OREGON BOARD OF MEDICAL EXAMINERS

# BME REPORT

VOL. 118, NO. 4 • FALL 2006 • Portland, Oregon

**THE BOARD**

**Chair**
David R. Grube, MD
Philomath

**Vice-Chair**
David G. Watt, MD
Portland

**Secretary**
Clifford W. Deveney, MD
Portland

Lisa Cornelius, DPM
Corvallis

Ramiro Gaitán
Portland

Nathalie Johnson, MD
Portland

Douglas Kirkpatrick, MD
Medford

Gary LeClair, MD
Eugene

Patricia Smith
Bend

John Stiger, DO
Milwaukie

Joseph Thaler, MD
Salem

Sheridan Thiringer, DO
Vernonia

Kathleen Haley, JD
Executive Director
Philip Parshley, MD
Medical Director
Mike Sims
Editor

www.oregon.gov/BME

## Call Center, Online Status Reports speed responses to inquiries

BME licensees with questions about their license and renewal applications will receive quicker answers, thanks to the new Call Center and Online Status Reports.

The three-person Call Center, located in the BME Licensing Services Department, was activated September 21.

Call Center staff receive and answer all telephone inquiries regarding license applications, as well as e-mails and postal mail. Licensees and first-time applicants may contact the Call Center for information on the progress of their license and renewal application processes, documents or other information they may need to provide the BME to complete application files, and Board or committee decisions regarding their applications.

The BME implemented the Call Center as a way to streamline the licensure and renewal processes by directing license-related questions to specifically designated Licensing Services staff, thus freeing up other staff to process applications.

Online Status Reports (OSR) are available at the BME Website, www.oregon.gov/BME. Like the Call Center, the reports are designed to provide applicants and licensees with faster access to detailed information regarding their license or renewal applications. In addition, applicants now have greater opportunity to correct errors or omissions in their application files. OSRs are also a time-saver for staff, enabling them to process application files more promptly.

Available information includes:

- Dates that applications were received at the BME;
- Dates applications were processed;
- Application expiration dates (one year from date received);
- Whether application files are complete;
- Remaining required items to be submitted if files are incomplete;
- Whether or not licenses have been issued. OSRs also contain links to all necessary forms for initial licensure and for renewal.

Persons accessing OSRs must agree to certain terms and conditions regarding confidentiality and privacy, etc., before accessing reports. Access to records may be blocked upon request.

The Call Center operates Mondays through Fridays (except on state holidays) between 9 a.m. and noon, and 1 p.m. to 4 p.m. Persons wanting Call Center services may call the BME's main number, (971) 673-2700. ■

# National 'summits' geared toward goal of assuring, verifying ongoing competence

David G. Watt

***By David Watt, MD***
***Vice Chair, Board of Medical Examiners***

Apartheid in South Africa, civil war in Colombia, religious divisiveness in Northern Ireland – what do these events have to do with your licensure?

The conflicts and strife in those societies were tough problems with great underlying complexity, which no simple solution could solve. This could also describe the current ability to demonstrate physician quality and competence. And the two sets of challenges have been linked by the Federation of State Medical Boards (FSMB), which has employed problem-solving methods which were used in the divisive events abroad, to help find answers to health care quality challenges in the United States.

Realizing that the health care community was facing this challenge, the Federation in 2005 began a series of national "summits," Physician Accountability for Physician Competence. The FSMB initiated the summits in order address the question: "How does the healthcare community determine, measure, and assure the public concerning physician competence over the entire career of the physician?"

If this were a simpler, local problem, we might be able to come up with a simpler approach to solving it, but the health care community in the United States today is national. Organizations representing educational institutions, hospitals, specialties, the public, regulatory agencies and payers have each worked on solving this problem and have, often, increased the complexity for the other organizations in the picture.

The Oregon Board of Medical Examiners has been represented at all three *Physician Accountability for Physician Competence* summits. Executive Director Kathleen Haley and I have each attended two of the summits, the first of which was held in March 2005 in Dallas, Texas.

There, national leaders in all of the aforementioned health care constituencies came together to discuss continuing physician competence and solutions to existing deficiencies. At that first summit, the Federation introduced problem-solving methods developed by facilitators in Colombia, Northern Ireland and South Africa, as well as by facilitators in other tough, complex situations.

