



D.C. Board of Medicine

INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC FROM THE D.C. BOARD OF MEDICINE

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect
May 2011
Volume 14 Number 2

MISSION STATEMENT: "To *protect* and enhance the health, safety, and well-being of District of Columbia residents by *promoting* evidence-based best practices in health regulation, high standards of quality care and implementing policies that *prevent* adverse events."

LETTER FROM THE CHAIR

By the time this article goes to print, I hope all of you are enjoying the summer in DC!

The Board of Medicine has been busy wrapping up the renewal of licenses of all physicians in the District of Columbia. Reapplication was required as of December 31, 2010. The Board has met with a number of physicians who have disclosed new information with this renewal license such as health issues, medical liability claims or continuing medical education requirements. The Board reviews all information to determine the appropriateness for continued licensing in the District. The primary role of the Board of Medicine is to ensure the safety of the public, and thus the Board always reflects on information in light of this important mandate.

A lesson to be learned from this renewal of license period is that all physicians are required to provide the Board with a current address. If you change your home, employment or business address, you have 30 days to notify the Board of this change. Failure to do so can result in a fine, particularly if the Board of Medicine is

unable to reach you regarding an inquiry about your practice.

You are required to notify the Board of Medicine within 60 days of a settlement in a medical liability case. You are also required to notify the Board of Medicine within 10 days of any disciplinary action taken against you in the practice of Medicine. Failure to comply can result in fines or other actions taken against your license.

During the renewal of licensing, the Board asked all physicians to complete a survey regarding their practice. We were delighted to learn that over 75% of physicians licensed in the District completed the survey. Of the nearly 10,000 individuals with a medical license, we believe that less than 4,000 actually practice in the District on a day-to-day basis. Many physicians have been based here with military or federal positions, or individuals have maintained licensing after moving or retiring. The survey, when the analysis is complete, will provide important information on the current number of physicians practicing in the District. Many states have



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

completed reviews of their physician workforce and have begun to plan for potential physician shortages. We believe this survey will be the first step in the District's evaluation of their physician workforce and will hopefully begin to answer questions regarding the primary care shortages in the District.

The Board of Medicine intends to hold a daylong seminar on September 28, 2011 to discuss the physician workforce of the District. Please plan to join us for this interesting day.

The Board of Medicine has recently reviewed several

(continued on page 12)

BOARD MEETING SCHEDULE

Upcoming Meetings

June 29, 2011
July 27, 2011
August 31, 2011
September 28, 2011

The Board of Medicine (full board) meets on the
LAST WEDNESDAY
of every month.

Open Session is
10:30 am - 12 noon.

From Where I Sit

By Jacqueline A. Watson, DO, MBA
Executive Director, DC Board of Medicine

The sweltering summer heat is fast approaching just as we are heating up our efforts to be more transparent, efficient, accountable, and keep abreast of the changes looming in the regulatory environment. Board member, Dr. Jack Lynch, and I, attended the 99th annual Federation of State Medical Boards (FSMB) conference held April 28-May 1, 2011 in Seattle, Washington. This year's theme, [The New Face of Medicine: A Workforce in Transition](#), had keynote speakers and panelists sharing information on the changing healthcare landscape around us and the new challenges the regulatory community will face as a result of those changes. [Telemedicine](#), a.k.a. [Technology Assisted Medicine](#), [Social Media and Online Professionalism](#), [Physician Re-entry](#), [ACGME residency training changes](#), [Scope of Practice](#), [Maintenance of Licensure](#) and the [Healthcare Workforce](#) were some of the hot topics discussed and seen as significantly contributing to the changing landscape.

The keynote speaker for the opening session, Ed Salsberg, MPA, director of the new National Center for Health Workforce Analysis in Human Resources Services Administration (HRSA), offered his expert insight into the workforce shortage issue. He stated that State Medical Boards (SMB's), because of our unique position to collect physician data, will play a pivotal role in helping to inform policy and decision makers.

