

# OREGON MEDICAL BOARD REPORT

Volume 130 No. 3 Summer 2018 www.oregon.gov/OMB

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.

## **OMB Announcement**

The Oregon Medical Board wishes to congratulate Kathleen Haley on her retirement as Executive Director and welcome its new Interim Executive Director.

Athleen Haley, JD, has led the Medical Board for 24 years, earning the profound respect of health care professionals and policy makers in Oregon as well as nationally and internationally. During her tenure, Ms. Haley was a leader in medical regulation, serving on the Board of Directors of the Federation of State Medical Boards and Administrators in Medicine. In 2016 the Citizens Advocacy Center of Washington, D.C. awarded her the prestigious Ben



Shimberg Public Service Award. In addition to serving the people and health professionals in Oregon, Ms. Haley was called on to evaluate other medical boards in the United States and overseas. She has been a frequent lecturer at Oregon's two medical schools, hospitals, and conferences in Oregon, around the country and for the International Association of Medical Regulators.

Current Board Chair, K. Dean Gubler, DO, said, "Ms. Haley's enduring legacy of exceptional leadership will continue to inspire Board members and staff to carry on the Board's distinguished work."



Dr. Gubler is pleased to announce that Nicole Krishnaswami, JD, will lead the Board through the transition period as Interim Executive Director beginning July 1, 2018. Her deep commitment to the Board's mission has been clear since 2010 when Ms. Krishnaswami became the Board's Legislative and Policy Analyst. Ms. Krishnaswami has represented the Board on committees and workgroups, presented on behalf of the Board at state

and national conferences, overseen the Board's publications, and served as the point of contact for public and media inquiries. She is dedicated to a culture of equity, excellence and integrity, and she is honored to have the opportunity to continue to advance the Board's mission of patient safety and access to quality care. •

#### 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.

Inside This Issue	
2018 Ambassador of Public Service	2
In Recognition of Service	2
New Public Member	3
Oregon Wellness Program	3
Alzheimer's Disease and Dementia Care	4
Legacy of Dr. Unthank	4
Mastering the Most Feared Disease in the US	5
License Renewal and CME Audit	6
When the Health Professional Gets Sick	6
On-Site Supervision of PAs	7
Oregon Health Plan Enrollment of Prescribers	7
Common Credentialing Program Notice	8
Oregon Administrative Rules	8
<b>Board Actions</b>	9
PDMP Registration	11

Page 2 Summer 2018

#### **OREGON MEDICAL BOARD**

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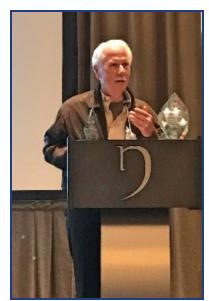
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## In Recognition of Service



In recognition of Dr. Girard's continued support of the Medical Society of Metropolitan Portland's Physician Wellness Program and his compassion toward improving the lives of practitioners, Donald Girard, MD, was presented with the MSMP's Presidential Citation Award. In addition to his work with MSMP, Dr. Girard leads the initiative for statewide wellness through the Oregon Wellness Program.

Dr. Donald Girard, Board Member Emeritus Presenting during the MSMP's 134th Annual Meeting

## 2018 Ambassador of Public Service

In honor of the 2018 State Employee Recognition Day, Oregon state government agencies nominated ambassadors of public service: staff who exemplify the values of integrity, accountability, excellence, and equity in their everyday work.

On May 1, 2018, Stella McGinty received the 2018 Ambassador of Public Service award. Stella's contribution to the agency is immeasurable and many licensees express gratitude for Stella's customer service in their responses to our customer service surveys.

To recognize Stella and her positive impact on our agency and the citizens of

Oregon, she was invited to attend a reception with Governor Brown at Mahonia Hall in Salem.

