



# OREGON MEDICAL BOARD REPORT

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Fall 2022

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## Upcoming Meetings

- November 3, 8 a.m.  
**Investigative Committee**
- November 18, 9 a.m.  
**EMS Advisory Committee**
- December 1, 8 a.m.  
**Investigative Committee**
- December 2, Noon  
**Acupuncture Advisory Committee**
- December 14, 5 p.m.  
**Administrative Affairs Committee**
- January 5-6, 8 a.m.  
**Board Meeting**

Visit [omb.oregon.gov/meetings](http://omb.oregon.gov/meetings) for a complete list of upcoming meetings.

## Battling Burnout

*Tricia James, MD | Medical Director of Physician Wellness, Providence Portland Medical Center*

Burnout is a growing issue facing our community; the surgeon general recently declared it a public health crisis. According to a [recent article from the Mayo Clinic](#), the national burnout rate rose from 37% to 62% between 2020 and 2021. While burnout has become a buzz word, there is now ample evidence outlining its negative consequences. Individuals experiencing burnout have higher rates of relationship issues, substance and alcohol use, clinical depression, and suicide. Patient care is also affected with higher rates of medical errors, health care associated infections, longer lengths of stay, and readmission rates. Finally, burnout can have major financial impacts on organizations. Turnover attributed to burnout costs an estimated \$4.5 billion per year in the U.S.

In response, Providence has developed multiple initiatives to help address this crisis. The Providence Portland Hospitalist group recently completed a study using another local group as the control site. At the start of the study in October 2020, there was no significant difference [in self-reported burnout rates] between the two groups. The study group had access to funded time to develop and support three wellness hospitalist leaders who would identify stressors and develop initiatives to address them. Individual hospitalists were also offered one-on-one coaching free of charge during the study period. The burnout rate at the study site decreased from 37% to 32% while the control group saw an increase from 39% to 57% in the same time period. Job satisfaction also significantly improved at the study site.

*Continued on page 4*

## Oregon Medical Board Welcomes New Members, Associate Medical Director



*Dr. Eshraghi*

*Dr. Evans*

*Dr. Klein*

The Oregon Medical Board is pleased to welcome its two newest Board members, Niknam Eshraghi, MD, FACS, and Eric Evans, DPM, as well as the agency's first Associate Medical Director, Eve Klein, MD.

*Continued on page 3*

# WARNING: Fraudulent Notice of Suspension Received by Oregon Licensees

The OMB was recently contacted by a licensee who received the below fraudulent fax while on a call with scammers impersonating OMB investigators and FBI agents. The scammers accused the licensee of drug trafficking and money laundering in another state, and was threatened with suspension of licensure and other legal action, including jail time.

Please know that the OMB will NEVER contact a licensee in this manner regarding such sensitive and important information. If you suspect you may be the victim of a scam attempt, **do not provide any sensitive information and immediately contact the OMB**. While the Board can confirm the legitimacy of a phone call or email, we are unable to investigate or track these encounters. The Board strongly encourages licensees to file a report with the Federal Trade Commission at [reportfraud.ftc.gov](https://reportfraud.ftc.gov). +

To: Page: 1 of 1 2022-09-30 20:10:48 GMT 18884919507 From: U.S. Department Of Justice



## Oregon Medical Board

1500 SW 1st Ave., Suite 620  
Portland, OR 97201-5847

Website : <https://www.oregon.gov>

Dr. [REDACTED]

Investigation No: SA-INV-00759RP  
September 30<sup>th</sup> 2022

License: MD [REDACTED]

NPI: [REDACTED]

Case No: CV-00759RP

Registered Address: [REDACTED]  
Portland, OR 97227-1623, US

Re: Suspension of License# MD [REDACTED]

This is an official notice for the suspension of license: MD [REDACTED] registered under Dr. [REDACTED] as authorized by Oregon Medical Board. The license will be suspended effective from 09/30/2022 under section 841 of Title 21 United States Code, for illegal drugs Trafficking under 21 U.S.C. section Drug Trafficking Control Act of 1984; This Citation is a result of your violation of Drug Trafficking Controlled 21 U.S.C. § 841 Oregon Medical Board Licensure Code: Drug Control Violation of the State

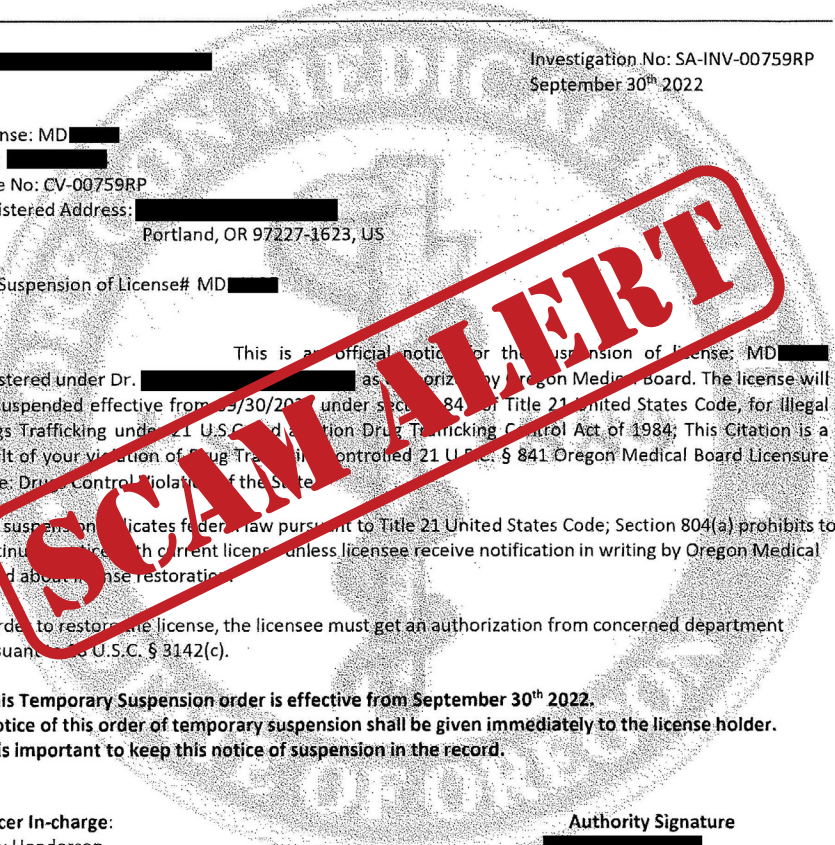
This suspension indicates federal law pursuant to Title 21 United States Code; Section 804(a) prohibits to continue to practice with current license unless licensee receive notification in writing by Oregon Medical Board about license restoration.

