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**Government of the District of Columbia**  
 Vincent C. Gray, Mayor



# SPECIAL EDITION: 2012 RENEWAL ISSUE

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## LETTER FROM THE CHAIR

**H**ello to all of the licensees of the Board of Medicine. I hope you are having a productive year and that you have gotten away this summer to enjoy a little of the previously warm weather. The Board of Medicine has been very busy during the last year. First we would like to welcome the new members on the Board of Medicine appointed as of August 2012. They include Dr. Lisa Fitzpatrick, a physician specializing in infectious disease, Dr. Andrea Anderson, a family practice physician practicing at the Unity clinics and Mr. Thomas Dawson, a lawyer with previous interest and experience in health policy. I would like to also sincerely thank two members of the Board of Medicine for their service, Dr. Wayne Frederick an oncology surgeon from Howard University and

Ronald Simmons, PhD, a public board member. Dr. Frederick served as the Vice Chairman of the Board of Medicine. Both Dr. Frederick and Dr. Simmons served with distinction. In particular I would like to note that Dr. Simmons stayed on the Board of Medicine until his public position had been filled; this extended his term on the Board well beyond what was anticipated by him. We appreciate very much his commitment to the work of the Board of Medicine. We anticipate several more appointments to the Board of Medicine over the next month.

### IT'S LICENSE RENEWAL TIME!

This newsletter is full of information regarding the need to renew your license by December 31, 2012. I have a few suggestions. First, this year all licensees will need



*Janis M. Orlowski, MD, MACP  
Chair, DC Board of Medicine*

to be fingerprinted and undergo an FBI Criminal Background Check. This is a new requirement for all individuals who are licensed in the District. The background check will take several weeks to complete and so I recommend that you complete this part of your application as soon as possible.

*(continued on page 3)*

### 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."**

# From Where I Sit

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



**S**ummer is Over! We entered a new fiscal year as of October 1 and kicked off our busy season with the 2012 renewal cycle. This year we have quite a few significant changes that you need to be aware of, most notably:

1. All licensees will have to undergo a Criminal Background Check (CBC) to be eligible for renewal. The City Council passed a law mandating Criminal Background Checks for all licensed health care professionals. Pages 4 and 5 provide details on the CBC process and the steps you will need to take. All your CBC questions can be answered by visiting [www.L1enrollment.com](http://www.L1enrollment.com) or calling 1(877) 783-4187. Please plan to renew early to minimize delays in processing your application.

2. During this renewal period we will be conducting **phase 2 of the physician and physician assistant workforce census survey**. The survey questions are part of our ongoing effort to capture and analyze critical demographic and practice information data we began collecting in the 2010 renewal cycle in order to measure current, and determine future, physician and health care professional workforce needs in our nation's capital.

Since our last issue in January there have been several noteworthy mentions to update you on.

- **FSMB annual conference:**

The Centennial Conference of the Federation of State Medical Boards (FSMB) was held in April in Fort Worth, Texas. Building on 100 years of regulation, the conference focused on the future of regulation in a changing health care environment. National and International leaders gathered to provide updated information on hot topics such as the health care workforce of the future, maintenance of licensure, physician reentry, social networking and online professionalism, telemedicine and prescription drug abuse.

- **Interim Director of DOH as of July 2012:**

Dr. Saul Levin, MD, MPA, psychiatrist, was appointed as the Interim Director of DOH in July 2012. Dr. Levin has demonstrated leadership in public health, health disparities and substance abuse. His professional career also includes serving as a special expert appointee in the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration, where he led the initiative to integrate primary care, substance abuse, mental health and HIV/AIDS.

- **Taskforces:**

Telemedicine, Cosmetic/Medspa, and Social Media taskforces have been meeting throughout the year and guidelines for each of these areas of practice will be published on our website in the new fiscal year. See page 14.

- **CME requirement changes:**

The DC City Council approved Bill B19-510 "HIV/AIDS Continuing Education Requirements Amendment Act of 2012" which will require physicians, physician assistants and nurses practicing in the District of Columbia to obtain 3 hours of HIV/AIDS CME credits beginning with the 2014 renewal cycle. The Board will continue to look at CME requirements in the new fiscal year and recommend more comprehensive changes.

- **Collaboration with the Board of Pharmacy (BOP):**

The council passed Bill 19-657 "Collaborative Care Expansion Act of 2012" which will allow pharmacists, through a written agreement with a physician, to initiate or modify drug therapy for a patient. The Board of Medicine and the Board of Pharmacy will jointly develop and promulgate regulations to implement this requirement. BoMed and BOP are already working on regulations to allow expanded authority for pharmacists to administer immunizations.

- **MTL implementation:** As of July 2012 all residents/fellows in academic teaching hospitals in the District are required to obtain a license (medical training) in the District. The license is a limited license and must be renewed annually. The implementation of the MTL was successful. Read more in the Counsel's Column on page 6-7.

- **New members:** The Board welcomed 3 new members in August—physician members Andrea Anderson, MD, and Lisa Fitzpatrick, MD, and consumer member Thomas Dawson, JD. Meet them on page 12-13.

- **New staff:** Our team welcomed Health Licensing Specialist Deniz Soyer, MBA. Deniz started out as a health policy fellow working on our workforce survey and we were happy to add her to our team in June 2012.

- **Reentry to Practice:** The Board has been working on policy to guide the safe reentry into practice for physicians that have been out of clinical practice for prolonged periods of time. Pulling on best-practices outlined by the FSMB, the Board voted to require physicians out of clinical practice for greater than 2 years to undergo a reentry plan. Plans are individualized and based on each provider's unique circumstances. The Board will post guidelines on reentry to the website in the new fiscal year. Ongoing discussion about this issue will continue in the new fiscal year.

- **Outreach:** Medical Jeopardy — As part of our professionalism in medicine and expanded outreach efforts, the Board launched their medical jeopardy program in March at the George Washington University School of Medicine. The purpose of the program is to educate and expose medical students, in a fun and interactive way, to health regulation and emphasize the importance of ethics in medicine.

We will continue to work on our **5 operational excellence goals:**

**Goal #1 -** The DC Board of Medicine will be structured in a way to maximize efficiency and most fully utilize the talents of its members and staff.

**LETTER FROM THE CHAIR** (continued from page 1)

Secondly, it was disappointing to find that nearly 20% of those randomly asked to provide documentation of their Continuing Medical Education (CME) requirements were unable to do so in the 2010 renewal cycle. The individuals were cited and fined. This year, we will undertake a more extensive review of CME credit to make sure that this provision of the license requirement is adhered to by those who practice in the District. So I recommend that you check the number of CME hours you have completed in the past two years and make sure that you have completed the minimum number of 50 credit hours. Have your documentation available in the event that you are randomly chosen to present your material. Also, as a reminder, you will need to complete three hours of CME credits for each of the next two renewal cycles (licensing cycle 2014 and 2016) in HIV. This requirement came about from Mr. Catania's health committee's concern regarding the current knowledge of HIV medicine in the District.

