



D.C. Board of Medicine

INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC FROM THE D.C. BOARD OF MEDICINE

HAPPY NEW YEAR!

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Health Professional
Licensing Administration
Department of Health
717 14th Street NW
Suite 600
Washington, DC 20005

Please accept our apologies for the delay in the delivery of your January newsletter.



Government of the District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.
January 2010
Volume 13 Number 1

DC BOARD OF MEDICINE WELCOMES NEW CHAIR

"I look forward to serving the people of the District of Columbia in my new role as Chair of the Board of Medicine. Confidence in the quality of our medical systems, and in particular, confidence in the quality of physicians who dedicate themselves to the care of all people is my first priority. I congratulate Dr. Finelli on his tenure as Chair of the Board of Medicine and the improvements seen in the Board's work. I pledge to continue these efforts and to work with the Board members and staff to make the DC Board of Medicine one of the nation's top Boards of Medicine. We have a brief online survey we would like you to complete at <http://www.surveymonkey.com/s/dcbomed>. Please contact us if you have any suggestions, at dcdocsspeak@dc.gov."

Best regards,
Janis M. Orłowski, MD



Janis Orłowski, MD
Chairperson
DC Board of Medicine

On January 14, 2010, Janis Orłowski, MD, was appointed by Mayor Adrian M. Fenty as a Board Member and to serve as the new Chairperson of the DC Board of Medicine. Dr. Orłowski is Senior Vice President, Medical Affairs, and Chief Medical Officer at Washington Hospital Center (WHC). In her current role she oversees the clinical, research, quality and educational programs of one of the largest independent academic centers with 36 approved residency programs, over \$35 million dollars of clinical research programs and an employed/private medical staff of 1,700. Dr. Orłowski also oversees the operations of the medicine,

emergency services, MedStar Transport, and women's services. Dr. Orłowski was the executive sponsor of a Robert Wood Johnson grant studying disparities in cardiac care. She is the PI of an NIH-WHC sponsored program to bring NIH bench research in stroke care to the largest hospital in Washington, DC. Previously, she was the Executive Dean of Operations at Rush Medical, Chicago, IL. She has gained recognition as a nephrologist and transplant nephrologist, researcher, teacher, and administrator. She previously chaired the Policy Oversight Committee for the United Network of Organ Sharing, the national organization which oversees

organ transplantation and organ allocation in the US. She was previously the President of the Chicago Medical Society, Chair of the Board of the Illinois State Medical Society, member of Illinois Professional Licensing, and has active roles in national nephrology initiatives. Dr. Orłowski has a number of publications, is previous Editor of *Disease-a-Month*, and serves as the Associate Editor of the journal *Kidney*. She has been awarded "Teacher of the Year" three times from Rush Medical College. Dr. Orłowski was named a Master of the American College of Physicians at their 2007 annual meeting.

From Where I Sit

by Jacqueline A. Watson, DO, MBA
Executive Director, DC Board of Medicine

HAPPY NEW YEAR!

Since our last publication, while our nation's health care experts and policy makers have been busy tackling health care reform and much more, the DC Board of Medicine (BOMed) has also been busy with reform efforts. We believe these efforts will continue to put us on track toward providing better services to our licensees, educating and protecting the public, and becoming a best-practice board in the nation's capital.

It's hard to believe that in a few weeks I will have been serving in the role of Executive Director for one year. I am extremely pleased with the progress our team has made to improve our efficiencies and the steps we are taking to address the important challenges still ahead of us.

I am happy to report that, with the diligent help of the Mayor's Office of Boards and Commissions, all vacant BOMed member slots have been filled. This has allowed us to overcome one of the most significant challenges that the board faced for quite some time. I welcome our new board chair, Dr. Janis Orłowski, and new members Dr. Shivani Kamdar, and consumer member, Melissa Musiker. Now, with a full complement of skilled board members, I believe we are well positioned to take full advantage of the opportunity this presents for the board to evaluate its functions and make the bold and decisive changes necessary to be leaders in this new era of medical regulation.

Our FY 2010 began in October with a visit from the Federation of State Medical Boards (FSMB) executive leadership presenting their organization's strategic vision for improving the system of medical licensure. They also announced the opening and significance of their new DC Advocacy Office, which will advocate for policies to improve the integrity of our health care system and protections for the public. Their opening reception was attended by members of the DC Board, and

the Director of the DC Department of Health, Dr. Pierre Vigilance (see page 7). The FSMB presence in the District places BOMed in the fortunate position of being able to partner with FSMB, and serve as a beta site in best practices health regulation model development. I have been invited to be a member of their recently resurrected emergency preparedness Readiness and Response Workgroup that will work on developing guidelines for medical boards on preparing for, and managing, the deployment of health professionals across state lines in an emergency.

Understanding that "it takes a village" to build a best-practice board, we continue to strategically cultivate relationships and seek out partnerships that will allow us to achieve that goal. I visited with my Virginia colleagues in Richmond to observe their proceedings, share experiences, and discuss challenges and meaningful ways to work together in the region to protect the public and strengthen the medical profession. The visit was mutually rewarding and has resulted in the Virginia Board Chair and the Executive Director paying a visit to the DC Board in February.

We have also been reaching out to stakeholders and across District governmental agencies to engage in efforts and collaborate on health initiatives that will allow us to improve our core functions and help the District with health care planning. In December, I was invited by the president of the DC Hospital Association, Robert Malson, to update their Board of Directors on activities within BOMed. In January, the Board heard presentations from the Office of the Chief Technology Officer on how to utilize the DC Geographic Information System (GIS) mapping data system and from the Director of the State Health Planning and Development Agency (SHPDA) on how to capture and share statistical information that will facilitate adequate planning for the District's health care workforce.



L. to R.: William L. Harp, MD, Executive Director of the Virginia Board of Medicine; Jane E. Piness, MD, Chairperson of the Virginia Board; Attorney Jennifer L. Deschenes, JD, MS, Deputy Executive Director of Discipline; and Jacqueline Watson, DO, MBA.