On behalf of the Oregon Medical Board, we would like to recognize and congratulate Stella McGinty on this achievement! +



Page 3 www.oregon.gov/OMB

## The Board Welcomes New Public Member

atti Louie, PhD, has dedicated her life to serving the public, which she has done ▲ through the years with her participation on numerous non-profit boards and through her current work as the Chief Financial Officer of a large social services nonprofit organization. Relevant to her service on the Board as a public member, Dr. Louie has a history of working with health care organizations helping them consider and effectively deliver services, working with them to advance health care technology, and advising the State of California and the State of Colorado in their review of the establishment of health care foundations to ensure public healthcare benefits. In her current work, she facilitates various programs including those that deliver Medicaid services to the poor.

Dr. Louie has a BSEE from Loyola Marymount University, an MSEE from Stanford University, an MBA from UCLA, and a PhD in Management with a Specialization in Leadership and Organizational Change from Walden University.

Dr. Louie loves hiking, reading, and camping. She also enjoys vegetable gardening and is a certified Master Gardener through Oregon State University Extension. +



#### Attention PAs and DPMs!

#### Did you know...

The 79th Oregon Legislative Assembly, 2017 Regular Session, passed Senate Bills 831 and 964, making the following amendments to the Oregon Revised Statutes effective January 1, 2018:

ORS 441.064 explicitly authorizes physician assistants to apply for hospital admitting privileges.

ORS 677.495 expands the definition of "supervising physician" to include podiatric physicians. There are currently 3 DPMs registered to supervise PAs in Oregon.

## **Oregon Wellness Program**

icensee health and wellness is a critical component in achieving the Oregon Medical Board's mission of ✓ protecting patients while promoting access to quality care. As stated in the American Medical Association's policy on Physician Health and Wellness, "when health or wellness is compromised, so may the safety and effectiveness of the medical care provided."

#### The Oregon Wellness Program

The Board supports a proactive, broad approach to licensee wellness. The Board's prevention, treatment, and rehabilitation efforts have led to the inception of a statewide initiative known as the Oregon Wellness Program. This new program "promotes Oregon healthcare professionals' well-being through education, coordinated regional counseling services, telemedicine services and research." Services are spreading throughout the state via collaborative agreements with regional medical societies and institutions.

More information on the Oregon Wellness Program is available at <a href="https://oregonwellnessprogram.org/">https://oregonwellnessprogram.org/</a>. +



Page 4 Summer 2018

## Alzheimer's Disease and Dementia Care

In 2017, the Oregon Legislature added a new provision to the Medical Practice Act (ORS 677.487) regarding continuing medical education on Alzheimer's disease, specifically education on detection, early diagnosis, and appropriate prescribing of antipsychotic drugs to treat patients with Alzheimer's disease.

Although continuing education in Alzheimer's disease is not required, the Board encourages licensees to obtain this ongoing education in order to best serve patients with Alzheimer's disease and other forms of dementia.

## CONTINUING EDUCATION OPPORTUNITIES

October 5-7, 2018: The Oregon Geriatrics Society conference is designed for physicians, physician assistants, and other health care professionals who work with older adults in various care settings. The 19th Annual Conference will be held at Sunriver Resort, Sunriver, OR.

Visit Oregon Geriatrics Society, oregongeriatricssociety.org, for more information and to register.

#### Physicians and physician assistants practicing in primary care or geriatrics

The Oregon Medical Board strongly encourages physicians and physician assistants who practice in primary care or geriatrics to obtain continuing medical education related to Alzheimer's disease.

#### Physicians and physician assistants practicing in any specialty

Continuing education courses must be relevant to a licensee's current practice to satisfy the Board's maintenance of licensure requirements. Beginning January 1, 2018, continuing education in Alzheimer's disease will be considered relevant for all physician and physician assistant licensees, regardless of specialty.

#### **Additional Resources**

A free, three-part webinar series is available through Health Insight Oregon, healthinsight.org. The webinars address assessment and non-pharmacological interventions, inappropriate medication use and alternatives, and appropriate medication use and dementia. Please note that these webinars are not accredited for continuing medical education hours.

