



Winter/Spring 2014 | Volume 17 Number 1

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



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LETTER FROM THE CHAIR

SPRING

*Nothing is so beautiful as Spring –
 When weeds, in wheels,
 shoot long and lovely and lush;
 Thrush's eggs look little low
 heavens...*

—Gerard Manley Hopkins

After a very long winter, these words from Gerard Manley Hopkins poem on spring come to mind and are emblematic of the good cheer and light spirit that has been seen in Washington in the past week. Despite this long winter, the Board of Medicine has been very busy completing a number of tasks. First, you should be aware that the second physician and physician assistant surveys from the 2012 reapplication cycle have been tabulated and are available online. The data was presented at our second biannual symposium on September 25, 2013 and described in greater detail the total number of physicians and physician assistants who are not only licensed but are actually practicing

greater than 20 hours per week in the District of Columbia. This information is critical for workforce preparation for the community. It's the Board of Medicine's intention to conduct a survey of the licensees with each reapplication cycle. We are just beginning the survey for the next reapplication cycle at the end of this year.

Disciplinary issues – the Board of Medicine has completed a number of disciplinary hearings, including a high profile case regarding the inappropriate use of narcotics. The Board of Medicine is current with all disciplinary matters at this time. I'd like to thank those members of the Board who have volunteered additional time and energy to the completion of this work.

The Board of Medicine has also completed an audit of 1% of the licensees as well as an audit of those who previously were noncompliant with



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

CME requirements. The Board has found less than a 10% noncompliance rate with the required 50 hours of CME in the most recent audit. The Board will continue to audit randomly-selected licensees after each reapplication period.

It is critical for all licensees to understand that there is **a new requirement in CME that will be reviewed in this next cycle.**

(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



2014

Spring has Sprung!
The cherry blossoms have

bloomed and things have been buzzing at the Board of Medicine since our last publication in Summer 2013.

NOTABLE MENTIONS:

WELCOME

• Dr. Joxel Garcia was formally appointed as the Director of DOH in February after serving in an interim capacity since July 2013. Dr. Garcia, an OB/GYN physician, formerly served as the Commissioner of Public Health for the state of Connecticut from 1999-2003. (Meet him on page 7.)

• In January, we welcomed Rikin Mehta, PharmD, JD, LL.M., as the new Sr. Deputy Director for the Health Regulation and Licensing Administration (HRLA). Dr. Mehta joins us from the US Food and Drug Administration where he served as the Deputy Director for the Division of Medical Policy Programs. (Meet him on page 7.)

• In November 2013, the Board welcomed Terrence Straub as its new consumer member. Mr. Straub is a former US Steel executive and served in the Carter White House as a special assistant for Congressional Affairs. In April 2014, the Board welcomed new consumer member Treasure R. Johnson, Esq. (Meet them on pages 8-9.)

• New Staff - I am delighted to report that we welcomed three new staff members to our team, Marvin Romero, LaJuan Jeffries-Johnson and Mary Harris, as well as new intern Rahwana Amare. (Meet them on page 9.)

FAREWELL

• In October 2013, we bid Feseha Woldu, PhD, farewell and good luck. Dr. Woldu served as the Sr. Deputy Director of the HRLA for fourteen years. I would like to take this opportunity to thank Dr. Woldu for his support and his dedication to HRLA and the public. (See page 10.)

• In March we said goodbye and a big thank you to Health Licensing Specialist, Aisha Williams. Aisha served as a HLS for the past five years and was an integral member of our team. We will miss her and we wish her well in her new position.

NEW HIV/AIDS REQUIREMENT AND RENEWAL 2014

• All physicians and physician assistants will be required to provide 3 hours of HIV/AIDS CME with this renewal cycle that begins on October 1, 2014. (See page 6 for topic areas that must be covered.)

BOMED BIENNIAL SYMPOSIUM

• In September 2013, we hosted our 2nd biennial symposium where we shared the summary of our findings from the 2012 physician and physician assistant workforce survey. Hot topics discussed included presentations from key note speakers on the healthcare workforce challenges in an evolving healthcare system, changes on the horizon for regulating the physician in the new health care market place and improving access to healthcare in the District. The symposium was very well attended and we received very positive feedback with requests for the Board to do an annual event. This request is being seriously considered by the Board with a likely activity to occur in September.

PHYSICIAN WORKFORCE CAPACITY

• During this 2014 renewal period we will once again conduct our workforce survey. This is the last phase of our 3 phased initiative aimed at accurately

capturing the workforce capacity of physicians and physician assistants in the District. A third report will be published in 2015. The previous 2 reports are available on our website www.doh.dc.gov/bomed.

BOARD SUBCOMMITTEE WORK

• The Board has established several subcommittees. These subcommittees have been tasked to develop and recommend guidelines to the full Board on important areas impacting best-practices in standard of care for licensure and discipline. Learn more about some of the subcommittee work, in topic areas such as minimum criteria for licensure; pain management; and international physician preceptorship criteria, in this issue of the Chair's Letter.

• Collaborative Practice, another recently formed Board subcommittee, will be working with the Board of Pharmacy subcommittee members to draft best-practice regulations around this area of practice. The regulations will outline the rules that will govern the relationship between a physician and a pharmacist in caring for patients.

GRANTED

The Board was recently awarded two grants:

• Extended Release and Long-Acting (ER/LA) Risk Evaluation and Mitigation Strategy (REMS) opioid educational grant in the amount of \$10,000. The grant award will be used to host a **3 hour CME** live (face to face) educational activity for healthcare professionals, targeting those with DEA registrations. This award is very timely and will serve to support the work already underway by the pain management subcommittee. (Learn more on page 19.)

• Workforce Capacity Minimal Data Set (MDS) grant in the amount of \$5,000. This grant will be used to support the work being done to implement the 3rd phase of the workforce capacity survey by the Board. The

survey will once again be issued during the renewal cycle which begins in October.

GRAND ROUNDS

• The Board attorney and I have been making the rounds at area hospitals and associations in the area bringing licensees up to date on current regulatory changes in the District. To date presentations have been made to Sibley Hospital, MedStar Hospital and CNMC. We will complete our rounds in early June and hope to reach a wide cross section of physicians in our effort to increase our outreach to providers.

2014 FSMB ANNUAL MEETING

• Board member Dr. Jeffery Smith, Health Licensing Specialist Deniz Soyer, MBA, and I represented the Board by attending the 102nd annual Federation meeting in Denver, Colorado. This year's theme was **From Policy to Action: Resources for Medical Regulators**. We heard from keynote speakers and influential leaders on up to date regulatory trends and topics such as **Interstate Medical Compact Licensure; Expedited Licensure; Collateral Consequences of Board Actions; Telemedicine; and Continuous Professional Development** that will help to keep the District ahead of the curve with implementing best-practices in medical regulation.

That's all for now. My staff and I continue to work closely with the Board and stakeholders to fulfill our mission 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.

Physicians and Physician Assistants, please remember to do your CME's and make sure that 3 are in HIV/AIDS. Our next issue will be in fall 2014, right before we embark upon our 2014 renewal cycle.

Until then, Do Good & Be Well!

LETTER FROM THE CHAIR (continued from page 1)

This CME requirement is that each licensee must complete a minimum of three hours of CME credit in the subject of HIV/AIDS. As you complete your CME for the year, please be sure that you meet this new standard.

