Primum Non Nocere

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forum

NC MEDICAL BOARD

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President's Message

Are You Ready?

Janelle A. Rhyne, MD

This June, while pondering what to write in this edition of the *Forum*, I got an urgent message. At the time, the Midwest was awash in floodwaters. I was advised that I could be deployed to assist in Iowa.

This was not a particularly unusual or unexpected circumstance. As some of you know, my "day job" is with the New Hanover Public Health Department, where some of my work focuses on disaster planning and preparedness. As it turned out, I was not called to Iowa. But the prospect underscored for me, once again, how important it is for all citizens to be ready when disaster strikes.

Physicians and allied health providers may tend to think of health emergencies primarily as medical events, such as heart attacks or outbreaks of bacterial meningitis. Over the past several years medical professionals' understanding of the term has evolved, as it has for all Americans. Today we are more keenly aware of the need to be prepared for acts of bioterrorism and disease outbreaks, as well as natural disasters that pose threats to practitioners, their families and their patients. Those of us who experienced Hurricanes Bertha, Fran and Floyd know firsthand the importance of preparedness — and the consequences of failing to plan ahead. More recently, Hurricane Katrina taught the nation the same lesson on a vast and sobering scale.

So are you prepared on a personal, business and professional level? A physician or health care provider must be prepared in order to serve patients while also taking care of family and personal priorities.

Being prepared has layers of meaning for health care professionals. First, we are private citizens with loved ones to protect and care for. Physicians in private practice are also employers and business owners. Finally, health care providers are also trained professionals with the desire, ability and duty to serve in a time of need.

Begin by focusing on family preparedness, specifically by creating a family emergency plan. Such a plan should partially consist of detailed plans for how you will contact one another, how you will get back together if separated and what you will do in emergency situations. Every family should have a basic personal emergency kit (a list of recommended items follows this article). Ask what emergency plans are in place at work, school and daycare. Know who will care for your children, elderly family members and other dependents.

In the event of an impending hurricane or known disaster make sure that you have cash, a full tank of gas in your car and arrangements for pet care, if needed. As a result of Hurricane Katrina, which stranded hundreds of displaced companion animals, some counties now operate shelters that allow families to evacuate with their pets.

Once you have a comprehensive family emergency plan in

In This Issue of the FORUM

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place, turn to your practice.

Does your practice have a disaster plan or a pandemic influenza plan? How about hurricane insurance? To begin, designate someone in your practice to take the lead on planning and keeping everyone informed. If you are in private practice, you will need to consider both your financial interests as a business owner as well as your responsibility as a provider of care. At minimum, you will need easily accessible back-up contact lists for patients and vendors, back-up medical records, a communication plan and, possibly, plans for an alternative location.

If your practice must relocate, has a prolonged closure or loses its facility you will need a plan for ensuring continuity of patient care. You may need to notify patients to tell them how to access care, medical records and other important information. These decisions and plans are best discussed and made ahead of time.

It may seem unlikely that your practice will be forced to evacuate and set up in a new location. But it is worth taking the time to plan for this contingency. Consider the roughly 6,000 physicians who were among the more than 1.5 million people who evacuated the Gulf Coast due to Hurricane Katrina. Nearly a quarter of evacuated physicians were still displaced seven months after Katrina made landfall, according to an article in the journal *Disaster Medicine and Public Health Preparedness*, "Characteristics of Physician Relocation Following Hurricane Katrina."

Templates for business emergency plans are widely available on the Internet. Access a sample business continuity and disaster preparedness plan at www.ready.gov/business/_downloads/mentor_guide.pdf. The North Carolina Pandemic Influenza Plan (www.epi.state.nc.us/epi/gcdc/pandemic.html) provides important information and guidance on drafting a plan for your practice. The federal government's pandemic flu site, www.pandemicflu.gov, is another valuable resource. It includes a checklist for health care planning that can form the basis for a medical practice pandemic influenza plan.

Finally, in addition to personal and business preparedness, the physician must prepare him or herself on a professional level to serve in times of disaster or emergency.

Physicians have a long tradition of volunteerism. However, such service exposes health care providers to increased risk of professional liability, as well as personal risk of injury. To help address these problems, the National Conference of Commissioners on Uniform State Laws in July 2006 drafted the Uniform Emergency Volunteer Health Practitioners Act (UVEHPA) and has urged all states to adopt it. It calls for a national system to facilitate the deployment and use of licensed volunteer health practitioners to provide health and veterinary services in response to declared emergencies. Managing liability

risks to health care providers is one of many subjects covered.

The risk of exposure to liability for malpractice is substantial to volunteers providing health services in challenging and suboptimal conditions. Physicians may need to provide services with limited resources and may have to practice outside their usual fields of expertise. Physicians may be in the difficult position of allocating scarce health care resources. Health care providers also face greater personal risks of both physical and psychological injuries when providing emergency services.

North Carolina addresses these concerns through the Emergency Management Assistance Compact, the North Carolina State Registry of Volunteers and through state law.

All 50 states, Washington D.C., Puerto Rico and the U.S. Virgin Islands have entered into the Emergency Management Assistance Compact (EMAC), which provides qualified immunity from negligence-based claims to state and certain local government employees deployed in response to official disasters and emergencies.

The state of North Carolina protects health care professionals in certain circumstances, regardless of emergency conditions.

Volunteer medical providers working without compensation have qualified immunity from negligence-based claims while treating patients at a local health department, health center or free clinic or while treating indigent patients in their own offices. Retired physicians who hold limited volunteer licenses are similarly protected. State law offers similar protection to physicians and others who render aid or emergency treatment when circumstances require prompt action and delay would seriously worsen the condition of the patient.

In all cases, providers are expected to follow community standards of care. The law does not offer protection against claims of gross negligence, wanton conduct or intentional wrongdoing.

Under the North Carolina Emergency Management Act, providers who receive pay for their services have qualified immunity if they are operating as emergency management workers. Providers can take steps to ensure they are protected by the law by registering with the North Carolina State Registry of Volunteers or SERVNC, an online registration system for volunteer medical and health responders. Once registered with SERVNC, a provider becomes part of the State Medical Assistance Team and is thus afforded qualified immunity during a declared emergency unless there is willful misconduct, gross negligence or bad faith. Again, health care professionals are expected to follow community standards of emergency care.

In summary, physicians and allied health providers should prepare on a personal, business and professional level to protect themselves and their families, and to better serve patients during an emergency.

I hope you never need to use your plans. But if the need arises, you will be glad you took the time to prepare, and so will your patients.

"The risk of exposure to liability for malpractice is substantial to volunteers providing health services in challenging and suboptimal conditions"

[1]Full details of circumstances where qualified immunity is afforded are given in G.S. 90-21.16, G.S. 90-21.14, and G.S. 1-539.11.

[2]Terms of qualified immunity and a definition of covered professionals can be found in G.S. 166A-14.

Be Prepared: What to put in a basic family emergency kit

A family emergency kit should include supplies to help you survive for at least three days without outside assistance. The list below includes items that belong in every emergency kit. Be sure to consider the unique needs of your family and supplement the kit with additional items. Consider keeping a full kit at home and smaller portable kits for work, the car and other places you spend time.

Basic supplies:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert; Extra batteries
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps
- Prescription medications
- Additional food and water for pets

Additional Items to Consider:

- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Fire Extinguisher
- Matches in a waterproof container
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children

Source: www.ready.gov

An Unrelenting Epidemic of Deaths from Prescription Drugs in North Carolina

By Catherine (Kay) Sanford, MSPH; Retired Injury Epidemiologist

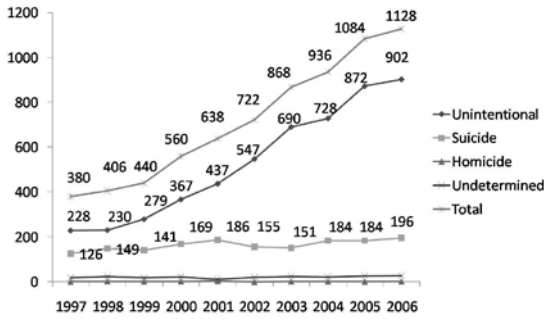
In the decade since 1997, more than 7,100 North Carolina residents have died from poisonings. At the beginning of the 20th century many victims were children who ingested toxic household products. By contrast, most of these recent victims were adults [1-4] and most died from an unintentional overdose of a prescription drug(s)[5]. The Centers for Disease Control and Prevention (CDC) recently released findings that suggest fatal accidental drug overdoses have reached epidemic proportions in the United States, including North Carolina. Most poisoning deaths now occur in rural states among adults who abuse or misuse prescription and illegal drugs. North Carolina is in the upper third of rural states with the highest percentage increase in unintentional poisoning mortality rates in the United States, 1999-2004. Fatal drug overdoses are now the second leading cause of death due to unintentional injury in the United States, exceeded only by motor vehicle fatalities[6-11]. Public health epidemiologists have suggested that this epidemic of drug-related deaths can be reversed by using traditional injury prevention strategies[12-14]. These are primarily behavioral changes that include changing the way physicians prescribe controlled substances and the way patients take controlled substances for pain management. The approach also includes transforming how the general public views recreational drugs and the treatment of those who use them, as well changing how law enforcement practices drug diversion. The goal of the following report is to provide some descriptive statistics on the epidemic of drug-related deaths in North Carolina and information on the state's newest source of information on prescribed narcotics, the North Carolina Controlled Substance Reporting System[15]. The paper also suggests ways for physicians to use these data as a resource to improve the way they prescribe controlled substances to their patients with chronic severe pain.

"Fatal accidental drug overdoses have reached epidemic proportions in the United States, including North Carolina"

Historical Trends in NC Drug-Related Deaths

As illustrated in Figure 1, North Carolina has experienced a three-fold increase in the number of residents who died by poisoning in the past decade[5]. Deaths increased from 380 deaths in 1997 to 1,128 deaths in 2006, the most recent year of mortality data. The numbers of intentional fatal poisonings (suicides and homicides) and poisonings for which the medical examiner could not determine the intent of the victim (undetermined) have changed very little over the past 10 years. However, the number of deaths from unintentional overdoses has risen fourfold, from 228 in 1997 to 902 in 2006. These death certificate data suggest that the sharp increase in the overall number of poisoning-related deaths is due to a dramatic increase in unintentional poisonings.

Figure 1. Number of Fatal Poisonings by Manner of Death: NC Residents, 1997-2006

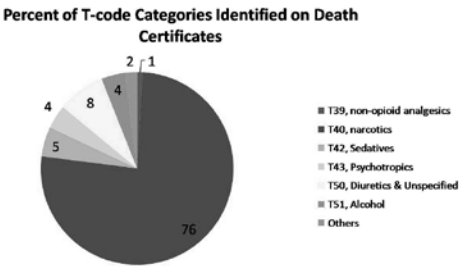


Source: NC State Center for Health Statistics, August 2007

Types of Drugs Involved

Medical examiners in North Carolina run full panel toxicology screens whenever possible on almost every poisoning case they investigate, and have done so for decades. Therefore, changes in the drugs associated with drug-related overdoses in the last decade are real and not due to changes in investigative procedures. The substances recorded on death certificates as underlying or contributing causes of death since 1999 are coded by nosologists as *International Classification of Diseases and Related Health Problems Version 10* (ICD-10) as external cause of injury codes and T-codes, respectively. These identify the substances determined by NC medical examiners to have caused or contributed to the death of the victim. They do not include an incidental drug(s) that the decedent took prior to death, was identified on the post-mortem toxicological screen, but did not cause or contribute to the demise. Figure 2 shows that in 2006 three quarters (76 per-

Figure 2. Substances Reported by Medical Examiners for Unintentional and Undetermined Intent Fatal Poisonings: NC, 2006

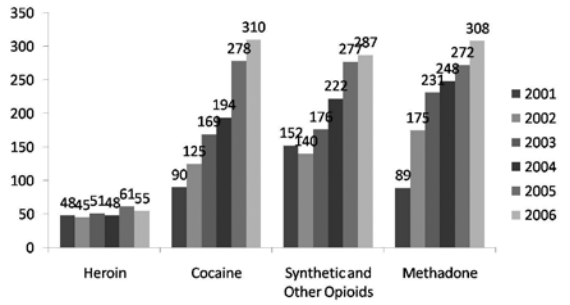


Source: NC State Center for Health Statistics, May 2007

cent) of the substances that caused or contributed to these unintentional deaths were narcotics (NC State Center for Health Statistics, 2007). Alcohol and the other non-biological substances contributed to approximately 7% of the deaths.