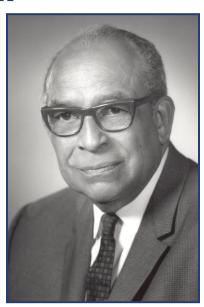
See OAR 847-008-0070 and the Topics of Interest page on Continuing Education on the Oregon Medical Board website, www.oregon.gov/omb for more information on education requirements for maintenance of licensure.

## The Legacy of Dr. Unthank

PeNorval Unthank, MD, was an African American doctor who lived life boldly facing adversity and improving the lives of Oregonians. Dr. Unthank graduated from high school at the age of 16, attended the University of Michigan for his undergraduate studies, and went on to Howard University where he earned his medical degree in 1926.

Dr. Unthank moved his family to Portland, Oregon, in 1929 where he would be the only African American doctor for over 10 years of his medical career. Dr. Unthank persistently served the Portland area and went from not being allowed in hospitals to eventually being on staff at four Portland area hospitals. The Oregon State Medical Society named him Doctor of the Year in 1958. Dr. Unthank retired from his practice in 1970 having served a richly multicultural group of patients.

Alongside an influential medical career were Dr. Unthank's numerous contributions to Civil Rights. He cofounded the Portland Urban League in 1945 and was accepted as the first African American member of the Portland City Club. Additionally, he was a driving force behind the Oregon Civil Rights Bill passed in 1953. In 1977, Dr. Unthank passed away having greatly impacted medicine and Civil Rights in Oregon. •



DENORVAL UNTHANK M.D. (1899-1977)

## Mastering the Most Feared Disease in the US

Why Physicians Should Become Experts in Preventing, Diagnosing, and Managing Dementia Elizabeth Eckstrom, MD, MPH, MACP

Alzheimer's disease and related dementias (ADRDs) are debilitating and fatal diseases that are the sixth leading cause of death in the United States. Today, over 5.7 million Americans are living with ADRDs; by 2050, 14 million will have dementia. Costs for caring for people with ADRDs is anticipated to reach \$1.1 trillion by 2050. [1] Nearly one in every five dollars of Medicare spending is spent on people with ADRDs.

Cognition changes throughout the life cycle. In normal aging we see the ability to focus on one task at a time is maintained while the ability to shift attention between tasks efficiently becomes impaired. [2] Normal aging also selectively impairs certain language abilities including speed of speech, word retrieval and naming. The temporal lobe is important for memory and spatial navigation, both of which can be impaired in normal aging. Semantic memory, which are facts, meanings, concepts, and rote knowledge, shows little age-related decline and physical memory, such as guitar playing or knitting, is the least affected with age. [3] The motor cortex and cerebellum both show physiologic changes with normal aging that are linked to motor, gait, and balance impairment. It is important for physicians to understand these normal changes of aging so they can counsel patients about what to expect and recognize when patients exhibit cognitive changes that are not normal.

Alzheimer's disease and related dementias are vastly underdiagnosed; as many as 50% of persons with dementia remain undetected by their primary care physician. [4] This could be due to the high burden of complex chronic illnesses in primary care leading to lack of time to recognize ADRDs, lack of expertise of physicians in diagnosing and managing ADRDs, or a sense of apathy about making a diagnosis because many physicians perceive there is little that can be done to prevent or treat ADRDs. But newer research shows that there are effective strategies to help prevent development and slow progression of ADRDs.

Moderate intensity exercise, including tai chi and strength training, can improve executive function and global cognition. <sup>[5, 6]</sup> The Mediterranean diet can improve auditory verbal learning and executive function <sup>[7]</sup> and has shown reduced risk of developing Alzheimer disease by 33-40%. Additionally, an 11%

reduced risk of MCI converting to Alzheimer disease was observed for each unit increase (scale of 1-9) in the Mediterranean diet score. [8] Cognitive training also slows cognitive and functional decline. [9]

Clinicians are often hesitant to open the "black box" of cognitive concerns, but research shows that most older people care about their cognitive health. [10] The Alzheimer's Association and other patient advocacy groups recommend early diagnosis and care planning to ensure optimal quality of care for patients with dementia. Alzheimer's disease and related dementias currently cannot be completely prevented, but is has been said that delaying onset even just 5 years could reduce the cost to society by 50%. Physician participation in continuing medical education to ensure they understand how best to prevent, diagnose, and manage ADRDs is critical to ensuring the cognitive health of our aging population.