**MTL SUCCESSFULLY LAUNCHED.** The Board of Medicine has successfully completed the transition of licensing all individuals directly who are planning to complete more than 90 days of medical training in the District's many teaching hospitals. The Medical Training License (MTL) is not a full license; it allows individuals to practice medicine under a supervised and approved training program. The previous training program enrollment was a documentation of interns, residents and fellows in training programs but didn't have in place the ability to review all credentials of the individuals who come to learn and practice in the District. DC's new MTL is similar to training licenses in other jurisdictions.

**TELEMEDICINE AND COSMETIC/MEDSPA REGULATIONS:** Board of Medicine special subcommittees on telemedicine and cosmetic medicine are in the process of making their final recommendations to the Board for the practice of each area in the District. The guidelines will be posted to our website in the new fiscal year and we will look forward to your feedback.

**RE-ENTRY REQUIREMENTS:** The Board of Medicine has received an increasing number of requests for licensing from individuals who have not practiced actively in the recent past. The Board of Medicine asked a subcommittee to review and recommend a standardized approach to those individuals who wish to re-enter medical practice. We have reviewed the recommendations of the subcommittee and intend to move forward to complete a policy on the matter. There are three main principles which must be met before an applicant will be granted a license after a break in their medical practice: the applicant must be able to document to the satisfaction of the Board that they have current medical knowledge (either by taking a Special Purpose Examination [SPEX] or Board examination), that they have maintained their medical knowledge during the time they did not practice (through documentation of CME) and that they have a re-entry plan which includes substantive direct monitoring of their practice for a period of no less than six months (this may be accomplished by completing an additional time of training or direct supervision by a currently licensed physician).

The Board of Medicine looks forward to working with you over the year and we look forward to a successful renewal cycle. Please call if you have any questions or concerns.

Best regards,

Janis M. Orlowski, MD MACP  
Chairperson  
DC Board of Medicine

**FROM WHERE I SIT** (continued from page 2)

**Goal #2** - The DC Board of Medicine will integrate technology to maximize its efficiency and performance and to improve its service to the public.

**Goal #3** - The DC Board of Medicine will provide the most effective and efficient system to process applications for both initial licenses and renewals.

**Goal #4** - The DC Board of Medicine will achieve operational excellence in its Disciplinary Process while achieving the proper balance between meeting consumer expectations and fairness to the licensees.

**Goal #5** - The DC Board of Medicine will develop and implement policies that support the Board's mission through a comprehensive process of policy development.

Until our next issue in January 2013, Happy Holidays and Be Well!

## STEPS TO OBTAIN A CRIMINAL BACKGROUND CHECK (CBC)

### WHERE CAN I GET MY CRIMINAL BACKGROUND CHECK DONE?

Once a licensee has completed their online renewal application, they will be eligible to undergo a Criminal Background Check. CBC services are provided by local metropolitan police departments or through the DC Department of Health vendor, MorphoTrust USA.

MorphoTrust utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. Applicants must go to the MorphoTrust website or call 1-877-783-4187.



### APPLICANTS COMPLETING CBC THROUGH MORPHOTRUST USA

Applicants choosing to use MorphoTrust USA for CBC must pay MorphoTrust directly for this service. Applicants have the following options to schedule fingerprinting appointments with MorphoTrust USA.

#### 1. On-line Live-Scan Scheduling

- Available 24 hours a day, 7 days a week.
  1. Go to the MorphoTrust website: [www.L1enrollment.com](http://www.L1enrollment.com).
  2. Click on the map link to DC.
  3. Choose Online Scheduling and enter required information and select desired appointment.

#### 2. Call Center Scheduling

- Available Monday - Friday, 9am - 5pm EST.
- Call (877) 783-4187 and speak to one of the operators.
  1. Operators will collect required information and schedule your appointment.
  2. Be sure to write down your appointment date, time and location provided by the operator.
  3. Out of State Applicants who reside out of the District of Columbia, or are physically unable to go to a location to be fingerprinted may use MorphoTrust USA's Card Scan Processing Program.

\*An FBI Name Search request will be requested by MorphoTrust (formerly doing business as L-1 Enrollment) on behalf of DOH if an applicant has received two fingerprint rejections based on quality. Once MorphoTrust personnel receive notice that an applicant has received a second rejection, a name search request form will be submitted by approved MorphoTrust personnel directly to the FBI.

**CBC and VA Residents:** Residents of Virginia must complete an additional step in the CBC process. Residents must complete a release form that must be signed, notarized and mailed to EDGE Management. Failing to do so will cause a significant delay in CBC results being received by the Board.

Applicants completing the CBC through DC Metropolitan Police Department should call (202) 442-9004 for further information.

**NO CBCS WILL BE DONE/ACCEPTED UNLESS A RENEWAL APPLICATION HAS BEEN COMPLETED AND FILED WITH OUR OFFICE.**

# CRIMINAL BACKGROUND CHECK (CBC) FREQUENTLY ASKED QUESTIONS

**1. Why do I need to do a Criminal Background Check?**

The DC City Council passed legislation mandating that all licensed health care professionals in the District must undergo a CBC as a requirement for licensure.

**2. If I have completed a CBC for the purpose of licensure with the DC Department of Health Regulation and Licensing Administration, do I have to do another to renew my license now or in the future?**

No. CBCs completed for a DC health care license are valid for 4 years and can be applied for any DC Health Care licensing purpose until it expires in four years.

**3. Where can I get my fingerprints taken?**

You can get your CBC fingerprinting done at the MorphoTrust location on the first floor at the Health Professional Licensing Administration. We are located at **899 North Capitol Street, NE, Washington DC 20002** (across the street from Gonzaga High School). In addition, you may contact the medical affairs office in your hospital to see if onsite fingerprinting is being conducted at your hospital. To see a listing of the additional locations in the DC metropolitan area, go online at the MorphoTrust website: [www.L1enrollment.com](http://www.L1enrollment.com).

**4. I completed a CBC for my job, can you use those results?**

Unfortunately, no. You must undergo another CBC for the purpose of licensure with the District.

**5. I work for the government and I have a clearance. Do I need to do a CBC to renew my license?**

Yes. Because of FBI rules, you must undergo a new fingerprint-based background check for each purpose.

**6. I reside outside of the District of Columbia metropolitan area (or I live in the DC area but have physical and mobility limitations). How do I get my background check done?**

Applicants who reside outside of the District of Columbia metro area, or are physically unable to go to a Morpho Trust location to be fingerprinted, may use L-1's Card Scan Processing Program.

