Supervision of Midlevel Practitioners: How much is enough?

On a basic level, we all know what it means to supervise someone. But how much supervision is appropriate when it comes to the physician’s duty to oversee physician assistants or nurse practitioners?

There is no one right answer. The level of supervision expected by the North Carolina Medical Board depends on a range of factors, such as the number of practitioners under a physician’s supervision and whether supervisor and supervisee practice at the same physical location. Each professional relationship will look different, based on the unique circumstances of each case. The bottom line—which all physicians who supervise midlevel practitioners would do well to keep in mind—is that the physician is ultimately responsible for ensuring that high quality medical care is provided to each patient. Physicians also should understand that they may be held accountable if they fail to provide adequate oversight or if PAs or NPs under their supervision make errors or exhibit poor clinical judgment.

This article will review the NC Medical Board’s position on supervision of midlevel practitioners and provide an overview of the corresponding rules and regulations. It also will cover some of the common problems that arise.

First, a little context

It’s never been more critical for supervising physicians to understand their obligation to provide adequate oversight. Midlevel practitioners are an increasingly important part of how we deliver primary care in North Carolina. Between 1996 and 2005, the number of PAs practicing in North Carolina increased by 100 percent, according to an analysis published in 2007 by researchers at the Cecil G. Sheps Center for Health Services Research. The number of NPs in the state increased 220 percent over the same period, according to the same research. As of October, nearly 10 percent of all physicians licensed by the NC Medical Board supervised one or more PAs. Nearly 8 percent supervised one or more NPs.

Some of these midlevel practitioners see patients at locations where there is no physician on-site and little face-to-face interaction with the supervising physician. In recent years, North Carolina and other states have seen rapid growth of “retail” health clinics in drug and discount stores. These clinics, which handle a set menu of common ailments, are typically staffed exclusively by nurse practitioners whose clinical practice is overseen by off-site physicians. The Board has observed that the level of supervision at such clinics varies widely. Even when midlevel practitioners work at the same practice location as their supervisors, it is no guarantee that adequate oversight is in place.

The Board frequently reviews and takes regulatory action in cases in which the level of supervision of PAs and NPs is an issue. Sometimes the cases involve administrative or procedural issues. This category might include such conduct as a PA seeing patients before receiving a confirmation of intent to practice from the NCMB or failure on the physician’s part to meet a midlevel practitioner in person and observe that person’s clinical practice before agreeing to supervise. It’s not uncommon for supervising physicians to be disciplined for keeping insufficient documentation of quality improvement meetings or having no, or inadequate, scope of practice and prescriptive authority documents.

The Board also reviews many cases that involve quality of care provided by midlevel practitioners. In one recent case, a PA failed to properly diagnose abdominal aortic aneurysm in a patient who later died. The case led to a malpractice payment on the behalf of the PA. After reviewing the facts of the case (the Medical Board reviews every new malpractice payment made on behalf of each...
So what is appropriate supervision?

The NCMB recognizes that determining the right level of supervision is no easy matter. There are numerous possible practice settings and supervisory situations, as well as a spectrum of skill and experience levels among supervised practitioners. Appropriate supervision will be different for each and every situation. However, North Carolina statute and administrative rules set out basic criteria. Following these requirements conscientiously when you establish supervisory relationships is the best defense against future problems.

The rules that pertain to supervision of PAs and NPs are too lengthy and complex to fully cover in this article. Briefly, rules for establishing the supervisory relationships among PAs, NPs and supervising physicians require:

- That the PA or NP file, respectively, an ‘intent to practice’ or ‘approval to practice’ form with the appropriate regulatory board(s) and obtain confirmation of its receipt and/or approval before performing medical acts, tasks or functions under the supervising physician. PAs must file this form with the NCMB. NPs, who are dually approved by the NC Board of Nursing and the NCMB, must file the ‘approval to practice’ form with both the NCMB and NCBN.

- That the PA or NP work with the primary supervising physician to create a written document that outlines in detail the practice arrangement, including scope of practice, duties, responsibilities and terms for prescribing and dispensing of drugs and medical devices. The delegation of medical tasks must be appropriate to the skill level and competence of the PA or NP. This document must be signed by both the supervisee and the supervising physician(s).

- That a process for evaluation of the supervisee’s performance be established.

- That the PA or NP receive from the supervising physician written instructions for prescribing, ordering and administering medical devices and a written policy for periodic review by the physician. In order to prescribe controlled substances, the midlevel practitioner must have a valid DEA registration and prescribe in accordance with all applicable policies and guidelines.

- For PAs in a new practice arrangement, meetings with the primary supervising physician must occur monthly for the first six months to discuss clinical matters and quality improvement (QI). After the first six months, such meetings must take place at least every six months. All meetings must be documented.

- Generally, the rules for established NPs entering a new NCMB recognizes that determining the right level of supervision is no easy matter. There are numerous possible practice settings and supervisory situations, as well as a spectrum of skill and experience levels among supervised practitioners. Appropriate supervision will be different for each and every situation. However, North Carolina statute and administrative rules set out basic criteria. Following these requirements conscientiously when you establish supervisory relationships is the best defense against future problems.

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Supervision of Other Licensed Health Care Practitioners

In 2007, the North Carolina Medical Board (NCMB) adopted a position statement titled, “Physician Supervision of Midlevel Practitioners,” which outlines the rules and regulations for the supervision of midlevel practitioners. The applicable rules and statutes can be found on the NCMB Web site, www.ncmedboard.org.

This position statement is just a summary of the rules. The full texts include important requirements about the level of detail expected in collaborative practice agreements and supervisory arrangements, how often these documents must be reviewed, and how meetings should be documented and how long those records must be kept, among other subjects. Supervising physicians, NPs and PAs will want to become intimately acquainted with these requirements. The applicable rules and statutes can be found on the NCMB Web site.

To further guide its licensees on the subject of physician supervision of midlevel practitioners, the NCMB in 2007 adopted a position statement titled, “Physician Supervision of Other Licensed Health Care Practitioners.” The position emphasizes the Board’s expectation that physicians provide adequate oversight and ensure that quality medical care is provided to patients seen by midlevel practitioners. It also lists several of the factors that help determine the appropriate level of supervision.

The full text of the position statement is published below. It also can be found on the Board’s Web site.

Finally, this year the Board established a random audit program to ensure compliance with rules and laws that govern PA supervision. A similar program for NPs has been established in conjunction with the NC Board of Nursing. Half of these audits are conducted by mail, with randomly selected practices completing forms to indicate compliance, and the other half are conducted by field investigators who visit practices in person. The purpose of the audits is to document compliance, which is consistent with excellence in clinical care. Practices are typically given the opportunity to correct any deficiencies in their supervisory arrangements with PAs and NPs. However, some audits may turn up problems that may lead the NCMB to take disciplinary action.

I encourage any physicians who supervise midlevel practitioners—or are contemplating such relationships—to become thoroughly familiar with what is required before Board investigators knock on their doors.

