#### **Oregon Medical Board**

# Report



Volume 127, No. 1 Winter 2015 www.oregon.gov/OMI

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.

### **Board Selects 2015 - 16 Officers**

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Michael J. Mastrangelo, Jr., MD, FACS, of Bend, was elected to a one-year term as Chair of the Oregon Medical Board at the Board's January meeting. Board members also elected Shirin Sukumar, MD, of West Linn, as Vice Chair. George Koval, MD, of Lake Oswego, was re-elected Board Secretary.

Dr. Mastrangelo was appointed to the Board in 2011 and reappointed in 2014. He served as Vice Chair in 2014-2015, and previously chaired the Board's Investigative Committee. A



Michael Mastrangelo, Jr., MD, FACS **Board Chair** 

board-certified general surgeon, he is the former Chief of General Surgery at St. Charles Hospital in Bend and former President of the Central Oregon Medical Society. Dr. Mastrangelo is currently in private practice at Bend Surgical Associates.

Dr. Mastrangelo earned his medical degree from the Indiana University School of Medicine after graduating from Georgetown University with degrees in Physiology and Biophysics. He is fellowship trained in endoscopic retrograde cholangiopancreatography (ERCP) and advanced laparoscopic surgery and surgical endoscopy.

The Board is grateful to outgoing Chair Donald Girard, MD, for his service. Dr. Girard's focus on physician wellness and re-entry to practice make his time as Chair notable for the Oregon medical community. Dr. Girard will continue to serve on the Board until 2016 when his term limits expire. •

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

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#### **Oregon Medical Board**

Chair

Michael Mastrangelo Jr., MD Bend

Vice Chair Shirin Sukumar, MD West Linn

Secretary George Koval, MD Lake Oswego

Katherine Fisher, DO Happy Valley

Donald Girard, MD Portland

K. Dean Gubler, DO Portland

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Roger McKimmy, MD Eugene

Terry Smith *Public Member* Springfield

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Public Member

Portland

W. Kent Williamson, MD Portland

#### Staff

Executive Director Kathleen Haley, JD

Medical Director Joseph Thaler, MD

OMB Report Editor Nicole Krishnaswami, JD

OMB Report Writer & Designer Theresa Lee

# Improving the Process: IT Updates

The Oregon Medical Board (OMB) has been hard at work improving information technology (IT) systems. The website has been completely rebuilt, and online services continue to be improved and modernized. It has never been faster or easier to log in to the online services to apply for a license, renew a license, change an address, search licensees or accomplish any of the many services the OMB offers online.

IT security is a top priority. The implementation of state-of-the-

art network security systems and regular staff training on best practices ensures that sensitive data stored in our systems is secure. The networks are also continually tested to identify potential vulnerabilities and possible enhancements. Frequent disaster recovery planning ensures system and data persistence



through unexpected events.

The OMB has gone completely digital; all paper documents received with a license application are scanned and uploaded into the licensing management system. In addition, electronic review of license applications will allow the OMB to grant licenses daily rather than weekly. When it's time to renew a license, reminders are now sent via e-mail and automated phone calls in addition to paper postcards.

Other recent accomplishments include distributing laptops to Board members for easy and secure sharing of Board materials over a cloud. There is much more to come as the OMB continues to work hard improving and creating systems to better support our licensees, Board members, staff and the citizens of Oregon. •

### **Improving Your Practice: Cultural Competency**

The Oregon Medical Board's mission is to regulate the practice of medicine in a way that promotes access to safe, quality care for *all* Oregon citizens. However, health disparities exist among racial and ethnic populations, lesbian gay bisexual and transgender communities, low literacy level individuals, and rural Oregonians according to the Oregon Health Authority's Office of Equity and Inclusion. As a result,

cultural competency is increasingly important.

A culturally competent health care provider should have the knowledge to make an accurate health assessment and treatment plan, one which takes into consideration a patient's background and culture.

