain management techniques can achieve maximum patient comfort and may reduce the total amount of narcotics required.

The OMB encourages physicians to become well informed in acute post-operative pain management and to hone their skills in the latest techniques for control of these acute, self-limited episodes of pain caused by surgical procedures.

Management of the patient with chronic nonmalignant pain requires both medication

and non-medication techniques for the effective treatment of these complex patients. In 1995, the Oregon Legislature adopted the Intractable Pain Act (ORS 677.470 to 677.480). This act allows a physician to prescribe or administer controlled substances to a patient diagnosed with a condition causing intractable pain without fear of sanction from the Oregon Medical Board, so long as that physician complies with the provisions of the statute.



Both this statute and Oregon Administrative Rule 847-015-0030 assure that the patient with chronic nonmalignant intractable pain (1) receives careful assessment, documentation, and management of the

pain; (2) receives the assessment and recommendations of a physician specializing in the body area, system or organ perceived as the source of the pain; and (3) executes a signed material risk notice acknowledging receipt of information disclosing the material risks associated with the use of any controlled substances prescribed in the course of his or her treatment.

Finally, physicians occasionally prescribe narcotics too sparingly for their terminally ill patients. The OMB believes that physicians should make every effort to relieve the pain and suffering of their dying patients. This may require either intermittent or continued administration of large doses of narcotics, often

(Continued on page 12)

Prescription Drug Abuse Summit

The Board participated in the recent Prescription Drug Abuse Summit, which was held to discuss prescription drug abuse and strategies to reduce the associated threat to public health.

One focus of the summit was

inappropriate prescribing for chronic pain. The Board recognizes that chronic pain patients are challenging, requiring complex care and treatment decisions for multi-faceted problems. The summit aimed to begin the dialogue on ways to train

practitioners to identify and intervene to prevent prescription drug abuse.

The White House Drug Policy Office sponsored the summit, along with Oregon Governor Ted Kulongoski, Oregon Attorney General John Kroger and Oregon U.S. Attorney Dwight Holton. +

Mandatory Continuing Education on Pain Management

Continuing medical education (CME) on pain management is a one-time requirement. Licensees were required to complete six hours of CME on pain management or end-of-life care and a one-hour course specific to Oregon by January 2, 2009. Applicants granted a license after January 2, 2009, must complete the required CME within 12 months of licensure. (ORS 409.560 and OAR 847-010-0100)

The Oregon-specific, one-hour course is available as a video at www.oregon.gov/DHS/pain.

Please keep documentation of these CME hours and all other required CME hours in a safe place in the event the Board asks for proof of completion. Look for the next edition of the *OMB Report* for continuing education requirements beyond pain management.

A Fool For A Patient

(Continued from page 1)

Exceptions to this general guidance exist. For example, a practitioner may provide self-care or care to a family member in an emergency or until another practitioner is available. In all cases, the treating practitioner should maintain careful records and communication with the patient's primary care provider. +

¹ Widely recognized as a pioneer of modern medicine, Osler (1849-1919) was one of the four original faculty at the Johns Hopkins School of Medicine, where he introduced the German postgraduate training program with a one-year internship followed by a residency with increasing clinical responsibilities.

FAQs from the OMB

(Continued from page 2)

Q: How often should I review my patient's chronic pain and medication dosage?

A: A practitioner should reassess the stable patient with no indication of aberrant behavior at least every six months. However, a patient with signs of aberrant behavior should be reassessed with urine drug screens at least quarterly or as needed to ensure that it is safe to continue prescribing opioids.

Q: What if I am uncomfortable prescribing the medication my patient requests?

A: Patient safety is always the primary concern, and a practitioner has the right to refuse prescribing medication if he or she believes the patient is exhibiting aberrant behavior. +

Board Actions

October 16, 2010, to January 14, 2011

Emergency Suspensions

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

ABBASSIAN, Soraya Ann, MD; MD23436

Portland, OR

On December 23, 2010, the Board issued an Order of Emergency Suspension to immediately suspend her license due to the Board's concern for the safety and welfare of Licensee's current and future patients. This Order is in effect pending the completion of the Board's investigation.

Automatic Suspensions

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

FRIEDLANDER, Jeffrey, MD; MD14269

Portland, OR

On December 28, 2010, 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 disciplinary but are not reportable to the national data banks because they are not yet final orders.*

CAMPBELL, Robert Perry, MD; MD10884

Portland, OR

On January 11, 2011, 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.

