



OREGON MEDICAL BOARD

Report

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www.oregon.gov/OMB

Professionalism for the 21st Century

by Donald E. Girard, MD

We know professionalism when we see it, and we recognize when it is absent. We know that it is the cornerstone of our health care professions – as it is in many professions. It is the central theme that assures society that its providers are bound to the good of the people they serve.

Nevertheless, it has not been a simple task to define professionalism. Furthermore, its qualities and definition are not static. They change – must change, in fact – as society alters and evolves over time. Between the mid 1980s and the early part of this century, the growth of peer-reviewed articles in the medical literature on professionalism has increased from less than 10 in 1984 to more than 200 in 2002 (1). And, 1,150,000 “hits” for medical professionalism are recorded for Google during this past year (2).

A look at a 21st century perspective shows substantial effort toward identifying the characteristics of professionalism.

In 2002 a cadre of academic leaders updated the core principles of professionalism for medicine. Their work was published as the Charter for Professionalism in the *Annals of Internal Medicine*

and subsequently adopted internationally by nearly 200 medical societies worldwide. (3) The principles are three: the primacy of patient welfare, patient autonomy, and social justice (the assurance by the physician community that care is equitably distributed). In addition there are responsibilities of professionalism that are considered requirements for all to honor: patient confidentiality, honesty with patients, maintenance of respectful boundaries, provision of competent care, quality of care, access to care, distribution of resources, self regulation, working collaboratively, standard setting for future generations.

In 2003 the Accreditation Council for Graduate Medical Education put in place six core competencies, which now are requirements for every resident or fellow who graduates.

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2009 Legislative Session Ends, Leads to Changes for the OMB

At 9:45 p.m. on Monday, June 29, the 2009 legislative session came to an end. The six month session influenced the Board in many ways, and produced several changes for OMB and for citizens of Oregon.

Here is an overview of bills that will affect OMB licensees:

HB 2009: This 600+ page bill is intended to bring reform to Oregon's health care system. It creates a new agency called the Oregon Health Authority, which will be charged with reforming health care. A statewide POLST registry also was established under this bill. In addition, a health care workforce database will be developed. This database will provide licensee demographics, education and practice information to legislators and other interested parties. The Office for Oregon Health Policy and Research will maintain the database and will charge licensees a fee to collect this information. The amount of the fee is unknown at this time.

HB 2059: Health professionals are now required to report prohibited or unprofessional conduct by licensees of any health care professions to that person's regulatory board. For example, a nurse is required to report a physician to the OMB for prohibited or unprofessional conduct.

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Online • Renewal

Visit www.oregon.gov/OMB or call
971-673-2700 or 877-254-6263

Mandatory CME with 2011 renewal

Professionalism

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They include themes that are quite consistent with the charter's principles and responsibilities:

1. medical knowledge, 2. patient care, 3. interpersonal communication, 4. practice-based learning and improvement, 5. systems-based care, and 6. professionalism. (4)

While "professionalism" is specifically listed as one of the required core competencies, it is, in fact, an integral component of them all.

In 2005, the Oregon Medical Board adopted a Statement of Philosophy regarding professionalism. In short, it states that professionalism comprises those attributes and behaviors that serve to maintain patients' interests above the physician's self-interest. Qualities of professionalism include accountability, responsibility, honesty and integrity.

And, to restate, professionalism is marked by constant motion and progress if it is to remain relevant - societies' expectations, habits and styles change. The baby boomers and their perspectives certainly are different from the Generation X and theirs. That difference necessarily impacts on the perspective of professionalism. The X generation professionals, may, for example, view a 24-7/365 work environment as contrary to a healthy life that allows for more balance between work, family and other activities. This perspective is not a marker of less commitment to their professions or lack of professionalism. It is a marker, rather, of the non static nature of our society. It also represents a responsibility as a profession to be attentive to current day realities and to constantly assess the characteristic of our profession in our contemporary world.

In sum, the 21st century has reworked the concept of professionalism for physicians, and it must continue to do so as we evolve as a profession and a society. The definition now includes quite clearly those characteristics that are central to our provision of care: the attainment and maintenance of medical knowledge; the provision of excellent patient care; the ability to communicate effectively and consistently with patients, colleagues, and others; the ability to continually improve the standard of outcomes of care for our patients; and the understanding of how our individual systems work and do the best for our patients. In discharging these roles, we need to be honest; to maintain confidentiality and respectful boundaries; to enhance provision of access to patients; to work toward the equitable distribution of resources; and finally to regulate ourselves and set standards for our future physicians.