PA documents you must have on site
- Proof of licensure and registration
- Statement of supervisory arrangement with primary supervising physician (Scope of Practice)
- Signed and dated record of meetings between primary supervising MD and PA relevant to clinical problems and QI measures
- List of all back-up supervising physicians, signed and dated by MDs (primary and backups) and PA
- Written prescribing instructions to include written policy for periodic review of these instructions by primary supervising MD
- DEA registration and pharmacy permit, if applicable

NP documents you must have on site
- Proof of RN licensure, registration and approval to practice
- Proof of registration and national certification if applicable
- List of all back-up supervising MDs, signed and dated by primary and back-up MDs and NP
- Collaborative Practice Agreement with documentation and annual protocol review
- CE documentation
- QI process documents to include documentation of NP-MD consultation meeting
- DEA Registration and Pharmacy Permit, if applicable

NCMB Position Statement: Physician Supervision of Other Licensed Health Care Practitioners

The physician who provides medical supervision of other licensed healthcare practitioners is expected to provide adequate oversight. The physician must always maintain the ultimate responsibility to assure that high quality care is provided to every patient. In discharging that responsibility, the physician should exercise the appropriate amount of supervision over a licensed healthcare practitioner which will ensure the maintenance of quality medical care and patient safety in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board. What constitutes an “appropriate amount of supervision” will depend on a variety of factors. Those factors include, but are not limited to:

- The number of supervisees under a physician’s supervision
- The geographical distance between the supervising physician and the supervisee
- The supervisee’s practice setting
- The medical specialty of the supervising physician and the supervisee
- The level of training of the supervisee
- The experience of the supervisee
- The frequency, quality, and type of ongoing education of the supervisee
- The amount of time the supervising physician and the supervisee have worked together
- The quality of the written collaborative practice agreement, supervisory arrangement, protocol or other written guidelines intended for the guidance of the supervisee
- The supervisee’s scope of practice consistent with the supervisee’s education, national certification and/or collaborative practice agreement

(Adopted July 2007)
Setting up shop

Building a new practice from the ground up

Marjorie A. Satinsky, MBA

Setting up a new medical practice is challenging, whether you are just completing your training or are at a later stage in your career. Before deciding to establish your own practice, make sure you understand the variety of activities that are involved, the most critical steps in the process, the timetable, the costs and good resources. This article covers these topics.

What Steps Do I Have to Take to Set Up My Own Practice?

Setting up a new practice involves at least 70 steps! These fall into five categories: organization and management, financial management, hiring staff and engaging external resources, ensuring the delivery of quality care and outcomes (including work flow process and information technology) and compliance.

Organization and management includes the services that you will provide, your office location(s), the legal structure of your practice, the relationship(s) between you and other physicians in your practice (e.g. partners or employees) and the staff that you hire. It also includes deciding how you will participate in the management of your practice. Many physicians strike out on their own because they disliked the way their previous practice worked, and they want hands on involvement in their new business. Others prefer intense involvement at the outset, but eventually delegate most of the management to a competent and experienced practice manager. A third group of physicians prefer to share administrative responsibilities. There’s no right way; the decision is a matter of personal style.

An essential component of organization and management is development of your advisory team. You’ll need an attorney, an accountant, a banker, a practice management consultant and possibly an external information technology support company. These people will not only help you start your practice, but will continue to help you make prudent business decisions.

Financial management begins with the development of financial statements (i.e. operating and capital budgets, balance sheet, profit and loss statement and cash flow statement). Decide what codes you will use for billing and set your fees. If you want to receive reimbursement from public payers (e.g. Medicare and Medicaid) and from private managed care companies, you must be properly credentialed. In order to participate in the managed care networks, you’ll need reimbursement rates and contracts. Regardless of your past experience in other practice settings, as a start-up practice, you usually lack negotiating leverage. Financial management also involves selection of a practice management system. Some practices outsource their billing and collections.

With respect to staff, your most important hire will be your practice manager. Together you can hire other administrative and clinical staff. Job candidates like clarity of expectations and working conditions, so do your homework before you advertise or spread the word in the medical community. Develop job descriptions, a compensation package and salary scales before you recruit. When you interview qualified individuals, know what questions you can ask or not ask. Your attorney or practice management consultant can provide guidance. One question that’s high on my list is comfort with information technology (IT). Smart practices rely heavily on IT, so make sure your employees like technology and are willing to learn new applications.

The degree to which you can deliver quality care is related to your ability to create and maintain an efficient work flow process and to measure the results of what you do. Work with your new staff to develop and document operating policies and procedures. Put systems in place to measure both the efficiency of your practice (e.g. waiting time for an appointment, waiting time to go to into an exam room, no-shows) and patient satisfaction. If your practice has the capability to measure such parameters electronically, so much the better.

The final component of starting a new practice is compliance. Your attorney and practice manager can educate you about the Stark and anti-kickback statutes, OSHA, HIPAA, CLIA and other existing requirements, as well as about newer Medicare programs such as recovery audits. Develop a compliance plan at the outset to minimize your risk.

Which Steps Are the Most Critical?

Not long ago, a client asked me if I’d ever worked with a practice that eventually failed. I haven’t, but the question was a sobering one. Which of the many steps necessary to start a practice are the most critical to long-term success? In my experience, managed care contracts/reimbursement, marketing, information technology, and taking the steps in the right order are the most important aspects of start-up.
If you plan to be part of the managed care networks, you must begin the credentialing and contracting processes as far in advance of your opening date as you can. If you are already credentialed and are changing just your practice name and tax ID number within a short time after leaving your previous practice, credentialing is easy. Starting from scratch is more complicated because each plan has its own process and timetable. With respect to reimbursement, first determine the CPT codes you will use and the fees you will charge. Then ask each plan what it will pay. A new, smaller practice has less negotiating leverage than an established practice with a significant volume of business. As you build a stable panel of patients, you will have the opportunity to go back to the plans and ask for higher rates.

Marketing also is important for a start-up practice. Building patient volume takes time. What makes your practice unique? Refine the message that you want to communicate on printed material such as business cards and brochures and on your Web site. Get professional help and remember that the design process takes time. You’ll want to review different options, so allow time for give and take. The look and content of your Web site is also important. I highly recommend a site that goes beyond the provision of basic information and includes a patient portal. This extra feature allows patients to use your Web site to request appointments, provide demographic information, request prescription requests, get lab and other test results, pay bills and perform other administrative functions.

