



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.

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Statement of Purpose:

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

The Pitfalls of Electronic Medical Records

By Roger McKimmy, MD, Vice Chair

During the past four years medical practices in Oregon and across the country have, with variable degrees of enthusiasm, taken the plunge and converted their medical record keeping to computerized electronic medical records (EMR). Initially designed as a means of reducing the paper shuffle and increasing the ease of record storage in physician offices as well as being an instrument of health care reform, EMR is now virtually compulsory for billing purposes and carries with it significant expense. CMS, the Center for Medicare and Medicaid Services, on a seemingly weekly basis publishes additional requirements for electronic prescribing and documentation in order to qualify for a given level of billing, and to achieve the hallowed status of meaningful use. Most offices are purchasing and using at least as much paper as they ever did when paper charts ruled.



The Medical Board is sympathetic. All of the Board members ourselves use electronic medical records, and share the frustration of the inefficiencies, the expense, and the moving goalposts of EMR. The manner in which oversight of EMR is conducted by third party payers is beyond the scope of this missive; however, EMR is here to stay, and increasingly the Board is seeing Oregon practitioners run afoul of some common pitfalls of data entry into the electronic medical record. It is our hope to share some of the common places

(Continued on page 8)

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The Board Grieves Loss of Member, Friend

The Oregon Medical Board is profoundly saddened by the unexpected loss of its public member John P. Kopetski. Mr. Kopetski passed away on Thursday, November 1, 2012, in Pendleton, Oregon. He is survived by his wife of 28 years as well as his children and grandchildren.

Mr. Kopetski was a Certified Wealth Strategist and worked as a financial consultant and Vice President of D.A. Davidson. He has served Oregon citizens through his membership on the Blue Mountain Community College Board of Directors and the Oregon Ethics Committee. In 2007, Governor Kulongoski appointed Mr. Kopetski to the Bottle Bill Task Force, where he proudly served as Chair for two years. His commitment to Oregon continued with his appointment to the Oregon Medical Board in March 2010. Since that time, Mr. Kopetski has been a dedicated and diligent Board member and has served on the Investigative Committee and the Administrative Affairs Committee.

His devotion to his community inspired volunteer efforts with the Lions Club, Knights of Pythias and Pendleton Animal Welfare Shelter (PAWS). He proudly sponsored the Chief Joseph Days Rodeo in Joseph, Oregon, and headed the Queens and Courts run-ins.

The Board extends its deepest sympathies to Mr. Kopetski's family and friends. Memorial donations may be sent in his name to the Pendleton Animal Welfare Shelter (PAWS) or left with Burns Mortuary of Pendleton. +



Mr. John Kopetski, Public Member of the Board March 2010 to November 2012.

Remembrances from a Brother:

An Excerpt from a Eulogy by Michael Kopetski

“Individuals get their values from a number of early influences: from parents, their church, schools and teachers, life experienced learning, the very physical environment in which they live, and by thinking and acting. My brother had all of these positive influences. The result was a strong sense of right and wrong, of fairness and what is not fair, of doing the job right the first time, of working hard, and by having the right tools, including being educated and prepared. He also understood the duty of responsible parenting and stressing the importance of formal education as well as life-long learning. He was a product of what he preached.

“He worked for the Union Pacific Railroad for 13 years but was given the chance to leave the blue collar life to a white collar desk job, and he took it. However, he never lost his understanding and appreciation of the challenges of people working with their hands. Yet he also appreciated those who accumulated wealth and helped them get more [through his work as a financial consultant]. He understood the

value and need for strong public education to a free and capitalist society, and thus his 16 years of serving on the Blue Mountain Board – unpaid –

“*My brother was the finest citizen of Oregon I have ever met.*”

was his way of manifesting his belief. Yes, he was a Democrat, but he knew, as Walt Whitman wrote, that Democrats and Republicans were partners in America’s democracy.