The author greatly appreciates the thoughtful reviews from Marlys Pierson, Kendra Seybert, and Sue Simmons.

#1 PubMed. Online. www.ncbi.nlm.nih.gov/entrez/query.fcgi

#2 personal communication

#3 Medical Professionalism in the New Millennium: A Physician Charter. 2003; *Ann Intern Med* 136: 243-246.

#4 Advancing Education in Medical Professionalism: An Educational Resource from the ACGME Outcome Project; 2004.

#5 Oregon Medical Board. Online. www.oregon.gov/OMB/topics.shtml ◆

2009 Legislative Session

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HB 2345: A new impaired physicians program will be created under the Department of Human Services (DHS). The bill ends OMB's HPP program as of June 30, 2010. All current participants will be enrolled in the new program. Over the next year, OMB will work with DHS to provide a smooth transition.

HB 2435: Through cooperative work, the Governor's office, OMB, OMA and the Hospitals Association passed legislation to develop a licensure by endorsement process for qualifying OMB applicants. The goal is to make recruiting physicians easier and to further streamline the licensure process.

SB 355: This bill creates an electronic prescription monitoring program. The program will operate through the Department of Human Services. All persons who are licensed to prescribe or dispense controlled substances will be charged \$25 annually for this program.

Two other bills of interest are SB 327, which expands the drug formulary for naturopaths, and HB 2702, which creates a work group to discuss prescription authority for licensed psychologists. ♦

Public Citizen's Health Research Group Ranks Oregon in Top 20

In its review of disciplinary actions taken against doctors from 2006 to 2008, The Public Citizen's Health Research Group ranked Oregon 16th for taking "serious action" against doctors. The Group defines "serious action" as revocations, surrenders, suspensions and probation/restrictions. Since 2001, Oregon has consistently ranked in the Group's top 20.

The report is based on data released by the Federation of State Medical Boards (FSMB) on all disciplinary actions. According to the FSMB report, in 2008, Oregon took serious action against 7.28 physicians per 1000. Whereas in 2007, Oregon took action on 5.48 physicians per 1000.

Lisa Cornelius, DPM, chair of the OMB Investigative Committee said, "I am very pleased with Oregon's ranking of 16th in regards to issuing serious disciplinary actions. I feel that this is a reflection of the tremendously hard work and dedication shown by the members of the OMB and its staff to fulfill our mission to protect the citizens of Oregon."

Dr. Cornelius also agreed with the Public Citizen's report, saying that adequate funding and staffing, and excellent leadership help to make this ranking possible.

You can find the report online at <http://www.citizen.org/publications/release.cfm?ID=7652>. ♦

Board Actions

April 16 to August 15, 2009

Disciplinary Orders

Reportable to the National Practitioner Data Bank (NPDB)

BAKER, Bradley Eugene, MD; MD28119

Portland, OR

The Board issued an Order for Emergency Suspension on June 25, 2009. This Order requires Licensee to immediately cease the practice of medicine until otherwise ordered by the Board.

CAMACHO PEREZ-ARCE, Hector Guillermo, PA; PA01130

Forest Grove, OR

Licensee entered into a Stipulated Order with the Board on August 6, 2009. In this Order Licensee surrendered his Oregon physician assistant license while under investigation. Licensee may not reapply for an Oregon license for a minimum of two years from the effective date of this Order. Should Licensee reapply, the Board will reopen its investigation and Licensee will be required to demonstrate competency to practice medicine.

CAMPBELL, David Douglas, MD; MD14033

West Linn, OR

Licensee entered into an Interim Stipulated Order with the Board on May 8, 2009. In this Order, Licensee agrees to see only male patients. Except for office staff, no females of any age shall be present in the examination rooms of Licensee's clinic for patients being seen by Licensee. Licensee agrees to undergo ongoing therapy with a mental health therapist.

The therapist will submit monthly reports to the Board. Licensee's clinic is subject to unannounced inspection visits by Board staff. Licensee will show this Order to all office staff. This Order will remain in effect until the conclusion of the Board's investigation into Licensee's competency to practice medicine.

