

# West Virginia Board of Medicine Quarterly Newsletter



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## **\*\*ATTENTION\*\***

At its most recent meeting on September 13, 2010, at the recommendation of the Executive/Management Committee, the Board agreed to move forward on its decision to provide its quarterly newsletter by electronic e-mail only. As such,

## **THIS WILL BE THE LAST PAPER COPY OF THE BOARD'S QUARTERLY NEWSLETTER YOU WILL RECEIVE.**

In order to make sure you continue to receive the newsletter, send us your e-mail address! If you do not have an e-mail address listed with the Board, you will no longer receive the newsletter.

If you send us your e-mail address now, or if you have previously notified the Board of your e-mail address, beginning with the October 2010 - December 2010 edition, we will notify you via e-mail that the current issue is available, and you will be given a link to view the newsletter.

It is important that you keep us apprised of your current e-mail address. As licensees of this Board, you are charged with knowledge of the contents of each newsletter.

To provide a current e-mail address, e-mail your name and license number to the Board at [wvbomnewsletter@wv.gov](mailto:wvbomnewsletter@wv.gov).

REMEMBER, all newsletters may be accessed at our website at [www.wvbom.wv.gov/newsletter.asp](http://www.wvbom.wv.gov/newsletter.asp). Publication dates are: January, April, July, and October.

## “Physicians Reluctant to Report Impaired Colleagues, Study Says”

This was the title of a recent informative article in the August 9, 2010, issue of American Medical News. After reporting that two thirds of physicians with direct knowledge of an impaired or incompetent physician reported him or her to a medical board, hospital, clinic, professional society or other body, the article stated that the reason most often given for not reporting was due to thinking someone else would take care of the problem. Think that one over. How often does that reasoning work out?

On this subject, a brief refresher is in order about the *West Virginia Medical Practice Act* and its implementing rules. A licensee may be disciplined by the Board of Medicine for unprofessional conduct, which includes failure by a licensee to report a known or observed violation of the provisions of the *Medical Practice Act* or the rule 11 CSR 1A, or the rule 11 CSR 5. The *Medical Practice Act* contains twenty-one different provisions which may result in discipline, including inability to practice medicine and surgery or podiatry with reasonable skill and safety due to physical or mental impairment, including deterioration through the aging process or loss of motor skill or abuse of drugs and alcohol.

11 CSR 1A contains more than twelve additional provisions, well explained, including becoming addicted to a controlled substance and becoming a “chronic and persistent alcoholic.” 11 CSR 5 relates to the dispensing of legend drugs by physicians and podiatrists. Familiarize yourself with these, on the Board’s website: [www.wvbom.wv.gov](http://www.wvbom.wv.gov). Ensuring that an impaired colleague gets help from the West Virginia Medical Professionals Health Program (WVMPHP) is an essential service you can provide to your colleague and to the patients of your colleague. It will also help to protect you from Board discipline. To refer an impaired colleague, contact WVMPHP at the Southern office in Charleston, 304.414.0400, or at the Northern office in Bridgeport, 304.933.1030. Also, visit [www.wvmphp.org](http://www.wvmphp.org).

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## ADDITION TO PHYSICIAN ASSISTANT DRUG FORMULARY

Physician assistants who hold active prescriptive writing privileges may now obtain the authority to write prescriptions for PDE-5 Inhibitors. After recent review, research, and discussion by the Physician Assistant Committee and approval by the Board, the category of PDE-5 Inhibitors has been added to the physician assistant formulary under Section A. If you are applying for initial privileges, your supervising physician should initial this category, if this privilege is deemed necessary for you to carry out duties delegated by your supervisor.

If you are a physician assistant who currently holds prescriptive writing privileges and you wish to update your formulary with this category, you must resubmit an initialed formulary. You are not required to resubmit an entire application, or the normally associated fee, if you are changing ONLY this category. Please include a cover letter with identifying information (name, license number, contact information) so that the update will be applied to the correct file and page three (3) of the prescriptive writing privilege application. If you are making other changes to your formulary, you must resubmit an entire application with the \$50 fee.

If you have any questions regarding this change or any other physician assistant issues, please contact Wendy L. Greene, Physician Assistant Licensure Coordinator, at [Wendy.L.Greene@wv.gov](mailto:Wendy.L.Greene@wv.gov) or 304.558.2921, Ext. 210.