Our recent physician and physician assistants health care workforce survey conducted during the past renewal period ([I am happy to report that we had a 78% response rate](#)) will serve as the first step in a three phase process for the Board and DOH to begin to comprehensively capture and analyze the District's



Board Member John Lynch, MD; Board ED Jacqueline Watson, DO, MBA; and FSMB Chair Dr. Freda Bush, MD, discuss looming changes in the regulatory environment during the FSMB annual conference.

physician and physician assistant workforce. The members of the workforce workgroup, established in January, have been meeting monthly and making steady progress in providing data analyses updates to the Board. (See page 5). A special report will be published by the end of this fiscal year and presented during the Boards first symposium to be held in September.

WHAT'S HAPPENING: ACTIVITIES & NOTEWORTHY MENTIONS\

• DOH Director Visit:

During the May board meeting, the Board was joined by Dr. Mohammad Akhter. Dr. Akhter shared his vision for the Department with members and thanked them for the work they do every day to protect the public. He described the Board's role as twofold— (i) keeping the public safe and (ii) improving the quality of work that physicians provide. He agreed to do everything in his power to ensure that the appropriate resources are allocated to allow the Board to operate effectively in a new regulatory environment. (Read more on page 3.)

• FSMB Annual Report:

The DC Board was acknowledged in the FSMB 2011 annual report for their Professionalism in Medicine (PIM) Program Expansion and efforts to engage physicians in training and 3rd and 4th year medical students.

• Criminal Background

Checks: As you know, CBC, as a requirement for licensure, became effective January 3, 2011. This new requirement has resulted in a temporary increase in our processing times of approving new applicants as we wait on their results to return. We have been dealing with special circumstances on a case by case basis and have agreed to issue temporary licenses [for 90 days](#) to qualified applicants who meet certain criteria. Extended hours through 8pm on select days are now being offered (See page 4 for more information.)

• Physician Health

Program: The Board and the Medical Society of DC (MSDC) are closer to signing a MOU. Marti Bornstein, MD, MSDC PHP member, and I, met during the FSMB annual conference in Seattle to

discuss how both BoMed and MSDC can work together more effectively to protect the public. In July BoMed representatives have been invited by MSDC to attend their PHP committee meeting to learn more about how the committee functions and to elicit feedback from the Board. (See page 9.)

• Board Advisory Committee Appointments:

Dr. Mohammad Akhter's designees to the Board Advisory Committees for Physician Assistants, Polysomnographers and Surgical Assistants attended an orientation meeting to be briefed on their roles and responsibilities as advisory members of their assigned health professions. (Meet them on page 8.)

The Board, staff and I continue to work on improving our services to you and the public. Our mission to be a best-practice board remains at the center of what we do and how we go about executing our work every day. Your feedback is always welcomed at dcdocsspeak@dc.gov.

Our next issue will be published in September. Until then, enjoy the summer. Stay cool, and be well!

DIRECTOR OF DC DOH MEETS WITH BOARD OF MEDICINE



Dr. Mohammad N. Akhter

Department of Health Director Mohammad N. Akhter, MD, MPH, met with the Board during their May meeting to thank them for the outstanding work they do protecting the well-being of the public. Dr. Akhter also shared with members his vision for the Department and working closely with the Board.

In this rapidly changing healthcare environment, “you make the tough decisions,” he told Board members. Dr. Akhter has worked with boards in other states and says complaints must be investigated to ensure public confidence in medical care. He noted that it is important that medical boards are on the state (not federal) level to ensure that each board addresses the health concerns of its particular jurisdiction.

Dr. Akhter stated that he viewed the role of the Board as twofold:

1. Keeping the public safe, and
2. Improving the quality of work that our physicians perform.

In achieving these two goals, he said the Board must remove poor performers, and require physicians upgrade their education and technical skills through CMEs and others methods.

He said meeting the needs of the population requires utilizing data available about the health of the public. He suggested to the Board that there is a need to address public health issues such as HIV and Asthma in the District and that mandatory continuing medical education courses (CMEs) in certain areas would be appropriate. He also noted the importance for all physicians to be aware of how to ask pertinent questions, regardless of their specialty. Ask your patients: “Do you smoke? How much do you drink?”

