



December 2014 | Volume 18 Number 1


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

**HAPPY HOLIDAYS!**



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**LETTER FROM THE CHAIR**

Dear Board of Medicine Licensees,

It's renewal time and I hope that all of you find the improvements to the on-line system to your liking. The Board has listened to you and working with the Department of Health (DOH) has tried to make adjustments so the process is easier and more intuitive. We still have a few suggestions for our IT colleagues so if you also have any ideas that would help to stream line the process please let us know in the next few months and we can begin to work on the items for the next renewal cycle.

You should remember to renew your license and if applicable your controlled substance license before Dec 31, 2014.

Once again the Board of Medicine will be reviewing a random selection of

licensees for compliance with the CME requirement. Typically we have reviewed 1-2% of those with licenses. The most common problem we addressed with the last cycle was communication. Make sure that you have properly identified your place of preferred communication with the Board, home or work. Also if it is a work address, make sure there is a mechanism in place to receive not only normal mailings but also certified letters from the Board of Medicine. Finally know that we will review your CME credits for evidence that you have met the 3 hour minimum requirement for HIV education. Please highlight this if at all possible.

The Board of Medicine had an outstanding day long conference in September on the use and abuse of opioids. I would like to thank all who participated but in



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

particular Dr. Beth Murinson for her knowledgeable presentation of the best practices for opioid use today. This is a serious issue that has led to deaths in our community.

Physicians and other providers must be fully aware of and compliant with current standard practices regarding the use of opioids particularly for chronic use in their

*(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



It's that time of the year for us. There has been a lot of activity in the Board of Medicine since our spring edition newsletter. Here's a snapshot of what we have been up to.

**RENEWALS:** We are in the last month of our renewal cycle. Renewals began on October 1 and this cycle has been like the Tale of Two cities—the best of times and the worst of times. Though I am pleased that our IT department was able to upgrade our system so that we are now finally compatible with Mozilla Firefox, Google Chrome and Safari, and they added a shopping cart feature which allows an applicant to renew and pay for multiple health professional licenses simultaneously, I must apologize for the delay many of you experienced with respect to obtaining your license in a timely manner after renewing. We have been undergoing major software updates and improving our IT infrastructure. Unfortunately, the work taking place behind the scenes with our vendor has led, in large part, to the problems many of you encountered. However, the changes are necessary and will allow us to ultimately improve our services to you in the future and allow for greater efficiencies and transparency in 2015. Once again, we apologize for any inconvenience to those that were affected.

I do hope that overall the renewal experience has improved for the majority of you. Let me know what you think! Please share your feedback with us at <https://www.surveymonkey.com/s/renewfeedback>.

## ER/LA OPIOID CME event.

On September 24, 2014, the Board hosted a successful pain management CME event. The event was made possible through a grant received from the Federation of State Medical Boards (FSMB). Keynote presenter, Beth Murinson, MD, gave an engaging and informative presentation to a packed auditorium of multi-disciplinary healthcare professionals, that included physicians, dentists and nurses. see page 6.

## BOARD TASKFORCES

Medspa and Telemedicine guidelines have been posted to our website. DC Board of Medicine Guidelines/ Position Statements are intended to aide a healthcare practitioner in the practice of their profession, the public when interacting with health care professionals, and Board staff when processing licenses, complaints or performing enforcement responsibilities. Guidance/ Position statements are meant to assist in the administration or application of law or regulations. Guidelines will be promulgated into regulations during this fiscal year. Please visit the following <http://doh.dc.gov/node/120812> to learn more about the guidelines.

## INTERSTATE MEDICAL LICENSURE COMPACT

The DC board voted in November to join several other state boards in endorsing the IMLC. In October, I had the pleasure of making a presentation to attendees of American Association of Osteopathic Examiners during the 2014 OMED meeting in Seattle, Washington about the Compact. The Compact represents the efforts of state medical boards to develop a dynamic, self-regulatory system of expedited licensure for physicians looking to practice in multiple states. The Interstate Compact requires that a physician operating a multistate practice is under the jurisdiction of the state medical board where the patient is located. Only

physicians that meet certain criteria would be eligible to seek licensure through the Compact. The Compact in no way eliminates the traditional pathway for obtaining licensure in a state. Read more on page 7.

## COLLABORATIVE PRACTICE

The Board of Medicine and the Board of Pharmacy have been working collaboratively on developing the regulations that will govern collaborative practice. A signed collaborative agreement between a licensed physician and licensed pharmacist will allow a pharmacist to initiate, modify or discontinue a patient's drug regimen. Collaborative Practice Agreements are used in many states and are seen as a way to expand access to care.

## WELCOME

### New Board Member—

I am pleased to introduce to you our new consumer member, Treazure Johnson, Esq. Treazure is a partner at McKenna Long & Aldridge in the Litigation Division. Meet her on page 4.

### New Staff Members—

I am pleased to introduce you to our new Health Licensing Specialist, Aisha Nixon, and Health Licensing Assistants Hanna Minaye and Cameron Windham. Meet them on page 11.

## SPECIAL RECOGNITION

During the Opioid CME event in September, the Board received a DC Council Resolution from Councilmember Yvette Alexander declaring September 24, 2014 as Board of Medicine Recognition Day in the District of Columbia. Kudos to all of our dedicated board members who unselfishly volunteer their time to protect the public.

I would also like to take this time to recognize our board chair, Janis Orłowski, MD, on her recent appointment as

the chief health care officer of the American Association of Medical Colleges (AAMC). Congratulations Dr. O! Read the press release on Page 13.