# WHAT CAN YOU DO TO IMPROVE YOUR CULTURAL COMPETENCE?

- Recognize that in many cultures, family members are closely involved in an individual's health decisions. When possible, involve those family members in planning your patient's care.
- Read about language, customs and health beliefs of the patients you see most often, but remember that culture is dynamic and that acculturation shapes beliefs.
- Tell patients what to anticipate throughout their treatment.
- Be ready to propose alternatives to procedures.
- Realize that patients from another culture may have different ideas about competent care.
- Arrange for an interpreter when you have a patient with limited English proficiency. Do

not rely on family members or friends to interpret. Allow more time for an appointment.

- Ask open-ended questions when possible.
- Acknowledge your patient's perception of illness and self-care practices.

# WHAT IS THE BOARD DOING TO PROMOTE CULTURAL COMPETENCE?

The Board and its staff engage in cultural competency training on an ongoing basis. Board member and staff trainings have featured facilitators who encourage self-examination, provide new methods of interaction and further dialogue. The Board encourages licensees to pursue ongoing continuing education opportunities in cultural competency through a Statement of Philosophy on Cultural Competency adopted in 2013.

Cultural competency courses can fulfill educational hours for maintenance of licensure.

In the future, health licensing boards hope to better understand the level of healthcare provider engagement in cultural competency training statewide. The Board will begin asking licensees about their participation in cultural competency continuing education beginning in October 2015 at the time of license renewal. While cultural competency education is not required to maintain licensure, the Board strongly encourages providers to consider these educational opportunities to improve providerpatient relationships. The State Legislature remains interested in this topic, and the Oregon Health Authority will compile data on provider participation in cultural competency education beginning in 2017. +



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# **Proposed Rulemaking Hearing Supervising Physician Organizations**

n February 24, 2015, the Oregon Medical Board held a Proposed Rulemaking Hearing regarding Supervising Physician Organizations.

Supervising Physician Organizations (SPOs) are becoming a more common collaborative care model for physician-physician assistant (PA) teams. The Oregon Medical Board is proposing a comprehensive rule outlining the requirements to establish and maintain a SPO. The rule will also articulate the statutory responsibilities of physicians and PAs in these practice arrangements. The rule is not intended to create new requirements; instead, it will be a singular location for the existing SPO regulations.



The Board received public comment from the Oregon Medical Association and the Oregon Society of Physician Assistants at the hearing. The Board will continue to work closely with these partners to craft clear rule language that achieves the stated goals for patient safety while minimizing any economic impact on business.

For more information regarding the proposed rule and the hearing, please visit www.oregon.gov/omb/statutesrules/Pages/RulesProposedAndAdoptedByTheOMB.aspx. +





The OHSU Library provides services to Oregon medical and osteopathic physicians. By state statute, the Medical Board collects fees for the OHSU Library at the time of initial licensure and renewal. These fees allow the library to provide information resources for Oregon clinicians, including free journal articles\* sent to your desktop via PubMed.gov. Most articles are delivered in minutes.

To take advantage of this service, register at http://bit.ly/ombarticles and find out how to begin ordering articles through PubMed.gov.

Other free resources through the OHSU Library include the Access Medicine eBook collection, which can be personalized and offers downloads for mobile devices. More information is available at <a href="http://bit.ly/oregonhealthprof">http://bit.ly/oregonhealthprof</a>.

*Questions?* Contact Loree Hyde, OHSU Library, Instruction, Research & Outreach, at **hydel@ohsu.edu** or 503-494-6684. +

\*Includes articles with copyright fees of \$40 or less

### **Electronic Prescribing of Controlled Substances**



This is a portion of a joint statement from the Oregon Medical Board and the Oregon Board of Pharmacy regarding electronic prescriptions for controlled substances. For the full statement, please visit



www.oregon.gov/OMB/Topics-of-Interest/Pages/Electronic-Prescribing.aspx.

The DEA allows Electronic Prescribing of Controlled Substances. However, prescribers are not required to transmit controlled substances electronically, and pharmacies are not required to accept electronic prescriptions for controlled substances.

- Paper prescriptions for schedule II, III, IV, and V controlled substances are still permissible.
- Telephone authorization for schedule III, IV, V controlled substances are still valid.

In Oregon, electronic prescriptions for controlled substances (including schedule II) are permitted <u>only</u> when both the following criteria are met:

- 1. The prescriber's software has been authenticated by a DEA-approved certifying organization; and
- 2. The pharmacy's software has ben authenticated by a DEA-approved certifying organization.