In order to restore the license, the licensee must get an authorization from concerned department pursuant to 21 U.S.C. § 3142(c).

- \* This Temporary Suspension order is effective from September 30<sup>th</sup> 2022.
- \* Notice of this order of temporary suspension shall be given immediately to the license holder.
- \* It is important to keep this notice of suspension in the record.

Officer In-charge:  
Larry Henderson  
Phone No : + 1 (971) 673-2700  
Oregon Medical Board  
1500 SW 1st Ave #620  
Portland, OR 97201

Authority Signature  
[REDACTED]  
Nicole Krishnaswami, JD  
Executive Director



## New Board Members, Associate Medical Director



Niknam Eshraghi, MD, FACS, is a board-certified general surgeon with specialty training in burn surgery who has cared for patients in the Portland area since 1999. He completed his medical school training, surgical internship, and residency at Oregon Health & Science University and later completed a senior clinical burn fellowship at the University of Washington in Seattle. He is a physician partner at the Oregon Clinic and participates in the education of students and residents as a clinical professor of surgery at OHSU. Dr. Eshraghi is currently the medical director of the Oregon Burn Center at Legacy Emanuel Medical Center and has served on several committees. His areas of focus include general surgery, burn treatment, wound care, and skin grafting. Dr. Eshraghi also participates in outreach and education for providers throughout the region.



Eric Evans, DPM, is a practicing podiatrist with Kaiser Permanente NW and is certified by the American Board of Foot & Ankle Surgery. Dr. Evans earned a bachelor's degree in sports medicine from the University of the Pacific in Stockton, CA, and attended medical school at the California College of Podiatric Medicine in San Francisco. Dr. Evans is actively involved with the Legacy Health/Kaiser Permanente surgical residency training program and has served in leadership roles such as podiatry section chief at Providence St. Vincent and podiatry department chief for the Kaiser Permanente Physician Group, as well as several roles with the American Board of Foot and Ankle Surgery.



Eve Klein, MD, joins the OMB staff as Associate Medical Director. She is board certified in neurology and addiction medicine. Originally from Massachusetts, she graduated from Columbia University and attended medical school at the University of Massachusetts. She moved to Oregon in 2006 and completed her residency in neurology, as well as fellowships in pain medicine and addiction medicine, at OHSU. She currently serves as medical director of CODA, Inc, providing substance use treatment in Multnomah, Washington, Clackamas, and Clatsop Counties. She also teaches medical students at OHSU on the topics of opioids, pain, and addiction. Prior to her work at CODA, Dr. Klein practiced pain medicine at Legacy Health. +

## Oregon Medical Board EMS Advisory Committee Opening

The OMB's EMS Advisory Committee is seeking letters of interest and curricula vitae (CV) from a public member interested in serving on the Committee.

The public member or the spouse, domestic partner, child, parent, or sibling of the public member may not be employed as a health professional.

The Committee is composed of two physician members, three EMS members, and one public member. The term of office is three years, and members may serve no more than two terms. The Committee meets four times a year with additional meetings or conference calls if necessary.

The Committee's purpose and major objective is to help ensure the availability of safe, professional emergency medical services to the people of Oregon. The Committee makes recommendations to the Board on matters of scope of practice for all levels of emergency medical services providers and requirements and duties of supervising physicians. The Board then takes final action based upon those recommendations.

Interested applicants may submit a CV and a letter of interest addressing the following areas:

- Educational/training/practice experience
- Any committee or team experience
- Why you are interested in serving as a member on the EMS Advisory Committee

Application materials must be submitted to the Board at 1500 SW 1<sup>st</sup> Ave., Suite 620, Portland, OR 97201, or [shayne.nylund@omb.oregon.gov](mailto:shayne.nylund@omb.oregon.gov) by **November 10, 2022**.

The Committee will interview interested applicants during its meeting on November 18, 2022, and forward recommendations for a new member to the Board. The Board will appoint the new member to the Committee at its regular meeting. +

*Battling Burnout, continued*

We believe this approach maximizes empowerment. Coaching for individuals allows them to identify things within their control to immediately improve their own experience. Supporting wellness leaders allows them to identify real time stressors and address them where possible, in addition to clarifying where system support is needed, empowering more effective communication and advocacy. This project has been so successful that the hospitalist group has committed to ongoing FTE for a wellness leader. PPMC Hospital also created a new Medical Director of Wellness position.

Providence has also created a state-wide coaching initiative to support medical staff members across all of its ministries. Any individual with medical staff privileges is able to apply to participate in a 12-week coaching program which consists of teaching, one-on-one, and group coaching. There is no cost to individuals; the program has been funded by Providence Foundation grants and medical staff funds. After completion of the program, individuals report significantly improved wellbeing that is often sustained for several months. Additionally, people reported they were much more likely to stay in medicine, specifically with Providence and at their current FTE. The program provided space for connection across locations and specialties, something that is sorely lacking in our usual medical practice. One participant shared “I chose to participate in this program because I found myself approaching work each day with a loss of inspiration and energy. I could not put my finger on the problem and even wondered about leaving medicine. I have learned new insights about my own thoughts and feelings, which has been empowering. I am now approaching my work with new tools and a fresh perspective. This program has made it easier for me to envision a productive and connected future in medicine.” The program is currently in its third cohort with a total of 230 participants to date. A fourth cohort is anticipated to start in January 2023.