## SOCIAL MEDIA

The Board adopted the FSMB guidelines on the Appropriate Use of Social Media and Social Networking in Medical Practice. Visit <http://doh.dc.gov/node/968432> to learn more.



**TWEET!** I have decided to finally take the plunge. I have joined the

Twittersphere and will send at least one tweet of the week (TOTW) on noteworthy topics that I hope will help to inform you, in real-time, about important state regulatory board and/or health-related issues. Please follow me [@jwatsondcgov](https://twitter.com/jwatsondcgov).

Before I go, I would like to thank Team Awesome! My staff at BoMed who all worked tirelessly this year to support the many activities we were engaged in. They worked to improve our processing times (>90% of clean applications are approved within 72 hours upon clearing the processing division), they have been recognized by our customers for the exemplary customer service they have been providing, and they were instrumental in allowing us to host a successful CME event in September. THANK YOU Team Awesome. Meet them on page 11.

That's all for now. Happy Holidays to all and we look forward to improving our services to you and the public in 2015.

Until next year, Be Safe, Be Well, and Be Happy.

**SAVE THE DATE—September 30, 2015. The board will host its 3rd biennial symposium for the public. Stay tuned for more.**

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

patient population. For help with this matter please see our website.

The Board of Medicine works with a wonderful staff at the DC Department of Health, these individuals work long and hard to fulfill the mission of serving the Public. In the past year, one particular division of the DOH staff was challenged to reduce the time it took for a "clean application"-all material in, no positive FBI check or other

adverse notes on the file- to come to the licensing specialist. The intention was to decrease the time for a clean application to go through all of the checks of the system in less than 60 days. The processing staff took on this challenge and successfully beat this goal by more than a week. Congratulations to them.

Thanks also to our executive director, board lawyers, and health licensing specialist who

help the Board of Medicine with the task of overseeing the quality of the professional medical licensees of the District.

Happy Holidays to you and please call us if you have any questions.

Sincerely,

Janis M. Orłowski, MD  
Chair, DC Board of Medicine

## A Letter from the Senior Deputy Director

### Dear Healthcare Providers,

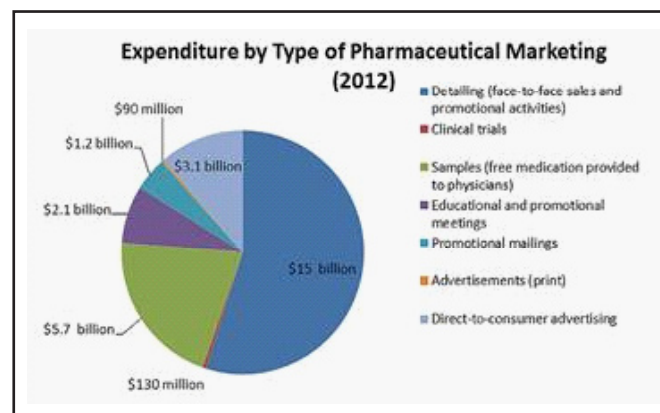
The District of Columbia, Department of Health, Health Regulation and Licensing Administration has partnered with the George Washington University Milken Institute School of Public Health to develop a virtual center for pharmaceutical education called "DCRx: DC Center for Rational Prescribing". DCRx will officially launch in 2015, and will provide DC licensed prescribers with free online continuing education courses.

This initiative is part of an ongoing and continued effort by the Department of Health to address pharmaceutical detailing that may unnecessarily inflate healthcare costs and to proffer evidence-based continuing education on pharmacotherapeutics, along with available science based education on medical marijuana.

The first CE Module:

Generic Drugs: Myths and Facts will cover the United States Food and Drug Administration's standards for approving generic drugs, the differences and similarities between branded and generic drugs, and common myths about generic drugs. It is available for 1.0 CME credit.

The DCRx website will also provide additional resources on prescribing rationally. Rational prescribing is defined as choosing treatments based



on the best-available evidence and benefits that outweigh harms; where the high cost of a drug may be considered a potential harm. DCRx aims to promote rational prescribing among local providers and among healthcare professionals nationwide.

In the New Year, please visit [www.dc.gov/dcrx](http://www.dc.gov/dcrx) to get started!

All the Best,

Rik Mehta, PharmD, JD, LLM  
Senior Deputy Director, HRLA

**ALL LICENSES WILL EXPIRE ON DECEMBER 31, 2014.**  
If you have not yet renewed, please complete the process  
as soon as possible. To renew go to  
<https://app.hpla.doh.dc.gov/mylicense/>





Treasure R. Johnson

*Treasure R. Johnson 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.*

*Ms. Johnson holds a BA in Political Science from the College of William & Mary and a JD from the University of Virginia.*

## MEET CONSUMER BOARD MEMBER TREASURE R. JOHNSON, ESQ.

*"I am a lawyer by training, so I try to bring a lawyer's eye to the matters that come before the Board—a fairly analytical way of approaching matters. I have found that perspective useful."*

### **When were you appointed to the Board?**

May 2014.

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

I have always had an interest in the medical field, both as a layperson ("how does that work") and from a policy perspective. While in private practice in Boston, I also found myself involved in a number of legal investigations and cases involving the medical profession, including disciplinary proceedings involving health professionals as well as matters involving allegations of Medicare and Medicaid fraud. It was just always a very, very interesting area to me.