HENERY, Randall Steven, DO; DO17983

Eugene, OR

Licensee entered into an Interim Stipulated Order with the Board on June 30, 2009. In this Order Licensee agreed to withdraw from the practice of medicine pending the Board's investigation into his ability to safely and competently practice medicine.

INOUYE, Allan Ames, MD; MD17377

North Bend, OR

Licensee entered into an Interim Stipulated Order with the Board on May 27, 2009. In this Order Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation into his ability to safely and competently practice medicine.

LITWER, Lawrence Ronald, MD; MD16741

Newberg, OR

Licensee entered into an Interim Stipulated Order on April 29, 2009. In this Order Licensee agreed to withdraw from the practice of medicine pending completion of the Board's investigation into his competency to practice medicine.

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Board Actions

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MCVEY, Douglas Kent, PA; PA00622

Pendleton, OR

Licensee entered into a Stipulated Order with the Board on May 7, 2009. In this Order Licensee agreed to the following: complete medical ethics and practice management courses; maintain complete medical records; provide copies of Order to supervising physicians and hospital administrators; no notice practice inspections by the Board; may request to terminate Order on or after April 7, 2010.

RIPPLINGER, Joseph John, AC; AC00626

Portland, OR

Licensee entered into an Interim Stipulated Order with the Board on May 21, 2009. In this Order Licensee agreed to withdraw from the practice of acupuncture pending the completion of the Board's investigation into his ability to safely and competently practice acupuncture.

SASAKI, Aaron Takuji Fumiyuki, MD; MD26759

Oregon City, OR

Licensee entered into a Stipulated Order with the Board on May 7, 2009. In this Order Licensee was reprimanded and placed on probation for a minimum of five years. Quarterly Board reporting. Licensee will not consume ethanol for the duration of his probation. Licensee will not self-prescribe medications and will not prescribe for family members or friends. Licensee shall pay a \$5,000 fine.

SPRANGEL, Kellie Marissa, MD; MD20607

Eagle Point, OR

Licensee entered into an Interim Stipulated Order with the Board on July 9, 2009. In this Order, Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation.

WHITE, David Glenn, MD; LL17525

New Park, PA

Licensee entered into a Stipulated Order with the Board on July 9, 2009. In this Order Licensee surrenders his license to practice medicine while under investigation.

WRIGHT, Francis Joseph, MD; MD22592

Roseburg, OR

The Board issued an Order of Emergency Suspension on June 25, 2009. This Order requires Licensee to immediately cease the practice of medicine until otherwise ordered by the Board.

YANKEE, Joseph Earl, DO; DO19458

Oregon City, OR

Licensee entered into an Interim Stipulated Order with the Board on June 19, 2009. In this Order, Licensee voluntarily withdraws from the practice of medicine and his license is placed in Inactive status pending completion of the Board's investigation into his ability to safely and competently practice medicine.

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Board Actions

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Voluntary Limitations

Voluntary Limitations are not disciplinary actions, but are reported to the National Practitioner Data Bank (NPDB).

BOENIG, Thomas Edward, MD; MD29352

Bellingham, WA

Applicant entered into a Voluntary Limitation with the Board on June 4, 2009. In this Order the Board granted Applicant a license to practice medicine under the condition that he limit his practice to assisting in surgery in a hospital or surgical center only.

BRADY, William John, MD; MD06138

Portland, OR

Licensee entered into a Voluntary Limitation with the Board on June 4, 2009. In this Order Licensee agreed not to conduct autopsies designed to establish or rule out cases of dementia, to include Alzheimer's disease.

HOFFMAN, Paul George, MD; MD17600

Ashland, OR

Licensee entered into a Voluntary Limitation with the Board on July 9, 2009. In this Order Licensee agreed not to perform colonoscopies.

KOLO-CARON, Lucinda Marie, MD; MD23674

Ashland, OR

Licensee entered into a Voluntary Limitation with the Board on July 9, 2009. In this Order Licensee agreed not to practice obstetrics. Prior to resuming a practice that includes obstetrics, Licensee will successfully complete a medical training program in obstetrics that is pre-approved by the Board's Medical Director.

Prior Orders Modified or Terminated

FIKS, Vladimir Borisovich, MD; MD19358

Portland, OR

The Board issued an Order Terminating Stipulated Order on July 9, 2009. This Order terminates Licensee's April 12, 2006 Stipulated Order.

FU, Yi, AC; AC01265

Portland, OR

The Board issued an Order Terminating Corrective Action Order on July 9, 2009. This Order terminates Licensee's February 5, 2009 Corrective Action Order.

