



September 2011 | Volume 14 Number 3

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



LETTER FROM THE CHAIR

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IS YOUR INFORMATION UP TO DATE?

UPDATE YOUR ONLINE PHYSICIAN PROFILE. (SEE PAGE 11.)



Board members at Board's symposium (l. to r.): Vice Chair Wayne A.I. Frederick, MD, FACS; Ronald Simmons, PhD; Marc Rankin, MD; John J. Lynch, MD; Miriam A. Markowitz, MSc; and Chairperson Janis M. Orlowski, MD, MACP.

On September 28, 2011, the DC Board of Medicine hosted a symposium at George Washington University (GW), which highlighted the physician and physician assistant survey that was completed during the re-licensing which ended in December 2010. Lynn Goldman, MD, the Dean of the George Washington School of Public Health and Health Services, and Alan Wasserman, MD, Chairman of the Department of Medicine and Chair of the

GW faculty, welcomed the public to their wonderful venue.

Dr. Mohammad Akhter welcomed the audience on behalf of the DC Department of Health. Dr. Jacqueline Watson, the Executive Director of the DC Board of Medicine, provided a wonderful introduction to the current rule of the Board in fulfilling its mission. Board members then participated in a question and answer panel describing the current policies under

discussion, including social media, medical spas, and maintenance of competency.

The highlight of the program was keynote speaker Ed Salsberg, MPA, Director of the National Center for Health Workforce Analysis, who spoke about physician and physician assistant workforce issues. Mr. Salsberg highlighted the continual shortage of physicians in the U.S., despite the opening of new medical schools.

(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



Board Exec. Dir. Jacqueline Watson, DO, MBA, giving keynote address at Howard University Medical School 14th Annual White Coat Ceremony.

Summer is over. Fall is here and since our last issue in May, there have been several noteworthy activities that we have been engaged in. As you can tell from the cover, our newsletter has a new look and the Board adopted a logo. In FY2012 we will be working on improving the content and layout of the newsletter in an effort to improve our public information and outreach efforts. If you have a comment for us, please send it to our e-suggestion box dcdocsspeak@dc.gov.

I had the distinct pleasure of serving as the keynote speaker for the Howard University College of Medicine's 14th Annual White Coat Ceremony in August. My address was directed to 115 new student physicians, in the presence of their family members, friends, and faculty, where I emphasized that professionalism and ethical behavior are essential qualities of all physicians, including student physicians, and those responsible for educating them. It was an honor to have been asked to deliver such an important message to future physicians being trained at one of the most prestigious medical education institutions in the country.

On September 28, 2011, we hosted our first symposium at The George Washington University, in partnership with the GW School of Medicine and Health Sciences, and the GW School of Public Health and Health Services. During the symposium, the Board Chair unveiled the Board's published report titled, **the District of Columbia Board of Medicine Physician and Physician Assistant Workforce Capacity Report**. The information in the report will give the public, other governmental agencies and stakeholders clearer insight into the characteristics, specialties and distribution of the physician and physician assistant workforce in the District of Columbia. Furthermore, we hope that the information will be used to initiate a dialogue and inform policymakers about actions that may need to be taken to adequately protect the residents of the nation's capital as the demand for health care services increases and a physician and healthcare professional shortage looms. Future surveys will be conducted during the 2012 and 2014 renewal periods and a comprehensive final report will be published in 2015. View report www.hpla.doh.dc.gov/bomed.

I was invited to participate as a member of a special Federation of State Medical Boards (FSMB) United States Medical Licensing Examination (USMLE) State Medical Board Advisory Panel. The panel met at FSMB headquarters in Euless, Texas, and USMLE representatives presented plans for enhancing the USMLE examination, and solicited panel member feedback on different testing models being considered.

OTHER NOTEWORTHY MENTIONS

Taskforces: Telemedicine, Cosmetic/medispas and social media taskforces have been established by the board. Members of each taskforce will provide the board with recommendations on best-practice guidelines to consider as they develop guidance documents and regulatory language around these areas of medicine. The President of the American Telemedicine Association, John Linkus, made a presentation before the Board on trends in telemedicine/telehealth and will serve as a member of the Telemedicine taskforce. Lisa Robin, FSMB Chief Advocacy Officer, updated the Board on FSMB telemedicine related initiatives and social media. Ms. Robin will also serve on the telemedicine taskforce.