While it is important to share these successes, burnout is affecting all of our communities and will continue to worsen without dedicated attention and effort. As we embark on the journey, I hope that we can all learn from each other and collaborate to influence the wellbeing of our larger community of health care practitioners and ultimately our patients. +

## From the Legislature: Mental and Behavioral Health Care



**Senator Elizabeth Steiner Hayward, MD**

Access to appropriate care for mental and behavioral health is as important as access to care for physical health issues. It is impossible for anyone to partner actively in their own wellbeing if they are not receiving adequate behavioral health care. The Legislature has made substantial investments in this area over the past several years and we are starting to see the benefits now. In the next 18 to 24 months we will truly see these investments take shape and positively impact communities across Oregon. We must continue investments in mental and behavioral health care, including building out a diverse workforce and ensuring access to care for Oregonians across the state.



**Representative Rob Nosse**

If you Google mental health and/or drug use in Oregon, you will find our ratings are terrible compared to other states. We all see and experience the effects of the pandemic (especially on youth and the houseless population) when it comes to heightened anxiety and depression. Meanwhile, what is sometimes called “the great resignation” is playing out as behavioral health providers struggle to attract and retain a workforce, not to mention the staffing challenges faced by hospitals and emergency rooms statewide.

The Legislature has invested more than \$1.3 million in mental and behavioral health, including the cannabis taxes voters asked be directed toward addiction services. Given that many of these challenges are not yet solved, I suspect the Legislature will attempt to roll these investments forward in an effort to enhance available services, make progress on workforce recruitment and retention, reduce addiction and anxiety, and try to get a handle on the challenges faced by hospitals. +

## NIMH: Ask Suicide Screening Questions Toolkit

Suicide is a global public health problem and a leading cause of death across age groups worldwide. Suicide is also a major public health concern in the U.S., with suicide ranking as the second leading cause of death among people ages 10-24. According to the Centers for Disease Control and Prevention (CDC), more than 45,900 individuals lost their lives to suicide in 2020.

Early detection is a critical prevention strategy. The majority of people who die by suicide visit a health care provider within a few months before their death. This represents a tremendous opportunity to identify those at risk and connect them with mental health resources.

In February 2016, the Joint Commission, the accrediting organization for many health care programs and hospitals throughout the U.S., issued a Sentinel Event Alert recommending that all medical patients in all medical settings (inpatient hospital units, outpatient practices, emergency departments) be screened for suicide risk. Using valid suicide risk screening tools that have been tested in the medical setting and with youth will help clinicians accurately detect who is at

risk and who needs further intervention.

The Ask Suicide-Screening Questions (ASQ) tool is a brief, validated tool approved by the Joint Commission for use with all ages. Additional materials to help with suicide risk screening implementation are available in the ASQ Toolkit, a free resource for use in medical settings that can help successfully identify individuals at risk for suicide. There are both youth and adult versions of the toolkit as some of the materials take into account developmental considerations.

By enabling early identification and assessment of medical patients at high risk for suicide, the ASQ toolkit can play a key role in suicide prevention. Using an evidence-based clinical pathway can guide the process of identifying patients at risk and managing those who screen positive to prevent self-harm.

To access these resources and learn more about the ASQ Toolkit, visit the [National Institute of Mental Health's website](#). +

## Medical Library Resources Available to All Oregon Licensees

Did you know all Oregon-licensed health providers have access to the AccessMedicine Database through the OHSU Library, even if they are not affiliated with OHSU?

This database provides information on basic sciences and medicine, including the Lange Current Diagnosis and Treatment Series, Harrison's, and Goodman and Gilman's. The Lange Self-Assessment Tool for the USMLEasy is also included.

To create an OHSU Library account, visit the [OHSU Library Account Application page](#).

**OHSU BICC Library Access:** If you visit the OHSU Library during regular business hours, you can check out library books and scan or download journal articles free of charge (visit [ohsu.edu/library](https://ohsu.edu/library) for hours). From the computer stations, you can access nearly all of the

resources available at the OHSU Library. This includes thousands of journals and key databases such as CINAHL and ClinicalKey for Nursing, Cochrane Library, OVID MEDLINE, Pediatric Care Online, PsycINFO, and Scopus.

Additionally, through a partnership with the Oregon Medical Board, the OHSU Library offers Oregon-licensed MDs and DOs access to an article delivery service. Using PubMed enabled with Reprints Desk, this service provides a quick and easy way to obtain articles from nearly any journal title.

To register for this service, visit OHSU's [Resources for Oregon-Licensed Health Providers website](#). Contact the OHSU Library with any questions or to learn more about eligibility to use this service. +

## The Lund Report: CODA to Operate One-Stop Substance Use Recovery Center in Washington County

*This article is written by Emily Green and was originally published in The Lund Report. It is reprinted here with permission.*

Washington County is a couple of steps closer to opening a one-stop treatment center for substance use disorder. [Recently,] officials announced they selected CODA, Inc. to operate the triage center and Holst Architecture to design it.

“We’re really moving forward,” said Kristin Burke, the project’s manager at Washington County Department of Health and Human Services, adding that progress will slow as the center enters the design and construction phases. It’s unlikely that it will open its doors before the end of 2024, “which is a bummer,” said Burke, “but that’s just how long things take.”

CODA, Inc. was founded in 1969 and is one of the state’s largest not-for-profit substance use treatment providers, operating more than a dozen programs in the state.