“He read history – especially 20th Century U.S. history and current foreign policy journals. During my service as a member of the U.S. House of Representatives, he would call or e-mail and give his views and ask questions, particularly about foreign policy. He knew that our policies affected the lives of Eastern Oregon citizens. He reminded me that it is our rural youth who disproportionately fight and die in our wars. This interest did not stop after I left Congress; he continued to share his ideas and positions

with me. Ten days ago, I received an article from him on the intricacies of our policy to place troops in Australia as part of our Asian policy. If you check the back seat of his Buick, you will find previous copies of Foreign Policy journal. When he gave us a ride from Portland to Pendleton a few months ago, Frances and I realized he would read these at night when he stayed in Portland for his Board meetings.

“He understood the importance of enhancing democracy around the world. And he knew that his service on the Oregon Government Ethics Commission was perhaps his best investment in protecting our democracy at home: keeping the politicians honest.

“My brother was the finest citizen of Oregon I have ever met. He was a product of its educational system, of its values. He made his home here and built a family life here. He used the Blue Mountains as his personal retreat. But this was only half of it. He, individually and in partnership with Lisa, “gave back” to the community more than what he took.” +

Statement of Philosophy: Use of Unlicensed Healthcare Personnel

With ever-increasing demands on the time and resources of physicians, the role of unregulated healthcare personnel is expanding. As a result, high quality patient care depends on the contributions of a wide variety of personnel, including medical assistants. When establishing expectations and limitations for medical assistants in a medical office, the OMB advises that patient safety should be the primary factor.

The physician is responsible for ensuring that the medical assistant is qualified and competent to perform any delegated services. It is within the physician's judgment to determine that the medical assistant's education, training and experience is sufficient to ensure competence in performing the service at the appropriate standard of care. Performance of delegated services is held to the same standard of care applied to the supervising physician, and the physician is ultimately accountable for the actions of his or her supervised personnel.

Unlicensed healthcare personnel must be adequately supervised by a licensed physician. Examples of supervision include verifying the correct medication and dosage prior to administration of medicine by a medical assistant and being physically present in the facility when services are performed by a medical assistant.

The physician may not allow any unlicensed healthcare personnel to practice medicine as defined by the Oregon Medical Practice Act. Unlicensed healthcare personnel may not provide independent medical judgment. Therefore, medical assistants should not provide assessments, interpretations, or diagnoses and

should not perform invasive procedures.

Physicians should exercise caution when employing a person who has education and training as a healthcare professional but is working as an unlicensed medical assistant. In this situation, it may be tempting for the physician to delegate (or the medical assistant to perform) duties beyond the scope of unlicensed healthcare personnel.



Medical assistants and other unlicensed healthcare personnel must maintain patient confidentiality to the same standards

required of physicians. Medical assistants must be clearly identified by title when performing duties. This can be accomplished through wearing a name tag with the designation of "medical assistant" and clearly introducing oneself as a "medical assistant" in oral communications with patients and other professionals.

In order to fulfill its mission to protect the health, safety and wellbeing of Oregonians, the OMB asks physicians to follow these guidelines and to be mindful of patient safety when delegating services to other healthcare personnel. +

Adopted October 2012

Board Welcomes New Podiatrist Member

In June, the Board welcomed Clifford Mah, DPM, as its newest member. Dr. Mah is the second podiatrist to serve on the Oregon Medical Board. He succeeds Lisa Cornelius, DPM, who completed two consecutive terms and served as the first podiatric Chair of the Board.

Dr. Mah is an Oregon native who attended Whitman College in Walla Walla, Washington, and earned a Bachelor of Arts degree in Biology-Chemistry. He continued to podiatric school at California School of Podiatric Medicine and completed residency at Northlake Medicine Center in Tucker, Georgia. He is board certified in Foot Surgery and in Reconstructive Rearfoot and Ankle Surgery by the American Board of Podiatric Surgery.