Figure 3 illustrates the diversity of controlled substances that have resulted in fatal drug overdoses in the past five years, based on T-codes recorded on death certificates. Heroin caused or contributed to relatively few fatal drug overdoses in North Carolina

Figure 3. Number of Fatal Overdoses from Narcotics of Unintentional Poisonings by ICD-10 Drug Categories : NC Residents, 2001-2006



Source: NC State Center for Health Statistics, T-codes 40.1, 40.5, 40.2 and 40.4 40.3, 8/ 2007

since 2001, accounting for 6% of deaths in 2001 (48 deaths) and 13% in 2006 (55 deaths). Cocaine was implicated in 24% of the accidental drug-related deaths in 2001 and 32% in 2006 (310 deaths). Methadone (primarily prescribed for pain management and not to treat opioid addiction[1,3,16-17]) caused or contributed to 23% of the drug overdoses in 2001 (89 deaths) and was identified in 32% of the deaths in 2006 (308 deaths). The narcotics and hallucinogens in the remaining category of 'synthetic and other opioids' (for example codeine, fentanyl, hydrocodone, morphine, and oxycodone) were identified in 40% of the drug-related deaths in 2001 (152 deaths), but only 30% in 2006 (287 deaths). Thus, in 2006, the categories of drugs that caused or contributed to the accidental drug overdoses were approximately equally divided among cocaine (32%), methadone (32%) and the other synthetic and unspecified opioids (30%). Both cocaine and methadone-related deaths increased threefold from 2001 to 2006. Deaths from the synthetic opioids increased twofold, in spite of their universally recognized and highly publicized potential for addiction and diversion. These data suggest, as do data from other states[6-11,17-19] that legal drugs kill more people than illegal drugs. It is because 93% of the unintentional and undetermined intent poisonings in North Carolina are caused by biological products (Figure 2), and the majority of them are prescribed controlled substances (Figure 3), that we can conclude that most unintentional poisonings are now the result of accidental drug overdoses.

Methadone-Related Deaths

One question raised by statistics on the drugs that cause or contribute to unintentional poisoning fatalities in North Carolina is, 'Why methadone?'. Methadone is prescribed for pain management less often than other opioids in the state. Based on data from the North Carolina Controlled Substances Reporting System, hydrocodone and oxycodone were dispensed to outpatients in North Carolina 38 times more often than methadone[20] . Yet in 2006, methadone was implicated in one third of the accidental fatal drug overdoses (Figure 3). Hydrocodone, oxycodone and all other synthetic opioids combined were cited in about the same percentage (30%) of deaths[15]. This suggests methadone is more lethal than the other opioids.

Methadone was originally created during World War II in Germany as an alternative to morphine, which was not available for use by the Germans on the battlefield. Methadone has many positives as a painkiller. It has fewer side effects than many of the other opioids. It is cheap —often less than $15 per month in contrast to the $300 to $400/month for hydrocodone and oxycodone preparations. Methadone does not produce euphoria, which some had mistakenly thought would make it less likely to be diverted and abused. There are also many down sides to the drug. Methadone has a very long half-life (8-96 hours), but the duration of its analgesic action is considerably shorter (4-8 hours). The initial dosing of methadone is difficult and not all physicians are aware of its varying equivalence to other opioids[17,21]. The cross tolerance between methadone and other opioids is incomplete, thus complicating the transition of a patient from another opioid to methadone. Finally, methadone, like many opioids, can cause severe respiratory depression and death.

"Ninety-three percent of the unintentional and undetermined intent poisonings in North Carolina are caused by biological products and the majority of them are prescribed controlled substances"

The signs and symptoms of opioid-induced respiratory depression are often unrecognized by the lay public. A systematic review of all of NC medical examiner records of fatal methadone overdoses between 1997 and 2001 often indicated that the decedent died many hours after the ingestion of the methadone and that someone heard the decedent snoring loudly prior to finding the person dead the following morning[3]. Research has also shown that methadone can cause serious cardiac conduction effects, including QT interval prolongation and Torsades de Pointes[21]. Because of the inherent increased potential for lethality in methadone when prescribed for pain management, the FDA began requiring a 'black box' warning for the drug in November 2006[21]. It remains to be seen whether this warning has reduced the prescribing of or mortality from methadone. Mortality statistics on drug-related deaths in North Carolina for 2007 will not be available until August/September 2008.

Prescription Profiles from the NC Controlled Substances Reporting System

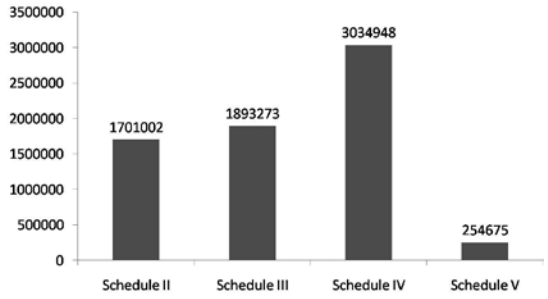
Until the passage of enabling legislation to imple-

ment a narcotic prescription drug monitoring system in 2006, North Carolina did not have a means of reporting or monitoring the outpatient prescribing of controlled substances. In August 2007, the NC Controlled Substances Reporting (CSR) System began collecting data on Schedule II through V controlled substances that are prescribed by NC physicians to NC residents and dispensed from pharmacies in the state. (Schedule I narcotics—those defined as having no medical applications and by definition illegal—are monitored by law enforcement.) The data in the CSR system include most of the data elements routinely collected by most NC pharmacies and submitted to billing vendors who facilitate third party reimbursement. The primary goal of the CSR System is to provide NC medical care practitioners with a tool to help determine the appropriateness of prescribing a controlled substance(s) to their patients or the need to refer their patients for more specialized treatment of chronic severe pain or substance abuse. Upon request, the CSR System generates prescribing profiles of controlled substances for eligible medical care practitioners and pharmacists on all patients in the database who have legally bought these drugs from a pharmacy (or other participating agency) in the state. Any medical care practitioner in the state with a DEA license to prescribe controlled substances can apply for access to his or her patient data in the CSR system by contacting the CSR System manager in the NC Department of Health and Human Services Division of Mental Health/Developmental Disabilities/Substance Abuse Services (Johnny.womble@ncmail.net). A secondary goal of the CSR System is to generate anonymous epidemiologic profiles of outpatient prescribed controlled substances in the state[15].

"The primary goal of the CSR System is to provide NC medical care practitioners with a tool to help determine the appropriateness of prescribing a controlled substance(s) to their patients"

The CSR System provides the first opportunity to review what categories of controlled substances are prescribed and purchased in the outpatient setting for all patients, not just for the patients on the state's Medicaid and Medicare rolls. Preliminary CSR System data from July to December 2007 indicate that slightly less than 1.2 million prescriptions for Schedule II-V controlled substances are dispensed every month by NC pharmacies, outpatient facilities and practitioners to NC residents[20]. This suggests that, in a state of 8.7 million residents, there were nearly 14 million prescriptions for controlled substances written and dispensed in 2007. These prescriptions varied by Schedule, which is a classification system that attributes each drug's potential for addiction and abuse in descending order of likelihood. For example, a Schedule III drug is less likely than a Schedule II to be abused, and so forth.

Figure 4. Outpatient Prescriptions to North Carolinians for Controlled Substances Dispensed in North Carolina: July – December 2007



TOTAL SCRIPTS = 6,916,296 for Jul-Dec 2007

Source: NC Controlled Substances Reporting System; March 2008. C. Sanford 05/12/08

Between July and December 2007, 44% of prescriptions in the CSR System were for Schedule IV controlled substances; 27% were for Schedule IIIs; 24.5% were for Schedule IIs; and 3% were for Schedule Vs (Figure 4). Seventy percent of NC residents who obtained a controlled substance from an outpatient pharmacy in July 2007 were dispensed a prescription for one drug; 19% were dispensed two prescriptions for drugs; and 10% were dispensed three to five prescriptions. Just one percent of patients took home more than five prescriptions for a controlled substance.

Table 1. Top 20 Controlled Substances Dispensed in North Carolina: July – December 2007*

Controlled Substances	No. Scripts	Controlled Substances	No. Scripts
1. Hydrocodones	2,014,652	11. Adderall	148,416
2. Oxycodones	935,394	12. Concerta	144,143
3. Alprazolam	712,680	13. Temazepam	111,520
4. Zolpidem TA	430,623	14. Phenteramine	108,851
5. Clonzepam	421,155	15. Lunestra	102,874
6. Propoxyphene	401,674	16. Amphetamine Salts	80,047
7. Lorazepam	364,569	17. Fentanyl	77,252
8. Diazepam	247,763	18. Methadone	70,284
9. Lyrica	162,604	19. Morphine Sulfates	68,296
10. Ambien	151,317	20. Codeine compounds	45,545

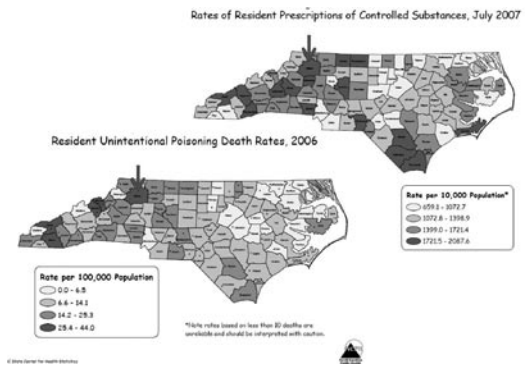
Preliminary data, The Controlled Substances Reporting System, March 2008 (20)

Hydrocodone and oxycodone were the most frequently prescribed controlled substances between July and December 2007. There is little reason to expect the pattern to have varied for the second six months (January – June, 2008). The top 20 controlled substances prescribed in July-December 2007 are listed in Table 1. This table is important, not only for its description of what outpatient controlled substances were prescribed during the CSR system's first year of operation, but as an example of how a reasonable expectation of a direct correlation between the prevalence of available drugs

and the ranking of deaths from accidental overdoses of those drugs does not hold. Assuming a one-to-one correlation, one would expect most of the deaths from unintentional drug overdoses to be caused by those drugs that are most frequently prescribed. However, according to data on NC death certificates, these drugs only caused or contributed to one third of fatal accidental drug overdoses. Meanwhile, methadone, while only the 18th most frequently prescribed controlled substance, was mentioned as a contributing factor in another third of deaths. These data suggest that much more research is needed on the benefits and adverse effects of all of the controlled substances that are currently being prescribed to patients with the best of intentions.

A review of the combined data from death certificates and the CSR System suggest that the relationship(s) between the availability and lethality of controlled substances in our state is complex and probably multifactorial (Figure 5). Some counties in which there are high prescribing rates of controlled substances have high mortality rates from accidental drug overdoses. For example, Wilkes County (identified with an arrow on each map) have high rates of fatal accidental drug overdoses and high rates of prescriptions for controlled

Figure 5. Comparison of controlled substances prescription rates and drug-overdose mortality rates: North Carolina, July 2007 and 2006.



substances[5,20]. Diametrically opposite patterns also occur. For example, Hyde County in 2006 had a high unintentional poisoning rate but a very low rate of prescriptions for controlled substances in 2007. What is undisputable is the annual increase in the number (and the rates) of NC residents who are dying from accidental drug overdoses from controlled substances, the variation in these death rates by age, race, sex and county, and the variation in the outpatient prescribing profiles of controlled substances within the state. Much research is obviously needed to establish the role of these and other factors in the causal pathway. Analyses of emergency department data, death certificate data, medical examiner records, physician and pharmacist requested CSR system patient prescription profiles, and de-identified epidemiologic reports from the CSR system will go a long way to improving our understanding of how best to prescribe controlled substances in the out-patient setting. Without access to and use of these data to support the practice of pain management, the epidemic of unintentional drug overdoses will continue unabated.

"These data suggest that much more research is needed on the benefits and adverse effects of all of the controlled substances that are currently being prescribed to patients"

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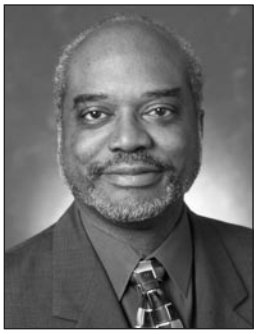
Board Elects New Leadership Team

The North Carolina Medical Board elected new officers at its July meeting. In accordance with amended Board bylaws, the leadership team includes a place for an At-Large member for the first time this year. This change was aimed at opening up the Board's Executive Committee to members who are not on a formal leadership track but nonetheless have an interest in shaping the Board's priorities. New officers begin their terms on November 1. The Board's current President, Dr. Janelle A. Rhyne, will continue to serve on the Executive Committee as immediate past President.