Dr. Akhter also discussed the healthcare reform act and the predicted shortages in the healthcare workforce, and the need to discuss how the gaps will be met.

Board Chair Janis Orlowski, MD, informed Dr. Akhter about the data the Board gathered from licensees during renewal with its physician and physician

assistant workforce survey. She also spoke of the Board’s collaboration with Medical Society of DC (MSDC) in ensuring the proper rehabilitation and monitoring of impaired physicians.

Dr. Akhter said he is working with the Medical Society of DC and DC Hospital Association to schedule a meeting of all hospital medical directors in DC.

MEETING THE NEEDS OF OUR POPULATION

Dr. Akhter urged the Board to consider establishing continuing medical education requirements for offerings focusing on **HIV** and on **asthma**. In the District “one out of seven has HIV, and one out of ten has asthma.” He also urges all physicians—regardless of their specialty—to ask their patients the following: Do you **smoke**? Have you had a **mammogram**? When was your last mammogram? Have you had your **cholesterol** checked? Have you gotten the **flu** vaccine? “Insurance pays for [addressing these issues]” Dr. Akhter said. “We have become so specialized we forget to ask.”



L. to R.: Antoinette Stokes (Health Licensing Specialist), Lisa Robinson (Health Licensing Specialist), Jacqueline A. Watson, DO, MBA (Board ED), John J. Lynch, MD (Physician Member), Aisha Williams (Health Licensing Specialist), Marc Rankin, MD (Physician Member), Miriam A. Markowitz, MSc (Consumer Member), Mohammad N. Akhter, MD, MPH (DOH Director), Janis M. Orlowski, MD, MACP (Physician Member/Chairperson), LaQuandra Nesbitt, MD, MPH (Statutory Member).

PHARMACY BOARD ED SPEAKS TO BOMED

Patricia M. D'Antonio, RPh, MS, MBA, CGP, Executive Director of the DC Board of Pharmacy, and Program Manager for Pharmaceutical Control, presented a brief overview of the Pharmacy Program in the Health Regulations and Licensing Administration. Among plans moving forward, she discussed the SafeRX program which requires Pharmaceutical Detailers to be registered in the District, plans for the Board of Medicine and the Board of Pharmacy to discuss common practice issues, and efforts to research a prescription drug monitoring program for the District.

Ms. D'Antonio joined HRLA in January 2010. Most recently she served as the Director of Professional and Educational Affairs for the American Society of Consultant Pharmacists. She has more than 20 years experience as a pharmacist practicing in acute care, oncology, and long-term care and she is board-certified in geriatric pharmacy.

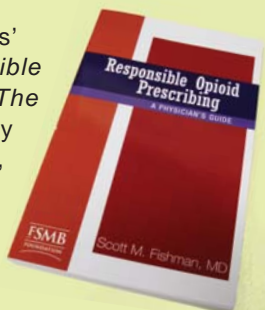


Trish D'Antonio, RPh, MS, MBA

PILL MILL DOCS

The Board of Medicine has been receiving an increase in the amount of complaints against physicians prescribing copious amounts of OxyContin and other Class II drugs for patients. These "pill mill" doctors are essentially acting as suppliers, and feeding the habit of drug-seeking patients. In many cases, these medications are being sold on the street on the "black market" and have been linked to patient overdose and death. The Board of Medicine has been collaborating with the Drug Enforcement Agency's Diversion Control Program, who has provided information to the Board regarding licensed physicians in the District that are being closely monitored by the agency for the overprescribing of controlled substances.

The Federation of State Medical Boards' publication *Responsible Opioid Prescribing: The Physician's Guide*, by Scott M. Fishman, MD, is recommended reading and may be used to obtain CMEs (7 hours).