EY, Frederick Sterling, MD; MD14443

Portland, OR

On January 10, 2011, 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.

KOVACHEVICH, Larry Lee, MD; MD09160
Winchester, OR

On November 2, 2010, 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.

LEE, Carma Jane, MD; MD21672

Damascus, OR

On November 9, 2010, Licensee entered into an Interim Stipulated Order to voluntarily cease prescribing Schedule II and III medications, tramadol and all psychotropic medications pending the completion of the Board's investigation.

MAUL, Casey Jacob, PA; PA00970

Coquille, OR

On January 5, 2011, 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.

STAGGENBORG, Richard Kelly, MD; MD20053

Roseburg, OR

On October 21, 2010, 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.

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.

(Continued from page 7)

Disciplinary Actions

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

BRISTOL, Thomas Lindsey, MD; MD09602 Salem, OR

On November 4, 2010, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands the licensee and places him on probation, restricts his practice to male patients only, allows no-notice inspections of practice and charts, and requires the licensee to provide a copy of this Order to his employers.

DOVER, Eric Alan, MD; MD16996 Portland, OR

On January 14, 2011, the Board issued a Final Order for unprofessional or dishonorable conduct, gross or repeated negligence in the practice of medicine and violating a Board order. This Order revokes Licensee's medical license, imposes a \$10,000 civil penalty and requires him to pay full costs of the disciplinary action.

LIU, Rong Yi, LAc; Applicant

On November 4, 2010, the Board issued a Default Final Order for unprofessional or

dishonorable conduct, fraud or misrepresentation in applying for an acupuncture license in this state, willful violation of rule(s) adopted by the Board, refusing an invitation for an informal interview with the Board and failing to report an adverse action by a law enforcement agency or court. This Order assesses a civil penalty of \$5,000. The fine is stayed provided the applicant does not apply for Oregon licensure in the future.

PLISKIN, Leslie Arthur, MD; MD12017 Lebanon, OR

On January 13, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, gross or repeated negligence in the practice of medicine, and incapacity to practice medicine. This Order reprimands the licensee and places him on probation for a minimum of five years, issues a \$2,500 fine to be paid within 60 days, allows no-notice practice and chart audits, requires Licensee to provide a copy of the Order to his employer(s) and instructs Licensee to sign an agreement with CPEP, successfully complete the CPEP Education Plan and submit the final CPEP report to the Board.

POWELL, Diane Hennacy, MD; MD25438 Medford, OR

On January 13, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order prohibits Licensee from conducting therapy or treatment sessions by telephone, except in the case of a medical emergency with a face-to-face meeting after, requires her to complete a charting course, requires monthly chart reviews and mentoring by a board-certified psychiatrist for six months and

New Year, New Address?

You are required by law to notify the Board within 30 days of changing your practice address or mailing address.

Log on to www.oregon.gov/OMB and click "Change of Address" on the right side of the page to update your practice, residence, and mailing address along with your telephone numbers and e-mail address.

(Continued on page 9)

allows no-notice practice and chart inspections.

**VALENZUELA, Eduardo Rodolfo, PA
PA00950
Roseburg, OR**

On January 13, 2011, Licensee entered into a Stipulated Order with the Board for engaging in the unlicensed practice of medicine, unprofessional or dishonorable conduct, gross or repeated negligence, willfully failing to comply with a Board statute, rule or request and prescribing controlled substances without a legitimate medical purpose, without following accepted procedures for examination of patients, or without following accepted procedures for record keeping. This Order reprimands Licensee, surrenders his license to practice medicine and terminates his May 5, 2010, Interim Stipulated Order. Licensee agrees not to apply for an active license for two years from the date of this Order.

**YAKIMOVSKY, Yoram, MD; MD12635
Portland, OR**

On January 13, 2011, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands Licensee and issues a \$2,500 fine to be paid within 90 days.

**Prior Orders Modified or
Terminated**

**DUKE, David John, MD; MD17195
Springfield, OR**

On January 13, 2011, the Board issued an Order Terminating Final Order. This Order terminates Licensee's December 3, 2009, Stipulated Order.

**SHOEMAKER, David Whitman, MD
MD17620
College Place, WA**

On January 13, 2011, the Board issued an

Order Terminating Final Order. This Order terminates Licensee's August 2, 2007, Final Order and July 10, 2008, Modified Final Order.