### **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)?**

Nothing has really surprised me other than the amount of work involved. The Board really has a very very full plate of very diverse matters! What has been particularly impressive and gratifying to me has been the dedication and hard work of the staff and my fellow Board members. They all work so hard to get it right! It has really given me a heightened appreciation for what the DC government can accomplish.

### **What unique perspective do you bring to the Board (if any)? As a Consumer Board Member, how do you think your life experiences or career experiences have helped prepare you to become an effective Board member?**

I am a lawyer by training, so I try to bring a lawyer's eye to the matters that come before the Board—

a fairly analytical way of approaching matters. I have found that perspective useful.

### **What Board-related issues interest you most?**

I am particularly interested in some of the licensing issues that arise with respect to various disciplines, such as surgical assistants, midwifery, acupuncture and things of that nature. I like being involved in the policy issues in those areas, some of which are not what one usually thinks of (but perhaps should) as traditional medicine.

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

I don't know that it is specific to the District, but I think all large urban environments have populations that are chronically underserved. That remains the case in the District. Not enough people have access to take advantage of medical care or, if they have access, don't know how to take advantage of it. Educating these groups can be a challenge, i.e., how they can improve their own health and also how to make them aware of the available resources to help them.

### **What would you tell someone who is thinking about applying to serve on your Board?**

Be prepared to be challenged by the work ethic of the staff and their fellow Board members, and that getting involved in the community is a great thing to do.

### **Any message you would like to convey to licensees?**

They are fortunate to be licensed in a jurisdiction with such an innovative, hardworking and knowledgeable Board.

## Counsel's Column

# WHAT'S IN AN ADDRESS?

By Brian G. Kim, Esq., Counsel, D.C. Board of Medicine

At this time of renewal, it is appropriate to share with you two incidents that resulted in sanctions for failing to update a profile address. In the first case, the Board imposed a fine, and in the second case, as a result of a domino effect from a sister state action, the individual's license was summarily suspended.

When we move from one residence to another, we typically leave a forwarding address with the United States Postal Service (USPS), thereby allowing us to receive all of our important mail. **While the USPS is generally reliable in forwarding your mail, the USPS stops forwarding your mail after a certain period of time. In that event, your mail remains undelivered, including mail such as renewal notices and other communication from the Board of Medicine.** In this issue, I would like to share with you two cases in which significant consequences occurred as a result of a failure to update one's profile, including the correct mailing address. The following two cases demonstrate the importance of maintaining updated contact information with the Board, so that the Board's communication may reach you timely, and more importantly, so that you may respond to the Board's communication to resolve any outstanding issues.

**Case No. 1** - In this case, a physician employed at one of the hospitals in the District had a residence in the District. The physician moved to Virginia, but did not update her profile address with the Board. After the physician moved to Virginia, the Board received a complaint identifying the physician. As is customary, the Board issued an Order to Answer (OTA) - to respond to the substance of the complaint; the OTA was sent to the residence and not to the workplace to maintain the confidential nature of the communication. Because the USPS stopped forwarding mail to the new address, the Board never received a response to the OTA. Therefore, the failure to answer the OTA brought yet another issue for the Board's consideration. The first issue was the underlying complaint, and the second issue was the failure to respond to an OTA (a violation of the District's regulations). In the interim, upon reviewing the substance of the complaint, the Board determined that the complaint lacked merit on its face, and closed the matter. However, the issue of the physician's failure (or refusal) to answer the OTA remained before the Board. The Board, therefore, determined to sanction the physician for failing to respond to the OTA. Thereafter, the Board's staff, fortuitously, located the physician in Virginia, and the complaint was forwarded to the physician. The physician provided a thorough response to the complaint and also provided an explanation as to why the physician did not receive the Board's prior communications for 17 months. The Board accepted the explanation both as to the underlying complaint (which confirmed the Board's initial view of the complaint) and

as to the failure to respond. However, the Board noted that it was the physician's responsibility to notify the Board and its staff with updated contact information so that the Board's communication could reach the physician timely. Having failed to do so, the Board imposed a fine of \$100 for each month the contact information remained unchanged, for a total of \$1,700.

**Case No. 2** - In this more serious case, the physician suffered a summary suspension, all resulting from a failure to update the contact information. This physician, licensed in the District, moved to Illinois to practice there. While in Illinois, a complaint was filed against this physician, but in the interim, the physician moved back to the Washington, D.C. metropolitan area. When moving back to the D.C. area, this physician failed to inform the Illinois licensing authorities of his change of address. Accordingly, the Illinois board's OTA remained unanswered. In this case, unlike the first example above, the Illinois board found merit to the complaint, concluding that there was a breach of the standard of care. The Illinois board indefinitely suspended the physician's license in Illinois until the physician responded to the Illinois board's inquiry. The indefinite suspension triggered a summary suspension by the Virginia authorities, where this physician was also licensed to practice medicine. The Virginia summary suspension then led to the summary suspension of the physician's D.C. license, leaving the physician unable to practice medicine altogether, all due to a failure to update a change of address with the Illinois board. In the meantime, this physician has been unable to work.

In each of the above examples, the updated change in address resolved the issues, but the consequences are, nonetheless, severe. In the first example, the physician was imposed a civil penalty, as well as a public sanction. In the second example, the physician suffered an indefinite suspension in Illinois, and summary suspensions in Virginia and the District, as well as an inability to work for a number months. **In both cases, the physicians expended large sums of money toward attorneys' fees, and because the Board's actions were public, the sanctions against the physicians were reported to the National Practitioners Data Bank.** Can your practice afford this kind of exposure?