ACTIVITIES:

- The Board voted to eliminate the **postgraduate physician in training enrollment program** and replace it with a medical training license (MTL) for residents. This has been well received by the Graduate Medical Education (GME) directors of all the hospitals who agree that the MTL would be a more efficient and effective monitoring oversight system. At the direction of the board, our attorney has submitted the necessary language requesting the regulatory changes and the board awaits a decision from the DC Council.
- The Board has begun to take necessary steps to improve the management **oversight of impaired physicians** under an order with the board. The board has been working closely with the Medical Society of DC (MSDC) to sign a Memorandum of Understanding (MOU) that will establish clear standards and outline a more transparent and reliable reporting process.
- The Board has established **three working subcommittees**—Licensing; Monitoring; and Policy—to more efficiently carry out its duties. The subcommittees consist of a subset of board members who meet on the 2nd Thursday of every month to analyze special cases, review and develop new policies, oversee disciplinary hearings, and make recommendations for action to the full board.
- The Board continues to explore new and effective **communication channels**—such as social media platforms Twitter, Facebook, Blogs—to educate and keep licensees and the public informed. Please remember that you can let us know what you think about any health related issue or service we provide by sending us an email at dcdocsspeak@dc.gov.
- BOMed continues to work on improving its **data collection** methods and on becoming more **GREEN**. We are currently gathering relevant demographic information, and also assessing the benefits of publishing an e-newsletter only. Please take a moment to complete the brief survey (<http://www.surveymonkey.com/s/dcbomed>) that will allow us to make informed decisions about your needs and those of the District of Columbia.

As you see, we have indeed been busy. BOMed staff continue to work on building new skill sets in order to improve our level of efficiency and provide the necessary administrative support to board members and the public.

I remain energized and enthusiastic about being a part of a great new team and look forward to the important work ahead of us.

Happy Reading and Be Well until our next issue in May!

FY2009 annual report
available on line at:
www.hpla.doh.dc.gov/bomed

NEW MEMBERS APPOINTED TO THE BOARD OF MEDICINE

New Board Members were appointed to the DC Board of Medicine in December of 2009. Below are the bios of Physician Member Shivani Kamdar, DO, and Consumer Member Melissa Musiker, MPP, RD, LD.

PHYSICIAN MEMBER



Dr. Kamdar

SHIVANI KAMDAR, DO, was born and raised in the north suburbs of Chicago. Her parents immigrated to the United States in the early 1970s from Mumbai, India. Her father is a dentist with a practice on the West Side of Chicago. She cites his dedication to working with an underserved population as her inspiration for wanting to do the same.

She attended college at the University of Illinois at Champaign Urbana, majoring in Psychology and graduating *cum laude*. She went on to medical school at Midwestern University in Downers Grove, Illinois. While there, she volunteered as an after

school tutor with Downers Grove Youth Outreach for Underserved Minorities.

Dr. Kamdar chose to pursue specialty training in Family Medicine at Illinois Masonic Medical Center in Chicago. She was given the Advocate Star Award for excellence in patient care, and was awarded the residency's Academic Achievement Award two years in a row. She served as Chief Resident in her final year of residency training. She has been board certified in Family Medicine since 2006.

In 2006, Dr. Kamdar joined the staff of Unity Healthcare at Hunt Place Health Center. She strives to provide the

highest quality of care to the medically underserved and takes pleasure in seeing a wide variety of patients including women, children and adults. She is passionate about prevention and enjoys educating her patients on healthy lifestyle choices. She has an interest in chronic disease management, and particularly enjoys empowering patients to gain control of their diabetes, asthma and hypertension.

The proudest moment of Dr. Kamdar's life occurred earlier this year when she gave birth to her baby boy. She currently resides in the District of Columbia with her husband and son.

CONSUMER MEMBER



Ms. Musiker

MELISSA MUSIKER, MPP, RD, LD is currently the Senior Manager of Science Policy, Nutrition and Health, for the Grocery Manufacturers Association, where she serves as an internal technical resource of food, nutrition and health regulatory and legislative policy issues to the consumer packaged goods industry.

Prior to her work in public policy, Ms. Musiker was a practicing Registered Dietitian focusing on pediatric nutrition in both clinical and community settings. As a pediatric dietitian at Children's National Medical Center her primarily clinical practice areas were adolescent medicine and HIV/AIDS nutrition support.

Beyond her hospital-based work in HIV/AIDS care, Ms. Musiker has also served as a medical nutrition therapy consultant conducting HIV/AIDS comprehensive quality assurance site visits of Title I, II and MAI Ryan White grantees in the District of Columbia.

In addition to her clinical nutrition background in pediatrics, she has worked in a several capacities with the WIC program [Special Supplemental Nutrition Program for Women, Infants, and Children] in New York, Ohio and Washington, DC. More recently she worked as an Economist at the USDA Economic Research Service where she was actively engaged in data-based policy research on the

National School Lunch and School Breakfast Programs.

In addition to her professional work, Ms. Musiker is a member of the Cornell Institute of Food Science Advisory Council and the DC Metro Area Dietetic Association Board of Directors. Ms. Musiker received a BS in nutrition science from Cornell University and completed the Cornell University dietetic internship. She also has a Masters of Public Policy degree, with a focus on health policy, from the Georgetown Public Policy Institute.

A resident of Washington, DC, for over five years, she and her husband presently reside in Ward 3.

LOOKING FOR A FEW GOOD DOCTORS!

Are you interested in assisting the Board of Medicine (BOMed) with achieving its goal of protecting the public? The Advisory Committees of the Board have several physician vacancies that need to be filled.

The Board is working to have all BOMed advisory committees fully operational and all physician and member vacancies filled by the end of this fiscal year. Advisory committee members advise the full board on new guidelines and regulations to consider implementing with respect to the other health professions under the board's authority. Advisory committees meet on average twice per year. If you are interested in volunteering your time to be a physician advisory committee member, or would like to recommend a candidate, please see vacancies listed below and contact the Mayor's Office of Boards and Commissions (OBC) at 202-727-1372. All members are appointed by the Mayor and must be residents of the District of Columbia.