Dr. Mah is a practitioner at Cascade Foot and Ankle Specialists, LLC, in Portland. He acts as the Scientific Chair for the Oregon Podiatric Medical Association and currently provides continuing medical education seminars on foot and ankle treatments to Oregon podiatrists. +



Dr. Clifford Mah, Portland Podiatrist, joined the Board June 1, 2012.

OMB Transitions to New Leadership

After two years of dedicated service to the OMB, **Jim Peck, MD**, has retired as Medical Director.

During his time at the Board, Dr. Peck lists many accomplishments and has cemented the Board's prominence among state medical boards nationwide. Specifically, Dr. Peck spearheaded a survey on understanding of and participation in Maintenance of Licensure among Oregon physicians. With this data, he has identified the benefits as well as some of the inadequacies and challenges to requiring continuing medical education for physicians. The findings of this survey have been presented nationally and have furthered the discussion on how to ensure that physicians maintain competence throughout their careers.

Dr. Peck's contributions are felt throughout our state, and his role at the Medical Board

has been one of lasting impression. When reflecting on Dr. Peck's time at the Board, one staff member said, "I don't think I've ever met anyone who puts his whole self – body and soul – into everything he does. It's inspiring and contagious. He lifts all those around him up (a bit closer to) his level." Dr. Peck now looks forward to spending time with his wife and visiting his children and grandchildren in Oregon, New York, and Alaska.

Joseph Thaler, MD, now joins the Board as its new Medical Director. Dr. Thaler is an Internal Medicine physician who practiced in Salem for 25 years and was known as "the doctor's doctor." He served as a Board member in 2001-2007 and as Board Chair in 2006-2007. Dr. Thaler acted as a Board consultant and Interim Medical Director prior to his appointment in September. The Board looks forward to the wealth of knowledge Dr. Thaler brings to the position and appreciates his enthusiasm to serve the citizens of Oregon. +

Social Media Best Practices

Social media has become a popular tool to share, connect and communicate with others. For health care providers, websites like Facebook, Twitter, Linked-In and foursquare provide limitless opportunities for networking, opening lines of communication and providing a venue to share health tips or links to educational material. However, these new tools may also pose undesirable situations. As a result, OMB licensees are cautioned to maintain confidentiality and clear, professional boundaries.

Recently, the Federation of State Medical Boards (FSMB) and the American Medical Association (AMA) have issued policy statements related to social media.^{1,2} OMB Board Member John Kopetski served on the FSMB's Special Committee on Ethics and Professionalism, which drafted its model policy guidelines. Some of the highlights from those policies are included here as guidance.

When using social media, confidentiality and patient privacy must be a primary

consideration. Therefore, health care providers should post content with discretion. All information posted online must be considered public, regardless of the website's

“Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers... , and can undermine public trust in the medical profession.”
AMA, Opinion 9.124

privacy settings. Confidential or personally identifying information about patients may not be shared. Even minor details of a case or patient interaction may prove to be identifiers.

Professional boundaries must be maintained at all times. When using sites like Facebook or Twitter to interact with patients, providers should create a business or organization page. Licensees are cautioned not to “friend” patients or patient family members on their personal

social media accounts. In order to discourage such activity, practitioners should keep content private and block unwanted interactions with patients. Providers should never answer a patient's health-related question through a social media site. Instead, patients should call the office or make an appointment so that a proper assessment and medical records may be kept.

As a general social media rule, when in doubt, leave it out. For a successful practice, providers should always keep patient privacy and confidentiality in mind and maintain professional boundaries. Licensees are required to follow the Medical Practice Act and the rules established by the OMB, regardless of the format of communication with patients. +

¹Federation of State Medical Boards, Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice (2012); www.fsmb.org/pdf/pub-social-media-guidelines.pdf

²American Medical Association, Opinion 9.124 Professionalism in the Use of Social Media (June 2011); www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page

You Talked, We Listened!