So, what is in an address? A current address allows the Board to communicate with you regarding matters that may have serious consequences. A simple update of a change of address in your profile can prevent the fate suffered by each of the physicians in the above examples. During this time of renewal, please make sure the Board has all of your current contact information, please continue to update your information as it changes.





KEYNOTE SPEAKER BETH MURISON, MD



- 1) COIN CHAIRPERSON KATE MALLIARKIS
- 2) PHARMACIST ELAINE YIP
- 3) PHYSICIAN ASSISTANT DEBRA HERRMANN
- 4) DENTIST GUY SHAMPAINÉ
- 5) KEYNOTE SPEAKER BETH MURISON
- 6) BOMED CHAIR JANIS ORLOWSKI



RIKIN MEHTA,  
PharmD, JD, LLM

## CME ON ASSESSING RISKS OF PERSCRIBING EXTENDED-RELEASE AND LONG-ACTING OPIOIDS

By Cameron Windham, Health Licensing Assistant

On September 24, 2014 the Board of Medicine held the “Extended Release/ Long Acting (ER/LA) Opioids: Assessing Risk Safe Prescribing” CME program at the MedStar Washington Hospital Center. Opioid abuse is currently a nationwide issue that has emerged as a primary concern among physicians in the greater DC area. The FDA has taken drastic measures in order to prevent abusers from getting access to these drugs. This CME opportunity educated doctors on how best to ensure the proper use of these pain medications among patients.

The Executive Director of the Board, Dr. Jacqueline Watson gave the opening remarks, welcoming the guests, panelists, and keynote speaker Dr. Beth Murison. Dr. Watson emphasized how critical it is for DC doctors to spread awareness of this matter and alter their prescribing methods. Dr. Rikin Mehta,

(continued on page 7)



Board of Medicine Members and Staff with **Chairperson Janis Orłowski, MD** (third from right) and **Councilmember Yvette Alexander** (second from right).



## CME ON OPIOIDS

(continued from page 6)

Senior Deputy Director of the Health Regulation and Licensing Administration, also gave opening remarks. Board Chair Dr. Janis Orlowski followed, providing an update from the Board.

The panel consisted of Elaine Yip, Pharm D; Debra Herrmann, PA-C; Kate Malliarkis, PhD, ANP; and Guy Champaine, DDS. These panelists gave their perspectives from the Nursing, Dental, Pharmacy, and Physician Assistant Professions.

The main event was an informative slide show presentation given by Dr. Beth Murinson titled, "Extended Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy." This presentation concentrated on assessing patients, managing therapy, specific Opioid drugs, and how best to counsel patients and families for safe use. The presentation is now available on the Board of Medicine website ([www.doh.dc.gov/bomed](http://www.doh.dc.gov/bomed)). All attendees will be receiving a copy of Scott M. Fishman's *Responsible Opioid Prescribing: A Clinician's Guide*. Participants who successfully completed the pre- and post- tests, will be issued CMEs through the University of Nebraska Medical Center.

Councilwoman Yvette Alexander, Chair of the Committee on Health, also made an appearance. Councilwoman Alexander reiterated the importance of this issue, and noted how important it is for DC to make adjustments to their prescribing policies. The Councilwoman also gave an update on medical legislation in the District, such as the legalization of medical marijuana.

The Board expresses its gratitude to Councilwoman Alexander for joining us to discuss and share vital about these important issues.

## LICENSE PORTABILITY AND INTERSTATE LICENSE COMPACT

By Cameron Windham, Health Licensing Assistant

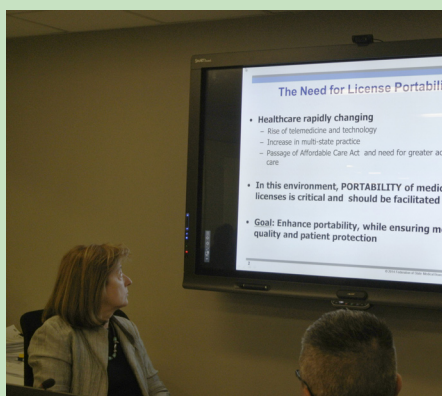
With the rise of telemedicine, technology, multistate practice, and need for a greater access to care, The Federation of State Medical Boards is supporting an Interstate Medical License Compact (IMLC) in order to expedite medical licensure and facilitate multi-state practice for physicians. In the July board meeting, President/CEO of FSMB, Dr. Chaudry, explained that a **'compact' is a contract between states that responds to a collective problem, while retaining the states individual sovereignty, similar to driver's license compacts**. Twenty-five professions already use some sort of compact. The compact does not create a national license, and does not replace or change any state's existing medical practice act—it is simply another method of licensure. By using components such as the uniform application and FCVS, its purpose is to streamline the licensure process and to make the sharing of information between states (such as disciplinary action and investigative information) much faster and easier.

During the October Board meeting, Eric Fish, JD, FSMB



FSMB President/CEO  
Dr. Humayun Chaudry

Senior Director of Legal Services, presented the compact to the Board. He noted that the Compact would improve the sharing of complaint and investigative information between state medical boards. He emphasized that the regulatory authority would remain with the participating boards and states would still have jurisdiction. The ultimate goal for this Compact is to enhance portability while ensuring medical quality and patient protection. The DC Board of Medicine voted to support the adoption of the IMLC for the District.



Mr. Fish provides presentation on the Compact to Board members



FSMB Senior Director of Legal Services Eric Fish, JD

## THE BOARD IS IN OPEN SESSION

### Rx FRAUD REPORTING



**Derek Brooks, MSA, CFE,** gave a presentation on the Pharmaceutical Control Division's new Prescription Fraud Reporting Website.