This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location.

- a. Applicants must go online to the Morphotrust website: <http://www.L1enrollment.com/state/?st=DC> or call **1-877-783-4187**.
- b. Register, make the necessary payment, and print the transaction document.
- c. Get fingerprinted by state enforcement agency or any private company.
- d. Mail two fingerprint cards and the printed transaction document to the following address:

MorphoTrust  
DC Cardscan Dept  
1650 Wabash Avenue, Suite D  
Springfield, IL 62704

**7. I am out of the country. How can I do my Criminal Background Check (CBC)?**

An applicant who is out of the country follows the same process as an out of state applicant:

- a. Applicants must go online to the L-1 Enrollment website <http://www.L1enrollment.com/state/?st=DC> or call **1-877-783-4187**.
- b. Register, make the necessary payment, and print the transaction document.
- c. Request fingerprint card from the FBI. Sometimes, the US embassy or other US government agencies can provide FD-258, the fingerprint card accepted by the FBI. Morpho Trust can also mail you cards; call Morpho Trust at 1-877 783 4187.
- d. Get fingerprinted by the US embassy or get fingerprinted by any other third party that is recognized by the US embassy.
- e. Mail 2 fingerprint cards to Morpho Trust (see above for the address).

**What is the most common mistake that applicants make when answering the licensure or renewal application question regarding past arrests, convictions, misdemeanors or criminal behavior (including DUIs and DWIs)?**

Applicants often make the mistake of answering "No" when the violation occurred many years ago, and/or the incident was expunged from their record. Always answer "Yes" if you have had past incidents—even if your record was expunged—and provide supporting documentation.

## Counsel's Column

### THINGS YOU SHOULD KNOW

By Ajay Gohil, Interim Attorney-Advisor to the D.C. Board of Medicine

#### The D.C. Board of Medicine Disciplinary Process

D.C. Board of Medicine complaints are typically filed by a patient or client of the physician, other physicians (colleagues, peers), employers, and/or employees or staff of the physician. However, anyone who interacts with a licensee may file a complaint. In certain instances, the complaint may be initiated and brought by the Board based upon information that it has obtained.

Disciplinary action can include: a written warning, a public reprimand, continuing education, monitoring and/or supervision requirements, a monetary fine, testing for illicit drugs or participation in a drug sponsored program (for physicians with chemical dependency issues), and restrictions on a physician's right to practice including probation, suspension, or revocation of license.

Deadlines involved with the handling of a Board complaint are important given what is at stake. When a complaint is filed with the Board, it generally sends a written notice of the complaint to the licensee – usually in the form of an "Order To Answer" (OTA) apprising the physician of the complaint, the identity of the complainant(s), and the alleged violation(s). In that notice, there is also a deadline for the physician to file a written response to the allegations and to produce relevant records or documentation (e.g. patient records). Preparing an appropriate response to a complaint can take time in terms of gathering the relevant information and obtaining the necessary advice. Failure to respond in a timely manner can result in Board sanctions. A physician should not ignore, fail to respond, or miss the deadline to respond to an OTA. Usually additional time is granted if necessary, but one must make a request with the Board in writing, and well in advance of the deadline.

The Board is governed by the laws and rules that it has developed and promulgated. Physicians should take the time to read the statutes and regulations governing their practice.

Once the Board has completed its investigation, it may allow the physician the opportunity to appear in person before the Board in order to respond to the charges. These may be termed or called meetings or conferences (e.g. informal settlement conferences). These committees or panels are often composed of a limited number of members from the Board, often times a combination of licensed physicians and public consumer members. During this time, the Board will determine if violation(s) have occurred and recommend appropriate disciplinary action if necessary. At the conclusion of this meeting, a recommendation will be made regarding the type of disciplinary action the Board should make. Any Board recommendation made at that meeting

can be challenged by the physician in question. If the physician accepts the recommendation, a Consent Order is prepared by the Board attorney and circulated for relevant signatures. If the physician rejects the recommendation regarding discipline, he or she may request a formal, administrative hearing before a three-member panel of the Board. At the conclusion of the hearing, the Board panel will take a period of time to review the matter and issue an Initial Decision. The Initial Decision is then presented for consideration before the full Board to either accept or reject. If the licensee is still dissatisfied at this point, he or she may file a petition for judicial review in the D.C. Court of Appeals.

#### Criminal Background Check

As of January 3, 2011, each new applicant for licensure, registration or certification is required to obtain a Criminal Background Check. As of March 1, 2011, each applicant for renewal of a license, registration, or certification is required to obtain State and FBI Criminal Background Checks. An applicant for initial licensure, registration, or certification shall not be issued a license, registration or certification until the background check has been completed. A Criminal Background Check shall be conducted in accordance with States' and Metropolitan Police Department's and the Federal Bureau of Investigation's (FBI) policies and procedures and in an FBI-approved environment, by means of fingerprinting and National Criminal Information Center checks and procedures. The FBI Criminal Background Check shall disclose any criminal history of the prospective applicant over a seven (7) year period, in all jurisdictions within which the prospective applicant has worked or resided. For the District of Columbia applicants, MPD shall conduct a similar Criminal Background Check for offenses within the District. This Criminal Background Check is mandated by the District's Criminal Background Check Amendment Act of 2006.

All licensees of the D.C. Department of Health whose license expires on or after December 31, 2012 will be required to undergo a Criminal Background Check as part of the renewal process. Licensees are advised not to wait until the last month of renewal to get this done. Licensees with a criminal history shall answer the questions on the renewal application regarding criminal arrests and convictions truthfully and provide supporting documentation for the Board to review while it is considering the renewal application.

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*“Disciplinary action can include: a written warning, a public reprimand, continuing education, monitoring and/or supervision requirements, a monetary fine, testing for illicit drugs or participation in a drug sponsored program (for physicians with chemical dependency issues), and restrictions on a physician’s right to practice including probation, suspension, or revocation of license.”*

(continued from page 6)

### New Fingerprinting Guidelines

In addition to Criminal Background Check services provided by the District of Columbia Metropolitan Police Department, health professionals licensed in the District of Columbia can now also receive live scan Criminal Background Check services with MorphoTrust USA. For more information on how to receive a live scan Criminal Background Check via MorphoTrust Services, visit the MorphoTrust USA website at [www.L1enrollment.com](http://www.L1enrollment.com), or call 1-877-783-4187. Applicants choosing to use MorphoTrust USA for CBC will pay MorphoTrust directly for this service. Applicants have three options to schedule fingerprinting appointments with MorphoTrust USA.

