APPROVED APRIL 14, 2009

STATE OF MAINE
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
March 10, 2009
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137 SHS, 161 Capitol Street
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Minutes
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BOARD MEMBERS PRESENT
Sheridan R. Oldham, M.D., Chairman
Gary R. Hatfield, M.D., Board Secretary
Cheryl D. Clukey
George K. Dreher, M.D.
David H. Dumont, M.D.
Maroulla Gleaton, M.D.
Bettsanne Holmes
David Nyberg, Ph.D.
Daniel K. Onion, M.D.

BOARD STAFF PRESENT
Randal C. Manning, Executive Director
Jean M. Greenwood, Administrative Assistant
Timothy Terranova, Consumer Assistant
Dan Sprague, Assistant Executive Director
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE
Dennis Smith, Assistant Attorney General
Det. Peter Lizanecz

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S.A. §405). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session.

PUBLIC SESSIONS	**PURPOSE**
9:23 a.m. – 9:25 a.m.	Call to Order
10:27 a.m. – 10:28 .a.m.	Unset Adjudicatory Hearing
10:52 a.m. – 10: 58 a.m.	Public Session
1:09 p.m. - 1:10 p.m.	Public Session
1:52 p.m. - 2:40 p.m.	Motions, Public Session
2:52 p.m. - 3:59 p.m.	Discussion &Adjournment
EXECUTIVE SESSIONS	
9:25 a.m. 10:27 a.m.	Assessment and Direction
10:28 a.m. – 10:37 a.m.	Assessment and Direction, Progress Reports
10:58 a.m. – 12:26 p.m.	Progress Reports & New Complaints
1:10 p.m. – 1:52 p.m.	New Complaints
RECESS/LUNCH	
10:37 a.m. – 10:52 a. m.	Recess
12:26 p.m. - 1:09 p.m.	Noon Meal
2:40 p.m. - 2:52 p.m.	Recess

I. CALL TO ORDER

A. Amendments to Agenda

The Licensure Committee moved to amend the agenda to remove from the Secretary's Report, List B (2) Rame D. Iberdemaj, M.D., (3) John R. Larson, M.D. and (4) Joel M. McReynolds, M.D. and List G (1) Farooque Khan, M.D. The motion passed unanimously.

EXECUTIVE SESSION

II. ASSESSMENT & DIRECTION

A. AD 09-027 (CR 09-080)

Dr. Dumont moved to issue a complaint in the matter of AD 09-27. Dr. Hatfield seconded the motion, which passed unanimously.

B. AD 09-031

Dr. Dreher moved to file AD 09-031. Dr. Nyberg seconded the motion, which passed unanimously.

C. AD 09-032

Dr. Dreher moved to file AD 09-032. Dr. Nyberg seconded the motion, which passed unanimously.

D. AD09-045

Dr. Dreher moved to file AD 09-045. Dr. Nyberg seconded the motion, which passed unanimously.

E. AD 09-042 (CR 09-081)

Dr. Dreher moved to issue a complaint in the matter of AD 09-42. Dr. Nyberg seconded the motion, which passed unanimously.

F. AD 09-047 (CR 09-082)

Dr. Dumont moved to issue a complaint in the matter of AD 09-47. Dr. Hatfield seconded the motion, which passed unanimously.

III. PROGRESS REPORTS

A. CR 08-051 THOMAS A. TARTER, M.D.

Ms. Holmes moved to order an Adjudicatory Hearing in the matter of Thomas A. Tarter, M.D. (CR 08-051). Dr. Gleaton seconded the motion, which passed unanimously.

B. CR 08-197 PAUL M. LABAND, M.D.

Dr. Dreher moved to dismiss Board complaint CR 08-179 against Paul M. Laband, M.D., with a letter of guidance. Dr. Hatfield seconded the motion, which passed 8-0-1.

In this complex case, another treating physician believed Dr. Leband's patient was mis-using her prescribed opioid. Initially Dr. Laband felt there were other medical circumstances that might explain the observed problems. It was not until a second inpatient stay that the mis-use problem was proved and acknowledged by the patient. There was also some concern regarding Dr. Leband's knowledge of the pharmacology of this particular opioid.

A subsequent review of Dr. Leband's office practice revealed some areas in need of remediation but on the whole the practice was doing well and appeared open to further suggestions for improving the safety and monitoring of patients being provided opioids chronically.

Dr. Leband is urged to continue to improve his practice patterns and his knowledge of opioid pharmacology. He is also urged to maintain close collaboration with other physicians who are engaged in the care of his chronic pain patients as part of this monitoring process.

