

West Virginia Board of Medicine

Quarterly Newsletter

LICENSE RENEWAL - 2008

As of June 30th, the West Virginia Board of Medicine completed its annual license renewal for all medical doctors whose last name ended in A through L. A total of 3,435 medical doctors were eligible to renew their licenses this year. From this total, 2,712 medical doctors renewed their licenses in ACTIVE status. An additional 349 medical doctors renewed in INACTIVE status. Further, 358 medical doctors chose to no longer hold a license in West Virginia.

Of those medical doctors who did renew their licenses, over 76% renewed online, which is a significant increase from 64% the previous year. The Board of Medicine will increase its efforts to improve the online renewal system with the continuing goal of having this system as the primary vehicle for the renewal process.

In order for the Board to communicate to you important notices and relevant information, it is essential that you notify the Board of any change of address. Please note that there is a change of address form on Page 7 of this Newsletter which must be used for a change of address.

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CONTINUING EDUCATION REQUIREMENTS FOR PHYSICIANS AND PODIATRISTS

Effective July 1, 2008, in order for physicians and podiatrists to successfully complete the continuing education requirements, thirty (30) hours of the required fifty (50) hours to be obtained in each reporting period must be related to the physician's or podiatrist's area or areas of specialty. Those of you who will be renewing in 2009 (all podiatrists and physicians whose last names begin with the letters M through Z) please remember that you have one (1) year remaining to meet the requirements. The rule may be viewed on the website, www.wvdhhr.org/wvbom, 11 CSR 6.

CONGRATULATIONS ARE IN ORDER

Less than three years after beginning as Executive Director of the Board of Medicine, we are proud to report that Robert C. Knittle has been recognized nationally. He has been elected Southern States Region Representative to the Administrators of Medicine (AIM), a nationwide, non-profit organization which assists and supports the medical licensing and regulatory authorities to achieve administrative excellence and advance public safety. As one of four regional representatives, he holds a seat on the AIM Board of Directors and will serve a two-year term. Also, he has been invited by the Federation of State Medical Boards to be a member of the Advisory Council of Board Executives. The Advisory Council currently consists of ten Board Executives from around the United States. The Advisory Council acts in an advisory capacity to the Federation on issues, policies, and matters pertinent to the Federation on which it seeks comment and assistance.

The Board of Medicine's Executive Director has much to contribute, and we are pleased that his abilities have been recognized by these worthwhile organizations.

NOTICE

Because of the volume of requests from practitioners about how to terminate the patient-physician relationship, we remind you that in the January - March, 2006, Newsletter, Volume 10, Issue 1, there was printed an AMA developed statement entitled "Ending the Patient-Physician Relationship." It may be reviewed on our website under Newsletters, and continues to be useful. Two years later, we are providing another article, which we believe will be helpful as well.

TAKE NECESSARY STEPS WHEN FIRING A PATIENT CONTRACT LANGUAGE

Reprinted from February 4, 2008, American Medical News with author's permission

The ethics of the medical profession define the physician-patient relationship as one in which the doctor accepts ongoing responsibility for the patient's medical care. Unfortunately, there will be some physician-patient relationships that, for whatever reason, simply do not work.

Therefore, it is in the best interests of not only the physician, but also the patient, to terminate the relationship. A physician may legally and ethically decide not to continue treating a patient as long as the patient is not in need of immediate care and has been given a reasonable opportunity to find another doctor, which is consistent with the recommendations of the American Medical Association Council on Ethical and Judicial Affairs.

But the patient-physician relationship, while not a written contract, should be treated as one by the physician in order to avoid legal trouble upon its termination.

So it is advisable that a physician handle the dissolution as he or she might any other contractual relationship – by drafting a letter, reviewed (or written) by an attorney, to the patient, explaining that their "contract" has been terminated, and why.