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1. The website can be found at [www.L1enrollment.com](http://www.L1enrollment.com)
2. Click on the map link to DC.
3. Choose Online Scheduling and enter required information and select desired appointment

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Out of state applicants who reside outside of the District of Columbia metropolitan area, or are physically unable to go to a location to be fingerprinted, may use MorphoTrust USA’s Card Scan Processing Program.

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District residents who wish to go to MPD can call 202-442-9004 for further information. A FBI Name Search request will be requested by MorphoTrust (formerly doing business as L-1 Enrollment) on behalf of DOH if an applicant has received two fingerprint rejections based on quality. Once MorphoTrust personnel receive notice that an applicant has received a second rejection, a name search request form will be submitted by approved MorphoTrust personnel directly to the FBI.

### Recent Medical Training License Regulations

On August 10, 2012, the D.C. Register published regulations that amended the Board of Medicine’s Medical Training License (MTL) procedures, as well as the fee schedule associated with them. The August publication made Board’s MTL amendments final. Now that the MTL amendments are final, one might wonder what he or she can expect of them.

The Final Rulemaking set forth the scope of responsibilities and the application procedures for postgraduate physicians to receive a medical training license. Most notable in the final rulemaking were changes to the application procedures. An applicant may apply for one of three classes of licensure: Type I(A) for U.S. or Canadian trained medical postgraduate physicians; Type I(B) for foreign-trained postgraduate physicians enrolled in a residency program; or Type II for foreign-trained medical physicians participating in an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or Board approved fellowship program. Clinical training programs may now be approved by the AOA, in addition to the ACGME. The MTL application deadline has become a fixed date – June 30th of the training year – and the materials required in order to submit a complete application have been enumerated in detail. (See Title 17, Section 4611.) Graduate medical education directors must now submit to the Board of Medicine a complete list of approved programs within their training institution, including the names, specialties, and participation year of all participants. GME directors are also responsible for verifying the enrollment and immigration status of each MTL applicant, as well as verify the veracity of the contents of each application.

Please also note the Board of Medicine’s contemplation of pathways to licensure in the District of Columbia. A Type I (A) or (B) license provides a path to full licensure, granted the postgraduate physician completes three years of residency. A Type II license, however, was not meant to guarantee a pathway to licensure. In the case of a Type II license, the postgraduate physician must still complete the required three years of residency in order to obtain a full medical license in the District of Columbia.

### On-line Live-Scan Scheduling

24 hours a day, 7 days a week

Go online at

[www.L1enrollment.com](http://www.L1enrollment.com)

## COLLABORATIONS WITH BOARD OF PHARMACY

### COLLABORATIVE CARE EXPANSION AMENDMENT ACT OF 2012

The Collaborative Care Expansion Amendment Act ("the Act") will permit physicians and pharmacists licensed in the District of Columbia to enter into collaborative practice agreements, and authorize the Mayor to authorize other licensed health practitioners to enter into collaborative practice agreements with pharmacists.

A collaborative practice agreement (CPA) is a voluntary written agreement between a licensed pharmacist and a licensed physician that has been approved by the Board of Pharmacy and the Board of Medicine, or between a licensed pharmacist and another health practitioner with independent prescriptive authority licensed by a District health occupation board, that defines the scope of practice between the licensed pharmacist and licensed physician, or other health practitioner, for the initiation, modification, or discontinuation of a drug therapy regimen.

The Act has been approved by City Council and the Mayor and is now under a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and will soon be ready for publication in the District of Columbia Register.

### DC CITY COUNCIL



Left to right: DC Board of Pharmacy Advisor and Assistant Attorney General Carla Williams, Esq., Chair of the Board of Pharmacy Beverly Mims, RPh, PharmD, Executive Director of the Pharmacy Board Patricia D'Antonio, RPh, MS, MBA, CGP, BoMed ED Dr. Watson, Health Regulation and Licensing Administration Senior Deputy Director Feseha Woldu, PhD, and BoMed Vice Chair Wayne A.I. Frederick, MD, FACS.

### IMMUNIZATION ADMINISTRATION AUTHORITY

The Board of Pharmacy has worked with the Board of Medicine to update 17DCMR 6512 Administration of Immunizations and Vaccinations by a Pharmacist Updates to 17 DCMR Chapter 65 (Pharmacist) Section 6512 (Administration of Immunizations and Vaccinations by Pharmacist).

New regulations concerning Pharmacist administered immunizations have been published. Effective, June 8, 2012, these amended regulations allow Pharmacists that are registered by the District of Columbia Board of Pharmacy to immunize patients twelve (12) years and older with parental consent or patients eighteen (18) years and older that present valid identification for specific vaccinations by protocol. The types of vaccines that can be administered are Hepatitis, Shingles, Human Papillomavirus, Tetanus, Tdap, Meningococcal, Heamophilus Influenzae, Pneumococcal and Influenza including but not limited to H1N1 and other epidemic vaccinations which are specified by the World Health Organization or the Centers for Disease Control and Prevention at the time of vaccination.

#### The regulations require:

1. a pharmacist obtain written protocol for the vaccinations from a physician.
2. pharmacists report vaccine administration to the physician listed on the Vaccination Protocol and to the patient's primary care physician.
3. pharmacists report adverse events to the Pharmaceutical Control Division and Director of the Department of Health within 48 hours of the discovery of occurrence.

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## CONTROLLED SUBSTANCES REGISTRATION

If you are renewing your controlled substance registration certificate, you must register with the Pharmaceutical Control Division at [WWW.DOH.DC.GOV](http://WWW.DOH.DC.GOV).

## COLLABORATIONS WITH BOARD OF PHARMACY (CONTINUED)

### NEWS FROM THE PHARMACEUTICAL CONTROL DIVISION

#### Medical Marijuana Program

While the Program is not at the point of providing medicinal marijuana to patients at this time, it is important to provide you with some information that will assist you in your practice if you have patients that qualify for medical marijuana and you wish to recommend this medication. The Department of Health has developed a website to make the public aware of the Program. We encourage you to visit the website as it is updated frequently. A link is provided for your convenience: <http://doh.dc.gov/node/157882>.

A few important details are included below and a document that briefly responds to the most frequent questions we have received from prescribers regarding the Program is posted on the Medical Marijuana webpage.

Medical Marijuana must be:

- o obtained within the boundaries of the District
- o grown by a Cultivation Center registered with the District
- o sold by a Dispensary registered with the District
- o sold to a patient who lives in the District and is registered with the District
- o recommended to that patient by a physician licensed in good standing in the District who has established a bona fide physician-patient relationship with that patient

A physician's recommendation that a qualifying patient may use medical marijuana shall be written on a form provided by the Department.