C. CR 08-375 CATHRINE G. HAWTHORNE, M.D.

Ms. Holmes moved to order an Adjudicatory Hearing in the matter of CR 08-375 Catherine G. Hawthorne, M.D. Dr. Dumont seconded the motion, which passed unanimously.

D. CR 08-005 ROBERT P. DOYLE, M.D.

Ms. Clukey moved to unset the Adjudicatory Hearing in the matter of CR 08-005 Robert P. Doyle, M.D. Ms. Holmes seconded the motion, which passed unanimously.

After review of additional documents, Ms. Clukey moved to order an Adjudicatory Hearing in the matter of CR 08-005 Robert P. Doyle, M.D. Dr. Dumont seconded the motion, which passed 8-1.

E. COMPLAINT STATUS REPORT (FYI)

F. REVIEW DRAFT LETTERS OF GUIDANCE

Dr. Gleaton moved to accept the letters of guidance as edited. Dr. Hatfield seconded the motion, which passed unanimously.

G. CONSUMER ASSISTANT FEEDBACK (FYI)

IV. NEW COMPLAINTS

A. CR 08-352

Dr. Nyberg moved to dismiss CR 08-352. Dr. Hatfield seconded the motion, which passed 8-0-0-1 with Dr. Onion recused.

The complaint is that the physician over prescribed anti-seizure medications. However, there is no indication that the doctor has either seen the patient personally or co-signed a record from another provider. The patient was seen by a nurse practitioner and the complaint will be forwarded to the appropriate board.

B. CR 08-429

Dr. Nyberg moved to dismiss CR 08-429. Dr. Dreher seconded the motion, which passed unanimously.

The patient accuses the physician of fraudulently billing her insurance company for an office visit by selecting an inappropriate code. In addition, she asserts it is unprofessional of the physician not to discuss billing issues with patients. The physician's response shows the coding was approved by her billing office, by the insurance company, and by an outside coder's audit, suggesting the patient does not fully understand the different ways criteria for the code in question may be fulfilled. The physician explains that discussing billing disputes with patients can complicate unnecessarily the doctor-patient relationship, and that this possibility is one important reason for maintaining a separate billing department.

C. CR 08-439

Dr. Nyberg moved to dismiss CR 08-439. Dr. Dumont seconded the motion, which passed unanimously.

The complaint regards incompetent treatment of an 88 year old woman with cardiac, brain, and GI symptomatology. She was admitted to the hospital with an elevated white count. Orders and notes document discontinuation of antibiotics in order to get blood cultures for a possible diagnosis of SBE.

An initial diagnosis of colo-vaginal fistula was shown to be incorrect. The redness of leg and abdomen was initially felt to be traumatic but was later diagnosed as cellulitis. The antibiotics were restarted after the 24 hours necessary to obtain 3 blood cultures.

The record does not support the allegation of incompetent care.

D. CR 08-441

Dr. Nyberg moved to dismiss CR 08-441. Ms. Holmes seconded the motion, which passed unanimously.

The patient had an evaluation of his submandibular gland and duct. The patient was given prescriptions and a return appointment which he did not keep. He later noted a problem, called the office, and was immediately seen.

The physician admits he could not find a precise reason for the patient's complaint, but thought that it might be infectious and so gave an antibiotic prescription. The patient then apparently became "upset" at the lack of a precise diagnosis and the visit went rapidly downhill to the extent that the patient had to be escorted from the office.

The patient did not reply to the physician's response to the complaint which, together with the medical records, supports dismissal.

E. CR 08-470

Dr. Nyberg moved to dismiss CR 08-470. Ms. Clukey seconded the motion, which passed unanimously.

The complainant alleges that 10 years ago she went to the physician for a consultation and referral, but was tricked into submitting to a physical examination. The complainant alleges that during the physical examination, the physician assaulted her and "stabbed out her left ovary." The physician responded that she had recently retired, and that the patient's records were destroyed. The physician denied any memory of the events as alleged by the complainant, denied that she would ever have assaulted a patient, and noted that it was not medically possible to "stab out" an ovary during a physical examination.

F. CR 08-472

Dr. Nyberg moved to dismiss CR 08-472. Dr. Dumont seconded the motion, which passed unanimously.

The crux of this case is the patient accuses the physician of discharging him unethically and with discrimination from her practice because he is on Medicare. The physician's response makes it clear that the patient refused multiple times to come in for the lab work necessary for monitoring potential toxicity and actual efficacy of medications, and that she believes it is unethical and unprofessional to continue prescribing his medications without such monitoring. She provided the patient ample and proper warning of discharge and a 30 day prescription renewal to cover his transition to another practice.