**NOTE:** Not all prescribers or pharmacies have approved systems. Prescribers and pharmacies should understand the capabilities and limitations of their current software.

The Oregon Medical Board and the Oregon Board of Pharmacy recognize that this is complex with many detailed requirements. We understand that all licensees and health care systems are working to better understand these regulations. We encourage prescribers and pharmacists to maintain open communication with one another and their patients to ensure the best care possible. Please direct questions to the software providers or review the information available on the DEA website at www.deadiversion.usdoj.gov/ecomm/e\_rx/index.html. +

### **Medical Director's Reminder**

The Oregon Medical Board has recently reviewed two investigative cases in which patients died after using prescribed fentanyl transdermal patches. One patient received the prescription for the treatment of postoperative pain. The second patient received the prescription in the emergency room for the treatment of back pain. Because of the risk of respiratory depression, the FDA advises that patches only be "used for the management of persistent, moderate to severe chronic pain in opioid-tolerant patients when a continuous, around-the-clock opioid analgesic is needed for an extended period of time."

For more information regarding fentanyl and pain management visit www.fda.gov/Drugs/DrugSafety/

PostmarketDrugSafetyInformationforPatientsandProviders/ ucm114961.htm, or visit the Board's webpage on Pain Management at www.oregon.gov/omb/Topics-of-Interest/ Pages/Pain-Management.aspx. + The Oregon Medical Board encourages you to register for the Oregon Prescription Drug Monitoring Program (PDMP).

Authorized
users can logon
to the PDMP
system and
request a report
of the controlled
substance



medications dispensed to their patients. The Oregon PDMP collects data on all schedule II, III, and IV controlled substances dispensed to Oregon patients.

For more information and to register as a PDMP user, please visit

www.orpdmp.com. +

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### **Board Actions**

October 3, 2014, to January 9, 2015

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

#### **Automatic Suspension Orders**

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

#### KIM, Sik Kiyoshi, MD; MD22289 Portland, OR

On October 29, 2014, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license for willfully violating a Board rule, specifically continuing medical competency (education).

#### TRAINA, Pamela A., MD; MD13805 Klamath Falls, OR

On October 29, 2014, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license for willfully violating a Board rule, specifically continuing medical competency (education).

#### **Interim Stipulated Orders**

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

#### DRUZDZEL, Maciej J., MD; MD18563 Gold Beach, OR

On December 19, 2014, Licensee entered into an Interim Stipulated Order to voluntarily cease the treatment of chronic pain within 90 days, with the exception of hospice patients, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

#### NAJERA, John M., MD; MD27297 Portland, OR

On December 13, 2014, Licensee entered into an Interim Stipulated Order to voluntarily agree to

conduct all examinations and procedures in the presence of a medically trained chaperone pending the completion of the Board's investigation.

#### NELSON, Stephen L., MD; MD18996 Medford, OR

On December 12, 2014, Licensee entered into an Interim Stipulated Order to voluntarily cease the treatment of chronic pain within 90 days pending the completion of the Board's investigation into his ability to safely and competently practice medicine. On December 24, 2014, Licensee entered into an Amended Interim Stipulated Order which allows for the treatment of hospice patients.

## **Disciplinary Actions**

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

#### ANDERSON, Lance E., MD; MD22975 Portland, OR

On January 8, 2015, the Board issued a Default Final Order for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; willfully violating any provision of Board statute, rule, order or request; refusing an invitation for an informal interview with the Board; violating the Federal Controlled Substances Act; prescribing a controlled substance without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients and, or prescribing controlled substances without following accepted procedures for record keeping; and practicing medicine without a license. This Order revokes his medical license.

#### BOESPFLUG, Randolph R., MD; MD15363 Florence, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; and prescribing controlled substances without following accepted procedures for record keeping. This Order reprimands him; fines him \$3,000; requires that he complete medical

documentation and opiate prescribing courses; places him on probation; prohibits him from treating chronic pain; and limits his prescribing of Schedule II stimulant medications.

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/board/pages/ newsletters.aspx.