The county has found a home for the center at 17911 NW Evergreen Parkway in Beaverton’s Triple Creek neighborhood. The building currently houses the county’s 911 emergency communications department, which is moving. Holst architects will come on in July to design the remodel and expansion [that] the building will need to house an estimated 86 treatment beds. The firm specializes in design techniques intended to promote calm and healing for people who’ve experienced trauma, featuring aspects like wide corridors, open stairways and natural colors.

Currently known as the Center for Addictions Triage and Treatment — a placeholder name — the center will house a continuum of services under the same roof, from the initial assessment and sobering or detox care to residential treatment beds and follow-up support after discharge. A peer workforce — people who have experienced substance use disorder and are in recovery — will support the programs.

The county estimates that 16 beds would be used for sobering, 16 would be for managing withdrawal symptoms for people who are detoxing and 10 would be for stabilization. There would be 20 women’s and 24 men’s residential treatment beds, said Burke.

That adds up to about 11 fewer beds than earlier estimates, but Burke said the plan allows for future expansion if needed. For example, single rooms could be transformed into double rooms.

As part of the same project, the county plans to open an addiction services resource center in Hillsboro near TriMet’s Hawthorne Farm MAX Station at 5250 NE Elam Parkway. It will share a building with the Hawthorne Walk-In Center for mental health services, which is currently located across the street. While the county has a contract to purchase the building, it’s still working out zoning issues with the city.



Burke said the Hillsboro center will house “a collection of different organizations and providers.”

Treatment services are direly needed in Washington County, where there are no publicly-funded sobering or detox programs and just 32 residential treatment beds split between CODA’s Tigard Recovery Center and LifeWorks NW’s Mountaindale Recovery Center.

The combined cost of the Beaverton and Hillsboro facilities is estimated at \$40.5 million, said Burke. The ability to use county-owned land and existing buildings brought the cost down significantly from earlier estimates. The county has set aside \$25 million and has applied for Measure 110 grant funding and other options, such as opioid settlement dollars or other funding from the Oregon Health Authority, are still on the table.

“We’re hopeful that they will really see the value of this project,” Burke said of the agency, “and really help us make sure it happens.” +

## Topic of Interest: Medical Chaperones

The OMB adopted [OAR 847-010-0130](#), which requires all OMB licensees to offer a trained chaperone to be physically present for all genital, rectal, and breast examinations starting July 1, 2023.

On recommendation of the Oregon Medical Board's Sexual Misconduct Workgroup, the OMB adopted this requirement due to the evidence of the detrimental effects of sexual misconduct on patients' wellbeing, the patient-provider relationship, and public trust in the medical profession. There is a need to institute routine offerings of a chaperone to reduce the risk of sexual misconduct for Oregon patients.

The presence of a trained chaperone in the examination room can provide reassurance to the patient about the professional context and content of the examination and the intent of the provider. The chaperone also serves as a witness to the events taking place should there be any misunderstanding or concern for misconduct.

The OMB compiled a list of [Frequently Asked Questions](#) to provide information as the rule is implemented.

### Medical Chaperone Rule Requirements Starting July 1, 2023

An Oregon Medical Board licensee **must**:

- Offer a trained chaperone to be physically present for all:
  - Genital and rectal examinations regardless of gender; and
  - Breast examinations for patients who identify as female.
- Ensure that the chaperone:
  - Is not a personal friend or relative of the patient or licensee; and
  - Holds an active Oregon license to practice a health care profession; or
  - Completes a course for medical chaperones approved by the OMB.
- Does not participate in acts that would obstruct or distract the chaperone from observing the licensee's behavior and actions throughout the exam, procedure, or clinical encounter.
- Document the presence or absence of a chaperone in the patient chart.

The patient may decline the presence of a chaperone, but if the patient declines, the licensee **may**:

- Defer the breast, genital, or rectal examination if, in the provider's judgment, deferring the examination is in the best interest of the patient and the licensee.
- Perform the examination and document the patient's consent to proceed without the presence of a chaperone.

An OMB licensee is **not required** under this rule to offer a chaperone:

- In circumstances where it is likely that failure to examine the patient would result in significant and imminent harm to the patient, such as during a medical emergency.
- If a chaperone is already present in the normal course of the examination.


Please review the list of [Frequently Asked Questions](#) and email [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov) with additional comments or questions.

### Medical Chaperone Training & Training Courses

OMB licensees should ensure that chaperones understand their responsibilities to protect patients' privacy and the confidentiality of health information.

- No additional training is required if the person serving as a chaperone holds an active Oregon license to practice a health care profession (physician, physician assistant, registered nurse, etc.).
- If the chaperone does not hold a health care professional license (e.g. medical assistant, scribe, etc.), the chaperone must complete a course for medical chaperones approved by the Board.

The [PBI Education](#) Medical Chaperone Training Program has been approved and many health care systems and group practices are developing their own medical chaperone training courses. To request course approval, see [FAQ #16](#).

Please email [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov) with comments or questions about the medical chaperone rule. Additional information is available at [omb.oregon.gov/chaperone](http://omb.oregon.gov/chaperone). 

## From the Desk of the Medical Director: Stay Out of the Black Box

*David Farris, MD | Medical Director, OMB*

We at the Board were not surprised to read of ourselves: “Ridiculous...It’s so discouraging...They suck.” This came in an email string we received during the course of an investigation. An apology was included, but no need: we nodded knowingly.

We regularly receive expressions of dismay. One of our licensees sends in near-yearly complaints about fellow practitioners, always ending with, “But I know you won’t do anything. You never do.” From patients and families we have heard, “This person should never practice again, but you always protect your own!” At the same time, many licensees fear any interaction with the Board will result in discipline against their license for any small error or infraction. These frustrations are understandable. It is our hope, however, that the information contained herein will provide our licensees with insight into the perceived “Black Box” that is the OMB.