G. CR 09-002

Dr. Nyberg moved to dismiss CR 09-002. Ms. Holmes seconded the motion, which passed unanimously.

The complainant alleges someone in the physician's office gained access to his electronic medical records. The allegation is correct. A personal friend of the complainant, who is

employed by the physician, with the assistance of the practice receptionist who had a hospital CPSI log in code, gained access to the patient's laboratory record. This breach of confidentiality was duly reported to the hospital and to the physician. The event was investigated and resolved two years ago. The complainant was never a patient in the physician's practice, the physician personally had no records of the patient, and the physician was not present in the office when the breach occurred. The two employees have been reprimanded and have remained in good standing since this episode. It is not clear why the complaint has been filed at this time, two years on, with no additional factual information.

H. CR 08-449 WILLIAM E. HERBERT, M.D.

Dr. Gleaton moved to dismiss CR 08-449 in the matter of William E. Herbert, M.D., with a letter of guidance. Dr. Hatfield seconded the motion, which passed unanimously.

The physician filled out his recent license renewal inaccurately by not reporting certain facts, including malpractice information. He takes responsibility for these errors, but the Board relies on and requires accuracy from physicians with regard to licensing.

I. CR 08-377 ROGELIO J. NARANJA, JR., M.D.

Dr. Hatfield moved to order to Adjudicatory Hearing in the matter of Rogelio J. Naranja, Jr., M.D. (CR 08-377) and to consolidate it with a licensing matter already scheduled for an Adjudicatory Hearing. Dr. Dreher seconded the motion, which passed unanimously.

J. CR 08-378

Dr. Dreher moved to dismiss CR 08-378. Dr. Nyberg seconded the motion, which passed unanimously.

This complaint arose after the physician was dismissed by a hospital system for various concerns regarding record keeping and the provision of adequate care. These concerns were based on a record review showing a number of inadequacies of documentation in a recently initiated electronic medical record system.

The physician's transition into this electronic medical record system was complicated because the hospital did not provide the physician access her prior written records while she was learning to use this new approach to record keeping.

The physician's explanation, which is supported by an independent evaluation ordered by the Board, emphasizes a style of practice focused on long term patient relationships. This style of practice relies on an extensive knowledge base maintained in the physician's memory but not fully documented in the record on each visit. The hazard of this approach is the potential for not tracking areas of possible risk, but there is no known pattern of recurrent adverse outcomes for her patients while the physician was using her written records.

K. CR 08-425

Dr. Onion moved to investigate further CR 08-425. Dr. Nyberg seconded the motion, which passed unanimously.

L. CR 08-446

Dr. Dreher moved to investigate further CR 08-446. Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Onion recused.

M. CR 08-353

Dr. Dumont moved to dismiss CR 08-353. Dr. Nyberg seconded the motion, which passed unanimously.

This complaint came from the daughter of a patient, with whom the patient lives, who was concerned that the doctor's office was not managing her mother's blood pressure well. The patient was found by another physician to have an elevated blood pressure and the patient had difficulty getting an appointment, getting calls returned, and getting prescriptions renewed. A review of records indicates some discrepancy between the alleged number of calls and the number of calls logged by the practice but the practice admits there was a delay in calling in some prescriptions. The care otherwise seems timely and appropriate. The practice states it is making changes to improve phone communication.

N. CR 08-404

Dr. Dreher moved to dismiss CR 08-404. Dr. Nyberg seconded the motion, which passed unanimously.

In this unfortunate case, the patient had been on potentially addicting medications for a number of years prior to seeing this physician, whom the patient accuses of causing him significant cognitive damage. Over the years of treatment, attempts were made to replace the medications of concern; however, managing these medications was complicated by the patient altering his medication regimens without prior consultation with the staff. There were trials with a range of medications and ECT with documented temporary improvement; nevertheless, the patient has developed a firm conviction that the treatments were wrongfully initiated and ultimately damaged him. His belief exists in spite of several consultations by other professionals, and treatment for a time by an independent outside treating physician who followed a similar treatment plan without complaint. The patient underwent a specific evaluation that did not find concrete evidence of persistent cognitive loss. The Board finds no basis for a conclusion that this physician caused this patient significant cognitive damage.

O. CR 08-415

Dr. Onion moved to dismiss CR 08-415. Dr. Dreher seconded the motion which passed 6-3.