## FAMILY MEDICAL RECORDS

Physicians, podiatrists, and physician assistants know that medical records are confidential. When family members become patients, the health care provider will sometimes forget this principle or is otherwise unaware of the law and ethics of accessing a family member's medical records. The ease with which the modern health care provider is able to access computerized and scanned medical records increases the chances of an impulsive error that could have negative effects on that provider.

State and Federal law, as well as the *AMA Code of Medical Ethics* and the *APMA Code of Ethics*, requires that patients' medical and health information be treated confidentially. This applies to all patients, including family members. In most circumstances, parents are the patient representative for their minor children, but not always. Adult children, spouses, ex-spouses, and other adult family members are all entitled to privacy with regard to medical records. Without express written permission, the provider is not permitted to access the family members' medical records. (See W.Va. Code § 16-29-1.)

Violation of the privacy of the patient's medical records can put the health care provider in a situation wherein he/she is subject to sanctions from the Board and/or sanctions (criminal and civil) pursuant to the Federal law. Willful violation of a confidential communication is a violation of West Virginia state law. (See W.Va. Code § 30-3-14[c][17] and 11 CSR 1A 12.1[f]). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule limits the occasions when a patient's "individually identifiable health information" may be used or disclosed. (See 45 CFR § 160.103.) The recent passage of the American Recovery and Reinvestment Act of 2009 ("ARRA"; Pub.L. 111-5) increased the range for penalties for non-compliance with HIPAA, which now range from \$100 to \$1.5 million dollars. HIPAA's Privacy Rule provides an extensive listing of who is covered by HIPAA and what are the Permitted Uses and Disclosures. A complete review of HIPAA is beyond the scope of this short article, but, generally speaking, a health care provider who accesses an adult family member's medical record without explicit written authorization will likely be in violation of HIPAA. Additionally the ARRA includes a civil right of action that did not exist previously (that is, you may now be sued for a breach). The Board recently sanctioned a physician for such a breach under the *Medical Practice Act* (W.Va. Code § 30-3-1, *et seq.*). The sanctions the Board may impose range from a public reprimand to the revocation of the practitioner's license. (See W.Va. Code § 30-3-14[j].)

The health care provider should stop and think about the potential consequences before just "taking a peek" at a family member's medical records.

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### ??? DID YOU KNOW ???

By now, almost everyone is aware that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) has enhanced the right of consumers to keep their personal health information confidential through a variety of mechanisms. It may not be as well known that under HIPAA, the West Virginia Board of Medicine is a "health oversight agency" and is thus exempt from HIPAA requirements for patient consent and authorization in obtaining medical records for purposes of carrying out its statutory duties.



## BOARD ACTIONS July 2010 — September 2010



ABAD, AUGUSTO TENMATAY, M.D. – South Williamson, KY (09/13/2010) WV License No. 17537  
Board Conclusion: Found guilty by a court of competent jurisdiction of a felony involving prescribing a prescription drug including a controlled substance (hydrocodone, alprazolam, and phentermine) under state or federal law for other than generally accepted therapeutic purposes.  
Board Action: License REVOKED effective September 25, 2010.

BAUM, MICHAEL RAYMOND, M.D. – Barnesville, OH (07/31/2010) WV License No. 19816  
Board Conclusion: Relating to having his license to practice medicine disciplined in another jurisdiction.  
Board Action: Effective July 31, 2010, license placed in an INACTIVE status.

BENDER, DAVID BRIAN, M.D.- Grafton, WV (08/31/2010) WV License No. 16234  
Board Conclusion: Relating to violating a rule of the Board; engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof; willfully violating a confidential communication; engaging in unprofessional and unethical conduct; and violation of a law or lawfully promulgated rule or regulation of this State and the United States.  
Board Action: PUBLICLY REPRIMANDED for his improper and unlawful accessing of his ex-wife and adult child's medical records.

BYRD, JOHN WILLIAM, M.D. – Charleston, WV (07/23/2010) WV License No. 09100  
Board Conclusion: Relating to the inability to practice medicine with reasonable skill and safety due to physical or mental disability or alcohol or chemical dependency and relating to unprofessional and unethical conduct and acts contrary to honesty, justice, or good morals.  
Board Action: ISSUED a Special Volunteer Medical License effective July 23, 2010, which license is SUSPENDED, and such suspension is STAYED, pursuant to conditions.