Minimum training for licensees

– a subcommittee of the Board of Medicine is reviewing the current requirements for minimum training for licensed physicians in the District of Columbia. At the current time a minimum of one year postgraduate training is required for a full license. This minimum criteria has been in place for many decades and is thought not to be current with most practices regarding physician education and training. The subcommittee is considering a gradual increase in the minimum training requirement for all new licensees. We would be happy to hear from physicians in the District of Columbia regarding any concerns they may have regarding the subject as we develop a new policy.

Pain management

– a subcommittee of the Board of Medicine is reviewing the current standard of care for the prescription and use of opiates in medical practice. This work in part has been generated by concerns raised in disciplinary hearings, reviewing multiple new standards in other states and in reviewing literature regarding the misuse of prescription drugs in the general population. The Board intends to develop new policy regarding the expected standard of care, documentation and follow-up for those who prescribe opiates. If you are interested in participating in this ad hoc committee work please contact me at the Board of Medicine.

International preceptorship

program – at the request of several academic medical centers, the Board of Medicine is reviewing an opportunity to expand international preceptorship programs to include non-invasive procedural participation in medical care. The District of Columbia continues to attract international physicians to study and learn in our local academic medical centers. The Board will continue to oversee all trainees through the current medical training licensing program.

The Board of Medicine has requested that the Department of Health begin to track, through dashboard methodology, the time it takes an applicant to complete and receive a license. The Department of Health has already demonstrated an improvement in the turnaround time; this information will be provided publicly as a means to continue to demonstrate best in class performance of the Board.

The Board of Medicine has recently received two grants. The first to participate in a national workforce survey with the Federation of State Medical Boards. This work parallels the work that we have already started on workforce surveys. The second grant has been awarded to help in education regarding current trends, concerns and inappropriate use of prescription drugs, particularly opiates.

The Council of the District of Columbia has passed a law allowing the collaborative practice of medicine between physicians and pharmacists. The

Board of Medicine is currently working with the Pharmacy Board to develop the appropriate policies and practice to oversee this work. The Board of Medicine envisions the opportunity for a physician to work collaboratively with the pharmacist to change the dosing of certain drugs, an example would be the ability to change the dose of anticoagulants or antibiotics based on laboratory tests that are outlined in a collaborative agreement between the physician and pharmacist. The Board of Medicine looks forward to working with the Board of Pharmacy to complete these policies. We also look forward to any comments or questions you may have regarding this important work.

The Board of Medicine's legal staff will be completing policies on acupuncturist regulations, anesthesiology assistants, medspa, perfusionist, telemedicine, trauma technology, and surgical assistants over the next four months. Please look for these policies and provide us with your comments and concerns.

Finally, a thank you for the staff and the members of the Board of Medicine. I'm proud to be associated with individuals who volunteer their time and talents to improve medical care and oversight in the District.

Enjoy your Spring and Summer!

Best regards,

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

CAUTION! DISTRICT DOCTORS TARGETED FOR IDENTITY THEFT

Physicians practicing in the District have been targets of identity thieves this tax season. According to the Medical Society of the District of Columbia (MSDC) **"fraudulent income tax returns are being filed using physician names, addresses and Social Security numbers. IRS officials believe this scam is an attempt to fraudulently recover tax refunds."** If you detect suspicious activity, visit the IRS's identity protection webpage at <http://www.irs.gov/uac/Identity>. MSDC requests that scam victims notify the organization about suspicious activity by contacting MSDC Executive Vice President Ed Shanbacker at 202-466-1800 or shanbacker@msdc.org.

Counsel's Column

BOARD ACTIONS IN DISCIPLINE CASES

By Brian G. Kim, Esq., Attorney-Advisor to the D.C. Board of Medicine

Among the Board's primary duties is to review complaints filed against licensees under its governance. Complaints can range from minor issues to those involving serious allegations of patient abuse or other serious misconduct. When the Board considers a complaint in the disciplinary context, it may be resolved in one of the following ways: 1) close the complaint with no action; 2) close the complaint with a letter of concern; 3) close the complaint with a negotiated settlement agreement that remains private; or 4) issue a notice of intention to take disciplinary action. This article will address the complaint process resolution process.

Once a complaint is received by the Board, it is reviewed for legal sufficiency - to determine whether the complaint meets minimum legal standards under the Health Occupation Revisions Act (HORA) to merit further review. Once a determination has been made that the complaint meets minimum standards for legal sufficiency, the complaint is forwarded to the licensee with an Order to Answer the complaint. Upon receipt of the licensee's response to the complaint, both the complaint and the response are submitted to the Board for further consideration. A failure to respond to the Board's Order to Answer will itself result in disciplinary action.

Upon review of the complaint and the licensee's response, the Board may take one of the following actions:

- 1. Close the complaint with no further action:** Where the Board finds that the complaint merits no further action, in view of both the complaint and the licensee's response, the Board will take no further action and close the matter. The complainant and the licensee will be notified of the closure of the complaint.
- 2. Close the complaint with a Letter of Concern:** Where the Board finds that the complaint merits no further action, but raises some questions about a licensee's practice, the Board may, nonetheless, close the complaint. In addition to closing the complaint, the Board may issue a Letter of Concern to the licensee. The Letter of Concern is a non-public, non-disciplinary communication between the Board and the licensee, and is not disclosed to the complainant or any reporting entity, nor is it reported to any other licensing or privileging authority. The licensee is encouraged to adopt the matters raised in the Letter of Concern, but is not required to do so.
- 3. Conduct further investigation:** The Board may determine that, upon review of the complaint and the response, the matter requires further investigation, in which case, the Board will review additional information gathered by an investigator, including further interviews with witnesses, review of additional records and gathering other relevant information. In some instances, the Board may refer the matter for expert peer review for further information and clarification of the issues raised in the complaint, particularly where there is an issue regarding standard of care in a particular practice area. Following the investigation, the Board may close the complaint or proceed further with complaint, as described below.
- 4. Negotiated Settlement Agreement:** Where a complaint raises significant concerns, but the Board finds that there is no violation of the HORA, the Board may enter into a negotiated settlement agreement with a licensee to address those concerns. These cases are those where under a different view, a potential violation may be found but the Board determines that a Negotiated Settlement Agreement would be in the best interests of the licensee. Typically, the types of cases where the Board would enter into a Negotiated Settlement Agreement include cases involving a licensee's failure to create or maintain a licensee profile, failing to comply with continuing medical education requirements, failing to respond to Board requests, failing to report malpractice actions filed against the licensee, and failing to provide patient records. This is not an exhaustive list of circumstances. A Negotiated Settlement Agreement is a non-public resolution of the complaint, and therefore, is not reported to the Federation of State Medical Boards or to the National Practitioners Data Bank.
- 5. Notice of Intent to Take Disciplinary Action:** Where the complaint demonstrates a deviation from the standards of conduct or standard of care, and the Board determines that a violation of the HORA has occurred, the Board may issue a Notice of Intention to Take Disciplinary Action (NOI). The NOI is a formal notice of charges alleging a violation of the HORA. A licensee who has been charged with an NOI may request an evidentiary hearing - much like a trial in court, in which case the Board, sitting as the fact finder, will convene a three-member panel to hear the case and receive evidence. A licensee may be represented by counsel in these proceedings. The District of Columbia government is represented by the Office of the Attorney General and will present the case on behalf of the District government. Each side may call witnesses, as well as submit tangible evidence.