The Department has set up a special email address for you to use to contact us regarding your specific questions. **Email your questions to [doh.mmp@dc.gov](mailto:doh.mmp@dc.gov).**

If you wish to receive regular updates and additional information regarding the DC Medical Marijuana Program, send a message with your name and email address to [doh.mmp@dc.gov](mailto:doh.mmp@dc.gov). Include MMP Physician Information in the subject line.

From DC Department of Health Care Finance

## ATTENTION MEDICAID PROVIDERS

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

Office of Medicaid Director

August 14, 2012

**Dear Medicaid Provider,**

Effective September 1, 2012, all District of Columbia Medicaid fee-for-beneficiaries must obtain their antiretroviral medications from a pharmacy that has enrolled in the new AIDS Drug Assistance Program (ADAP) Pharmacy Network. There are currently 15 pharmacies in the network. Pharmacies will continue to be added to the network on an on-going basis. You may access the most up-to-date listing of ADAP pharmacies at <http://haadirectory.doh.dc.gov/>.

Please be reminded that all DC Medicaid FFS beneficiaries may continue to fill prescriptions for other than antiretroviral medications at any pharmacy that participates in the DC Medicaid program.

Feel free to contact Charlene Fairfax, RPH, CDE, Senior Pharmacist at **(202) 442-9076** or at email address [charlene.fairfax@dc.gov](mailto:charlene.fairfax@dc.gov), if you have questions or require more information about this important change in the way antiretroviral medication are dispensed.

Thank you.

Linda Elam, PhD, MPH

## PEDIATRIC DENTAL CARE

By Clare M. Kelly, Executive Director,  
Government & External Affairs,  
Children's National Medical Center



Good oral health is a critical part of a child's overall wellness, so physicians, dentists and oral health advocates in DC are teaming up to improve access to basic oral health care services for children in our community. That's the message the **District of Columbia Pediatric Oral Health Coalition** conveyed to the Board of Medicine at its March 28 meeting. The Coalition is a community-driven alliance of multidisciplinary public and private stakeholders convened for the purpose of addressing one of the most critical issues affecting our children—access to oral health services.

Tooth decay is the most preventable chronic disease among children; it is five times more common than asthma and two-to-three times more common than childhood obesity. Left untreated, it can lead to severe health problems including serious infection, debilitating pain, dietary and speech problems, and in rare cases, even death. In the District of Columbia there are 102 dentists for every 100,000 people, and access to dental care for low-income, very young, uninsured, or publicly insured children is limited. In a community where access to general dentists is already limited, pediatric dentists are even more scarce. Preventive measures, including fluoride varnish applications, cannot wait until the first time children, particularly those who fall into high-risk categories, see a dentist; at that point it may be too late.

To bridge the gap, pediatricians are performing prevention services as part of the well-child examination. Pediatricians see children an average of 12 times in the first 3 years of life for well-child visits. This early and frequent access presents a valuable opportunity to assess a child's oral health status before problems develop,

(continued on page 11)

## ACADEMIC DETAILING: FREE IN-OFFICE EVIDENCE BASED MEDICAL EDUCATION

By John Seman, Executive Director,  
Independent Drug Information Service



John Seman, Executive Director,  
Independent Drug Information Service

A team of clinicians, sponsored by the District of Columbia Department of Health and endorsed by the Board of Medicine, are offering in-office interactive presentations of evidence based information to support optimal patient care. This educational outreach process is called academic detailing and has been delivered by the **Independent Drug Information Service** since 2009.

The clinical content for the academic detailing encounter is developed by a team of physicians based in the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham and Women's Hospital, Boston, and Harvard Medical School. Development of materials begins with a thorough review of the literature and a focus on unbiased, evidence-based information on a given clinical topic.

Specific clinical materials for use in academic detailing include:

- a background evidence document or monograph to support the messages being delivered
- a multipage visual aid with supportive charts and graphs, used to reinforce specific learning points during the interaction with the physician
- reference cards on critical information to be provided for the physician to have easily at hand
- a patient brochure to help physicians work with patients as they implement evidence-based changes.

The academic detailers are given in-depth training on the clinical topic by the physician authors and are presented with specific case studies to reinforce the clinical recommendations.

(continued on page 11)

## HIV/AIDS CONTINUING MEDICAL EDUCATION



Jonathan Antista, Policy Associate in the office of DC Councilmember David Catania.



Gregory Pappas, MD, PhD, Senior Deputy Director of HAHSTA (HIV/AIDS, Hepatitis, STD, and TB Administration).

The DC City Council approved Bill B19-510 "HIV/AIDS Continuing Education Requirements Amendment Act of 2012" which will require physicians, physician assistants and nurses practicing in the District of Columbia to obtain 3 hours of HIV/AIDS CME credits beginning with the 2014 renewal cycle. The Board will continue to look at CME requirements in the new fiscal year and recommend more comprehensive changes.

### PEDIATRIC DENTAL CARE (continued from page 10)

to provide preventive services such as fluoride varnish, and to educate caregivers on proper practices. Primary care providers regularly coordinate patient care and can assist families in finding dental homes by the age of 1 year, as recommended by the American Academy of Pediatric Dentistry and

the American Academy of Pediatrics.

On March 16, 2012, the DC Department of Health Care Finance (DHCF) published final regulations that allow dentists, **primary care physicians and pediatricians to administer and bill for fluoride varnish treatments** provided to children. This regulatory

change was supported by the DC Oral Health Coalition and represents a critical step forward in improving the oral health status of children in our community. The Coalition, in collaboration with DHCF, will be actively engaged in educating providers on fluoride varnish application and proper billing procedures. As a

next step, the Coalition plans to work with DHCF to expand fluoride varnish application and billing authority to licensed independent practitioners. By working together as a medical community, we can make a difference for all children in our community.

### ACADEMIC DETAILING (continued from page 10)

To date, six clinical modules have been detailed including: hypertension, cholesterol, diabetes, anti-platelets, atrial fibrillation and HIV. Each module includes the opportunity to earn **CME credit** from Harvard Medical School.

Successful academic detailing programs meet a critical need for physicians seeking to provide high quality and evidence-based care to their patients, but struggling with the volume of data. A recent article in the British Medical Journal stated that a primary care

physician would need to read approximately 17 articles per day to remain current with new developments in healthcare. Academic detailing offers physicians a service that allows them to **receive new evidence in a concise, efficient,**

**and user friendly format** that can be implemented into their clinical practice. *For additional information on the Independent Drug Information Service, please visit:* [www.RxFacts.org](http://www.RxFacts.org)

## BOARD MEMBER EXPANSION



*Board of Medicine members who were sworn in this summer (l to r): John J. Lynch, MD, Marc Rankin, MD, Thomas J. Dawson III, JD, MPH, MA, Miriam A. Markowitz, MSc, Board Chair Janis M. Orlowski, MD, MACP, Andrea Anderson, MD, and Lisa Fitzpatrick, MD (inset).*

**The Passage of the Board of Medicine Membership and Licensing Amendment Act of 2012** on March 13, 2012 requires that all medical residents and fellows be licensed before commencing their training to allow the Board and DOH to have greater regulatory authority over all physicians treating patients in the city.

