

# West Virginia Board of Medicine Quarterly Newsletter



## Why You Should Worry about Medical Board Complaints

By Alex J. Keoskey

(Reprinted from February 22, 2012,  
Medical Office Today, with the author's permission)

A state medical board is an entity that every doctor knows. This familiarity stems primarily from their paper license, framed proudly on their office wall, clearly bearing the name of that entity. Unfortunately, the familiarity usually ends there.

When it comes to discipline being meted out by that board, few physicians are aware of the frightening particulars. A medical board complaint, which results in certain types of discipline, can result in a loss of hospital, prescribing and insurance privileges.

As most doctors consider their practice and skills to be beyond reproach, they will rarely consider that they may need to understand exactly how and why their state's licensing body doles out punishment to fellow members of their profession. While licensing board discipline is not a subject that is taught in medical school, doctors who have been investigated and disciplined by those boards often wish they had acquired such knowledge before their practice came under such harsh scrutiny.

### "It won't happen to me"

Most doctors read about a physician suspended or revoked by the state medical board and think: "That's something that I'll never have to worry about." Surprisingly – and contrary to common perception – many medical board complaints do not stem from clear and unequivocal malpractice, fraud or misconduct issues.

The facts and law underlying some of these actions is more often than not the subject of unfounded allegations, incompetent medical board experts, a disgruntled business partner or worst of all, a malicious political vendetta at the hospital or practice level. No matter what the source, these actions tend to take on a life of their own.

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If not rebutted in a timely and vigorous manner, these matters can lead to disaster for any physician, not just the “bad apples.” It should also be noted that standard malpractice insurance policies do not cover regulatory actions like medical board complaints. The skill required for the legal defense for these matters can be very costly, as such acumen is not found among every attorney who hangs out a shingle.

### The power of licensing boards

The “thorn in the side” of most doctors is, of course, malpractice lawsuits. A civil action, based on allegations only, brought by an attorney on behalf of a private party in a court of law, seeking monetary damages from that doctor's insurer, is the most common scenario conjured up when one thinks of “malpractice.”

These lawsuits are now so common that special judges are often assigned exclusively to their adjudication. The issue of tort reform and the ever-increasing vigilance associated with risk management is familiar to every healthcare practitioner in the United States today.

Medical malpractice lawsuits are handled by an insurer and an assigned attorney so a doctor need not expend his own money for either lawyer's fees or ultimate settlement of the claim. In addition, most health professionals understand that the mere fact that a doctor has been named in a lawsuit for malpractice may have nothing whatsoever to do with any wrongdoing on his or her part.

A licensing action is a different animal altogether. Comparing it to a lawsuit completely mischaracterizes the nature of such a jarring occurrence. In fact, medical practitioners who have faced the crucible of a medical board action will quickly advise you that there is nothing as stressful and upending as a disciplinary action by a state medical board.

A simple appearance before a medical board committee that does not go well for the doctor in question can very easily lead to a formal complaint, which in turn can potentially lead to reporting to a federal database, bringing with it scrutiny by insurers, hospitals, accreditation bodies, federal agencies and Medicare.

Such actions may also bring investigations by medical boards of other states where the physician may hold a license, due to what are known as sister-state reciprocity laws. In the worst case, they can also conclude as a suspension or revocation of a long-held medical license.

### Discipline is common

During any given month, a physician licensed by a state's medical licensing board in any of our 50 states is facing temporary or permanent loss of his or her license to practice medicine. State medical boards discipline several thousand physicians each year for a multitude of transgressions.

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## FORMER EXECUTIVE DIRECTOR RONALD D. WALTON

The Board's first Executive Director, Ronald D. Walton, passed away on February 15, 2012, after a struggle with leukemia. Ron came to the Board in 1983 after serving as the Dean of Students at West Virginia University Institute of Technology and retired from the Board in 2006. Former West Virginia Department of Health Director, L. Clark Hansbarger, M.D., wrote to "Sir Ron Walton" upon his retirement:

Make no mistake about it, you, Ron Walton, deserve the title "Sir." Our modern, contemporary society, requires "dragon slayers," protectors of values and enforcers of professionalism. As Secretary to the West Virginia Board of Medicine, I interviewed you, Ron Walton, 20 years ago with the confidence that you understood the role of a board of medicine and the responsibility as an Executive for the public trust. Over this last 20 years I have been very pleased with the results of that confidence. I have observed the status of the West Virginia Board of Medicine grow as a leader of small rural boards, indeed become a model for many. You, Ron Walton, will not take all the credit, indeed you have had a great deal of quality help, but you had the ability to remain in control and "stand your ground of values" even while "herding cats." Physicians are bright, independent and self reliant so regulation and "license" to practice will always require a "presence" that is reassuring, confident and committed to fairness and equity. Thank you Sir Ronald Walton for living up to your potential and maintaining your commitment to the public.