CRIMINAL BACKGROUND CHECK FINGERPRINTING HOURS EXTENDED TO 8:00 PM

(STARTING MAY 31, 2011—SELECT EVENINGS ONLY)

LIVE-SCAN FINGERPRINTING HOURS FOR HEALTH PROFESSIONALS ARE

The Metropolitan Police Department (MPD) has extended live-scan fingerprinting hours for health professionals applying for licensure. The extended hours are available for all categories of applicants: examination, renewal, reinstatement, endorsement.

- Fingerprint appointments can only be requested by phone at (202) 724-8800 or email at doh.cbcd@dc.gov
- Notification of appointments will only be given by phone or email
- Each CBC applicant must pay a \$50.00 fee for the CBC process
- Each CBC applicant must present valid government ID prior to being fingerprinted
- FACILITIES PLEASE NOTE: Appointments for groups of over 10 applicants available

Address of the Metropolitan Police Department:
300 Indiana Avenue, NW, Third Floor, Washington, DC 20001

FOR APPOINTMENTS

CALL (202) 724-8800 or EMAIL DOH.CBCU@DC.GOV

COMPETENCE AND THE AGING PHYSICIAN

The Board is evaluating the need to reassess a physician's competence to safely practice once they have reached a certain age.

Ross Hess of ProAssurance Corporation (liability insurance) presented to the Board on the topic of the aging physician. Mr. Hess shared the criteria his company uses to assess liability coverage for older physicians, as well as physicians who are impaired, and physicians with adverse claim histories.

ProAssurance annually assesses physicians within these age categories prior to renewing liability coverage:

- physicians aged 75+
- surgeons aged 72+

ProAssurance Corporation is the largest insurer of physicians in the District of Columbia. The Board asked Mr. Hess to share statistical data his company may have that could prove helpful to them as they evaluate this area.



ProAssurance Vice President Ross Hess

PHYSICIAN WORKFORCE SURVEY WORKGROUP

The Physician Workforce Survey Workgroup was established in January 2011 to assess and analyze data retrieved from the workforce survey of physicians and physician assistants during this past renewal period. At left below, workgroup member Rachelle Pierre-Mathieu, MD, a George Washington University Health Policy Fellow, presents preliminary workgroup findings to the Board at the April meeting. A report will be published by the Board of Medicine by the end of the current fiscal year.



MEMBERS OF PHYSICIAN WORKFORCE SURVEY WORKGROUP

Jacqueline Watson, Board ED
Yonatan Berhe, IT Specialist (not pictured)
Miriam Markowitz, Public Board Member
(not pictured)

Rachelle Pierre-Mathieu, HP Fellow
Rich Labonski-SA
Jack Ottensoser-SA
Eva Stern-OCTO

Lauren Ratner-CHA
Ayanna Wells-CHA intern
Janice Blanchard, MD (not pictured)
Jennifer Lee, MD (not pictured)

COUNSEL'S COLUMN

CONTINUING EDUCATION REQUIREMENTS

By Eugene E. Irvin, Esq.

Senior Assistant Attorney General & Board Legal Advisor

A sometimes misunderstood and often under appreciated component of the licensure process is the obligation for medical health professionals to satisfy their continuing education requirements prior to submission of an application for renewal of their license to practice. The requirement is embedded in the guiding statute, the Health Occupations Revision Act ("HORA"), that sets out the operational framework for licensing of health professionals in the District of Columbia. That statute gives the requirement a place of prominence, holding it out as a bedrock principle for fair and effective evaluation of applicant's currency and competency. As a consequence, it is imperative that every applicant understand the obligation and ensure strict conformity with the applicable requirements.

The HORA in Section 3-1205 charges the Board of Medicine with establishing for its constituent community the particulars of the continuing educational requirements that will apply and with enforcing compliance with those standards for any applicant seeking renewal, reinstatement or reactivation of their license to practice. The statutory mandate urged by these provisions is that the public's best interests are served by having available to it health care professionals who are armed with exposure to certified offerings of up-to-date medical knowledge and training. The statute vests the Board with the safeguarding of this public interest, making it responsible for the structuring of the controlling standards and the operational framework through the issuance of regulations.