Choosing information technology that supports your practice is another critical decision. Most practices need a practice management system (PMS) for scheduling and billing, an electronic health record system (EHR), as well as a Web site. There’s no right solution for every practice, but there’s definitely a correct decision-making process. Start with your needs, not with vendor bells and whistles. Address the issue of an on-site server or an Application Service Provider (ASP) model where you “rent” space on an off-site secure server. There is a significant up-front cost difference in these two options. Understand the implications of purchasing multiple applications from the same vendor vs. applications from different vendors. There are advantages and disadvantages to selecting what are called “integrated” solutions from one vendor so you don’t have to pay for the “interface” between vendors. Check references carefully and make site visits to practices that already use the technology that you are considering. Remember that everything is negotiable — provided you know what to ask. Finally, make sure that a qualified attorney reviews your contracts with IT vendors. Just like a marriage, you may enter into business relationships with the best of intentions only to find that you want to change partners several years down the road.

Taking the steps in the right order is as important as any category of tasks or single step. It’s impossible to work on just one category of tasks at a time; the tasks are interdependent. For example, apply for an NPI number for yourself and your group before you begin to fill out any paperwork. If you are moving to North Carolina from another state, contact the managed care companies after you have a license to practice, malpractice coverage, hospital privileges (if relevant) and an office address. If you need a bank loan, prepare a financial plan before you ask for money. You get the idea; don’t put the proverbial cart before the horse!

### What’s a Reasonable Timeline?

On average, it takes nine months to set up a new practice. At the request of several physicians who wanted an abbreviated timetable, I’ve accomplished the job in as short a time as four months. I don’t recommend an accelerated process. There’s much about timing that you can’t control. You have no say when it comes to how quickly managed care companies credential you and your partners and provide contract and rate information. Nor do you have control over the lead time that your information technology vendors require for set up and implementation. Allow enough time to work through each decision carefully. Don’t be so rushed that you alienate the many people with whom you are working and who know how much time it takes to do their jobs well.

### What Does it Cost?

There’s no quick answer to the question about the cost of starting a new medical practice. There is, however, a logical way to determine the revenue and expenses for somebody in your specialty. Focus on the assumptions before you or your accountant run the numbers. Here’s my list of topics for which you need to set a direction and then estimate dollars:

- **General Information:** This category should include legal issues, timing, anticipated start date, and real estate (purchase or rent).
- **Revenue from Patient Care:** This section should factor in days revenue outstanding, days payable outstanding, units of service, payers, estimated gross/net revenue, contractual allowance and allowance for bad debts, other sources of revenue.
- **Expenses:** This wide category should include ac—
counting, contributions and public relations, consulting fees, continuing medical education, dues/subscriptions/books, capital equipment, equipment rental, general insurance, information technology, malpractice insurance, lab fees, legal services, maintenance/repairs/cleaning, marketing and advertising, medical supplies, office supplies, postage, rental/lease expense, salary/wages/benefits, taxes, telephone/telecommunications, travel, interest, depreciation, physician monthly draw, professional services, Web site, other expenses.

Once you have a good sense of your direction in each of the categories listed above, ask your accountant to run numbers for a five-year period. If your break-even point comes later than you want it to occur, adjust the assumptions. Go back and forth between assumptions and numbers until you are comfortable with the expectations for your practice as well as with the amount you will have to borrow.

Conclusion
Now that you know what it takes to start your own practice, you decide. The start-up process is long, challenging, and at times tedious. If it feels like the wrong strategy for you, move forward in a different direction. If you decide to go ahead, best of luck!


An adjunct faculty member at the School of Public Health at the University of North Carolina, Chapel Hill, Ms. Satinsky is a member of the North Carolina Medical Society Quality of Care and Performance Improvement Committee, Medical Group Management Association, and North Carolina Medical Group Managers. She may be reached at (919) 383-5998 or margie@satinskyconsulting.com.

**What Have Other Physicians Experienced?**

- A young internal medicine physician in Raleigh completed his training and bought a practice from a well-respected physician who planned to retire. The average age of the retiring physician’s patients was 60 and older, and his successor was determined not only to change the age mix in the current office, but to open three more locations in the eastern part of the state. The current office location was close to many high tech companies and to several universities. By creating a Web site with comprehensive content and a patient portal, this young physician created a real name for himself in his community and quickly achieved his ambitious goals.

- A medical specialist in the western part of the state had been practicing with a mid-size medical specialty group before deciding to open her own practice. She had an aggressive four-month timetable. She engaged a support team to help her. Although everyone did his/her best, the physician was dissatisfied. Nothing moved fast enough. In the course of practice start-up, this physician alienated many people who might otherwise have been good referral sources.

- An orthopaedic surgeon in Winston-Salem planned to set up a new orthopaedic and sports medicine clinic. When he first began his exploration of practice start-up, he described himself as “not a detail man.” When he opened his doors nine months later, he was a changed person. He knew every detail about his new practice, and although he planned to turn the daily operating responsibility over to a very well-qualified practice manager, he was clearly in charge.

**Which comes first? Accomplish tasks in the order listed to ensure a smooth launch**

1. Assemble your advisory team (attorney, CPA, banker, practice management consultant, IT consultant)
2. Decide on the legal structure for your practice and ask your attorney to assist with the appropriate steps
3. Determine your office location and decide if you will purchase or lease
4. Develop a business plan and supporting budget
5. Begin credentialing with all payers and contract negotiation with private payers
6. Initiate research on IT systems and applications (practice management system, electronic health records, Web Site) that will support your practice
7. Begin preparation of marketing materials
8. Begin Web site development
9. Develop job descriptions and a compensation package in order to recruit and hire staff
10. Develop a compliance plan

Source: Margie Satinsky
Contributions to PHP scholarship fund strong in initial year of giving

Licensees of the North Carolina Medical Board have donated more than $100,000 to a private scholarship fund that helps defray the cost of medical providers’ alcohol/substance abuse assessment and treatment fees.

These gifts have come in response to a change in the Board’s annual registration renewal questionnaire, which since June 2007 has given licensees the option of making a voluntary contribution. As of Sept. 30, total contributions stood at $104,900. The Board appreciates licensees’ generosity.

“Physicians and physician assistants are, by their nature, giving people and that certainly is reflected in the donations received thus far,” said R. David Henderson, executive director of the NC Medical Board. “This money will allow licensees who are struggling with addiction or mental health issues to get help they otherwise could not afford and, hopefully, return them to practice as quickly as possible.”

As of September 2008, more than 2,000 licensees had donated to the NC Physicians Health Program Scholarship Funds. Individual donations range from one dollar to as much as $500. Assessment and treatment, if needed, are often required by the North Carolina Physicians Health Program (NCPHP), the only organization in the state that serves physicians, physician assistants, veterinarians and registered veterinary technicians with impairment issues. An assessment can cost up to $6,000 and the cost of residential treatment may run as much as $30,000. These expenses often come at a time when a health care professional is unable to practice and may be in personal, professional and financial crisis.

Licensee donations support two types of scholarships. Gifts from the Treatment Scholarship Fund help cover the cost of treatment. In some cases, funds also may be used to pay for inpatient and outpatient assessments. A second fund, the Michael Wilkerson Family Fund, assists families of practitioners who are in treatment. Awards from this fund might help loved ones attend “family week” at a residential care treatment facility, or could help with expenses that arise during the time when a licensee is unable to practice.

