

West Virginia Board of Medicine

December 2015

Upcoming Board Meetings

January 11, 2016

March 14, 2016

May 16, 2016

Letter From the President

by Ahmed D. Faheem, MD



Dr. Faheem

It continues to be a busy and challenging time for the West Virginia Board of Medicine.

We have successfully completed the 2015 renewal cycle for physicians, podiatrists and physician assistants utilizing online applications without a hitch. This certainly is a credit to all those involved, particularly the staff who ensure that the process runs smoothly.

I want to express my appreciation for the understanding and patience that the licensees have shown in familiarizing themselves with the new online renewal process. Any glitches that were encountered have been rectified, and moving forward, we anticipate that the renewal process will function smoothly.

The state continues to face the ongoing challenge of dealing with the inappropriate prescribing of opioids and

other controlled substances. Tragically, West Virginia leads the nation in prescription overdose deaths. The board maintains cooperative relationships with state and federal agencies and law enforcement to effectively monitor and regulate the prescribing of controlled substances, and to identify the prescribers who may be contributing to this alarming and sad situation.

I commend the excellent investigative work accomplished by Leslie Inghram, CMBI, supervisor of the board's Investigation and Complaints Unit, as well as the board's legal counsel, Jamie Alley, who has excelled in her work in prosecuting several of these cases, making sure that the issues are highlighted and presented in the most appropriate way possible. There are a number of such cases still under investigation which the board will pursue to assure that justice prevails.

Our state was honored by a visit from President Barack Obama on Oct. 21 to address the issue of prescription drug

abuse. Fellow board member and representative of the physician assistant profession, Kenneth Dean Wright, PA-C, and I attended the meeting by invitation from the White House.

We were very proud of the fact that many issues highlighted by the President and U.S. Secretary of Health and Human Services Sylvia Mathews Burwell already

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Letter From the President *Continued from page 1*

were being addressed in West Virginia through the bold initiatives recently taken by Gov. Earl Ray Tomblin and legislative leadership. They have emphasized mandatory three-hour training for physicians and other health care professionals with regard to pain management and appropriate use of opioids, as well as a requirement to utilize the WV Board of Pharmacy Controlled Substance Monitoring Program before initiating treatment with opioids or other controlled substances.

Recently, at a meeting of West Virginians for Affordable Health Care, I had the opportunity of interacting with Burwell, at which time I mentioned a few points of interest. At that same dinner meeting, I am pleased to report that Board of Medicine Secretary Rahul Gupta, M.D., was honored for his community services.

This made us very proud. During this event, I met Dr. Gupta's wife and wonderful twin sons.

In other related news, I have been informed by the Governor's Office that he has appointed me to serve on his Advisory Council on Substance Abuse. I am looking forward to being a part of this esteemed group and I wish to thank him for this appointment.

The Interstate Medical Li-

censure Compact legislation, as you all know, was successfully passed by the Legislature and enacted by the Governor this past spring. West Virginia was the fifth state to become part of the compact. The Interstate Medical Licensure Compact Commission has been formed and is currently composed of appointed representatives from 11 states, all of which have passed the bill into law. I am glad to report that the West Virginia Board of Medicine unanimously appointed Bob Knittle as our commissioner, and he attended the inaugural meeting in Chicago this past October. The compact bylaws and other issues are being actively addressed. Certainly, this will be of great help in the portability of licensure across the state lines.

In the same context, we are actively working on getting the telemedicine bill through the Legislature in 2016. We have submitted our proposal to the Governor's Office and are working on getting input from various sources. Such a bill would certainly further enhance the availability of telemedicine services within our state as well as across state lines, and would assist in defining and clarifying the role of tele-technology services in the practice of medicine.

This would be of great help

to a rural state such as West Virginia which, like a majority of states, still has difficulty in attracting several specialty and subspecialty physicians. We will continue to work through our new legislative leader, Beth Hays, and her legislative team as well as our legislative liaison.

There have been some recent changes with regard to West Virginia Board of Medicine leadership and committee chairs. Our new chair of the Complaints Committee is Dr. Kishore Challa, and the new chair of the Legislative Committee is Beth Hays. Both have been active members of the board and have already shown great abilities and interest in handling new responsibilities.