The Board fulfilled its obligation by the promulgation of Chapter 4600 of Title 17 of the DC Municipal Regulations ("DCMR"). By referring to the various provisions within that section one can determine all of the requirements one is expected to satisfy. Essentially the rules require that any medical professional who is actively practicing medicine and who is seeking renewal of his or her license, or any medical professional desiring to reactivate or reinstate their inactive medical license to an active practice status must satisfy the mandated number of continuing education hours that apply to the medical professional's circumstance.

Regarding renewals, Section 4615.3 defines actively practicing as meaning that the physician:

- (a) Maintains a practice of 1,000 patient-visits per year;

- (b) Works full-time in medical teaching, research or administration; or
- (c) Works part-time in medical teaching, research or administration and maintains a practice of five hundred patient-visits per year.

Renewing applicants meeting this standard are required to include with their other application materials proof of having completed fifty (50) hours of American Medical Association Physician Recognition Award Category I continuing education training. Each applicant is expected to have completed this requirement during the two year period preceding the date the application expires. The training hours must have been provided by an organization approved by the Accreditation Council for Continuing Medical Education or the American Osteopathic Association. Verification of attendance must be demonstrated by certificates from each training class bearing the signature or stamp of the training sponsor. Of note, under the rules the renewing applicant must have completed this requirement before the application for renewal is submitted.

This requirement applies to all who seek renewal. Even medical professionals who have been suspended for disciplinary reasons for the entire two year period prior to renewal are under the obligation to comply with the continuing education requirement.

The Board may upon written application consider a request for an exemption from the obligation to complete the required number of hours. The request must be submitted enough in advance of the expiration of the license to allow for Board to reach a determination prior to the license expiring. Grounds for exemption are generally limited to:

- (a) Hardship
- (b) Disability
- (c) Serious illness
- (d) Service in the U.S. Congress and
- (e) Military service

Note however, that the exemption is temporal, as the obligation to complete the required number of continuing education hours automatically returns in full upon the ending of the condition giving raise to the exemption or at the time of renewal, whichever occurs sooner.

Counsel's Column (continued from page 6)

Applicants seeking to reactivate or reinstate their licensing privileges must satisfy the requirements outlined in Section 4606 of the DCMR. For each year that the applicant's license has been inactive, provided the period at issue is from one to four years, in order to reactivate the license, an applicant must prove verification of completion as follows

- (a) Twenty-five (25) hours of credit meeting the requirements of Category I; and
- (b) Twenty-five (25) hours of credit satisfying the requirements of either Category I or Category II.

Thus an individual whose license has been inactive for three years would be required to demonstrate completion of one hundred and fifty (150) hours of continuing education credit, with at least half of it being in Category I course work.

An applicant who has not been actively practicing for five or more years shall submit, in addition to all the application documentation required of an initial applicant, either proof of completion of one year of clinical training in a program accredited by the ACGME or AOA; or the following:

- (a) One hundred fifty (150) hours of credit in continuing education meeting the requirements of Category I; and
- (b) One hundred fifty (150) hours of credit in continuing education meeting the requirements of either Category I or Category II.

This three hundred hour continuing education obligation must have been satisfied during the two year period immediately preceding the submission of the application.

This article covers the basics that each medical professional needs to be knowledgeable of regarding this important area. It can be relied on as a guide in that regard. Yet should an applicant encounter an issue that is not covered here, he or she can always contact the licensing specialists at Health Professional Licensing Administration for clarifying assistance.

BOARD THANKS OUTGOING STATUTORY MEMBER ROBERT B. VOWELS, MD, MPH



Board Chair Janis M. Orlowski, MD, MACP, presents a plaque of appreciation to **Dr. Robert Vowels**, Medical Director for Medicaid who, in April, completed his term on the Board as the statutory member.

BoMed appreciates Dr. Vowel's many years of dedication and service to the Board and the mission to protect the residents and visitors to the District of Columbia.