CHAUDARY, NAUMAN ARIF, M.D. – Jacksonville, FL (08/06/2010) WV License No. 21055  
Board Conclusion: Relating to presenting a false statement in connection with an application for a license.  
Board Action: PUBLICLY REPRIMANDED for an answer on his application to the Florida Board of Medicine that required his appearance before the Florida Board of Medicine to clarify the answer. Dr. Chaudary paid to the West Virginia Board of Medicine \$300 for providing false information to the Board on his applications submitted to the Board, \$200 of which is designated a fine for his incorrectly answered applications submitted to the Board, and \$100 of which is designated administrative costs.

CHRISTENSON, JANE THOMAS, P.A.-C. – Elkview, WV (07/20/2010) WV License No. 00013  
Board Conclusion: Relating to misrepresentation or concealment of any material fact in obtaining any certificate or license or a reinstatement of any certificate or license.  
Board Action: License GRANTED effective July 20, 2010, with a PUBLIC REPRIMAND for submitting an application to the Board which contained a false statement and for not timely notifying the Board of the ending of Dr. John MacCallum's supervision of her.

DERAKHSHAN, IRAJ, M.D. – Charleston, WV (07/31/2010) WV License No. 18591  
Board Conclusion: Relating to engaging in unprofessional, unethical, and dishonorable conduct.  
Board Action: PUBLICLY REPRIMANDED for his incorrect answer on the renewal application form he submitted to the Board in May of 2010. Dr. Derakhshan paid to the Board a fine in the amount of \$2,000.

HARNED, MAX ALLEN, M.D. – Bruceton Mills, WV (08/20/2010) WV License No. 12679  
Board Conclusion: Previous findings of conviction of a crime which is a felony, failure to perform a legal or statutory obligation placed upon a physician, and unprofessional conduct.  
Board Action: License REVOCATION effective December 26, 2007, is STAYED by the Board, and Dr. Harned is placed on PROBATION effective August 20, 2010, for a period of two (2) years, subject to conditions, limitations, and/or accommodations.

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## BOARD ACTIONS

### July 2010 — September 2010

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MACCALLUM, JOHN PATRICK, M.D. – Winfield, WV (07/31/2010)

WV License No. 10552

Board Conclusion: Relating to failure to comply with rules requiring a supervising physician to notify the Board within ten (10) days of the ending of supervision.

Board Action: PUBLICLY REPRIMANDED for failing to notify the Board as required within ten (10) days when he ceased supervision of physician assistant, Jane Christenson.

MAGGE, SATHISH LAKSHMINARAYAN, M.D. – Steubenville, OH (08/23/2010)

WV License No. 18557

Board Conclusion: Relating to unprofessional conduct and the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

Board Action: Dr. Magge paid to the Board a CIVIL FINE in the amount of \$100 per credit hour for his prior deficiency of two (2) hours of continuing medical education in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one (1) time ADMINISTRATIVE FEE in the amount of \$100, for a total of \$300.

MILLER, SUSAN WOLF, M.D. – Bridgeport, WV (07/31/2010)

WV License No. 13068

Board Conclusion: Relating to unprofessional conduct and the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

Board Action: Dr. Miller shall pay to the Board a CIVIL FINE in the amount of \$100 per credit hour for her prior deficiency of thirty-four and three quarter (34.75) hours of continuing medical education, including two (2) hours of continuing medical education in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one (1) time ADMINISTRATIVE FEE in the amount of \$100, for a total of \$3,575. Dr. Miller shall complete, and provide certification of her completion of said thirty-four and three quarter (34.75) CME hours to the Board, within ninety (90) days of entry of the Board's Consent Order.

MOORE, DAVID ALLEN, P.A.-C. – Beckley, WV (07/20/2010)

WV License No. 00877

Board Conclusion: The commission of any act involving moral turpitude, dishonesty or corruption. . .and prescribing a controlled substance under state or federal law, to or for himself. . .

Board Action: License granted effective upon his employment by Appalachian Psychiatric Services, to be supervised by Ahmed D. Faheem, M.D., and Safiullah Syed, M.D., which employment date shall be on or before October 15, 2010, and shall be provided to the Board in writing by Mr. Moore and his supervising physicians at the time of such employment. Effective August 2, 2010, license GRANTED due to his employment at Appalachian Psychiatric Services.