During the two-day summit, multiple scenarios were created, representing a range of possible evolutionary paths for health care in the U.S. during the next 10-15 years. The implications of each of these scenarios were then studied relative to how one would be able to demonstrate physician competency.

At *Physician Accountability for Physician Competence Summit II*, held in December 2005 in Chicago, participants built on these scenarios, which led to a growing realization of the complexity of the problem and a growing urgency for it to be addressed. An alliance organization of the stakeholder groups was proposed, and the time line for action was shortened from 10-15 years to five to 10 years. There was also consensus that it would be valuable to have a document presenting clear expectations as to what represents good medical practice. An outline of such a document, *Good Medical Practice*, was developed.

Philadelphia hosted the most recent Federation summit this past June. Participants built on the foundation laid at the two previous summits, with intense work sessions held to fill in the outlined chapters of Good Medical Practice. There was further clarification on the organizational structure of the "Alliance Organization," a business plan for this organization was begun, and start-up funding was procured.

Summit participants also generated ideas on how practicing physicians would be able to document and demonstrate their knowledge, skill and judgment to appropriate credentialing, accrediting and licensing agencies, as well as to the public, in a manner which would be valid, non-duplicative and logistically easy.

*Physician Accountability for Physician Competence Summit IV* will be held in January 2007 in St. Petersburg, Fla.

Momentum is building within this national movement to provide all practicing physicians in the U.S. with an effective, efficient method of verifying the quality of their current practices.

*David Watt, MD, has served on the Board since 2004 and was elected Vice Chair in January 2006. He also chairs the Board's Investigative Committee (IC). Dr. Watt is an anesthesiologist with Kaiser Permanente in Portland.* ■

# BME Website earns high ranking from national public-interest group

The BME Web site is the 11th best among 65 health care regulatory boards, according to a national public-interest "watchdog" organization.

Public Citizen, a Washington, D.C.-based nonprofit group, recently issued its 2006 report on the content and user-friendliness of state medical and osteopathic board Websites. Public Citizen based the report on a survey of Web sites for all 50 states and the District of Columbia, conducted by its Health Research Group.

The Web site, www.oregon.gov/BME, improved from a No. 20 ranking in 2005. The site was graded in eight categories: Types of physician-identifying information available on line; board disciplinary action information; disciplinary actions taken by hospitals and the federal government (Medicare, Drug Enforcement Administration, and Food and Drug Administration); malpractice information; criminal conviction information, Web site search capabilities and other information.

The BME introduced its Web site in 1998 and has steadily increased the type and amount of information available on line to its licensees and the public, according to Kathleen Haley, executive director. During the past year, the medical board added malpractice information and complete texts of public disciplinary orders to its Web offerings, Haley explained, adding that online license-application status reports for applicants were added in 2006 as well.

The Oregon BME offers the following on-line licensee information to the public:

- Licensee names, years of birth, and cities and counties of practice.
- Practice specialties.
- License information as follows: Number, status, any limitations, date of initial licensure.
- Professional education information: Name and location of professional school, graduation date.
- Disciplinary standing.

The Board also offers on line most disciplinary information that can legally be made public, including complete texts of all public Board disciplinary orders. Current and back issues of the quarterly ***BME Report*** newsletter, which also contains reports of Board disciplinary actions, are on the Web site as well.

Ms. Haley credited the Board and BME staff for the Web site's high Public Citizen ranking. "This ranking represents the culmination of several years of diligent planning and hard work to make major changes in how the Board informs the people of Oregon regarding their health care providers," she explained. "And it is an ongoing process – we are constantly striving for the next level of quality in public information and public protection." ■

# Physician Handbook now on the Web

The 11th edition of *Regulations, Rights and Responsibilities*, the BME's physician handbook, is now available on the BME Web site, www.oregon.gov/BME.

Persons wishing to access the handbook online can find it through the "Topics of Interest" link on the home page.

The handbook is of interest not only to physicians who have just been licensed, but to physicians already licensed by the Board. It contains information on state statutes and Oregon Administrative Rules (OAR) governing BME licensees, including the complete texts of the Medical Practice Act (Oregon Revised Statutes Chapter 677) and the BME's OAR Chapter 847.

*Regulations, Rights and Responsibilities* is also a comprehensive source of information about BME functions and services, and the licensing and disciplinary processes. A "frequently asked questions" section and full texts of Board Statements of Philosophy round out the handbook.