It could not have been said better.

### West Virginia Board of Medicine Board Members

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

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

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

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

**Marian Swinker, M.D., M.P.H., Secretary**  
Charleston

**Carlos C. Jimenez, M.D.**  
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**R. Curtis Arnold, D.P.M.**  
South Charleston

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

**Rusty L. Cain, D.P.M.**  
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**Kenneth C. Nanners, M.D.**  
Wheeling

**Ahmed Faheem, M.D.**  
Beckley

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

**Cathy M. Funk, M.D.**  
Martinsburg

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

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

## **GOVERNOR'S COMPREHENSIVE SUBSTANCE ABUSE BILL SIGNED INTO LAW EFFECTIVE JUNE 8, 2012**

Enrolled Committee Substitute for Senate Bill 437 establishes the Chronic Pain Clinic Licensing Act, expands Opioid Treatment Center requirements and amends the Methamphetamine Laboratory Eradication Act, all of which you heard about during the 2012 Legislative Session. The Bill also establishes a five (5) person Controlled Substances Monitoring Program Data Base review committee as well as a nine (9) member advisory committee to the Board of Pharmacy regarding the controlled substance monitoring program, with one (1) of the members licensed by the Board of Medicine. There is much more, including, but not limited, to the following:

- The requirement for “two hours of continuing education coursework in the subject of end of life including pain management” ENDS on June 8, 2012.
- Controlled Substance Monitoring Program filing of prescribed/dispensed controlled substances must be done within twenty four (24) hours. (Such reporting is not required for “administration” of a drug.)
- As a prerequisite to license renewal, the Board of Medicine (and other boards) are to develop continuing medical education “drug diversion training and best practice prescribing of controlled substances training,” with a certification waiver form to be developed by the Board of Medicine for those who do not prescribe, dispense, or administer controlled substances.
- Requirements are imposed that when any pain relieving controlled substance is first prescribed (and at least annually thereafter if the patient continues to be treated for chronic non-malignant pain and is not being treated for a terminal illness), the Controlled Substances Monitoring Program database must be accessed and information obtained must be documented in the medical record. The Board of Medicine has a mandate to establish an EMERGENCY rule to implement this requirement. Failure to comply with the rule will subject the violator to Board discipline.
- Pharmacists may not dispense any prescription order if he/she has knowledge that there is not an established, valid practitioner-patient relationship, except in a documented emergency, an on-call or cross-coverage situation, or where care is rendered in consultation with another practitioner with an ongoing relationship with the patient who has agreed to supervise the patient’s care.

The next issue of the Newsletter will provide more details of this extensive new law.

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### **BOARD RULE 11 CSR 7 AMENDED EFFECTIVE MAY 1, 2012; GOVERNOR SIGNED INTO LAW**

#### **Formation and Approval of Professional Limited Liability Companies**

During the 2012 Regular Legislative Session, the West Virginia Legislature amended 11 CSR 7 to allow M.D.s to join together with Osteopathic Physicians and Podiatrists to form a PLLC, if desired. This will be effective May 1, 2012. Also effective May 1, 2012, 11 CSR 7 requires a PLLC with one (1) or more members to register with the Board of Medicine. For the past fifteen (15) years, 11 CSR 7 has applied only when two (2) or more members form a PLLC.