George L. Saunders, III, MD, President



Dr. Saunders

Dr. Saunders graduated from Loyola University of Los Angeles and earned his MD from the University of California at San Diego School of Medicine. He completed his residency training in family medicine at St. Joseph's Medical Center in Yonkers, NY, where he then served as a preceptor. He also served on the faculty at New York Medical College as a clinical instructor in the Department of Medicine.

Following the completion of his medical education, Dr. Saunders became the first medical director of the Urgent Care Network at Jackson Memorial-University of Miami Medical Center and later was appointed associate clinical professor in the Department of Family and Community Medicine. He joined Landmark Learning Center, a 360-bed facility for the developmentally disabled in Miami, where he served as medical executive director and quality assurance officer. During his tenure at the Learning Center, Dr. Saunders' department won a state award for quality and efficiency.

Since 1992, Dr. Saunders has been in private practice in Brunswick County, where he has been a trustee for Brunswick Community College. At Brunswick Hospital, Dr. Saunders has served as chief of the medical staff and is a former hospital trustee.

Dr. Saunders professional experience includes numerous appointments, including president, vice president and recording secretary of the Dade County, Fla., Chapter of the National Medical Association. He also served as president of the Brunswick County Medical Society and as president and convention chair of the Old North State Medical Society, a group that named him Physician of the Year in 1998 and 1999.

Dr. Saunders is currently an adjunct clinical instructor at the University of North Carolina, Chapel Hill School of Medicine and a preceptor for medical students, nurse practitioner students and family practice residents.

Dr. Saunders is a member of the American Geriatrics Society, the American Academy of Family Physicians, the National Medical Association and other professional organizations. He is certified by the American Board of Family Practice and the American Board of Geriatric Medicine. Dr. Saunders is the medical director of Autumn Care Shallotte.

He was appointed to the Board in 2003. Dr. Saunders is chair of the Board's Review and Best Practices Committees and has served on its Policy, Complaints and Executive Committees. He has also served as secretary, treasurer and president-elect of the Board.

Ralph C. Loomis, MD, President-elect

Dr. Loomis

A native of Kentucky, Dr. Loomis took his undergraduate degree, cum laude, at Vanderbilt University and his MD degree from Indiana University, where he received the Senior Honors program award in surgery. He did his internship at Indiana and his residency in neurosurgery at the same institution, during which he received the Willis Gatch General Surgery Award. He also took the Theodore Gildred Microsurgical Course and was coauthor of an article in the Annals of Surgery.

Dr. Loomis is certified by the American Board of Neurological Surgery and is a fellow of the American College of Surgeons. He is a member of the Congress of Neurological Surgeons and the American Association of Neurological Surgery, an officer in the North Carolina Neurosurgical Society, and has served as North Carolina delegate to the national Council of State Neurosurgical Societies. Dr. Loomis represents the neurosurgery section of Mission Hospitals in the level II trauma section of the western region of North Carolina and is past chief of surgery for Mission Hospitals.

He was appointed to the Board in 2005. Dr. Loomis is chair of the Board's Disciplinary Committee and has served on its Executive, Reentry, Complaint, Licensing and CPP Committees. He has also served as the Board's treasurer and secretary. Since spring 2007, he has served on the Bylaws Committee of the Federation of State Medical Boards. He practices at the Mountain Neurological Center in Asheville.

Donald E. Jablonski, DO, Secretary/Treasurer

A native of Michigan, Dr. Jablonski took his undergraduate degree at the University of Windsor, Windsor,

Ontario, Canada, with graduate study at Oakland University, Rochester, Michigan. He received his DO degree from the Chicago College of Osteopathic Medicine. He did his internship at Lakeview General Hospital in Battle Creek, Michigan, where he served as chief intern. He is certified by the American Osteopathic Board of Family Practice. In 1996-1997, he participated in the Academic Leadership Fellowship Program of the Ohio University College of Osteopathic Medicine.

Dr. Jablonski is a member of numerous professional organizations, including the American Osteopathic Association, the American College of Osteopathic Family Physicians, the Association of Osteopathic Directors and Medical Educators and the North Carolina Osteopathic Medical Association. He is a fellow of several professional groups.

Dr. Jablonski is licensed and has practiced in Florida and Ohio, as well as North Carolina. Before coming to North Carolina, he was an associate professor of family medicine at the Ohio University College of Osteopathic Medicine. The list of his professional activities over the years includes more than 50 citations. He is currently a member of the Mountain Area Health Education Center and is a preceptor for medical students at the University of North Carolina, Chapel Hill School of Medicine, and at Duke University School of Medicine. He is also past president of the North Carolina Society of the American College of Osteopathic Family Physicians and of the North Carolina Osteopathic Medical Association.

Dr. Jablonski

Dr. Jablonski has received the Outstanding Achievement Award of the Chicago College of Osteopathic Medicine and the Physician of the Year Award of the American College of Osteopathic Physicians.

Dr. Jablonski was appointed to the Board in 2005. He is chair of the Board's Licensing Committee and serves on the Disciplinary, Best Practices and Executive Committees.

John B. Lewis, Jr, LLB, At-Large

Judge Lewis

Judge John B. Lewis, Jr, LLB, is a native of Farmville, NC, and a graduate in history of the University of North Carolina, Chapel Hill. He took his law degree from the University of North Carolina Law School, where he served as president of the Third Year Class.

Lewis's distinguished legal career has included the private practice of law in Farmville for 16 years. For 12 of those years, he served as town attorney for Farmville, Fountain and Hookerton. Lewis served as a Special Superior Court judge for six years and on the North Carolina Court of Appeals for 11 years. He is currently a Court of Appeals recall judge, a temporary administrative law judge and an emergency Special Superior Court judge.

Lewis did active duty in the U.S. Navy and served on the USS Coral Sea (CV-43) off Vietnam. He was later a captain in the Naval Reserve, serving as a certified military judge. He retired from those duties in 1990.

Among his many other activities and responsibilities, he has been chair of the North Carolina Property Tax Commission and the Judicial Standards Commission and a member of the North Carolina Sentencing Commission and Rules Review Commission. He has served as a member of the Wake Forest University School of Law Board of Visitors, the Board of Directors of the North Carolina Arts Council and a variety of civic and service organizations.

Judge Lewis's beloved wife Kay Ellen "Kelly" Isley on February 25, 1967. "Kelly" Lewis died on July 20, 2006. Like their parents, the couple's two sons, Benjamin May Lewis, II, and John Thomas Carlysle Lewis are both happily married. Thomas and his wife, Amanda, live in Huntersville. They welcomed a son, Kelan Carlysle Lewis, on February 22, 2008. Ben and his wife, Michelle, and their daughters, Margaret May and Ellen, live in Richmond, Virginia.

Seeking Physician to Serve on Electrolysis Board

The North Carolina Medical Board (NCMB) nominates a physician to the Governor of North Carolina to be appointed to the North Carolina Board of Electrolysis Examiners (NCBEE) for a three-year term. The offices of the NCBEE are in Greensboro, where board meetings occur approximately twice a year.

The NCBEE consists of five board members, including one physician. The NCBEE regulates the practice of electrolysis in North Carolina.

The only requirement for appointment pursuant to N.C. Gen. Stat. § 88A-5 is that the nominee be a "physician licensed under Chapter 90 of the General Statutes." No particular medical or surgical specialty is required. However, a dermatologist or plastic surgeon would be preferred given the scope of practice of electrologists, which includes laser hair removal.

For more information, please visit the NCBEE Web site at www.ncbee.com/index.php

If you are interested in serving on this board, please send a letter of interest, along with a curriculum vitae, to R. David Henderson, Executive Director, NC Medical Board, david.henderson@ncmedboard.org.

Your Guide to Malpractice Reporting

Board Votes to Change Malpractice Reporting Requirements: Amended Rules Balance Transparency With Fairness to Physicians, Physician Assistants

In response to numerous comments and suggestions, the North Carolina Medical Board voted at its July meeting to make several changes to how malpractice information will be reported on the Board's Web site. The amended version of the rules has been filed with the state Rules Review Commission. The Commission is scheduled to consider them at its regular meeting on August 21.

Substantive changes to the Board's proposed rules for reporting malpractice data are summarized below, in bold, along with an explanation of factors that led the Board to adopt the change. The full text of the amended rules, as well as the text of the enabling statute, follows this article.

"The vast majority of licensees will have only "positive" or neutral information on their profiles"

- **The Board will publicly report only malpractice judgments, awards, payments and settlements greater than $25,000.** The initial version of the proposed rules called for posting some information about all payments.

  This change was made in response to concerns raised by physicians, physician assistants, liability insurers, some malpractice attorneys and others that publishing all payments would cause a significant number of so-called "nuisance" payments – cases settled for financial reasons that may not have involved negligence – to be posted. According to a survey of 1,000 North Carolina residents commissioned by the Board, most consumers want all payments to be posted. However, a significant minority – about 48 percent – of survey respondents indicated that it would be desirable for the Board to exclude payments of lower amounts. Finally, many other medical and osteopathic boards that currently post malpractice payments use thresholds of $10,000 to $100,000 to exclude some payments. The Board settled on a $25,000 threshold because it achieves the desired goal of filtering out the most minor payments while still preserving a comprehensive amount of data for the public. Based on a Board analysis of recent malpractice payments, posting payments greater than $25,000 will result in information about 90 percent of all malpractice payments being published on the Board's Web site.

- **The Board's Web site will publish seven years of malpractice data, beginning with payments made on or after October 1, 2007 – the effective date of the statute that authorizes the Board to gather malpractice data and make it available to the public.** The initial version of the rules did not specify how the Board would capture seven years of data, though one approach considered was using historical data to report the most recent seven years.

  Licensees and their representatives argued strongly against immediately posting the most recent seven years of data and urged the Board to publish only those payments made after the effective date of the rules. Many felt it was unfair to report payments, including settlements, made at a time when licensees would have had no way of knowing such payments would one day be publicly reported. Some licensees would not have settled cases had they known, the Board was told. Many physicians, insurers and attorneys also argued that retrospective reporting would essentially nullify the confidentiality agreements parties enter into when a case is settled, putting the Board's rules at odds with long-standing expectations about the formation of contracts.

  However, according to the results of the Board-commissioned survey, 84 percent of North Carolina residents wanted seven years of data available to them immediately. Also, several members of the public and representatives of public interest groups testified that the Board should publish seven years of data from day one.

  The Board's decision to report payments on or after October 1, 2007, strikes a balance between the two approaches. During the Board's discussion of this point in open session at the July meeting, Board members described the date as a "bright line" after which licensees and their representatives knew or should have known that malpractice payments would become public.

- **When a new payment occurs, physicians and physician assistants must notify the Board within 60 days.** Previously, the rules required licensees to notify the Board of changes within 30 days.

  Many licensees and other interested parties expressed concern that it would be difficult for practitioners to notify the Board within 30 days. To ease the administrative burden on licensees, while still ensuring timely access to the public, the Board agreed to double the amount of time licensees have to notify the board of new payments.

What's next?

Once the rules are approved, the Board plans to send letters to physicians and physician assistants directing them to visit the Board's Web site to report details about malpractice payments that meet reporting criteria, along with other information to be included in the profiles. The vast majority of licensees will have only "positive" or neutral information on their profiles, such as details about

education and training, office locations, and optional facts such as volunteer service, honors and awards, languages spoken, insurance plans accepted or clinical faculty appointments. A Board analysis of malpractice data suggests that less than four percent of physicians and physician assistants licensed in North Carolina will have any malpractice information reported in their profiles.

All of the information published in the practitioner profiles is self-reported by licensees. Licensees will be given a set period of two to three months (the exact period has not been determined) to create their profiles. The Board will also publish notices on its Web site and in the *Forum* to spread the word.

With regard to the malpractice information, licensees may include a brief explanation of each case that led to a payment, provided they do not identify the patient or give the amount of the payment. Licensees will be able to review their information and make any necessary changes before their data is saved to the Board's system.

The Board tentatively expects expanded profiles to go live sometime in 2009, most likely in the fall. Based on that timetable, the profiles would initially display about two years of data. Malpractice information would be updated on an ongoing basis until seven years of data is available. Once the full seven years of data is displayed, the information will be updated annually so that only the most recent seven-year period is shown.