GRAHAM, Barbara Ann, MD; MD15611

Portland, OR

The Board issued an Order Terminating a Corrective Action Order on July 9, 2009. This Order terminates Licensee's May 8, 2007 Corrective Action Order.

GREEN, Clare Agnes, DO; DO23355

Portland, OR

The Board issued an Order Terminating Corrective Action Order on July 9, 2009. This Order terminates Licensee's July 10, 2008 Corrective Action Order.

LEE, Thomas, MD; MD23594

Portland, OR

The Board issued an Order Terminating Interim Stipulated Order on July 9, 2009. This Order terminates Licensee's December 4, 2008 Interim Stipulated Order.

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Update on Continuing Medical Education Requirements

In its ongoing effort to assure the public that Oregon physicians and other licensees are keeping up to date, the Board has instituted mandatory CME. Reporting begins in 2011.

At its July 2009 quarterly meeting, the Oregon Medical Board discussed sanctions that will be imposed on licensees who fail to meet CME requirements.

As the result of an audit, if the licensee is found to be deficient in CME hours, a 90 day extension will be granted to meet the requirements and a \$250 fine will be imposed. If after the 90 day extension, the licensee fails to comply, a \$1000 fine will be imposed, and the licensee will be granted 90 more days to comply. After 180 days, if the licensee again fails to comply, his/her license will be suspended for a minimum of 90 days.

In addition to creating sanctions, the Board lowered the number of hours an acupuncturist must complete. Instead of 60 hours every two years, acupuncturists must take 30 hours of NCCAOM approved CME. These are the number of hours required for certification.

MDs, DOs and DPMs must have 60 hours every two years of Category 1 CME to be in compliance.

Remember, the requirements for CME will not take affect until the 2011 renewal. At that time, licensees should be prepared to show proof of CME hours if audited. ◆

Statements of Purpose

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.

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 Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

About OARs

The Oregon Medical Board and other state regulatory agencies operate under a system of administrative rules, in order to ensure fairness and consistency in their procedures and decisions. Periodically, these Oregon Administrative Rules (OAR) must be amended and/or expanded in response to changing standards and circumstances.

OARs are written and amended in accordance with state laws (Oregon Revised Statutes or ORS), which may be enacted, amended or repealed only by the Legislature.

Temporary Rules

The Board adopted this rule by temporary rule adoption on July 9, 2009, and approved the First Review of this rule at the same time. Rules approved by temporary rule adoption must follow the same procedure for regular rule adoption, by going through a First and a Final Review within the 180 days allowed by the temporary rule adoption procedure before being permanently adopted.

Physician Assistants (PA)

OAR 847-050-0037, Supervision — The proposed rule changes on-site supervision of the physician assistant by the supervision physician from meeting every two weeks to on-site supervision once a month, or as approved by the Board.

Proposed Rules

First Review

The Board discussed these rule proposals on First Review, and passed them to Final Review.

All Licensees (MD,DO, DPM, PA, LAc)

OAR 847-008-0070, Continuing Medical

Competency (Education) — The proposed rule establishes criteria for continuing medical competency for licensees of the Oregon Medical Board, and as the result of an audit of CME the steps for obtaining compliance with CME rules if the audit shows a deficiency in licensee's CME hours.

OAR 847-065-00005, Licensees with Mental Illness Treated in Hospital Exceeding 25

Consecutive Days — The proposed rule allows licensees to remain in an inpatient treatment facility beyond 25 consecutive days without an automatic suspension of their license if the licensee is in compliance with the Health Professionals Program (HPP) and is not in practice. If HPP determines a licensee has a mental illness that affects their ability to practice medicine safely they will request the licensee withdraw from practice; if licensee refuses, the licensee shall be reported to the Oregon Medical Board with a copy of the mental health evaluation.

Physician (MD/DO) & Podiatric Physician and Surgeon (DPM)

OAR 847-010-0051, Limited License,

Postgraduate — The proposed rule increases the postgraduate training year to thirteen months to allow training programs that train for 54 + weeks to have their postgraduates pay for one Limited

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Oregon Administrative Rules

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License, Postgraduate instead of needing to apply for two. This also allows flexibility in starting and ending training dates for postgraduates coming in from out-of-state or out-of-country.