Pharmaceutical Control's website will assist health care professionals in reporting lost, stolen, and fraudulent prescriptions (please visit <http://doh.dc.gov/page/prescription-fraud-reporting>).

This method will provide an accessible way for licensed practitioners and pharmacies to notify HRLA of incidents of fraudulent prescriptions.

The HRLA website includes links to documents to report fraudulent prescriptions, tips for safeguarding prescriptions and helpful resources for prescribers, pharmacists and other health care professionals. This brings us one step closer to tackling a pervasive public health problem. A link can be found on the HRLA/ Pharmaceutical Control Division website (<http://doh.dc.gov/pcd>) or you may access it directly at <http://doh.dc.gov/page/prescription-fraud-reporting>).

### COLLABORATIVE PRACTICE

By Hanna Minaye, Health Licensing Assistant



At left, Pharmacy Board Member **Alan Friedman, RPh,** and (at right) Pharmacy Board Chairperson **Daphne Bernard, PharmD, RPh,** speak with Board members.

Collaborative Practice is meant to be a voluntary, written agreement between a licensed pharmacist and a licensed physician or other health practitioner licensed by a DC health occupation board that defines a collaborative effort in initiating, modifying, or discontinuing a patient's drug therapy regimen.

The DC Board of Medicine invited members of the Board of Pharmacy for October 29's Open Session for a discussion on Collaborative Practice regulations. The two Boards are working to finalize the regulations.

### TRAUMA TECHNOLOGISTS

Trauma Technologist **Marshall Jackson** spoke to the Board, requesting that the Board complete regulations for his profession.

In support of Trauma Technologists in the Emergency Room, Mayor Gray has appointed ER physicians **Eric Rosenthal, MD,** and **Alexandra Rucker, MD,** to serve on the Advisory Committee for Trauma Technologists.

They will work with Board members to start on drafting best-practice regulations for the District. Many received their training on the ground while serving in the military.



Marshall Jackson



## THE BOARD IS IN OPEN SESSION

### EBOLA READINESS



DOH Director **Joxel Garcia, MD, MBA**, briefed the Board on history and city's preparedness for confronting the Ebola virus (see [www.ebola.dc.gov](http://www.ebola.dc.gov)).

### ATHLETIC TRAINERS

**Jennifer D. Rheeling, MS ATC**, President of the DC Athletic Trainers Association, requested that Athletic Trainers be regulated by the Board of Medicine as opposed to the Physical Therapy Board. Ms. Rheeling stated that the ATs work closely in collaboration with physicians.



### A.T. STILL UNIVERSITY MEDICAL STUDENTS VISIT THE BOARD OF MEDICINE



ED Dr. Jacqueline Watson and Board members Dr. Andrea Anderson and Dr. Janis Orlowski, flanked by medical students from A.T. Still University's School of Osteopathic Medicine in Arizona (ATSU-SOMA).

### HEPRA SPEAKS TO BOARD ABOUT HEALTH ALERT NETWORK



At right, **Paul Duray, Jr., FACHE**, Program Manager and (at left) **Aisha Williams, MBA**, former Health Licensing Specialist for BoMed and now Special Events Coordinator/Emergency Liaison Officer, of the Health Emergency Preparedness and Response Administration (HEPRA), spoke to the Board regarding the **Health Alert Network (HAN)**.

HAN is an electronic way to assemble groups, teams, and agencies during Government of the District of Columbia Department of Health emergencies. It is also a method to notify users via email, fax, pagers, text messages, etc. For more information, visit [www.dohhan.com](http://www.dohhan.com).

## TASKFORCE UPDATES

### MEDISPA

By Hanna Minaye, Health Licensing Assistant

The Medispa task force has been reassessing the proposed regulations in light of new technological developments in the field. Our most recent Board meetings have included discussions on the final recommendations for the District's Medispa regulations. The regulations are being finalized and should be available by the end of the year.

Dr. Cheryl Burgess – member of the Medispa task force – attended the Board of Medicine's Open Session on October 29. She had appeared on the Dr. Oz show where she shed light on the work of the Board in Medispa regulation, and the importance in regulating Medispa businesses as a measure to protect the public.

The Board approved guidelines for Medispa in the District and they may be viewed at [www.doh.dc.gov/bomed](http://www.doh.dc.gov/bomed).



Dr. Cheryl Burgess

### TELEMEDICINE

By Cameron Windham, Health Licensing Assistant

Over the past year, the Board of Medicine Taskforce has continued to develop guidelines and regulations that will govern the practice of Telemedicine in the District. In the August 2014 Board of Medicine meeting, Dr. Chaudhry, Pres./ CEO of FSMB recommended that the Board review and adopt the FSMB model policy on telemedicine. This model addresses many common state medical board concerns such as establishing physician patient relationships, appropriate online medical care, HIPAA compliance/patient privacy, and prescribing drugs based on a telemedicine encounter. This new policy reflects recent technological developments that have come about since the previous 2002 guidelines.

The new policy pointed out that in some situations, telemedicine technology can be used in lieu of in person care. The policy provides guidance on practice issues such as the arrangement of emergency services, providers for continuity of care, the management of patients' medical records, and the necessary disclosures and functionalities for an online telemedicine platform.

