

Primum

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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Getting Ready for Change

By Douglas D. Lee, M.D., AMB Chair

I am honored to have been elected as Chairman of the Arizona Medical Board and would like to take a few moments to discuss my thoughts on the changing healthcare environment and how it will impact on the regulatory role of the Board.

Having just returned from the annual meeting of the Federation of State Medical Boards (FSMB), of which the Arizona Medical Board is a member, it is clear to me that many changes will be occurring to our medical practices, some of which we will have control over individually or through our various organizations; some will be out of our control.

I have practiced in Arizona for over 24 years, but for those who have been here even longer, they've seen a relatively small Arizona community of physicians who were pretty much self-regulated at the local level, to now national and local mandated regulations that look at every aspect of our professional lives. Costs of these mandates, among other things in our practices, have skyrocketed sometimes above our ability to cover these costs. Are these regulations necessary? Who came up with these regulations anyway? Why do these regulations on our profession exist? And there are many other questions.

Changes will be driven by cost concerns as well as quality and access concerns. Some of these changes, if history is a guide, will indeed improve the system, but many will merely develop more barriers to physicians wanting only to take care of their patients. Undoubtedly, there will be more demands on this Board to act on further mandated regulations. It has been, and will continue to be, a major goal of this Board to be proactive, not reactive, to changes in the regulatory functions that affect this Board. Our goal is to anticipate and have plans in place to act on these changes. Throughout all levels of the agency, pro-

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Times May Be Changing, But Should We?

By Joan Reynolds, M.M.S., P.A.-C, ARBoPA Chair

If you attended the American Academy of Physician Assistants conference in San Diego in June, then you were privy to discussions regarding whether or not the Physician Assistant profession should move toward PA specific doctoral degrees. There have been numerous articles written in several journals including *Clinician Reviews* by the editor in chief, Dr. Randy Danielsen, Ph.D., PA-C, who is a PA member of the Arizona Regulatory Board of Physician Assistants.

Another article in *Advance for Physician Assistants* looking fiscally at the cost alone to pursue this advanced educational degree. The Physician Assistant

Education Association and the American Academy of Physician Assistants met in Atlanta, Georgia in late March to discuss this very issue. The group assembled was diverse as participants were from within the profession and outside the PA Profession. The goal of this summit was to develop recommendations to the profession as to whether or not the clinical doctorate is appropriate as an entry level degree, as a post-graduate degree, or not at all.

Before I list their recommendations I personally believe we need to remember why we decided to enter this profession and who are we serving with our learned skills and edu-

cation. I would like to believe we chose this profession because we wanted to make a difference for our patients and their families. We, as a profession, demand equal health care for everyone and are able to accomplish this very well with the Physician/Physician Assistant Team. Most patients are much better educated today than 25 years ago when I spent a good deal of time explaining my profession as a member of a health care team with supervising physicians and physician agents. I answer those questions less often now as our populations of patients have come to know and embrace PAs and

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Getting Ready for Change, continued

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esses continue to be implemented that will accomplish this proactive goal. We want to assure, to the extent that we have any control, that any future regulatory mandates balance true public protection concerns with the burden that these mandates have on the regulated physicians in our state. As you can imagine, this is not always an easy task.

Changes are going to take place. Some will be good (maybe only in the retrospect), some will be nothing but further distractions from our desires to just take care of our patients. Keeping up with these

changes will be no small task. I believe that to understand these changes, we first must know the regulations, rules, and guidelines that presently exist. To that end, in the next few issues of the Primum, I would like to highlight some areas of the Medical Practice Act of Arizona that affect all of us as physicians and perhaps how these rules and regulations are applied in real world situations, with examples of recurring issues brought before the Board.

I am looking forward to a full plate of issues at the Medical Board over the next year. I have full faith in the foresight of the agency's staff and leadership, as

they've incorporated the proactive posture of the Board into their processes.

Dr. Lee is the Chair of the Arizona Medical Board and has an anesthesiology practice in Flagstaff.