Questions and Answers: The NC Medical Board's Expanded Practitioner Profiles

- **Who will have an expanded profile?** All physicians and physician assistants licensed by the Board, whether they practice in North Carolina or not. Nurse practitioners are not included in the expansion.
- **What "positive" information will be published?** Details about medical education and training, specialty board-certifications, specialty area of practice, hospital affiliations, address and telephone number of primary practice setting. Licensees may include optional information such as languages spoken, volunteer service in an indigent clinic, honors and awards, clinical faculty appointments, insurance plans accepted and hours/days of operation.
- **What "negative" information will be published?** If applicable, profiles will also include certain information on felony convictions and particular misdemeanors, hospital privilege changes and any public disciplinary actions taken by state and federal regulators or out-of-state medical boards. Finally, profiles will publish certain information on malpractice judgments, awards, payments and settlements greater than $25,000 occurring on or after October 1, 2007.
- **Where will the Board get the information for my profile?** Physicians and physician assistants will self-report the information in their expanded profiles. Licensees who fail to provide information or provide false information are subject to disciplinary action.
- **When do I update my profile?** The Board has filed rules that describe how publication of malpractice information and misdemeanor convictions will be handled. Once these rules are approved, the Board will send letters asking licensees to come to the Board's Web site to create their expanded profiles. The Board will also publish notices in the *Forum* and on the Web site.
- **How long do I have to provide the information?** Licensees will have an initial period during which they must create their expanded profiles. The Board has not determined how long this period will be.
- **When will the expanded profile be public?** Sometime in 2009. Information about malpractice and misdemeanor convictions cannot be posted until the rules take effect. The Board estimates profiles may go live by the fall.

"Licensees will be able to review their information and make any necessary changes before their data is saved to the Board's system"

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Text of Amended Rules
Note: The effective date is contingent upon approval by the NC Rules Review Commission.

Subchapter 32X – Practitioner Information

21 NCAC 32X .0101 REQUIRED INFORMATION

(a) All physicians and physician assistants licensed by the Board or applying for licensure by the Board shall provide the information required by N.C. Gen. Stat. §90-5.2(a) on an application for licensure or annual renewal. Additionally, all physicians and physician assistants shall provide the Board with notice of any change in the information within 60 days.

(b) In addition to the information required by N.C. Gen. Stat. §90-5.2, a physician or physician assistant shall inform the Board about any misdemeanor convictions other than minor traffic offenses. "Minor traffic offenses" shall not include driving while intoxicated, driving under the influence, careless or reckless driving, or any other offense involving serious injury or death. The report must include the nature of the conviction, the jurisdiction in which the conviction occurred, and the punishment imposed. A person shall be considered convicted for purposes of this rule if they pled guilty, were found guilty by a court of competent jurisdiction, or entered a plea of nolo contendere.

History Note: Authority G.S.90-5.2
Eff. September 1, 2008

21 NCAC 32X .0102 VOLUNTARY INFORMATION

Physicians and physician assistants may provide additional information such as hours of continuing education earned, subspecialties obtained, academic appointments, volunteer work in indigent clinics, and honors or awards received.

History Note: Authority G.S. 90-5.2
Eff. September 1, 2008

21 NCAC 32X .0103 REPORTING OF MEDICAL JUDGMENTS, AWARDS, PAYMENTS AND SETTLEMENTS

(a) All physicians and physician assistants licensed by the Board or applying for licensure by the Board shall report all medical malpractice judgments, awards, payments and settlements greater than $25,000 occurring on or after October 1, 2007, affecting

or involving the physician or physician assistant on an application for licensure and annual renewal. Additionally, all physicians and physician assistant licensed by the Board shall report all medical malpractice judgments, awards, payments and settlements greater than $25,000 occurring on or after October 1, 2007, affecting or involving the physician or physician assistant within 60 days of the judgment, award, payment or settlement. If a physician or physician assistant is unsure whether a medical malpractice judgment, award, payment, or settlement affects or involves him or her, he/she shall report that information, and the Board shall determine whether the information shall be published.

(b) A settlement shall include a lump sum payment or the first payment of multiple payments (whichever comes first), a payment made from personal funds, or payment by a third party on behalf of a physician or physician assistant.

History Note: Authority G.S. 90-5.2
Eff. September 1, 2008.

21 NCAC 32X .0104 CONTENTS OF THE REPORT

A physician or physician assistant shall report the following information about a judgment, award, payment or settlement:

(1) The date of judgment, award, payment or settlement;

(2) The specialty in which the physician or physician assistant was practicing at the time the incident occurred that resulted in the judgment, award, payment or settlement;

(3) The city, state, and country in which the judgment, award, payment or settlement occurred; and

(4) The date of the occurrence of the events leading to the judgment, award, payment or settlement.

History Note: Authority G.S. 90-5.2
Eff. September 1, 2008.

21 NCAC 32X .0105 PUBLICATION OF JUDGMENTS, AWARDS, PAYMENTS OR SETTLEMENTS

(a) "Publish" means posting on the Board's Web site or other publications.

(b) For each physician or physician assistant, the Board shall publish:

(1) all judgments, awards, payments or settlements greater than $25,000 within the past seven years. However, the Board shall not publish any judgment, award, payment or settlement prior to October 1, 2007, the effective date of N.C. Gen. Stat. § 90-5.2;

(2) the date of the incident that led to the judgment, award, payment or settlement and the date of the judgment, award, payment or settlement; and

(3) whether public disciplinary action was taken based on the Board's review of the care that led to the judgment, award, payment, or settlement.

(c) The Board shall not release or publish the individually identifiable numeric values of the reported judgment, award, payment or settlement or the identity of the patient associated with the judgment, award, payment or settlement.

(d) For each malpractice judgment, award, payment or settlement that is published, the physician or physician assistant will be given the opportunity to provide a brief statement explaining the circumstances that led to the judgment, award, payment or settlement, and whether the case is under appeal. The statement must conform to the ethics of the medical profession. The physician or physician assistant shall not publish identifiable numeric values of reported judgments, awards, payments or settlements. The physician or physician assistant shall not disclose the patient's identity, including information relating to dates and places of treatment or any other information that would tend to identify the patient. The Board may edit such statements to ensure conformity with this rule.

History Note: Authority G.S. 90-5.2
Eff. September 1, 2008.

21 NCAC 32X .0106 PUBLISHING CERTAIN MISDEMEANOR CONVICTIONS

The Board shall publish misdemeanor convictions which involve offenses against a person, offenses of moral turpitude, offenses involving the use of drugs or alcohol, and violations of public health and safety codes. Such misdemeanor convictions shall be published for a period of ten years from the date of conviction.

History Note: Authority G.S. 90-5.2
Eff. September 1, 2008.

21 NCAC 32X .0107 NONCOMPLIANCE OR FALSIFICATION OF INFORMATION

Failure to provide the information as required by this subchapter or knowingly providing false information to the Board shall constitute unprofessional conduct.

History Note: Authority G.S. 90-5.2
Eff. September 1, 2008.

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Text of Enabling Statute
Malpractice is just one piece of the NCMB's expanded practitioner profiles. The statute below provides the definitive list of facts to be provided to the public.

§ 90 5.2. Board to collect and publish certain data.

(a) The Board shall require all physicians and physician assistants to report to the Board certain information, including, but not limited to, the following:

(1) The names of any schools of medicine or osteopathy attended and the year of graduation.

(2) Any graduate medical or osteopathic education at any institution approved by the Accreditation Council of Graduate Medical Education, the Committee for the Accreditation of Canadian Medical Schools, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.

(3) Any specialty board of certification as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.

(4) Specialty area of practice.

(5) Hospital affiliations.

(6) Address and telephone number of the primary practice setting.

(7) An e mail address or facsimile number which shall not be made available to the public and shall be used for the purpose of expediting the dissemination of information about a public health emergency.

(8) Any final disciplinary order or other action required to be reported to the Board pursuant to G.S. 90 14.13 that results in a suspension or revocation of privileges.

(9) Any final disciplinary order or action of any regulatory board or agency including other state medical boards, the United States Food and Drug Administration, the United States Drug Enforcement Administration, Medicare, or the North Carolina Medicaid program.

(10) Conviction of a felony.

(11) Conviction of certain misdemeanors, occurring within the last 10 years, in accordance with rules adopted by the Board.

(12) Any medical license, active or inactive, granted by another state or country.

(13) Certain malpractice information received pursuant to G.S. 90 14.13 or from other sources in accordance with rules adopted by the Board.

(b) Except as provided, the Board shall make information collected under G.S. 90 5.2(a) available to the public.

(c) The Board may adopt rules to implement this section.

(d) Failure to provide information as required by this section and in accordance with Board rules or knowingly providing false information may be considered unprofessional conduct as defined in G.S. 90 14(a)(6). (2007 346, s. 6.)

Federation of State Medical Boards Selects Janelle A. Rhyne, MD, Honors George C. Barrett, MD

Dr. Rhyne

The North Carolina Medical Board's current president, Dr. Janelle A. Rhyne of Wilmington, is now a member of the Federation of State Medical Boards' board of directors. Dr. Rhyne was selected in May by delegates to the FSMB's 96th Annual Meeting in San Antonio, Tex. She will serve a two-year term.

"I look forward to advancing public protection by promoting high quality medical care and patient safety on a national basis," Dr. Rhyne said. "I appreciate the opportunity to serve."

The Federation of State Medical Boards (FSMB) is a national not-for-profit organization representing the 70 medical boards of the United States and its territories, including 14 state boards of osteopathic medicine. Its mission is continual improvement in the quality, safety, and integrity of health care through the development and promotion of high standards for physician licensure and practice.

Dr. Rhyne earned her medical degree at Wake Forest University School of Medicine. She completed an internship in internal medicine, and residency and fellowship training in infectious disease, at Wake Forest University Baptist Medical Center. She is currently a clinical associate professor in the Department of Medicine at the School of Medicine at the University of North Carolina at Chapel Hill.

Dr. Rhyne has spent most of her career in Wilmington, where she has served New Hanover Regional Medical Center in various capacities, including as its chief of staff and as a member of its Board of Trustees. She was in private practice at Wilmington Health Associates for 18 years before taking a position with the New Hanover County Health Department in 2007. Her work now focuses, in part, on disaster preparedness and response.

Dr. Rhyne was appointed to the North Carolina Medical Board in 2003 and took office as Board president in November 2007.

R. David Henderson, executive director of the North Carolina Medical Board, noted that NCMB members have a long history of serving the Federation of State Medical Boards in leadership roles (see related item on Dr. George C. Barrett).

"Dr. Rhyne's election to the Federation's Board of Directors continues that tradition," Henderson said. "The Federation is fortunate to have someone of Dr. Rhyne's skills and dedication working to enhance medical regulation on a national level."

George C. Barrett, MD

Dr. Barrett

Dr. George C. Barrett, a past president of both the North Carolina Medical Board and the Federation of State Medical Boards, was honored with the Lifetime Achievement Award at the Federation's 96th Annual Meeting in San Antonio, Tex. The FSMB recognized Dr. Barrett, 81, as an "articulate advocate and leader for medical regulation."

Dr. Barrett, who lives at The Cypress Assisted Living Community of Charlotte, was unable to attend the meeting in person to accept the award. His son, Chip Barrett, said he was honored to receive it.

"He was proud to receive the award and very disappointed he was unable to go to San Antonio," Chip Barrett said. "It did mean a lot to him and his work on the state board certainly laid the foundation for it."

Board Appoints New Public Affairs Director, *Forum* Editor

Jean Fisher Brinkley joined the NC Medical Board in late April as Director of Public Affairs. She is an award-winning journalist with a background in daily newspapers. Most recently Brinkley worked for The News & Observer of Raleigh. She joined the paper's staff in 2001 as the business health care reporter and took over as its medical news reporter in 2006.

A native of California, Brinkley graduated from Mills College (Oakland, CA) with a Bachelor of Arts in English literature. In 1997, she completed the Master of Journalism program at the University of California, Berkeley. In 2007 she was a New York Times Foundation Fellow, completing an invitation-only institute in health care journalism. Brinkley is married to Ben Brinkley and has a 15-month-old daughter, Sofia.

Over the next several months, you may notice changes to the *Forum* as Brinkley leads an overhaul of the Board's communications program. The look will be updated. You'll see more articles that explain how the Board operates and offer guidance on how to avoid problems. And, since we know you are busy, the printed version of the *Forum* will get shorter and articles will be more to-the-point.