#### JACKSON, Larry A., MD; MD08513 Springfield, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order assesses a \$5,000 fine, \$4,000 of which is held in abeyance; places him on probation; requires him to enroll in the Center for Personalized Education for Physicians (CPEP) and complete any resulting education plan; prohibits him from treating chronic pain; and requires him to complete a prescribing course.

#### MAZUR, Dennis J., MD; MD15399 Wheeler, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and fraud or misrepresentation in applying for or renewing a license to practice in Oregon. This Order retires his medical license while under investigation.

#### **Board Action Subscriber's List**

Want to stay updated on the Oregon Medical
Board's latest actions? Please join the
Subscriber's List. You can sign up by going to
www.oregon.gov/OMB/contact/pages/Subscriber-

#### List-Overview-Page.aspx

and following the link to be e-mailed when a new report is posted.

#### MEEKER, Stephen R., LAc; AC00127 Lake Grove, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and willfully violating the terms of a Board Order. This Order reprimands him; assesses a \$5,000 fine; allows for no-notice practice site audits; requires him to comply with recommendations made by a Board-approved healthcare professional; requires him to practice in compliance with the NCCAOM Code of Ethics; requires him to keep accurate records of each patient visit; and places him on probation.

#### PURTZER, Thomas J., MD; MD12880 Murphy, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; willfully violating any Board rule, order or request; violation of the federal Controlled Substances Act; and prescribing controlled substances without a legitimate medical purpose, or prescribing without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping. This Order surrenders his medical license while under investigation.

#### ROSS, Timothy T., MD; MD12417 Vancouver, WA

On December 4, 2014, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; willfully violating a Board statute or rule; violation of the federal Controlled Substances Act; prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examinations of patients, or prescribing controlled substances without following accepted procedures for record keeping; and failure by the Licensee to report to the Board any adverse action taken against him by another governmental agency or court. This Order surrenders his Oregon medical license.

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(Continued from page 7)

#### ROWLEY, Mark C., MD; MD18314 Silverton, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross and repeated negligence in the practice of medicine. This Order places him on probation, requires him to complete the Center for Personalized Education for Physicians (CPEP) Education Plan and complete medical documentation and fetal monitoring courses.

#### SHARMA, Bhanoo, MD; MD150955 Hazel Crest, IL

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence in the practice of medicine. This Order revokes his medical license; however, the revocation is stayed; reprimands him; assesses a \$10,000 fine; requires him to complete a charting course and 25 hours of CME in perioperative management; requires Board approval for all practice settings; requires that all outpatient surgeries be performed in facilities accredited by the Accreditation Association for Ambulatory Health Care; and requires him to report any surgical complications to the Board for any Oregon patient.

#### STAPLETON, Joseph P., MD; MD13551 Happy Valley, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands him; assesses a \$6,000 fine; requires him to complete a medical ethics course; requires him to submit charts to a pre-approved practice consultant who will provide quarterly reports to the Board; requires him to implement a protocol to address the risk of wrong-site surgery; and allows the Board to conduct no-notice audits of his practice.

#### THOMAS, Harold A., Jr., MD; MD14766 Lake Oswego, OR

On January 8, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional conduct. This Order retires his medical license while under investigation.

# **Prior Orders Modified or Terminated**

#### DEMPSEY, Jackson T., MD; MD15946 Grants Pass, OR

On January 8, 2015, the Board issued an Order Terminating Stipulated Order. This Order terminates his October 3, 2013, Stipulated Order.

#### KIM, Sik Kiyoshi, MD; MD22289 Portland, OR

On December 4, 2014, the Board issued an Order Terminating Order of License Suspension. This Order terminates his October 29, 2014, Order of License Suspension.

# **Non-Disciplinary Board Actions**

#### **Corrective Action Agreements**

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

#### CRIBBS, Randolph K., MD; MD168029 Portland, OR

On November 6, 2014, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, he agreed to voluntarily limit surgical procedures to outpatient procedures under local anesthesia; notify any facility where he is credentialed of this Agreement; complete 30 hours of CME; and practice under the supervision of a mentor for six months.