This article reflects the views of the author.

Unless noted, it does not necessarily reflect the view of the Arizona Medical Board or any other member of the Arizona Medical Board.

"...we first must know the regulations, rules and guidelines that presently exist."

Times May Be Changing, But Should We?, continued

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the quality of care given.

The question then becomes does obtaining a doctoral degree enhance clinical care for our patients? Will the doctorate degree lend itself to more confusion for our patients if allowed to use the suffix Dr. before our name? My answer is a doctoral degree will not change how effectively and competently I take care of my patients on a daily basis. I will always strive to do my best and treat everyone as I learned in my Physician Assistant Program over 25 years ago.

The policy at my place of employment allows no one to be addressed as "Doctor" unless they have graduated from an allopathic or osteopathic medical school. I can only imagine the confusion for patients if a Physician Assistant with their doctoral degree now wants to be referred to as Dr. Smith. We thought we had a lot of explaining to do before, educating our patients to our role in delivering health care, this would only lend itself to more confusion.

The four very clear recommendations outlined by the Summit are as follows:

1. The profession opposes the entry-level doctorate for PAs.
2. The profession endorses the master's as the entry-level and terminal degree for PAs. As of 2012 the degree conferred upon completion of a PA program will be a singular degree, the master's of PA practice (MPAP).
3. The profession supports colleges and universities offering postgraduate, non-profession-specific clinical doctorates (e.g. doctorate of medical science, doctorate of health science) as options available to PAs.
4. The profession should explore the development of a model for advanced standing for PAs who desire to become physicians (sometimes called a "bridge program").

You may or may not agree with the recommendations by AAPA outlined above, but the basic fact remains we have patients to take care of everyday and they rely on our knowledge and the unique partnership with our physician

colleagues. We need to define ourselves by what we do best deliver quality, and accessible health care in a cost effective way.

I believe with health care reform on the horizon we will be valued more and in more demand as we move into the next few years. I believe our focus needs to be based on our education, competency, our recertifying process and continued medical education required by our PA profession.

The promise I took over 24 years ago is the same promise I live by today, to provide the best care possible for my patients as a Physician Assistant Certified.

PA Reynolds is in practice at Mayo Clinic Scottsdale.

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Yuma Medical Board Member Elected to FSMB Board

Ram Krishna, M.D., has been elected to the Board of Directors of the Federation of State Medical Boards (FSMB) for a three-year term. The election of new Board Members took place last week at the organization's 97th Annual Meeting in Washington, D.C. Dr. Krishna is the first Arizonan to serve on the FSMB Board.

Dr. Krishna, who is an orthopedic surgeon in Yuma, has been a member of the Arizona Medical Board for nearly 15 years. During that time, he has served as the Board's Secretary and Vice-Chair and was elected Chair three times. Two years ago, Dr. Krishna was elected to the board of the Educational Commission for Foreign Medical Graduates and recently was re-elected as a trustee and as a member of its executive committee.

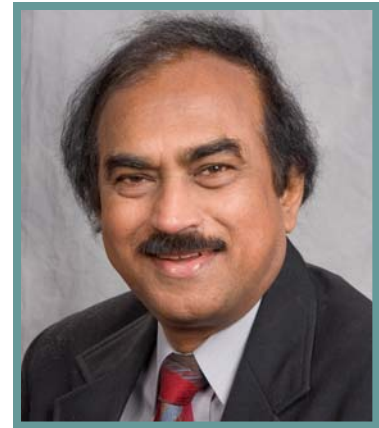
Dr. Krishna says the next three years

will be an important time for state medical boards and the Federation. He expects the major topics will be interstate physician practice and telemedicine; a push for increased funding for residencies in family practice; and funding for the education of physicians in pain management.

Arizona, along with the rest of the nation, is experiencing a shortage of family practice physicians who often settle in the area where they do their post-graduate, residency training. Dr. Krishna believes that more residency positions in the state would likely increase the pool of local physicians specializing in primary care.