(continued on page 5)

EXECUTIVE GRAND ROUNDS

Executive Director Dr. Jacqueline Watson and Board Attorney Brian Kim have taken the message to the people. March through early June, presentations will be made to all the area hospitals about important topics that impact license status. To date, presentations on topics such as **the new HIV/AIDS CME requirement, pain management guidelines, collaborative practice, and updates on the status of telemedicine, medspa and social media regulations** have been made to Sibley, MedSTAR NRH and Children's National Medical Center. Presentations will also be made to the DC Hospital Association and the Medical Society of the District of



Photo courtesy of Sibley Hospital.



(continued from page 4)

Following the hearing before a three-member panel, the panel will issue a recommended decision, including findings of fact and conclusions of law, based on the evidentiary record. A licensee who is adversely affected by the recommended decision may file exceptions to the recommended decision, which the full Board will consider. Upon consideration of the exceptions and the entire evidentiary record, the full Board will issue final decision, which is appealable to the District of Columbia Court of Appeals.

In lieu of a hearing, the charges in an NOI may be resolved through a consent order, in which the subject licensee may consent to the entry of an order identifying a violation of the HORA and consenting to certain sanctions. The advantage of entering into a consent order is to avoid the time and expense of an evidentiary proceeding and to have some certainty of outcome, rather than the uncertainty of outcome following the submission of evidence, which may result in a full range of sanctions discussed below. A consent order is a public document and will be disseminated to the Federation of State Medical Boards and to the National Practitioner Data Bank, as well as disclosed to the public on the District of Columbia Department of Health's website. Occasionally, but rarely, an NOI may be resolved through a negotiated settlement agreement.

The sanctions that may be imposed either following an evidentiary hearing on charges alleged in an NOI, or through a consent order, are: reprimand, suspension, or revocation. In addition, the Board may impose probation with terms of probation to any of these sanctions, as well as a civil fine. A reprimand is a public indication of a

violation of the HORA, but does not limit the licensee's ability to practice, unless the Board attaches conditions to the reprimand that may restrict the license in some manner. A suspension is a temporary cessation of the ability to practice, usually accompanied with a period of probation during which the licensee must complete certain terms of probation. A revocation is the discontinuation of practice altogether. While a licensee whose license has been revoked may petition the Board for reinstatement of the license, in some instances, the Board may impose a permanent revocation of the license precluding the future ability to reinstate the license.

In cases where there is an imminent danger to the safety of the public, the Mayor, through Department of Health, may summarily suspend a license, in which case the licensee must immediately cease all practice. The licensee may request a hearing at the District of Columbia Office of Administrative Hearings on the summary suspension within 72 hours of the issuance of the summary suspension. If the summary suspension is sustained at the hearing, the licensee remains suspended from practice until the matter is resolved.

The foregoing is a brief discussion of the resolution of complaints by the Board when the Board receives and reviews complaints. Each licensee is encouraged to review the HORA and the regulations to be aware of the standards of practice. Both the HORA and the regulations are accessible at www.doh.dc.gov, by following the links to health professionals and licensing boards.

THANKS AND FAREWELL TO HRLA SENIOR DEPUTY DIRECTOR FESEHA WOLDU, PHD



Above: Dr. Feseha Woldu with DOH Director Dr. Joxel Garcia. **At left:** Dr. Woldu and Councilmember Yvette M. Alexander pose for a photo with current and former Directors of the Department of Health (left to right) Dr. Gregg Pane, Dr. Garcia, Dr. Pierre N.D. Vigilance, and Dr. Ivan Walks.

In October 2013, DC Department of Health bid farewell to Feseha Woldu, PhD, who served as Senior Deputy Director of the Health Regulation and Licensing Administration (HRLA) for 14 years. During his tenure, Dr. Woldu was instrumental in shaping HRLA into the highly regarded organization it is today with over 180 employees that staff more than 22 professional boards and regulate over 70,000 licensees. At HRLA, Dr. Woldu not only oversaw the licensing of the city's healthcare professionals, but also compliance and investigations, controlled substances, food inspections, and rodent control. During his tenure, Dr. Woldu was able to expedite online licensure renewal and institute a system to make compliance information available online.

Dr. Woldu is now serving as the Associate Vice President for Clinical Affairs and Quality for Howard University and in that capacity works with Howard University Hospital executives, physicians of the Faculty Practice Plan and the deans of the Health Sciences colleges to ensure excellence in those clinical programs.

We wish him all the best in his new position.

BOARD CHAIR ACKNOWLEDGED FOR MERITORIOUS SERVICE

At its Fall Annual Meeting, the Medical Society of the District of Columbia (MSDC) awarded its 2013 Certificate of Meritorious Service to **Dr. Janis Orlowski** because "Dr. Orlowski has served the profession of medicine as Chair of the Board of Medicine, Chief Operating Officer/Chief Medical Officer at MedStar Washington Hospital Center, and as leader of the District of Columbia Hospital Association (DCHA) Medical Directors' Forum." According to MSDC Executive Vice President K. Edward Shanbacher: "Our City is a healthier and safer place in which to live and work as a result of all Dr. Orlowski's efforts."



WELCOME INTERN RAHWANA AMARE



The Board welcomes intern Rahwana Amare. A recent graduate of Georgetown University, Ms. Amare majored in biology and minored in women's studies. She is currently in a post-baccalaureate program at the University of Maryland in preparation for pursuing a medical degree.

WELCOME!**DOH WELCOMES NEW DIRECTOR JOXEL GARCIA, MD, MBA**

In February, Dr. Joxel Garcia was confirmed to serve as the Director of the District's Department of Health (DOH).

Dr. Joxel Garcia is a physician and a former four-star admiral in the US Public Health Service Commissioned Corps. He served as the thirteenth Assistant Secretary for Health (ASH), US Department of Health and Human Services from March 13, 2008 to January 20, 2009. Most recently he served as the President of the Ponce School of Medicine, Ponce, Puerto Rico.

From 1999 to 2003, Dr. Garcia was Commissioner of Public Health for the state of Connecticut. During that time, he instituted a bioterrorism preparedness program, launched the national smallpox preparation and vaccination plans, and led Connecticut's response to the anthrax attack. He

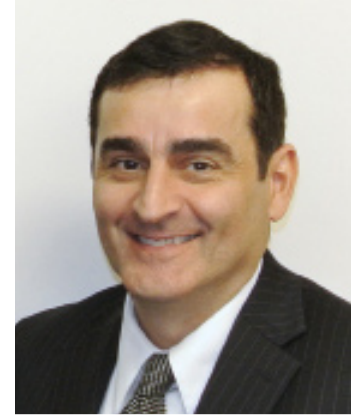
also created urban health initiatives for disease prevention, and managed improvements in health literacy and economic conditions.

From 2003 to 2006, Dr. Garcia served as Deputy Director of the Pan American Health Organization (PAHO)/Regional Office Western Hemisphere for the World Health Organization. As Deputy Director, Dr. Garcia was responsible for setting the general direction and strategy of the organization alongside the director and for providing leadership and advice on all policy decisions. He was also responsible for maintaining effective relations between the organization and the governments of the United States, Canada, and Puerto Rico.