*First, let’s address the mystery of Board investigations.*

The OMB’s charge and authority come from the Oregon Medical Practice Act (MPA) and are further defined in Oregon Administrative Rules (OARs). These state laws and regulations guarantee confidentiality in the investigative process. Confidentiality guards against retaliation for making a report to the Board. Confidentiality further ensures licensees aren’t harmed by complaints that don’t result in a finding of a violation of the MPA. But confidentiality also means that the Board cannot share the particulars of many of its investigations with the medical community and public.

When the Board finds cause for legal action, the allegations against a licensee become public information by way of a legal document called a Notice of Proposed Disciplinary Action (also referred to as a “Complaint and Notice”). Essentially a charging document, it cites the specific acts believed to be violations of the MPA. It lists sanctions under consideration and outlines the due process afforded to the licensee. It is not a final Board action; the licensee may request a hearing or otherwise dispute the allegations. Notices are public records available through OMB staff upon request.

*Second, allow me to offer “The Troubles I’ve Learned of at the OMB, First Edition.”*

A: Don’t sleep with a patient. No, a signed agreement that the physician-patient relationship is terminated doesn’t count, especially when a sexual relationship commences immediately thereafter. For that matter, even a subsequent marriage doesn’t mean that the patient wasn’t subject to grooming behavior.

B: If your thorough physical exam on first encounter includes breast palpation, explain why, even when the patient is referred for cancer treatment or a rheumatology consultation. Similarly, explain any moving of the patient’s clothing, whether it be adjusting the neckline of the patient’s shirt or removing the patient’s shoes. You might want to consider, too, abandoning or amending your old teachings of what constitutes a complete physical exam. The reassuring touch I was taught in medical school can be taken as inappropriate. Licensees are expected to be patient-centered and trauma-informed when conducting exams. If these are unfamiliar terms for you, you’d do well to find some courses on the subject.

C stands for Charting. Please, Dear Reader, I don’t mean to be pedantic. No one would have mistaken me for a paragon of record keeping. I’m only reporting what I’m learning now, too late. Rarely is poor charting, even abysmal charting, the sole source of a complaint. It is, however, often an element of a complaint and has been found by the Board to be substandard to the point of negligence. So: Avoid having your HPI, ROS and/or physical exam contradict one another. Credibility counts. Document your thinking. You may know you considered the risk; you may have a credible defense. But if it’s documented, you may not be asked to appear before the Board.

Document progress in a progress note. I know you have to include redundant, checkbox data to get paid, but be sure to include what’s actually going on with the patient. Further, quit with the copy+paste. Adding the entire MRI report, including technique, doesn’t show you read it. A daily recitation of it adds negative value. Clutter not only aggravates all concerned, it impedes the flow of meaningful information. In short: A sentence of what’s up beats two pages of twaddle.



It's better for patient care, especially in these times of do more with less (time).

D: Take care with offhand comments. This one I learned well before I got here. A quick, "I thought I told you to stay out of the ER!" to a patient with ongoing pain may be an attempt to lighten the mood during a protracted recovery period. But such comments are easily misconstrued – even by those who laughed at the time.

E: Help a friend. Your pal or partner-with-whom-you-share-financial liability may be getting more than their share of complaints from staff, patients, or colleagues. Consider a neighborly nudge, even a shove, toward school. Maybe a course on prescribing: e.g. poly-psychoactive medicines in the geriatric. Maybe patient communication: e.g. trauma-informed care. Maybe documentation: see above. Ethics and boundaries: asking for a loan from a patient might be a bad idea; texting romantic suggestions with photos definitely is.

Ongoing education can improve patient care, with the secondary benefit of avoiding a Board investigation or worse, a court date. All levels of professional education are available, from sleep-through online slide shows to three-day, in-person intensives with pre-course reading and post-course follow-up. Note: When the Board mandates remediation, only the latter counts. Your friend may thank you for the nudge when they think through the alternatives.

I'd like to say don't get sued – the Board is charged with looking at such things – but that's like saying don't have bad outcomes. Both are often far beyond anyone's control.

I have given a half-dozen short talks on Board processes with examples of findings of negligence. So far, they have been well received. Time permitting, I am available to do more. It is my hope to put a few windows into the Black Box.

Finally, the Board's Mission Statement 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." I have an addendum: "The OMB cannot promote access to quality care without licensees who are competent and professional." Yes, the Board wants you to thrive. And stay out of the box. +

## Information for Licensees Under Investigation

The Oregon Medical Board receives hundreds of complaints each year, and each complaint is entered into the Board's electronic database. The Board only takes action if there has been a violation of state law (the Medical Practice Act). Some examples of violations are gross or repeated acts of negligence, conviction of certain crimes, boundary violations, or other ethical violations. Each complaint goes through an initial review process; complaints that do not indicate a violation of state law are closed with no further action.

Complaints that do not close during the initial screening process are assigned to a Board investigator to gather additional information. That additional information may include statements from the complainant, witnesses, other health care providers involved in the care of the patient, records related to the matter, or a consultant's opinion. Once all relevant information is collected, it is presented to the Investigative Committee, a sub-committee of the Board. The Investigative Committee may request additional investigation or may forward the investigation to the Board. The Board ultimately decides whether to proceed to discipline. Less than 10% of complaints result in formal action by the Board.

An attorney may be helpful in understanding and responding to legal documents issued by the Board. Attorneys also can accompany licensees to interviews with the Board and represent licensees in contested case hearings and other matters before the Board. Please note that Oregon Medical Board staff cannot provide legal advice.

For more information, see the Oregon Medical Board's [Information for Licensees Under Investigation](#) and [Attorney Representation](#) webpages. +

## Statement of Philosophy: Ending the Provider-Patient Relationship

*This Statement of Philosophy is offered as guidance for medical, osteopathic, and podiatric physicians, physician assistants, and acupuncturists.*

The provider-patient relationship is established when the physician, physician assistant, or acupuncturist conducts an evaluation or consultation or otherwise offers to prescribe, diagnose, or treat the patient's complaint(s). This relationship may be ended informally or formally when the patient's problem is resolved; it may also be ended by mutual agreement when the patient transfers their care to another provider.