The Oregon Medical Board prides itself on the strong customer service we provide to applicants, licensees and the public. With your constructive feedback, we have implemented the following improvements:

- *OMB Report* is available by electronic distribution;
- *OMB Report* file sizes are reduced for faster loading times;
- Annual statistics of healthcare providers per county now include county populations;
- Limited Liability forms are more user friendly;
- OMB staff e-mails fingerprinting instruction directly to applicants; and
- Public meeting notices include specific agenda times and opportunities for public comment.

Upcoming changes...

- Wallet cards will soon include licensure dates; and
- The application and renewal process will be clarified and streamlined.

The OMB disseminates all feedback and comments to individual department managers for additional review and consideration. The information is also included in the agency's performance measure report.

We welcome the opportunity for continued enhancements. Please complete our Customer Satisfaction Survey at

www.surveymonkey.com/s/

OMBSatisfaction. Your opinion matters! +

Emergency Provider Registry

The State Emergency Registry of Volunteers in Oregon, SERV-OR, is a database of qualified healthcare professionals willing to serve in the event of a public emergency.

To be eligible for the registry, healthcare providers must have an active or emeritus license in good standing, complete relevant training and pass a criminal background check. SERV-OR, a service of the Oregon Health Authority, provides training opportunities in areas such as disaster response, advanced and basic life support and radiation response. Interested licensees can sign up for the State Managed Volunteer Pool, the statewide unit, or the Medical Reserve Corps, a unit available through select counties.

To register, visit www.SERV-OR.org and choose "Register Now." For additional information, e-mail the systems coordinator at serv.or@state.or.us or call 1-877-343-5767. +

EMT Committee Name Change

The name of the Emergency Medical Technician Advisory Committee is changing to the Emergency Medical Services Advisory Committee. The roles and functions of the Committee will remain the same.

In 2011, the Legislature passed Senate Bill 234, which aligned provider names with the national standards. As a result, the Committee's title will also change.

For additional information on the EMS Committee, please visit www.oregon.gov/omb/pages/umbrellaemt.aspx. +

The Pitfalls of Electronic Medical Records

(Continued from page 1)

that physicians run into these difficulties with EMR in order that they may avoid them. To this end, we offer the following suggestions:

Beware the point-and-click. Most EMR software systems rely on information being either typed into data fields, which is tedious to the point of being impractical to most physicians, or entered with Dragon or another voice recognition system.



To get around this, most EMR software offers a series of boxes aside a data field which can be clicked on to enter the most common exam finding, drug dose, or system review. Two problems have arisen repeatedly in cases reviewed by the Board: first, the box does not offer the nuanced or individual exam finding most accurate to the patient. Put simply, one size does not fit all, and the flow of the patient's care is corrupted by inconsistent documentation of a medical problem. Second, the Board has seen cases in which the practitioner cannot resist the temptation to click on an exam box to qualify for a level of service when the exam was, in fact, not done. In cases that have been reviewed by the Board, these fabrications are usually obvious and have the effect of calling into the question the integrity of the licensee as well as the entire medical record.

Beware the cut-and-paste. Most EMR systems offer a macro with which the physician, with a mouse click, can enter an entire operative report

or a copy of the previous office note. Again, the integrity of the entire medical record is weakened when factual inaccuracies are perpetuated through a macro. Cloning a chart note from the text of a previous note does not suggest to one reading the note that fresh thought updating the care of a medical problem was really exerted. Verbosity is not required, but some brief reflection of updated care is.

Beware the put-it-off-until-tomorrow. Perhaps no single fact of existence in the world of EMR is more off-putting than the reduced capacity for seeing patients. Inherent inefficiencies

of data entry are such that the number of patients seen in a day are reduced by 20% or more from the days of the trusty Dictaphone. In a valiant attempt to keep up patient capacity, licensees will put off their dictations until the end of the day, the end of the week – or worse. By the time 24 hours has passed, the licensee's recollection of a patient encounter and the treatment plan is irrevocably weakened. The best medical record is that created and finished before leaving the exam room.