Dr. Garcia was nominated for appointment by President

George W. Bush for the position of Assistant Secretary for Health with the rank of admiral in the Public Health Service Commissioned Corps in late 2007. He was confirmed by the US Senate on March 14, 2008, becoming the first Puerto Rican to serve as Assistant Secretary for Health.

As the Assistant Secretary for Health, García was the primary advisor to the Secretary of Health on matters involving the nation's public health system and health science. He also oversaw the US Public Health Service and its Commissioned Corps for the Secretary of Health. In his position, García's responsibilities included disease prevention, health promotion, public health preparedness, women's and minority health, reduction of health disparities, fight against



Joxel Garcia, MD, MBA

HIV/AIDS, pandemic influenza planning, and vaccine preventable diseases. Dr. Garcia's experience in public health encompassed health care delivery, bioterrorism preparedness, health policy, and international health affairs.

DOH WELCOMES SENIOR DEPUTY DIRECTOR RIKIN MEHTA, PHARM D, JD, LLM

Dr. Rikin Mehta was appointed Senior Deputy Director for the Health Regulation and Licensing Administration for the DC Department of Health on January 13, 2014.

Dr. Mehta (or Rik) comes from the U.S Food and Drug Administration (FDA) where he served as the Deputy Director for the Division of Medical Policy Programs at the Center for Drug Evaluation and Research (CDER), Office of Medical Policy. As the Deputy, Dr. Mehta created and led the Nonprescription drug Safe Use Regulatory Expansion (NSURE) Initiative exploring regulatory methods to alleviate the undertreatment of common conditions or diseases through the use of innovative technologies or other conditions of safe use to expand access to medications.

Dr. Mehta started his FDA career in CDER, Office of Compliance (OC), where

he worked primarily on the Agency's unapproved drugs initiative. His responsibilities included ensuring industry compliance for the drug approval process, better patient access to safe and effective medicine. Following this work, Dr. Mehta served on detail as Senior Advisor for Globalization. In that role, he advised a working group that published the Commissioner's Special Report on the Pathway to Global Product Safety and Quality. Dr. Mehta was also involved in creating a new sub-office within CDER's Office of Compliance focused on drug security, integrity and recalls to work on domestic and international policies related to supply chain security and anti-counterfeiting. In this position, he enhanced the programmatic mission for global supply chain security by working on a 6-month tour of duty at the World Health Organization in Geneva, Switzerland

to further elements of a global surveillance system for detecting and reporting counterfeit drugs. Notably, Dr. Mehta served as an FDA technical advisor to INTERPOL and member of their coordination committee for a week-long operation called Operation Pangea IV. This operation involved the coordination of 81 countries and resulted in multiple arrests and the seizure of 2.4 million potentially harmful medicines worth USD 6.3 million worldwide.

Prior to FDA, Dr. Mehta worked as a drug store pharmacist as well as an emergency room/critical care pharmacist at a university hospital. Dr. Mehta received his B.S. in pharmacy from Rutgers University and Pharm.D. from the University of Arkansas for Medical Sciences. He later received a J.D. from Rutgers University School of Law and a Master of Laws in Global Health Law and International Institutions



**Rikin S. Mehta,
PharmD, JD, LLM**

through a joint program with Georgetown University Law Center and the Graduate Institute for International and Development Studies in Geneva, Switzerland. Dr. Mehta is originally from Houston, Texas and lives in the District of Columbia with his wife Reema, son Shailen and his puppy Dexter.



Terrence D. Straub

Terrence D. Straub served at the White House as Special Assistant for congressional affairs to President Jimmy Carter, and in 1981 joined U.S. Steel as Manager-Governmental Affairs. At U.S. Steel, he also served as Director-Governmental Affairs. He became Vice President-Governmental Affairs for USX Corporation in 1991. He was named Senior Vice President-Public Policy and Governmental Affairs in 2003.

Mr. Straub served as a member of the Industry Sector Advisory Committee, a position appointed by the U.S. Secretary of Commerce and the U.S. Trade Representative.

He serves on the Advisory Board of Manna Inc., a non-profit community-housing program active in the District, is a member of the Executive Committee of the FederalCity Council and the Washington Economic Club, and is Co-Chairman of the DC Metropolitan Police Foundation.

Mr. Straub holds a BA degree in business administration from Indiana University and an MA in international public policy from the Johns Hopkins School of Advanced International Study. He has lectured at American University, George Washington University, Connecticut College, Indiana University and the Harvard University Kennedy School of Government. Mr. Straub is a Fellow in the Advanced Leadership Initiative at Harvard University. He is married and has three sons.

MEET CONSUMER BOARD MEMBER TERRENCE D. STRAUB

"I think health care delivery today is at a critical moment in our country, and in our history. It is becoming evermore sophisticated and technological and available, and as a consumer of medical services, like any other citizen, I am concerned about the quality of the care that is delivered. From a policy point of view, it has always been important to me."

When were you appointed to the Board?

November 2013.

Why and how did you get involved with the Board? What sparked your interest in serving as a Board member?

I had been communicating with the Mayor's office. I am a retired U.S. Steel executive. I have always lived in the city and wanted to volunteer my time. The Mayor's office contacted the Office of Boards and Commissions, and there was a need for a consumer member, so I agreed to volunteer. I wanted to serve the city in some capacity. As a retiree, I have time available.

Is there any aspect of your service as a Board member, thus far, that has surprised you (or has the experience been what you expected it to be)?

It is pretty straight forward. The one thing it reinforced is that we are all human beings, and those who practice medicine—doctors—are no different. They are entrusted to heal people, so you need a regulatory framework to monitor medical practices that are not appropriate, and to sanction the same. It is what I expected it to be.

What unique perspective do you bring to the Board (if any)? How do you think your life experiences or career experiences have helped prepare you to become an effective Board member?

I think health care delivery today is at a critical moment in our country, and in our history. It is becoming evermore sophisticated and technological and available, and as a consumer of medical services, like any other

citizen, I am concerned about the quality of the care that is delivered. From a policy point of view, it has always been important to me.

What Board-related issue(s) interest you most?

Malpractice. The kind of doctors in the medical profession that may be potentially harming people when they are supposed to be healing them.

Is there anything about the District or the DC population that poses a unique challenge regarding the regulation of medicine?

We are not particularly different from other jurisdictions. We are fairly affluent, with areas of poverty—in this regard we are not unique.

What challenges do you anticipate that the Board might face in the future?

As the practice of medicine becomes more complex and sophisticated, the role of medical boards will be increasingly important.

What would you tell someone who is thinking about applying to serve on the Board?

It is a very rewarding and a worthwhile endeavor, supporting the mission of the Board to protect the public.

Any message you would like to convey to licensees?

Hopefully, they are aware—should be aware—that the Board is very active, and very vigilant, and makes every attempt to respond to complaints about medical practice in a timely and aggressive fashion.

BOARD MEMBERS SWORN IN



Director of Boards and Commissions, Darryl Gorman (left), with BoMed Chairperson Janis Orlowski, MD, and new Consumer Board Member Terrence D. Straub after being sworn in as a member of the Board in November 2013.