- Alzheimer's Association. 2018 Alzheimer's Disease Facts and Figures. https://www.alz.org/documents\_custom/2018-facts-and-figures-infographic.pdf.
- 2. Bloom FE, Beal MF, Kupfer DJ editors. The Dana Guide to Brain Health: A Practical Family Reference from Medical Experts. New York, NY: Dana Press; 2006.
- 3. Park DC, Smith AD, Lautenschlager G, Earles JL, Frieske D, Zwahr M, et al. Mediators of long-term memory performance across the life span. Psychol Aging 1996 Dec;11(4):621-637.
- 4. Boustani M, Callahan CM, Unversagt FW, et al. Implementing a screening and diagnosis program for dementia in primary care. J Gen Intern Med 2005;20:1–6.
- Lautenschlager NT, Cox KL, Flicker L, Foster JK, van Bockxmeer FM, Xiao J, et al. Effect of physical activity on cognitive function in older adults at risk for Alzheimer disease: a randomized trial. JAMA 2008 Sep 3;300(9):1027-1037.
- Wayne PM, Walsh JN, Taylor-Piliae RE, Wells RE, Papp KV, Donovan NJ, et al. Effect of tai chi on cognitive performance in older adults: systematic review and meta-analysis. J Am Geriatr Soc 2014 Jan;62 (1):25-39.
- Valls-Pedret C, Sala-Vila A, Serra-Mir M, Corella D, de la Torre R, Martinez-Gonzalez MA, et al. Mediterranean Diet and Age-Related Cognitive Decline: A Randomized Clinical Trial. JAMA Intern Med 2015 May 11.
- 8. Lourida I, Soni M, Thompson-Coon J, Purandare N, Lang IA, Ukoumunne OC, et al. Mediterranean diet, cognitive function, and dementia: a systematic review. Epidemiology 2013 Jul;24(4):479-489.
- 9. Rebok GW, Ball K, Guey LT, Jones RN, Kim HY, King JW, et al. Tenyear effects of the advanced cognitive training for independent and vital elderly cognitive training trial on cognition and everyday functioning in older adults. J Am Geriatr Soc 2014 Jan;62(1):16-24.
- 2012 Member Opinion Survey Issue Spotlight: Interests & Concerns.
   2013; Available at: http://www.aarp.org/politics-society/advocacy/info-01-2013/interests-concerns-member-opinion-survey-issue-spotlight.html.

Page 6 Summer 2018

## When the Health Professional Gets Sick

Ealthcare providers are accustomed to seeing patients in denial about the seriousness of their medical condition. Unfortunately, physicians, physician assistants, and acupuncturists can be in denial about their own health problems.

The root word for professional comes from the Latin word *profere*, which means "to promise." Part of our promise to patients is to recognize our own limitations and not to harm patients when we are ill. **Oregon law requires licensees to self-report to the Board any condition that adversely affects cognition, motor, or perceptive skills.** If you develop a significant medical problem that adversely affects your ability to care for patients, please contact the Board promptly.

All licensees are urged to have a personal healthcare provider and to have regular health maintenance examinations.

ORS 677.010(12) – "physical incapacity" means a condition that renders [a licensee] unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

When in doubt, call the Medical Board to go over the circumstances. Board staff are available to assist. +

### @omb.oregon.gov



Everyone knows that email is fertile ground for spam and scams, but did you know that your email provider uses complex, ever changing rules to block potentially dangerous emails from reaching your inbox?

In order to ensure that you continue to receive the Medical Board's important emails, we're adding new email addresses to increase the authenticity of our communications. You will now receive emails from addresses ending with <code>@omb.oregon.gov</code>. Rest assured, however, that if you send an email to our previous addresses, it will still reach us.