Submit Your Question

Do you have a question you'd like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

E-mail your question to
OMBReport@state.or.us

Beware of the Dragon. One of the initially appealing features of electronic medical records was that voice recognition software, perfected, would obviate the overhead expense of the transcriptionist. Although Dragon and other voice recognition transcription systems can be very useful, they demand familiarity with their intricacies and software, and that the user “train” the system to the cadence and syntax of his or her dictation. Absent this, a dictated note may resemble one generated through Mad Libs. The result may be merely entertaining, or it may produce devastating misinformation, such as “hyponatremia” substituting for “hypernatremia.” Dragon in my office has made my partners and I focused students of proofreading, recognizing that we are each ultimately responsible for the content of our patient’s medical records. Many Oregon practitioners now employ scribes in the exam room to assist with data entry, and despite the additional overhead this can restore the efficiency of patient flow and avoid the quirks of voice recognition software. The licensee must still proofread and assume responsibility for the information contained within the patient encounter, however.

Beware the mouse-click signoff. All EMR systems have the capability of importing laboratory and imaging reports generated outside the office. On this count, EMR has introduced an upgrade in the convenience by which the practitioner can “sign off” a note into a patient’s record. However, the Board has on several occasions reviewed cases in which a licensee signed off an imaging report detailing an abnormality that was neither recognized nor acted upon. In these cases, there was a delay in diagnosis of a malignancy by a year or more, with catastrophic results. Physicians are responsible for acting on abnormal laboratory,

imaging, or consult data whether or not they ordered the test, and whether or not the finding falls within their specialty.

Beware of the unguarded bytes. Although it would seem obvious, there are innumerable ways that electronic health records can become available to someone outside of HIPPA

guidelines. Security breaches have occurred in the form of stolen laptop computers on which a physician has stored unencrypted chart notes. In such cases, the physician clearly has an obligation to encrypt chart records, but when remote access



to chart records is needed, the far better method is to access a secure data storage facility remotely through a password-protected firewall. It also is the prudent practitioner who is careful to close the desktop monitor in a patient exam room that could otherwise be left open to prying eyes when the provider leaves the room.

To be sure, Electronic Medical Records are an instrument in evolution. Much work remains for programmers, vendors, and regulators to devise ways of making these systems more universal in their formatting and interfacing as well as reducing the endless pages of computer-generated boilerplate that can make reading a chart note a time-consuming and difficult task. Until then, it will be the task of all Oregon practitioners to maintain attention to detail in their charting. +

Board Actions

July 14, 2012, to October 12, 2012

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

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

MANN, Thomas W., MD; MD06385

Eugene, OR

On July 31, 2012, the Board issued an Order of License Suspension to immediately suspend his medical license due to his willfully violating a Board rule, specifically continuing medical competency (CME).

MARJANOVIC, Danijela M., MD; MD12634

Roseburg, OR

On October 4, 2012, the Board issued an Order of License Suspension to immediately suspend her medical license due to her willfully violating a Board rule, specifically continuing medical competency (CME).

Interim Stipulated Orders

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

BERNARDO, Peter A., MD; MD17631

Salem, OR

On July 19, 2012, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from the performance of laparoscopic colectomy procedures and discontinue use of the Visiport trocar, pending the completion of the Board's investigation into his ability to safely and competently practice in this specialty.

USHER, Vernon H., MD; MD09413

Portland, OR

On October 8, 2012, Licensee entered into an Interim Stipulated Order in which he agrees to practice only under the supervision of a board certified anesthesiologist, pending the completion of the Board's investigation into his ability to safely and competently practice anesthesiology.

Disciplinary Actions

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

BOST, Dawn E., MD; MD16820

Beaverton, OR

On October 11, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and impairment. This Order grants Licensee an active medical license, limits her work week to 40 hours, places her on probation for 5 years, requires that she practice under the supervision of a proctor at a site pre-approved by the Board's Medical Director, prohibits her from self-prescribing controlled substances, requires her to continue care under her treating physicians, and requires enrollment and compliance in HPSP.