We have an excellent executive group consisting of the executive director, Bob Knittle, and our board attorney, Jamie Alley, who are skilled in carrying on the responsibilities designated to them with exemplary performance, producing great results. We continue to work very successfully with other boards and agencies in making sure that through networking, exchanging ideas and cooperation, the purpose of our existence is served – i.e., protecting our patients. I look forward to handling these tasks and working with my team in the best way possible.

Board Members



President
Ahmed Faheem, M.D.
Beckley



Vice President
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South Charleston



Secretary
Rahul Gupta, M.D., M.P.H.
Charleston



Reverend
O. Richard Bowyer
Fairmont



Rusty Cain, D.P.M.
Fairmont



Kishore K. Challa, M.D.
South Charleston



Michael Ferrebee, M.D.
Fairmont



Cathy M. Funk, M.D.
Martinsburg



Beth Hays, M.A.
Bluefield



Cheryl Henderson, J.D.
Huntington



Carlos C. Jimenez, M.D.
Glen Dale



Mustafa Rahim, M.D.
Beckley



Matthew Upton, M.D.
Dunbar



K. Dean Wright, P.A.-C.
Huntington

Leadership Update

At the September meeting of the West Virginia Board of Medicine, Dr. Ahmed Faheem announced that the board terms for Michael Ferrebee, M.D. and Kenneth Nanners, M.D. were scheduled to expire on Sept. 30.

Dr. Ferrebee has served two consecutive terms on the board and therefore is not eligible for reappointment; however, he has agreed to remain on the board until Gov. Earl Ray Tomblin appoints a new member. Dr. Faheem recognized Dr. Ferrebee and thanked him for the exemplary job that he has done chairing the Complaint Committee, and for his dedication to the mission of the board and his many significant contributions over the years. Dr. Ferrebee's efforts and work were met by a sincere and warm round of applause from all members.

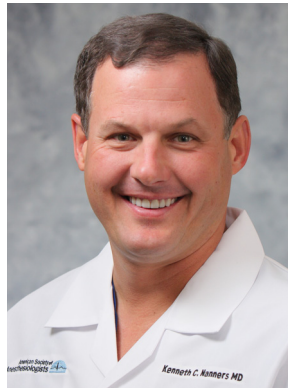
Dr. Ferrebee has concluded his tenure as chair of the Complaint Committee, and has been appointed to serve on the Physician Assistant and Licensure Committees. Dr. Faheem has appointed Kishore Challa, M.D., as the new chair of the Complaint Committee, and Matthew Upton, M.D. joins the committee as its newest member. We congratulate Dr.

Challa and Dr. Upton on their appointments and thank them for their continued commitment to the board.

Dr. Nanners has served one five-year term on the board and is eligible for reappointment; however, given his substantial professional and personal time commitments, he has



Dr. Ferrebee



Dr. Nanners

chosen not to seek a second five-year term. We thank Dr. Nanners for his commitment and contributions to the board over the past five years, and for the exceptional job that he has done chairing the Legislative Committee.

As Dr. Nanners steps down from the board, Dr. Faheem has appointed Beth Hays, M.A. to chair the Legislative Committee. We thank Ms. Hays for her commitment to leadership on the board and are certain she will bring the same selfless dedication to this role as she has in all other aspects of her service on the board.

We wish Dr. Ferrebee and Dr. Nanners much success in their future endeavors.

NTSB Issues Patient Safety Recommendations

The National Transportation Safety Board (NTSB), as a result of a September 2014 safety study, issued six new recommendations, including two that pertain specifically to the medical profession.

The recommendations, included in a letter to Gov. Earl Ray Tomblin in November, include the following:

- Include in all state guidelines regarding prescribing controlled substances for pain a recommendation that health care providers discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation.
- Use existing newsletters or other routine forms of communication with licensed health care providers and pharmacists to highlight the importance of routinely discussing with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to safely operate a vehicle in any mode of transportation.

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Dr. Gupta Receives Lifetime Achievement Award

Rahul Gupta, M.D., M.P.H., F.A.C.P., received the John D. Rockefeller IV Lifetime Achievement Award in a surprise presentation Oct. 23 during an annual reception and fundraiser for West Virginians for Affordable Health Care at the University of Charleston.

Dr. Gupta, who is secretary of the West Virginia Board of Medicine, and state health officer and commissioner of the Bureau for Public Health in the WV Department of Health and Human Resources, was recognized, “for his years of visionary attention to the health care needs of all West Virginians.”