Previous editions of the handbook were sent to all newly-licensed physicians through postal mail. Newly-licensed physicians will receive paper copies of the 11th edition via postal mail in mid-December. ■

# BOARD ACTIONS
# August 16 to October 13, 2006

## CLARIFICATION

### COOK, Robert D., MD07347; Tualatin, Ore.

In a previous issue of the BME Report, it was reported that the Licensee on June 7, 2006 had entered into a Voluntary Limitation, in which he agreed not to perform total hip arthroplasties and to refer patients needing this procedure to another physician. It should have been noted that the Voluntary Limitation is not a disciplinary order, and is not reportable to the National Practitioner Data Bank (NPDB).

## DISCIPLINARY ORDERS

*Reportable to the National Practitioner Data Bank (NPDB)*

### BENNETT, William A., DPM, DP00270; North Bend, Ore.

The Licensee on September 28, 2006 entered into a Stipulated Order. Through the Order, the Board reprimanded the Licensee and placed him on five (5) years probation. The Board also ordered the Licensee to complete courses in medical ethics and medical billing, and submit to an audit of patient and billing records.

### CALCAGNO, John A., MD14823; Gresham, Ore.

The Licensee on September 7, 2006 entered into a Stipulated Order mandating him to complete the Oregon Medical Association's (OMA) Physician Evaluation, Education and Renewal program (PEER) within 24 months of issuance of the Order. The Board also prohibited the Licensee from accepting new pediatric patients with psychoses, personality or mood disorders; and required that the Licensee co-manage with a pediatric psychiatrist pre-approved by the BME Medical Director, existing pediatric patients with mental health care issues other than Attention Deficit Disorder (ADD) and Attention Deficit and Hyperactivity Disorder (ADHD).

### FREDRICKSON, Richard H., MD12780; Keizer, Ore.

The Board on October 12, 2006, issued a Default Final Order revoking the Licensee's Oregon medical license.

### KERWOOD, Robert I., DO05314; Oroville, Calif.

The Board on October 12, 2006, issued a Default Final Order revoking the Licensee's Oregon medical license.

### LOONEY, Warren H., MD, LL15716; Vancouver, Wash.

The Licensee on October 12, 2006, Licensee entered into a Stipulated Order in which he surrendered his license while under investigation. Through the Order, the Board required the Licensee to provide suitable evidence that he has completed an appropriate treatment program and has undergone a multidisciplinary evaluation at a Board-approved facility, before he is eligible to reapply for licensure in Oregon.

### NEITLING, Stanley J., MD13059; Tillamook, Ore.

The Board on September 28, 2006 issued an Order of Emergency (license) Suspension. The Board took this action based on its immediate concerns regarding the safety and welfare of the Licensee's current and future patients.

### PARENT, Jeffrey M., DO15942; Livonia, Mich.

The Licensee on October 12, 2006 entered into a Stipulated Order in which he agreed to retire while under investigation, and to not apply for reactivation of his Oregon medical license.

### REXIN, Douglas A., MD20317; Willamina, Ore.

The Licensee on October 13, 2006 entered into a Stipulated Order, in which he was reprimanded, and his license suspended until he successfully completes a Board-approved residency program.

### THOMASHEFSKY, Allen J., MD08126; Ashland, Ore.

The Licensee on October 13, 2006 entered into an Interim Stipulated Order, in which he agreed not to prescribe Human Growth Hormone until the Board completes its investigation.

*(continued on page 5)*

## Board Actions *(continued from page 4)*

### CORRECTIVE ACTION ORDERS
*National Practitioner Data Bank (NPDB)*

**LAUGHLIN, Stephen M., PA00851; Hermiston, Ore.**
The Board on October 12, 2006 the Board issued a Corrective Action Order in which it required the Licensee to attend a course in documentation, and a remedial course in diagnosis and treatment of coronary artery disease and evaluation of patients with chest pain.

**LAWSON, Kenneth L., MD18026; Roseburg, Ore.**
The Board on October 12, 2006 issued a Corrective Action Order in which it required the Licensee to complete PEER within 24 months of the date of the order.

**MAKKER, Vishal J., MD23879; Portland, Ore.**
The Licensee on October 12, 2006 entered into a Corrective Action Order in which he agreed to complete PEER within 24 months of the date of the Order. Through the Order, the Licensee agreed to complete a Board-approved billing course, and to submit to an audit of his billing records and patient charts.