Darryl Gorman and Board Vice Chair Marc Rankin, MD, (right) welcome new Consumer Board member Treasure R. Johnson, Esq., who was sworn in in April 2014.



Chair Janis Orlowski, MD, with Consumer Board Member Thomas J. Dawson III, JD, MPH, MA and Physician Member Lisa Fitzpatrick, MD shortly after being re-appointed to another term of service on the Board.

WELCOME BOARD MEMBER TREASURE R. JOHNSON, ESQ

New Board Member Treasure R. Johnson (pictured above) is a Partner at McKenna Long & Aldridge LLP, Litigation Division, Washington, DC. Her Practice focuses on defending securities law investigations and enforcement actions, including the representation of individuals and corporate entities in regulatory, civil and criminal investigations, prosecutions and litigation; conducting internal investigations; and corporate governance counseling. Prior to joining McKenna, Ms. Johnson was a Partner at Venable LLP, Washington, DC, Litigation Division. She also served as Sr. Assistant Chief Litigation Counsel at the U.S. Securities and Exchange Commission, Washington, DC. In that role she was the lead trial counsel, and supervised a group of trial attorneys and support staff, managing and executing all phases of litigation for the SEC in federal and administrative proceedings.

BOARD OF MEDICINE WELCOMES NEW HEALTH LICENSING SPECIALISTS



LAJUAN JEFFRIES-JOHNSON, MARVIN ROMERO,
AND MARY HARRIS

The DC Board of Medicine welcomed three new health licensing specialists during September 2013 - March 2014:

- **Ms. LaJuan Jeffries-Johnson** joined the team in March. She worked in the processing department of the Health Regulation and Licensing Administration for two years prior to coming to the Board. Before DOH, she worked as an office manager for a defense contractor.
- **Mr. Marvin Romero** joined the team in February. Before joining the Board staff, he worked at US Renal Care, Inc., as the capitol region insurance advocate and financial advisor. Prior to US Renal Care, he worked with the American Kidney Fund as a Medicare Part D/ Safety Net Coordinator. He brings over 10 years of health care experience to the Board.
- **Ms. Mary Harris** joined the team in September 2013. Prior to joining the staff of the DC Board of Medicine, she was on the staff of the Georgia Board of Medicine and served as their licensing manager.

WELCOME ABOARD!



NEW HIV/AIDS CME REQUIREMENT IN 2014

The 2014 renewal period will begin on October 1, 2014.

All licenses will expire on December 31, 2014. Effective July 13, 2012, the City Council enacted into law that beginning with the 2014 renewal cycle all physicians, PA's, and nurses must complete at least 3 hours of HIV/AIDS CME courses.

At a minimum the courses must provide information on one or more of the following topics:

- (I) THE IMPACT OF HIV/AIDS ON POPULATIONS OF DIFFERING AGES, PARTICULARLY THE SENIOR POPULATION;
- (II) THE IMPACT OF HIV/AIDS ON POPULATIONS OF DIFFERENT RACIAL AND ETHNIC BACKGROUNDS;
- (III) THE GENERAL RISK TO ALL INDIVIDUALS IN THE DISTRICT OF HIV INFECTION;
- (IV) HOW TO INFORM ALL PATIENTS ABOUT HIV/AIDS, DISCUSS HIV/AIDS WITH ALL PATIENTS, AND APPROPRIATELY MONITOR ALL PATIENTS FOR POTENTIAL EXPOSURE TO HIV AND AIDS; OR
- (V) THE USE, BENEFITS, AND RISKS ASSOCIATED WITH PRE- AND POST-EXPOSURE PROPHYLAXIS TREATMENT.

PLEASE BE AWARE THAT THE DC BOARD OF MEDICINE HAS NOT ENDORSED ANY HIV/AIDS PROGRAM BEING MARKETED TO PHYSICIANS. TO COMPLY WITH THE LAW, PLEASE ENSURE THAT YOUR CME'S COVER ONE OF THE 5 AREAS LISTED ABOVE.

IS ONE YEAR ENOUGH TO MAKE YOU A DOCTOR?

A review of licensure requirements of other states reveal that there is a trend arising to increase the number of years of postgraduate training that a physician must receive before being eligible for licensure. Currently, DC law requires only one year of postgraduate training for a US medical school graduate and 3 years of postgraduate training for a foreign medical school graduate.

The subcommittee on minimum criteria for licensure made the following recommendations to the Board

about changes that should be made to DC law around eligibility for licensure.

The committee believes that states will move to require that all postgraduate physicians, foreign and US, receive 3 years of postgraduate training prior to being eligible for a license.

The Board is therefore recommending a two-phased approach as follows:

1. Require 2 years of postgraduate training for US trained medical school graduates by 2016
2. Require 3 years of postgraduate training for US trained medical school graduates by 2018

The current 3 year requirement for foreign trained medical school graduates would remain.

The Board wants to hear from you on this topic.

Please send an email to: dcbomed@dc.gov with "license requirement" in the subject line. Or post a comment on our facebook page at:

<https://www.facebook.com/dc.bomed>



Board staff and Dr. Rikin Mehta (center), HRLA Senior Deputy Director, meet with Graduate Medical Education (GME) Directors from District hospitals to discuss licensure requirements in the District.

UPDATE FROM THE DC PHARMACEUTICAL CONTROL DIVISION ON DC'S MEDICAL MARIJUANA PROGRAM

Program updates as of 4/30/2014:

- 287 patients and 13 caregivers are registered into the program.
- 3730 Physician Recommendation Forms have been distributed to 113 participating physicians.
- There are currently 3 dispensaries and 3 cultivation centers operating in DC.
- The average patient age is 51, with a median patient age of 52.

Physicians wishing to recommend medical marijuana for patients must request Medical Marijuana Program Physician Recommendation Forms from the DC Department of Health. Recommendation forms are only used to recommend medical marijuana to patients; the form itself is not a prescription. To recommend medical marijuana, physicians must be licensed in good standing to practice medicine or osteopathy in the District of Columbia. Patients seeking medical marijuana will not be allowed to register for the Medical Marijuana Program without a physician recommendation. To obtain recommendation forms, physicians must (1) request recommendation forms using the Physician Recommendation Order Form posted online at <http://doh.dc.gov/mmp>; and (2) mail, fax, or email requests to the address as listed on the form. There is no physician registration for DC's Medical Marijuana Program. In May 2014, the Department expects to introduce an online system for physicians to recommend Medical Marijuana for Patients. Please monitor your email for further communications.

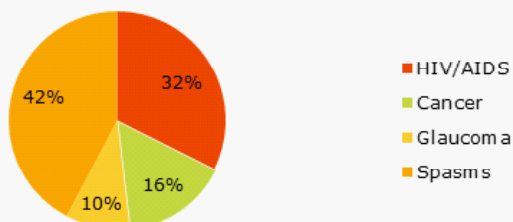
At this time, legislation and regulations allow for the recommendation of medical marijuana for the following: Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), cancer, glaucoma, and conditions characterized by severe and persistent muscle spasms, such as multiple sclerosis. Qualifying medical treatments include any of the following: chemotherapy, use of azidothymidine or protease inhibitors, and radiotherapy.