The provider-patient relationship also may be terminated by either party. For example, the patient may simply leave the licensee's practice or may request a transfer of their records to another provider with or without a more formal notification. Likewise, the licensee may end the provider-patient relationship due to changes in the licensee's scope of practice, practice location, retirement, illness, or other life events.

When a licensee terminates the provider-patient relationship, the licensee must provide appropriate written notice to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. The written notification should indicate resources that might assist the patient in establishing care with a new provider; however, the discharging licensee is not required to refer the patient to a specific provider or practice. The licensee must ensure that the patient has access to their medical records, and the notice should instruct the patient on how to obtain or transfer those records to their new health care provider. When

possible, the letter to the patient and/or to the patient's responsible party should include the reason for ending the provider-patient relationship, but the decision to provide or not provide that explanation is up to the licensee and may be dependent upon the situation.

A 30-day notice may not be possible or practicable in all situations. For example, for some specialties or practice locations (e.g. rural settings), other appropriate providers may not be readily available. Therefore, a longer notification period may be necessary. For patients who are significantly disruptive, threatening, or considered dangerous for the provider or their staff, a much shorter notification period down to and including one day may be appropriate.

In all cases, OMB licensees should approach ending the provider-patient relationship with professionalism and respect for the patient's wellbeing.

– Adopted July 2008  
– Amended October 6, 2022

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 1.1.5 Terminating a Patient-Physician Relationship; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession: Initiation and Discontinuation of Care; and Oregon Association of Acupuncturists' Code of Ethics: 1.10 Termination of Practice.

– ORS 677.190(1)(a) and ORS 677.188(4)(a)

## Oregon Pain Management Commission Seeking Members

The OPMC is currently seeking to fill several vacancies for professional members to serve on the commission. If you are interested in applying, please answer the survey questions and submit your CV or Resume and a letter of professional recommendation at [surveymonkey.com/r/OPMC-Application](https://surveymonkey.com/r/OPMC-Application). Recruiting for open positions will close at **5 p.m. on Friday, November 11, 2022**. If you have any further questions about the application process, contact [mark.g.altenhofen@dhsosha.state.or.us](mailto:mark.g.altenhofen@dhsosha.state.or.us).

# Oregon Administrative Rules

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 expire 180 days after adoption unless permanently adopted through the rulemaking process. 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 [omb.oregon.gov/rules](https://omb.oregon.gov/rules).

## PROPOSED RULES

Written comments for all proposed rulemakings are due by 5 p.m. on November 28, 2022, via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov). Additional information can be found on the Board's [rulemaking webpage](#).

### **847-001-0005, 847-001-0015: Late Hearing Request Limitations**

The proposed rule amendments limit the type of late hearing requests the Oregon Medical Board will consider and accept.

### **847-001-0032: Modification and Termination of Board Orders and Agreements**

The proposed rule amendment adds definitions for "termination" and "modification" of Board Orders or Agreements and clarifies "modification" of an Order or Agreement.

### **847-001-0035: License Suspensions and Terminations of Orders by Operation of Law and Continuing Education Deficiencies**

The proposed rule amendment allows the Executive Director or Medical Director to issue final orders of license suspensions and reinstatements that occur by operation of law and for continuing medical education deficiency cases.

### **847-050-0021: Physician Assistant Documents to be Submitted for Licensure**

The proposed rule clarifies the documents and official verifications a physician assistant applicant must ensure are submitted to the Oregon Medical Board for licensure. The proposed rule aligns with similar rules for other board licensees.

## PERMANENT RULES

### **847-010-0130: Establishes Requirements for Oregon Medical Board Licensees to Offer Medical Chaperones**

Starting July 1, 2023, the rule requires a universal offering of a medical chaperone by OMB licensees for all breast, genital, and rectal examinations, no matter the medical specialty. The rule allows a patient to decline the offer of a chaperone, but it should be explained that the chaperone is an integral part of the clinical team whose role includes protecting the patient and the provider. If the patient declines, the updated rule allows the OMB licensee to defer the examination for the protection of the patient and the licensee. See page 7 of this newsletter and the OMB's [Medical Chaperone webpage](#) for more information and [Frequently Asked Questions](#).

### **847-010-0140: Implementing HB 2359 (2021) Requiring Health Care Interpreters**

Interpreters offer a language and cultural bridge between a licensee and patient with Limited English Proficiency (LEP) and those who prefer to communicate in a language other than English. The rule implements directives set forth in HB 2359 (2021) requiring OMB licensees, reimbursed with public funds, in whole or in part, to utilize health care interpreters from the Oregon Health Authority's health care interpreter central registry when arranging for or providing services to a person with LEP or who prefers to communicate in a language other than English or who communicates in signed language. The rule aligns with OAR 333-002-0250 adopted by the Oregon Health Authority and provides exceptions for when a licensee is proficient in the patient's preferred language and for good faith efforts to locate an interpreter on the registry. See the [Health Care Interpreter webpage](#) for more information.

**847-065-0005, 847-065-0010, 847-065-0015, 847-065-0020, 847-065-0025, 847-065-0030, 847-065-0035, 847-065-0040, 847-065-0045, 847-065-0050, 847-065-0055, 847-065-0060, 847-065-0065, 847-065-0070: Health Professionals' Services Program (HPSP) Updates**

The Health Professionals' Services Program (HPSP) is a consolidated statewide program utilized by several boards to assist health care providers with substance use or mental health disorders so they may continue to safely provide care. The HPSP monitors health care providers with the goal of rehabilitation. The rule amendments make updates to align with current practice and terminology.