## One-Year License Renewals and Continuing Medical Education Audit

Lassistants with one-year licenses. This includes licensees at Emeritus status. If you have a one-year license, you may log in to complete your renewal on the Board's website at <a href="http://omb.oregon.gov/login">http://omb.oregon.gov/login</a>. The deadline to complete your renewal without penalty is December 31, 2018.

The Board randomly audits one-year licensees for required continuing medical education (CME). To be eligible, CME hours must be relevant to the licensee's practice and must have been completed during the 2018 licensing period. Ongoing participation in maintenance of certification with an accepted specialty board also satisfies the requirement. For more information on CME requirements, including the number of hours required, acceptable CME, possible exemptions and penalties for failure to comply, please visit <a href="www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx">www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx</a>.

We look forward to assisting you with the renewal and audit process. Licensing Call Center staff are available at 971-673-2700. You may also call this number to schedule an appointment at the Board office if you would like inperson assistance to complete your renewal application. •

## **On-Site Supervision of PAs**

The Board has adopted a streamlined approach to evaluate requests for waiver of the required on-site supervision of PAs for 8 hours each month (OAR 847-050-0037). Previously, requests were evaluated on a case-by-case basis at the quarterly Administrative Affairs Committee meetings. Now, Board staff are directed to approve requests if the PA and supervising physician meet the following qualifications:

- PA maintains certification with the National Commission on Certification of Physician Assistants;
- PA is in good standing with the Board;
- Supervising physician (or primary supervising physician of the supervising physician organization) is in good standing with the Board;
- PA has been in continuous medical practice for at least two years immediately preceding the request; and



• PA has been in practice with this supervising physician, SPO, or at this medical practice for at least six months.

If all of the above criteria are met and a waiver is granted, the PA and supervising physician(s) may meet monthly via synchronous technology rather than in person. If the above criteria are not met, Board staff will forward the waiver request to the Administrative Affairs Committee for additional consideration.

The new evaluation method is the result of a workgroup convened by the Board in December and January where public comments were received and incorporated, including input from the Oregon Society of Physician Assistants and the Oregon Medical Association.

If you have questions or would like to request a waiver the 8-hours of on-site supervision requirement, please email omb.appdocuments@omb.oregon.gov or call our Licensing Call Center at 971-673-2700.

## Oregon Health Plan Enrollment of Prescribers Requirement

Starting September 1, 2018, the Oregon Health Authority (OHA) will only pay for pharmacy claims when they include the National Provider Identifier (NPI) of an OHA-enrolled prescriber. This applies to:

- Paper, point of sale, and Provider Web Portal claims billed to OHA, and
- All pharmacy claims reported to OHA by coordinated care organizations (CCOs).

This means that by September 1, any providers who write prescriptions for OHP members must enroll with OHA, including certified pharmacists who administer vaccines or prescribe birth control to members.

If you are a physician or other professional who prescribes services for any OHP members, enroll with OHA by August 31, 2018, by following the instructions at <a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx</a>. +

#### **Questions?**

About OHA prescriber enrollment: Email <u>provider.enrollment@dhsoha.state.or.us</u> Call 800-336-6016 (choose option 6) About FFS claims: Email <u>dmap.providerservices@dhsoha.state.or.us</u> Call 800-336-6016 (choose option 5, then 2) Page 8 Summer 2018

## 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. Official notice of rulemaking is provided in the Secretary of State *Bulletin*. The full text of the OARs under review and the procedure for submitting comments can be found at: http://omb.oregon.gov/rules

#### **ADOPTED RULES**

#### PHYSICIAN ASSISTANTS (PA)

#### OAR 847-050-0060: Physician Assistant Student

The rule amendment specifies that physician assistant students may participate in preceptorships when the preceptor is qualified and competent and the care is delivered in the course of an accredited PA training program. Prior notification to the Oregon Medical Board is not required.