**SCHALAU, Daphne B., MD20198; Roseburg, Ore.**
The Licensee on October 13, 2006 entered into a Corrective Action Order in which she agreed to complete PEER within 24 months of the date of the Order.

*Corrective Action Orders are not disciplinary in nature, but are public orders issued with the goal of remediating problems in licensees' individual practices. They are not reported to the National Practitioner Data Bank (NPDB).*

### PRIOR ORDERS MODIFIED OR TERMINATED

**DIERDORFF, John T., DO06866; Hillsboro, Ore.**
The Board on October 12, 2006 modified the Licensee's January 13, 2005 Stipulated Order to hold in abeyance term 4.7, requiring that the Licensee undergo quarterly psychiatric monitoring. Term 4.7 is to be so held until the Licensee resumes treating patients.

**FAHEY, Karen J., MD19600; Grants Pass, Ore.**
The Board on October 13, 2006 issued an Order modifying term 3.2 of the Licensee's October 16, 2003 Corrective Action Order to require that the BME Medical Director pre-approve the Licensee's practice setting.

**FREDSTROM, David A., MD08366; Bend, Ore.**
The Board on October 12, 2006 terminated the Licensee's January 15, 1999 Stipulated Order.

**HAMLIN, Virgil L., MD06992; Portland, Ore.**
The Board on October 12, 2006 terminated the Licensee's December 18, 1997 Corrective Action Order and October 19, 2000 Stipulated Order.

**KELLOGG, Jordi X., MD22765; Portland, Ore.**
The Board on October 12, 2006 terminated the Licensee's January 13, 2005 Stipulated Order.

**TIHANYI, Katie E., MD13740; Salem, Ore.**
The Board on October 12, 2006 terminated the Licensee's October 13, 1997 Stipulated Order.

**WALKEY, Marilyn M., MD18470; Portland, Ore.**
The Board on October 12, 2006 modified the Licensee's November 3, 2005 Corrective Action Order by terminating the Board's requirement that the Licensee undergo psychiatric care.

***NOTE:*** *The BME Report and BME Website now list Board orders terminating or modifying previous orders. In addition, copies of these and all other public orders are available in Board Actions Report on the BME Website: www.oregon.gov/BME.* ■

***In the Winter Issue:***
**More on continuing Physician Competence**

# OREGON ADMINISTRATIVE RULES Reviewed and Adopted by the Board of Medical Examiners

The Board at its October 12-13, 2006 meeting reviewed the following proposals for amendments to Oregon Administrative Rules (OAR), Chapter 847:

## ADOPTED RULES
### Final Review

### Fees

**OAR 847-008-0055, Reactivation from Active-Military or Public Health/Locum Tenens/Inactive/Emeritus to Active/Locum Tenens Status** – The adopted rule specifies that the registration process and fee for reactivation shall be waived for certain licensees practicing in Oregon. The rule applies to licensees whose status was changed to Active-Military or Public Health because they were called up to active duty, deployed/reassigned, or received change of duty orders to serve outside of the state or the United States in the armed forces.

### Physicians (MDs/DOs)

**OAR 847-010-0066, Visiting Physician Requirements** – The adopted rule allows a visiting physician to practice in an accredited facility as well as in a hospital. This rule is associated with the newly-adopted rules on office-based surgery or procedures in OAR Chapter 847, Division 017.

**OAR Chapter 847 Division 017, Office-based Surgery or Procedures** – The adopted rules establish definitions relative to, and requirements for, office-based surgery or procedures. Definitions and rules were adopted in the areas of patient safety, selection of procedures and patients, patient medical records, discharge evaluation, emergency care and transfer protocols, quality assessment, and facility administration and equipment.

### Emergency Medical Technicians (EMT)

**OAR 847-035-0030 Scope of Practice** – The adopted rule expands the EMT-Paramedic (P) scope of practice to include surgical cricothyrotomy.

### Acupuncturists (LAc)

**OAR 847-070-0016, Qualifications; OAR 847-070-0019, Interview and Examination; OAR 847-070-0022, Documents to be Submitted for Licensure** – The adopted rules include the new requirement that an applicant for acupuncture license pass an open-book examination; and specify the documents to be submitted for licensure as an acupuncturist. The Board also made "housekeeping" changes regarding renumbering of sections and minor changes in language for consistency and parallelism.