The new regulations replace the existing Postgraduate Physician Training program, an enrollment process, with the Medical Training License program, which now requires all postgraduate physicians to annually apply for, and receive, a medical training license before commencing their training. This will be the first time trainees will be licensed.

The MTL program was successfully implemented during this training year and the Board received 1,374 MTL applications. A medical training license is not a full license, therefore trainees will only be permitted to use it in their respective training institutions and any affiliated sites in satisfaction of the training requirements of their training program. Trainees participating in rotations of 90 days or less are not required to obtain the MTL but are required to register with the Board.

### **BOARD MEMBERSHIP EXPANSION**

The Passage of the Board of Medicine Membership and Licensing Amendment Act of 2012 on March 13, 2012 also allowed the number of board member slots to increase from 11 to 15 members. New board members were appointed to the Board by the Mayor's Office of Boards and Commissions in August 2012 and additional members will be appointed in the new fiscal year. The increased number of members allows for greater specialty diversity on the Board and will facilitate the Board working at the subcommittee level to more effectively conduct its business of protecting the public.

(continued on page 13)

## BOARD THANKS OUTGOING MEMBERS

The Board of Medicine recently presented awards to two out-going members, Board Vice Chair **Wayne A.I. Frederick, MD, FACS**, and Consumer Member **Ronald Simmons, PhD**, who each helped further the mission of the Board to protect the citizens of the District, and the many visitors who travel to the nation's capital.



*BoMed Chair Dr. Janis Orlowski and Board ED Dr. Watson thank Dr. Wayne Frederick for his service on the Board.*

Appointed in 2009, Physician Member and Vice Chair Dr. Wayne Frederick, Howard University Hospital, brought a wealth of knowledge and dedication to the Board.



*Dr. Orlowski and Dr. Watson thank Dr. Ron Simmons for his many years of service.*

Appointed to the Board in 1999, Consumer Member Dr. Ron Simmons, who is President of the nonprofit Us Helping Us (HIV/AIDS prevention and care). Dr. Simmons demonstrated a great commitment to the Board, serving many years beyond his initial term.

## BOARD EXPANSION (continued from page 12)

### NEW MEMBER BIOS

**Andrea A. Anderson, MD** is a bilingual Family Physician with Unity Health Care, a non-profit organization providing health care services to the poor and underserved of Washington DC at over 30 sites. Dr Anderson is the Assistant Medical Director and cares for patients at the Upper Cardozo Neighborhood Health Center in Columbia Heights. She is the Unity Director of Resident and Student Education, coordinating medical rotations for area clinicians in training. She organizes and directs Unity's training program

on Health Literacy and Cultural Competency.

Dr. Anderson completed her BA in Human Biology/African American Studies and MD in the eight year Program in Liberal Medical Education at Brown University. Dr Anderson completed her residency in Family Medicine at Harbor-UCLA Medical Center in Los Angeles, where she served as the Chief Resident and an Academic Medicine Fellow.

**Lisa Fitzpatrick, MD** is a board-certified infectious diseases physician and CDC-trained medical epidemiologist. Currently, she is Medical Director, Infectious Diseases Center

of Care United Medical Center in Washington, DC. Dr. She earned a BA/MD at the University of Missouri-Kansas City and a Masters in Public Health from the University of California-Berkeley School of Public Health.

**Thomas J. Dawson III, JD, MPH, MA** is a Washington, DC attorney admitted to practice law in the District and before the U.S. District Court Bar. He was the Health Care Counsel for the House Committee on Small Business, and an advisor to the Congressional Hispanic Caucus Health Care Task Force during the 110th and 111th Congress. Mr. Dawson was

an attorney and health pension law specialist with the Department of Labor. He is a distinguished graduate of Morehouse College, and graduated from the University Of Florida with a Masters of Arts in Philosophy. He received his Law degree and Masters of Science in Public Health from George Washington University. Mr. Dawson has served on several boards including the Washington Free Clinic. He is currently the President of the Sanaa Circle, a volunteer organization, which supports the Smithsonian National Museum of African Art.

## TELEMEDICINE CAPITOL HILL BRIEFING

Executive Directors for the Boards of Medicine, Nursing and Pharmacy attended a Telemedicine Briefing on Capitol Hill sponsored by the American Telemedicine Association (ATA) earlier this year. The briefing presenters discussed the need to promote improving access to care through the use of technology and ways to address state licensure barriers and expedited licenses.



*Above: Patricia D'Antonio, RPh, MS, MBA, CGP, Executive Director of the Board of Pharmacy and Karen Scipio-Skinner, MSN, RN, Executive Director of the Board of Nursing.*



*Above: HPLA Attorney Eugene Irvin, Esq., BoMed Health Licensing Specialist Benjamin Foster, MPA, Board Member Anitra Denson, MD, and Board Executive Director Jacqueline Watson, DO, MBA.*

## BOARD OF MEDICINE TASKFORCES

### TELEMEDICINE

By Deniz Soyer, MBA

Over the last year, the Board of Medicine Telemedicine Taskforce has been developing guidelines, regulations, and a statute that will ultimately govern the practice of telemedicine in the District. The taskforce is co-chaired by Board of Medicine members Dr. John Lynch and Dr. Anitra Denson. Taskforce participants include several key health policy stakeholders, including hospital administrators, medical school administrators, insurance industry representatives, medical associations, and representatives of various medical specialties.

Currently, the taskforce is putting the finishing touches on the Telemedicine Statute, which will be presented to the Board of Medicine at their November meeting. The taskforce will also meet with the Executive Directors from the Boards of Nursing, Dentistry, and Pharmacy to gain their input on the proposed statute. By the end of the calendar year, the taskforce will have telemedicine guidelines made available to the public on the Board of Medicine website. The guidelines will define telemedicine, specify who is able to practice telemedicine, and outline expected behaviors as well as requirements for physicians who wish to practice telemedicine in the District.

### SOCIAL MEDIA

By Aisha Williams, MA

The Social Media Taskforce was developed to identify how social media is being used with health care professionals and to develop guidelines around best practices in online professionalism. The taskforce developed questions that were included in the current physician and physician assistant (PA) renewals workforce survey, to gather insight into the District's physician's and PA's behaviors and attitudes about social media use in the medical profession. Based on the results of the survey, the taskforce will provide recommendations to the "Board" to consider adopting into policy.