TECHNOLOGY ASSISTED MEDICINE

In mid April, the FSMB held a Telemedicine symposium in DC, and Dr. Watson (BoMed executive director) served as a moderator of one of the panels. Insightful discussions were held on how to address the challenges and opportunities telemedicine offers. It was recommended that the medical community cease using the word telemedicine and, more appropriately, refer to this area as **Technology Assisted Medicine (TAM)**.

In June, the Board will be confirming members for their **TAM Taskforce**, and the president of the American Telemedicine Association will make a presentation to the Board during the June 29 open session meeting.

If you have an interest in participating on this taskforce, or would like to recommend someone, please contact the DC Board at **202-724-8755** or send an email to **dcdocsspeak@dc.gov**.

ADVISORY COMMITTEE APPOINTMENTS

Department of Health Director Mohammad N. Akhter, MD, MPH, has appointed his designees to serve on the Board of Medicine advisory committees for polysomnographers, physician assistants, and surgical assistants.

Designees Dr. Brian Amy, Dr. Anitra Denson, and Dr. Richard Levinson attended an orientation meeting to be briefed on their roles and responsibilities as members of these advisory committees for the Board.

The Board, in addition to the regulation of physicians, has oversight over physician assistants, surgical assistants, accupuncturists, anesthesiologist assistants, naturopathic physicians and polysomnographers.



Above, appointees meet with BoMed Attorney Advisor Eugene Irvin, Supervisory Investigator Tim Handy, Compliance Supervisor Greg Scurlock and BoMed ED Dr. Jacqueline Watson.

APPOINTEE BIOS

BRIAN W. AMY, MD, MHA, MPH, FACPM

Dr. Brian W. Amy is the Medical Director and State EMS Officer of the Health Emergency Preparedness and Response Administration (HEPRA) for the District of Columbia Department of Health.

Dr. Amy received his medical degree from the Louisiana State University School of Medicine in New Orleans, a Master of Science degree in Microbiology from the University of Louisiana at Lafayette, and both Master of Health Administration and Master of Public Health graduate degrees from Tulane University School of Public Health and Tropical Medicine.

Dr. Amy is a Fellow of the American College of Preventive Medicine, a Fellow of the American College of Surgeons, and a member of the American College of Medical Quality. He has been certified by the

American Board of Preventive Medicine, the American Board of Surgery and the American Board of Medical Quality. He is a former Adjunct Professor in Health Systems Management at Tulane University and has authored and co-authored numerous book chapters, journal articles, abstracts, and presentations.

Dr. Amy is the former State Health Officer (SHO) and Executive Director of the Mississippi Department of Health. He led the state agency's response to Hurricane Katrina in 2005 and received the ASTHO Presidential Meritorious Service Award 2006 for Outstanding Leadership during Hurricane Katrina. During his tenure as State Health Officer, he served on the Executive Board of the Association of State and Territorial Health Officers, and on several occasions, testified before the United States Congress on healthcare related issues.



Left to right: Brian Amy, MD, Polysomnographer Advisory Committee; Anitra Denson, MD, Physician Assistant Advisory Committee; and Richard Levinson, MD, Surgical Assistant Advisory Committee.

Dr. Amy lives in Washington, DC with his wife of 35 years, Ruthie. They have one son, B.W., who received his undergraduate and graduate degrees from The Johns Hopkins University, and is currently a third year law student at LSU Paul M. Hebert Law Center.

ANITRA P. DENSON, MD

Dr. Denson is the Perinatal Coordinator of the DC Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). In this role, Dr. Denson works

with providers to decrease the rate of perinatal mother to child transmission of HIV, and serves as point of contact for any questions pertaining to pregnant women who are HIV positive.

Dr. Denson received her medical degree from The George Washington University School of Medicine. Dr. Denson earned a Bachelor of Arts degree in Chemistry from The George Washington University and Master of Public Health from GWU's School of Public Health.