NCPHP is a not-for-profit organization that provides assessment, referral, monitoring, educational and support services for impaired medical professionals. Referrals to NCPHP are confidential. Licensees may remain anonymous, including to the Medical Board, as long as NCPHP can establish they are safe to practice, or have withdrawn themselves from practice while in treatment.

A Heartfelt ‘Thank you’

I cannot tell you how grateful I am to be a recipient of financial support from the NCPHP Scholarship Funds. It was not long ago that I found myself unemployed, in debt and without any significant financial resources. My aftercare and monitoring expenses were substantial, and I began to feel a great deal of fear and anxiety about how I could possibly meet my obligations. I am sure I am not alone in experiencing stress and uncertainty at such a time of career and personal crisis. This may become quite a distraction and potential source of resentment for someone in the upheaval of early recovery. Fortunately, I had a perceptive and compassionate counselor who contacted the NCPHP and suggested I might be a candidate for assistance. I felt enormous relief when I learned that some of my ongoing expenses would be paid by them. This was certainly a case of God doing for me what I could not do for myself… I continue to be grateful to those who made this miracle possible.

The person who received the funds is an anesthesiologist with an addiction problem. This physician received $1,017.50 in scholarship funds from NCPHP.

How to Give

You need not wait until you renew your license to make a donation. Gifts to the PHP Scholarship Funds may be sent directly to the address below. Make checks to NCPHP and be sure to identify your contribution as a gift to the fund.

NCPHP
220 Horizon Drive, Ste. 201
Raleigh, NC 27615

Save the Date

North Carolina Medical Board 150th Anniversary Celebration

March 19, 2009
5:30 p.m.
North Carolina Museum of History

For more information contact Dena Konkel at (919) 326-1109 (ext. 271) or dena.konkel@ncmedboard.org
Governor fills four NCMB seats

R. David Henderson, executive director of the North Carolina Medical Board, has announced that Governor Easley has named Dr. Paul S. Camnitz, a Greenville ENT surgeon, and Dr. William Foster, a Raleigh ophthalmologist, as physician members of the Board. Dr. Camnitz replaces Dr. Ralph C. Loomis of Asheville. Dr. Foster replaces Dr. H. Arthur McCullough of Charlotte. The Governor also has reappointed Dr. Donald E. Jablonski of Etowah, an osteopathic physician, and Ms. Thelma C. Lennon of Raleigh, who serves as a public member of the Board.

“Drs. Camnitz and Foster are fully committed to the work of the Board and to the health and safety of the people of North Carolina, as are Dr. Jablonski and Ms. Lennon,” Henderson said. “We look forward to working with Drs. Camnitz and Foster and to the continued dedicated service of Dr. Jablonski and Ms. Lennon.”

Paul S. Camnitz, MD

Dr. Camnitz attended the University of North Carolina, Chapel Hill, where he earned bachelor’s degrees in both English and Chemistry. He earned his medical degree at the UNC School of Medicine in Chapel Hill and completed an internship in internal medicine at Stratford on Avon Hospital in Stratford, England, before returning to North Carolina Memorial Hospital in Chapel Hill, where he completed residency training in general surgery and served as Head and Neck Surgery Resident.

Dr. Camnitz currently practices at Eastern Carolina Ear, Nose & Throat/Head and Neck Surgery in Greenville. He is also a Clinical Professor of Surgery and Head of the Division of Otolaryngology at the Brody School of Medicine at East Carolina University, where he has been selected by the graduating medical school class as “Outstanding Teacher” 12 times. Dr. Camnitz has received many other honors, including the Distinguished Service Award, bestowed upon him in 2006 by the University of North Carolina Chapel Hill School of Medicine.

Dr. Camnitz is a fellow of the American College of Surgeons and the American Academy of Otolaryngology-Head and Neck Surgery. He is a member of the Alpha Omega Alpha Honor Medical Society and the North Carolina Medical Society, among others.

William W. Foster, MD

Dr. Foster took his undergraduate degree from Wake Forest University and his medical degree from the Bowman Gray School of Medicine at the same university. He did an internship in medicine/neurology/psychiatry at North Carolina Baptist Hospital and completed residency training in ophthalmology at the Medical University of South Carolina, where he was chief resident. He went into the private practice of ophthalmology in Raleigh in 1976 and founded the Raleigh Eye Center in 1979.

Dr. Foster is a member of the American Academy of Ophthalmology, the American Society of Cataract and Refractive Surgery, the North Carolina Society of Ophthalmology and the North Carolina Medical Society. He has been an assistant professor at North Carolina State University, where he taught a graduate level course on the structure, function and diseases of the eye. He has also been an assistant clinical professor at the Department of Ophthalmology at the School of Medicine at UNC-Chapel Hill, where he taught eye disease and eye surgery to residents at Dorthea Dix Hospital in Raleigh.

Donald E. Jablonski, DO

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 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 has practiced in Florida and Ohio, as well as North Carolina. He 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 was appointed to the Board in 2005. He chairs the Board’s Licensing Committee and serves on the Disciplinary, Best Practices and Executive Committees.

Thelma C. Lennon

Ms Lennon earned her undergraduate degree from North Carolina Central University. She earned her master’s degree from Boston University in guidance and counseling and did further study of the subject at Harvard University. She also completed graduate study in adult education at North Carolina State University. Ms Lennon served in education as an instructor and dean of students at a number of academic institutions. Before retiring, she worked as director of guidance and counseling for the North Carolina Department of Education.

Ms. Lennon is currently a counselor at the N.C. Department of Insurance’s Senior Health Insurance Information Program (SHIIP), a member of the Board of Directors of the Carolina Center for Medical Excellence, and chairman for the Alliance for Medical Excellence. She is a member of the Wake County Community Advisory Council for Nursing Homes and the Governor’s Advisory Council on Aging. From 1996 to 2000, she was the first North Carolina state president for AARP and was selected as an alternate delegate to the White House Conference on Aging.
NORTH CAROLINA MEDICAL BOARD
Board Orders/Consent Orders/Other Board Actions
May-June-July 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.)

Information not available or not applicable.

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.

Resignation:
Resignation of a board member, employee, or contractor.

RTC:
Resident Training License. (Issued to those in post-graduate schooling who are “inactive” and have 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.

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.)

To view the public documents for each action, please visit the Board’s Web site at www.ncmedboard.org

ANNULMENTS
NONE

REVOCATIONS

DURFEY, John Quincy, MD
Location: Panama City, FL
License #: 000020259 | Specialty: AN (as reported by physician)
Cause: Dr. Durfey was convicted of multiple felonies, including health care fraud and illegally dispensing controlled substances.
Action: 07/28/2008. Dr. Gray’s license to practice medicine is summarily suspended.