Among Dr. Krishna's other accomplishments: he has served on the Boards of Trustees for two different hospitals and was the chairman for both institutions; he was a founding member and vice-chair of a local community bank in Yuma; and he has served as the president of the Yuma

County Medical Society, as a member of the Executive Committee of the Arizona Orthopedic Society, and as the chair of the Department of Surgery at Yuma Regional Medical Center.



Ram Krishna, M.D.

Medical Board Members Attend FSMB National Meeting

Five members of the Arizona Medical Board and Executive Director Lisa Wynn were among the more than 400 medical regulators from around the world who attended the Federation of State Medical Boards' 97th Annual Meeting in Washington, D.C. in May. The meeting's theme was "20-20 Vision: The Future of Medical Regulation" from a variety of perspectives.

Board Chair Doug D. Lee, M.D., Vice-Chair Paul M. Petelin, Sr., M.D., F.A.C.S., Ram R. Krishna, M.D., Todd A. Lefkowitz, M.D., and William R. Martin III, M.D., spent three-days at the meeting which addressed topics ranging from health care reform to state medical board Web sites to healthcare economics. Educational sessions covered key medical regulatory issues, including regulating medical spas, physician health programs, responding to soaring prescription drug abuse and evaluating the education of international medical graduates.

During the "Day on the Hill," the Arizona Board Members met with staff from the Arizona Congressional Dele-

gation on Capitol Hill to discuss issues of important to medical regulators.

The FSMB unveiled its new and expanded philanthropic arm, the FSMB Foundation. It will identify and fund research and education initiatives to help state medical boards do their work more effectively and raise awareness of the role boards play in protecting the public.

The FSMB House of Delegates took actions on resolutions submitted by member boards. Delegates adopted as FSMB policy the following definition of Telemedicine: "*Telemedicine is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider.*" The definition was the result of a 2007 resolution by the Iowa Board of Medicine.

A resolution offered by the Rhode Island Board of Medical Licensure and Discipline was adopted. The FSMB will work toward the development of a uniform national standard through the develop-

ment of model guidelines regarding the use of the "Doctor" title with collaboration from other such stakeholder groups as the National Council of State Boards of Nursing.

Delegates gave their okay to a report on the Comprehensive Review of the United States Medical Licensing Examination (USMLE) Program. Major recommendations from this strategic review of the USMLE include more explicitly orienting the examination to support the licensing decisions made by medical boards, transitioning the exam to a competencies schema and emphasizing the importance of the scientific foundations of medicine throughout the examination sequence.

Maintenance of Licensure was also a major issue. The delegates agreed with recommendations to assure the ongoing competence of licensed physicians. These call for the FSMB to conduct research on and give additional consideration to the evidence for the need for initiating a maintenance of licensure program and the effects of such a program on patient care and physician practice.

Arizona Medical Board Executive Team



(L-R) Ms. Griffen, Drs. Lee, Petelin, Schneider

On February 5, 2009, the Arizona Medical Board elected a new slate of officers. The Board chose anesthesiologist Douglas D. Lee, M.D., of Flagstaff, who is in his second, five-year term as a Board member, as its new Chair. Dr. Lee had served for two years previously as Vice-Chair and succeeded William R. Martin III, M.D. as Chair. Chosen as the new Vice-Chair was Paul M. Petelin, Sr., M.D., F.A.C.S. Dr. Petelin, a Board-certified surgeon in practice in

Phoenix has been a Board member since 2005. Amy Schneider, M.D., F.A.C.O.G., was elected Secretary. Dr. Schneider is a Board-certified OB-GYN in Tucson. She was appointed to the Board in 2006. In 2008, the Board created a new executive team position – Member at Large. Patricia R. J. Griffen – one of four public members on the Board – became the first person chosen for that office. Ms. Griffen joined the Board in 2005.

Medical Board Honors Dr. Martin

After devoting two years to the office of Arizona Medical Board as Chair, William R. Martin III, M.D., chose not to seek re-election. At the February 2009 meeting, Board members honored Dr. Martin with a plaque and a large chocolate-raspberry cake featuring a gavel made of icing. Dr.