A patient complained of a doctor's office's multiple deferrals of her initial consultative visit, perceived rudeness which she attributed to her insurance status, and a poor surgical outcome. The surgeon and his office acknowledged unusual scheduling changes, denied insurance status influence, and regretted not making offers of free surgical revisions more clear. The Board understands how the patient was upset by this experience. However, these misunderstandings, while probably avoidable, do not rise to a level requiring discipline.

P. CR 08-422

Dr. Hatfield moved to investigate further CR 08-422. Dr. Dreher seconded the motion, which passed unanimously.

Q. CR 08-423

Dr. Hatfield moved to investigate further CR 08-423. Dr. Dumont seconded the motion, which passed unanimously.

R. CR 08-430

Dr. Onion moved to investigate further CR 08-430. Dr. Hatfield seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

V. INFORMAL CONFERENCE CR 07-386

Dr. Dreher moved to reschedule the Informal Conference in the matter of CR 07-386. Dr. Hatfield seconded the motion, which passed 7-2.

NOON MEAL

PUBLIC SESSION

VI. MINUTES OF FEBRUARY 10, 2009

Dr. Dumont moved to approve the minutes. Ms. Holmes seconded the motion, which passed 8-0-1.

VII. NEW BUSINESS (none)

VIII. BOARD ORDERS & CONSENT AGREEMENT MONITORING &AND APPROVAL

A. BOARD ORDERS (none)

B. CONSENT AGREEMENT MONITORING & APPROVAL (none)

IX. EXECUTIVE DIRECTOR'S MONTHLY REPORT

A. MAINE EYE CENTER

The Board received information from a concerned citizen about the Ambassador Patient Referral Program being used by Maine Eye Center which offered financial incentives, including cruises, to patients who referred people to their practice. After receiving a letter from the Board's consumer assistant reminding them of the ethical conflict with the AMA's Code of Medical Ethics, Maine Eye Center notified the Board it was discontinuing the Ambassador Patient Referral Program.

X. REMARKS OF ASSISTANT ATTORNEY GENERAL (NONE)

XI SECRETARY'S REPORT

A. LIST A

1. M.D. LIST A LICENSES FOR RATIFICATION

The following license applications have been approved by staff and Board Secretary Gary R Hatfield, M.D. without reservation:

NAME	SPECIALTY	LOCATION
Bentz,Shelby L.	Anesthesiology	Not Listed
Kerr, Lindsey A	Urology	Bangor
Koa, Yang-En	Radiology	Not Listed
Koopmann, Sarah E.	Internal Medicine	Skowhegan
Kumar, Shiv	Internal Medicine	York
Latkovich, Katrina	Internal Medicine	Not Listed
Little, James H.	Emergency Medicine	Not Listed
Machineni, Sriram	Internal Medicine	Waterville
Matadeen-Ali, Chandra	Internal Medicine	Not Listed
Rholl, Mark A.	Family Practice	York
Smith, Craig P.	Orthopedic Surgery	Portland
Stahl, Gregory D	Internal Medicine	Unknown
Stitham, Mark D	Psychiatry	Portland Area
Tyler, Allen E.	Neurology	Telemedicine
Zentz, Elizabeth L.	Internal Medicine	Unknown

Dr. Gleaton moved to approve the license applications on List A above. Dr, Nyberg seconded the motion, which passed unanimously.

2. P.A. LIST A LICENSES FOR RATIFICATION (none)

B. LIST B APPLICATIONS FOR INDIVIDUAL CONSIDERATION

1. RANDOLFO De LEON, M.D. (TEMP AP)

The Licensure Committee moved to approve the temporary license application of Randolfo De Leon, M.D. The motion passed unanimously.

2. ALFORD VASSALL, M.D.

The Licensure Committee moved to approve the license application of Alford Vassall, M.D. The motion passed unanimously.

3. CARRIE L. WALTERS, M.D.

The Licensure Committee moved to approve the license application of Carrie L. Walters, M.D. with a report back from the practice site as to quality of care. The motion passed unanimously.

4. MELUKOTE SRINIVASAN, M.D.

The Licensure Committee moved to approve the license application of Melukote Srinvasan, M.D, The motion passed unanimously.

C. LIST C APPLICATIONS FOR REINSTATEMENT FOR RATIFICATION (NONE)

1. M.D. LIST C (NONE)

2. M.D. REINSTATEMENT FOR INDIVIDUAL CONSIDERATION

a. SANG HOON LEE, M.D.

The Licensure Committee moved to approve the license reinstatement of San Hoon Lee, M.D. The motion passed unanimously.