Social Media: The Board has submitted a request for funding to the FSMB Foundation to support their social media initiative and is awaiting a favorable response. Taskforce members are still being solicited. If you have an interest in serving on any of the taskforces please contact Health Licensing Specialist, Aisha Williams, at aisha.williams@dc.gov.

Statutory Member: The Board thanked Dr. LaQuandra Nesbitt for her service as the DOH Director statutory member and welcomed Dr. Anitra Denson. Dr. Denson is a pediatrician and works in the DOH HAHSTA administration.

New Staff: Our team welcomed new staff member, Health Licensing Specialist Anitra Chastine. Anitra has a Bachelor of Science degree in Sociology. Prior to joining BoMed, Anitra served as a former assistant in the Office of the Deputy Director for Program Operations at DC Child and Family Services and worked in the Medicaid monitoring program. Anitra also has a background in investigations where she worked as a contractor for the Department of Defense and performed employee background checks and inquiries for top secret and SCS level clearances. Welcome Anitra! (*meet her on page 9*)

Legislative Bill B19-159: The Board's request to have the authority to issue medical training licenses to residents in training, and to expand the number of members on the Board has been moving through the Council approval process. We are awaiting approval and hope to implement the bill in the spring of FY2012.

Outreach: Plans are underway to officially launch the Board's Professionalism in Medicine (PIM) pilot program for medical students. The program will be modeled after the Ohio Medical Board program and will mimic the Jeopardy game show format.

As we begin the new fiscal year, we will continue our focus on achieving operational excellence (**Transparency; Efficiency and Effectiveness; Accountability**) and adopting best-practices. Additional staff members will be added to our team and I will work closely with the board and the Mayors Office of Boards and Commissions (OBC) to ensure that all vacant board member vacancies are filled.

Enjoy the holidays, and until our next issue in January 2012, Be Safe and Be Well.

LETTER FROM THE CHAIR (continued from page 1)

Mr. Salsberg explained the continual shortage of residency slots, which have not been increased in several decades.

The survey then was presented to the audience. Seventy-eight percent of all licensed physicians completed the survey and provided information that roughly one-third of the participants actually practiced in the District.

The majority of the physicians practiced in a group setting, particularly in a group setting affiliated with a hospital. It was noted that there are shortages of primary care physicians in many of the District's zip codes. The Board of Medicine Workforce Survey Report is available online at the Board of Medicine site (www.hpla.doh.dc.gov/bomed).

The reason this survey is so important is that, for the first time, the District has information on the number of physicians licensed who actually practice in DC. The survey highlights those that practice greater than 20 hours per week, their specialty, and their area in the city where their practice is located. Although over 9,800 physicians are licensed in the District, many thought that this represented previous trainees, federal employees who maintain a license and don't practice, military physicians and others who may not locate their practice in DC.

The survey results indicate that a third of the physicians actually practice in DC and the majority of physicians practice in group practices around the major hospitals in the city. This is in concert with national trends towards group and hospital-based practices.

This information will be helpful in planning for future workforce needs in the District.

I would like to thank the staff of the Department of Health for putting together this first-time symposium and, in particular, I would like to thank Rachele Pierre-Matthieu, MD, Health Policy Fellow, who served as the lead author of the report and Eva Stern, GIS Analyst and Training Specialist with the DC Office of The Chief Technology Officer (OCTO), for GIS mapping; their work was invaluable.

Other news of note: Legislative Bill B19-159. The City Council is currently reviewing a plan to

expand the DC Board of Medicine to allow for the representation of more public members and more diverse representation of physician specialties. The Board currently has open positions and will be expanding so we welcome those physicians who may have an interest in serving. Please review the information online (www.obc.dc.gov) which includes a form for application. Please contact Dr. Jacqueline Watson at the DC Board of Medicine or myself for any further information.