Douglas D. Lee made the presentation. Dr. Martin is a Board-certified, fellowship-trained orthopedic surgeon in Phoenix.



Dr. Lee and Dr. Martin

PA Board Officers

The Arizona Regulatory Board of Physician Assistants chose its officers for 2009 at its February meeting. Board members re-elected Joan Reynolds, M.M.S., PA-C, to a second term as Chair.

PA Reynolds works at Mayo Clinic Scottsdale.



PA Joan Reynolds



Sigmund G. Popko

Chosen for the office of Vice-Chair was Sigmund G. Popko, J.D., one of the Board's two public members. Mr. Popko is a Clinical Professor of Law at Arizona State University, and a member of Arizona Attorneys for Criminal Justice.

Both were appointed to the Board in 2002.

PA Board Welcomes 2 New Members



Dr. Gary Smith



Dr. Jay Crutchfield

Governor Jan Brewer has appointed Gary Smith, M.D., F.A.A.F.P., and Jay M. Crutchfield, M.D., F.A.C.S., as physician members of the Arizona Regulatory Board of Physician Assistants. The PA Board consists of four physician members, four PA members and two public members.

Dr. Smith who is Board-certified in Family Practice employs three physi-

cian assistants at his Mesa practice. He is the administrative medical director for the fire departments in Apache Junction, Gilbert, Mesa and Queen Creek and oversees their paramedic education. Dr. Smith also teaches at the Arizona School of Health Sciences, a School of A.T. Still University in Mesa where he is an associate professor of medicine. Dr.

Smith fills a vacancy on the Board.

Dr. Crutchfield is a Board-certified general surgeon who practices in Prescott. He replaces James E. Meyer, M.D., whose term had expired. A native Arizonan, Dr. Crutchfield previously served as a member of the Arizona Medical Board.

Multiple Sequential Prescriptions for Schedule II Controlled Substances

At its February 2009 meeting, the Arizona Medical Board unanimously approved a new interpretation of the Arizona Revised Statutes regarding multiple, sequential prescriptions for the same Schedule II Controlled Substance. This action means the Board will allow such prescriptions for up to 90 days. William R. Martin III, M.D., of Phoenix, the Board Chair, stated that

the Board should remain consistent with federal law, policies and guidelines. Robert P. Goldfarb, M.D., F.A.C.S., of Tucson moved to conform the Board's interpretation with 21 C.F.R. 1306.12(b), regarding prescription writing and dating. This interpretation aligns the Board's guidelines with a practice that is currently permitted by the Arizona State Board of Pharmacy and the federal Drug Enforcement

Administration (DEA). If a physician provides multiple, sequential prescriptions to a patient that cannot be filled until a certain date, and yet are all accurately dated, the Arizona Medical Board will not consider this "pre-dating" or "post-dating." For further information, contact Lisa Wynn, Executive Director of the Arizona Medical Board.

Number of Licensed Physicians

20,361



Number of Licensed PAs

1,823

Recent MB and ARBoPA Actions and Orders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have legal authority to revoke, suspend, restrict, fine, reprimand or censure, require monitoring or additional education, or impose other remedial measures on the license of an allopathic physician (M.D.) or PA if the licensee has committed unprofessional conduct or is mentally or physically unable to safely engage in the practice of medicine.

State law also allows the Medical Board, at its discretion, to issue a non-disciplinary order for additional Continuing Medical Education courses.

The Boards have recently taken the following actions:

AMB

Richard D. Davis, M.D.

(California—Diagnostic Radiology)

Arizona License No. 29315

Accepted Administrative Law Judge's Recommended Order for Revocation.

Mahendra Nath, M.D.

(California—Pain Management)

Arizona License No. 10234

Accepted Administrative Law Judge's Recommended Order for Revocation.

Gregory Muhammad, M.D.