OAR 847-010-0066, Visiting Physician

Requirements — The proposed rule allows for a visiting physician from out-of-state or out-of-country to obtain or provide training under the supervision of an actively licensed Oregon physician for up to thirty days per year.

First Responders & Emergency Medical Technicians (FR, EMT)

OAR 847-035-0011, EMT Advisory Committee

— The proposed rules delete outdated terms of office for the initial members of the EMT Advisory Committee when the rules on the membership of the Committee were first adopted in October 2001.

OAR 847-035-0030, Scope of Practice — The proposed rules change the EMT-I and EMT-P scope of practice and the monitoring and interpretation of electrocardiographic rhythms, and the addition of ondansetron, an anti-emetic drug, to the EMT-I scope of practice.

Physician Assistants (PA)

OAR 847-050-0037, Supervision — SEE Temporary Rules.

Adopted Rules

Final Review

First Responders & Emergency Medical Technicians (FR, EMT)

OAR 847-035-0030, Scope of Practice — The adopted rule change deletes references to emergency and non-emergency care in the First Responder and EMT scope of practice so that the scope lists the procedures the First Responder and EMT may perform at each level of certification. The proposed rule also restates more clearly which airway devices a First Responder with a supervising physician may use to “maintain an open airway.”

Acupuncturist (LAc)

OAR 847-070-0016, Qualifications — The adopted rules change specifies that applicants who graduated from non-accredited acupuncture programs prior to 1989 are not required to have obtained the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) western medicine requirements for licensure.

For more information on OARs, visit the OMB website at www.oregon.gov/OMB, or call (971) 673-2700. ◆

It's The Law

You must notify the OMB within 30 days of changing your practice address or mailing address.

To help ensure that you receive your license renewals and other important information on time, call the OMB for an address-change form, 971-673-2700, or print the form from www.oregon.gov/OMB/forms.shtml

Board Actions

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CORRECTION: In the Spring 2009 OMB Report, Acupuncturist Lisa Marie Glasser's name was misspelled. Also, in the case synopsis, she was reported to have had a Stipulated Order terminated. This was incorrect. Ms. Glasser had a Corrective Action Order (non-disciplinary order) terminated on April 9, 2009. We regret these errors.

Note: Copies of most Board Orders issued from 1998 to the present are available for viewing on the OMB website: www.oregon.gov/OMB. ♦

Where Does Your Licensing Fee Go?

Beginning with the 2009 Renewal, your licensing fee will increase by \$25 per year. This money will be sent to the Oregon Department of Human Services to pay for the prescription drug monitoring program created during the 2009 Legislative session.

Here is a break down of how your annual licensing fee is used:

- \$45 - Health Professionals Program
- \$10 - OHSU
- \$25 - Oregon Department of Human Services
- \$164 Balance - OMB licensing, investigations, discipline, education and administration.

Time to Renew!

License renewal is upon us, and this year there will be notable changes to the process. We are proud to present our new **Online Renewal service!**

Beginning this fall, the OMB will mail postcards to remind you that it is time to renew. These postcards will also provide information on where to go on the website to find the online renewal system. As this system is new for all of us, OMB staff will mail the postcards in several batches in an effort to minimize too many people using the system at once.

Our goal is to ensure that this renewal process is as efficient and effective as possible for our licensees.

If you have questions, please contact us at (971) 673-2700.

Online Renewal

Visit www.oregon.gov/OMB or call
971-673-2700 or 877-254-6263

Mandatory CME with 2011 renewal

CALENDAR OF MEETINGS

September

2 - Wednesday
Liaison Committee
6 p.m.

3 - Thursday
Investigative Committee
8 a.m.

9- Wednesday
Administrative Affairs
Committee
5 p.m.

10- Thursday
Physician Assistant
Advisory Committee
9:30 a.m.

15 - Tuesday
HPP Supervisory Council
9 a.m.
SW Hampton St., Suite 130,
Tigard, (503) 620-9117

October

8 & 9 - Thurs. and Friday
Medical Board
8 a.m.

November

4 - Wednesday
Liaison Committee
6 p.m.

5 - Thursday
Investigative Committee
8 a.m.

10 - Tuesday
HPP Supervisory Council
9 a.m.
SW Hampton St., Suite 130,
Tigard, (503) 620-9117

13 - Friday
EMT Advisory Committee
9 a.m.

*All meetings are at the
OMB offices in Portland,
unless otherwise indicated.*