### MEDSPA/COSMETIC MEDICINE

By Lisa Robinson

The Medspa Taskforce, established by the Board of Medicine last year, presented its preliminary recommendations to the Board during their September meeting. Members recommended that services be classified into 3 levels of ascending risk—**low, moderate, high**—and identified the licensed professionals responsible for providing the services. The taskforce will continue to meet and will post guidelines to the website in the new fiscal year.

## WORKFORCE SURVEY

By Deniz Soyer, MBA, Health Licensing Specialist

The second **D.C. Board of Medicine Physician & Physician Assistant Workforce Capacity Survey** will be administered to eligible physicians and physician assistants who will be renewing their license in the District from October 1, 2012 until December 31, 2012.

Since March 2012 the Healthcare Workforce Workgroup, consisting of area health policy experts and stakeholders, has provided tremendous guidance and support to the Board of Medicine's

Health Policy Fellow throughout the survey development process.

The 2012 survey will build on essential demographic and practice behavior data captured in the 2010 survey while focusing on more specific areas of the workforce, such as practice characteristics and work behaviors of primary care practitioners. The survey will also include a special topics section focusing on health policy areas such as telemedicine and electronic health records. The Patient Protection Affordable Care Act is projected to extend



*Healthcare Workforce Workgroup*

insurance coverage to 32 million Americans by 2019, thereby increasing demand on the healthcare workforce.

In the coming years, effective workforce

planning in the District of Columbia will be vital and will require an in-depth understanding of practice characteristics.

## MEDICAL TRAINING LICENSE

By Cheryl Harris, Health Licensing Assistant

The passage of the **Board of Medicine Membership and Licensing Amendment Act of 2012** on March 13, 2012 requires that all medical residents and fellows be licensed before commencing their training to allow the Board and DOH to have greater regulatory authority over all physicians treating patients in the city.

The new regulations replace the existing Postgraduate Physician Training program, an enrollment process, with the Medical Training License (MTL) program, which will require all postgraduate



*Graduate Medical Education (GME) Directors attend meeting with BoMed staff and Board members to discuss the implementation of the District's new medical training license.*

physicians to annually apply for and receive a medical training license before commencing their training. This will be the first time

trainees will be licensed. The rulemaking is presented as a combined proposed and emergency regulation

to accommodate the short window of time available before the new training year commences.

The training licensing program was successfully implemented during this training year and the Board has received 1,374 MTL applications. A medical training license is not a full license, therefore trainees will only be permitted to use it in their respective training institutions and any affiliated sites in satisfaction of the training requirements of their training program.

## BOARD OUTREACH: GWU RESIDENTS PLAY MEDICAL "JEOPARDY"

By Aisha Williams, BoMed Health Licensing Specialist

On March 22, 2012, the Board of Medicine staff piloted a professionalism and ethics program at The George Washington University School of Medicine. The purpose of the program was to educate medical students during the infancy of their training regarding the District of Columbia Medical Board and its regulatory processes. The goal of the program was to prevent future professional and ethical issues from arising in their careers. Many physicians today do not realize how a poor and unethical decision could impact both their licensure and their lives. Therefore, the vision of the Board of Medicine was to reinforce core values of ethics and professionalism.

The program was presented in an interactive learning style, through a jeopardy game, that the students found to be very engaging. Out of 131 George Washington medical students, 115 (87.7%) students recommended that the jeopardy game continue to be used to educate medical students across the country.

*At right: George Washington University Medical students participate in a BoMed-sponsored game of Medical Jeopardy, centering on professionalism and ethics.*



*Above: BoMed staff just before the start of the first round of Jeopardy—Aisha Williams, Cheryl Harris, Deniz Soyer, and Board ED Dr. Jacqueline Watson.*



## BOARD WELCOMES NEW STAFF MEMBER

Deniz Soyer, MBA, joined the BoMed team in June 2012. Ms. Soyer is a recent graduate of The George Washington University (GWU) School of Business, graduating with a Master of Business Administration.

Before completing her studies at GWU, Ms. Soyer served as a Health Policy Fellow and was tasked with the design, implementation, and analysis of the 2012 DC Physician and Physician Assistant Workforce Surveys. Following graduation, Ms. Soyer began serving in a full-time capacity as a Health Licensing Specialist for the Health Regulation and Licensing Administration.

Ms. Soyer's background includes policy research and physician practice administration and operations. Ms. Soyer also holds a Bachelor of Arts degree in Political Science and Theatre from the University of Mary Washington.



## FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC physician or other licensee under the authority of the Board, go to <http://doh.dc.gov/node/192802> to download and complete the complaint form and mail to:

DC Board of Medicine  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

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:

Timothy Handy, Esq., Supervisory Investigator  
Health Regulation and Licensing Administration  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

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

*Please Note: Complaints may take up to 120 business days (5 months) to be resolved.*

*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.*

## WHO IS PHAB?

### Public Health Accreditation Board (PHAB).

The DC Department of Health intends to apply for accredited status from PHAB.

The National Public Health Initiative was launched in November of 2011 and the Department formed an Accreditation Team to prepare our application.

PHAB has created a set of standards and measures that fit into 12 Domains of Accreditation, which are the 12 functions DOH should be performing.

Achieving accreditation will ensure that our programs, services, and activities meet national standards and improve the quality of life for District residents.

For more information about PHAB, please visit the PHAB website at: [phaboard.org](http://phaboard.org)

## 2012 BOARD PUBLIC ORDERS

January 1, 2012 to September 30, 2012

### Revoked

**Crittenden III, William J.** (9/23/12) - The physician's license was revoked, based on a Maryland action for inappropriate prescribing. **[Internal Medicine]**

**Meagher, Henry M.** (6/26/12) - The physician's license was revoked, based on a Maryland action for sexual misconduct (engaging in a sexual relationship with a patient for 10 years). **[Psychiatry & Neurology]**

### Summarily Suspended

**Frazier, Joe W.** (PA) (2/8/12) - The physician assistant's license was summarily suspended, based on a National Commission on Certification of Physician Assistants certificate revocation, which was based on a Virginia Board suspension and a Virginia court conviction which ordered the suspension. The charge was related to fraudulent prescriptions. **[Physician Assistant]**

**Greene, Peter** (7/6/12) - The physician's license was summarily suspended, based on information from MSDC regarding a substance abuse relapse. **[Dermatology]**

### Suspended

**Anderson, Francyne O.** (9/23/12) - The physician's license was suspended, then placed on probation with terms, based on inappropriate prescribing of controlled substances. **[Family Medicine]**

### Probation

**Chowdhary, Manjit S.** (2/12/12) - The physician's license was placed on probation for six months, retro retroactive to 11/1/10, and also reprimanded, and was assessed a fine of \$1000.00, based on an action by another jurisdiction for failure to transport a patient to hospital after cardiac arrest. **[Anesthesia]**