#### DYSON, Robert D., MD; MD11274 Portland, OR

On January 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, he agreed to complete an update course on gynecology and work under a proctor for ten gynecologic surgery cases who will then submit a report to the Board regarding Licensee's clinical judgment and surgical skills.

#### QUEELEY, Philip W., LAc; AC00862 Portland, OR

On January 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, he agreed to complete courses on professional conduct and ethics and medical record keeping.

## WHITE, Keith A., MD; MD10976 Independence, OR

On January 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, he agreed to complete courses in boundaries and pain management; complete 40 hours of CME in chronic pain management; conduct a risk assessment of all chronic pain patients; meet monthly for 12 months with a pain specialist for the purpose of chart review of chronic pain patients; and open his practice to random chart audits of chronic pain patients.

#### WILLIAMS, Ryan E., DO; DO154545 Portland, OR

On January 8, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, she agreed to complete a course in chronic pain and 20 hours of CME and bi-monthly meetings with a physician for the purpose of chart review of chronic pain patients.

#### **Consent Agreements**

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

#### KATANCIK, Cynthia A., PA; PA165502 West Linn, OR

On November 5, 2014, Applicant entered into a

Consent Agreement with the Board. In this Agreement, she agreed to complete a 12-week clerkship with specified supervision and chart review by her supervising physician along with reports to the Board from her supervising physician.

#### KOBAYASHI, Kari M., PA; PA156305 Hillsboro, OR

On November 4, 2014, Licensee entered into a Consent Agreement with the Board. In this Agreement, she agreed to specific requirements regarding supervision and chart review from her supervising physician, and that her supervising physician would submit reports to the Board.

#### RIVADENEIRA ALMENARA, Adriana, LAc; AC166926

#### Portland, OR

On October 7, 2014, Licensee entered into a Consent Agreement with the Board. In this Agreement, she agreed to obtain 20 hours of mentoring from a practice mentor.

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

## www.oregon.gov/omb/board/pages/Board-Actions.aspx

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

### **OMA Annual Meeting**

The Oregon Medical Association (OMA) will hold its annual meeting on April 25th at the OMEF Event Center in Portland.

The OMA welcomes all attendees interested in how recent legislative and regulatory requirements are impacting physicians and how technology can be leveraged to overcome existing challenges, increase efficiencies, and ultimately improve patient care.

For additional information, please visit www.theOMA.org/event/oma-annual-meeting.

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### 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 www.oregon.gov/OMB/statutesrules/Pages/RulesProposedAndAdoptedByTheOMB.aspx

### **Proposed Rules**

First Review

#### All Licensees

OAR 847-001-0020: Discovery

The proposed rule repeal removes the discovery rule for contested case hearings because the Oregon Medical Board has adopted the Attorney General's model rule on discovery in contested case hearings, specifically OAR 137-003-0066.

# OAR 847-010-0073: Reporting Incompetent or Impaired Physicians to the Board

The proposed rule amendments add clarity to the mandatory reporting requirements under Oregon Revised Statutes 676 and 677. The revised

section (1) breaks the reporting requirements into categories for licensee self-reports, licensee obligations to report other professionals, and health care facility reports. The amendment adds a civil penalty for licensees who fail to report. The rule also updates the name of the state's monitoring program to the Health Professionals' Services Program and makes other housekeeping and general grammar updates.

# Emergency Medical Services Providers (EMS)

OAR 847-035-0030: Scope of Practice

The proposed rule amendment makes four changes. First, the amendment clarifies that the scope of practice is the maximum functions that may be assigned to EMS providers; it is not standing orders, protocols, or curriculum. Second the amendment moves the provision allowing an EMT to perform other tasks under visual supervision as directed by the physician to the scope of practice for an Emergency Medical Responder. Third, the amendment corrects "Albuterol sulfate" to "albuterol." Fourth, the amendment expands the Paramedic's ability to initiate and maintain urinary catheters.