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PARTNERS IN PROTECTING THE PUBLIC

COLLABORATION TO HELP IMPAIRED PHYSICIANS

During the FSMB annual meeting, BoMed ED Dr. Jacqueline Watson spoke about the issue of physician health with the Medical Society of the DC's Marti Bornstein, MD, MSDC,PHP (in photo at left), committee member and FSPHP Associate member. The Board and MSDC are in the process of signing a Memo of Understanding (MOU) to help both organizations work more effectively together to protect the public.

The Medical Society of the District of Columbia (MSDC), has an established Physicians Health Committee (PHC) to oversee the Physician Health Program (PHP). The PHP/PHC is a peer review process and monitoring program, which is designed to help physicians suffering from the diseases of addiction and alcoholism and/or substance abuse disorders as well as behavioral disorders or other issues of potential impairment to the ethical practice of medicine in the District of Columbia.

MSDC offers free referral services for assessment, monitoring, education, treatment and rehabilitation of health care providers who are referred or request our assistance. In most cases physicians receive the necessary treatment and support to allow them to continue to practice medicine and lead functional lives as physicians in a healthy and productive manor. The PHP/PHC can advocate for physicians to the Board of Medicine to allow continued practice for those physicians who comply with the terms of a monitoring and treatment program. The PHP's goal is to help physicians and serve and assist the District of Columbia's community of physicians and to protect the public from the consequences of a physician practicing medicine who is impaired.



Marti Bornstein, MD, MSDC,PHP, and Jacqueline Watson, DO, MBA

Any physician or physician assistant who is concerned about themselves or a colleague may confidentially contact

Dr. Daniel Perlin, chairman of the PHC at (301) 938-6707 or page (202) 801-2016
or email dnaperlin@comcast.net or Barbara Allen at Ballen.PHP@Gmail.com

Appointee Bios (continued from page 8)

Prior to her work at HAHSTA, Dr. Denson was a Clinical Associate in the Children's National Medical Center's Infectious Disease Department. In that position, served as the primary physician in outpatient Pediatric Infectious Disease Clinic, provided phone consults to area pediatricians, and was responsible for outpatient consults in other outpatient clinics and in the ER when necessary.

RICHARD A. LEVINSON, MD, DPA

Dr. Levinson is the Deputy Director for Policy and Programs, Community Health Administration, DC Department of Health.

Dr. Levinson received his medical degree from the University of Illinois at Chicago, and a DPA (Health Care Management) from the George Washington University.

As Director of the Health Management Sciences Program and Associate Professor of Health Management, Howard University, Dr. Levinson managed all aspects of the Health Management Sciences Program's educational, research and service functions; conducted research in areas related to health management; and taught in both public health and medical school courses.

As Associate Executive Director for the American

POLYSOMNOGRAPHERS LICENSE

On April 29, 2011, the regulation for the licensure of polysomnographic technologists, technicians and trainees was published.

Beginning in June, all polysomnographic professionals in the District of Columbia will be required to apply for licensure/certification with the DC Board of Medicine. Applications are available on our website at:

www.hpla.doh.dc.gov/bomed

Public Health Association, Washington, DC, Dr. Levinson oversaw policy and program development for the APHA, he managed the following departments: Continuing education, global health, scientific affairs, and public relations. He also participated in the management of the Robert Wood Johnson Grant on the future of public health.

He has served as the Director, Preventive Health Services Administration, DC Commission of Public Health, Washington, DC and the Director for the Department of Health, City of Detroit, MI.

While in the military, he served as Chief of Outpatient Services, USPHS Hospital, Norfolk, VA, with rank of Lieutenant Commander.

LOOKING FOR GOOD DOCTORS

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

VACANCIES ON THE BOARD OF MEDICINE

Preferred Specialties:

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

VACANCIES ON BOARD ADVISORY COMMITTEES

ACUPUNCTURISTS:

- 1 Physician with acupuncture experience

NATUROPATHIC PHYSICIANS:

- 1 Physician with naturopathic medicine experience

PHYSICIAN ASSISTANTS:

- 1 Physician with experience working with Physician Assistants

POLYSOMNOGRAPHERS:

- 2 Physicians certified by national accrediting body as sleep specialists

SURGICAL ASSISTANTS:

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

To apply, go online at:

www.obc.dc.gov

and download an application, or call the Office of Boards and Commissions at (202) 727-1372.