INTERESTED PARTIES MUST:

1. Be a resident of the District of Columbia.
2. Be in practice a minimum of 3 years and in Good Standing with the Board.
3. Contact the Mayor's Office of Boards and Commissions for information on applying (see below).

| | |
|-------------------------------------|--|
| ACUPUNCTURISTS : | • 1 Physician with acupuncture experience |
| ANESTHESIOLOGIST ASSISTANTS: | • 1 Anesthesiologist with experience working with Anesthesiologist Assistants |
| NATUROPATHIC PHYSICIANS: | • 1 Physician with naturopathic medicine experience |
| PHYSICIAN ASSISTANTS: | • 1 Physician with experience working with Physician Assistants |
| POLYSOMNOGRAPHERS: | • 2 Physicians certified by national accrediting body as sleep specialists |
| SURGICAL ASSISTANTS: | • 1 Surgeon with experience working with Surgical Assistants • 3 Licensed Surgical Assistants |

TO APPLY TO SERVE, GO ONLINE AT [WWW.OBC.DC.GOV](http://www.obc.dc.gov) AND DOWNLOAD AN APPLICATION, OR CALL THE OFFICE OF BOARDS AND COMMISSIONS AT (202) 727-1372.

**BOMed
NEEDS YOUR HELP**

Don't forget to go online
and complete our survey.

<http://www.surveymonkey.com/s/dcbomed>

THANK YOU!

DC BOARD OF ALLIED HEALTH NEEDS YOUR HELP: PHYSICIAN MEMBERS NEEDED

Physicians needed to serve on the
Boards of Respiratory Care and
Audiology & Speech-Language Pathology

- Would you like to apply to serve on the DC Board of Respiratory Care? The Board has a vacant seat for a Pulmonologist or a physician with knowledge and experience in respiratory care.
- The Board of Audiology & Speech-Language Pathology has a vacant seat for an Otolaryngologist.

Board members must live in the District of Columbia. To apply to serve, go online at www.obc.dc.gov and download an application, or call the Office of Boards and Commissions at (202) 727-1372.

Counsel's Column

TO BE OR NOT TO BE "IN AFFILIATION WITH A COMPARABLE HEALTH PROFESSIONAL" *WHAT DOES THE PHRASE MEAN AND WHEN IS IT USED?*

By John C. Greenhaugh, Esq.
Senior Assistant Attorney General & Board Legal Advisor

From time to time, a physician not licensed in the District but licensed in another jurisdiction, wishes to practice in the District for a short period of time by treating a group or an individual, or by giving a clinic or demonstration. This fact pattern is one of several examples when the visiting health professional is exempted from local licensure requirements. What are the rules for this scenario?

D. C. Official Code § 3 – 1205.02 (3) permits a physician licensed in another state to come to the District for the purpose of “providing care to an individual or group for a limited period of time, or who is called from a state in professional consultation by or on behalf of a specific patient or client to visit, examine, treat, or advise the specific patient or client in the District, or to give a demonstration of a procedure or clinic in the District; provided, that the individual engages in the provision of care, consultation, demonstration, or clinic in affiliation with a comparable health professional licensed, registered, or certified pursuant to this chapter”.

The cited law raises a number of questions that the Board of Medicine has recently addressed through the issuance of a policy statement. You will be able to find the full policy statement on the Board of Medicine’s website [www.hpla.doh.dc.gov/bomed]. Briefly stated, the Board has implemented the following requirements and procedures:

1. The physician wishing to practice in the District under this provision must be in good standing in each state licensed and possess an unencumbered license in each state licensed.
2. The visiting physician must request permission from the Board of Medicine at least thirty (30) days prior to the start of practice in the District.
3. The request must contain the purpose of the practice visit and whether or not it is for voluntary services or for fee, the anticipated duration of the visit, medical license number in each state licensed, an affidavit that he/she is in good standing in each jurisdiction licensed, and that during the visit the visiting physician will be affiliated with a named physician who is locally licensed.
4. The request must be accompanied by a notarized statement from the locally licensed physician that he/she consents to being affiliated with the visiting physician for the duration of the visit. The term “in affiliation with” means to be “associated with” or “practicing with” a comparable health professional. A “comparable health professional” means only a physician licensed in the District. There is no requirement that the locally licensed physician practice in the same medical specialty.
5. The Board expects that the visiting non-D.C. licensed physician will be in the District to practice medicine no more than five (5) days at any one time, and that the practice would be non-reoccurring. Exceptions to the length or non-reoccurring nature of the visit should be clearly set forth in the initial request.

DEPENDING ON THE CIRCUMSTANCES IN EACH CASE, THE BOARD MAY REQUIRE THE FOLLOWING CRITERIA TO BE MET:

1. The locally licensed physician agreeing to be “in affiliation with” the visiting physician may be required to be in attendance at the location of the practice, clinic or demonstration by the visiting physician, depending on the number of physicians visiting at the same time and the nature or purpose of the visiting physician’s practice in the District.
2. No locally licensed physician shall be in affiliation with more than a specific number of physicians at any one time, the ratio of visiting physicians to the locally licensed physician to be determined by the Board in each case.

The phrase “in affiliation with a comparable health professional” does not mean a superior-subordinate relationship exists and does not imply “supervision” over the visiting physician. It might be helpful if the reader thinks of the locally licensed physician as the host of the visiting physician who is here for a brief and temporary period for a specific purpose. It may not be necessary for the host physician to be “in attendance” when the visiting physician is treating one patient or conducting a clinic or demonstration, but it would be expected that the host physician was aware of where and when the treatment, clinic or demonstration was taking place. The Board would address each request to practice medicine in the District using this licensure exemption on a case-by-case basis, but all requests would be processed within the policy framework expressed above.