(Phoenix—General Practice)

Arizona License No. 24245

Accepted Administrative Law Judge's Recommended Order for Revocation.

John C. Morgan, M.D.

(Scottsdale—Family Practice)

Arizona License No. 25871

Accepted Consent Agreement for Surrender of License.

Earl A. Surwit, M.D.

(Tucson—OB-GYN)

Arizona License No. 11111

Accepted Consent Agreement reactivating license with 5 years Probation.

Charles A. Bollmann, M.D.

(California- OB-GYN)

Arizona License No. 6020

Accepted Consent Agreement for a Decree of Censure and 10 years Probation.

Jack I. Dodge, M.D.

(Gilbert— Emergency Medicine)

Arizona License No. 15597

Accepted Administrative Law Judge Recommended Order for Revocation.

James L. Robrock, M.D.

(Chandler- Plastic Surgery)

Arizona License No. 16209

Accepted Consent Agreement for Surrender of license.

William E. Mora, M.D.

(Phoenix - Hand Surgery)

Arizona License No. 13088

Accepted Consent Agreement for Practice Restriction and Stayed Revocation.

Abraham J. Sayegh, M.D.

(Phoenix— Internal Medicine)

Arizona License No. 18816

Accepted Consent Agreement for Surrender of License.

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Explanation of Terms

Revocation — Termination of a licensee's right to practice medicine or perform health care tasks in Arizona. A referral to a formal hearing is necessary.

Suspension — The Board may suspend a license for 12 months or less without a formal hearing. A suspension of more than 12 months may be issued after a formal hearing. A suspension may be used as a punishment to restrict financial gain.

Decree of Censure — Not defined in statute, but is identified as an "official action against the licensee..." A Decree of Censure may be issued by itself or in conjunction with terms of probation. A Decree of Censure may also include a requirement that restitution be paid to a patient.

Letter of Reprimand — A disciplinary order issued by the Board informing the licensee that his/her conduct violates state or federal law and may require the Board to monitor the license. It may be issued by itself or in conjunction with terms of probation.

Advisory Letter — Non-disciplinary letter that notifies a licensee that he/she has committed either a minor technical violation or that there is not enough evidence to take a disciplinary action.

Recent AMB Actions and Orders (continued)

(Continued from page 6)

Richard E. Standridge, M.D.

(Florida— Medical Management)

Arizona License No. 14835

Accepted Consent Agreement for Surrender of License.

Rodney J. Lee, M.D.

(North Dakota— Family Medicine)

Arizona License No. 40201

Accepted Administrative Law Judge's Recommended Order for Revocation.

Gary W. Hall, M.D.

(Florida—Ophthalmology)

Arizona License No. 12977

Accepted Administrative Law Judge's Recommended Order for additional 10 years Probation.

Ilangovan Govindarajan, M.D.

(Kingman—Internal Medicine)

Arizona License No. 25797

Accepted Consent Agreement for a Decree of Censure and 5 years Probation.

Thomas J. Petrone, M.D.

(Phoenix— Internal Medicine)

Arizona License No. 23585

Accepted Consent Agreement for 2 years Probation.

David R. Bolick, M.D.

(Utah—Cytopathology)

Arizona License No. 33101

Accepted Consent Agreement for Surrender of License.

Richie P. Bast, M.D.

(St. Johns—Anesthesiology)

Arizona License No. 14854

Accepted Administrative Law Judge's Recommended Order for Revocation.

Tamara M. Simon, M.D.

(Idaho—OB-GYN)

Arizona License No. 38229

Accepted Consent Agreement for Surrender of License.

Richard A. Hoversten, M.D.

(Avondale— Family Medicine)

Arizona License No. 29872

Accepted Consent Agreement for Surrender of License.

Mark L. Grams, M.D.

(Sonita—Emergency Medicine)

Arizona License No. 11869

Stayed Revocation of License and Restricted him from the practice of medicine.

Mark J. Trentalange, M.D.