GRAHAM, Barbara A., MD; MD15611

Portland, OR

On October 11, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross negligence or repeated negligence in the practice of medicine. This Order reprimands Licensee, places her on probation for 5 years, fines her \$7,000, requires her to complete a remediation plan, requires that she obtain a mentor, and subjects Licensee's practice and charts to no-notice audits by the Board.

MAKKER, Vishal J., MD; MD23879**Lake Oswego, OR**

On October 11, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, obtaining any fee by fraud or misrepresentation, and repeated negligence in the practice of medicine. In this Order, Licensee surrenders his license to practice medicine and is prohibited from re-applying for licensure in the State of Oregon.

MILLER, Gerald W., MD; MD16819**Beaverton, OR**

On October 11, 2012, Licensee entered into a Stipulated Order with the Board for gross or repeated acts of negligence. This Order assesses a civil penalty of \$2,000, requires pre-approval of any practice setting, prohibits him from practicing "anti-aging" medicine or endocrinology, and reprimands Licensee.

MOORE, Patrick J., MD; MD10765**Yreka, CA**

On August 2, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires his medical license while under investigation.

READ, Robert A., MD; MD21063**Corvallis, OR**

On October 11, 2012, 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 reprimands Licensee, fines him \$3,500, requires that an Oregon licensed surgeon assist him in all complicated surgical procedures, requires that his practice location be pre-approved, and requires that he complete a health assessment.

STULL, Carol G., MD; MD21384**Portland, OR**

On October 11, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated negligence. This Order reprimands Licensee, places her on probation for 5 years, requires that she complete a pre-approved course in perinatal medicine, and requires that she obtain a consultation from a pre-approved physician for 10 moderate to high-risk deliveries.

WATERS, Harris J., MD; MD15831**Silverton, OR**

On October 11, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands Licensee, fines him \$4,000, requires that he complete a pre-approved course on ultrasound-guided line placement, and requires that he use ultrasound to guide and confirm placement of any guided lines placed by him.

MURPHY, James M., MD; MD23891**Hood River, OR**

On July 17, 2012, the Board issued a Final Order for unprofessional or dishonorable conduct. This Order reprimands Licensee, assesses a \$5,000 civil penalty, and assesses the costs of the disciplinary action.

Prior Orders Modified or Terminated

BECK, Shoshana, LAc; AC00326**Portland, OR**

On October 11, 2012, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's September 6, 2012, Corrective Action Agreement.

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Board Actions

Continued from page 11

CHAMBERS, Jennifer R., LAc; AC150173 Portland, OR

On July 31, 2012, the Board issued an Order Terminating Corrective Action Agreement. This Order terminates Licensee's December 12, 2010, Corrective Action Agreement.

Please read the full *Report* for all the Board's news and ways to improve your practice. Previous issues of the *Report* can be found at www.oregon.gov/OMB/newsltr.shtml.

CLARK, Thomas L., MD; MD15528 White City, OR

On October 11, 2012, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's September 3, 2009, Stipulated Order.

GRIESSER, Carl R., MD; MD155331 Medford, OR

On September 27, 2012, the Board issued an Order Modifying Consent Agreement. This Order modifies Licensee's November 16, 2011, Consent Agreement. This Order reduces the number of Continuing Medical Education hours required to 150 and requires that he obtain board certification.

LEE, Carma J., MD; MD21672 Portland, OR

On October 11, 2012, the Board issued an Order Modifying Stipulated Order. This Order terminates Terms 5.3 and 5.4 of Licensee's October 6, 2011, Stipulated Order.

SILLS, Shawn M., MD; MD25091 Medford, OR

On September 6, 2012, the Board issued an

Order Modifying Stipulated Order. This Order modifies Licensee's July 12, 2012, Stipulated Order. This Order converts Licensee's suspension from two 30-day periods to one consecutive 60-day period.