EXECUTIVE LEADERSHIP OF THE FEDERATION OF STATE MEDICAL BOARDS VISITS DC

The DC Board of Medicine welcomed visitors from the Federation of State Medical Boards (FSMB) during their October board meeting. FSMB is a national non-profit organization representing the 70 medical boards of the United States and its territories. Its mission is to continuously improve the quality, safety and integrity of health care through developing and promoting high standards for physician licensure and practice.

Board members and the FSMB executives discussed strategies for improving the regulatory and licensure process in the District and throughout the country.

Front row (left to right): Lawrence A. Manning, MD, Physician Member; Jacqueline A. Watson, DO, MBA, Board Executive Director; Frederick C. Finelli, MD, JD, Outgoing Physician Member and Immediate Past Chairperson; Martin Crane, MD, Chairman of FSMB Board of Directors; Humayun J. Chaudhry, DO, FSMB President and CEO; Cheryl R. Williams, MD, Physician Member. Back row: Nancy Achin Audesse, Chair, FSMB Foundation; Marc Rankin, MD, Physician Member; Lisa Robinson, Health Licensing Specialist; John J. Lynch, MD, Physician Member; Wayne A.I. Frederick, MD, FACS, Physician Member; Lisa Robin of FSMB; Robert B. Vowels, MD, MPH, DOH Designee; and BOMed attorney John Greenhaugh, Esq.



NEW PRESIDENT & CEO OF FSMB VISITS DC BOARD



New FSMB President & CEO Humayun Chaudhry, DO, addresses the Board.

Dr. Chaudhry chose DC as the first board to visit because of its location in the nation's capital, and to announce the scheduled opening of their DC advocacy office.

Below, Dr. Chaudhry answers a few questions for the BOMed newsletter:

1. When did you assume your new position at the FSMB? I assumed my position as President and CEO of the FSMB on October 19, 2009.

2. What are your top priorities in your new position? My top three priorities are to strengthen the FSMB's abilities to fulfill its mission, to help our state member and osteopathic boards achieve their mission of public protection, and achieve greater national awareness of our efforts in medical licensure and regulation as we head into our second century of operations.

3. What are the major challenges facing the FSMB in 2010? The biggest challenge facing the FSMB in 2010 is helping our state member boards effectively fulfill their mission of public

protection in a recessionary economy. One of the ways we can help is to improve the efficiency of state member board operations through enhancing the Federation Credentials Verification Service (which is accepted by 62 of 69 state medical boards) and widespread adoption of the Uniform Application (UA) for Physician Licensure. Both of these products are being strengthened in 2010 and should help medical boards accomplish their tasks faster and more efficiently.

4. What do you think is the greatest barrier faced by medical boards as they do their work, and how can FSMB help? Probably the biggest barrier faced by state medical boards is the lack of understanding by the public of the critical role played by the boards in protecting the public. The FSMB recognizes this area as an opportunity and a new FSMB office in Washington, D.C. should help achieve greater national awareness for the FSMB and for the roles played by state medical boards, their board members, their legal counsel, their investigators and their Executive Directors.

5. How can boards ensure that adverse-event reporting will lead to higher levels of quality care? Ever since the reports of the Institute of Medicine a decade ago about medical errors and adverse events, there has been an abundance of research looking at medical error reporting, investigation and the prevention of adverse events. Helping health care providers prevent errors and mistakes is far better than addressing the errors after they have occurred. This requires a collaborative approach focusing on education and I am pleased that medical schools and graduate medical education programs are improving the training of future physicians in this area, and that medical licensing exams

like the USMLE and COMLEX are beginning to assess future physicians' knowledge and understanding of how errors and bad outcomes can be avoided.

6. Are there any specific actions or policies that you would like to see state boards adopt throughout the country? The FSMB would like to see the Uniform Application (UA) for Physician Licensure adopted by all state medical boards because it facilitates license portability (the ability of physicians to obtain medical licensure with more than one state medical board), which is essential in the age of telemedicine, where physicians seek to practice medicine in multiple jurisdictions, and in the event of a national disaster, like Hurricane Katrina, when expedited physician licensure is required for qualified physicians from other states offering their services.

7. In your opinion, what changes or additions would you like to see made in medical school curricula (across the nation or globally), and why? (changes that could have an impact once those students become licensed physicians) There is research that demonstrates that physicians who received a board action (e.g., license revocation or suspension) more often than not displayed behavior or attitude problems while in medical school. The challenge for medical educators and medical regulators alike, of course, is to intervene before such a board action takes place. Ohio University School of Medicine recently tried to address this issue by partnering with the Ohio Medical Board to educate medical students about how state medical boards function and how to stay out of trouble.

I look forward to working with the DC Board.

FSMB CELEBRATES OPENING OF ITS NEW ADVOCACY OFFICE IN DC

"We would like to advance our mission by achieving greater recognition for our efforts and those of all state medical boards, to seek opportunities to partner with federal agencies in activities that are consistent with our mission, and to advocate more directly on behalf of our state medical boards."—FSMB President & CEO Humayun J. Chaudhry, DO



FSMB President Humayun J. Chaudhry, DO; FSMB Board Chair Martin Crane, MD; DC Board of Medicine Chair Janis Orlowski, MD.



Dr. Crane, DOH Director Dr. Vigilance, Dr. Chaudhry.



Dr. Chaudhry, Dr. Vigilance, and BOMed's ED Dr. Watson.



US Surgeon General Dr. Regina Benjamin (center), with Health Licensing Administration staff (l. to r.) Lisa Robinson, Aisha Williams, John Greenhaugh, Emilia Moran, Feseha Woldu, Mark Donatelli, and BOMed Physician Board Member Dr. Shivani Kamdar.



FSMB Consultant Sandra Waters with BOMed Health Licensing Specialist Lisa Robinson and BOMed Attorney John Greenhaugh.