In addition to the legislation regarding the Board expansion, the DC Council is also considering

a proposal from the Board to directly license physicians in training. Currently, these trainees are registered through a system with their local graduate medical education offices and the Board. The Board of Medicine has reviewed trainee licensing in other states, and believes that direct trainee licensing is the appropriate next step for the District. We await the Council's deliberation on both of these issues.

Best regards,

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

BOARD OF MEDICINE CHAIR TESTIFIES AT CITY COUNCIL



A hearing was held by the City Council's Committee on Health, chaired by Councilmember David Catania, on the Board of Medicine's pending legislative bills. Board Chair, Dr. Janis Orlowski, testified on the Board's behalf in support of the Council approving the Board's request to sunset the postgraduate physician in training enrollment program and to grant the Board the authority to issue medical training licenses. Also, Dr. Orlowski requested that the Board be given the authority to appoint qualified physicians in training to the Board as ad hoc members.

PHYSICIAN & PHYSICIAN ASSISTANT WORKFORCE SYMPOSIUM

On September 28, the Board of Medicine held its first symposium. Attendees were welcomed to the campus by GW Dean Lynn Goldman, MD, and Alan Wasserman, MD, Chair, GW School of Medicine. Data regarding the physician and physician assistant workforce in the District was discussed, and attendees were provided with copies of the report published by

the DC Department of Health (online at www.hpla.doh.dc.gov/bomed). "Demand is rising rapidly," symposium keynote speaker Ed Salsberg, Director of the National Center for Health Workforce Analysis, said of the need for primary care providers. "We have tremendous resources, but no central planning. We have a fragmented system."



Board Chair **JANIS M. ORŁOWSKI, MD, MACP**, speaks with GW Dean **LYNN GOLDMAN, MD**.



BOARD STAFF welcome symposium attendees at registration table.



ALAN WASSERMAN, MD, Chair of the Department of Medicine at The George Washington University School of Medicine and Health Sciences; **JANIS M. ORŁOWSKI, MD, MACP**, Chair of the Board of Medicine; **MIRIAM A. MARKOWITZ, MSC**, Consumer Board member; **LYNN GOLDMAN, MD**, Dean of The George Washington University School of Public Health and Health Services; **JACQUELINE A. WATSON, DO, MBA**, Board of Medicine Executive Director; **MARC RANKIN, MD**, Physician Board member; **LISA ROBIN, MA**, Chief Advocacy Officer of the Federation of State Medical Boards.



Director of the DC Department of Health **MOHAMMAD N. AKHTER, MD, MPH**, offers opening remarks.



Board Exec. Dir. **JACQUELINE A. WATSON, DO, MBA** introduces keynote speaker **ED SALSBERG, MPA**, Director of the National Center for Health Workforce Analysis.



Symposium speaker **KULLENI GEBREYES, MD, MBA** (center), who serves as Vice President of the Delmarva Foundation, addressed the topic: "The National Quality Strategy: Improving Efficiencies and Quality of Care." Seated with her are **FESEHA WOLDU, PHD**, Senior Deputy Director of the DC Health Regulation and Licensing Administration (left) and **GARY LITTLE, MD, FAAEM**, Medical Director at The George Washington University Hospital (right).



Above: Physician Assistant attendees. At far right is **DEE DEE HERRMANN, MPH, MSHS, PA-C**, who serves on the Board of Medicine's Advisory Committee for Physician Assistants.

At left: Symposium attendees speak out during symposium Q&A session.



In photo at left: George Washington University Health Policy Fellow **RACHELLE PIERRE-MATTHIEU, MD** (left), lead author of the physician and physician assistant workforce report, Board Chair **JANIS ORLOWSKI, MD, MACP** (center), and **EVA STERN** (right) GIS Analyst and Training Specialist of the DC Office of The Chief Technology Officer (OCTO) discuss the data in the report and took questions from symposium participants.

Important Step Towards Effective Healthcare Workforce Planning in the District

By Rachelle Pierre-Matthieu, MD
GW Health Policy Fellow

Over the past several months, I have had the pleasure of being a fellow with the DC Board of Medicine. My primary role was to work with the Board to analyze the data from the physician and physician assistant workforce survey and serve as lead author of the report. I applaud the Board of Medicine for their commitment

towards physician and physician assistant workforce planning within DC.