**847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0040, 847-025-0050, 847-025-0060: Updating Telemedicine Status License Provisions to Align with HB 3036 (2021) and HB 4034 (2022)**

The rule amendments update the telemedicine status licensee rules to clarify language, add consistent definitions, and incorporate amendments to align with HB 3036 (2021) and HB 4034 (2022).

**847-001-0024: Orders for Evaluation**

The rule amendment clarifies that Orders for Evaluation may not be negotiated and are confidential orders and enforceable by the Oregon Medical Board. Violating an Order for Evaluation is grounds for discipline under ORS 677.190(17).

**847-001-0030: Termination of Interim Stipulated Orders When Closed Without Disciplinary Action**

The rule amendment allows the Executive Director or Medical Director to terminate an Interim Stipulated Order if the Oregon Medical Board votes to close the case without disciplinary action.

**847-020-0160, 847-023-0015, 847-026-0020, 847-070-0022, 847-080-0017: When Reference Letters are Required for Licensure Application**

The rule amendment clarifies current practice that during the licensure process the OMB will require reference letters if an employer does not provide a performance statement.

**847-010-0200: Implementing HB 4096 (2022) Out-of-State Physician and PA Limited Volunteer Practice**

The rule implements HB 4096 (2022) providing

that physicians or physician assistants authorized in another state or United States territory may practice in Oregon in connection with a coordinating organization or other entity without compensation for 30 days each calendar year. The rule takes effect January 1, 2023.

## RULEMAKING UPDATES

**847-080-0022: Updating Qualifications to Perform Ankle Surgery**

The proposed rule amendment would remove board certification as a qualification for a podiatric physician to perform ankle surgery, but retains the surgical residency requirements. The proposed rule would not impact the credentialing and privileging requirements established by hospitals and ambulatory surgery centers. The Administrative Affairs Committee met on September 14, 2022, and suggested the full Board review the comments and proposed rule. Due to a transition in the DPM board member, the full Board will review the comments and this proposed rule at the January 5, 2023 meeting.

**847-070-0020: Acupuncture via Telemedicine**

The proposed rule clarifies that an Oregon licensed acupuncturist may provide care via telemedicine to patients located in Oregon. The Board's Statement of Philosophy on Telemedicine provides guidance to licensees. This rule will be reviewed at the Acupuncture Advisory Committee meeting on December 2, 2022, and the Board meeting on January 5, 2023.

## Board Actions: July 16, 2022 - October 15, 2022

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

### INTERIM STIPULATED ORDERS

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

#### **EOFF, Janet M., MD; MD15636**

##### **Grants Pass, OR**

On August 29, 2022, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

### 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.*

#### **LAWSON, Kenneth L., MD; MD18026**

##### **Reedsport, OR**

On October 6, 2022, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to contract with CPEP for the development of an education plan and complete the CPEP plan; complete a pre-approved course on ultrasound guided internal jugular line placement; and complete a pre-approved course on FAST exams.

### CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

*These actions are not disciplinary and are not reportable to the national data banks.\* They are agreements to facilitate the licensee's re-entry to practice after a period of two or more years away from clinical practice.*

#### **HARVEY, Lynn E., LAc; AC209818**

##### **Portland, OR**

On September 27, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice. In this Agreement, Applicant agreed to complete a 160-hour mentorship with a Board-approved clinical supervisor and complete 60 hours of NCCAOM-approved CEUs.

#### **MCAFEE, Ryan S., LAc; AC211911**

##### **Astoria, OR**

On September 27, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice. In this Agreement, Applicant agreed to complete a 160-hour mentorship with a Board-approved clinical supervisor.

### PRIOR ORDERS MODIFIED OR TERMINATED

#### **GARDNER, Marion L., Jr., MD; MD17617**

##### **North Plains, OR**

On July 21, 2022, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's August 28, 2019, Interim Stipulated Order.

#### **HURSEY, Phyllis D., MD; MD26240**

##### **Salem, OR**

On October 6, 2022, the Board issued an Order Reinstating License. This Order reinstates Licensee's medical license to active status.

#### **JOHNSON, Justin T., DPM; DP00440**

##### **Ashland, OR**

On July 27, 2022, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's July 21, 2022, Order of License Suspension.

#### **MCCORKLE, Elizabeth J., MD; MD22056**

##### **Eugene, OR**

On October 6, 2022, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's July 11, 2019, Stipulated Order by removing term 4.2.

**SHARMA, Sanjeev K., MD; MD151024  
Ashland, OR**

On September 2, 2022, the Board issued an Order Reinstating License to reinstate Licensee's medical license to active status pursuant to ORS 25.774.

**DISCIPLINARY ACTIONS**

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

**BALOG, Carl C., MD; MD19519  
Tigard, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated and gross negligence in the practice of medicine. This Order restricts Licensee from performing surgeries involving pain pumps; requires Licensee to identify all current patients on potentially dangerous regimens who must be seen and evaluated for possible taper, transfer, or co-management with a second physician; requires Licensee to complete pre-approved courses on the risk of polypharmacy and medical ethics and professional boundaries; requires Licensee to enter into an agreement with a pre-approved pain care specialist who will perform random chart reviews and submit quarterly reports to the Board; and subjects Licensee's practice to no-notice chart audits and office visits.

**CORDES, Kathleen K., MD; MD16009  
Eugene, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated negligence in the practice of medicine. This Order reprimands Licensee; assesses a \$2,500 civil penalty, held in abeyance; and restricts Licensee from prescribing opioid or benzodiazepine medications to any patient except for those enrolled in hospice or receiving end-of-life care.

**EUBANKS, Thomas R., DO; DO23077  
Portland, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and sexual misconduct. With this Order, Licensee retires his Oregon medical license while under investigation; agrees to never reapply for a license to practice medicine in Oregon;

and is assessed a civil penalty of \$8,000, held in abeyance.