Non-Disciplinary Board Actions

October 16, 2010, to January 14, 2011

Corrective Action Agreements

These agreements are not disciplinary orders and are not reportable to the national data banks unless associated with an action against their license or related to billing or the provision or delivery of health care services. These are public agreements with the goal of remediating problems in the licensee's individual practices.*

**CHAMBERS, Jennifer Rebecca, LAc
AC150173
Portland, OR**

On December 2, 2010, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to obtain 20 hours of mentoring from a practice mentor.

**CHEON, Sung Jin, LAc; AC01102
Beaverton, OR**

On December 13, 2010, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete a course on charting sponsored by the American Acupuncture Council, practice with a practice mentor who will conduct monthly chart reviews and allow no-notice practice compliance inspection.

**GUILLEUX, Paul Michael, DO; DO11449
Gresham, OR**

On January 13, 2011, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to

(Continued on page 10)

Board Actions

(Continued from page 9)

complete a course on professionalism, pay a \$500.00 fine, immediately cease self-prescribing, establish a patient-physician relationship with a primary care provider and complete the one-hour pain management course offered by the Oregon Pain Commission.

STADTLANDER, Sean Michael, MD

MD19575

Newberg, OR

On January 13, 2011, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete Continuing Medical Education on chronic pain management within nine months, have a practice mentor for chronic pain management patients and meet with the mentor at least monthly.

Voluntary Limitations

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

BERGIN, Patrick John, MD; MD15838

Eugene, OR

On January 13, 2011, Licensee entered into a Voluntary Limitation to limit his practice to Administrative Medicine.

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

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

**National Practitioner Data Bank (NPDB), Healthcare Integrity and Protection Data Bank (HIPDB), and Federation of State Medical Boards (FSMB).*

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

847-001-0005 to 847-001-0020: Rules for Contested Case Hearings & Confidentiality in the Investigative Process – Adopts the Attorney General's 2008 rules for contested cases, delegates to the Executive Director the authority to take depositions and respond to

BOARD ACTIONS 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.

requests to depose witnesses, and requires licensees or applicants to protect the confidentiality of information obtained by the Board in the course of an investigation.

847-005-0005: OMB Fee Changes Effective July 2011 – Implements new fees for the 2011 biennium, pending legislative approval.

847-008-0070: Continuing Medical Competency (Education)/Maintenance of Competency (MOC) – Clarifies ongoing educational requirements for all licensees and the method of audit and discipline for failing to produce adequate documentation of completion of the required number of hours.

847-065-0010 to 847-065-0065: Health Professionals' Services Program (HPSP) – Purpose, Intent & Scope – Implements the new Health Professionals' Services Program (HPSP), pursuant to ORS 676.185-200, for licensees with substance use or mental health disorders.

847-065-0070: HPSP – Monitoring Licensees with Primary Residence or Work Site Outside of Oregon – Allows Oregon licensees with a primary residence or work site outside of Oregon to be monitored by a qualified health professional program in the licensee's primary state if the licensee also enrolls with HPSP.

Adopted Rules

Final Review

All Licensees

847-065-0005: Rules for Health Professionals' Services Program (HPSP) – Replaces the prior language for the Board's Health Professionals Program with the state's Health Professionals' Services Program.

Emergency Medical Technicians (EMT)

847-035-0001: Definitions – Defines Advanced Emergency Medical Technician (AEMT) as a person certified as an AEMT by the Division of the Oregon Health Authority under ORS 682.

847-035-0030: Scope of Practice – Allows an EMT-Basic to monitor patients with isotonic intravenous fluids flowing during a declared Mass Casualty Incident, and creates a scope of practice for an AEMT.

Physician Assistants (PA)

847-050-0027: Temporary Approval of Registration and Practice Changes – Clarifies the documentation required for the termination of a supervisory relationship between a supervising physician and a Physician Assistant.+

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

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.

Did you know...

- 35** - Number of Telemedicine Licensees
- 1** - Number of Licensees in Sherman County
- 6,686** - Number of Internal Medicine physicians, the most commonly reported specialty among Oregon Licensees



Pain Management

(Continued from page 5)

well above those dosages that are considered usual in such references as the *Physicians' Desk Reference (PDR)*.

Since the goal of treatment is to relieve pain and suffering, dying patients should receive sufficient narcotic dosages to produce the maximal possible comfort. The physician should acknowledge that the natural dying process usually involves declining blood pressures, decreasing respirations and altered levels of consciousness. Narcotics should not be withheld on the basis of physiologic parameters when patients continue to experience pain.