HADDON, Werner Scott, MD
Location: Raleigh, NC (Wake Co)
License #: 000035356 | Specialty: GS (as reported by physician)
Cause: Dr. Haddon was arrested on May 21, 2008. He is anticipated he will be charged with multiple counts of assault and battery with intent to kill and one count each of kidnapping and burglary. Dr. Haddon’s arrest came after he kidnapped his son, who was in the custody of his grandmother. Law enforcement officers responded to the grandmother’s 911 call and Dr. Haddon shot at them. Officers were able to safely free the boy and Dr. Haddon again fired a gun at them. The law enforcement officers returned fire, shooting Dr. Haddon, who suffered multiple gunshot wounds. The Board found this conduct required emergency action to protect the public health, safety, and welfare.
Action: 07/28/2008. Dr. Haddon’s license to practice medicine is summarily suspended.

SUMMARY SUSPENSIONS

GRAY, Michael Allen, MD
Location: Morehead City, NC (Carteret Co)
License #: 0000-28198 | Specialty: GP (as reported by physician)
Cause: Dr. Gray admitted to the Board that he is suffering from depression and manic episodes and that he is unable to remember the last few weeks of his life. In email correspondence, Dr. Gray indicated to the Board that he intended to surrender his medical license. This was not done, and Dr. Gray has declined to be available to the Board. The Board received numerous complaints from Dr. Gray’s patients that they are unable to contact Dr. Gray or have been unable to retrieve their medical records. This constitutes patient abandonment, as well as failure to make adequate provision to ensure availability or transfer of medical records and failure to ensure continuity of medical care.
Action: 07/28/2008. Dr. Gray’s license to practice medicine is summarily suspended.

CONSENT ORDERS

Brooks, Michael Lee, MD
Location: Pembroke, NC (Robeson Co)
License #: 000028845 | Specialty: IM (as reported by physician)
Cause: Dr. Brooks on several occasions illegally obtained hydrocodone for personal use. He did this by issuing pre-
scriptions in another person's name, without that person's knowledge. Dr. Brooks voluntarily surrendered his medical license in December 2007.

Action: 05/16/2008. Consent order executed: Dr. Brooks' medical license is indefinitely suspended.

COOPER, Joseph Litton, MD
Location: Kenansville, NC (Forsyth Co)
License#: 0097-00907 | Specialty: OB/GYN (as reported by physician)
CAUSE: Dr. Cooper entered into a settlement agreement with the Board in July 2007 to discuss his practice plans.

Action: 05/16/2008. Consent order executed: Dr. Cooper shall obtain at least 10 hours of CME credit within six months of this order, have charts reviewed periodically by the Board or its designee and comply with other conditions.

CRUMP, Carolyn Faydene, MD
Location: Lexington, NC (Davidson Co)
License#: 200501115 | Specialty: GP (as reported by physician)
Medical Ed: George Washington University School of Medicine and Health Sciences (1976)
CAUSE: Dr. Crump entered into a consent order with the Board in June 2005, after a period of about six years out of active clinical practice. Because of the length of time out of practice and health issues, Dr. Crump agreed to comply with various terms and conditions to obtain a license, including practicing under the supervision of a physician colleague. Dr. Crump met with members of the Board in July 2007 to discuss his practice plans.

Action: 07/18/2008. Consent order executed. Dr. Crump's license is suspended for 12 months, but stayed immediately. He is placed on probation and must comply with terms and conditions.

DRUCKER, Michael Stuart, MD
Location: Jacksonville, Fla.
License#: 2008-01183 | Specialty: FP (as reported by physician)
CAUSE: In August 1999, while practicing in Florida, Dr. Drucker entered into a stipulated order with the Florida Board of Medicine wherein he neither admitted nor denied that he owned a smoking-cessation clinic that he inadequately supervised. In that order, he agreed to pay a fine, accept a reprimand and be monitored by another physician. Dr. Drucker disclosed this action in a recent application for a NC medical license.

Action: 07/09/2008. Consent order executed. Dr. Drucker shall be issued a NC medical license, with a reprimand in response to his Florida Board action.

FARAHANY, Hossein H., MD
Location: Charlotte, NC (Mecklenburg Co)

CAUSE: Dr. Farahany entered into a settlement agreement with the United States Government in January 2006 in which he agreed to pay the government $2.6 million. The U.S. Government contended that, between 1997 and 2003, Dr. Farahany instructed his staff to bill his time at the highest possible billing code, whether or not that level of service was warranted. Dr. Farahany does not admit that he submitted or caused to be submitted any false claims to the Medicare Program.

Action: 05/13/2008. Consent order executed: Dr. Farahany shall receive a public letter of concern for the above-described conduct.

FLECHAS, Jorge David, MD
Location: Hendersonville, NC (Henderson Co)
License#: 000024245 | Specialty: FP (as reported by physician)
CAUSE: Based on reviews of seven patient charts, the Board has concerns about the adequacy of Dr. Flechas’ patient work-ups, the comprehensiveness of his care and the documentation in his patient charts. An assessment of Dr. Flechas’ clinical competency found that he often came up with unorthodox diagnoses and treatments and tended to order unnecessary laboratory tests and, as such, would benefit from additional education.

Action: 05/23/2008. Consent order executed: Dr. Flechas’ medical license is suspended for one year, but this action is immediately stayed provided he comply with terms. He shall obtain at least 10 hours of CME credit within six months of this order, have charts reviewed periodically by the Board or its designee and comply with other conditions.

GARLISI, Andrew Peter, MD
Location: Ohio
License#: 2008-01333 | Specialty: EM/IM (as reported by physician)
CAUSE: Dr. Garlisi submitted an application for a North Carolina medical license that did not disclose the fact that he was admonished and fined in 1983 by the Florida Board of Medicine for failing to return his medical license renewal form in a timely manner. Dr. Garlisi reports the form was not sent to the correct address. Dr. Garlisi met with members of the Board in March 2008 and satisfied the Board at that time that he did not understand the need to report the event.

Action: 07/24/2008. Consent order executed. Dr. Garlisi is issued a full and unrestricted license, with a reprimand.

GREGORY, Ginger Dobbins, PA
Location: Fuquay-Varina, NC (Wake Co)
License#: 0001-01410
CAUSE: Ms. Gregory entered into a consent order with the Board in April 1998 to address substance abuse concerns. Ms. Gregory completed three months of inpatient treatment and seven months of a three-quarter-time program. She also participated with the NCPHP and was compliant with that program. However, since 2004, Ms. Gregory tested positive for alcohol consumption. Ms. Gregory denies that she has relapsed but admits that the Board has evidence from which it could conclude otherwise.

Action: 07/25/2008. Consent order executed. Ms. Gregory’s PA license is indefinitely suspended, but the action is im-
HORCHAK, Alex Michael, MD
Location: Cottonwood, AZ
License #: 2008-00739 | Specialty: U (as reported by physician)
Cause: Dr. Horchak entered into a consent order with the Arizona Medical Board in 2004, in which he accepted a reprimand as a result of his settlement of a malpractice suit against him and another surgeon following the death of a nephrology patient who had undergone surgery.
Action: 05/09/2008. Non-disciplinary consent order executed: Dr. Horchak is issued a North Carolina medical license.