#### PROPOSED RULES

#### **ALL LICENSEES**

## OAR 847-001-0045: Consent Agreements for Re-Entry to Practice

The proposed rule amendment authorizes the Executive Director or Medical Director to terminate a Consent Agreement for Re-Entry to Practice. If the termination is issued because the licensee did not or cannot complete the terms of the Agreement, the licensee will return to the previously held license status or an inactive status.

OAR 847-010-0064; 847-050-0023; 847-070-0037: Limited Licenses SPEX/COMVEX and Pending Examination

The proposed rule amendment clarifies that an applicant is not eligible for a Limited License, SPEX/COMVEX if the applicant has taken and failed the competency examination under a previously issued Limited License, SPEX/COMVEX. The proposed rule amendment clarifies that an applicant is not eligible for a Limited License, Pending Examination if the applicant has taken and failed the national licensing examination.

#### **EMERGENCY MEDICAL SERVICES (EMS)**

#### OAR 847-035-0030: Scope of Practice

The proposed rule amendment (1) removes the requirement that an Emergency Medical Responder complete an Oregon Health Authority-approved course before performing cardiac defibrillation with an automated external defibrillator; (2) clarifies that an EMT may use a manual or continuous positive pressure delivery device for ventilation; (3) allows EMT providers to prepare and administer ipratropium in addition to albuterol for bronchospasm in patients with known asthma or chronic obstructive pulmonary disease; (4) simplifies the list of medications that may be prepared and administered by Advanced EMT and EMT-Intermediate providers; (5) specifies that urinary catheters may be initiated or maintained only under specific written protocols or direct orders; and (6) contains general grammar and housekeeping updates.

For more information on OARs and the full text of the rules above, visit the Oregon Medical Board website at http://omb.oregon.gov/rules or call 971-673-2700.

## Notice: Health Authority Suspends Common Credentialing Program

In a July 25, 2018, letter to stakeholders, the Oregon Health Authority (OHA) announced it will suspend efforts to create and launch Oregon's Common Credentialing Program.

The OHA noted that the program, originally enacted by legislation in 2013, was intended to simplify credentialing processes, reduce burden on practitioners, and eliminate duplication.

For more information on the suspension of the Oregon Common Credentialing Program, please visit the OHA website at <a href="https://www.oregon.gov/oha/HPA/OHIT-OCCP">https://www.oregon.gov/oha/HPA/OHIT-OCCP</a> or contact them directly at Credentialing@state.or.us.

### **BOARD ACTIONS**

April 6, 2018 - July 15, 2018

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

#### **EMERGENCY SUSPENSION ORDERS**

#### DAVIS, William E., DO; DO07432 Klamath Falls, OR

On June 7, 2018, the Board issued an Order of Emergency Suspension to immediately suspend Licensee's medical license due to the Board's concern for the safety and welfare of Licensee's current and future patients. This Order is in effect until otherwise ordered by the Board.

#### HARMON, Elizebeth R., MD; MD15582 Salem, OR

On June 7, 2018, the Board issued an Order of Emergency Suspension to suspend Licensee's medical license effective June 13, 2018, due to the Board's concern for the safety and welfare of Licensee's current and future patients. This order was held in abeyance by the Marion County Circuit Court on June 26, 2018 and made effective again on July 3, 2018.

#### INTERIM STIPULATED ORDERS

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

#### ALLEN, George S., MD; MD24825 Vancouver, WA

On May 7, 2018, 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.

#### BRETT, Darrell C., MD; MD13550 Portland, OR

On June 1, 2018, Licensee entered into an Interim Stipulated Order to voluntarily limit his prescribing for acute pre-operative or post-operative pain; refrain from concomitantly prescribing opioids with benzodiazepines, scheduled sleeping medications or muscle relaxants; and access a patient's PDMP record prior to prescribing DEA scheduled medications, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

#### HARMON, Elizebeth R., MD; MD15582 Salem, OR

On July 12, 2018, Licensee entered into an Interim Stipulated Order to voluntarily follow the Endocrine Society Clinical Practice Guidelines in the treatment of patients with estrogen, testosterone, or thyroid hormones; cease the treatment of premenopausal women with testosterone; cease the treatment of male patients with testosterone whose testosterone levels are within the normal range; and cease the treatment of patients whose thyroid-stimulating levels are within the normal range pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

#### SHERER, Kevin E., MD; MD156626 Bend, OR

On June 15, 2018, 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.