#### **Adopted Rules**

Final Review

# Medical and Osteopathic Physicians (MD/DO)

OAR 847-023-0005; 847-023-0010; and 847-023-0015: Volunteer Emeritus Licensure

The rule amendments reference the complete list of acceptable licensing examinations or combination of examinations; allow applicants with ongoing maintenance of certification to request a SPEX/COMVEX waiver; require documents in a foreign language to be submitted with an official translation; remove references to

a paper application form; revise the requirements for a photograph so that it may be submitted digitally; include fingerprints within the rule on documents to be submitted for licensure; clarify that the Board may ask for additional documents regarding information received during the processing of the application; and include the ECFMG certificate among the documents that must be sent to the Board.

## OAR 847-026-0000: Qualifications for License by Endorsement

The rule amendment clarifies that applicants who qualify for expedited endorsement must have one year of current, active, unrestricted practice in the United States or Canada immediately preceding the application for licensure. Practice in other countries for that period will not qualify due to the differences in medical regulation and potential difficulty in obtaining documents with primary source verification from international regulatory bodies.

#### **Acupuncturists (LAc)**

OAR 847-070-0005; 847-070-0007; 847-070-0015; 847-070-0016; 847-070-0019; 847-070-0022; and 847-070-0045: Acupuncture

The rule amendments alphabetize the definitions, eliminate references to forms or printed photographs to reflect electronic submission of applications and required materials, renumber the subsections under the rule on qualifications for clarity, distinguish mentorships from clinical training by changing the terminology from "clinical supervisor" to "mentor" under the rules for demonstrating competency, and make general language and grammar housekeeping updates.

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

### **Improving Publications**

The Oregon Medical Board is embracing the ever-changing world of technology and is always looking for ways to help the environment. The Spring 2015 issue of the *OMB Report* will be delivered electronically to all Board licensees. If successful, future issues may be distributed electronically. Please send your feedback on the newsletter to

OMBReport@state.or.us.

If you would like to receive all issues of the *OMB Report* electronically, please visit **www.oregon.gov/OMB/contact/pages/ subscriber-list-overview-page.aspx** and follow the link to opt out of paper copies.

Previous issues of the *OMB Report* can be found at **www.oregon.gov/OMB/board/pages/ newsletters.aspx**. From there, you can follow the link to request all issues of the *OMB Report* electronically and opt out of paper copies. •

### Going Green!

#### **Honoring Retiring Licensees**

The OMB acknowledges and appreciates the quality care that licensees provide to the citizens of Oregon.

To honor licensees for their work and dedication to the patients of Oregon, the OMB presents retiring licensees with a certificate of appreciation.

Do you know a licensee preparing for retirement who dedicated a substantial amount of time to patient care in Oregon?

If so, please send information to the *OMB Report* at **OMBReport@state.or.us**.

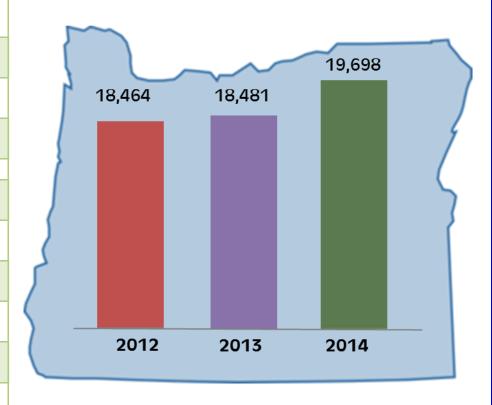
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## **Annual Licensing Statistics**

Number of Licensees as of December 31, 2014

County	MDs	DOs	DPMs	PAs	LAcs	Total	Population
Baker (Baker City)	78	8	1	12	2	101	16,018
Benton (Corvallis)	371	78	4	56	31	540	86,591
Clackamas (Oregon City)	1213	121	24	116	101	1575	388,263
Clatsop (Astoria)	131	10	3	18	7	169	37,244
Columbia (St. Helens)	29	5	0	18	8	60	49,344
Coos (Coquille)	209	19	5	15	6	254	62,282
Crook (Prineville)	25	7	1	9	3	45	20,815
Curry (Gold Beach)	59	11	1	8	2	81	22,339
Deschutes (Bend)	637	55	11	137	68	908	165,954
Douglas (Roseburg)	291	48	8	37	7	391	106,940
Gilliam (Condon)	0	0	0	3	0	3	1,947
Grant (Canyon City)	10	1	0	2	2	15	7,283
Harney (Burns)	29	2	0	4	0	35	7,146
Hood River (Hood River)	120	5	4	16	20	165	22,675
Jackson (Medford)	763	74	16	84	59	996	208,545
Jefferson (Madras)	46	1	2	3	3	55	21,145
Josephine (Grants Pass)	205	28	4	33	20	290	83,306