**Gooding, Frederick W.** (7/13/12) - The physician's license was placed on probation for a minimum of one year, and practice was restricted to prohibit the performance of cervical and paracervical injections. **[Physical Medicine & Rehabilitation]**

**Rassael, Hadi M.** (8/9/12) - The physician's license was placed on probation for 3 years and reprimanded, based on a Maryland action for aiding and abetting unlicensed practice (laser hair removal), violating the advertising regulations, and failing to keep adequate records. **[Family Medicine]**

### Fined

**Wong, Wendy** (5/17/12) - The physician was fined, based on an action by another jurisdiction for submitting a forged document to obtain employment. Also failed to disclose this action on her DC physician profile. **[Family Medicine]**

**Baxter, Jennifer** (6/7/12) - The physician was fined and required to take CME courses based on a Maryland action for practice with an expired license. Also failure to report this action to DC Board. **[Anesthesiology]**

**Hill, Vincent** (6/7/12) - The physician was fined for failure to update his DC Physician Profile with accurate address information. **[Pathology]**

**Rodriguez-Salinas, Filiberto** (6/10/12) - The physician was fined for failure to report/disclose actions in other jurisdictions, regarding disruptive behavior toward hospital personnel. **[Thoracic Surgery]**

**Fined***(continued)*

**Ilupeju, Oluremi** (6/26/12) – The physician was fined and required to take CME courses, based on a Maryland action regarding standard of care and unprofessional conduct. **[Ob/Gyn]**

**Reprimanded**

**French, James H.** (2/29/12) – The physician was reprimanded, based on an action by another jurisdiction for failure to submit a mass for lab testing after surgery, and failure to keep records of patient's treatment. **[Plastic Surgery]**

**Snyder, Jack W.** (2/29/12) – The physician was reprimanded, based on a criminal conviction and Board action by another jurisdiction for fraudulent representation on his financial disclosure form. **[Pathology & Preventive Medicine]**

**Hill, Augustus** (5/4/12) – The physician was reprimanded, based on other state actions regarding standard of care (allowing unlicensed practice and failure to inform patient of complications during procedure) and failure to maintain complete and accurate records. **[Surgery]**

**Gharagozloo, Farid** (5/4 /12) – The physician was reprimanded and fined, based on standard of care issues related to excision of a cancerous node. **[Thoracic Surgery]**

**Orders Terminated**

**Gaviria, Maria C.** (6/7/12) – The physician probation order of 12/29/11 was terminated, per compliance with the Order. **[Internal Medicine]**

**Hackney, David** (9/23/12) – The physician's probation order of 2009 was terminated, per compliance with the Order. **[Psychiatry & Neurology]**

**Manoochehr, Pooya** (9/23/12) – The physician's suspension order of 2009 was terminated, per compliance with the Order. **[Internal Medicine]**

**Stillions, Duane** (4/16/12) – The physician's suspension of 2009 was terminated, per compliance with the Order. **[Anesthesiology]**

**Other**

**Mahon, Melvyn V.** (6/26/12) – The physician's practice was restricted to no longer allow interventional cardiology in the District of Columbia until Arizona Medical Board permits him to do so. Action based on Arizona and Alabama actions. **[Cardiology]**

**Ahsan, Rehaan M.** (7/13/12) – The physician was ordered to complete 12 hours CME in Professionalism and Ethics, for failure to disclose arrests and various information on his application for licensure. **[Anesthesia]**

**Segev, Gilead** (7/13/12) - The physician was ordered to complete 12 hours CME in Professional Development, General Practice Management, and Practice Ethics, based on an action by another jurisdiction regarding aiding and abetting unlicensed practice, failure to maintain adequate records, and prescribing controlled substances outside of a physician/patient relationship. **[Internal Medicine]**

**Jonas, Sibrain Guyford** (7/13/12) - The physician assistant was ordered to complete 12 hours CME in Professionalism and Ethics, for failure to disclose arrests and various information on his application for licensure. **[Physician Assistant]**

# BoMed STATS

MEDICINE & SURGERY (MD)	10,395	SURGICAL ASSISTANTS (SA)	61
OSTEOPATHY & SURGERY(DO)	216	MEDICAL TRAINING LICENSEES (MTL)	900
PHYSICIAN ASSISTANTS (PA-C)	637	MEDICAL TRAINING REGISTRANTS (MTR)	1
ACUPUNCTURISTS (ACU)	171	POLYSOMNOGRAPHIC TECHNOLOGISTS (RPSGT)	40
ANESTHESIOLOGIST ASSISTANTS (AA)	31	POLYSOMNOGRAPHIC TECHNICIANS	
NATUROPATHIC PHYSICIANS (ND)	28	POLYSOMNOGRAPHIC TRAINEES	8

## COMPLAINTS & PRIVATE ORDERS

AS OF SEPTEMBER 30, 2012

COMPLAINTS RECEIVED = 90

PUBLIC ORDERS = 25

PRIVATE ORDERS ISSUED = 43  
(NEGOTIATED SETTLEMENT AGREEMENTS)



Government of the District of Columbia  
Vincent C. Gray, Mayor



### DC BOARD OF MEDICINE

Est. 1879

#### Address

Health Professional  
Licensing Administration  
Department of Health  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

#### Phone numbers

(202) 724-4900  
(877) 672-2174  
Office Hours: 8:15 am to 4:45 pm,  
Monday - Friday (except District holidays).

#### Fax number

(202) 724-5145

#### Web page

[www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed)

#### Current Members of the District of Columbia Board of Medicine

**Janis M. Orlowski, MD, MACP,**  
Physician Member and Chairperson

**Andrea A. Anderson, MD**  
Physician Member

**Anitra Denson, MD,**  
Statutory Member

**Lisa Fitzpatrick, MD**  
Physician Member

**John J. Lynch, MD,**  
Physician Member

**Lawrence A. Manning, MD,**  
Physician Member

**Marc Rankin, MD,**  
Physician Member

**Thomas J. Dawson III, JD, MPH, MA**  
Consumer Member

**Miriam A. Markowitz, MSc,**  
Consumer Member

Interim Director,  
Department of Health  
Saul M. Levin, MD, MPA

#### Board Staff

##### Executive Director

Jacqueline A. Watson, DO, MBA

##### Health Licensing Specialists

Benjamin Foster, MPA

Lisa Robinson

Deniz Soyer, MBA

Aisha Williams

##### Health Licensing Assistant

Cheryl Harris

##### Acting Assistant Attorney General

Ajay Gohil, Esq.

##### Newsletter Layout

Nancy Kofie