#### DISCIPLINARY BOARD ACTIONS

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

#### ASHORI, Mohammad, MD; MD170360 Portland, OR

On July 12, 2018, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and willfully violating any Board rule or order. This Order reprimands Licensee; assesses a \$5,000 civil penalty; and suspends Licensee from the practice of medicine for 30 days.

#### BOGARD, Peter S., DO; DO18557 Grants Pass, OR

On July 12, 2018, the Board issued a Final Order by Default for unprofessional or dishonorable conduct or gross or repeated acts of negligence; willfully violating a board rule, order, or request; and refusing an invitation for a Board requested informal interview. This Order revokes Licensee's license to practice osteopathic medicine in Oregon and assesses a civil penalty of \$10,000.

Page 10 Summer 2018

#### BUNCKE, Geoffrey H., MD; MD23806 Portland, OR

On July 12, 2018, Licensee entered into a Stipulated Order with the Board for unprofessional or and gross or repeated dishonorable conduct, negligence. This Order reprimands Licensee; assesses a \$4,000 civil penalty; requires Licensee to complete a pre-approved course on professional boundaries; requires Licensee to enter into a professional coaching relationship; requires that Licensee develop a practice protocol for maintaining boundaries; requires Licensee to obtain an advisor to his social interactions with patients; restricts Licensee from engaging in any sort of dual relationship with any patient; and subjects Licensee's practice to no-notice chart audits and office visits by the Board's designee.

#### JACOBSON, Lawrence E., MD; MD20522 Portland, OR

On July 12, 2018, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands Licensee.

#### MURPHY, James M., MD; MD23891 Portland, OR

On June 28, 2018, the Board issued a Final Order on Reconsideration for unprofessional or dishonorable conduct; willfully or negligently divulging a professional secret without the written consent of the patient; fraud or misrepresentation in applying for a license or registration in this state; and willfully violating any Board rule. This Order revokes Licensee's Oregon medical license; assesses a \$10,000 civil penalty; and assesses the costs of the contested case hearing held in the matter.

#### RANA, Hiren T., MD; MD14344 Lake Oswego, OR

On July 13, 2018, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee retires his medical license while under investigation.

#### ROBERTS, Brenda D., MD; MD21507 Troutdale, OR

On July 12, 2018, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence; and violation of the federal Controlled Substances Act. With this Order, Licensee surrenders her medical license while under investigation.

## SAMPSON, Robert A., DPM; DP00217 Portland, OR

On July 12, 2018, the Board issued a Final Order by Default for unprofessional or dishonorable conduct; impairment; willfully violating a board rule, order, or request; and refusing an invitation for a Board requested informal interview. This Order revokes Licensee's license to practice podiatric medicine in Oregon and assesses a civil penalty of \$5,000.

#### SINCAVAGE, David L., JR., MD; MD156207 Gold Beach, OR

On July 12, 2018, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and for disciplinary action by another state against a license to practice. With this Order, Licensee retires his medical license while under investigation.

#### PRIOR ORDERS MODIFIED OR TERMINATED

#### GRIFFIN, John W., MD; MD08392 Portland, OR

On May 10, 2018, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's September 19, 2017, Interim Stipulated Order.

#### HARMON, Elizebeth R., MD; MD15582 Salem, OR

On July 12, 2018, the Board issued an Order Terminating Order of Emergency Suspension. This Order terminates the Order of Emergency Suspension issued to License on June 7, 2018.

#### LEWIS, Sue A., MD; MD19554 Portland, OR

On July 12, 2018, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 6, 2016, Stipulated Order.

#### SIMMONS, Carolyn E., MD; MD170122 Myrtle Creek, OR

On July 12, 2018, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's February 27, 2017, Interim Stipulated Order.