Some physicians frequently express concerns that the use of narcotics in dying patients may hasten death through pneumonia or respiratory depression. For these reasons, at times physicians may have limited the use of narcotics in dying patients out of fear that they may be investigated for inappropriate prescribing or allegations of euthanasia.

The OMB is concerned that such fear on the part of physicians may result in inadequate pain control and unnecessary suffering in terminally ill patients. The OMB encourages physicians to employ skillful and compassionate pain control for dying patients and believes that relief from suffering remains the physician's primary obligation to dying patients.

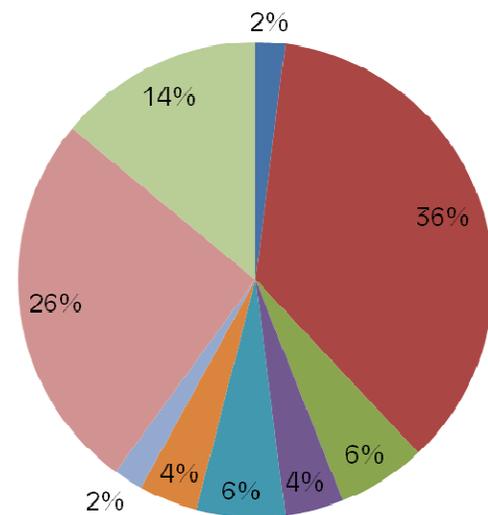
Appropriate management of all of these types of pain is the treating physician's responsibility. The standard of care allows neither overtreatment nor under-treatment. As such, the Board will consider clearly documented under-treatment of pain to be a violation equal to overtreatment, and will investigate allegations in the same manner. +

~ Adopted 1999 ~ Amended 2004, 2010

Annual Statistics

OMB staff is continually preparing for and wrapping up Board and committee meetings. For example, Investigative Committee Meetings are held 12 to 16 times per year and last 10 hours each. Three contested case hearings were held in 2010, each taking two to three days after months of preparation. Investigations staff and the state Attorney General's Office prepared for an additional eleven hearings that settled before the scheduled date. Each Board Meeting requires Board members to read, and staff to compile, over 5,000 pages of material. The following statistical report is a snapshot of the resulting work.

Categories of Complaints (Investigations)



- Board Order Non-Compliance - 2%
- Inappropriate Care - 36%
- Inappropriate Prescribing - 6%
- Malpractice Review - 4%
- Personal Substance Abuse - 6%
- Physical or Mental Illness/Impairment - 4%
- Sexual Misconduct - 2%
- Unprofessional Conduct - 26%
- Other - 14%

Other includes violation of state/federal statutes, criminal arrest, and miscellaneous.

Annual Investigative Statistics

| Inquiries Received | 2008 | 2009 | 2010 |
|-------------------------|-------|-------|-------|
| Preliminary Phone Calls | 2,260 | 2,186 | 2,446 |
| Preliminary E-mails | 149 | 135 | 149 |
| Written Complaints* | 561 | 543 | 712 |

*Only written complaints may result in an investigation.

| Source of Investigations | 2008 | 2009 | 2010 |
|---|------|------|------|
| Oregon Medical Board | 58 | 47 | 52 |
| Board or HPSP Non-Compliance | 0 | 0 | 20 |
| Hospital or Other Health Care Institution | 20 | 18 | 19 |
| Insurance Company | 4 | 3 | 4 |
| Malpractice Review | 29 | 11 | 20 |
| Other | 28 | 28 | 36 |
| Other Boards | 3 | 1 | 6 |
| Other Health Care Providers | 26 | 31 | 37 |
| Patient or Patient Associate | 129 | 123 | 165 |
| Pharmacy | 8 | 3 | 11 |
| Self-reported | 5 | 18 | 14 |

| Final Dispositions of Investigations | | 2008 | 2009 | 2010 |
|--------------------------------------|---|------|------|------|
| No Violations | No Apparent Violation/Preliminary Investigation | 33 | 40 | 80 |
| | No Violation/Prior to Committee Appearance | 165 | 152 | 107 |
| | No Violation/Post Committee Appearance | 24 | 18 | 11 |
| | Letter of Concern/Prior to Committee Appearance | 43 | 43 | 45 |
| | Letter of Concern/Post Committee Appearance | 10 | 16 | 15 |
| | No Violation/ App Withdrawal w/Report to Federation | 3 | 1 | 5 |
| | Temporarily Closed with Board Order | 6 | 0 | 2 |
| | Temporarily Closed without Board Order | 1 | 1 | 0 |
| Public Orders | Corrective Action Agreement | 7 | 15 | 7 |
| | Stipulated Order ** | 36 | 24 | 29 |
| | Voluntary Limitation ** | 2 | 6 | 4 |
| | Final Order (includes Default Final Orders)** | 19 | 3 | 9 |
| Total | Investigations Opened | 327 | 313 | 378 |
| | Investigations Closed | 339 | 319 | 314 |
| | Contested Case Hearings | 1 | 4 | 3 |
| | Investigative Committee Interviews | 74 | 58 | 76 |
| | Investigations Closed with Public Orders | 64 | 48 | 49 |
| | **Reportable Orders (National Databases) | 57 | 33 | 42 |