## 2012 RENEWAL PROCESS

### *Medical Doctors*

Only those medical doctors whose last names begin with the letters A through L are required to renew for the years 2012—2014. The Board of Medicine will not be mailing a paper renewal application to all the medical doctors who are renewing their licenses. Beginning May 10, 2012, licensees who meet the criteria for online renewal may go to the Board's website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov) and follow the online renewal directions. The criteria are as follows:

1. currently hold an ACTIVE medical license; or
2. currently hold an INACTIVE medical license and will renew in an INACTIVE status; and,
3. have obtained the required continuing medical education;
4. answer "no" to all questions (see "Renewal FAQ's" currently on the Board's website); and
5. desire to pay via credit/debit card.

If a licensee is unable to use the online renewal service, he or she will need to request a paper renewal application to complete and return to the Board offices. A request form for a paper renewal application is available on our website under the "FORMS" section. Paper renewal applications will be mailed on May 10, 2012. The online application or paper application must be completed and submitted **BEFORE** Saturday, June 30, 2012, at 4:30 p.m.

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## BOARD ADOPTS RECEIPT OF ELECTRONIC REPORTING

In January 2012, the National Practitioner Data Bank and the Healthcare Integrity Protection Data Bank introduced a number of enhancements aimed at streamlining processes for many Data Bank reporters and quierers, including state medical boards. One of the main new features eliminates the need for reporters to mail a copy of Data Bank reports to the relevant state licensing board. Reporters of medical malpractice payments, and clinical privilege and professional society actions, must print and mail a copy of the report to the appropriate state agency. Now, it is easier for reporting organizations to comply with this requirement by enabling them to transmit reports electronically to state licensing boards who agree to participate in the new mechanism. The West Virginia Board of Medicine has signed on to receive automatic report forwarding from these registered entities.

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## STAFF NEWS

We are very pleased to announce that on February 1, 2012, **Rebecca Stepto** assumed the position as Disciplinary Counsel to the Board of Medicine. Ms. Stepto is a veteran attorney who brings to the Board a rich experience in civil litigation and administrative law. In the past several years, Ms. Stepto has functioned as an Administrative Hearing Examiner and has served as Counsel to the Board on specific matters. Ms. Stepto comes to us as our previous Disciplinary Counsel, **Heather Olcott**, ended her tenure with the Board at the beginning of the year in order to devote more time to her recently born baby daughter. Although her time with the Board was relatively short, Ms. Olcott's expertise and hard work were both recognized and appreciated. We wish her well in her new role.

Within several weeks of Ms. Stepto's arrival, we are also very pleased to announce that **Tina Gay** has joined our staff as Paralegal for the Investigation and Complaints Unit. Ms. Gay was chosen from a very competitive field of applicants for this position. She comes to us with strong experience as a Paralegal and is well versed in the medical field and adept in office practices and electronic filing systems.

Ms. Stepto and Ms. Gay join Investigator and Supervisor of Investigation and Complaints Leslie Inghram and Complaints Coordinator Charlotte Pulliam to form a very experienced and capable Complaints Unit within the Board of Medicine office.

## REMINDERS FOR PHYSICIAN ASSISTANTS

When a physician assistant is functioning as a physician assistant, a name tag which identifies him or her as a physician assistant is required.

The Board may discipline a physician assistant who has held himself or herself out or permitted another person to represent him or her as a licensed physician.

In the supervising physician's office and in any satellite operation, a notice plainly visible to all patients shall be posted in a prominent location explaining the meaning of the term "physician assistant." The physician assistant's license must be prominently displayed in the office and any satellite operation in which he or she may function.

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## NOTICE TO PRACTITIONERS WISHING TO VOLUNTEER FOR THE 2013 BOY SCOUT NATIONAL JAMBOREE IN WEST VIRGINIA

The West Virginia Board of Medicine is not involved in any way in the process of permitting physicians to volunteer. Any physician who does NOT hold an active West Virginia medical license should contact Jamboree Medical Services for information about providing medical care in connection with the Boy Scout Jamboree. All questions should be directed to [2013jamboree@scouting.org](mailto:2013jamboree@scouting.org) or Boy Scouts of America, 68 Crossroads Mall, Mt. Hope, WV 25880, telephone: 304.250.6753.

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## NOTICE : MARCH 12, 2012, UPDATE OF COLLABORATIVE AGREEMENT POLICY

Those of you in, or considering entering into, a collaborative agreement with an advanced practice registered nurse or certified nurse midwife will want to review the Board's update of the policy at [www.wvbom.wv.gov](http://www.wvbom.wv.gov). The updated policy clarifies and separates out what are requirements for physicians in a collaborative agreement and what are guidelines for physicians. To view the policy [click here](#). (The term of "advanced nurse practitioner" was changed to reflect the new name given in legislation passed during the 2012 regular Legislative Session, which is "advanced practice registered nurse.")