We invite your comments and suggestions. What would make the *Forum* better and more relevant to you? Send your thoughts via email to jean.fisher@ncmedboard.org or call (919) 326-1100 and ask for Jean Fisher Brinkley.

NORTH CAROLINA MEDICAL BOARD

Board Orders/Consent Orders/Other Board Actions

February—April 2008

DEFINITIONS:

Annulment:
Retrospective and prospective cancellation of the practitioner's authorization to practice.

Conditions:
A term used in this report to indicate restrictions, requirements, or limitations placed on the practitioner.

Consent Order:
An order of the Board stating an agreement between the Board and the practitioner regarding the annulment, revocation, suspension, or surrender of the authorization to practice, or the conditions placed on the authorization to practice, or other action taken by the Board relative to the practitioner. (A method for resolving a dispute without a formal hearing.)

Denial:
Final decision denying an application for practice authorization or a request for reconsideration/modification of a previous Board action.

Dismissal:
Board action dismissing a contested case.

Inactive Medical License:
To be "active," a medical license must be registered on or near the physician's birthday each year. By not registering his or her license, the physician allows the license to become "inactive." The holder of an inactive license may not practice medicine in North Carolina. Licensees will often elect this status when they retire or do not intend to practice in the state. (Not related to the "voluntary surrender" noted below.)

NA:
Information not available or not applicable.

NCPHP:
North Carolina Physicians Health Program.

Public Letter of Concern:
A letter in the public record expressing the Board's concern about a practitioner's behavior or performance. Concern has not risen to the point of requiring a formal proceeding but should be known by the public. If the practitioner requests a formal disciplinary hearing regarding the conduct leading to the letter of concern, the letter will be vacated and a formal complaint and hearing initiated.

Reentry Agreement:
Arrangement between the Board and a practitioner in good standing who is "inactive" and has been out of clinical practice for two years or more. Permits the practitioner to resume active practice through a reentry program approved by the Board to assure the practitioner's competence.

RTL:
Resident Training License. (Issued to those in post-graduate medical training who have not yet qualified for a full medical license.)

Revocation:
Cancellation of the authorization to practice. Authorization may not be reissued for at least two years.

Stay:
The full or partial stopping or halting of a legal action, such as a suspension, on certain stipulated grounds.

Summary Suspension:
Immediate withdrawal of the authorization to practice prior to the initiation of further proceedings, which are to begin within a reasonable time. (Ordered when the Board finds the public health, safety, or welfare requires emergency action.)

Suspension:
Withdrawal of the authorization to practice for a stipulated period of time or indefinitely.

Temporary/Dated License:
License to practice for a specific period of time. Often accompanied by conditions contained in a Consent Order. May be issued as an element of a Board or Consent Order or subsequent to the expiration of a previously issued temporary license.

Voluntary Surrender:
The practitioner's relinquishing of the authorization to practice pending or during an investigation. Surrender does not preclude the Board bringing charges against the practitioner. (Not related to the "inactive" medical license noted above.)

For the full text version of each summary and for public documents, please visit the Board's Web site at *www.ncmedboard.org*

ANNULMENTS
NONE

REVOCATIONS

See Consent Orders:
COLLINS, Paul Dwayne, MD

SUSPENSIONS

MBADIWE, Chukwuemeka Felix, MD
Location: Wilmington, DE | DOB: 6/11/1944
License #: 2003-00379 | Specialty: GS/VS (as reported by physician)
Medical Ed: College of Medicine University of Ibadan (1974)
Cause: In January 2004, Dr. Mbadiwe requested help performing gastrointestinal endoscopic procedures. He attempted 75 to 100 colonoscopies, but was unable to complete a colonoscopy without intervention. Between January and July 2004, he attempted one colonoscopy without assistance, and the patient suffered a perforated colon. On 4/2/2004, his privileges to perform endoscopic procedures at Union Regional Medical Center were summarily suspended. He appealed the suspension, and it was lifted on 4/8/2004. In July 2004, URMC revoked his privileges to perform endoscopic procedures and required he perform laparoscopic procedures only when assisted by another member of the medical staff with privileges to perform the procedure. Dr. Mbadiwe does not currently have an active license to practice medicine in North Carolina.
Action: 2/21/2008. Findings of Fact, Conclusions of Law, and Order of Discipline issued following hearing on 2/20/2008. Dr. Mbadiwe's North Carolina medical license is indefinitely suspended, suspension being stayed immediately; he shall not perform colonoscopies and gastroscopies, he shall not perform laparoscopic procedures without the assistance of an experienced laparoscopic surgeon, and he shall not practice medicine in North Carolina until he has an active license issued by the Board.

MURRAY, Susan Ann, Physician Assistant
Location: Rocky Mount, NC (Nash Co) | DOB: 12/03/1957
License #: 0001-02200
PA Education: Medical College of Georgia (1993)
Cause: Ms. Murray failed to comply with Board regulations while working at North Raleigh Primary Care by beginning to practice medicine as a PA prior to receiving confirmation of her intent to practice form, issuing prescriptions without the required identifying information, practicing as a PA without a signed supervisory arrangement with her supervising physician, failing to obtain any instructions for the prescribing of prescription drugs or a policy pertaining to periodic review of her prescribing, and failing to wear proper identification while working as a PA. She also failed to comply with Board regulations by beginning to practice as a PA at Vance Family Medicine prior to receiving confirmation of her intent to practice form.
Action: 2/28/2008. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 2/20/2008: Ms Murray's PA license is suspended indefinitely, and the Board reprimands her. She shall submit to an evaluation by NCPHP and

meet with a panel of the Board for an informal interview.

See Consent Orders:

DILLOW, Michael Lee, PA
DUGLISS, Malcolm Andrew John, PA-C
EATON, Lynne Antoinette, MD
GASTON, Johnny Eugene, MD
LINCOLN, Michael Scott, MD
O'DELL, Kevin Bruce, MD
QUILLEN, Rocky C., PA
SESSOMS, Rodney Kevin, MD
SMITH, David Lewis, PA

SUMMARY SUSPENSIONS

None

CONSENT ORDERS

BOBBITT, William Haywood III, MD

Location: New Bern, NC (Craven Co) | DOB: 06/06/1952
License #: 000026083 | Specialty: IM (as reported by physician)
Medical Ed: Duke University School of Medicine (1977)
Cause: In 2005, Dr. Bobbitt established a physician-patient relationship with Patient A, who sought Dr. Bobbitt's care for migraines. In April 2006, Dr. Bobbitt referred Patient A to another physician for care of migraines and, in October 2006, began a romantic relationship with her that ended in August 2007. During the course of his romantic relationship with Patient A, Dr. Bobbitt provided three prescriptions to her without appropriately documenting the prescriptions in Patient A's medical record. Dr. Bobbitt engaged in unprofessional conduct by prescribing medicines to Patient A while engaging in a romantic relationship with her.
Action: 04/23/2008. Consent order executed: Dr. Bobbitt is reprimanded and placed on probation for 12 months from the date of entry into this consent order.

CARLSON, James Lennart, MD

Location: Cerro Gordo, NC (Columbus Co) | DOB: 11/20/1959
License #: 200200010 | Specialty: FP (as reported by physician)
Medical Ed: Medical College of Wisconsin (1991)
Cause: Dr. Carlson consumed alcohol in violation of his NCPHP contract. Dr. Carlson entered into a consent order with the Board on February 12, 2003, and a subsequent amended consent order, that required him to maintain a contract with the NCPHP and abide by its terms. That consent order terminated on October 12, 2007, but Dr. Carlson maintained a contract with the PHP. The Board has received no complaints that Dr. Carlson's use of alcohol resulted in sub-standard medical care.
Action: 04/17/2008. Consent order executed: Dr. Carlson shall retain a full and unrestricted license and shall avoid discipline provided he follows conditions. He shall refrain from possessing or consuming alcohol and he shall submit to testing at the will of the Board to verify his compliance.

CHANDER, Ernest Romesh, MD

Location: Gastonia, NC (Gaston Co) | DOB: 10/26/1940
License #: 009401389 | Specialty: P (as reported by physician)
Medical Ed: The Christian Medical College of India (1964)
Cause: Dr. Chander was the supervising physician for a nurse practitioner whom he never observed practicing medicine; Rather he reviewed and signed only those patient charts his supervisee brought to him. Dr. Chander also agreed to be the back-up supervising physician for two other NPs without interviewing them, meeting them or becoming familiar with how they practice medicine. This constitutes failure to properly supervise mid-level practitioners in accordance with North Carolina rules and regulations.
Action: 04/08/2008. Consent order executed: Dr. Chander is reprimanded.

COLLINS, Paul Dwayne, MD

Location: Pembroke, NC (Robeson, Co) | DOB: 2/8/1973
License #: 2005-00139 | Specialty: FP (as reported by physician)
Medical Ed: Wake Forest University School of Medicine (2001)
Cause: In January 2005, Dr. Collins entered into a Consent Order to obtain licensure because of his alcohol dependency, history of substance abuse, and multiple arrests for driving while impaired. As part of his Consent Order, he was to refrain from the use of mind-or-mood altering substances, including alcohol, and maintain a contract with the North Carolina Physicians Health Program. In February 2006, he tested positive for alcohol on a urine drug screen, and admitted to consuming alcohol. He voluntarily surrendered his North Carolina medical license and entered into a Consent Order with the Board in which his medical license was indefinitely suspended. His license was reinstated with a Consent Order with numerous conditions in place. In July 2007, Dr. Collins appeared lethargic and incoherent at work and was admitted to the local emergency room where it was learned he took dextromethorphan to help combat a panic attack. He voluntarily surrendered his North Carolina medical license.
Action: 2/8/2008. Consent Order executed. Dr. Collins' license to practice medicine is revoked effective July 31, 2007.

DICKSON, Robert Trulock, MD

Location: Kinston, NC (Lenoir Co) | DOB: 06/10/1952
License #: 000028965| Specialty: GE (as reported by physician)
Medical Ed: Medical College of Georgia (1979)
Cause: The Board issued charges and allegations in June 2007 because of concerns about care provided to five patients with gastrointestinal symptoms. Specifically, the Board found medical records often failed to document a complete history and did not document that examinations were performed. Dr. Dickson also routinely administered sedatives at

much greater levels than is customary. In at least one case, a patient required medication to counteract the effects of over-sedation.

Action: 03/05/2008. Consent order executed: Dr. Dickson is reprimanded and ordered to obtain a mentor or supervising physician who will observe his clinical practice and report to the Board on Dr. Dickson's skills. He also must comply with other conditions, such as completing continuing medical education on conscious sedation.

DILLON, Savtanter Singh, MD

Location: Falls Church, VA | DOB: 8/23/1941
License #: 0096-00118 | Specialty: P (as reported by physician)
Medical Ed: University of N. Sumatra – Indonesia (1973)
Cause: The Virginia Board of Medicine reprimanded Dr. Dillon based on his conduct toward a patient, a physician, whom Dr. Dillon harassed and threatened by means of letters. He also copied and kept portions of the patient's medical records after being terminated from employment from the facility where the patient had been treated.
Action: 2/14/2008. Consent Order executed. Dr. Dillon is reprimanded. His medical license is placed on inactive status and he must apply to reactivate his license, which the Board is under no obligation to approve.

DILLOW, Michael Lee, Physician Assistant

Location: Morganton, NC (Burke Co) | DOB: 11/12/1948
License #: 0001-00563
PA Education: Kettering College (1977)
Cause: Between July 2005 and August 2007, Mr. Dillow wrote prescriptions for controlled substances for Patient A without proper medical record documentation regarding, among other things, the patient's history, laboratory studies, working diagnosis and treatment plan, or continued rationale for prescribing the medication. Between October 2006 and April 2007, Mr. Dillow engaged in a sexual relationship with Patient A while a physician assistant-patient relationship existed between them.
Action: 2/29/2008. Consent Order executed. Mr. Dillow's PA license is suspended indefinitely; must comply with other conditions.

DUGLISS, Malcolm Andrew John, PA-C

Location: Asheville, NC (Buncombe Co)| DOB: 09/13/1964
License #: 000103305
PA Education: Not available
Cause: In November 2007, Mr. Dugliss forged two prescriptions for Norco for himself. He suffers from substance abuse and substance dependency and surrendered his license on November 30, 2007. He is a participant with the NCPHP and has undergone inpatient treatment for his substance abuse and dependency problems.
Action: 03/28/2008. Consent order executed: Mr. Dugliss's license is indefinitely suspended.