#### NON-DISCIPLINARY BOARD ACTIONS

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

#### **CORRECTIVE ACTION AGREEMENTS**

These agreements are not disciplinary orders and are not reportable to the national data banks\* unless they relate 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.

#### LIU, Helen, MD; MD161201 Lake Oswego, OR

On July 12, 2018, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses on wound closures, dermatology pathology, dermatology billing/coding, and medical documentation; and undergo a chart audit by a pre-approved, board certified dermatologist.

## SCHULTZ, George E., DO; DO21031 Medford, OR

On July 12, 2018, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved CPEP education plan and no-notice chart audits by the Board's designee.

#### SUK, Samuel S., MD; MD21879 Beaverton, OR

On July 12, 2018, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on prescribing for chronic pain; complete 20 hours of pre-approved continuing medical education related to prescribing; and complete a pre-approved course on medical documentation that includes a follow-up chart review.

## CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

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

#### JUNKINS, Edward P., II, MD; MD162985 Lebanon, OR

On April 23, 2018, Licensee entered into a Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to participate in a three-month mentorship with a board certified pediatrician.

Current and past public Board Orders are available on the OMB website: http://omb.oregon.gov/boardactions.

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

### **PDMP Registration**

All healthcare professionals with an Oregon DEA number were required to register for the Prescription Drug Monitoring Program (PDMP) by July 1, 2018. This mandatory registration is part of House Bill 4143, passed by the Oregon Legislature in 2018.

If you have an active Oregon License and a DEA registration to prescribe in Oregon, and have not yet registered, please register for the PDMP at your earliest convenience.

The PDMP is administered by the Oregon Health Authority. Any questions, concerns, or issues with registration or use of the PDMP should be directed to PDMP.HEALTH@dhsoha.state.or.us.

#### How to register:

- PDMP registration at <u>https://oregon.pmpaware.net</u>
- Short videos on how to register and use the PDMP at <u>https://www.oregonpainguidance.org/state-organizations/pdmp-access/</u>

#### Required for registration:

- Access to a PC, Tablet, or Smart Phone
- NPI and DEA Number
- Digital (scanned) copy of government issued identification, such as passport or state issues drivers license

#### **GET INVOLVED**

Members of the public may comment on proposed administrative rules. Public comments are accepted for 21 days after the notice is published in the Secretary of State Bulletin.

To access recent editions of the Bulletin, visit the Secretary of State website at <a href="http://arcweb.sos.state.or.us/pages/rules/bulletin/past.html">http://arcweb.sos.state.or.us/pages/rules/bulletin/past.html</a>.

#### **Oregon Medical Board**

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

#### **UPCOMING MEETINGS**

August 17, 9 a.m.

**EMS Advisory Committee** 

September 6, 7:30 a.m.

**Investigative Committee** 

September 12, 5 p.m.

**Administrative Affairs Committee** 

October 4-5, 8 a.m.

**Board Meeting** 

November 1, 7:30 a.m.

**Investigative Committee** 

#### **OFFICE CLOSURES**

Monday, September 3

**Labor Day** 

**APPLICANT/LICENSEE SERVICES** (new applications, renewals, address updates, practice agreements, and supervising physician applications):

http://omb.oregon.gov/login

#### LICENSING CALL CENTER:

9 am to 12 pm and 1 pm to 3 pm

Phone: 971-673-2700

E-mail: omb.appdocuments@state.or.us

#### SIGN UP TO RECEIVE E-MAIL NOTICES:

#### **Administrative Rules:**

http://omb.oregon.gov/subscribe-rules

#### **Board Action Reports:**

http://omb.oregon.gov/subscribe-actions

#### **EMS Interested Parties:**

http://omb.oregon.gov/subscribe-ems

#### **OMB Report** (quarterly newsletter):

http://omb.oregon.gov/subscribe-newsletter

#### **Public Meeting Notice:**

http://omb.oregon.gov/subscribe-meetings

#### **Quarterly Malpractice Report:**

http://omb.oregon.gov/subscribe-malpractice