On January 25, 2010, FSMB celebrated the opening of its new DC Advocacy Office during a reception held at the JW Marriott. The reception was attended by newly-appointed US Surgeon General Regina Benjamin, MD, the former Chairperson of the FSMB Board of Directors. Also in attendance were several members of the DC Board of Medicine, staff, and the Director of the DC Department of Health, Dr. Pierre Vigilance, who presented the FSMB with a welcome proclamation letter on behalf of Mayor Adrian Fenty.

REGINA M. BENJAMIN, MD, SWORN IN AS SURGEON GENERAL

BOMed Executive Director Dr. Watson attended the swearing-in of the 18th Surgeon General of the United States, Regina M. Benjamin, MD. In her address, Dr. Benjamin humbly accepted the job as the nation's doctor. She said that she would focus on changing the health care mindset from that of treating disease and illness to one that promotes Wellness and Prevention.



FSMB TO HOST 2010 DC BOARD RETREAT

In April, the Board will hold a strategic visioning retreat facilitated by the FSMB, to examine current policies and processes and develop a blueprint for addressing short and long term goals that will position BOMed to be a best-practice board.

**FSMB 98TH ANNUAL MEETING
APRIL 22-24, 2010
HYATT REGENCY, CHICAGO**

Legal Briefs

By John C. Greenhaugh, Esq., Senior Assistant Attorney General & Board Legal Advisor

DISTRICT COUNCIL CONSIDERS BILL TO PERMIT USE OF MEDICAL MARIJUANA

“Legalization of Marijuana for Medical Treatment Initiative Amendment Act of 2010”

The DC Council is considering a Bill to permit the use of medical marijuana in the District. The Bill, if passed in its current form, will by rulemaking specify the qualifying medical conditions that result in a medical necessity for the medicinal use of marijuana, and a list of qualifying medical treatments, which are medical treatments that have side effects that result in a medical necessity for the medicinal use of marijuana.

One of several dispensaries specifically authorized to fill marijuana “recommendations” from physicians for patients and located in the District, will fill the recommendation from the physician. In order to be a qualifying medical condition or a qualifying medical treatment, the medical condition or the side effects of the medical treatment shall be 1) chronic or long-lasting, and 2) be debilitating or interfere with the basic functions of life, and either produce intractable pain which does not respond to ordinary medical or surgical measures, or be a serious medical condition that cannot be effectively treated by any ordinary medical or surgical measure.

For more details or to view the Bill in its then current form, go to the DC Council website (www.dccouncil.washington.dc.us/). The Bill, Bill 18-0622, is cited as the “Legalization of Marijuana for Medical Treatment Initiative Amendment Act of 2010.”

PHARMACEUTICAL EDUCATION PROGRAM FOR CME CREDIT

As every DC licensed physician is aware, you must have fifty (50) hours of CME during every two-year licensure period after the first renewal. As part of the SafeRX Law, which had as one of its primary goals the licensing of pharmaceutical detailers, there is a requirement to establish a pharmaceutical education program within the Department of Health. The Department has established such a program, known as the Academic Detailing Program, by contracting with the Alosa Foundation, Inc., which is associated with the Harvard University Medical School.

The Board of Medicine has approved the Academic Detailing Program for CME credit to physicians who take and successfully complete the course of instruction. CME credit shall be on an hour-for-hour basis and physicians may apply those CME hours earned against the fifty (50) hours of CME required during the two-year licensure period.

For further information, see the May 2009 edition of the DC Board of Medicine newsletter (online at www.hpla.doh.dc.gov/bomed) or contact the program at 1-877-410-5750; www.RxFacts.org, info@RxFacts.org.

UPDATE YOUR ONLINE PHYSICIAN PROFILE

Physicians must report changes related to: Settlements, judgments, and convictions; Disciplinary actions by other jurisdictions; Final orders of any regulatory board of another jurisdiction; Restriction or termination of privileges as a result of a peer review action; Disciplinary action taken by a federal health institution or federal agency. To update your profile, login to our online system at:

<https://app.hpla.doh.dc.gov/mylicense/>

VERIFICATION OF LICENSURE

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called “letters of good standing,” even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to “DC Treasurer” in the amount of thirty-four dollars (\$34.00) to:

Health Professional
Licensing Administration
DOH - BOMed
717 14th Street NW
Suite 600
Washington, DC 20005

On the form, be sure to include your name and the address where the form is to be sent.

If the jurisdiction or institution to which you wish the letter sent did not give you a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name, and the name and address of where you want the letter of verification sent.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA MEETS WITH MEDICAL BOARD

The DC Board is working to improve its monitoring oversight of impaired physicians under an order from the Board. The Medical Society of the District of Columbia (MSDC) visited with the Board to discuss ways to assist, and both pledged to work together on a Memorandum of Understanding (MOU) outlining expectations around accountability, transparency and efficiencies.



Medical Society representatives Barbara Allen; Dr. Peter Lavine; and Ed Shanbacker.

MSDC is part of the federation of state, county and specialty medical societies that constitute the American Medical Association. MSDC has approximately 1,500 physician members.

DC Board of Medicine Mission Statement

“To **protect** and enhance the health, safety, and well-being of District of Columbia residents by **promoting** evidence-based best practices in health regulation, high standards of quality care and implementing policies that **prevent** adverse events.”

GETTING A LICENSE IN THE DISTRICT OF COLUMBIA

We are often asked by new applicants: “How long will it take to get my license in DC?” The path to approval involves three distinct steps: 1) **Processing**, 2) **Analysis**, and 3) **Decision**.

PHASE 1 - PROCESSING: Application, photos and fees, made payable to “DC Treasurer”, must be submitted, and all supporting documents required must be received by the processing department within 120 business days of submission of an application. Loose documents, without an associated application form, will be discarded. Notifications regarding missing documentation will be sent at the 30-, 60-, and 90-day mark. Once all documents have been received, an applicant will have successfully completed phase 1 and the application is then referred to the Health Licensing Specialist (HLS) for analysis.

PHASE 2 - ANALYSIS: The HLS will conduct a more detailed review of all the documents provided. If necessary, further information may be requested from the applicant in order for the HLS to complete the analysis phase. Once phase 2 is completed, the application is marked as **pending board approval** and referred to the Board of Medicine (the Board) for review.