EATON, Lynne Antoinette, MD

Location: Worthington, OH | DOB: 09/08/1961
License #: 009400783| Specialty: GO (as reported by physician)
Medical Ed: Medical College of Pennsylvania (1988)
Cause: In March 2007 Dr. Eaton entered into a consent agreement with the State Medical Board of Ohio in which she acknowledged she had relapsed on Percocet and received residential treatment for chemical dependency, and that she had been diagnosed with opioid dependence and depression. Dr. Eaton's treating physicians have indicated that she has been found capable of practicing according to acceptable and prevailing standards of care as long as certain treatment and monitoring conditions are in place, including continued psychiatric treatment. The Ohio consent agreement reinstated Dr. Eaton's medical license, subject to her compliance with treatment for substance abuse and depression.
Action: 03/06/2008. Consent order executed: Dr. Eaton's license is suspended for 90 days, applied retroactively to the date of entry of the March 2007 Ohio consent agreement. Failure to comply with that agreement may lead to action against her North Carolina license.

GASTON, Johnny Eugene, MD

Location: Fayetteville, NC (Cumberland Co) | DOB: 8/09/1948
License #: 0000-22112 | Specialty: PD (as reported by physician)
Medical Ed: Medical College of Ohio (1974)
Cause: The Board received complaints concerning Dr. Gaston's office, appearance, and prescribing practices. In August 2007, the North Carolina Physicians Health Program conducted an assessment of Dr. Gaston including a neuropsychological evaluation that raised questions about his ability to safely practice medicine. The Board summarily suspended Dr. Gaston's license to practice medicine on 12/4/2007.
Action: 2/18/2008. Consent Order executed. Dr. Gaston's North Carolina medical license is indefinitely suspended.

GOLDWASSER, Harry David, MD

Location: Tucson, AZ | DOB: 12/08/1962
License #: 000038954 | Specialty: Psychiatry (as reported by physician)
Medical Ed: University of Alabama (1988)
Cause: Between March 2006 and July 2006, while practicing in Arizona, Dr. Goldwasser diverted oxycodone for his own use and was addicted to cocaine. He entered in a consent agreement related to his substance abuse problems for a Letter of Public Reprimand and Probation with the Arizona Medical Board on August 10, 2007. On October 5, 2006, Dr. Goldwasser entered into an interim consent agreement with the Arizona board that prohibited him from practicing clinical medicine or prescribing any medications. Between October 2006 and January 2007, Dr. Goldwasser underwent residential treatment for substance abuse and was allowed to return to practice on January 18, 2007.

Action: 04/08/2008. Consent order executed: Dr. Goldwasser is reprimanded and placed on probation for five years, subject to compliance with the terms of the probation ordered by the Arizona Medical Board.

GRAJEWSKI, Robert Sigmund, MD
Location: Mooresville, NC (Iredell Co)| DOB: 01/12/1953
License #: 000031292 | Specialty: Urological surgery (as reported by physician)
Medical Ed: Mount Sinai School of Medicine (1978)
Cause: On five occasions, the incorrect uroflow test strip was copied and inserted into patient records. In some cases, Dr. Grajewski changed the patients' written records to correspond with the incorrectly filed strips so that no record of correct test results existed. Subsequently, the five patients with incorrect test results had procedures for which the need was partly determined by those test results. Dr. Grajewski denies that he knowingly included any patient's strip in another patient's chart and further denies that he altered patient records except to correct what he perceived as errors. The Board acknowledges that all five patients were appropriate candidates for the procedures they underwent and that no patient suffered harm as a result of errors in the records.
Action: 03/28/2008. Consent order executed: Public letter of concern is issued.

HALDEA, Daulat Singh, MD
Location: Jaipur, Rajasthan | DOB: 05/20/1953
License #: 200100543 | Specialty: GE (as reported by physician)
Medical Ed: SMS Medical College, India (1977)
Cause: In August 2007, Dr. Haldea was referred to the NCPHP by his peers and was diagnosed as being alcohol dependent. He represented to the NCPHP that he would undergo residential treatment for his addiction after returning from a trip overseas. Dr. Haldea also represented to the Board that, several months before the overseas trip, he had started the process of retiring from the practice of medicine due to health concerns. He placed his NC medical license on inactive status in November 2007. He has since completed residential inpatient treatment for alcohol dependency.
Action: 04/23/2008. Consent order executed: Dr. Haldea's license is voluntarily and permanently surrendered.

HARIHAN, Thomas Francis III, Physician Assistant
Location: Chesapeake, VA | DOB: 11/23/1952
License #: 0001-01609
PA Education: Duke (1987)
Cause: The Board received information that Mr. Harihan had conversations of a personal nature and physical contact with patients in a manner that made them feel uncomfortable. Mr. Harihan stated his actions were motivated by sympathy and empathy for his patients. The Board reviewed Mr. Harihan's practice and, as a result, Mr. Harihan signed a contact with the North Carolina Physicians Health Program.
Action: 2/26/2008. Non-Disciplinary Consent Order executed. Mr. Harihan shall maintain a contract with the North Carolina Physicians Health Program, and comply with all conditions contained in the contract.

HYMAN, Miles Donald, MD
Location: Franklin, NC (Macon Co)| DOB: 08/12/1938
License #: 009900258 | Specialty: APN/ALD (as reported by physician)
Medical Ed: UT Southwestern Medical School (1963)
Cause: Between January 2002 and January 2006, Dr. Hyman treated Patient A for a condition he diagnosed as progressive polyneuropathy. Dr. Hyman prescribed large amounts of narcotic medication, including thirty-six 40 milligram tablets of methadone per day and forty-eight 200 milligram tablets of MS Contin or 9,600 milligrams of morphine per day. Dr. Hyman failed to document the need for such large amounts of narcotics in Patient A's medical records. He also failed to document how he monitored Patient A for adverse side effects and what steps he took to safeguard against Patient A becoming dependent on or addicted to narcotics. Nor did Dr. Hyman take steps to guard against diversion of the narcotics.
Action: 04/02/2008. Consent order executed: Dr. Hyman is placed on probation for six months and must follow conditions, such as complying with monitoring by a Board-designated physician who will select and review charts of patients prescribed controlled substances.

JOHNSON, Maxwell Kenneth, MD
Location: Deland, FL | DOB: 4/22/1939
License #: 0000-28226 | Specialty: IM/ID (as reported by physician)
Medical Ed: University Otago – New Zealand (1965)
Cause: The Michigan Board of Medicine issued Dr. Johnson a reprimand and fine of $5,000.00 for failing to obtain the number of CME credits required by Michigan Public Health Code. In January 2003, the Board placed his license on inactive status for failure to register his North Carolina medical license. He entered into a Consent Order with the Board to reinstate his license and agreed, as a part of reinstatement, to submit records documenting his CME to the Board annually beginning September 1, 2004. Dr. Johnson submitted records of the CME credits received in 2004, but failed to submit records of CME credits obtained for 2005 and 2006 as required by his Consent Order.
Action: 2/26/2008. Consent Order executed: Dr. Johnson is reprimanded; must comply with other conditions.

JUSTIS, Christopher Morrow, MD
Location: Edenton, NC (Chowan Co)| DOB: 07/19/1955
License #: 000038991 | Specialty: AN/APN (as reported by physician)
Medical Ed: East Carolina University (1985)
Cause: On July 22, 2007, Dr. Justis was arrested for driving while impaired with a blood-alcohol concentration of .21, more than twice the legal limit. On January 16, 2008, Dr. Justis plead guilty to driving while

impaired. At the time of his arrest, Dr. Justis was an anonymous participant of the NCPHP.

Action: 04/09/2008. Consent order executed: Dr. Justis is placed on probation and must comply with terms and conditions.

KELLER, Philip Arthur, PA-C

Location: Kitty Hawk, NC (Dare Co)| DOB: 07/10/1961
License #: 009001576 |
PA Education: Hahnemon University (1985)
Cause: Mr. Keller was arrested for driving while impaired in February 2002, arrested for boating while impaired in August 2004 and arrested for driving while impaired on October 24, 2006. In late 2006, while at work as a physician assistant with the U.S. Coast Guard, Mr. Keller drank some alcohol and was found asleep in his office and taken to a hospital on suspicion that he was drunk. This led him to be dismissed from his position, and Mr. Keller subsequently surrendered his license on November 29, 2006. Mr. Keller has been a participant with the NCPHP since November 2006 and reports he has successfully completed inpatient treatment for his substance abuse problem.
Action: 04/16/2008. Consent order executed: Mr. Keller is issued a temporary license to expire August 31, 2008 and is placed on probation. He must refrain from using all mind or mood-altering substances and from the possession or use of alcohol and submit to testing at the will of the Board to determine his compliance.

KHAYATA, Mazen H., MD

Location: Tempe, AZ | DOB: 02/01/1960
License #: 200601233 | Specialty: NS (as reported by physician)
Medical Ed: Cornell University Medical College (1984)
Cause: Dr. Khayata entered into a consent order with the Arizona Medical Board on Sept. 1, 2007, related to a malpractice settlement involving care Dr. Khayata provided to a 45-year-old woman in September 2002 at an Arizona hospital. The patient presented to Dr. Khayata after experiencing a loss of consciousness and being diagnosed with a 10 mm brain tumor. Dr. Khayata confirmed diagnosis of tumor meningioma without involvement of superior sagittal sinus and recommended surgery to remove the tumor. He performed image-guided left frontal craniotomy and resection of the meningioma. Postoperative imaging studies and pathology reports showed that the tumor had not been resected. Dr. Khayata did not review the postoperative studies, follow-up with the results or develop a new treatment plan. Not did Dr. Khayata inform his patient that he was unsuccessful in removing her tumor. The Arizona Board issued a letter of reprimand for failing to remove a targeted tumor, failure to inform the patient of such, failure to review the pathology report and failure to establish a new treatment plan.
Action: 04/16/2008. Consent order executed: Dr. Khayata is reprimanded.

LEMAIRE, Pierre-Arnaud Paul, MD

Location: Wilson, NC (Wilson Co)| DOB: 03/24/1960
License #: 000039440 | Specialty: GS (as reported by physician)
Medical Ed: University of Medicine and Dentistry of New Jersey (1985)
Cause: During an informal interview with the Board in November 2005, Dr. Lemaire informed the Board that he would secure adequate post-operative surgical coverage for his patients prior to leaving town. Following that interview, while acting as the surgeon on call for unassigned patients coming through the emergency room, Dr. Lemaire performed major surgeries on two of his patients within 10 days of leaving the area. He did not secure adequate post-operative coverage before leaving. There is no evidence that the surgeries were performed in a way that was below the standard of care or that the lack of post-operative coverage had a negative impact on either patient. Nonetheless, Dr. Lemaire had a duty to secure such coverage.
Action: 04/23/2008. Consent order executed: Dr. Lemaire is reprimanded.

LINCOLN, Michael Scott, MD

Location: Weddington, NC (Union Co) | DOB: 04/25/1968
License #: 2001-00567 | Specialty: FP (as reported by physician)
Medical Ed: UNC-CH (1998)
Cause: Dr. Lincoln treated Patient A for approximately five or six years for fibromyalgia and back pain. In September 2007, Patient A presented to Dr. Lincoln with lower back pain. During his exam, he noticed Patient A had a tattoo on her lower back and asked if she had other tattoos, and if he could see them. It was necessary for Patient A to disrobe in order for Dr. Lincoln to see the second tattoo. Upon seeing the tattoo, he inappropriately touched the tattoo and made an inappropriate remark. During an interview by practice management in September 2007, he acknowledged his conduct towards Patient A was inappropriate but insisted it was not of a sexual nature. On September 17, 2007, he accepted administrative leave from his practice and has not practiced since that time.
Action: 2/20/2008. Consent Order executed. Dr. Lincoln's medical license is suspended for 90 days to be applied retroactively from September 17, 2007, to the day Dr. Lincoln went on administrative leave; must comply with other conditions.

LIU, Yong Jian, MD

Location: Norcross, GA | DOB: 06/09/1954
License #: 200200946 | Specialty: Physical medicine/rehabilitation (as reported by physician)
Medical Ed: Hunan Medical University, China (1975)
Cause: In October 2007, Dr. Liu was reprimanded by the Georgia State Composite Board of Medical Examiners, fined $10,000, assessed $500 in costs and placed on probation for two years based on findings of fact that he failed to conform to minimum standards of care for 10 patients to whom he pre-

scribed controlled substances. Dr. Liu was restricted from writing prescriptions for controlled substances and from using mid-level practitioners to prescribe them. In addition, the Georgia Board required Dr. Liu to complete 40 hours of CME in the treatment of chronic pain and in the treatment of substance abuse and addiction, as well as a mini-residency in the prescribing of controlled substances.