MANNO, Salvatore Angelo, PA-C
Location: Petoskey, MI
License #: 0010-01409
Cause: Mr. Manno has had episodes of depression during his career. He has sought treatment and is currently in therapy. He also has signed a monitoring contract with the NCPHP.
Action: 06/27/2008. Consent order executed: Mr. Manno is issued a PA license, provided he maintains his PHP contract and abides by its terms.

KHURI, Radwan Rafik, MD
Location: Memphis, Tenn.
License #: 200201597 | Specialty: P (as reported by physician)
Cause: Dr. Khuri is owner of SYMED Behavioral Medicine, which provides psychiatric care and medication management to nursing home residents in several states, including North Carolina. Dr. Khuri served as primary supervising physician for several of SYMED’s North Carolina nurse practitioners and, at times, was not in compliance with the Board’s rules for supervision of NPs. He did not meet face-to-face with one NP he supervised and communicated less often than monthly with another. Dr. Khuri did not personally interview the NPs he hired and rarely met with them after they were hired; It was even rarer for him to observe the NPs in practice of medicine first hand.
Action: 05/30/2008. Consent order executed: Dr. Khuri is reprimanded and barred from supervising NPs or PAs in North Carolina unless he is residing and practicing in this state. He shall also ensure that all SYMED primary supervising physicians comply with Board guidelines for supervision of mid-level practitioners.

KINZIE, Daniel Harpine, IV, MD
Location: Midland, Tex.
License#: 0000-26113 | Specialty: FP/EM (as reported by physician)
Cause: Dr. Kinzie entered into a mediated agreed order with the Texas Medical Board that placed certain restrictions on his Texas medical license. Those conditions included requiring Dr. Kinzie to successfully complete a medical record-keeping course and requiring that Dr. Kinzie’s medical practice be monitored by a physician monitor.
Action: 07/15/2008. Consent order executed, Dr. Kinzie is placed on probation for one year under the conditions agreed upon in the Texas order.

MENDOZA, Stephen Victor, MD
Location: Charlotte, NC (Mecklenburg Co)
License#: 2002-00573 | Specialty: A (as reported by physician)
Cause: Dr. Mendoza failed to disclose a history of alcohol abuse on his application for a North Carolina medical license. He also did not disclose, when expressly asked on license application and renewal forms, three prior arrests related to his abuse of alcohol, including an arrest for driving while intoxicated and an arrest for public intoxication. The third arrest, for disorderly conduct/engaging in fighting, occurred in January 2006.
Action: 07/18/2008. Consent order executed. Dr. Mendoza’s license is suspended for two years. However, the action is immediately stayed except for a period of 60 days beginning on Sept. 1, 2008, and ending on October 30, 2008. Dr. Mendoza must also comply with conditions.

NJAPA, Anthony Kechante, MD
Location: Raleigh, NC (Wake Co)
License #: 009701222 | Specialty: GP (as reported by physician)
Cause: While practicing as an OB/GYN in New York State, Dr. Njapa had action taken against his license by the New York State Board for Professional Medical Conduct. The New York Board alleged that Dr. Njapa made inappropriate attempts at a vacuum-assisted delivery on one patient and then inappropriately performed and failed to follow-up a postsurgical fistula repair on another. Dr. Njapa was reprimanded and required to report to NCPHP for an assessment. She shall be monitored and have patient charts reviewed by a physician approved by the Board president and is also required to obtain a certificate of renewal in gynecology from the American Board of Obstetrics and Gynecology within 12 months of becoming eligible.
Action: 06/27/2008. Consent order executed: Dr. Njapa is no longer practicing as an OB/GYN.
has agreed to a comprehensive plan of re-entry to ensure her safe transition back into active practice.

**PENDERGRAFT, James Scott, MD**

**Location:** Orlando, Fla.

**License #:** 0000-28301 | Specialty: OB/GYN (as reported by physician)

**Cause:** On August 10, 2006, the Florida Board of Medicine issued an emergency order suspending Dr. Pendergraft's Florida medical license, alleging that Dr. Pendergraft performed a third trimester abortion in violation of Florida law. Allegations against Dr. Pendergraft were presented at an administrative hearing, which resulted in a final order that was adverse to Dr. Pendergraft. That order is now on appeal.

**Action:** 07/09/2008. Interim consent order executed. Dr. Pendergraft agrees that he shall not practice medicine in North Carolina without prior written approval from the Board.

**WERTHEIMER, Thomas Albert, MD**

**Location:** Wilmington, NC (New Hanover Co)

**License #:** 009900386 | Specialty: IM (as reported by physician)

**Cause:** Dr. Wertheimer abruptly left practice in February 2008 in order to undergo inpatient treatment for abuse of and addiction to controlled substances. He had been using opiates and diverting controlled substances for personal use. Dr. Wertheimer voluntarily surrendered his license to practice medicine on February 7, 2008 and he has entered into a five-year contract with the NCPHP.

**Action:** 05/05/2008. Consent Order executed: Dr. Wertheimer’s license to practice medicine is indefinitely suspended.

**YAGGER, Scott David, DO**

**Location:** Rocky Mount, VA

**License #:** 2008-00677 | Specialty: EM/IM (as reported by physician)

**Cause:** Dr. Yagger entered into a consent order with the Florida Medical Board in June 2002 in which he accepted a letter of concern and a $2,500 fine for falsely attesting to having obtained CME credits. Dr. Yagger appeared before the NC Medical Board in March 2008 for a licensing interview, during which he stated that this was unintentional and in error.

**Action:** 05/05/2008. Consent Order executed: Dr. Yagger is reprimanded and issued a license to practice medicine and surgery.

**ZASLOW, Ely David, MD**

**Location:** Waynesville, NC (Haywood Co)

**License #:** 0000-30885 | Specialty: FM (as reported by physician)

**Cause:** Dr. Zaslow worked as an independent contractor for two corporations that render telemedicine services to patients in North Carolina. During that time, Dr. Zaslow issued a limited number of prescriptions, including a few prescriptions for controlled substances, without performing a physical examination or any prior physician-patient relationship. On advice from the telemedicine companies, Dr. Zaslow believed a telephone evaluation and subsequent prescriptions were consistent with the Board’s position. They are not. One telemedicine company’s manner of compensating Dr. Zaslow involved splitting fees collected from patients, which is also in violation of Board positions.

**Action:** 07/18/2008. Consent order executed: Dr. Zaslow’s license is suspended for 30 days; however, the suspension is stayed provided he comply with conditions. For example, he must complete CME in prescription writing.