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## ANNUAL REPORT TO THE LEGISLATURE

In accordance with West Virginia State statute, the Board has submitted its 2011 Annual Report to the Legislature, which outlines its activities for the past calendar year. A copy of the report is available on the Board's website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov).



## BOARD ACTIONS January 2012 - March 2012



BOGGS, LINDA RITA, P.A.-C. - Lenore, WV (03/27/2012)

WV License No. 00005

Board Conclusion: Failing to successfully complete a continuing medical education (CME) course in the subject of the appropriate prescribing of controlled substances which had been approved in advance by the Board, and failing to provide proof of completion of this course to the Board on or before March 12, 2012, as required by the Consent Order entered on September 12, 2011.

Board Action: License SUSPENDED effective March 27, 2012, and continuing until she submits documentation establishing her successful completion of a CME course on the subject of the appropriate prescribing of controlled substances which had been approved in advance by the Board.

BROWN, MICHAEL W., M.D. - Pikesville, MD (01/13/2012)

WV License No. 19205

Board Conclusion: Relating to knowingly made, or presented or caused to be made or presented, any false, fraudulent or forged statement, writing, certificate, diploma or other material in connection with an application for a license.

Board Action: License will be GRANTED and he will concurrently be subject to a disciplinary action in the form of a \$300 payment to the Board for false information submitted in his 2002 license application and shall pay to the Board the costs of the proceedings within thirty (30) days of the issuance of an invoice by the Board.

DAVE, PRAFULL K., M.D. - Frederick, MD (01/18/2012)

WV License No. 13760

Board Conclusion: Probable cause exists relating to engaging in unethical and unprofessional conduct, including, but not limited to, departing from the standards of acceptable and prevailing medical practice; failing to keep written medical records justifying the course of treatment of a patient; and having his license acted against in another state.

Board Action: PUBLICLY REPRIMANDED for failing to keep written records justifying the course of treatment of a patient as described in the June 23, 2011, Consent Order entered into by and between Dr. Dave and the Maryland State Board of Physicians; license placed on PROBATION effective January 18, 2012; as and when the Maryland State Board of Physicians terminates the probation of Dr. Dave and his Maryland license is unencumbered, he may petition the Board for termination of the probationary status of License No. 13760, and termination may be granted with or without Dr. Dave's appearance before the Complaint Committee in the Complaint Committee's discretion.

DUGAN, CINDY CONSTANTINO, M.D. - Mineral Wells, WV (01/25/2012)

WV License No. 20322

Board Conclusion: Probable cause exists relating to violating any provision of the West Virginia Medical Practice Act or rule of the Board; engaging in unprofessional conduct; failing to perform a statutory or legal obligation; failing to meet the standard of practice in connection with any supervisory agreement.

Board Action: PUBLICLY REPRIMANDED for her failure to comply with the West Virginia Medical Practice Act and Rules 11 CSR 1A and 1B with regard to her physician assistant supervision; PROBATIONARY STATUS for a period of one (1) year beginning January 20, 2012, and she may not supervise any physician assistant for the one (1) year period that her license is in a probationary status; shall file a type-written summary of applicable law relating to the duties of a supervising physician in West Virginia; and shall appear before the Physician Assistant Committee at its January 2013 meeting for a full discussion of her medical practice, whether or not she has plans for supervision of any physician assistant.



## BOARD ACTIONS January 2012 - March 2012



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KIRK, CHAD EDWARD, P.A.-C. - Beaver, WV (03/28/2012)

WV License No. 01573

Board Conclusion: Probable cause exists relating to performing as a physician assistant other than at the direction and under the supervision of a supervising physician licensed by the Board.

Board Action: PUBLICLY REPRIMANDED for his violations of 11 CSR 1B.