PATEL, ANEEL NATHOOBHAI, M.D. – Hampstead, NC (08/20/2010)

WV License No. 18144

Board Conclusion: Prescribing a prescription drug other than in good faith and in a therapeutic manner in accordance with accepted medical standards and in the course of the physician's practice, and unprofessional conduct.

Board Action: Effective August 20, 2010, Dr. Patel's license to practice medicine and surgery in the State of West Virginia is SURRENDERED. Should Dr. Patel desire to return to the active practice of medicine, he must first appear before the Board's Complaint Committee and must establish to the Committee, in its sole discretion, that he is fully able and prepared to return safely to the active practice of medicine. Prior to any appearance, he must present a written plan of employment and/or professional activity to the Committee, which is a predicate to any further action by the Committee or the Board in connection with his license to practice medicine.

PEREZ, PATRICIA M., P.A.-C. – St. Albans, WV (09/29/2010)

WV License No. 00194

Board Conclusion: Practicing in a health care facility other than under the supervision of a supervising physician.

Board Action: Ms. Perez was again licensed, effective September 29, 2010, with Hatem Hossino, M.D., as her supervising physician. Ms. Perez was PUBLICLY REPRIMANDED for practicing as a physician assistant in the State of West Virginia for a period of eight (8) months without a supervising physician.



## BOARD ACTIONS

### July 2010 — September 2010



*continued from page 5*

PROMMERSBERGER, JAMES EDWIN, D.P.M. – Boardman, OH (08/09/2010)

WV License No. 00240

Board Conclusion: Relating to unprofessional conduct and the renewal of a license to practice podiatry by making an incorrect statement in connection with a licensure application.

Board Action: Dr. Prommersberger paid to the Board a CIVIL FINE in the amount of \$100 per credit hour for his prior deficiency of two (2) hours of continuing education in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one (1) time ADMINISTRATIVE FEE in the amount of \$100, for a total of \$300.

SICKLES, DOYLE RUSSELL, M.D. – Bridgeport, WV (08/09/2010)

WV License No. 12344

Board Conclusion: Previous findings of conviction of a crime which is a felony, failure to perform a legal or statutory obligation placed upon a physician, and unprofessional conduct.

Board Action: License REVOCATION effective October 31, 2007, is STAYED by the Board, and Dr. Sickles is placed on PROBATION effective August 9, 2010, for a period of three (3) years, subject to conditions, limitations, and/or accommodations.

SORIANO-ULLOA, LUIS E., M.D. – Buckeye, WV (07/31/2010)

WV License No. 12186

Board Conclusion: Relating to unprofessional conduct and the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

Board Action: Dr. Soriano-Ulloa paid to the Board a CIVIL FINE in the amount of \$100 per credit hour for his prior deficiency of two (2) hours of continuing medical education in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one (1) time ADMINISTRATIVE FEE in the amount of \$100, for a total of \$300.

TIANO, JOHN THEODORE, M.D. – Lost Creek, WV (09/13/2010)

WV License No. 21730

Board Conclusion: Found guilty by a court of competent jurisdiction of a felony involving prescribing a prescription drug including a controlled substance (hydrocodone and alprazolam) under state or federal law for other than generally accepted therapeutic purposes.

Board Action: License REVOKED effective September 15, 2010.

VALLS, JASON JOHN, M.D. – Morgantown, WV (07/31/2010)

WV License No. 21731

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

Board Action: License GRANTED in active status for his currently expired license effective July 31, 2010; paid to the Board \$300 for providing unsatisfactory and false information to the Board on applications submitted to the Board, \$200 of which is designated a fine for his deficiency of two (2) hours of continuing education in end-of-life care, including pain management, during the required period, and \$100 of which is designated administrative costs. Further, Dr. Valls shall continue to actively and successfully participate in and be compliant with the requirements of the West Virginia Medical Professionals Health Program (WVMPHP) as long as deemed necessary by the WVMPHP.

WALTERS, TORIN PATRICK, M.D. – Huntington, WV (08/09/2010)

WV License No. 17722

Board Conclusion: Relating to unprofessional conduct and the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

Board Action: Dr. Walters shall pay to the Board a CIVIL FINE in the amount of \$100 per credit hour for his prior deficiency of fourteen and three quarter (14.75) hours of continuing medical education for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one (1) time ADMINISTRATIVE FEE in the amount of \$100, for a total of \$1,575. Dr. Walters shall complete, and provide certification of his completion of said fourteen and three quarter (14.75) CME hours to the Board, within sixty (60) days of entry of the Board's Consent Order.