The results from the survey reveal interesting challenges and questions about the DC physician and physician assistant (PA) workforce. Since physicians and PAs are primarily concentrated around hospitals, it will be important to ensure that DC residents outside of these areas have the appropriate access to community health centers and other providers. I believe PAs will also play a crucial role in addressing gaps in primary care since they can generally be trained faster than physicians. Incentives

that attract them to the primary care setting will be important in addressing primary care shortages. Furthermore, constraints on the current reimbursement system will likely affect patient access.

Effective healthcare workforce planning has been a national challenge for policy makers for some time. Twenty years ago, sectors of the healthcare workforce were thought to be in oversupply. Currently, policy makers are moving quickly to address the shortages in the healthcare workforce prior to the health insurance expansions of health reform. A properly sized workforce will be crucial towards ensuring that the gains achieved in health reform will be appropriately realized. Since data can only better inform our decisions, the Board of Medicine report is one important step towards reaping those benefits within DC.

COUNSEL'S COLUMN

PATIENT RECORDS RESPONSIBILITIES

By Eugene E. Irvin, Esq.

Senior Assistant Attorney General & Board Legal Advisor

An often unexpected, but constant, source of complaints from patients and patient representatives, and inquiries from practitioners stem from not knowing the rules that apply when a copy of a patient's medical record is sought. The unexpected aspect derives from the fact that this is an area where the guidance is unusually well defined regarding the rules and procedures that practitioners must comply with when a medical record is sought. All practitioners can quite easily avoid having their actions scrutinized by the Board of Medicine if they adhere to some straight forward principles.

For healthcare professionals in the District of Columbia the main reference for practice guidance is always the Health Occupations Revision Act of 2009 ("HORA"), which contains the general standards and expectations each healthcare professional is required to adhere to. The procedures for medical records can be located in the HORA at D.C. Official Code at § 3-1210.11. This statutory section is entitled "Patient or client records". The pertinent part of the opening paragraph reads as follows:

- (a) Upon written request from a patient or client, or person authorized to have access to the patient's record under a health care power of attorney for the patient or client, the health care provider having custody and control of the patient's or client's record shall furnish, within a reasonable period of time, a complete and current copy of that record.

Under the mandate of this provision, the receipt of a written request imposes the absolute responsibility to deliver the records to the requester, if the requester is one of three individuals, i.e., a patient, a client or a person authorized to have access to the records. An authorized person is actually somewhat broader than might be evident by a mere reading of the passage. Anyone with legal authorization such as someone who has received in writing the consent of the patient, a client or a retained legal representative, or someone appointed or designated by a court of law satisfies the requirement for a person authorized to have access. The most common examples of an authorized individual are an attorney, a legal guardian or a person designated by a medical power of attorney. But do not assume that this exhausts

the list as there are possible scenarios where a wider range of individuals might be legitimate requesters. In any event, whenever any one other than the patient or client makes a request, the practitioner would be wise to require verification before disclosure, such as a display of the documentation conferring the legal authority on the requester. Once a requester has demonstrated he or she is a bona fide designee for receipt, the practitioner must work to provide a complete copy of the record, which is by mandate of the statute every item in the compilation of the patient's medical history, except x-rays. Under the statute, the term "complete copy of the medical record" encompasses the billing records as well.

The HORA is inexact as to the how quickly a record holder is expected to provide a copy of the medical record to a legitimate requester, requiring only that the response time be "reasonable". This, of course, would lead to inconsistent responses, as the variance in the perception of what equates to reasonable would nearly be immeasurable, and thus it would provide an imprecise measure by which to judge the adequacy of the record holder's performance regarding provision of records. This potential problem was clarified by 17 D.C. Municipal Regulations ("DCMR") 4612.12, wherein the segment entitled "Standards of Conduct" requires delivery to the requester "within 30 days of the request". It is hoped that only in those rare, infrequent cases will it be necessary for a requester to wait for 30 days to receive a copy of his or her medical record. A truly conscientious practitioner should strive for response times that are well short of the maximum permissible time.