MAYLE, MARK DOUGLAS, M.D. – Morgantown, WV (03/07/2012)

WV License No. 17989

Board Conclusion: Probable cause exists relating to unprofessional and unethical conduct; performing professional responsibilities that the person knows or has reason to know he is not competent to perform; conduct calculated to bring the medical profession into disrepute, including failure to conform to standards of acceptable and prevailing medical practice; 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 professional practice; inappropriately prescribing an amphetamine; prescribing medications to persons without establishing an on-going physician-patient relationship; and relating to failure to keep written records justifying the treatment of a patient.

Board Action: PUBLICLY REPRIMANDED for prescribing diet medications, including amphetamine, to his office staff without conducting medical examinations on them, without reviewing their medical histories, and without maintaining medical records regarding his treatment of them. Dr. Mayle was FINED \$1,000 and shall, within six (6) months, complete and document a Board-approved continuing medical education course regarding ethics.

MOORE, DAVID ALLEN, P.A.-C. – Beckley, WV (01/31/2011)

WV License No. 00877

Board Conclusion: Probable cause exists relating to 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 extended and continued until March 31, 2013, subject to his continued employment by Appalachian Psychiatric Services, to be supervised by Ahmed D. Faheem, M.D., and Safiullah Syed, M.D., and subject to terms.

REYNOLDS, LEONARD ANTHONY, D.P.M. - Wellsburg, WV (01/13/2012)

WV License No. 00271

Board Conclusion: Relating to unprofessional and unethical conduct; engaging in conduct which has the effect of bringing the podiatric profession into disrepute; filed or made a report which he knew to be false; made deceptive, untrue or fraudulent representations in the practice of podiatry; violated or attempted to violate any law or lawfully promulgated rule of the State, the Board, and the United States or any other lawful authority; charged and collected excessive, unconscionable fees; and unqualified to practice podiatry.

Board Action: License REVOKED effective January 13, 2012.

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## BOARD ACTIONS January 2012 - March 2012

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SCHEMENAUER, STEPHEN, P.A.-C. - Marietta, OH (03/06/2012)

WV License No. 01309

Board Conclusion: Violating prior Consent Order relating to habitual use of intoxicants or drugs; unprofessional conduct.

Board Action: License was reinstated effective December 2, 2011, for a period of one (1) year, under terms. By letter dated March 6, 2012, Mr. Schemenauer was advised of his non-compliance with the December 2, 2011, Consent Order; therefore, his license was AUTOMATICALLY EXPIRED effective March 6, 2012.

### LICENSURE DENIAL

GANT, CHARLES EDWARD, M.D. - Jamesville, NY (03/12/2012)

Board Conclusion: Unqualified to practice medicine and surgery in the State of West Virginia; having a license subjected to disciplinary action by the licensing authority of another state; making or filing false reports that a person knows to be false; making fraudulent representations in the practice of medicine; failing to keep written records justifying the course of treatment of a patient; receiving consideration for patient referrals; failing to practice medicine with a reasonable degree of skill; unprofessional conduct; etc.

Board Action: Licensure denial CONFIRMED effective March 12, 2012.

<b>Staff of the West Virginia Board of Medicine</b>		
<b>304.558.2921</b>		
<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>Rebecca L. Stepto, J.D.</b>	Disciplinary Counsel
212	<b>M. Ellen Briggs</b>	Executive Assistant
211	<b>Tina R. Gay</b>	Paralegal
210	<b>Wendy L. Greene</b>	Physician Assistant Coordinator
222	<b>Leslie A. Inghram, CMBI</b>	Supervisor of Investigation and Complaints
224	<b>Kimberly Jett</b>	Receptionist/Certification and Verification Coordinator
216	<b>Austin Miller</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
218	<b>Teresa L. Westfall</b>	Records Management Assistant

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The reason for the action may involve the most common issues of malpractice or quality of care, or it may be related to alleged sexual misconduct, insurance fraud, substance abuse, a criminal indictment or any number of regulatory violations enforced by that particular state. The federal government may have referred the matter to that board, if Medicare or Medicaid is involved.

The matter may have also been referred to that board from any number of sources, such as an insurance company, a patient, a colleague, an employee, an employee or even a spouse or family member. Many also evolve from hospital peer review matters that result in modification or restriction of privileges.