**MISCELLANEOUS ACTIONS**

**HARMON, Perry Monroe, MD**

**Location:** Hillsborough, NC (Orange Co)

**License #:** 000025145 | Specialty: GYN (as reported by physician)

**Cause:** Dr. Harmon has no present plans to return to the clinical practice of medicine but is seeking employment with the Social Security Administration, Disability Determination Section.

**Action:** 06/16/2008. Administrative limited license issued.
DENIALS OF RECONSIDERATION/MODIFICATION
NONE

DENIALS OF LICENSE/APPROVAL

OWER, Kristine Michelle, PA
Location: Charlotte, NC (Mecklenberg Co)
License #: NA

SURRENDERS

APOSTOLOU, Michael Phillip, MD
Location: New Bern, NC (Craven Co)
License #: 009701222 | Specialty: N (as reported by physician)

COYNE, Mark Dennis, MD
Location: Stoney Creek, NC (Guilford Co)
License #: 0000-33493 | Specialty: EM (as reported by physician)

HENDERSON, John McInnes, MD
Location: Towson, MD
License #: 0000-17769 | Specialty: P (as reported by physician)

JAMIESON, Brian David, MD
Location: Goldsboro, NC (Wayne Co)
License #: 200600975 | Specialty: AN (as reported by physician)
Action: 06/05/2008. Voluntary surrender of North Carolina medical license.

LAND, Phillip Barton, PA-C
Location: Denton, NC (Davidson Co)
License #: 000102750

PAUL, Robert Allen, Jr., PA
Location: Raleigh, NC (Wake Co)
License #: 000102781

TAUB, Harry Evan, MD
Location: Fletcher, NC (Henderson Co)
License #: 2006-00491 | Specialty: P (as reported by physician)

WRENN, Cynthia Helen, PA
Location: Fayetteville, NC (Cumberland Co)
License #: 0001-02752
PA Education: N/A

PUBLIC LETTERS OF CONCERN

CALLWOOD, Dwayne Dennis, MD
Location: Burlington, NC (Alamance Co)
License #: 000035857 | Specialty: C/IM (as reported by physician)
Cause: A malpractice payment was made on Dr. Callwood's behalf in relation to care provided by a physician assistant under his supervision. Dr. Callwood agreed with the PA's diagnosis of diverticulitis in a patient who presented to the emergency room with complaints of abdominal pain, back pain and high levels of pain. In fact, the patient was suffering from a ruptured abdominal aortic aneurysm, which led to the patient's death.

CHANCE, Jeffrey Alan, PA
Location: Concord, NC (Cabarrus Co)
License #: 0001-01107
Cause: The Board is concerned that Mr. Chance obtained advanced degrees from an Internet diploma mill wherein individuals pay money and obtain degrees without doing any meaningful or legitimate academic work. Mr. Chance then listed the advanced degrees on a resume he submitted in an attempt to obtain employment. The Board is also concerned that Mr. Chance submitted an intent to practice for that listed two putative supervising physicians without first obtaining permission from those physicians.

CHAUVIN, Robert Silas, Jr., PA
Location: Burlington, NC ( Alamance Co)
License #: 0001-00869
Cause: The Board is concerned that Mr. Chauvin's care of a patient who presented with a swollen and painful ankle fell below the standard of care. Mr. Chauvin diagnosed the patient with gouty arthritis and prescribed steroids to treat inflammation. The following day the patient was seen in a hospital emergency room, where the patient was diagnosed with necrotizing fasciitis, necessitating an emergency above-the-knee amputation. The incident led a malpractice payment to be made on Mr. Chauvin's behalf.

CUTLER, Stanley Mark, MD
Location: Wilmington, NC (New Hanover Co)
License #: 2008-01441 | Specialty: FP (as reported by physician)
Cause: The Board reviewed an action taken in 1994 against Dr. Cutler's Pennsylvania medical license, whereby Dr. Cutler was fined for slapping an uncooperative patient upon whom he was attempting to perform a physical examination.

FARAHANY, Hossein H., MD
Location: Charlotte, NC (Mecklenberg Co)
License #: 009023377 | Specialty: CD (as reported by physician)
Cause: On January 31, 2006, Dr. Farahany entered into a settlement agreement with the U.S. Department of Health and Human Services in which he agreed to pay $2.6 million to the U.S. Government. Dr. Farahany did not admit to submitting or causing to be submitted any false or fraudulent claims.

IGDAL, Henry, MD
Location: Hickory, NC (Catawba Co)
License #: 0000-35141 | Specialty: IM/N (as reported by physician)

Cause: The Board is concerned that Dr. Igdal's care of a patient who presented with unexplained anemia was inadequate. Dr. Igdal failed to properly follow up on the patient's anemia in an effective manner. The patient was later seen by another physician, who diagnosed the patient with metastatic colon cancer.


JARVIS, Lorraine Noreen, MD
Location: Jacksonville, NC (Onslow Co)
License #: 000035886 | Specialty: IM (as reported by physician)

Cause: The Board is concerned that Dr. Jarvis did not directly participate in the evaluation and management of a patient cared for by a physician assistant under her supervision. A malpractice payments was made in relation to the care.


JEMSEK, Joseph Gregory, MD
Location: Huntersville, NC (Mecklenburg Co)
License #: 000023386 | Specialty: IM (as reported by physician)

Cause: The Board finds that Dr. Jemsek did not adequately supervise nurse practitioners in his practice. Further, the Board is concerned that Dr. Jemsek treated patients with putative diagnoses of Lyme disease with hyperbaric therapy, which the Board finds to be non-indicated for Lyme.


JOHNSON, Curtis Henry, PA-C
Location: Fayetteville, NC (Cumberland Co)
License #: 000103019

Cause: A patient who presented to the emergency room with complaints of abdominal pain, back pain and high levels of pain was misdiagnosed with constipation and possible diverticulitis. In fact, the patient was suffering from a ruptured abdominal aortic aneurysm, which led to the patient’s death. The case resulted in a malpractice payment being made on Mr. Johnson’s behalf.


HASSAN, Keith Lawrence, MD
Location: Delray Beach, FL
License #: 0000-34861 | Specialty: IM (as reported by physician)

Cause: A patient whose care was directed by a mid-level practitioner under Dr. Hassan’s supervision did not receive adequate evaluation or treatment. This led to a malpractice payment being paid on Dr. Hassan’s behalf.


QUARLESS, Ashley C., NP
Location: Winston-Salem, NC (Forsyth Co)
License #: 0009-003583

Cause: The Board is concerned that Ms. Quarless failed to recognize diabetes mellitus in a patient who presented with confusion, somnolence, fever and associated glycosuria and ketonuria, thereby jeopardizing that patient’s health.


REA, Gary Lynn, MD
Location: Columbus, OH
License #: 020001300 | Specialty: NS (as reported by physician)

Cause: Dr. Rea attempted a laminectomy at the T10-T11 level; however it was later learned that the procedure was actually performed at the T11-T12 level and that the patient had an unrecognized extra lumbar vertebra. This case led a malpractice payment to be made on Dr. Rea’s behalf.