#### **Total Number of Licensees**



Doctors of Medicine (MD)	2012	2013	2014
Active	11,203	11,005	11,761
Inactive	1,485	1,254	1,441
Emeritus	396	514	461
Locum Tenens	349	318	360
Limited (all types)	1,160	1,163	1,247
Total	14,593	14,254	15,270

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Klamath (Klamath Falls)	236	18	3	19	5	281	65,910
Lake (Lakeview)	11	2	0	2	0	15	7,820
Lane (Eugene)	1202	75	17	154	81	1529	256,212
Lincoln (Newport)	114	22	4	27	11	178	46,350
Linn (Albany)	216	33	3	34	7	293	118,765
Malheur (Vale)	126	18	4	39	0	187	30,479
Marion (Salem)	973	78	13	123	46	1233	323,614
Morrow (Heppner)	8	0	0	9	0	17	11,336
Multnomah (Portland)	5509	312	52	517	819	7209	766,135
Polk (Dallas)	93	28	3	20	5	149	76,794
Sherman (Moro)	0	1	0	2	0	3	1,731
Tillamook (Tillamook)	73	4	0	10	5	92	25,317
Umatilla (Pendleton)	239	23	5	25	1	293	76,720
Union (La Grande)	100	13	1	2	5	121	25,652
Wallowa (Enterprise)	20	0	0	2	2	24	6,814
Wasco (The Dalles)	126	8	2	18	7	161	25,477
Washington (Hillsboro)	1933	93	27	288	157	2498	554,996
Wheeler (Fossil)	3	0	0	8	0	11	1,381
Yamhill (McMinnville)	245	17	8	26	13	309	100,725
None/Not Applicable	148	18	1	9	13	189	0

Some licensees have more	than one practice location.	Every practice location
registered with the Board	is included in the county to	otals above.

Doctors of Osteopathy (DO)	2012	2013	2014
Active	850	879	976
Inactive	102	88	108
Emeritus	8	11	7
Locum Tenens	35	28	27
Limited (all types)	134	162	177
Total	1,129	1,168	1,295

Podiatric Physicians (DPM)	2012	2013	2014
Active	166	169	178
Inactive	18	10	10
Emeritus	0	0	0
Locum Tenens	0	1	1
Limited (all types)	11	10	11
Total	195	190	200

Physician Assistants (PA)	2012	2013	2014
Active	1,238	1,291	1,465
Inactive	47	51	81
Emeritus	0	2	2
Locum Tenens	3	0	2
Limited (all types)	1	0	1
Total	1,289	1,345	1,551

Acupuncturists (LAc)	2012	2013	2014
Active	1,173	1,277	1,275
Inactive	65	74	61
Emeritus	6	5	9
Locum Tenens	12	17	18
Limited (all types)	2	1	1
Total	1,258	1,374	1,364

### **Annual Investigative Statistics**

#### Investigations totals as of December 31, 2014

MB staff is continually preparing for and wrapping up Board and Committee meetings. For example, the Investigative Committee met eight times last year, each meeting spanning nine hours. One contested case hearing was held, lasting three days after months of preparation. Investigations staff and the state Attorney General's Office prepared for an additional three hearings that settled before the scheduled date. Each Board meeting requires Board members to read, and staff to compile, over 8,000 pages of material. The following statistical report is a snapshot of the resulting work.