Reasons for termination

There are several legally justifiable reasons for terminating a patient. Common reasons include:

- The patient fails to pay his or her bills.
- The patient continually cancels or misses appointments.
- The patient is rude, disruptive, uses improper language, exhibits violent behavior or threatens the safety of the office staff or other patients.
- The patient is dissatisfied with the care received from the physician.
- The patient requires more highly specialized services than the physician can provide.
- There is a conflict of interest between the patient and the physician, such as the physician's religious beliefs preclude him or her from providing certain treatment options, or the physician has a personal or financial interest in the treatment option.
- The patient is habitually uncooperative and refuses to comply with the treatment plan.
- The patient is unreasonably demanding.
- The patient did not provide an honest medical history or was misleading in the information he or she provided, thereby compromising the efficacy of treatment.
- The patient develops a personal interest in the physician. Examples include excessive contact with the physician, demanding the physician's time in the absence of a legitimate or urgent medical need, and becoming angry or unreasonable when the physician is unavailable.

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TAKE NECESSARY STEPS WHEN FIRING A PATIENT CONTRACT LANGUAGE

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- The physician develops a personal interest in the patient. Examples include consultations that involved discussion of information not relevant to the patient's treatment, the physician becomes attracted to the patient or the physician acts in a manner that would be deemed inappropriate by his or her colleagues.
- The patient files a complaint or initiates a legal proceeding against the physician.

One of the most difficult problems for a physician is finding a satisfactory way to terminate the physician-patient relationship.

The responsibility for ending the relationship rests with the physician and should not be delegated to an office staff member. The decision should be communicated verbally to the patient, and with a letter outlining the reasons why this dissolution is occurring.

Below are several steps for a physician to follow when terminating the relationship with a patient:

- Clearly communicate your decision and reasons for terminating the relationship as compassionately and supportively as possible.
- Provide the patient with reasonable time to find another physician. What is "reasonable" will vary, depending on the patient's circumstances and the level of care required.
- Offer to provide the patient with assistance in finding a new physician.
- Offer to provide the patient or the patient's new physician with a copy or a summary of the patient's medical record.
- If the patient is in need of medical care during the transition period, it is advisable that you continue to provide that care so the patient is not abandoned while he or she finds a new physician.
- If the patient will require ongoing medical care, make sure that fact is clearly conveyed to the patient.
- If the patient has been habitually noncompliant with the treatment plan, ensure that the patient has an accurate understanding of the possible consequences.
- Inform your office staff about the termination so it may handle any contacts with the patient appropriately.
- Notify the patient's other physicians and health care professionals of the transfer to the new physician.
- Document the termination process and maintain detailed records of discussions with the patient.
- Send the patient a letter drafted by an experienced lawyer confirming the termination and the reasons for this decision. Be sure to send the letter by certified mail with a return receipt requested.
- Put a copy of the letter and the postal receipt in the patient's medical record and write a final record entry.

Either party has the right to terminate the relationship. But it is important for the physician to be fully cognizant of the patient's situation.

The physician must always act in a manner that best represents the interests of the patient first and foremost.

To avoid possible legal issues, it is advisable that the physician consult his or her lawyer before terminating the doctor-patient relationship. That way, the physician can be advised on the best possible approach to ending the relationship ethically and legally and to minimizing the risks that are posed by each particular situation.

Steven M. Harris, Partner, McDonald Hopkins, formerly Harris Kessler & Goldstein, in Chicago, Illinois.

ADDITIONS TO THE BOARD'S WEBSITE

For your convenience, the Board's website has been updated to include over 35 links to related sites covering topics such as:

National Groups Related to Medical Licensing and Examinations
 National Accrediting Bodies Related to Medicine
 Education
 Health Regulatory Boards and Related Bodies
 State, Federal, International Agencies
 Professional Medical Organizations
 Physician Assistant Organizations
 Podiatry Organizations

To access these, click on "Related Links" under "Miscellaneous" on the Board's website.

???DID YOU KNOW???