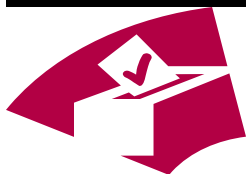
WIEST, JEANIE ANNIS, M.D. – Buckhannon, WV (08/18/2010)

WV License No. 9933

Board Conclusion: Relating to unprofessional conduct and the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

Board Action: Dr. Wiest shall pay to the Board a CIVIL FINE in the amount of \$100 per credit hour for her prior deficiency of seven and one quarter (7.25) hours of continuing medical education for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one (1) time ADMINISTRATIVE FEE in the amount of \$100, for a total of \$825. Dr. Wiest shall complete, and provide certification of her completion of said seven and one quarter (7.25) CME hours to the Board, within sixty (60) days of entry of the Board's Consent Order.





## ELECTION OF BOARD OFFICERS

At its meeting on July 13, 2010, the West Virginia Board of Medicine elected Reverend O. Richard Bowyer of Fairmont, West Virginia, as its President for the next two (2) year period. He replaces John A. Wade, Jr., M.D., of Point Pleasant. Michael L. Ferrebee, M.D., of Morgantown, was elected Vice President for the same term, replacing J. David Lynch, M.D., also of Morgantown.

Reverend Bowyer has the distinction of being appointed to the Board of Medicine by five (5) different Governors of the State of West Virginia, namely Jay Rockefeller, Arch Moore, Jr., Cecil Underwood, Bob Wise, and Joe Manchin, III.

He is a native of Huntington, West Virginia, where he graduated with Honors in Philosophy from Marshall University. He obtained his Masters of Divinity and Masters of Theology from Duke University in North Carolina. After serving churches in Wayne, Ohio, and Marion County, he was Campus Minister for the Wesley Foundation at Fairmont State University for forty-three (43) years, until 2005, when he retired.

## VETTIVELU MAHESWARAN, M.D., RETIRES FROM THE BOARD

Vettivelu Maheswaran, M.D., known to many as Dr. Mahe, retired from the Board effective September 30, 2010, after serving on the Board since November, 2002. Dr. Maheswaran was an active member of the Board's Physician Assistant Committee and the Professional Liability Committee. Dr. Maheswaran will be missed by Board members and staff.

### West Virginia Board of Medicine Board Members

**Rev. O. Richard Bowyer, President**  
Fairmont

**Michael L. Ferrebee, M.D., Vice President**  
Morgantown

**Catherine Slempp, M.D., M.P.H., Secretary**  
Charleston

**R. Curtis Arnold, D.P.M.**  
South Charleston

**Rusty L. Cain, D.P.M.**  
Fairmont

**M. Khalid Hasan, M.D.**  
Beckley

**Beth Hays, M.A.**  
Bluefield

**Cheryl Henderson, J.D.**  
Huntington

**Carlos C. Jimenez, M.D.**  
Glen Dale

**J. David Lynch, Jr., M.D.**  
Morgantown

**Vettivelu Maheswaran, M.D.**  
Charles Town

**G. Mark Moreland, M.D.**  
Nitro

**John A. Wade, Jr., M.D.**  
Point Pleasant

**Badshah J. Wazir, M.D.**  
South Charleston

**Kenneth Dean Wright, P.A.-C.**  
Huntington

## WV REDI (WEST VIRGINIA RESPONDER EMERGENCY DEPLOYMENT INFORMATION)

West Virginia needs you! September is National Preparedness month, so what better time to register with WV REDI and become a volunteer than this fall? The West Virginia Responder Emergency Deployment Information (WV REDI) system is an electronic registration and credential verification system for health and medical professionals and support staff interested in helping during a public health emergency. WV REDI is West Virginia's version of an Emergency System for Advance Registration of Volunteer Health Professionals (ESAR VHP). These systems enable agencies and health facilities using volunteer health professionals during times of emergency to be assured that the volunteer is licensed and credentialed. Use of such systems also better position the volunteer to be deployed as a "qualified emergency service worker" along with the liability protections deployment as such provides. All service opportunities through this system are fully at the option of the volunteer. At the time of an event and volunteer request, enrollees can accept or decline the opportunity based on interest, availability, etc. The WV system is capable of electronically verifying licenses of specific medical professionals in near real time including Allopathic and Osteopathic Physicians, RNs, and Pharmacists among others. The Office of the Inspector General, the Drug Enforcement Agency and the Federation of State Medical Boards are also systems against which registration information can be verified to assure unencumbered license and/or credential status. It is important to note that the system does not retain specifics of any licensure encumbrances, simply whether or not the practitioner has an unencumbered current license. WV REDI information is protected by encrypted transfer and storage of data, by firewall protection, and by permission-based administrator accounts.