TAHTAWI, Samira Said, MD
Location: Cary, NC (Wake Co)
License #: 020200813 | Specialty: OB/GYN (as reported by physician)

Cause: A patient operated on by a member of Dr. Tahtawi’s practice developed significant and severe post-operative complications while under Dr. Tahtawi’s care. The Board is concerned that Dr. Tahtawi did not adequately evaluate and manage those complications.


COURT APPEALS/STAYS
NONE

CONSENT ORDERS LIFTED

CARBONE, Dominick John, Jr., MD
Location: Elkin, NC (Surry Co)
License #: 009700498 | Specialty: U (as reported by physician)


CLARKE, Theresa Sharon, PA
Location: Clayton, NC (Johnston Co)
License #: 000103209


DERBES, Linda Kaufman, MD
Location: Honolulu, HI
License #: 009500112 | Specialty: P (as reported by physician)


FORTKORT, Peter Thomas, MD
Location: Shelby, NC (Cleveland Co)
License #: 009500577 | Specialty: IM (as reported by physician)


GARDNER, James Eric, MD
Location: Collierville, Tenn.
License #: 020200116 | Specialty: VS/GS (as reported by physician)


SMITH, Barbara Hollandsworth, MD
Location: Greensboro, NC (Guilford Co)
License #: 000029200 | Specialty: N/P (as reported by physician)


WEBB, Charles Marshall, MD
Location: Jacksonville, NC (Onslow Co)
License #: 0200401607 | Specialty: OB/GYN (as reported by physician)

**WESSEL, Richard Frederick, MD**
Location: Coinjock, NC (Currituck Co)
License #: 9600772 | Specialty: C/IM (as reported by physician)

**WHITMER, Gilbert Gomer, MD**
Location: Fayetteville, NC (Cumberland Co)
License #: 000036854 | Specialty: OS (as reported by physician)

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

**APPLING, Jon Scott, MD**
Location: Kerrville, Tex.
License#: 9701223 | Specialty: FM (as reported by physician)

**CRUMP, Carolyn Faydene, MD**
Location: Lexington, NC (Davidson Co)
License#: 2005-01115 | Specialty: GP (as reported by physician)

**HENSLER, Rachel Hurst, PA**
Location: Wilmington, NC (New Hanover Co)
License#: 0010-00107

**KELLER, Philip Arthur, PA**
Location: Currituck, NC (Currituck Co)
License#: 102305

**KELLER, Philip Arthur, PA**
Location: Currituck, NC (Currituck Co)
License#: 102305

**ROBINSON, Lindwood Allen, MD**
Location: Raleigh, NC (Wake Co)
License#: 2001-01126 | Specialty: EM (as reported by physician)

**See Consent Orders:**

**WARD, Amy Elizabeth, MD**

**DISMISSALS**
NONE

**REENTRY AGREEMENTS**

**BRIGGS, Stanley Arthur, CCP**
Location: Asheville, NC (Buncombe Co)
License #: 1000-00175
Cause: Dr. Briggs has not practiced as a certified clinical perfusionist since June 2006.
Action: 07/25/2008. Reentry agreement executed: Mr. Briggs shall arrange to have a perfusion colleague act as a preceptor and directly observe his practice of perfusion for at least the first three months following his resumption of practice. The preceptor shall deliver to a Committee of the Board three letters that describe in detail the nature of observations made and stating an opinion as to the level of skills with which Mr. Briggs has practiced. Mr. Briggs must also pass his certification examination in October 2008.

**ROGERS, William Everette, MD**
Location: Elm City, NC (Wilson Co)
License #: 2008-01089 | Specialty: Radiology (as reported by physician)
Cause: Dr. Rogers has not practiced clinical medicine since 1998.
Action: 06/25/2008. Reentry agreement executed: Dr. Rogers is issued a license to practice medicine and surgery. He shall have a physician colleague observe his practice of medicine for the first six months. The observer shall deliver two letters to the Board, the first of which shall be submitted no later than 30 days following the first quarter after Dr. Rogers’ resumption of practice, in which the observer describes in detail the level of Dr. Rogers' clinical skill and the nature of observations made. The second letter shall be delivered to the Board no later than 30 days after the observation period ends.

**SMITH, Frances Li, PA-C**
Location: Greenville, NC (Pitt Co)
License #: 000101296
Cause: Ms. Smith has not been in active clinical practice since 1993.
Action: 05/09/2008. Reentry Agreement executed: Ms. Smith is issued a license, Ms. Smith shall have a supervising physician directly observe her practice of medicine for six months following her resumption of practice. The supervising physician shall deliver quarterly letters to the Board for the first year, in which he or she shall describe in detail the nature of observations made and stating an opinion as to the clinical skills with which Ms. Smith practiced during the observation period.

**ZURICH, Kathleen Ellen, PA-C**
Location: Asheville, NC (Buncombe Co)
License #: 0001-00406
Cause: Ms. Zurich has not practiced as a physician assistant since February 1990.
Action: 07/31/2008. Reentry agreement executed: Ms. Zurich shall arrange for her supervising physician to closely observe and assess her clinical skills for the first year following her re-entry to practice as a physician assistant, and to recommend any retraining Ms. Zurich may need. The supervisor shall deliver quarterly letters to the Board for the first year, in which he or she shall describe in detail the nature of observations made and stating an opinion as to the level of clinical skills with which Ms. Zurich practiced.

**See Consent Orders:**

**MAESTAS, Rebecca Amelia, PA**
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.

Update: Malpractice reporting rules clear key hurdle

Malpractice reporting rules developed by the NC Medical Board won unanimous approval in August from a state commission that oversees changes to North Carolina administrative code.

The rules call for all NC physicians and physician assistants to report to the Board malpractice judgments, awards, payments and settlements greater than $25,000 that occurred on or after October 1, 2007. That is the effective date of a new state law that directs the Board to gather certain information about malpractice and make it available to the public.

Implementation of the rules is on hold until the General Assembly has the opportunity to review them. The earliest they could take effect is March 2009. No malpractice data will be published until the rules are in effect.

Disclosing malpractice history is just one part of the Board’s plans to broaden online practitioner profiles currently available to the public at www.ncmedboard.org. In accordance with state law, the profiles also will be expanded to say whether hospital privileges have ever been suspended, limited or revoked. Other new items of interest include disciplinary actions taken by out-of-state medical boards or other regulatory bodies, as well as certain criminal convictions. In addition, the expanded profiles also will now give licensees the option to list positive information, such as honors and awards, languages spoken, volunteer work in an indigent clinic and clinical faculty appointments.

Licensees will self-report applicable information to the NCMB. The Board will notify physicians and PAs in writing when it is time to provide profile information and provide detailed instructions on how to comply with this new requirement.

North Carolina Medical Board Meeting Calendar,
Examinations

Meeting Dates: November 19-21, 2008; December 18, 2008; January 21-23, 2008; February 18-19, 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.