The board has modified/drafted the DC Telemedicine guidelines using the FSMB model as a guide. In the October meeting the board reviewed a draft of the new telemedicine policy. According to this draft, "this policy supplements all of the current laws and regulations already in existence under the health Occupations Revision Act of 2009 and the Title 17 of the District of Columbia Municipal Regulations, Chapter 46. The new Telemedicine policy has been posted to our website and can be viewed at [www.doh.dc.gov/bomed](http://www.doh.dc.gov/bomed).

## CME ADVISORY COMMITTEE

In September, the Board of Medicine CME Advisory Committee adopted a new set of guidelines. In the process of creating these new guidelines, the subcommittee carefully studied how doctors have been obtaining CMEs, as well as the quality and quantity of CMEs submitted by licensees. Currently, **50 hours of CMEs are required for licensed physicians to renew their licenses, 3 of which must be in HIV**. The following list of recommended topics was developed by the CME subcommittee based on the licensees' specialties and practice management. These topics were selected after the Board reviewed the targeted health issues outlined in February's Community Health Needs Assessment.

#### List of Recommended CME Topics:

1. Heart Disease
2. Diabetes
3. Infant Mortality
4. Hypertension
5. Preventable Cancer
6. Depression & Suicide

#### Additional Hot Topics:

1. Opioid Prescribing
2. Practice Management
3. Medical Ethics
4. Patient Communication

**It is the Board's recommendation that licensees use this list as a guide to select CMEs, starting with the 2016 renewal cycle.**



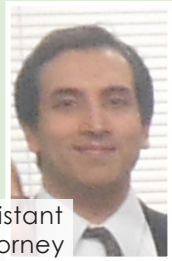
# MEET THE TEAM



Executive Director  
**JACQUELINE A. WATSON, DO, MBA**

# THANK YOU "TEAM AWESOME"!

Attorney Advisor  
**BRIAN G. KIM, ESQ.**



Assistant Attorney Advisor  
**AJAY GOHIL, ESQ.**

**Welcome!** Health Licensing Specialist **AISHA NIXON** joined the team in November. She holds both a Bachelor of Science degree in Health Science and a Masters in Physical Therapy from Howard University. Prior to joining the team, Aisha worked as a Program Manager for the rehabilitation department in a long term care facility.



Health Licensing Specialist (Discipline and Compliance)  
**LISA ROBINSON**



Health Licensing Specialist  
**MARVIN ROMERO**

**Welcome!** Health Licensing Assistant **HANNA MINAYE** is a graduate of Queens University of Charlotte where she earned a Bachelor's degree in Communication Studies and Environmental Studies. Originally from the Addis Abeba, Hanna recently returned to HRLA after extended travels in Asia and Ethiopia. Ms. Minaye plans to pursue a Master of Public Health next fall, and says her experience with the Board of Medicine is continually educational



Health Licensing Specialist  
**MARY HARRIS**



# TEAM AWESOME

and dynamic. **Welcome!** Health Licensing Assistant **CAMERON WINDHAM**, who is a recent graduate of Amherst College, where he earned a BA degree in English and served as the pitcher of the varsity baseball team for four years.

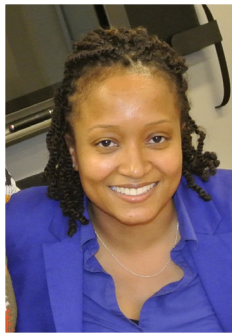


Cameron attended St. Albans School in the District and is currently studying for the Law School Admission Test (LSAT) in anticipation of pursuing a career in the legal field.

Health Licensing Specialist **DENIZ SOYER** has been promoted to Data Analyst at the Division of Analytics and Policy Research, in DC Health Care Finance.



Health Licensing Specialist **AISHA WILLIAMS, MBA**, has been promoted to Special Events Coordinator/ Emergency Liaison Officer at HEPR.



Health Licensing Specialist  
**LAJUAN JEFFRIES-JOHNSON**



## SECURETECH360: HRLA TECHNOLOGY UPGRADE

The Health Regulation and Licensing Administration board room will soon get an extensive technology upgrade. Below, SecureTech360 project manager **Danielle Webb**, answers questions about our new multi-media Smart Board:

**How will our new SecureTech360 unit differ from the Smart Board we currently have in the board room? What new features and functions will be available?**

SecureTech360 will install a wireless integrated system that is tied into the data center. These rooms become part of an enterprise wide solution. Board Room 216 and Room 213 (off the receptionist area) will have video conferencing, live streaming, recording, and digital play out capabilities on any device, anywhere, anytime.

**What will be the dimensions of our new system?**

This is a full enterprise solution; there is no one dimension available. Part of your install will include a 4-panel Video Wall, which is 110" x 110", and a 65" Smart Board.



*HRLA's SecureTech360 multi-screen smart board will be installed in the 2nd floor Board Room. Above are photos of the unit already completed/installed in 5th Floor Conference Room.*

**Our new unit will have a multi-panel screen that will enable Board members to view several types of content on the screen at one time. What is the advantage of this staff/ members who are holding meetings?**

This solution allows you to view multiple content simultaneously.

**SecureTech360 team members have done work in the Board Room and in Room 213. Why are you working in there when the unit will be in the Board room?**

The HRLA executive install package includes both the Board Room (216) and

Room 213. Both rooms will be upgraded to include Smart Technologies. The room packages include wireless ceiling mounted mics, speakers and lights that are all also controlled by a mounted panel on the wall. These Smart Conference spaces also have full wifi capabilities, and digital inputs for laptops, desktops, and HDMI devices.

**For those of us who are technologically-challenged, could you briefly explain what "teleconferencing," "smart conferencing," and "streaming media" mean?**

Our smart solution provides anytime, anywhere, any device connectivity for wireless, audio, and end to

end video collaborative functions.