#### **Inquiries Received**



2014: 2,369 2013: 2,298

2012: 2,127

2014: 266

2013: 162 2012: 149

2013: 719 2012: 757

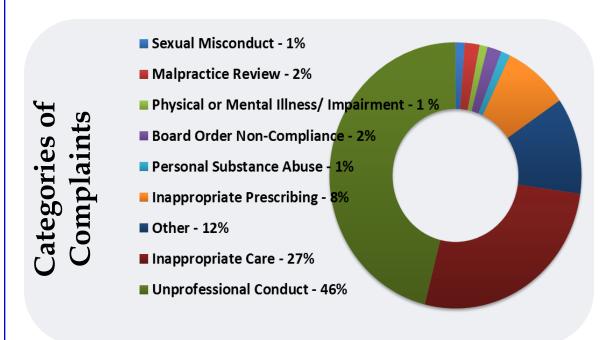
2014: 778

**Preliminary Phone Calls** 

Preliminary E-mails

Written Complaints\*

<sup>\*</sup>Only written complaints may result in an investigation.



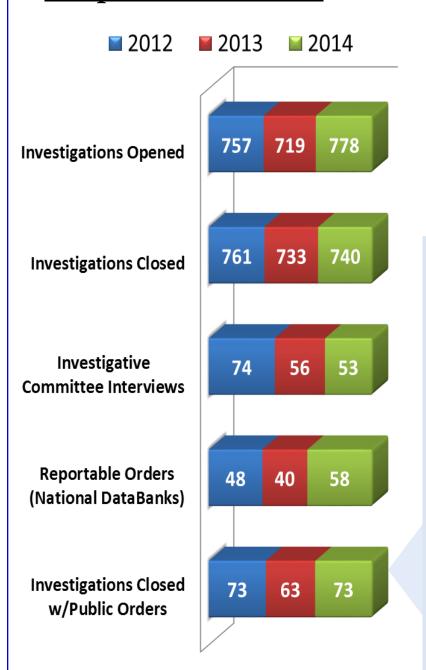
Source of Investigations	2012	2013	2014
Oregon Medical Board	52	86	49
Board or HPSP Non-Compliance	0	21	18
Hospital or Other Health Care Institution	30	25	31
Insurance Company	8	4	7
Malpractice Review	27	37	44
Other	75	55	67
Other Boards	5	5	9
Other Health Care Providers	65	66	62
Patient or Patient Associate	448	410	479
Pharmacy	7	10	5
Self-Reported	21	23	30

Some investigations results from multiple sources.

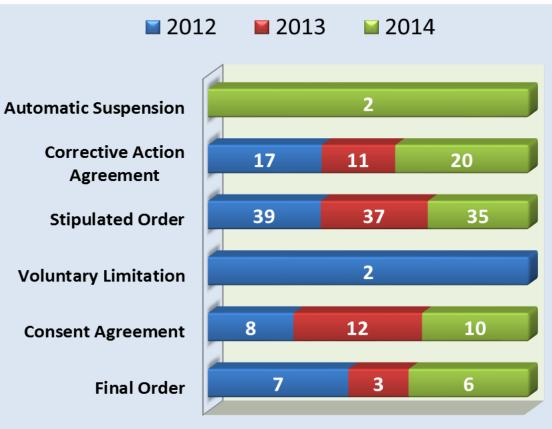
## **Final Dispositions of Investigations**

### **Disposition Totals**

### **Public Orders**



Of the 740 Investigations closed in 2014...
73 resulted in public orders
113 resulted in a Letter of Concern
552 were closed with no additional action taken
1 applicant withdrew their application



**Oregon Medical Board** 

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# OFFICE CLOSURES

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

#### 2015 Holidays

Memorial Day Monday, May 25

Independence Day Friday, July 3

Labor Day Monday, September 7

Veterans' Day Wednesday, November 11

Thanksgiving
Thursday, November 26

#### 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/board/Pages/Meeting-Notices.aspx and following the link to receive meeting notices.

#### **CALENDAR OF MEETINGS**

March 5, 7:45 a.m.

**Investigative Committee** 

March 11, 5:15 p.m.

**Administrative Affairs** 

Committee

March 12, 9:45 a.m.

**Physician Assistant Committee** 

April 2-3, 8:15 a.m. **Board Meeting** 

May 7, 7:30 a.m.

**Investigative Committee** 

May 22, 9 a.m.

**EMS Advisory Committee** 

June 4, 7:30 a.m.

**Investigative Committee** 

June 5, 12 noon

**Acupuncture Advisory** 

Committee