The award was presented by Terri Giles, executive director of WVAHC, and keynote speaker Sylvia Mathews Burwell, secretary of the U.S. Department of Health and Human Services.

In early November, Dr. Gupta also received the 2015 Milton and Ruth Roemer Prize for Creative Local Public Health Work by the American Public Health Association during the organization’s 143rd annual meeting and exposition in Chicago.

Dr. Gupta was selected for the national award by his peers for his leadership and extraordinary vision in addressing local and regional public health problems through



Dr. Rahul Gupta receives the Lifetime Achievement Award from Secretary Sylvia Burwell. Photo courtesy of West Virginians for Affordable Health Care.

building collaborations.

The Milton and Ruth Roemer Prize is presented to a health officer of a county, city or other unit of local government, in recognition for outstanding creative and innovative public health work. The prize was endowed by Milton Roemer, M.D., and Ruth Roemer, J.D., both of whom envisioned an annual prize to honor a public health worker engaged in innovative public health service in their community.

“I am truly honored and humbled to have received this award from my peers across the country,” Dr. Gupta said. “This award is recognition of the excellent team that I have in public health that continues to

impact communities throughout West Virginia. It has been my goal from day one to help transform our public health system into a model for the nation.”

NTSB *Continued from page 4*

The NTSB report, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*, can be found at www.nts.gov.

The West Virginia Board of Medicine will keep you apprised on any future developments in the implementation of these recommendations.

Knittle Serving on Multistate Licensure Commission

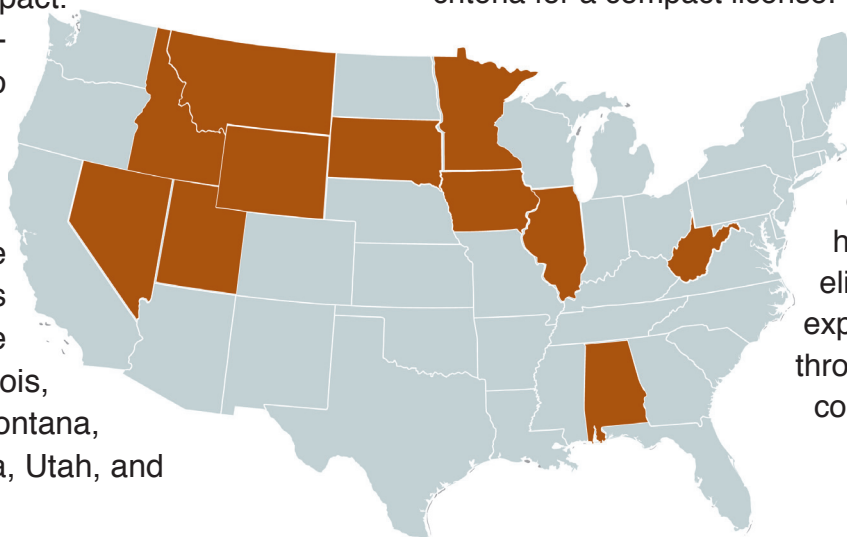
Robert C. Knittle, executive director of the West Virginia Board of Medicine, is among a nationwide group of commissioners charged with shaping a new process that allows physicians to practice medicine in multiple states.

Knittle and other members of the Interstate Medical Licensure Compact Commission met for the first time on Oct. 27-28 in Chicago to establish an administrative framework for the Interstate Medical Licensure Compact. “By getting the commission up and running, we’re putting the managerial and administrative structure of the compact into place,” Knittle explained. “The compact offers a streamlined, multistate licensing process for those physicians interested in participating.”

The compact establishes a voluntary licensing pathway for physicians that eliminates the need to apply separately for a license in more than one state. By significantly streamlining the licensure process, the compact is expected to expand access to health care – especially to patients in underserved areas of the country – and facilitate new modes of health care delivery, such as telemedicine.

The Interstate Medical Licensure Compact Commission consists of two voting representatives from each state that has enacted the compact. In its first year of legislative consideration, 11 states have enacted the compact.

West Virginia became the fifth state to enact the compact when Gov. Earl Ray Tomblin signed HB 2496 into law, effective June 10. Other states in the compact include Alabama, Idaho, Illinois, Iowa, Minnesota, Montana, Nevada, South Dakota, Utah, and Wyoming.