**HASSAN, Sammy, MD; MD20117  
Olympia, WA**

On August 4, 2022, Licensee entered into a Stipulated Order with the Board to modify and replace Licensee's January 9, 2020, Stipulated Order. This Order places Licensee on probation for three years. This Order requires Licensee to maintain an Oregon license during probation and restricts Licensee from prescribing for family, friends, or himself.

**HURSEY, Phyllis D., MD; MD26240  
Salem, OR**

On August 4, 2022, the Board issued a Final Order suspending Licensee's Oregon medical license pursuant to ORS 305.385(4)(c).

**JOHNSON, Justin T., DPM; DP00440  
Ashland, OR**

On July 21, 2022, the Board issued an Order of License Suspension to immediately suspend licensee's podiatric license pursuant to ORS 25.750.

**KOTEEN, Glenn M., MD; MD25338  
Bend, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

**NIEMANN-KIZHAPPALI, Petra S., MD; MD25428  
Hillsboro, OR**

On October 6, 2022, Applicant entered into a Stipulated Order with the Board for fraud or misrepresentation in applying for or procuring a license to practice medicine in Oregon; willfully violating a provision of ORS chapter 677; and willfully violating a Board order. With this Order, Applicant's application for an Oregon medical license is denied; Applicant agrees not to re-apply for an Oregon medical license for two years; and Applicant is assessed a civil penalty of \$10,000.

**O'DEA, Timothy O., MD; MD156456  
Wenatchee, WA**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order Licensee

surrenders his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

**PENNER, Ian R., PA; PA150743**

**Scappoose, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for repeated negligence in the practice of medicine and prescribing controlled substances without following accepted procedures for examination of patients or for record keeping. This Order requires Licensee to complete pre-approved courses on prescribing medications for psychiatric and mental health conditions and pain management; requires a mentor for Licensee's care of patients on opioids for longer than three months; requires that Licensee co-manage or refer patients with certain dual diagnoses to a mental health professional; requires Licensee to comply with standard protocols for prescribing opioids; and subjects Licensee's practice to no-notice chart audits and office visits.

**SHARMA, Sanjeev K., MD; MD151024**

**Ashland, OR**

On September 1, 2022, the Board issued an Order of License Suspension to immediately suspend Licensee's medical license pursuant to ORS 25.750.

**THOMAS, Paul N., MD; MD15689**

**Portland, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; making false or misleading statements regarding the efficacy of Licensee's treatments; repeated and gross negligence in the practice of medicine; willfully violating a provision of ORS chapter 677; failing to comply with a Board request; and failing to report an adverse action. With this Order, Licensee surrenders his Oregon medical license while under investigation, effective 60 days from the date of the Order, and agrees to never reapply for a license to practice medicine in Oregon.

**VARGAS, Ismael C., PA; PA179658**

**Medford, OR**

On October 6, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated negligence in the practice of medicine. This Order requires Licensee to complete pre-approved courses on prescribing and documentation. This Order also requires Licensee

to limit his Oregon practice to 25 patient visits per day and obtain a pre-approved physician mentor to review charts and provide quarterly reports to the Board, both of which are held in abeyance as long as his license is at a non-practicing status.

**WELCH, Paul C., MD; MD158232**

**Tillamook, OR**

On August 4, 2022, Licensee entered into a Stipulated Order with the Board for unprofessional conduct and repeated negligence. This Order requires Licensee to complete a pre-approved documentation course; requires Licensee to contract with CPEP for the development of an education plan and complete the CPEP plan; and, if the approved CPEP plan does not include a minimum one-year preceptorship, requires Licensee to enter into an obstetric and gynecologic preceptorship with a pre-approved physician who will meet with Licensee at least monthly, perform chart reviews, and provide quarterly reports to the Board.

Current and past public Board Orders are available on the [OMB's website](#).

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

## DEA Application Process for PAs in Collaborative Practice

When PAs apply for DEA registration for controlled substances, the DEA may require a collaboration agreement to ensure a PA can practice in Oregon. The most efficient way for a PA to apply is to submit the DEA application and await direction from the DEA Registration Program Specialist. Do not submit collaboration agreements before requested. The DEA may also need to verify a PA's current NCCPA certification for Schedule II prescribing. An optional field for a PA's NCCPA ID number has been added to the collaboration agreement template.

Please contact the DEA with questions at [dearegistrationoregon@dea.gov](mailto:dearegistrationoregon@dea.gov). 



## Oregon Medical Board

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[oregon.gov/OMB](http://oregon.gov/OMB)

### Office Hours

Monday - Friday, 8 a.m. - 5 p.m.  
(closed 12 p.m. - 1 p.m.)

Board staff are also available by phone (**971-673-2700**) or email ([info@omb.oregon.gov](mailto:info@omb.oregon.gov)).

Questions about COVID-19? Visit [omb.oregon.gov/COVID-19](http://omb.oregon.gov/COVID-19).

### Office Closures

Friday, November 11 - **Veterans Day**

Thursday/Friday, November 23/24 - **Thanksgiving**

Monday, December 26 - **Christmas Day**

### Register for Email Notices

Visit [omb.oregon.gov/subscribe](http://omb.oregon.gov/subscribe) to register for any of the following notices from the Oregon Medical Board:

- Administrative Rules
- Board Action Report
- EMS Interested Parties
- OMB Report Quarterly Newsletter
- Public Meeting Notice
- Quarterly Malpractice Report

### Applicant/Licensee Services

For new license applications, renewals, address updates, practice agreements, and supervising physician applications: [omb.oregon.gov/login](http://omb.oregon.gov/login)

### Licensing Call Center

Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)  
Phone: **971-673-2700**  
Email: [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov)

### OMB Report Staff

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Nathan Divers | OMB Report Editor/Designer

*Cover Photo: Sauvie Island Bridge*

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### Statement of Purpose

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