MISRA, Sounak, MD; MD26161 Portland, OR

On July 17, 2012, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's November 29, 2011, Interim Stipulated Order.

Non-Disciplinary Board Actions

July 14, 2012, to October 12, 2012

Corrective Action Agreements

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

BECK, Shoshana LAc; AC00326 Portland, OR

On September 6, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a 20-hour acupuncture mentorship as part of a re-entry to practice plan.

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

CLARK, Thomas L., MD; MD15528
White City, OR

On October 11, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to submit a re-entry to practice plan to include weekly meetings with a mentor physician and submission of quarterly reports to the Board from the mentor physician.

ELZINGA, Lawrence W., MD; MD13174
Beaverton, OR

On October 11, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to retire his license to practice medicine and to provide a copy of the Corrective Action Agreement to any other state licensing board where he holds or applies for a license.

FARRIS, Clyde A., MD; MD11437
West Linn, OR

On October 11, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a medical documentation course and to notify the Board of any changes in practice setting.

GATES, Lawrence K. Jr., MD; MD23505
Salem, OR

On October 11, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete courses on pain management and documentation.

GREGORY, Sylvia J., PA; PA00264
Crow, OR

On October 11, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee

agreed to complete courses on pain management and professional boundaries and submit practice agreements to the Board's Medical Director prior to working in a new practice setting.

GUDMAN, Jonathan T., MD; MD14380
Portland, OR

On October 11, 2012, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to remain under the care of a physician.

Consent Agreements

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

POLCHERT, Susan E., MD; MD16479
Eugene, OR

On October 11, 2012, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to work under the personal supervision of a board certified psychiatrist for a minimum of three months followed by direct supervision for a minimum of three months.

SUNDERLAND, Margaret C., MD; MD125755
Corvallis, OR

On October 11, 2012, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to submit a re-entry to practice plan to include weekly meetings with a mentor physician and submission of quarterly reports to the Board from the mentor physician.

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

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

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

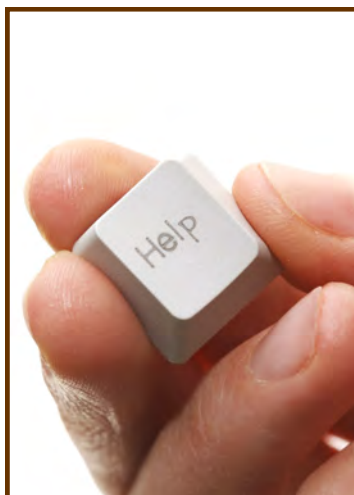
Contact the OMB

The Board is here to help. In addition to the *OMB Report*, the OMB offers numerous resources to assist licensees.

The **Medical Director** welcomes phone calls asking for direction on difficult issues pertaining to the practice of medicine.

The **Complaint Resource Officer**

answers questions about filing a complaint, the complaint process and additional resources if the issue is outside the purview of the Medical Board.



The **licensing call center** is open from 9 a.m. to noon and 1 p.m. to 3 p.m. to answer questions regarding the application process, renewal process, change of address and numerous other topics.

The **Executive Director** visits hospitals, associations and agencies to speak on requested topics. Previous topics include changes in the physician assistant practice regulations, the Health Professionals' Services Program, the investigative process and the licensure process.

We welcome your questions or comments. +

Phone: 971-673-2700

Toll free: 1-877-254-6263

E-mail: OMB.Info@state.or.us
1500 S.W. 1st Avenue, Suite 620
Portland, OR 97201

Online at www.oregon.gov/OMB

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. The full text of the OARs under review and the procedure for submitting comments can be found in the Secretary of State Bulletin, available at:

<http://arcweb.sos.state.or.us/banners/rules.htm>.

Proposed Rules

First Review

All Licensees

847-008-0065: Use of Name - Clarifies the definition and proof of legal name for the purposes of licensing.