**When will the wiring be complete and our SecureTech360 unit be installed?**

Your conference rooms are estimated to be completed by the end of January 2015.

**Once the installation is complete, will SecureTech360 team members be on-site to help us learn how to use our new system?**

YES! After the install our staff will be onsite to provide training to your key staff, and we will also provide one year of maintenance support.



## KUDOS TO OUR BOARD CHAIR

*AAMC NAMES BOMED CHAIR JANIS ORLOWSKI CHIEF HEALTH CARE OFFICER*

In November 2014, the Association of American Medical Colleges announced that Janis M. Orłowski, M.D., MACP, had been selected as the association's new chief health care officer after a nationwide search. Dr. Orłowski has been serving as interim chief health care officer since June 2014. Her appointment took effect immediately.

In this role, Orłowski leads the AAMC's efforts to bring together the health care delivery system and the academic medicine community, with particular emphasis on how teaching hospitals, health systems, and faculty practice plans can seize the opportunities and manage the challenges of health care transformation.

Orłowski joined the AAMC as senior director of clinical transformation in October 2013, after serving for nine years as chief medical officer and chief operating officer at MedStar Washington Hospital Center.

"These are challenging and interesting times in health care, and I look forward to the opportunity to work with my colleagues at the AAMC and our academic medical centers to transform care while, at the same time, providing a rich environment for exploration and learning," said Orłowski. A board certified nephrologist, Orłowski is chair of the Washington, D.C., Board of Medicine. She previously held various leadership roles with the Chicago Medical Society, Illinois State Medical Board, and United Network of Organ Sharing.

Orłowski earned her B.S. degree in biomedical engineering from Marquette University. She received her M.D. degree from the Medical College of Wisconsin and completed her residency training in nephrology at Rush University Medical Center.

## MARK YOUR CALENDAR!

### DC BOARD OF MEDICINE 3<sup>RD</sup> BIENNIAL SYMPOSIUM

**SEPTEMBER 30, 2015**

## ANOTHER TERM! REAPPOINTED TO THE BOARD



At the November 2014 meeting of the Board, four members were re-appointed to another term of service: Board Chairperson **Janis M. Orłowski, MD, MACP**, Physician Member **Andrea A. Anderson, MD**, Physician Member **Brendan Furlong, MD, MPH** and Statutory Member **Anitra Denson, MD**. Members were sworn-in by **John Cheek, Esq.**, Director of the Office of Boards and Commissions. Each term is for 3 years and Members of the Board may serve a maximum of three 3-year terms.

## BoMed STATS ACTIVE LICENSEES

AS OF DECEMBER 11, 2014

License Type	
Medicine and Surgery (MD)	10,369
Osteopathy and Surgery (DO)	259
Medical Training Licensees (MTL)	1,589
Medical Training Registrants (MTR)	146
Anesthesiologist Assistants (AA)	40
Acupuncturists (ACU)	175
Naturopathic Physicians (ND)	37
Physician Assistants (PA)	687
Polysomnographers (PSN)	88
Surgical Assistants (SA)	128
Total Licensees	13,518

# BOARD PUBLIC ORDERS

April 30, 2014 - November 30, 2014

## REVOKED

**Frazier, Joe Wendell** (6/11/2014) – This physician assistant's license was revoked following a hearing, based on an NCCPA certificate revocation, which was based on a Virginia Board suspension and a Virginia court conviction related to fraudulent prescriptions. **[Physician Assistant]**

**Welch, Robert** (6/12/14) – The physician's license was revoked based on a criminal conviction for illicit sexual conduct with a minor and possession of methamphetamine. **[Internal Medicine]**

**Chigbue, Brian** (9/11/14) – The physician's license was revoked based on disciplinary actions taken by the licensing authorities of Maryland, Virginia, and Tennessee, based on sexual misconduct and sexual violations with patients. **[Internal Medicine]**

## SUMMARILY SUSPENDED

**Menet, Matthew** (8/22/14) – The physician's license was summarily suspended based on an Illinois action that indefinitely suspended his license for failure to diagnose a dislocated shoulder. Virginia also took reciprocal action and summarily suspended his license. **[Orthopedic Surgery]**

**Rassael, Hadi** (11/20/14) – The physician's license was summarily suspended based on a Maryland summary suspension regarding inappropriate sexual relationships with at least three patients. **[Family Medicine]**

## SUSPENDED

**Greene, Peter** (6/9/14) – The physician's license was suspended (stayed) and placed on probation for 5 years with terms – based on a violation of his previous consent order (11/28/12) and terms of probation requiring substance abuse treatment and monitoring. **[Dermatology]**

**Willis, Lillian** (8/10/14) – The previous 11/7/13 Summary Suspension was terminated and the physician assistant's license was indefinitely suspended. The suspension was immediately stayed, and the P.A. was placed on indefinite probation with terms that include a \$500 fine, CME, supervision reports, meetings with the PA committee chair, and practice audits. **[Physician Assistant]**

## PROBATION

**Basco, Michael** (7/10/14) – Termination of nine month suspension based on Maryland action related to unprofessional conduct. Probation for a minimum of 18 months with terms and conditions. The Board determined that the physician complied with the conditions of the suspension. The Board reinstated the physician's license subject to probationary period of 18 months with terms and conditions. **[Obstetrics & Gynecology]**