The Wisconsin State Assembly in early November passed legislation to join the compact; the bill awaits the governor’s signature.

As additional states enact the compact, new representatives will be added to the commission.

The compact has been endorsed by a broad coalition of health care stakeholders, including the American Medical Association and the American Osteopathic Association.

West Virginia participates in more than 30 such interstate compacts in a wide variety of areas. By facilitating multistate cooperation, compacts allow states to retain regulatory authority over matters of mutual interest, rather than ceding such authority to the federal government.

The home state of the physician is responsible for verifying the eligibility for a compact license. When a physician who holds a full, unrestricted license in a compact state seeks to obtain a compact license in a member state, the home state already has completed an extensive primary source verification and criminal background checks on the physician and is responsible for certifying that the physician meets eligibility criteria for a compact license.



R. Knittle

Only highly qualified, board-certified physicians with clean disciplinary histories are eligible for expedited licensure through the interstate compact.

Currently, about 6 percent

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Multistate Licensure

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of all physicians hold a license in more than two states. Those physicians who for years have practiced in specialties such as tele-radiology and tele-pathology may hold as many as 40 state licenses.

Please keep the following in mind:

- This law in no way changes the West Virginia Medical Practice Act;
- It does not change the basic requirements for West Virginia medical licensure

of a physician seeking only one license or who chooses to be licensed in additional states through the existing process;

- It does not increase the licensing fees for a medical license in West Virginia; and,
- It does not increase the regulatory burden upon physicians or the board.

During the inaugural meeting in Chicago, Interstate Medical Licensure Compact Commission members adopted temporary bylaws, appointed

committees and elected the following officers: chair – Ian Marquand (Montana); vice chair – Jon Thomas, M.D. (Minnesota); secretary – Diana Shepard, CMBE, executive director of the West Virginia Board of Osteopathic Medicine; and, treasurer – Brian Zachariah, M.D. (Illinois).

The next meeting of the Interstate Medical Licensure Compact Commission will be held later this month in Salt Lake City, Utah. For more information about the Interstate Medical Licensure Compact, visit: <http://www.licenseportability.org>.

2016 Legislation Preview

When the 82nd West Virginia Legislature convenes its 2016 regular session on Wednesday, Jan. 13, the West Virginia Board of Medicine plans to support the introduction of two bills that would impact the Medical Practice Act.

During the 2015 session, the board supported the introduction of SB 334 / HB 2497 regarding telemedicine and the exemptions from licensure and unauthorized practice of medicine. The Senate bill garnered much support and smoothly passed the Senate, but unfortunately fell victim to the end-of-session glut of bills in the House Judiciary Committee and was not passed.

For the upcoming session, the board has offered very similar and, in some cases, identical language specific to telemedicine which was supported during the 2015 session. The telemedicine language is also very similar to legislation passed throughout the nation over the past year.

The potential for telemedicine in West Virginia is enormous, and with appropriate standards in place, can be of tremendous benefit to our citizens and medical community.

For 2016, the language relating to exemptions from licensure and the unauthorized practice of medicine is

being advanced as a separate bill worthy of individual attention. The existing language in the Medical Practice Act can be found in §30-3-13 and pre-dates many of the advances in medical mobility, education and training, and genuinely warrants being updated.

The board also has promulgated Legislative Rule 11-11, Establishment and Regulation of Limited License to Practice Medicine and Surgery at Certain State Veterans Nursing Home Facilities, as mandated by passage of HB 2098. The board instituted Rule 11-11 on an emergency basis following the enactment of this legislation.

Ending the Patient-Physician Relationship

Among the calls and complaints the West Virginia Board of Medicine receives, one ongoing concern focuses on ending the patient-physician relationship. Once a patient-physician relationship has begun, a physician generally is under both an ethical and legal obligation to provide services as long as the patient needs them. There may be times, however, when you may no longer be able to provide care. It may be that the patient is noncompliant, unreasonably demanding, threatening to you and/or your staff, or otherwise contributing to a breakdown in the patient-physician relationship. Or, it may be necessary to end the relationship simply because of relocation, retirement or unanticipated termination by a managed care plan and/or employer.