Action: 04/16/2008. Consent order executed: Dr. Liu is reprimanded and placed on probation for two years, to run concurrent with his Georgia probationary period.

MIRALLES, Gines Diego, MD

Location: Durham, NC (Durham Co)| DOB: 07/26/1962
License #: 009300243| Specialty: ID/IM (as reported by physician)
Medical Ed: University of Buenos Aires (1986)
Cause: Dr. Miralles has not practiced clinical medicine since July 2005 and has no present plans to return to such practice.
Action: 03/06/2008. Non-disciplinary consent order executed: Dr. Miralles is granted a limited administrative license that requires him not to engage in the clinical practice of medicine.

MORGAN, Elizabeth Sarah, MD

Location: Charlotte, NC (Mecklenburg Co) | DOB: 11/24/1967
License #: 2008-0109 | Specialty: OBGYN (as reported by physician)
Medical Ed: University of Rochester School of Medicine (1994)
Cause: In 2004, Dr. Morgan underwent emergency surgery and returned to practice OBGYN in June 2005. She has an unrestricted license in New York, and voluntarily limited her practice in NY approximately one year after her surgery. She met with members of the North Carolina Board in November 2007 to discuss her health and practice plans.
Action: 2/4/2008. Consent Order Executed. Dr. Morgan is issued a license to practice medicine and surgery. She shall limit her practice to office-based, nonoperative gynecology and ultrasound interpretations, and medical education; must comply with other conditions.

O'DELL, Kevin Bruce, MD

Location: Gastonia, NC (Gaston Co)| DOB: 06/04/1957
License #: 000039312| Specialty: EM (as reported by physician)
Medical Ed: University of Nebraska (1983)
Cause: During the spring and summer of 2007, while practicing in Shelby, NC, Dr. O'Dell suffered from depression and anxiety, for which he was treated by a psychiatrist and prescribed Lexapro. In June 2007, Dr. O'Dell had a couple of drinks with friends and apparently developed a reaction to the Lexapro or the combination of Lexapro and alcohol. He became agitated to the point that his son called 911. Law enforcement found Dr. O'Dell driving in his truck but Dr. O'Dell would not stop and was subsequently charged with a number of offenses. Dr. O'Dell surrendered his license to the Board on July 25, 2007. He has completed treatment at a facility that regularly treats health care professionals with mental health and medical problems.
Action: 04/11/2008. Consent order executed: Dr. O'Dell's license is indefinitely suspended.

ONYEKABA, Igwebuike, MD

Location: Cooperstown, NY| DOB: 04/18/1959
License #: 009500418 | Specialty: EM/IM (as reported by physician)
Medical Ed: Lagos Medical College (1983)
Cause: Dr. Onyekaba entered into a consent order with the Georgia State Composite Board of Medical Examiners on June 29, 2007, because of care he provided in December 2002 to a patient in the emergency room of the Alabama hospital where Dr. Onyekaba was working. The patient complained of chest pain, nausea and numbness to the lower lip, and Dr. Onyekaba was aware the patient had been diagnosed in October 2002 with aortic aneurysm. Dr. Onyekaba ordered several tests, including EKG, CPK and cardiac enzyme test and the results did not indicate any significant abnormalities. Dr. Onyekaba diagnosed the patient with chest pain and possible costochondritis, ordered a GI cocktail and discharged the patient with instructions to return if symptoms worsened. The patient died later that day. Peer review of the case found care was below the acceptable and prevailing standard because Dr. Onyekaba did not order a CT scan, as is the minimum standard for patients with a history of aortic aneurysm. The terms of the Georgia consent order required Dr. Onyekaba to obtain 30 hours of CME and pay a $5,000 fine plus the administrative fees of the Georgia Board.
Action: 04/11/2008. Consent order executed: Dr. Onyekaba is reprimanded and must submit to the Board proof that he has complied with the CME requirement imposed by the Georgia Board.

QUILLEN, Rocky C., Physician Assistant

Location: Shallotte, NC (Brunswick Co) | DOB: 10/17/1947
License #: 0001-02450
PA Education: Kettering College (1997)
Cause: Mr. Quillen directed the office staff where he was practicing to call in prescriptions for a member of his family (Patient A) under the name of his supervising physician and another physician assistant without their knowledge or permission.
Action: 2/20/2008. Consent Order executed. Mr. Quillen's PA license is suspended for 60 days beginning 3/1/2008; must comply with other conditions.

ROBINSON, Lindwood Allen, MD

Location: Raleigh, NC (Wake Co)| DOB: 07/08/1971
License #: 200101126| Specialty: EM (as reported by physician)
Medical Ed: UNC School of Medicine (1997)
Cause: In October 2006, Dr. Robinson surrendered his license and entered into a consent order with the Board that suspended his license due to Dr. Robin-

son's substance abuse. Dr. Robinson was granted a four-month temporary license by the board on April 19, 2007. During the time Dr. Robinson was inactive, the medical practice he practiced at and owned hired several physician assistants. Those PAs were subsequently assigned to supervising physicians who were unaware that they had been assigned supervising responsibility. In several instances, the supervising physicians had never met the PA they were supposed to be supervising prior to working with them. Dr. Robinson has since demonstrated to the Board that he has since instituted policies to ensure his practice is complying with rules pertaining to the supervision of PAs.

Action: 03/03/2008. Consent order executed: Dr. Robinson is reprimanded.

ROSENBERG, Mark Robert, MD

Location: Ellisville, MO | DOB: 5/13/1961
License #: 0000-34447 | Specialty: P
Medical Ed: Duke University (1987)
Cause: Dr. Rosenberg pled guilty to two misdemeanor counts relating to receiving and retaining stolen property, specifically $159.00. As a result, the State Medical Board of Ohio entered an Order where Dr. Rosenberg's inactive certificate to practice medicine in Ohio was revoked, with revocation being stayed, and his certificate being suspended for an indefinite period of time, but not less than one year, with conditions for reinstatement or restoration.The Kentucky Board of Medical Licensure entered an Order of Probation, placing his license on probation for one year subject to certain terms and conditions.
Action: 2/20/2008. Consent Order executed. Dr. Rosenberg's North Carolina medical license is placed on probation for one year under the conditions contained in his Consent Order with the Kentucky Board.

SCOTTI, Stephen Douglas, MD

Location: Winston Salem, NC (Forsyth Co) | DOB: 11/16/1957
License #: RTL | Specialty: NM/DR (as reported by physician)
Medical Ed: George Washington University School of Medicine (1987)
Cause: Dr. Scotti holds a medical license in California, Maryland, Vermont, and Colorado. He has a history of substance abuse and has sought treatment, reporting a sobriety date of 9/21/2001, and has been monitored for the presence of drugs and alcohol in his body since October 2001. He has signed a monitoring contract with the North Carolina Physicians Health Program.
Action: 2/7/2008. Consent Order executed. The Board shall issue Dr. Scotti a resident training license; he shall maintain his contract with the NCPHP, must comply with other conditions.

SESSOMS, Rodney Kevin, MD

Location: Clinton, NC (Sampson Co) | DOB: 12/13/1961
License #: 0000-33927 | Specialty: IM (as reported by physician)
Medical Ed: East Carolina University (1989)
Cause: Dr. Sessoms was ordered to obtain an assessment at the Center for Personalized Education for Physicians because of his care of Patient A. He obtained a neuropsychological evaluation which raised questions about his ability to safely practice medicine. He has informed the Board he is working to determine the nature of and possible treatments for the concerns identified in the evaluation. He has cooperated completely with the Board.
Action: 2/21/2008. Consent Order executed. Dr. Sessoms' North Carolina medical license is indefinitely suspended.

SMITH, David Lewis, PA

Location: Raleigh, NC (Wake Co)| DOB: 09/19/1951
License #: 000101503
PA Education: Alderson Broaddus College, Philippi, WV (1992)
Cause: On several occasions in 2007, Mr. Smith improperly obtained the Schedule II drug Focalin by taking medication that was discarded by his patients; He also agreed to purchase Focalin from one patient who decided he did not want to take the medication. On another occasions, Mr. Smith issued a prescription for Focalin to a patient with the understanding that the patient would return the drug to Mr. Smith in exchange for samples of other non-controlled prescription medications. Mr. Smith surrendered his license in November 2007.
Action: 03/26/2008. Consent Order executed: Mr. Smith's license is indefinitely suspended.

WATTS, Larry Thomas, MD

Location: Charlotte, NC (Mecklenberg Co)| DOB: 08/07/1961
License #: 009700154 | Specialty: Pediatric surgery (as reported by physician)
Medical Ed: Bowman Gray School of Medicine, Winston-Salem (1987)
Cause: Without Dr. Watts' knowledge or consent, an employee obtained controlled substances by using prescription blanks that had been pre-signed by Dr. Watts. The employee has since been discharged and charged criminally for misconduct.
Action: 03/28/2008. Consent Order executed: Dr. Watts is reprimanded.

MISCELLANEOUS ACTIONS

NONE

DENIALS OF RECONSIDERATION/MODIFICATION

NONE

DENIALS OF LICENSE/APPROVAL

RENFRO, Frederick Arlen, CCP

Location: Blountville, Tenn. | DOB: 08/14/1970
License #: NA
Medical Ed:
Action: 04/02/2008. Application for perfusionist license denied.

SURRENDERS

PIXTON, Jan Maree, PA
Location: Waynesville, NC (Haywood Co) | DOB: 05/24/1961
License #: 000102080
Medical Ed: Emory University (1985)
Action: 03/05/2008. Voluntary surrender of North Carolina physician assistant license.

YOPP, Jr., James Dennie, MD
Location: Winston-Salem, NC (Forsyth Co) | DOB: 11/25/1938
License #: 000015211 | Specialty: CD (as reported by physician)
Medical Ed: Bowman Gray School of Medicine, Winston-Salem (1966)
Action: 04/11/2008. Voluntary surrender of North Carolina medical license.

See Consent Orders:
HALDEA, Daulat Singh, MD

PUBLIC LETTERS OF CONCERN

FARRINGER, Gina Mills, NP
Location: Wendell, NC (Wake Co) | DOB: 02/13/1961
License #: 000201402
Cause: The NC Board of Nursing on 11/28/2007 suspended Ms. Farringer's license (immediately stayed) in relation to the care of two patients, for whom she wrote prescriptions for controlled substances without adequately documenting the need.
Action: 04/11/2008. Public Letter of Concern issued. Ms. Farringer is reminded that mid-level practitioners are expected to appropriately evaluate and manage patients and to seek appropriate consultation with a physician to assist with this. Ms. Farringer is cautioned that any repetition of such an incident may lead to formal disciplinary proceedings.

GUHA, Subrata, MD
Location: Clayton, NC (Johnston Co) | DOB: 07/25/1960
License #: 000038071 | Specialty: EM (as reported by physician)
Medical Ed: Boston University (1986)
Cause: The Board learned through a complaint that Dr. Guha inadequately supervised five physician assistants. For all five PAs, there was insufficient documentation of quality improvement meetings and missing or inadequate scope of practice and prescriptive authority documents. Also, Dr. Guha was uncertain of which PAs he was responsible for supervising.
Action: 03/25/2008. Public Letter of Concern issued. The Board encourages Dr. Guha to be more attentive in supervising mid-level practitioners in future and is warned that repetition of similar facts and circumstances may lead to additional disciplinary proceedings against his license to practice in North Carolina.

JOHNSON, Earlie Thomas, MD
Location: Holly Ridge, NC (Onslow Co) | DOB: 04/13/1956
License #: 000031729
Medical Ed: Bowman Gray School of Medicine, Winston-Salem, NC
Cause: A physician assistant under Dr. Johnson's supervision over-treated and over-tested a patient in a way that was not evidence-based, indicating poor supervision by Dr. Johnson. In addition, the Board's review of patient charts found that Dr. Johnson sometimes used high-dose steroids in combination with intravenous Rocephin in a way that was not appropriate or evidence-based.
Action: 03/14/2008. Public Letter of Concern issued: Dr. Johnson is admonished and encouraged to take steps to ensure these practices are not continued. He is further cautioned that repetition of such practices may lead to the commencement of formal disciplinary proceedings against his license.