The provisions of S.B. 590, passed in the 2008 Regular Legislative Session, are now in effect. This law adds health care workers as a protected group of persons from acts of violence: malicious assaults, unlawful assaults, assault and battery. More severe criminal penalties result from violent acts against a member of the various specially protected groups, including police officers, emergency medical service personnel, firefighters, and court security personnel. Child and adult protective service workers now are also a protected group. Health care workers are defined as nurses, nurse practitioners, physicians, physician assistants or technicians practicing at, and all persons employed by, a hospital, county or district health department, long-term care facility, physician's office, clinic or outpatient treatment facility.

West Virginia Board of Medicine Board Members

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Huntington



BOARD ACTIONS April 2008 — June 2008



ALLARA, ROBERT DAVID, M.D. – Charleston, West Virginia (05/14/2008)

WV License No. 14971

Board Conclusion: Found guilty of a felony involving prescribing, dispensing, or otherwise preparing a controlled substance under state or federal law for other than generally accepted therapeutic purposes.

Board Action: Dr. Allara's inactive license was REVOKED effective June 1, 2008.

ARGUMEDO, VICTOR ARTURO, M.D. – Russellville, Alabama (05/30/2008)

WV License No. 20592

Board Conclusion: Relating to presenting a false statement in connection with an application for a license.

Board Action: Dr. Argumedo was granted reinstatement in an ACTIVE status for his currently suspended license to practice medicine and surgery in the State of West Virginia effective May 30, 2008. Further, Dr. Argumedo paid \$300 (\$200 of which is designated a fine and \$100 of which is designated administrative costs) for providing false information to the Board on his application submitted to the Board.

TAMEA, JR., CONRAD D., M.D. – St. Petersburg, Florida (05/12/2008)

WV License No. 12092

Board Conclusion: Relating to making a false statement in connection with an application for license.

Board Action: PUBLICLY REPRIMANDED for making incorrect statements in connection with his May 17, 2007, Application for Renewal of License to Practice Medicine and Surgery in the State of West Virginia, in that he failed to disclose the following: (1) that he had appeared before the Credentials Committee of the Florida Board for discussions or questions concerning potential violations of Florida law and rules pertaining to the practice of medicine; and (2) that his application for licensure in the State of Florida was approved subject to certain conditions, including the requirement that he work under the indirect supervision of a Florida licensed physician for a period of one (1) year.

TIEMANN, WILLIAM ELMORE, M.D. – New Orleans, Louisiana (05/12/2008)

WV License No. 21401

Board Conclusion: License acted against or subjected to other discipline in the Commonwealth of Kentucky, and in the States of Georgia, Arkansas, Missouri, and Mississippi.

Board Action: Effective May 12, 2008, Dr. Tiemann's license to practice medicine and surgery in the State of West Virginia was LIMITED for an indefinite period, not to exceed a period of five (5) years, subject to conditions.

VYAS, SUBHASH A., M.D. – Williamson, West Virginia (05/12/2008)

WV License No. 12356

Board Conclusion: The license of Dr. Vyas to practice medicine in the Commonwealth of Kentucky has been acted against or subjected to other discipline.

Board Action: Effective May 12, 2008, the license of Dr. Vyas to practice medicine and surgery in the State of West Virginia is RESTRICTED/LIMITED for an indefinite period of time, not to exceed a period of five (5) years, and subjected to terms and conditions.

REMINDER ABOUT DEA REGISTRATION NUMBERS

The Drug Enforcement Administration opposes the use of a DEA registration number for any purpose other than to provide certification of DEA registration for transactions involving controlled substances. The use of a DEA registration number as an identification number is not appropriate and could lead to a weakening of the registration system, all according to the DEA Practitioner's Manual. For this reason, it is preferable that a practitioner's DEA number not be printed on prescriptions, but rather there should be a place on the prescription for writing in the DEA number each time a controlled substance is prescribed.

FREE CME

For free accredited continuing medical education courses about pharmaceutical industry marketing techniques go to www.fsmb.org/re/open/modules.html. The website is hosted by the Federation of State Medical Boards' Research and Education Foundation and is part of the Attorney General Consumer and Prescriber Education Grant Program, which provides prescribers tools for accessing unbiased sources of information about drugs.