Few doctors are aware of the fact that a relatively small disciplinary matter handled by a state medical board may ultimately affect not only that doctor's ability to practice, but also his hospital privileges, CDS prescribing privileges, status with Medicare and insurance carriers, ability to maintain medical malpractice insurance and ultimately, their public reputation. This question inevitably generates surprised and quizzical looks from physicians not familiar with the vast network of reporting mandated by state and federal law.

Whether or not they, a member of their practice, a friend or a relative is the subject of discipline at the peer review level, physicians should become familiar with this strict "early warning" system. This mandatory reporting mechanism alerts other state's medical licensing boards, HMOs, hospitals, patients, the Drug Enforcement Agency, insurers, certification boards and other relevant parties when a physician has had his or her hospital privileges restricted, modified or suspended. The workings of this reporting system are unknown to most outside of its monolithic network.

### Reporting disciplinary actions

The Healthcare Quality Improvement Act of 1986 included a provision establishing a National Practitioner Data Bank, or NPDB. The vision outlined for the NPDB was a clearinghouse for reporting of a doctor's board disciplinary actions, malpractice payments from lawsuit verdicts or settlements, exclusions or prohibitions from the Medicare and Medicaid programs and U.S. Drug Enforcement Administration actions.

Although the NPDB can only be accessed by hospitals and other health care entities engaging in review of that doctor's credentials or peer review, including professional societies and Boards of Medical Examiners of the 50 states, the manner in which data becomes reported to the data bank is not well known.

The Data Bank is a useful tool for hospitals and other health care organizations seeking to hire a physician. It allows those entities to gain access to that doctor's disciplinary record before they decide to hire that physician.

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In the past, such entities would have to research the physician's background on their own, based on that doctor's C.V. by checking with the medical boards of each state where the doctor practiced in the past. This was conducted under the hopeful assumption that nothing was being concealed by that physician.

However, as all physicians are aware, discipline can be meted out by many entities besides state medical boards – medical schools, hospitals, certification boards, the Drug Enforcement Agency, Medicare and other groups – may restrict a doctor's ability to practice by withholding certain privileges directly related to that doctor's practice.

### The 30-day rule

With regard to hospital discipline, physicians need to be aware of is the fact that no discipline against a physician that does not result in a penalty that restricts, modifies, revises or suspends a physician's hospital privileges for more than 30 days will be reported to the NPBD. Many hospitals which make good faith efforts at early intervention with promising young physicians will ensure that the discipline they invoke will not exceed that 30-day threshold in order to avoid harming that doctor's reputation or future ability to practice.

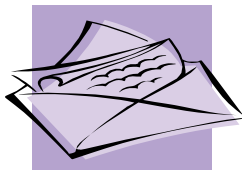
However, many hospitals will not be persuaded by such limitations, due to fear of invoking penalties under the federal law requiring NPDB reporting, or perceived liability for failure to properly discipline a rogue doctor. Many other hospital supervisors are either not familiar with the 30-day rule, or do not clearly understand the negative impact stemming from reporting a doctor to the NPBD.

Professional societies also must report all professional review actions that affect the membership of a physician. Malpractice insurance carriers also are required to report all settlements against physicians and other licensed health-care professionals. This data is in turn provided to state licensing boards; hospitals and other health care organizations; professional societies; some federal agencies; and plaintiffs' attorneys in a malpractice suit.

Understanding that an investigation by your state medical board may not begin or end with that investigation is a crucial aspect of physician education that is often overlooked. A medical board action will have ramifications for your practice and those who depend on it.

The most important professional investment you possess is the license on that wall. Keeping it unblemished and unrestricted requires knowing how states regulate and report their licensed physicians.

*Alex J. Keoskey is a partner at DeCotiis, FitzPatrick & Cole in Teaneck, New Jersey.*



## CHANGE OF ADDRESS INFORMATION

NOTE: There is a Change of Address Form located on the Board's website at [www.wvbom.wv.gov](http://www.wvbom.wv.gov). 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. The telephone number and email address are not treated as public information.

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## EMAIL ADDRESSES



Since the Board is no longer mailing paper copies of its newsletter, it is important that you keep us apprised of your current email address. As licensees of this Board, you are charged with knowledge of the contents of each newsletter.

To provide a current email address, please send an email containing 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.

### WEST VIRGINIA BOARD OF MEDICINE 2012 MEETINGS

May 21  
July 9  
September 10  
November 5

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