(Scottsdale—Anesthesiology)

Arizona License No. 29601

Accepted Consent Agreement for Decree of Censure, Practice Restriction and Probation.

Richard J. Lewis, M.D.

(Mesa—Cardiovascular Disease)

Arizona License No. 35079

Executive Director Accepted Consent Agreement for an Interim Practice Restriction prohibiting him from practicing medicine.

Robert C. Teague, M.D.

(Glendale—Family Practice)

Arizona License No. 3925

Summarily Suspended License. Referred to Formal Hearing.

AMB Stats

At its two-day December 2008, meeting, the Arizona Medical Board approved:

- 3 Revocations
 - 1 Surrender of active license
 - 1 Decree of Censure
 - 6 Letters of Reprimand
 - 1 Referral to Formal Hearing
 - 31 Advisory Letters
 - 5 Orders for non-disciplinary CME
 - 10 dismissals
 - 13 ED dismissals
-

At its one-day meeting in February 2009, the Arizona Medical Board approved:

- 1 Revocation
- 2 Surrenders of active license
- 2 Practice Limitations
- 2 Disciplinary Probations
- 1 Decree of Censure

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ARBoPA

Kevin D. Earlywine, PA-C

(Mesa)

Arizona License No. 2140

Restricted him to tasks delegated by his Supervising Physician and to patients within his Supervising Physician's area of practice.

Robert G. Mitchelson, PA

(Phoenix)

Arizona License No. 3097

Stayed Revocation and ordered 10 years Probation with chart reviews and prescribing restriction

Recent ARBoPA Actions and Orders

At its meeting on February 25, 2009, the Arizona Regulatory Board of Physician Assistants approved:

- 1 Disciplinary Probation
 - 1 Practice Limitation
 - 1 Letter of Reprimand
 - 1 Advisory Letter with CME
 - 5 Advisory Letters
 - Upheld 1 ED Dismissal
-

At its May 20, 2009 meeting, the Arizona Regulatory Board of Physician Assistants approved:

- 1 Stayed Revocation
 - 1 Disciplinary Probation
 - 1 Practice Restriction
 - 1 Decree of Censure
 - 3 Advisory Letters
 - 1 Case Returned to Investigations
 - 1 Invitation for Formal Interview
-

Recent AMB Actions and Orders (continued)

(Continued from page 7)

- 9 Letters of Reprimand
 - 14 Advisory Letters
 - 2 Dismissals
 - Upheld 12 ED Dismissals
 - 5 Returned to Investigations
-

At Its two-day meeting in April 2009, the Arizona Medical Board approved:

- 1 Surrender of active license
- 1 Disciplinary Probation
- 4 Decrees of Censure
- 9 Letters of Reprimand
- 14 Advisory Letters

- 3 Dismissals
 - Upheld 4 ED Dismissals
-

At its two-day meeting in June 2009, the Arizona Medical Board approved:

- 1 Revocation
- 1 Stayed Revocation
- 2 Surrenders of active licenses
- 2 Practice Restrictions
- 1 Disciplinary Probation
- 3 Decrees of Censure
- 13 Letters of Reprimand
- 34 Advisory Letters
- 9 Advisory Letters with CME

- Upheld 6 ED Dismissals
-

A Review of Prescribing Laws for Doctors and PAs

Both the Arizona Medical Board (AMB) and the Arizona Regulatory Board of Physician Assistants (ARBoPA) have seen a number of recent, unrelated cases involving prescribing violations and have cited the physicians and PAs involved. In light of that, it may be worthwhile to review the statutes regarding certain areas of prescribing. This information can be found in the Arizona Revised Statutes under "Definitions" in the Medical Practice Act and the Physician Assistant Practice Act.