D. LIST D WITHDRAWALS

1. LIST D (1) WITHDRAW LICENSE APPLICATION (none)

2. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION

The following physicians have applied to withdraw their licenses from registration:

NAME	LICENSE NUMBER
Mondkar, Milind	008623
Sena, Robert	017361
Kumar, Sampath	009941
Boone, Alan	005653
Capstack, Timothy	015062

Sanderson, Iain	008408
William, Basem	016881
Bardo, Dale	006916
Rosen, David	015730
Carandang, Carlo	015156

Ms. Holmes moved to approve the withdrawal list. Ms. Clukey seconded the motion, which passed unanimously.

3. LIST D (2) WITHDRAW LICENSE FROM REGISTRATION INDIVIDUAL CONSIDERATION (none)

E. LIST E LICENSES TO LAPSE BY OPERATION OF LAW – FYI

The following physician licenses lapsed by operation of law effective February 13, 2009.

NAME	LICENSE NO
Cohen, Lewis J.	012448
Go, Robert Joseph	015713
Hammond, David I.	011532
Herbert, Michael E.	017050
Kittredge, Jr, Francis I.	006908
Kutsen, Gregory	017293
Leonardi, Joseph A	006061
Litoff, Jerold	006702
Mirza, Athar Beg	011001
Mogan, John	013864
Nile, Wendy	014350
Robinson, Stanley W.	017062
Tagbo, Austin C.	016712
Thomas, James M.	011462
Vador, Gunjan M.	016410
Vartanian, Robert K.	017307

F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS(none)

G. LSIT G RENEWAL APPLICATIONS FOR REVIEW

1. TRESA MORGAN, M.D.

The Licensure Committee moved to grant renewal in inactive status to Tresa Morgan, M.D. The motion passed unanimously.

H. LIST H DELEGATED PRACTITIONER SCHEDULE II REQUESTS (RATIFICATION)

The following initial requests for Schedule II prescribing authority have been approved by the Board Secretary Gary R. Hatfield, MD.

NAME	PSP	LOCATION
Susan Fitz-Williams, FNP	Darin Peck, MD	Greenville
Erin Welch, PA-C	Maura Price, MD	East Waterboro

Renewal requests

The following renewal requests for Schedule II prescribing authority have been approved by the Board Secretary Gary R. Hatfield, MD.

NAME	PSP	LOCATION
Teri Schrock, PA-C	Julia Lockwood, MD	Yarmouth

Dr. Gleaton moved to approve the Schedule II applications and renewal. Dr. Nyberg seconded the motion, which passed unanimously.

XII. STANDING COMMITTEE REPORTS

A. LEGISLATIVE & REGULATORY COMMITTEE

Dr. Oldham reported on bills the Board is following. Within the Board's purview of protecting the public, the Board directed the Executive Director to prepare testimony on several bills which are of concern to the Board.

B. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

Dr. Onion reported on discussions held at the Physician Assistant Advisory Committee.

1. The informal initiation of changes to the Plans of Supervision. Through a mailing to PA licensees renewing their license the Board has suggested they use the model Plan of Supervision other than the sample contained in the Chapter 2 Rules. The recommendation of this new Plan of Supervision is for a biannual meeting with the supervising physician with a review of the PA's PMP report. The meeting should be documented and reported to the Board every two years at renewal time.

2. The PA Committee plans a retroactive review of half of the PLANs of Supervision submitted over the course of the coming year.

3. The PA Committee suggested several possible amendments to the Schedule II application regarding prescribing practices.

The Board gave staff instructions to convey the Board's discussion to the PA Advisory Committee at its next meeting.

XIII. REMARKS OF THE CHAIRMAN

A. INFORMED CONSENT

Dr. Nyberg presented changes to the draft Informed Consent white paper.

Dr. Oldham moved to accept the Informed Consent document presented by Dr. Nyberg as a fair statement of the Board's vision on Informed Consent for Maine clinicians and work toward dissemination to clinicians. Dr. Gleaton seconded the motion, which passed unanimously.

B. FUTURE OF TELEMEDICINE & BEST PRACTICE

A discussion was held on the future of telemedicine pros and cons and it was generally concluded that the absence of a physical examination is a severe limitation on the scope of practice in telemedicine.

XIV. BOARD CORRESPONDENCE

XV. FYI

XVI. FSMB MATERIAL

XVI. OTHER BUSINESS

XVII. ADJOURNMENT 3:59 p.m.

Dr, Dumont moved to adjourn. Dr. Dreher seconded the motion, which passed unanimously.

Respectfully submitted,

Jean M. Greenwood

Jean M. Greenwood
Administrative Assistant
Board Coordinator