**Menghisteab, Freweni** (10/27/14) – The previous 11/7/13 Summary Suspension was stayed and the P.A. was placed on probation for a minimum of 12 months with terms that include a \$200 fine, CME, supervision reports, meetings with the PA committee chair, and practice audits. **[Physician Assistant]**

## FINED

**Panahy, Yasmin** (5/8/14) – The physician was fined and ordered to complete CMEs, based on her Maryland order for failing their CME audit. It was discovered she also did not complete the required amount for DC. **[Internal Medicine]**

**Stephens, Robert** (6/11/14) – The physician was fined and ordered to complete CMEs, based on his Maryland order for failing their CME audit. It was discovered that he also did not complete the required amount for DC. **[Ophthalmology]**

**Trevisan, Louis** (10/27/14) – The physician was fined for practicing with an expired license and for failing to maintain the required CMEs for licensure. **[Acupuncture]**

(continued on page 15)



(continued from page 14)

### REPRIMANDED

**Nwankwo, Christian N.** (8/28/14) – the physician was reprimanded based on a Maryland action for unprofessional conduct. The physician must also comply fully with the terms of the Maryland order. **[Family Medicine]**

**Mosuro, Yusuf** (6/12/14) – The physician was reprimanded and prohibited from supervision of PAs and APRNs, in addition to prescribing/ordering/dispensing restrictions and other conditions. **[Anesthesiology]**

**Lakner, George** (8/28/14) – The physician was reprimanded based on a Maryland action and a California action regarding unprofessional conduct and false representation when seeking or making an application for licensure or any other application related to the practice of medicine. **[Psychiatry]**

### TERMINATIONS

**Brown, William** (6/11/14) – The physician's 10/12/12 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Family Medicine]**

**Adams, Roscoe** (6/9/14) - The physician's 11/14/13 Final Order was terminated due to full compliance and satisfaction of the terms. **[Family Medicine]**

**Panahy, Yasmin** (8/28/14) – They physician's 5/8/14 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Internal Medicine]**

**Hill, Augustus** (6/25/14) – The physician's 5/4/12 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Internal Medicine/Surgery]**

**Kaminskas, Ausra** (8/28/14) – The acupuncturist's 1/9/14 Consent Order was terminated due to full compliance and satisfaction of the terms. **[Acupuncture]**

**Menet, Matthew** (11/18/14) – The physician's DC summary suspension of 8/22/14 was vacated, based on an Illinois action that vacated their suspension, which was the basis for the DC summary suspension. **[Orthopedic Surgery]**

**Yu, Benson W.** (11/25/14) – The physician's DC summary suspension of 10/4/13 was vacated, based on a 9/25/14 Virginia Consent Order that resolves their initial summary suspension, which was the basis for the DC summary suspension. **[Internal Medicine]**

### DENIAL

**Gohari, Geeti** (7/10/14) – The physician's application for licensure was denied based on multiple Board actions in other states based on substandard care and poor patient documentation related to treatment of pain management patients. **[Physical Medicine & Rehabilitation]**

### OTHER

**Srivastava, Pradeep** (6/11/14) – The physician's 3/14/13 Consent Order was amended to clarify that practice/supervision can occur at 'any' location in the District. (The 3/14/13 Order had reinstated his license with practice supervision terms, board recertification, and course work in medical ethics, internal medicine, and cardiology – based a 2009 criminal conviction for tax evasion and subsequent prison term). **[Internal Medicine]**

**Marselas, Sharon L.** (8/28/14) – the physician is prohibited from the practice of neurosurgery, and required to notify the DC Board of her return to practice in DC. **[Neurosurgery]**

## COMPLAINTS & PRIVATE ORDERS

APRIL 30, 2014 - NOVEMBER 30, 2014

COMPLAINTS RECEIVED = 43

PUBLIC ORDERS ISSUED = 25

NEGOTIATED SETTLEMENT AGREEMENTS = 30

## CURRENT MEMBERS OF THE BOARD OF MEDICINE

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

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

**Bernard Arons, MD**  
Physician Member

**Kelly Colden, MD**  
Physician Member

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

**Anitra Denson, MD**  
Statutory Member

**Brendan Furlong, MD, MPH**  
Physician Member

**Treazure R. Johnson, Esq.**  
Consumer Member

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

**Marc Rankin, MD**  
Physician Member, Vice Chair

**Jeffrey Smith, MD**  
Physician Member

**Terrence D. Straub**  
Consumer Member

### Board Staff

Executive Director  
**Jacqueline A. Watson, DO, MBA, CMBE**

Health Licensing Specialists  
**Lisa Robinson (Discipline and Compliance)**  
**Mary Harris**  
**LaJuan Jeffries-Johnson**  
**Aisha Nixon, MA**  
**Marvin Romero**

Attorney Advisor  
**Brian G. Kim, Esq.**

Assistant Attorney Advisor  
**Ajay Gohil, Esq.**

Investigator  
**Emilia Moran**

Health Licensing Assistants  
**Hanna Minaye, Cameron Windham**

Newsletter Layout  
**Nancy Kofie**

## 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.

## DC BOARD OF MEDICINE

**Joxel Garcia, MD, MBA, Director, Department of Health**  
**Rikin S. Mehta, PharmD, JD, LLM, HRLA Senior Deputy Director**

Health Regulation and  
Licensing Administration  
899 North Capitol Street NE  
First Floor  
Washington DC 20002

Office Hours: 8:15 am to 4:00 pm  
Monday - Friday  
(except District Holidays)

Phone numbers: (202) 724-8800  
(877)-672-2174

Fax number: (202) 442-8117