BOARD ORDERS

January 1, 2011 - May 31, 2011

Probation Terminated

Perlman, Ronald (M.D.) (3/30/11) The physician's 6/27/07 Consent Order was modified to terminate probation and reduce the quarterly monitor reports to semi-annual. **[Plastic Surgery]**

BoMed STATS

Total Active Licenses as of May 25, 2011

MEDICINE AND SURGERY	9,055
OSTEOPATHY AND SURGERY	163
PHYSICIAN ASSISTANTS	528
ACUPUNCTURISTS	151
ANESTHESIOLOGIST ASSISTANTS	23
NATUROPATHIC PHYSICIANS	23
SURGICAL ASSISTANTS	56
POLYSOMNOGRAPHERS	0
TOTAL	9,999
POSTGRADUATE PHYSICIANS IN TRAINING (PPT ENROLLMENT)	1,106

BOMED TASKFORCES

The Board of Medicine will establish two taskforces/work groups in this quarter:

- Telemedicine
- Cosmetic/MediSpa Medicine

If you are interested in serving on either of these taskforces/work groups, please send the Board an email at:

dcdocsspeak@dc.gov

Please place the word TASKFORCE in the subject line.

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

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

FILING A COMPLAINT WITH THE BOARD

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

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

You should mail the complaint to:

DC Board of Medicine
899 North Capitol Street NE
First Floor
Washington, DC 20002

You can also fax the complaint to the Board at (202) 724-8677.

If your complaint alleges unlicensed activity, you should address your complaint to:

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

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

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

UPDATE YOUR ONLINE PHYSICIAN PROFILE

REPORT CHANGES WITHIN 30 DAYS

Physicians must report changes related to:

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

To update your profile, login to:

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

HAVE A COMMENT FOR US?

SEND AN EMAIL TO
dcdocsspeak@dc.gov

OUR NEW WEB ADDRESS:
www.hpla.doh.dc.gov/bomed

To use HPLA's website to check
and verify a license, go to:
www.hpla.doh.dc.gov/BoMed

LETTER FROM THE CHAIR (continued from page 1)

requests from international medical graduates who are requesting licensing in the District. The District requires a minimum of three years of an approved progressive post graduate educational program in addition to completion of the ECFMG (Educational Commission for Foreign Medical Graduates) requirements for a license to practice in the United States. In several recent cases, the applicant has provided documentation of three years of postgraduate experience but they have not met the criteria of a progressive educational program, e.g., three years of an internal medicine program with a curriculum of progressive learning and educational advancement. “Stringing” together three years of postgraduate training in a multitude of settings does not meet the requirement for licensing in the District. The Board wishes to caution applicants that the intent of the law is for the applicant to have completed US training in a primary field of specialty: medicine, surgery, pediatrics, radiology, etc., and not several years of subspecialty training. Any questions regarding this requirement can be directed to the Board of Medicine.

Finally, continuing medical education requirements are mandatory for any physician wishing to continue to hold an active license in the District of Columbia. Practice in another state, practice in a non-clinical setting or retirement from active practice does not exempt you from obtaining the required hours of CME. If you wish to change the status of your license from active to an inactive category, the Board of Medicine can help you determine the best category for your particular circumstance.

Preemptively working with the Board of Medicine is usually the best approach if you intend to change your status. Please call the Board of Medicine with any questions or concerns.

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



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



DC BOARD OF MEDICINE

Address

Health Professional
Licensing Administration
Department of Health
899 North Capitol Street NE
First Floor
Washington, DC 20002

Phone numbers

(202) 724-4900
(877) 672-2174
Office Hours: 8:15 am to 4:45 pm,
Monday - Friday (except District holidays).

Fax number

(202) 724-5145

Web page

www.hpla.doh.dc.gov/bomed

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