EMPLOYEE RETIREMENT

The voice that greets all incoming calls and visitors to the Board of Medicine has retired. Pennie Price, our receptionist, has been a member of the Board of Medicine staff for several years. Pennie not only manned the front desk but also managed several other important responsibilities. Those of you who have received a Drug Dispensing certificate, have had a Medical Corporation or PLLC certificate, or primary source verification of your license have all benefited from Pennie's expertise and attention to detail. Her pleasant demeanor and willingness to make that extra effort have made her a valued member of the staff and one that will be missed. We wish her well in her retirement and in the years to come.

Staff of the West Virginia Board of Medicine 304.558.2921		
Ext #		
227	Robert C. Knittle, M.S.	Executive Director
214	Deborah Lewis Rodecker, J.D.	Counsel
215	John K. McHugh, J.D.	Disciplinary Counsel
211	Lori Blaney	Paralegal
212	M. Ellen Briggs	Administrative Assistant to the Executive Director
222	Leslie A. Higginbotham	Investigator, CMBI
210	Charlotte A. Jewell	Physician Assistant Coordinator
216	Michael R. Lilly	Information Systems Coordinator
224	Pennie Price	Receptionist/Certification and Verification Coordinator
213	Charlotte Ann Pulliam	Complaint Coordinator
220	Deb Scott	Fiscal Officer
221	Sheree J. Smith	Licensure Analyst

CHANGE OF ADDRESS FORM

NAME: _____ LICENSE#: _____
(Last) (First) (Middle) (Suffix)

By law, you must keep this office apprised of any and all address changes. If not currently practicing, check here

PREFERRED MAILING ADDRESS (Required):

(This address is public information, except phone & email)

Address 1 _____

Address 2 _____

City, State, Zip, County _____

Phone _____

Email _____

HOME ADDRESS:

Check here if same as preferred mailing address

MAIN WORK ADDRESS:

Check here if same as preferred mailing address

Address 1

Address 2

City, State, Zip, County

Phone Fax

Email

Enter average weekly on call hours for ALL locations: _____

List **AVERAGE HOURS** worked per week (not on call) at this location:

Direct Patient Care: _____

Administration: _____

Formal Teaching: _____

Research: _____

Other Medical/Podiatric Activities: _____

SECOND WORK ADDRESS:

Address 1

Address 2

City, State, Zip, County

Phone

List **AVERAGE HOURS** worked per week (not on call) at this location:

Direct Patient Care: _____

Administration: _____

Formal Teaching: _____

Research: _____

Other Medical/Podiatric Activities: _____

THIRD WORK ADDRESS:

Address 1

Address 2

City, State, Zip, County

Phone

List **AVERAGE HOURS** worked per week (not on call) at this location:

Direct Patient Care: _____

Administration: _____

Formal Teaching: _____

Research: _____

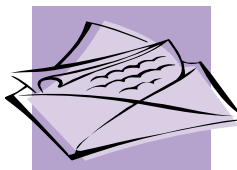
Other Medical/Podiatric Activities: _____

Enter your self-designated primary and secondary SPECIALTY here: (M.D.'s and D.P.M.'s ONLY)
Primary Specialty: _____ Secondary Specialty: _____

LICENSEE'S ORIGINAL SIGNATURE: _____ DATE: _____

RETURN FORM TO: West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV 25311

CHANGE OF ADDRESS INFORMATION



NOTE: There is a Change of Address Form located on Page 7 of this Newsletter. You may also visit the Board’s website at www.wvdhhr.org/wvbom for a Change of Address Form. By law, a licensee of the Board of Medicine must keep this office apprised of any and all address changes. The preferred mailing address of a licensee is the licensee’s address of record, which is public information, with the exception of the telephone number and e-mail address.

WEST VIRGINIA BOARD OF MEDICINE 2008 MEETINGS

July 14
September 8
November 10

ALL BOARD MEETINGS BEGIN AT 9:00 A.M.

WV Board of Medicine



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