More physicians than ever are being employed by a variety of medical entities rather than entering into private practice. Patient responsibility when a physician ends employment is an area which has become a more complicated and sometime unclear process. For example, a physician may have signed a non-compete clause upon hire. Patient responsibility upon the departure of a physician should be clarified in advance by contract or policy whenever possible. Consultation with an attorney in such matters is advisable.

Regardless of the situation, to avoid a claim of "patient abandonment," a physician must follow appropriate steps to terminate a patient-physician relationship. Abandonment is defined as a termination of a professional relationship between physician and patient at an unreasonable time and without giving the patient the chance to find an equally qualified replacement. To prove abandonment, the patient must show more than a simple termination of a patient-physician relationship. A patient must prove that the physician ended the relationship at a critical stage in the patient's treatment without good reason or sufficient

notice to allow a patient to find another physician, and the patient was injured as a result.

A physician who does not terminate the patient-physician relationship properly may come under investigation and discipline by the board. The AMA's Code of Medical Ethics, Opinion 8.115 states that physicians have the option of terminating the patient-physician relationship, but they must give sufficient notice to those involved to allow another physician to be secured.

The American Medical Association, Office of the General Counsel offers the following suggestions when terminating a patient-physician relationship:

- Provide the patient with written notice, preferably by certified mail, return receipt requested;
- Provide the patient with a brief but valid explanation for terminating the relationship (for example, non-compliance, over-demanding or threatening);
- Agree to continue care or emergency care for at least 30 days, to allow a patient the opportunity to secure another physician. In some instances, it may be necessary to slowly reduce a particular medication to avoid withdrawal or negative medical consequences;
- Provide resources and/or specific recommendations to help a patient locate another physician of a like specialty (examples may include the board's website, the West Virginia State Medical Association, professional societies and nearby hospitals); and,
- Offer to transfer records to a newly designated physician upon signed authorization to do so.

You can do much to reduce your chances of being accused of patient abandonment by adhering to these recommendations.

See related
articles on pages
9 -11.

Closing or Departing from Practice

The closure of, or departure from, medical practice can occur for a variety of reasons including, but not limited to, the following examples:

- An independent practitioner has decided to retire or close their practice;
- A physician is retiring or departing from a group or multi-practice setting;
- A physician is joining a competing practice;
- A physician must stop seeing patients on very short notice because of a sudden health condition, a need to seek treatment for alcohol/chemical abuse or dependency, or because of actions taken by or with the West Virginia Board of Medicine such as a non-practice agreement, suspension or revocation of a license; or,
- A physician unexpectedly dies or abandons his or her practice.

The closing or winding down of a medical practice, or other departure from a practice or practice setting, can be a major change in a physician's professional life. Associated with this type of change are specific challenges and obligations. Physicians should not be caught unaware of the professional and practical obligations associated with the closure of or departure from a medical practice.

In addition to the business and legal aspects of closing or departing from a medical

practice setting, a practitioner's departure requires careful consideration of how to facilitate continuity of patient care, and the creation of a plan to ensure required maintenance and access to patient medical records.

This brief article does not address all aspects of closing or departing from practice, nor should it be perceived as legal advice. Rather, the purpose of this article is to highlight important issues that should be part of a physician's decision-making process in association with departing a practice or practice setting.

Prepare for the Unexpected

Regardless of size or composition, medical practices should anticipate the unexpected to occur and have safeguards in place to protect access to patient medical records and assist in the transition of patient care from the departing physician. This is especially important for independent practitioners and/or small practice groups, where the departure or sudden unavailability of a physician (because of illness, incapacitation or other unexpected absence) may have significant consequences to the practice and/or the patients of the practice.

Planning ahead for a potential closure or departure, particularly if a third party will

have to carry out this plan, is often the only way that sudden and/or unexpected departures or closures can be effectively managed without adverse consequences to patients, such as a delay in receipt of or a loss of important medical records. When a physician unexpectedly passes away or abandons his or her practice, the physician's estate and/or a collective professional community effort may be required to address the resulting void.

Physicians who are employed by groups or institutions may find that their employment agreement or contract delineates some of these responsibilities. However, a physician is responsible for ensuring that appropriate steps are taken to discharge his or her ethical obligations toward patients as he or she transitions from a group or practice setting.