Both the HORA and the DCMR rely on the term "reasonable" in setting the limits for what a practitioner may charge a requester for copying his or her medical record. Although clear cost parameters are not outlined, the clear intent of both the statutes and the regulations was to enhance the level of convenience and access to the patient. Striving to make this an affordable exchange should be the controlling principle. Excessive charges for copying the record will not be looked upon kindly by the Board. And it should be understood that the only allowable cost under the guidance is for copying the records. Creative billing, such as

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FEDERATION OF STATE MEDICAL BOARDS & BOMED



On a recent visit to Washington, DC, senior executives of the Federation of State Medical Boards (FSMB)—President & CEO Humayun Chaudhry, DO, and Chief Operating Officer Sandra Waters—stopped by to meet with HRLA Senior Deputy Director Dr. Feseha Woldu and Board Exec. Dir. Dr. Jacqueline Watson. Discussions included best practices in medical regulation and Dr. Woldu shared DC Board documents from the late 1800s.

Pictured: From left to right, Ms. Walters, Dr. Humayun, Dr. Woldu, and Dr. Watson.



FSMB USMLE (United States Medical Licensing Examination) Advisory Panel

Board of Medicine Exec. Dir. Jacqueline A. Watson, DO, MBA (center) poses with fellow members of the USMLE State Medical Board Advisory Panel at the group's meeting in August.

(continued from page 6)

administrative costs and consultant or review fees, are unauthorized assessments.

Lastly, under the HORA at DC Official Code 3-1210.11(c) a practitioner has a duty to maintain possession and/or control of patient medical records "...for a minimum period of 3 years from the date of last contact for an adult and a minimum period of 3 years after a minor reaches the age of majority." The obligation to maintain the records for the specified time period is not changed by the retirement or relocation of the healthcare professional treating the patient. The expectation is that the healthcare professional will make arrangements to secure the records in a manner that will

allow for access to the records if need be. An archiving arrangement that safeguards the files for the requisite period, but that will retrieve the records in 30 days or less, would be sufficient to ensure compliance for a retired or inactive healthcare official. Such an arrangement is not required, as any setup that adequately protects the confidentiality of the records and facilitates availability and access for patients and authorized requester for a minimum of 3 years meets the demands of the pertinent statutory and regulatory guidance.

All practitioners should make full compliance with the guidance their goal. However, should you become uncertain about how to act, do not hesitate to contact one of the licensing specialists for assistance.

DC DEPARTMENT ON DISABILITY SERVICES WEBSITE DIRECTORY OF MEDICAL PROVIDERS

The DC Department on Disability Services (DDS) provides alternatives to institutional residential services for adults with intellectual disabilities by offering a wide range of daily living, vocational, social, clinical, and behavioral supports in home and community settings. **DDS seeks to develop a website directory of medical professionals from all specialties who are accepting new referrals from community providers serving adults with intellectual disabilities.** All providers listed on the website directory must accept Medicare reimbursement or DC Medicaid fee for service reimbursement. Licensed medical providers who are interested in being listed on the DDS website directory should submit their name, medical specialty, office address, designation as Medicare and/or Medicaid provider, and contact information to Dr. Yolanda Van Horn at yolanda.vanhorn@dc.gov by December 30, 2011. For more information, please contact Dr. Van Horn at **(202) 730-1637** or by email.

ARE YOU READY?

DELMARVA'S PHYSICIAN QUALITY REPORTING SYSTEM & CARDIAC CAMPAIGN

The Delmarva Foundation of the District of Columbia (DFDC), the Medicare Quality Improvement Organization (QIO) for the District of Columbia would like to inform you about our Physician Quality Reporting System (PQRS) and Cardiac Health Campaign programs.

The PQRS program assists providers in applying for PQRS incentives through Centers for Medicare & Medicaid Services (CMS) using the direct Electronic Health Record (EHR) submission method. The program will track critical preventive measures, e.g., immunizations, cancer screenings and smoking cessation counseling and provide timely feedback to the practice to promote quality improvement in those areas.