PHASE 3 - DECISION: All applications for licensure are thoroughly reviewed by the Board. Once an application has been reviewed by the Board, and found to be in accordance with the statutes and regulations for licensure in the District, the privilege to practice medicine is granted and a license certificate is mailed to the applicant.

If the Board determines that an application does not completely comply with any of the statutory or regulatory criteria for licensure, the Board may ask for additional information, or ask that the applicant come before them to answer further questions relevant for determining licensure approval. If the Board is dissatisfied with any additional information provided, the Board may formally request that an applicant withdraw their application, or notify the applicant that they intend to deny the request for licensure. The Board will exercise one of these options depending on the facts in each case.

ON AVERAGE, ONCE AN APPLICANT HAS SUCCESSFULLY COMPLETED PHASE 1, NOTIFICATION OF A DECISION IS PROVIDED WITHIN TWO TO FOUR WEEKS.

NATUROPATHIC MEDICINE: NATUROPATHIC PHYSICIAN ADVISORY COMMITTEE CHAIR SPEAKS TO THE BOARD

by Charlene Kannankeril, ND, Naturopathic Physician
Chair, BOMed's Advisory Committee on Naturopathic Medicine



Dr. Charlene Kannankeril, at November BOMed meeting.

Dr. Kannankeril provided members with information about the practice and regulatory concerns of Naturopathic Physicians in the District.

I had the pleasure of giving a presentation to the DC Board of Medicine at the full panel meeting on November 18, 2009. The presentation covered two proposed changes to the DC Municipal Regulations for Naturopathic Medicine.

The first change proposed a formulary to clarify what the “natural remedies” are that licensed Naturopathic Physicians in the District can administer or prescribe for their patients. Currently this term is not defined and is subject to interpretation, which can cause confusion for practicing Naturopathic Physicians.

The second change sought to expand the scope of practice of Naturopathic Physicians in the District, including allowing them to perform physical examinations and order laboratory testing and diagnostic imaging. This change takes into account the high level of academic and clinical training of Naturopathic Physicians and matches their scope of practice in other licensed states.

While the Board is still in talks about the steps needed to define “natural remedies,” I am pleased to report that the second change in regard to the expanded scope of practice has been approved.

I would like to thank the Board of Medicine, especially Dr. Jacqueline Watson and Dr. Frederick Finelli as well as Dr. Feseha Woldu, John Greenhaugh, Esq. and Aisha Williams for their assistance in these matters.

— Charlene Kannankeril, ND



THE PRACTICE OF NATUROPATHIC MEDICINE

By John C. Greenhaugh, Esq.
Senior Assistant Attorney General & Board Legal Advisor

In July 2009, a law became effective that repealed the registration program for persons who practice or offer to practice naturopathy or naturopathic healing in the District and who are not trained as naturopathic physicians to practice naturopathic medicine under the purview of the Boards of Allied and Behavioral Health staff. Beginning with the effective date of the statute repealing the registration program, no new applications for registration were accepted. Individuals then currently registered were allowed to continue to use their registration to practice naturopathy until the registration period is over on February 28, 2010. Renewals for the registration program will not be accepted and there is no “grandfather” provision for those who currently hold registrations. The registration program for naturopaths has never been under the Board of Medicine.

There is now in the District a licensing program to license those who are qualified as naturopathic physicians and wish to practice naturopathic medicine. The law can be found at D. C. Official Code § 3-1206.21 and District of Columbia Municipal Regulations (DCMR), Chapter 52. The profession is regulated by the Board of Medicine in conjunction with an Advisory Committee on Naturopathic Medicine. A license to practice naturopathic medicine requires a degree of doctor of naturopathic medicine from an accredited college or university and a passing score on the examination sponsored by the North American Board of Naturopathic Examiners (NABNE) and called the Naturopathic Physicians Licensing Examination, or NPLEX examination. See Chapter 52 of the DCMR for the complete requirements for licensure.

ACUPUNCTURE COMMITTEE CHAIR SPEAKS TO BOARD

by Aisha Williams
Health Licensing Specialist

Acupuncture Chair, Kelly Welch, MASOM, LAc, DiplOM, presented to the Board of Medicine on November 18, 2009, and provided recommendations for suggested changes to the regulations for the practice of acupuncture.

RECOMMENDATIONS

1. Eliminate DC Exam
2. Replace with NCCAOM certification: Diplomate in Oriental Medicine
3. DiplOM only necessary if definition of acupuncture changes to include Traditional Oriental Herbal medicine
4. Amend definition to include Traditional Oriental Herbal pharmacopeia although not to include definition as "practice of medicine according to Traditional Oriental medical theories."
5. Eliminate preceptorship
6. Raise fee for licensure
7. Implement CME or CEU requirements congruent with NCCAOM

The Board will consider the recommendations proposed and make a final decision later in the year.

ADVISORY COMMITTEE DOH DESIGNEES

The Director of the Department of Health, Dr. Pierre Vigilance, appointed LaQuandra Nesbitt, MD, MPH, Sr. Deputy Director for the Community Health Administration, and Laura Ratner, MPH, Bureau Chief for the Community Health Administration, to serve as the DOH designees for the Physician Assistant and Acupuncture BOMed Advisory Committees respectively.

LAQUANDRA S. NESBITT, MD, MPH

Dr. LaQuandra S. Nesbitt is a board-certified family physician who is Senior Deputy Director for the Community Health Administration (CHA) at the District of Columbia Department of Health. The mission of the Community Health Administration is to improve health outcomes for targeted populations by promoting coordination within the health care system, by enhancing access to prevention, medical care and support services, and by fostering public participation in the design and implementation of programs for District of Columbia families.