Annual Licensing Statistics

Number of Licensees as of December 31, 2010

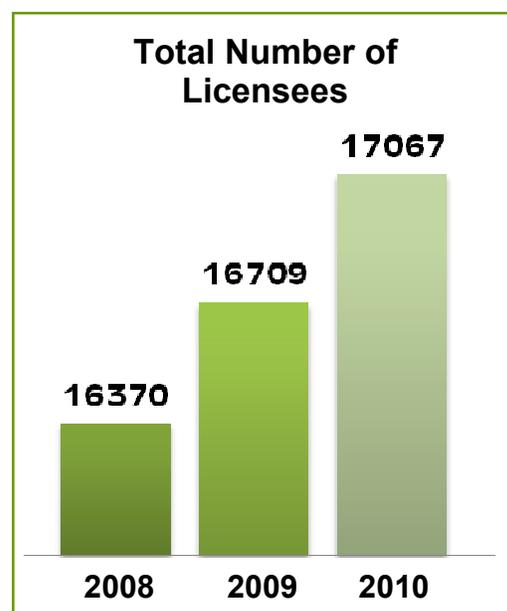
| Doctors of Medicine (MD) | 2008 | 2009 | 2010 |
|--------------------------|---------------|---------------|---------------|
| Active | 10,211 | 10,389 | 10,546 |
| Inactive | 1,762 | 1,604 | 1,659 |
| Emeritus | 471 | 553 | 491 |
| Locum Tenens | 390 | 335 | 369 |
| Limited (all types) | 661 | 676 | 683 |
| Total | 13,495 | 13,557 | 13,748 |

| Doctors of Osteopathy (DO) | 2008 | 2009 | 2010 |
|----------------------------|------------|------------|------------|
| Active | 634 | 673 | 706 |
| Inactive | 122 | 113 | 112 |
| Emeritus | 9 | 12 | 8 |
| Locum Tenens | 26 | 28 | 32 |
| Limited (all types) | 41 | 59 | 80 |
| Total | 832 | 885 | 932 |

| Podiatric Physicians (DPM) | 2008 | 2009 | 2010 |
|----------------------------|------------|------------|------------|
| Active | 152 | 159 | 161 |
| Inactive | 19 | 17 | 18 |
| Emeritus | 0 | 1 | 0 |
| Locum Tenens | 2 | 2 | 1 |
| Limited (all types) | 9 | 9 | 9 |
| Total | 182 | 188 | 189 |

| Acupuncturists (LAc) | 2008 | 2009 | 2010 |
|----------------------|------------|--------------|--------------|
| Active | 891 | 1,031 | 1,032 |
| Inactive | 57 | 60 | 64 |
| Locum Tenens | 9 | 12 | 10 |
| Limited (all types) | 1 | 1 | 0 |
| Total | 958 | 1,104 | 1,106 |

| Physician Assistants | 2008 | 2009 | 2010 |
|----------------------|------------|------------|--------------|
| Active | 826 | 905 | 1,010 |
| Inactive | 75 | 68 | 74 |
| Locum Tenens | 2 | 1 | 0 |
| Limited (all types) | 0 | 1 | 2 |
| Total | 903 | 975 | 1,086 |