KILFOIL, Mary Martha, MD
Location: Hendersonville, NC (Henderson Co) | DOB: 4/15/1948
License #: 0094-01431 | Specialty: IM (as reported by physician)
Medical Ed: Autonoma De Guadalajara (1987)
Cause: In reviewing information regarding a claim payment on Dr Kilfoil's behalf in 2007, Dr Kilfoil ordered chest and spine films for Patient A for complaints of worsening back pain, intermittent chest pain, and concern regarding history of smoking. The radiologic interpretation noted concern for potential parenchymal lesion and recommended a chest CT. In testimony, Dr. Kilfoil indicated she did not see the radiologic findings. The pain worsened, and Patient A was informed the pain was due to degenerative joint disease or osteoarthritis. An orthopedist ordered a lumbar MRI and upper body scan which demonstrated multiple areas of suggestive bone metastases. The patient expired in August 2004.
Action: 2/29/2008. Public Letter of Concern issued. Dr. Kilfoil is encouraged to address any outstanding issues related to the matter and is cautioned that any repetition of such incident may lead to formal disciplinary action.

KOTZEN, Rene Marlon, MD
Location: Fayetteville, NC (Cumberland Co) | DOB: 05/02/1956
License #: 200200937
Medical Ed: Sackler School of Medicine, Israel (1988)
Cause: Dr. Kotzen was slow to recognize a post-operative complication and failed to appreciate the full severity of that complication. These delays led to an inadequate response which, in turn, may have resulted in the patient developing cauda equine syndrome.
Action: 03/05/2008. Public Letter of Concern issued: Dr. Kotzen is admonished and encouraged to take steps to ensure this does not happen again; He is also advised that repetition of such matters may lead to more formal disciplinary practices against his license.

MULLEN, Joseph Patrick, III, MD
Location: Shelby, NC (Cleveland Co) | DOB: 09/04/1946
License #: 0093-00769 | Specialty: EM (as reported by physician)
Medical Ed: Jefferson Medical College (1973)
Cause: The Board is concerned that Dr. Mullen closed his medical spa practice without notice to patients and in a manner not consistent with the Board's Position Statement on closing of medical practices.
Action: 2/20/2008. Public Letter of Concern issued. Dr. Mullen is admonished and cautioned that any repetition of such an incident may lead to formal disciplinary proceedings.

MUNCHING, Aaron Albert, PA
Location: Durham, NC (Durham Co) | DOB: 01/10/1961
License #: 0010-00016
PA Education: Alderson Broaddus College (1990)
Cause: Mr. Munching authorized a prescription for a controlled substance without first obtaining a United States Drug Enforcement Administration registration. This follows a prior history of improper prescribing and diversion of controlled substances that led to the suspension of Munching's PA license in 2003.
Action: 03/24/2008. Public Letter of Concern issued: Mr. Munching is cautioned that repetition of similar facts and circumstances may lead to proceedings against his license to practice as a PA in North Carolina.

WILLIFORD, Robert Earl, MD
Location: Asheboro, NC (Randolph Co) | DOB: 04/07/1929
License #: 000010331 | Specialty: FP/IM (as reported by physician)
Medical Ed: Emory University School of Medicine (1955)
Cause: Dr. Williford, whose license to practice medicine in North Carolina is inactive, obtained prescriptions for his spouse by representing to a pharmacy that another physician had authorized them when that was not, in fact, the case. In so doing, Dr. Williford engaged in the unlicensed practice of medicine.
Action: 03/07/2008. Public Letter of Concern issued: Dr. Williford is admonished for his conduct and cautioned that any repetition of such behavior may lead to the commencement of formal disciplinary proceedings.

See Consent Orders:
GRAJEWSKI, Robert Sigmund, MD

COURT APPEALS/STAYS
NONE

CONSENT ORDERS LIFTED

CAMPBELL, Jeffrey Paul, MD
Location: Lumberton, NC (Robeson Co) | DOB: 10/14/1962
License #: 0000-38308 | Specialty: OTH/PS (as reported by physician)
Medical Ed: UNC-CH (1988)
Action: 2/12/2008. Order issued lifting Consent Order of 8/19/2004.

HAMBLETON, Scott Lewis, MD
Location: Hattiesburg, MS | DOB: 4/15/1963
License #: 2000-00444 | Specialty: FM/ADDM (as reported by physician)
Medical Ed: University of Tennessee, Memphis College of Medicine (1994)
Action: 2/7/2008. Order issued lifting Consent Order of 8/15/2007.

KPEGLO, Maurice Kopla, MD
Location: Greensboro, NC (Guilford Co) | DOB: 1/04/1949
License #: 0000-29314 | Specialty: GP/PD (as reported by physician)
Medical Ed: UNC-CH (1983)
Action: 2/07/2008. Order issued lifting Consent Order of 8/11/2006.

KRZYZANIAK, Raymond Leonard, MD
Location: Charlotte, NC (Mecklenburg Co) | DOB: 10/19/1952
License #: 0000-31854 | Specialty: PTH/HMP (as reported by physician)
Medical Ed: Indiana University School of Medicine (1979)
Action: 2/7/2008. Order issued lifting Consent Order of 9/21/2006. Dr. Krzyzaniak's license is reinstated.

PAYTON, James Bayard, MD
Location: Asheville, NC (Buncombe Co) | DOB: 01/17/1947
License #: 000038406 | Specialty: CHP (as reported by physician)
Medical Ed: University of Cincinnati College of Medicine (1973)
Action: 04/24/2008. Order issued lifting Consent Order of 03/14/2007.

TEMPORARY/DATED LICENSES: ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES

See Consent Orders:
KELLER, Philip Arthur, PA-C

DISMISSALS
NONE

REENTRY AGREEMENTS

ASHRAF, Muhammad, MD
Location: Raleigh, NC (Wake Co) | DOB: 09/16/1946
License #: 2008-00262 | Specialty: IM (as reported by physician)
Medical Ed: King Edward Medical College, University of the Punjab (1969)
Cause: Dr. Ashraf has not practiced clinical medicine since 2006.
Action: 03/05/2008. Reentry Agreement executed: Dr.

Ashraf is issued a license and shall practice under observation of a physician colleague for six months; the observer shall submit a letter to the Board reporting in detail on Dr. Ashraf's clinical skills within 30 days of the end of the first quarter of the observation period. The observer shall submit a second letter within 30 days of the close of the six-month observation period.

CHOWBEY, Vandana Pandey, MD
Location: Summerfield, NC (Guilford Co) | DOB: 05/28/1971
License #: 2008-00488 | Specialty: IM (as reported by physician)
Medical Ed: Nilratan Sircar Medical College, University of Calcutta (1995)
Cause: Dr. Chowbey suffered a head injury in 2005 and has not practiced clinical medicine since that time.
Action: 04/14/2008. Reentry Agreement executed: Dr Chowbey is issued a license and shall practice under observation of a physician colleague for six months. For the first two weeks, Dr. Chowbey shall only shadow the preceptor, have no patient care responsibilities and limit her hours to four per day. For the next six weeks, Dr. Chowbey shall work side by side with her preceptor and have patient care responsibilities as determined by the preceptor and, for the first two weeks of this period, will continue to work no more than four hours per day. For the remaining four months, with her preceptor's approval and based on satisfactory written reports by the observer to the Board, Dr. Chowbey will practice independently. The preceptor shall submit monthly letters to the Board reporting on Dr. Chowbey's clinical skills. These reports shall be due within 15 days of the close of the monthly observation period. Dr. Chowbey shall also devise a plan to obtain targeted CME and shall submit monthly reports of her progress toward that goal. After one year, Dr. Chowbey shall meet with the Board to determine if additional proctoring, training or observations are needed.

GOINS, Natasha Ann Halmi, MD
Location: Charlotte, NC (Mecklenberg Co) | DOB: 02/16/1970
License #: 2002-00120 | Specialty: PD (as reported by physician)
Medical Ed: University of Texas Health Sciences (1997)
Cause: Dr. Goins has not practiced clinical medicine since 2003.
Action: 04/23/2008. Reentry Agreement executed: Dr. Goins is issued a license and shall practice under observation of a physician colleague who is board certified in pediatrics for six months; the observer shall report to the Board on Dr. Goins' skills within 30 days of the close of the first month and make another report within 30 days of the close of the six-month period.

PAYNE, Richard, MD
Location: Durham, NC (Durham Co) | DOB: 08/24/1951
License #: 2008-00582 | Specialty: Neurology (as reported by physician)
Medical Ed: Harvard Medical School (1977)
Cause: Dr. Payne has not practiced clinical medicine since 2004.
Action: 04/25/2008. Reentry Agreement executed: Dr. Payne is issued a license and shall practice under the observation of a physician colleague for six months; the observer shall report to the Board on his skills within 30 days of the end of each quarter of the observation.

SEYMOUR, John Christopher Campbell, MD
Location: Southport, NC (Brunswick Co) | DOB: 07/09/1939
License #: 2008-00392 | Specialty: IM (as reported by physician)
Medical Ed: George Washington University School of Medicine and Health Sciences (1965)
Cause: Dr. Seymour has not practiced since September 2004.
Action: 03/26/2008. Reentry Agreement executed: Dr. Seymour is issued a license and shall practice under the observation of a physician colleague for six months; the observer shall report to the Board on his skills within 30 days of the close of the first month and again within 30 days of the end of the six- month period.

WEAVER-BAILEY, Ellen Lois, PA-C
Location: Whispering Pines, NC (Moore Co) | DOB: 07/14/1952
License #: 0010-01333
PA Education: Alderson Broaddus College, Philippi, WV (1974)
Cause: Ms. Weaver-Bailey has not practiced since 1982.
Action: 04/28/2008. Reentry Agreement executed: Ms. Weaver-Bailey is issued a license. For the first six months, she shall see patients only accompanied by an attending cardiologist; After three months, she may begin seeing patients for follow-up visits in the lipid clinic unaccompanied. After six months, Ms. Weaver-Bailey shall perform stress tests only after receiving adequate instruction and after at least 10 have been observed by an attending cardiologist. Her supervising physician shall provide the Board with monthly detailed letters describing Ms. Weaver-Bailey's clinical skills for the first three months and one letter at the end of six months. Ms. Weaver-Bailey must complete continuing medical education deemed appropriate by her preceptor and must submit monthly reports to update the Board on her progress.

Visit the Board's Web site at www.ncmedboard.org to change your address online.

The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted to the Board within 60 days of a move.

Electronic Prescriptions for Controlled Substances

The U.S. Drug Enforcement Administration is seeking public comment on proposed rules that would give physicians and other authorized prescribers the ability to issue electronic prescriptions for controlled substances. The rules would also allow pharmacies to receive, dispense and archive electronic prescriptions.

DEA's aim is to provide practitioners, pharmacies and hospitals with the ability to use modern technology for controlled substance prescriptions while maintaining controls on dispensing of these medications. The proposed regulations would also reduce paperwork for DEA registrants who prescribe or dispense controlled substances and, according to DEA, could have the added benefit of reducing prescription forgery. Finally, the proposed rules have the potential to reduce prescription errors caused by illegible handwriting and misunderstood oral prescriptions. Any member of the public may submit comments on the proposed rules by e-mail or regular mail.

To read the proposed rules, visit DEA on the Web at: www.deadiversion.usdoj.gov/fed_regs/rules/2008/ and click on the notice for "Electronic Prescriptions for Controlled Substances.

Comments must be received on or before September 25. To ensure proper handling of comments, please reference "Docket No. DEA-218" on all correspondence.

Written comments sent via regular or express mail should be sent to Drug Enforcement Administration, Attention: DEA Federal Register Representative/ODL, 8701 Morrissette Drive, Springfield, VA 22152.

Comments may also be sent via email to DEADiversionPolicy@usdoj.gov or submitted through www.regulations.gov using the electronic comment form provided on that site. DEA will accept electronic comments containing MS word, WordPerfect, Adobe PDF or Excel files only. DEA will not accept any file formats other than those specifically listed here.

North Carolina Medical Board Meeting Calendar

Meeting Dates: September 17-19, 2008; October 15-16, 2008; November 19-21, 2008; December 18, 2008

Residents Please Note USMLE Information

United States Medical Licensing Examination

Computer-based testing for Step 3 is available on a daily basis. Applications are available on the Federation of State Medical Board's Web site at www.fsmb.org.

Special Purpose Examination (SPEX)

The Special Purpose Examination (or SPEX) of the Federation of State Medical Boards of the United States is available year-round. For additional information, contact the Federation of State Medical Boards at PO Box 619850, Dallas, TX 75261-9850, or telephone (817) 868-4000.

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