Dr. Nesbitt previously served as the Senior Deputy Director for the Center for Policy, Planning, and Evaluation which includes the State Center for Health Statistics (SCHS) and the State Health Planning and Development Agency (SHPDA). The SHPDA is responsible for conducting health planning, policy formulation and regulatory activities in the District of Columbia, and serves as the principal office for recommending health system policy for the District of Columbia. The State Center for Health Statistics, a federally designated entity, is responsible for the collection, statistical analyses, maintenance, and dissemination of vital records data.

Prior to joining the DC Department of Health, Dr. Nesbitt was Assistant Professor in the Department of Family and Community Medicine and the Senior Coordinator for Health Disparities and Policy Research Initiatives in the Office of Policy & Planning at the University of Maryland School

LAUREN RATNER, MPH, MSW

Lauren Ratner, MPH, MSW, currently serves as the DC Department of Health's Bureau Chief for Primary Care within the Community Health Administration. In this role, Ms. Ratner serves as the Primary Care Office (PCO) Director with oversight of the District's health professional shortage area (HPSA) designation processes and primary care workforce recruitment and retention responsibilities including those related to the National Health Service Corps, J-1 Visa Waivers, the Health Professional Recruitment Program (DC's student loan repayment program) and DC's pipeline and allied health programs. In addition, Ms. Ratner and her staff also oversee the award and implementation of grants to provide health services at publicly owned or leased properties in DC's Wards 7 and 8, grants totaling over \$50 million from Tobacco Settlement Funds for health center capital expansion projects and the development of a regional health information organization (RHIO), and the District's Refugee Health Program.

Previous to joining the DC Department of Health, Ms. Ratner served as the Senior Director for Family and Community Health at the Association of State and Territorial Health Officials (ASTHO). In this capacity Ms. Ratner directed the organization's Maternal and Child Health, Primary Care, and Health Equity Projects. Prior to ASTHO, Ms. Ratner was a public health analyst in the Health Resources and Services Administration's (HRSA) Bureaus of Primary Health Care, HIV/AIDS, MCH and Health Professions. Ms.

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GMEs ATTEND BOARD MEETING TO DISCUSS DEVELOPMENT OF MEDICAL TRAINING LICENSURE

by Lisa Robinson, Health Licensing Specialist



In keeping with best practices, and in response to a need to improve the oversight of Postgraduate Physicians in Training, the DC Board of Medicine recently voted to eliminate the current enrollment process and instead issue a medical training license. This would allow BOMed to more effectively manage the oversight of physicians while training in our local hospitals.

The hospital Graduate Medical Education directors (GMEs) were invited to the December 2009 Board meeting to discuss the new process and to provide input regarding the challenges they face with their many trainees. The Board attorney has submitted language for consideration to the Mayor's office for necessary regulation changes to facilitate the upgraded process.

PHARMACIES MAY REJECT PRESCRIPTIONS LACKING DC CONTROLLED-SUBSTANCE NUMBER:

A physician who prescribes controlled substances in DC must have **BOTH** a federal Drug Enforcement Agency (DEA) registration number, and a District of Columbia controlled substance registration number. If you need a local DC number, please contact the Pharmaceutical Control Division's Yvonne Briscoe Hall at **(202) 724 - 7338/4900**.

NESBITT

(continued from previous page)

of Medicine. Her responsibilities encompassed providing primary care services to patients in inner-city Baltimore including adolescent health services, preventive medicine services, and chronic disease management with an emphasis on hypertension and diabetes care. Her academic interests include racial and ethnic disparities in health outcomes and health care services, workforce diversity, and improving access to care for the uninsured and underinsured through policy and health services research. Dr. Nesbitt maintains medical licensure in the District of Columbia and the state of Maryland where she provides medical services in the urgent care setting.

Dr. Nesbitt received her Bachelor of Science degree in Biochemistry from the University of Michigan-Ann Arbor, her medical degree from Wayne State University School of Medicine, and a Master of Public Health in Health Care Management and Policy from the Harvard School of Public Health. Dr. Nesbitt completed an internship in family medicine at the University Hospitals of Cleveland/Case Western Reserve University. Dr. Nesbitt completed her family medicine residency in the University of Maryland's Department of Family Medicine where she served as chief resident. Dr. Nesbitt completed her fellowship training with the Commonwealth Fund Harvard University Fellowship in Minority Health Policy.

RATNER

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Ratner has also worked in direct service positions as a therapist for women in recovery from substance abuse and for pregnant and parenting teens, as a health counselor at a reproductive health clinic and as a teacher of elementary, middle and high school-aged students; she has worked internationally assessing reproductive health programs in Ethiopia and as a primary school teacher in Namibia. Ms. Ratner received her Masters Degrees in Public Health and in Social Work from the University of Michigan and holds a BA degree from Northwestern University.

BOARD THANKS OUTGOING MEMBERS AND OUTGOING BOARD CHAIRPERSON

Outgoing Board Members were recognized for their years of service by DC Department of Health Director Pierre N. D. Vigilance, MD, MPH, and Tracy Sandler, Director of the DC Office of Boards and Commissions (OBC). Many thanks to doctors Finelli, Shields and Tu for their dedication and commitment to protecting the safety of the public.



Outgoing Chair Frederick Finelli, MD, JD, with OBC's Tracy Sandler and DOH Director Pierre N.D. Vigilance, MD, MPH.



Outgoing Physician Member Raymond Tu, MD, with Ms. Sandler.



Outgoing Physician Board Member Peter Shields, MD, with Ms. Sandler and Dr. Vigilance.

CRIMINAL BACKGROUND CHECK FOR NEW APPLICANTS

Beginning in 2010, each new applicant for a health care license, registration or certification will need a criminal background check as part of the licensure process. The new rules are set forth in Title 17 of the District of Columbia Municipal Regulation Chapter 85. The cost will be fifty dollars (\$50) payable at the time the application is submitted. Applicants will need to start the process by going to the DC Metropolitan Police Department to have their fingerprints taken or, if applying from out-of-state, by obtaining a fingerprint card from the DC Health Regulation and Licensing Administration and having their fingerprints taken at the local or state police agency. The FBI will require 48 hours to conduct the Criminal Background Check. Adverse information will be reviewed by the Board of Medicine.