On May, 7 2014, the Department will hold a public hearing to consider adding Post-Traumatic Stress Disorder as a new qualifying medical condition. The hearing will be held at 9:30am on Wednesday, May 7, 2014 at 899 N. Capitol Street, NE Room 406/407.

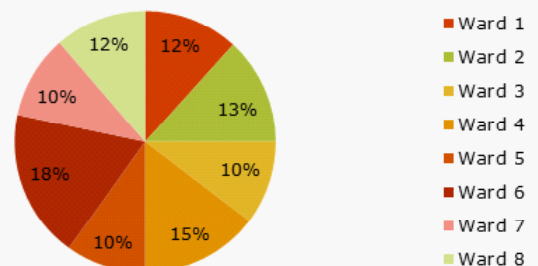
For more information, please visit the Department of Health Medical Marijuana webpage: <http://doh.dc.gov/mmp>.

As of April 30, 2014, the Medical Marijuana Program had 287 patients registered, three cultivation centers: Center City, District Growers, and Holistic Remedies and three dispensaries: Capital City, Metropolitan Wellness, and Takoma Wellness.

Patient Breakdown by Diagnosis



Patient Breakdown by Ward



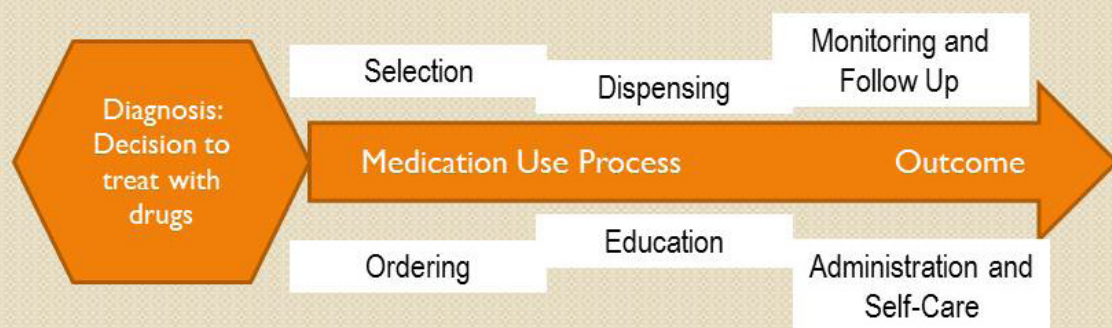
THE BOARD IS IN OPEN SESSION

COLLABORATIVE CARE WITH PHARMACISTS

PHARMACY BOARD MEMBERS' PRESENTATION ON COLLABORATIVE CARE

Collaborative Care

World class pharmaceutical care



District of Columbia Board of Pharmacy (BOP) Chair Daphne Bernard, PharmD, RPh, and BOP member Tamara McCants, PharmD, RPh, offer a presentation to BoMed members on the BOP/BoMed collaborative agreement.

The Board of Medicine and Board of Pharmacy will work collaboratively on drafting the regulations that will govern the relationship between the physician, the patient, and the pharmacist as required by law. Participation in a collaborative practice agreement will be voluntary and regulations will be drafted pulling from the National Association of Boards of Pharmacy Model Act. Both boards believe that the standard of care delivered to patients will be enhanced through these agreements. The Board of Pharmacy and Board of Medicine plan to have regulations completed by the end of the fiscal year.



Tamara McCants, PharmD, RPh (left) and **Daphne Bernard, PharmD, RPh** (right)

ANTIPSYCHOTICS AND THE ELDERLY



Susan F. Wood, PhD, Associate Professor and Director of the Jacobs Institute of Women's Health, School of Public Health and Health Services, George Washington University (GWU), shared findings from a report analyzing data for DOH from 2007-2011, pursuant to the AccessRx Act.

Dr. Woods shared the following regarding physicians who serve as nursing home medical directors:

- About half (nine of 19) received no gifts from pharmaceutical companies.
- Seven received single-year gift totals of less than \$100 (in food).
- Six of the physicians received gifts totaling \$100-\$800 in at least one year. Most in the form of food; some took the form of books.

According to Dr. Woods, the total value of reported pharmaceutical gifts to District nursing home medical directors during these years was relatively low compared to the total value of gifts to physicians who received the greatest total amounts during that time period.

(More on Access Rx: <http://doh.dc.gov/node/158762>)

THE BOARD IS IN OPEN SESSION

DC HOME HEALTH ASSOCIATION



Dr. Solange Vivens (left), Eric Walcott, Executive Director of the DC Home Health Association, and association member **Tippi Hampton** spoke to the Board regarding the 30-day signature rule for beneficiaries' Plans of Care. It has created a major problem as physicians are not complying, which leads to Medicaid denials.

REGULATION FOR TRAUMA TECHS IN DC



From Children's National Medical Center, Trauma Technologist **Marshall Jackson (left)**, with physicians **Eric Rosenthal, MD** and **Alexandra Rucker, MD**, spoke to the Board about regulating trauma techs.

AUTHORIZATION FOR PERSONAL CARE AIDE SERVICES



Jacqueline McDaniel, RN (left), Project Manager of Delmarva Foundation and DOH's Pamela Hodge, RN speak to the Board regarding proposed amendments to the rules establishing a process for independent assessment of need and authorization for PCA services.

PhRMA COUNSEL PETITIONS THE BOARD

David Wilmot, Esq., of Harmon & Wilmot, LLP, counsel to **PhRMA** (Pharmaceutical Research and Manufacturers of America) addresses the Board regarding the mandate for BoMed and the Board of Pharmacy (BOP) to work together to create regulations concerning collaborative care agreements between pharmacists and physicians. PhRMA proposes that the collaborative care agreements be between 1 physician: 1 pharmacist:1 patient, not multiples. They would like the regulation to state the agreements are for 6 months, and would be re-reviewed.



MEDICAL RESIDENTS FROM ATSU-SOMA VISIT BOMED

Medical students visiting from A.T. Still University's School of Osteopathic Medicine in Arizona (ATSU-SOMA) observe the Board of Medicine's open session. The residents spent some time at Unity Health Care.





KEYNOTE SPEAKERS: **ED SALSBERG, MPA** (above, right), Director, National Center for Workforce Analysis addressed the topic "Healthcare Workforce Challenges in an Evolving Healthcare System: The Big Picture"; and **HUMAYUN CHAUDHRY, DO, MACP, FACOI**, President/CEO, Federation of State Medical Boards addressed the topic of "Regulating the Physician in the Marketplace: Changes on the Horizon."



HONORABLE COUNCILMEMBER YVETTE M. ALEXANDER, CHAIR OF THE COMMITTEE ON HEALTH

PHYSICIAN & PHYSICIAN ASSISTANT WORKFORCE SYMPOSIUM

On September 25, 2013, the Board of Medicine held its second biennial symposium. The event was cosponsored by the GWU School of Medicine and Health Sciences, and the GWU Milken Institute School of Public Health. The keynote speakers were **Ed Salsberg, MPA**, director of the National Center for Workforce Analysis and **Humayun Chaudhry, DO, MACP, FACOI**, president of the Federation of State Medical Boards. **DOH Director Dr. Joxel Garcia** and **Councilmember Yvette Alexander** provided opening remarks and she applauded the Board for all their efforts. Board Chair **Dr. Janis Orłowski** presented a summary of the data regarding the physician and physician assistant workforce. You may read the Board of Medicine's Workforce Capacity Report and symposium presentations online at the Department of Health website: www.doh.dc.gov/bomed.