Physician Assistants (PA)

847-050-0027: Approval of Supervising Physician - Adds a fine for failure to apply and be approved as a supervising physician by the Board prior to using the services of a physician assistant under a practice agreement.

Temporary Rules

First Review, Temporarily Adopted

All Licensees

847-005-0005: Fees - Reorganizes the fee schedule for accuracy and clarity.

Physician Assistants (PA)

847-050-0041 and 847-050-0065: Prescribing and Dispensing Privileges; Duties of the Committee – Implements 2012 Senate Bill 1565 related to physician assistant dispensing and contains general language and grammar housekeeping.

Adopted Rules

Final Review

All Licensees

847-001-0025: Motions for Summary Judgment

– Removes the prohibition on motions for summary judgment in contested cases.

847-065-0005 through 847-065-0070: Health Professionals' Services Program (HPSP) –

Eliminates references to the “monitoring entity,” which was removed from the statute in 2012 HB 4009; changes “vendor” to “contractor” in keeping with the Oregon Health Authority’s OARs (Chapter 415) on the HPSP; and corrects the statutes implemented.

Physicians (MD/DO/DPM)

847-010-0081 and 847-015-0035: Physician-Assisted Death with Dignity – Reflects hybrid language derived from the current rule titles and the language used in the implemented statute.

Physician Assistants (PA)

847-050-0040: Method of Performance – Clarifies that a physician assistant must be properly identified in oral communications and adds a fine for violations of any part of the rule, including failure to submit a practice agreement within ten days after beginning practice or changing the

duties delegated.

847-050-0063: Physician Assistant Committee – Corrects a statutory reference in the rule for compensation of PA Committee members.

Emergency Medical Technicians (EMT)

847-035-0001 through 847-035-0030: Emergency Medical Service Providers and Supervising Physicians – Alphabetizes definitions; aligns titles and language with the revised EMS statute, including changing “certified” to “licensed,” “EMTs” to “EMS providers,” “First Responder” to “Emergency Medical Responder,” “EMT-Basic” to “EMT,” “EMT-Paramedic” to “Paramedic,” and “EMT Advisory Committee” to “EMS Advisory Committee;” and makes several changes to the scope of practice: (1) adds administration of nebulized Albuterol sulfate treatments to the EMT-Basic scope of practice, (2) adds administration of aspirin to the First Responder scope of practice, and (3) changes “needle thoracentesis” to “needle thoracostomy” in the Paramedic scope of practice.

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

Attention!

Dishonesty of any form on an application for licensure is a violation of the Medical Practice Act. Therefore, the Board will issue fines, or “civil penalties,” for “omissions or false, misleading or deceptive statements or information on an application for licensure.” Serious acts of dishonesty on an application are grounds for denial of licensure. See the full text of Oregon Administrative Rule 847-008-0010 on our website, www.oregon.gov/OMB/rulesstatutes.shtml.

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

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OFFICE CLOSURES

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

State Agency Furloughs

Friday, January 18

Friday, April 19

Friday, May 24

Holidays

Christmas
Tuesday, December 25

New Year's Day
Tuesday, January 1

Martin Luther King Jr. Day
Monday, January 21

President's Day
Monday, February 18

PUBLIC NOTICE SUBSCRIBER'S LIST

If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to www.oregon.gov/OMB/monthlymeetingnotice.shtml and following the link to receive meeting notices.

CALENDAR OF MEETINGS

January 10-11, 8 a.m.

Board Meeting

February 7, 7:30 a.m.

Investigative Committee

February 22, 9 a.m.

EMS Advisory Committee

March 7, 7:30 a.m.

Investigative Committee

March 13, 5 p.m.

**Administrative Affairs
Committee**

March 14, 9:30 a.m.

Physician Assistant Committee

April 4-5, 8 a.m.

Board Meeting

May 17, 9 a.m.

EMS Advisory Committee