In order to write prescriptions for patients, a physician assistant must first have the approval of that delegated task from the PA Board. Before prescribing prescription medication, a physician or a PA must first establish a professional relationship with the patient. This is done by conducting a

physical examination of the patient and – if it hasn't been done before – taking a complete medical history. A.R.S. § 32-1401(27)(ss) which applies to physicians states that unprofessional conduct is "prescribing, dispensing or furnishing a prescription medication or a prescription-only device...to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship." A.R.S. § 32-2501(21)(kk) for physician assistants is almost identical. It describes unprofessional conduct for PAs as being "prescribing, dispensing or furnishing a prescription medication or prescription-only device...to a person unless the licensee first conducts a physical examination of that person or has previously established a professional relationship with the person.

Physician Assistants must have additional approval of their Board to write or dispense 14-day prescriptions for controlled substances. State law prohibits a doctor or a PA from prescribing controlled substances to close relatives. This means that neither healthcare provider may write such prescriptions for a spouse, natural or adopted children, father, mother, brothers and sisters or the same relatives of the spouse. In most of the cases where a violation has occurred, the licensee has also failed to keep adequate medical records on the family member/patient, compounding the offense. The citation for this in the Medical Practice Act is A.R.S. § 32-1401(27)(h) and for the PA Practice Act, A.R.S. § 32-2501(21)(r).

Reasons for AMB Board Actions and Orders

Knowing why physicians have come to the attention of the Arizona Medical Board may be helpful information to other licensees.

The Board ordered **Decrees of Censure** :

- For failure to perform physical examinations and for failure to maintain adequate records.
- For overprescribing acetaminophen without adequate rationale or appropriate monitoring and for prescribing opioid and multiple psychoactive medications in an elderly patient resulting in medication induced hypersomnolence and for violation of a Board Order.
- For prescribing early refills of controlled substances to a patient without any therapeutic indications and failing to maintain adequate records.
- For providing favorable and false testimony for a defendant at a trial.
- For not re-operating on a patient with a deteriorating abdominal examination and rising WBC following a bowel resection, for identifying changes in the cecum and surrounding tissue, and for not conducting a rectal exam.
- For inappropriately touching female co-workers.

The Board ordered **Letters of Reprimand**:

- For prescribing large amounts of controlled substances without performing an adequate history and mental status examination and monitoring, for failure to document discussion of risks and benefits of prescription medication.
- For habitual intemperance, diverting controlled substances, and for using controlled substances not prescribed by another physician.
- For failing to personally evaluate a patient with severe pre-eclampsia.
- For failing to disclose a "no contest" plea to involuntary manslaughter due to reckless driving on the initial application for an Arizona medical license.
- For not properly evaluating chronic non-malignant pain patients, not communicating and coordinating with their prescribing physicians, not considering a multi-disciplinary approach and for not closely monitoring the patients for non-compliance or diversion.
- For failure to provide direction to Emergency Department nursing staff and for failure to give a report on a patient's status to the covering physician.

The Board ordered **non-disciplinary Advisory Letters**:

- For inappropriate treatment of a possible fracture and for failure to recognize a potential fracture on X-ray.
- For allowing inappropriate personnel to administer IV medication.
- For performing an inadequate breast examination.
- For inadequate post-surgical follow-up.
- For inadequate documentation.
- For performing a biopsy of the duodenum without proper indication.
- For failing to adequately supervise PAs and for failing to order a GI consultation for a patient with iron deficiency and anemia.
- For charging for services not rendered.
- For failing to identify a vertebral fracture on a chest X-ray taken for trauma.
- For inadequate physician coverage.
- For administering Bactrim to a patient who is allergic to sulfa.

*Arizona Medical Board and Arizona
Regulatory Board of Physician Assistants*

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The Arizona Medical Board is committed to serving the public through the honest, fair, and judicious licensing and regulation of allopathic physicians (MDs). As it has in the past, the Arizona Medical Board will continue to gain public respect and trust by focusing on the issues that will shape positive healthcare environments.

As the utilization of physician extenders, such as physician assistants, continually increases, the Arizona Regulatory Board of Physician Assistants stays in touch with community needs and implements health care policy reforms to protect the public and provide guidance to its licensees. Within the last few years, the Board has systematically revised its laws and rules to stay abreast of healthcare trends.