JOXEL GARCIA, MD



JOHN P. DOMINGUEZ, ESQ. Assistant U.S. Attorney discussed the challenges around fighting Rx opioid abuse.



JANIS ORŁOWSKI, MD



PATRICIA M. D'ANTONIO, RPH, MS, MBA, CGP Executive Director, Board of Pharmacy & Program Manager, Pharmaceutical Control Division, presented information on the Pharmaceutical Control Medical Marijuana Program.



“IMPROVING ACCESS TO HEALTHCARE IN THE DISTRICT OF COLUMBIA” PANEL

Members of the panel engaged in a lively discussion about the opportunities and challenges that will confront the District with the implementation of the Patient Protection Affordable Care Act.

(1) **Simmy Randhawa, DNP, MBA, MS**, Vice Chair, DC Board of Nursing and Director, Nursing Education, Professional Development and Parish Nursing, Children’s National Medical Center; (2) **Brenda Kelly, MPA**, Interim Director, DC Department of Health, Community Health Administration; (3) **James Crawley PA-C**, Director of the Physician Assistant/Master of Public Health Program, and Professor of Physician Assistant Studies in the School of Medicine and Health Sciences at The George Washington University; (4) moderator **Janis Orłowski, MD, MACP**, Chair, DC Board of Medicine; (5) **Henry J. Aaron, PhD**, Vice Chair, DC Health Benefits Exchange Authority; and (6) **Wayne Turnage, MPA**, Director, DC Department of Health Care Finance.

INTERNATIONAL COLLABORATION: SAUDI HEALTH OFFICIAL VISITS HRLA OFFICES



Dr. Yasser Tashkandi, Saudi Commission for Health Specialties

In December 2013, the Board of Medicine hosted members of the Saudi Commission for Health Specialties and International Medicine Program at The George Washington University School of Medicine. The purpose of the visit was to gain an understanding of how the District and other health professional boards function in the US. **Dr. Yasser Tashkandi, the Assistant Secretary for Classification and Registration at Saudi Commission for Health Specialties**, presented with several questions, in particular about staffing and the main standards of operation utilized to ensure accurate services are delivered to practitioners. Several staff members from the Boards of Medicine, Nursing, Pharmacy, Dentistry, and Allied Health were on hand to discuss the policies unique to their boards and professions. Staff also discussed the important role boards play in educating the public.

FSMB 102nd ANNUAL CONFERENCE Denver, Colorado



Dr. Watson, with Health Licensing Specialist Deniz Soyer, MBA, and Physician Board member Jeffrey Smith, MD, co-moderated the FSMB Atlantic States regional board forum session where colleagues engaged in a lively discussion about several hot topics in regulation and shared best-practices.



Federation of State Medical Boards (FSMB) District of Columbia Delegate and Board of Medicine Physician member Jeffrey Smith, MD (center)

TASKFORCE UPDATES

Telemedicine: The Board continues to work on finalizing regulations that will govern the practice of telemedicine in the District. The **Federation of State Medical Boards**, during its April annual meeting, unanimously voted to adopt the model policy from the SMART Workgroup that will be used to guide the level of guidelines for use by state medical and osteopathic boards in evaluating the appropriateness of care as related to the use of telemedicine between a physician in one location and a patient in another, with or without an intervening health care provider. The Board expects to publish regulations in the new fiscal year.

Medispa: The Medispa Taskforce continues to discuss best practice guidelines for cosmetic/medispa services in the District. The taskforce will reconvene in May and the Board Attorney plans to complete regulations in the new fiscal year.

EXECUTIVE ACCOMPLISHMENTS

Board of Medicine Executive Director, Dr. Jacqueline Watson, was selected to participate in the joint **Administrators in Medicine/Federation of State Medical Boards Executive Training Institute** last fall. Upon the successful completion of the training activity, Dr. Watson became a Certified Medical Board Executive (CMBE). Dr. Watson joins a select group of executive directors around the country with this designation. Dr. Watson was also sworn in as an Associate Member of the Federation of State Medical Boards at the 102nd annual conference in Denver. Dr. Watson will continue to serve on the finance committee and has also been asked to serve on the special committee for strategic positioning of the FSMB. Congratulations!



BOARD PUBLIC ORDERS

July 2, 2013 - April 28, 2014

REVOKED BY SURRENDER

Schwartzberg, Allen A. (7/15/13) – The physician's license was surrendered, then revoked based his Maryland's summary suspension. Maryland's action was related to a patient complaint and evaluations that revealed cognitive dysfunction. **[Psychiatry]**

Dickey, Robert P. (7/30/13) – The physician's license was surrendered, then revoked based on charges related to an arrest and US District Court charges of child pornography. **[Pediatrics]**

Ghattas, Richard J. (8/2/13) – The physician's license was surrendered, then revoked based on reciprocal charges related to his surrender his Maryland license. **[Ob/Gyn]**

Miller, Louis (11/14/13) – The physician's license was surrendered, then revoked based on failure of the 2012 CME audit during the renewal cycle. **[Internal Medicine]**

Edwards, Alfred (4/10/14) - The physician license was administratively revoked after surrendering while the Board was addressing a felony conviction for harboring an illegal alien/domestic servant. **[Ob/Gyn]**

SUSPENDED

Johnson, Desmond F. (9/17/13) – The physician's license was suspended for 90 days, then placed on probation, restricted from the practice of pain management and prescribing controlled substances, and ordered to take CME—all based on a Maryland action for inappropriate prescribing of controlled substances. **[Internal Medicine]**

Ibrahim, Victor (1/29/14) – The physician's license was suspended for six months (stayed) and placed on probation for 3 years with terms—based on charges for inappropriate relationship with a patient. **[Physical Med. & Rehab.]**

SUMMARY SUSPENSION

Basco, Michael (7/10/13) – The physician's license was summarily suspended, based on a complaint/notification of a Maryland summary suspension for operating an unsafe abortion clinic, and a patient death. **[Ob/Gyn]**

Yu, Benson W. (10/4/13) – The physician's license was summarily suspended, based on a Virginia action regarding inappropriate prescribing of controlled substances. **[Internal Medicine]**

Greene, Peter (10/29/13) - The physician's license was summarily suspended, based on a violation of his probation order requiring substance abuse treatment and monitoring. **[Dermatology]**

Willis, Lillian V. (11/7/13) – The physician assistant's license was summarily suspended, based her independent practice without a supervising physician or delegation agreement in place. **[Physician Assistant]**

Menghisteab, Freweni (11/7/13) - The physician assistant's license was summarily suspended, based her independent practice without a supervising physician or delegation agreement in place. **[Physician Assistant]**

PROBATION

Johnson, Desmond F. (9/17/13) – The physician's license was suspended for 90 days, then placed on probation, restricted from the practice of pain management and prescribing controlled substances, and ordered to take CME—all based on a Maryland action for inappropriate prescribing of controlled substances. **[Internal Medicine]**