## PROPOSED RULES
### First Review

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

### Fees and Registration

**OAR 847-005-0005, Fees** – The proposed rule change, if adopted, would reduce some data processing fees charged by the BME. The Board is proposing the fee reductions because data is now being provided on disks, a faster and less expensive format. Other proposed rule changes seek to change the titles of some fees to better reflect the content of the data lists provided; and to add some new fees for data services the BME already provides.

**OAR 847-008-0015, Active Registration; OAR 847-008-0022, Teleradiology Registration; OAR 847-008-0023, Telemonitoring Registration; OAR 847-008-0037, Administrative Medicine** – The proposed rules would, if adopted, define Administrative Medicine and add an Active-Administrative Medicine status for physician licensees. Proposed rules would also clarify exceptions to unlimited Active registration status.

Proposed language dealing with telemedicine would specify that a physician practicing teleradiology for Oregon is not required to be licensed in Oregon. Proposed related language would stipulate that licensees granted Active-Military/Public Health, Active-Teleradiology and Active-Telemonitoring statuses must register and pay biennial active registration fees.

*(continued on page 7)*

## OARs *(continued from page 6)*

### All Licensees

**OAR 847-010-0073, Reporting Incompetent or Impaired Licensees to the Board** – The proposed rule amendments would add sexual misconduct under the definition of unprofessional conduct, and would define sexual misconduct as including "sexual violation" and "sexual impropriety."

### MD/DOs

**OAR 847-010-0063, Limited License, Medical Faculty; OAR 847-020-0140, Limited License, Medical Faculty, and Limited License, Visiting Professor** – The proposed rule amendments would remove the limit on the number of times the Limited License, Medical Faculty may be renewed. However, the proposed rule language also would stipulate that physicians may not practice under Limited Licenses, Medical Faculty for a total of more than four (4) years.

**OAR 847-020-0110, OAR 847-025-0050 and OAR 847-028-0030, Application for Licensure** – The proposed rule amendments would remove references to a 60-day application filing deadline for physicians, for practice of medicine across state lines, and to volunteer medical services at a camp operated by a nonprofit organization.

### Emergency Medical Technicians (EMT)

**OAR 847-035-0030, Scope of Practice** – Under the proposed rule language, administration of immunizations under a supervising physician's standing order would be added to the EMT-Intermediate (I) scope of practice. Such immunizations would be allowed only in the event of a disease outbreak or epidemic, under a Governor's emergency declaration, and as part of an emergency medical services (EMS) agency's occupational health program.

### Acupuncturists (LAc)

**OAR 847-070-0016, Qualifications; OAR 847-070-0038, Limited License, Visiting Professor** – The proposed rule amendments would, if adopted:

- Remove the requirement that the applicant must have passed the practical portion (Point Location Module) of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Acupuncture Certification Examinations in order to be deemed certified by the NCCAOM.
- Remove the requirement that an applicant for a Limited License, Visiting Professor must establish to the Board's satisfaction he/she has the specific skills and training equivalent to certification in acupuncture by NCCAOM, while retaining the criterion that the applicant must establish to the satisfaction of the Board that he/she has the skills and training equivalent to graduation from an Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) accredited acupuncture program.

### Podiatric Physicians (DPM)

**OAR 847-080-0001, Definitions; OAR 847-080-0002, Application for Licensure** – The proposed rule amendments would remove references to the former Advisory Council on Podiatry (abolished by the 2005 Legislature), and to the 60-day application filing deadline.

*Comments concerning the proposed rules must be made to the Board in writing by Thursday, December 21, 2006. The Board will make Final Review of the proposed rules and rule amendments at its January 11-12, 2007 meeting.*

***The Board's mailing address is 1500 S.W. First Ave., Suite 620, Portland, OR 97201-5826. For more information on OARs, visit the BME Website at www.oregon.gov/BME or call (971) 673-2700.***

### ABOUT OARs

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

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

Oregon Board of Medical Examiners
1500 SW First Ave., Suite 620
Portland, OR 97201

PRSRT STD
US POSTAGE
**PAID**
SALEM, OR
PERMIT No. 81

***It's the law! You must notify the BME within 30 days of changing your practice address or mailing address. To help ensure that you receive your license renewals and other important information on time, call the BME for an address change form, or print the form from www.oregon.gov/BME/forms/shtml.***

## IN THIS ISSUE

- *Call Center provides quick licensing answers*
- *BME Website Ranked No. 11*
- *Dr. Watt on Physician Competence Summits*