Those who register may choose to volunteer in their county of employment or their county of residence. It is also possible to indicate with WV REDI that you are interested in volunteering for events outside of WV, as well, when and if the need arises. Volunteer training opportunities related to emergency response are often made available to enrolled volunteers as well. Please consider registering with WV REDI to support health and medical public health emergency response in West Virginia.

If you are interested in registering with WV REDI, you may do so by going to [www.wvredi.org](http://www.wvredi.org). If you would like more information, please contact Sebra Jenkins at the Center for Threat Preparedness, WV Bureau for Public Health at 304.558.6900 x 2009. You can also link with your Local Health Department to learn more about the type of volunteer opportunities available both in times of emergency response and for more routine health related outreach efforts in communities.

<b>Staff of the West Virginia Board of Medicine</b> 304.558.2921		
<b>Ext #</b>		
227	<b>Robert C. Knittle, M.S.</b>	Executive Director
214	<b>Deborah Lewis Rodecker, J.D.</b>	General Counsel
215	<b>John A. Lohmann, J.D., M.B.A.</b>	Disciplinary Counsel
211	<b>Lori Blaney</b>	Paralegal
212	<b>M. Ellen Briggs</b>	Executive Assistant
210	<b>Wendy L. Greene</b>	Physician Assistant Coordinator
216	<b>Michael R. Lilly</b>	Information Systems Coordinator
213	<b>Charlotte Ann Pulliam</b>	Complaint Coordinator
220	<b>Deborah D. Scott</b>	Fiscal Officer
221	<b>Sheree J. Thompson</b>	Licensure Analyst
222	<b>Leslie A. Thornton, CMBI</b>	Investigator
224	<b>Teresa L. Westfall</b>	Receptionist/Certification and Verification Coordinator



## The Importance of Physician Health Programs

*P. Bradley Hall, M.D.  
Medical Director, WVMPHP*

In the late 1970's after the AMA published a paper entitled "*The Sick Physician*" which recommended a proactive approach to assisting distressed physicians suffering from substance abuse or other mental health problems, physician health programs (PHP) were born. The confidential clinical approach with its associated benefit was recognized by regulatory boards. This encouraged earlier detection and referral of physicians with potentially impairing illness in addition to the benefit for patient safety. PHPs are cost effective by expeditiously addressing cases and often avoiding expensive legal issues, and they are more rapidly able to address these cases based on symptoms. PHPs can conduct an immediate intervention recommending cessation of practice and immediate entry into evaluation and/or treatment.

Physicians volunteer for assistance and guidance not only to avoid being reported to the regulatory board, but also to receive assistance and guidance in a confidential, professional and respectful manner. Regulatory boards unfortunately are more constrained, usually requiring an investigation, hearings and administrative law procedures often requiring legal counsel. This process can be lengthier and even take months. Thus, PHPs help licensure boards by decreasing the risk to patients (their primary mission), help preserve careers (which can be ruined if a patient is harmed due to impairment) and simultaneously lower costs.

PHPs are not necessarily accepted by everyone. In 2007 West Virginia joined forty-seven (47) other states in establishing the West Virginia Medical Professionals Program as the licensure board's recognized physician health program. Since that time, some physician health programs have come under attack as a result of the lack of understanding of the mission, political pressures and/or other outside influences. Physician health programs have developed advanced expertise in evaluation, treatment and monitoring. Computerized case management and random drug/alcohol testing have been developed. Utilization of advanced techniques, alcohol markers (such as ethyl glucuronide and ethyl sulfate which detects alcohol usage for days rather than hours), testing panels and a complicated randomized frequent testing program have enhanced their effectiveness in fulfilling their mission of protecting the public and providing a mechanism of successful rehabilitation and return to the safe, monitored practice of medicine. Although initially established for the early detection and treatment of physicians with substance abuse problems, most have expanded their services to include psychiatric conditions, distressed behavior, etc.