Long, Sammie (10/10/13) – The physician's 6/4/09 Summary suspension was lifted and license placed on probation for five years with multiple terms which include but are not limited to a clinical and mental assessment, monitoring, CME, several practice restrictions, and reporting. **[Radiology]**

Long, Sammie I. (3/3/14) – The physician's previous 10/10/13 Final Order was modified to clarify that the probation and terms mentioned in the Order will be imposed only when the license is reinstated and Board is notified of practice in DC. **[Radiology]**

(continued on page 18)

BOARD ORDERS (continued from page 17)

FINED

Panch, Sandhya (7/26/13) – The physician was fined for practicing with an expired license, and late renewal. **[Internal Medicine]**

Fisher, Barry (7/26/13) – The physician was fined for practicing with an expired license, and late renewal. **[Psychiatry & Neurology]**

Bosch, Juan (9/25/13) – The physician was fined and required to complete CME courses, for failure to comply with the Board's CME audit during renewal. **[Internal Medicine]**

Lateef, Tarannum (9/25/13) – The physician was fined and required to complete CME courses, for failure to comply with the Board's CME audit during renewal. **[Pediatric Neurology]**

Waterman, Daniel H. (10/30/13) – The physician was fined and required to complete CME courses, for failure to comply with the Board's CME audit during renewal. **[Internal Medicine]**

Adams, Roscoe (11/14/13) – The physician was fined for failure to respond to an Order To Answer of the Board, regarding a patient complaint. **[Family Medicine]**

Brenner, Zoe (3/4/14) – The acupuncturist was fined based on her practice with a lapsed/expired license. **[Acupuncture]**

Kaminskas, Ausra (1/9/14) – The acupuncturist was fined and ordered to take CME in business ethics, based on her practice with a lapsed/expired license. **[Acupuncture]**

REPRIMANDED

Gupta, Renuka (11/14/13) – The physician was reprimanded based on a Maryland action for unprofessional conduct and violations of their dispensing and labeling requirements, related to a patient complaint. **[Internal Medicine/Family Medicine/ER]**

Amoah, Nana Osei (3/4/14) – The physician was reprimanded based on a Virginia action regarding standard of care issues—specifically miscommunication of treatment orders and ignored staff/nurse input. **[Internal Medicine]**

Josue, Cholet Kelly (4/3/14) – The physician was reprimanded based on a Maryland action regarding unprofessional conduct (patient abuse) and privilege suspension, related to alleged patient abuse. **[Psychiatry & Neurology]**

Peterson, Ann (4/10/14) – The physician was reprimanded and prohibited from reinstating her expired license until she complies with a previous order she refused, which contained a fine and CME for failing DC's 2010 CME audit. **[Internal Medicine]**

TERMINATIONS

Beals, Paul V. (2/6/14) – The physician's 12/18/12 suspension was terminated—the remaining terms remain in effect. **[Family Medicine]**

Gooding, Frederick (2/6/14) – The physician's 12/18/12 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Physical Medicine & Rehab.]**

Prayaga, Rama (3/3/14) – The physician's 11/28/12 Order was terminated due to full compliance and satisfaction of the terms. **[Psychiatry & Neurology]**

Wright Mofikpara (3/19/14) – The physician's 6/7/13 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Internal Medicine]**

Carregal, Valerie A. (4/3/14) – The physician's 2/22/13 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Allergy/Immunology]**

Okoji, Godswill (4/3/14) – The physician's 1/11/13 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Internal Medicine]**

(continued on page 19)

BOARD ORDERS (continued from page 18)

Kelly, William (3/19/14) - The physician's 11/25/08 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Internal Medicine]**

Jonas, Sibrain Guyford (3/19/14) - The physician's 7/132/12 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Physician Assistant]**

Adams, Roscoe (3/19/14) - The physician's 11/14/13 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Family Medicine]**

Omole, Julius (4/14/14) – The physician's 6/9/11 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Physician Assistant]**

OTHER

Mussenden, Philip (7/31/13) – The physician was required to take CME courses, based on documentation and ethics issues. **[Family Medicine]**

Walker, Kimberly (7/31/13) – Licensure was granted with terms and conditions, which include Board approval of all employment, practice monitoring and supervision, enrollment in Maryland's MPRP treatment program, continue psychiatric treatment and medication, shall not write prescriptions for any controlled substances, and shall not own, possess, carry, or use any firearm. This action was based on a Maryland action regarding attempted murder and psychiatric issues. **[Ob/Gyn]**

Greene, Peter (11/25/13) – The summary suspension issued 10/29/13 for violation of the Board's 11/28/12 probation order was vacated by the Court on 11/25/13. **[Dermatology]**

Okafor, Ndubuisi J. (3/1/14) – Amendment made to the 5/22/13 Consent Order regarding the supervision and reporting requirements, to ensure better oversight during the monitoring period. **[Internal Medicine]**

Markovitz, Lawrence J. (2/6/14) – The physician was ordered to give the DC Board prior notice of any return to thoracic surgery, and must satisfy all terms of his Virginia Order. **[Thoracic Surgery]**

BoMed STATS

ACTIVE LICENSEES

AS OF APRIL 28, 2014

Medicine and Surgery (MD)	10,075
Osteopathy and Surgery (DO)	232
Medical Training Licensees (MTL)	295
Medical Training Registrants (MTR)	41
Physician Assistants (PA)	629
Acupuncturists (ACU)	159
Naturopathic Physicians (ND)	35
Surgical Assistants (SA)	96
Anesthesiologist Assistants (AA)	34
Polysomnographic Technologists RPSGT /Technicians and trainees	80
Total active licensees	11,676

COMPLAINTS & PRIVATE ORDERS

JULY 1, 2013 – APRIL 28, 2014

COMPLAINTS RECEIVED = 48
PUBLIC ORDERS = 42
NEGOTIATED SETTLEMENT AGREEMENTS = 18

DC BOARD-SPONSORED
CME ACTIVITY ON
PAIN MANAGEMENT

In **September 2014**, the DC Board will host a live face-to-face 3-hour **CME activity** for healthcare providers. The activity is being sponsored through a grant received from the FSMB in collaboration with the University of Nebraska Medical Center for Continuing Education, The France Foundation and CE City.

The CME activity will educate providers on the responsible prescribing of Extended Release and Long-Acting (ER/LA) Opioids. The board will collaborate with the Boards of Dentistry, Nursing, Podiatry and Pharmacy on this activity.

A date and venue are forthcoming.

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) 442-8117.

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

Fax your complaint about unlicensed activity to (202) 442-4924.

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 may seek redress through the civil courts.

FAREWELL AND THANK YOU AISHA WILLIAMS



BoMed Chairperson Dr. Orlowski (left), and ED Dr. Watlson (right) thank Health Licensing Specialist Aisha Williams for her five years of dedicated service to the Board. Ms. Williams is moving on to the HEPRA Division as a Compliance Specialist. We wish her well.



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

Office Hours: 8:15 am to 4:45 pm,
Monday - Friday (except District holidays).

Web page www.doh.dc.gov/bomed

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Joxel Garcia, MD, MBA

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Health Licensing Specialists
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Physician Member

Bernard Arons, MD
Physician Member

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Physician Member

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Consumer Member

Howard Liebers, MPH
Consumer Member

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Physician Member

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Physician Member

Terrence D. Straub
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