Annual Licensing Statistics

Licensees by County as of December 31, 2010

| County (Seat) | MDs | DOs | DPMs | PAs | LACs | Total |
|-------------------------|--------------|------------|------------|-------------|------------|--------------|
| Baker (Baker City) | 29 | 4 | 1 | 7 | 1 | 42 |
| Benton (Corvallis) | 269 | 30 | 3 | 42 | 24 | 368 |
| Clackamas (Oregon City) | 826 | 77 | 12 | 61 | 69 | 1045 |
| Clatsop (Astoria) | 79 | 9 | 2 | 11 | 8 | 109 |
| Columbia (St. Helens) | 22 | 2 | 0 | 12 | 4 | 40 |
| Coos (Coquille) | 129 | 8 | 3 | 14 | 5 | 159 |
| Crook (Prineville) | 17 | 3 | 0 | 9 | 3 | 32 |
| Curry (Gold Beach) | 22 | 5 | 1 | 4 | 1 | 33 |
| Deschutes (Bend) | 474 | 36 | 11 | 92 | 45 | 658 |
| Douglas (Roseburg) | 195 | 33 | 4 | 26 | 4 | 262 |
| Gilliam (Condon) | 1 | 0 | 0 | 2 | 0 | 3 |
| Grant (Canyon City) | 8 | 0 | 0 | 0 | 2 | 10 |
| Harney (Burns) | 14 | 0 | 0 | 1 | 0 | 15 |
| Hood River (Hood River) | 81 | 5 | 3 | 10 | 11 | 110 |
| Jackson (Medford) | 521 | 49 | 8 | 52 | 40 | 670 |
| Jefferson (Madras) | 18 | 1 | 2 | 3 | 1 | 25 |
| Josephine (Grants Pass) | 138 | 21 | 5 | 22 | 14 | 200 |
| Klamath (Klamath Falls) | 133 | 12 | 2 | 13 | 4 | 164 |
| Lake (Lakeview) | 9 | 1 | 0 | 2 | 0 | 12 |
| Lane (Eugene) | 900 | 36 | 10 | 80 | 58 | 1084 |
| Lincoln (Newport) | 68 | 10 | 2 | 16 | 8 | 104 |
| Linn (Albany) | 160 | 11 | 2 | 12 | 7 | 192 |
| Malheur (Vale) | 54 | 11 | 3 | 28 | 0 | 96 |
| Marion (Salem) | 695 | 45 | 10 | 87 | 27 | 864 |
| Morrow (Heppner) | 6 | 1 | 0 | 5 | 0 | 12 |
| Multnomah (Portland) | 3799 | 200 | 33 | 298 | 514 | 4844 |
| Polk (Dallas) | 56 | 12 | 2 | 16 | 0 | 86 |
| Sherman (Moro) | 1 | 0 | 0 | 0 | 0 | 1 |
| Tillamook (Tillamook) | 45 | 1 | 1 | 6 | 3 | 56 |
| Umatilla (Pendleton) | 108 | 15 | 4 | 15 | 0 | 142 |
| Union (LaGrande) | 70 | 4 | 0 | 1 | 3 | 78 |
| Wallowa (Enterprise) | 13 | 0 | 0 | 1 | 2 | 16 |
| Wasco (The Dalles) | 89 | 9 | 1 | 13 | 5 | 117 |
| Washington (Hillsboro) | 1418 | 56 | 24 | 158 | 97 | 1753 |
| Wheeler (Fossil) | 4 | 0 | 0 | 3 | 0 | 7 |
| Yamhill (McMinnville) | 178 | 11 | 6 | 12 | 10 | 217 |
| None/Not Applicable | 80 | 7 | 0 | 5 | 4 | 96 |
| Total | 10729 | 725 | 155 | 1139 | 984 | 13724 |

Oregon Medical Board
1500 SW 1st Ave, Suite 620
Portland, OR 97201
971-673-2700
www.oregon.gov/OMB

Presorted
Standard Mail
US POSTAGE
PAID
SALEM, OR
PERMIT No. 34

CONTACT THE OMB

Tel: 971-673-2700
Toll free: 1-877-254-6263

1500 S.W. 1st Avenue
Suite 620
Portland, OR 97201

All meetings are held
at the OMB office in
Portland unless otherwise
indicated. Schedules are
subject to change.

Please check
[www.oregon.gov/OMB/
meetingcoverage.shtml](http://www.oregon.gov/OMB/meetingcoverage.shtml)
for updates.

CALENDAR OF MEETINGS

| | |
|---|---|
| February 18, 9 a.m. Emergency Medical Technician (EMT) Advisory Committee | March 14, 9:30 a.m. Physician Assistant Committee |
| March 2, 3 p.m. Acupuncture Committee Conference Call | March 24, 8 a.m. Investigative Committee |
| March 3, 8 a.m. Investigative Committee | April 7-8, 8 a.m. Medical Board |
| March 9, 5 p.m. Administrative Affairs Committee | May 5, 8 a.m. Investigative Committee |
| | May 27, 9 a.m. EMT Advisory Committee |

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 sign up to receive meeting notices.