Physician health programs set a new standard of care and a high level of success for the treatment of substance use disorders. The public is better served by having these confidential programs which provide early detection and careful monitoring than by exposing addicted physicians which would delay referral and lead to higher risk of patient harm. The state regulatory boards have had the vision to do the public a great service in the support of physician health programs.

A recent national study of physician health programs was conducted and published. Important findings will be summarized (see Sources 1 - 8). Fifty-four percent (54%) of the 48 programs surveyed were independent non-profit foundations, 35% were located with the State Medical Associations and 13% were housed within the medical board itself. Their primary mission was early detection and clinical assistance for troubled physicians. Funding came from regulatory boards (50%), participant fees (16%), State Medical Associations (10%), hospitals (9%) and malpractice companies (6%). Five (5) full-time staff were employed on average.

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## The Importance of Physician Health Programs

*P. Bradley Hall, M.D.  
Medical Director, WVMPHP  
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Services included education on issues of physician health and well-being, non-confrontational intervention, referral for evaluation and/or treatment to qualified and specialized treatment professionals, monitoring (including drug/alcohol testing, meeting attendance, worksite monitors, group therapy and treatment provider reports), and advocacy (to medical boards, employers, hospitals, groups and insurance companies) by the documentation of compliance with all aspects of monitoring. Referrals were accepted from licensure boards (22%), hospitals (18%), self (11%), and self with coercion (14%), partners or colleagues (14%), treatment centers (7%), spouses and others. It is noted in this study an excess of 75% of referrals would not happen without the existence of a state physician health program. Nearly all treatment is abstinence based and 78% of treatment was inpatient.

The most common substance abused included: alcohol (50%), opioids (36%), stimulants (8%) and others (6%). Seventeen percent (17%) of participants had been arrested at least once, most commonly for DUI. Medical specialties over-represented included anesthesiology, emergency medicine, psychiatry and family practice. Pathology and pediatrics were under-represented.

Seventy-nine percent (79%) of participants studied had no relapse to substance use after 7.2 years of follow-up. Of the 21% experiencing relapse, this was a one-time occurrence in excess of 75% of individuals suffering a relapse. There was only one case of patient harm which was secondary to inappropriate prescribing. Regarding program completion, 64% successfully completed 5 years of monitoring while 16% continued monitoring beyond 5 years, usually because of relapse, 10% retired, 3% died and 5% had revocation of their medical license. Regarding licensure status, 72% had an active, unrestricted license, 3% were inactive and 2% were retired, 5% were active with restricted license and only 5% had been revoked. Over 73,900 drug/alcohol tests were performed with only a 0.26% occurrence of positive drug/alcohol tests.

The findings of this study are very impressive compared to abstinence rates of the general population which are known to relapse in the first 6 months following treatment at a rate of 60%. It is clear that physician health programs through better evaluations, better and longer treatment and most importantly long-term monitoring with contingency management have physicians receiving different type, intensity and duration of treatment leading to better outcomes. Hopefully, with the continued success of the West Virginia Medical Professionals Health Program, the model can be adapted and utilized for others outside the healthcare community.

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- <sup>1</sup> White, W.L., DuPont, R.L., Skipper, G.E. (2008). Physician health programs: What counselors can learn from these remarkable programs. *Counselor Magazine*, June 27, 2007, 44-51
- <sup>2</sup> McLellan AT, Skipper GE, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ*. 2008 Nov 4;a2038, doi:10.1136.a2038
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- <sup>8</sup> Skipper GE, Weinmann W, Wurst FM. Ethylglucuronide (EtG): A New Marker to Detect Alcohol Use in Recovering Physicians. *Journal of Medical Licensure and Discipline*, 2004,90(2), 14-17.

CHANGE OF ADDRESS FORM

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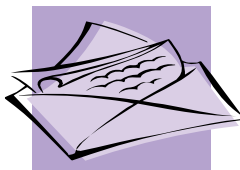
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## CHANGE OF ADDRESS INFORMATION



**NOTE:** There is a Change of Address Form located on Page 11 of this Newsletter. You may also visit the Board’s website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov) 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.

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### WEST VIRGINIA BOARD OF MEDICINE 2010 MEETINGS

November 8

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

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### WV Board of Medicine



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