The Cardiac Health Campaign brings together high performers and other community stakeholders to track and improve critical



At left, Delmarva Foundation Vice President **KULLENI GEBREYES, MD, MBA**, speaks to Board members. At right, is **MICHAEL D. WILLIAMS, MD, FACS**, Chief of Health Care Operations for the District of Columbia Primary Care Association.

measures like cholesterol screening to positively impact cardiovascular health of the population you serve.

Participants of the PQRS program receive financial incentive from CMS. Participants in the Cardiac Health Campaign leverage the Learning and Action Network's "all teach, all learn" approach to promote risk factor reduction for cardiovascular disease. Participants of both PQRS and Cardiac Health

Campaign programs gain access to latest evidence-based practices, receive real-time feedback, education resources for provider, staff and patients as well as access to quality improvement expertise from QIO staff.

There is no cost associated with consultation or technical assistance to our participants for either program.

To begin working with the Delmarva Foundation today to report Physician

Quality Reporting System clinical measures and or participate in the Cardiac Health Campaign, please contact Program Director Brenda Gentles, RN, BS, MS:

email
IHPC@dfmc.org
 or call
1.888.301.7894

Best regards,

Kulleni Gebreyes, MD, MBA
 Vice President, DFMC

TELEMEDICINE & SOCIAL MEDIA



FSMB: Federation of State Medical Boards Chief Advocacy Officer Lisa Robin, MA, speaks at a recent BoMed meeting on telemedicine and social media activities with the FSMB and other state boards.

Ms. Robin will serve as a member of the Board of Medicine's Telemedicine taskforce.



ATA: John Linkus, president of the American Telemedicine Association (ATA), made a presentation to the Board about current trends in Telemedicine/Telehealth. Mr. Linkus will serve as a member of the Board's Telemedicine Taskforce as best-practice guidelines around this area of practice are developed by the Board.



Board Thanks Outgoing Statutory Member, Welcomes New Statutory Member

The Board would like to convey its appreciation to outgoing Statutory Board member **LAQUANDRA NESBITT, MD, MPH** (at far left), for her service on the Board of Medicine.

ANITRA DENSON, MD (on right) has been appointed as the new Statutory member by DOH Director Mohammad N. Akhter, MD, MPH. Dr. Denson is the Perinatal Coordinator of the DC Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) and currently serves on the Board of Medicine's Advisory Committee for Physician Assistants.

Board Welcomes New Staff Member

The Board of Medicine welcomes new Health Licensing Specialist **ANITRA CHASTINE** to the Health Regulation and Licensing Administration (HRLA). Anitra holds a Bachelor of Science degree in Sociology. Prior to joining BoMed, Anitra served as a former assistant in the Office of the Deputy Director for Program Operations at DC Child and Family Services and worked in the Medicaid monitoring program. Anitra also has a background in investigations where she worked as a contractor for the DOD and performed employee background checks and inquiries for top secret and SCS level clearances. *Welcome Anitra!*



AT WWW.HPLA.DOH.DC.GOV/BOMED:

- Board of Medicine Policy Statements
- Best-Practice Guidelines & Position Statements
- DC Municipal Regulations for Medicine
- Health Occupations Revision Act (HORA)
- Criminal Background Check
- Board Disciplinary Actions Taken
- Physician Profile Search | Physician Profile Update
- Adverse Event Reporting Form
- Reporting Requirements
- Complaint Review & Investigations Process

BoMed STATS

Total Active Licenses as of September 30, 2011

MEDICINE AND SURGERY	9,474
OSTEOPATHY AND SURGERY	177
PHYSICIAN ASSISTANTS	549
ACUPUNCTURISTS	154
ANESTHESIOLOGIST ASSISTANTS	24
NATUROPATHIC PHYSICIANS	23
SURGICAL ASSISTANTS	57
POLYSOMNOGRAPHERS	0
TOTAL	10,458
POSTGRADUATE PHYSICIANS IN TRAINING (PPT ENROLLMENT)	1,375

LOOKING FOR GOOD DOCTORS

Physicians and Consumers wanted to fill vacancies on the DC Board of Medicine and Advisory Committees to the Board. Applicants must be DC residents, and Physician Members must be practicing for a minimum of 3 years and be in good standing with the Board.