BOMed STATS

Total Active Licenses as of Jan. 31, 2010

| | |
|---|---------------|
| MEDICINE AND SURGERY | 9,224 |
| OSTEOPATHY AND SURGERY | 146 |
| PHYSICIAN ASSISTANTS | 497 |
| ACUPUNCTURISTS | 164 |
| ANESTHESIOLOGIST ASSISTANTS | 21 |
| NATUROPATHIC PHYSICIANS | 18 |
| SURGICAL ASSISTANTS | 49 |
| POLYSOMNOGRAPHERS | 0 |
| TOTAL | 10,119 |
| POSTGRADUATE PHYSICIANS IN TRAINING (PPT ENROLLMENT) | 1,210 |

HAVE A COMMENT FOR US?
SEND AN EMAIL TO DCDOCSSPEAK@DC.GOV
OUR NEW WEB ADDRESS: WWW.HPLA.DOH.DC.GOV/BOMED

BOARD ORDERS

August 15, 2009 - January 31, 2010

Suspended

Stillions, Duane (M.D.) (11/16/09) The physician's D.C. medical license was suspended effective 11/16/09 for a period of two (2) years as a result of his substance abuse relapse and non compliance with his PHP program and loss of privileges at his place of employment due to controlled substance theft and use. [Anesthesiology]

Pooya, Manoochehr (M.D.) (12/23/09) The physician's D.C. medical license was suspended effective 12/23/09 for a period of four years retroactive to 11/7/07, as a result of his criminal charges for misdemeanor sexual assault by the Superior Court for D.C. [Internal Medicine]

Probation

Brown, Jr., William (M.D.) (9/3/09) The physician's previous summary suspension is lifted, and he will be placed on probation via a separate Consent Order with prescribing restrictions and practice monitoring. [Obstetrics and Gynecology]

Ganz, Joel (M.D.) (11/2/09) The physician's medical license was placed on probation for a period of 2 years retroactive to 1/21/2009, and fined for having criminal action taken regarding obstruction of a criminal investigation. [Psychiatry]

Carandang, Francis R. (M.D.) (12/16/09) The physician was disciplined for actions by another state board, and is required to comply fully with his California Order. If the physician returns to D.C. while still under the California probation, he will be placed on probation in D.C. for the duration of the California Order. [Pediatrics]

Fined

Srivastava, Pradeep (M.D.) (8/31/09) The physician was fined and reprimanded for not responding truthfully to renewal application questions. [Internal Medicine]

Zaslow, Ely (M.D.) (10/8/09) The physician was fined and reprimanded for failing to report disciplinary action taken by another state. [Family Medicine]

Drew, Christopher (M.D.) (11/5/09) The physician was fined for having been disciplined by the military for possession/transporting controlled substances. [Emergency Medicine]

Jackson, Hampton J. (M.D.) (12/9/09) The physician was fined and reprimanded for having disciplinary action in another state while licensed in the District. [Orthopedic Surgery]

Frazier, Joe W. (P.A.) (12/23/09) The physician assistant was fined and reprimanded for making false statements on his D.C. license application. [Physician Assistant]

Probation Terminated

Salerian, Alen (M.D.) (11/2/09) The physician has been fined for failure to update his physician profile, and the order also terminates the previous probation of 10/6/2006. [Psychiatry]

Fisher, Edward (M.D.) (11/24/09) The physician satisfied the terms of his previous probation of 9/25/08. [Surgery and Family Medicine]

Shah, Parvez I. (M.D.) (12/7/09) The physician satisfied the terms of his previous probation of 10/16/07. [Urology]

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC physician or other licensee under the authority of the Board, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have. The letter must also include your address, so we may contact you as necessary and notify you of any findings.

Please note: You can print a complaint form from our website at www.hpla.doh.dc.gov/bomed

You should mail the complaint to:

DC Board of Medicine
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 724-8677.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

Please be advised that the Board of Medicine does not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

INTERESTED IN VOLUNTEERING TO ASSIST THE CITY IN TIMES OF EMERGENCY?

You can sign up for the DC Department of Health Medical Reserve Corps (MRC) by sending an email to **Sharon Pllum**, MRC Volunteer Coordinator at:

<https://dcresponds.dchealth.com>.

This allows the Department of Health to know the total number of volunteers, coordinate their training and have one central set of communications. By signing up for the MRC, your liability is covered by the DC Government and separate insurance is not required.

BOARD MEETING SCHEDULE

The Board of Medicine (full board) meets on the last Wednesday of every month.

Upcoming meetings: February 24, 2010
March 31, 2010
April 15, 2010
May 26, 2010
June 30, 2010

H1N1

The Department of Health will continue to reach out to the provider community with H1N1 updates and information, especially around the H1N1 vaccine.

Doctors can apply to be an H1N1 vaccine provider:

doh.dc.gov/flu

The DOH H1N1 webpage is regularly updated with new information for residents, businesses, schools and the medical community.

Questions?? Call the Health Emergency Preparedness and Response Administration at: **202-671-4222**

Email questions about the H1N1 vaccine to: h1n1.vax@dc.gov

Email general questions about H1N1 to: h1n1.info@dc.gov

D.C. BOARD OF MEDICINE
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Washington, DC 20005



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Government of the District of Columbia
Adrian M. Fenty, Mayor



DC BOARD OF MEDICINE

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(877) 672-2174
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Monday - Friday (except District holidays).

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hpla@dc.gov

Web page

www.hpla.doh.dc.gov/bomed

Health Professional
Licensing Administration

Janis Orlowski, MD,
Physician Member and Chairperson

Wayne A.I. Frederick, MD, FACS,
Physician Member

Shivani Kamdar, DO, Physician Member

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Ronald Simmons, PhD, Consumer Member

Robert B. Vowels, MD, MPH, representing
Pierre N. D. Vigilance, MD, MPH,
Statutory Member

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Director, Department of Health
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