VACANCIES ON THE BOARD OF MEDICINE

Preferred Specialties:

- Emergency Medicine
- Family Medicine
- Psychiatry
- OB/GYN
- Pediatrics

BOMED TASKFORCES

- Telemedicine
- Social Cosmetic/MediSpa Medicine
- Social Media

If you are interested in serving on any of these taskforces, please send the Board an email at:

dcdocsspeak@dc.gov

Please place the word TASKFORCE in the subject line.

VACANCIES ON BOARD ADVISORY COMMITTEES

ACUPUNCTURISTS:

- 1 Physician with acupuncture experience

NATUROPATHIC PHYSICIANS:

- 1 Physician with naturopathic medicine experience

PHYSICIAN ASSISTANTS:

- 1 Physician with experience working with Physician Assistants

POLYSOMNOGRAPHERS:

- 2 Physicians certified by national accrediting body as sleep specialists

SURGICAL ASSISTANTS:

- 1 Surgeon with experience working with Surgical Assistants
- 3 Licensed Surgical Assistants

To apply to serve on the **BOARD** or an **ADVISORY COMMITTEE**, go online at www.obc.dc.gov and download an application, or call the Office of Boards and Commissions at (202) 727-1372.

FILING A COMPLAINT WITH THE BOARD

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

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

You should mail the complaint to:

DC Board of Medicine
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:

Supervisory Investigator
899 North Capitol Street NE
Second Floor
Washington, DC 20002

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

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

UPDATE YOUR ONLINE PHYSICIAN PROFILE

Physicians must report changes to the Board related to:

- Change of Address
- Settlements, judgments, and convictions
- Disciplinary actions by other jurisdictions
- Final orders of any regulatory board of another jurisdiction
- Restriction or termination of privileges as a result of a peer review action
- Disciplinary action taken by a federal health institution or federal agency.

To update your profile, login to:

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

IT'S FLU SEASON!

The CDC recommends an annual influenza vaccine for everyone 6 months of age and older as the first and most important step in protecting the public. For further information about influenza vaccines visit the CDC website at

www.cdc.gov/flu/professionals/vaccination/vax-summary.htm

E-SUGGESTION BOX

HAVE A COMMENT FOR US?

SEND AN EMAIL TO
dcdocsspeak@dc.gov

Please do not use this address to communicate personal licensure or disciplinary queries.

KNOW YOUR HORA? (Health Occupations Revision Act)

§ 3-1205.13a. Physician and health care provider notice requirements, penalty for noncompliance; settlement agreement not a bar to filing a complaint or testifying.

a(1) A physician licensed by the Board shall report to the Board within 60 days of the occurrence of any of the following:

(A) Notice of a judgment against a physician named in a medical malpractice suit or notice of a confidential settlement of a medical malpractice claim to be paid by a physician, an insurer, or other entity on behalf of the physician; or

(B) Disciplinary action taken against the physician by a health care licensing authority of another state.

(2) (A) A health care provider who employs a physician who is licensed in the District of Columbia shall report to the Board any disciplinary action taken against the physician within 10 days of the action being taken. The resignation of a physician that occurs while the physician is being investigated by the health care provider shall also be reported to the Board by the health care provider within 10 days of the resignation.

(B) The Board shall impose a penalty not to exceed \$ 2,500 on a health care provider for failure to comply with the provisions of this paragraph.

(b) Nothing in a confidential settlement agreement shall operate to prevent the parties to the agreement from filing a complaint with the Board or from testifying in any investigation conducted by the Board.

BOARD ORDERS

May 31, 2011 -
September 30, 2011

Summarily Suspended

Anderson, Francyne O.

(7/11/11) The physician's license was summarily suspended based on allegations/investigation of inappropriate over-prescribing of controlled substances and possible diversion. **[Family Medicine]**



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

Current Members of the District of Columbia Board of Medicine

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

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

Anitra Denson, MD,
Statutory Member representing
Mohammad N. Akhter, MD, MPH

John J. Lynch, MD, Physician Member

Lawrence A. Manning, MD, Physician Member

Marc Rankin, MD, Physician Member

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