Continuity of patient care is a primary concern. The transfer of patients in a group setting may be relatively uncomplicated. However, when a physician departs one practice setting to join or establish a competing practice, issues of patient choice may come into conflict with employment agreements. Care should be taken in the beginning of an employment relationship to delineate the rights, ethical obligations and respon-

Closing *Continued from page 9*

sibilities of the parties with respect to how a physician's departure will be handled and how patient notification and patient medical records will be handled.

Best Practices

When a medical practice closure timetable allows, physicians should engage in a conscious and methodical winding down of a medical practice. The following are suggested best practices for the planned closure of a medical practice.

First, ensure proper notice is provided to patients as well as all interested governmental entities and other organizations.

The following are best practices for notifying patients:

- Send current patients (i.e. established, continuing care patients who have been seen within the last year and/or patients who have future appointments scheduled) written notification of the office closure with instructions on how they may obtain access to their medical records;
- Place a notice on the door or near the reception desk of your practice at least 30 days in advance of the closure;
- Notify patients arriving for appointments about the closure by the physician or staff during their appointment;
- Notify patients at high risk without ongoing care as soon as possible by certified mail and/or telephone to ease their transfer to another provider (if

telephone contact is utilized, the date and substance of the conversation should be recorded in the patient record);

- Place an ad in the newspaper or newspapers which serve the geographical areas of the practice's patient population at least 30 days prior to closure with information regarding access to patient medical records; and,
- Post a notice online and send via e-mail, if the practice has a website or uses e-mail to communicate with patients.

Other Related Contacts

It may also be helpful to provide closure notification to all or some of the following entities:

- Vendors and service companies.
- The Centers for Medicare and Medicaid Services, if the practice is a Medicare/Medicaid participant;
- The U.S. Drug Enforcement Administration, if the practice maintains controlled substances on the premises. The DEA may be able to advise and assist you in ensuring that all controlled substances are safely secured or properly destroyed;
- All state Board of Pharmacy Controlled Substance Monitoring Programs which the practice utilizes or has utilized in the past;
- The physician's professional liability carrier, to discuss tail coverage and issues related to record retention; and,
- The West Virginia Board of Medicine, which should be advised of: (1) the closure of or any change of ownership associated with a medical corporation or PLLC; (2) the

cessation of drug dispensing practice at a medical practice; and/or, (3) the termination of any supervisory agreement with a physician assistant.

Transfer of Medical Records

The closure of a medical practice or the departure of a treating physician does not void a physician's obligation to make a patient's medical records available to the patient or a subsequent provider. Closure notifications should provide patients with clear information about how to obtain medical records, and should give the patient an adequate opportunity to request and obtain such records.

At a minimum, patients should receive 30 days' notice of how to request and receive medical records. Ideally, a closing practice can enter into an agreement with another local practice to be designated as the records custodian of unclaimed patient records for the purpose of safeguarding and distributing patient records after the final closure date.

Physician Assistants

With increasing frequency, departure from or closure of practice often involves physician assistants. The relationship between a physician assistant and a patient is very important and may be long-term. This is particularly true for those PAs

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Recommendations on Medical Records Retention

The retention of medical records has always been a challenging issue. It entails a combination of state and federal law, regulation and case law as to how long and what types of medical records, or portions of medical records, must be retained. The West Virginia Board of Medicine recommends that physicians develop and implement a medical record retention and production policy in concert with legal counsel.

The board's legislative rules implementing the professional practice requirements of the West Virginia Medical Practice Act require physicians to retain patient medical records for a minimum of three years from the date of the last patient encounter in a manner which permits the former patient access to them (WV Code R. §11-1A-12.1.jj.) Physicians who do not comply with this requirement are susceptible to disciplinary action by the board.

Most recommendations regarding medical record retention urge that inactive files be kept much longer than this, because the statute of limitations on some state and federal actions exceeds three years. For example, a HIPAA violation claim may be brought up to six years after the alleged privacy violation, and some Medicare/Medicaid audits and/or actions can occur up to 10 years after treatment and/or billing has occurred.

Physicians should retain the medical records of minor patients including immunization records, for a minimum of three years after the patient turns 18. Additionally, a physician's malpractice carrier may have guidelines or requirements for record retention that the physician may want to consider. For example, West Virginia Mutual Insurance Company recommends that physicians who treat minors or persons with disabilities which may affect cognition or legal capacity retain and store inactive records for a 20-year period. The goal of this recommendation is to ensure the availability of medical records to support the physician's defense, should a malpractice claim arise.

West Virginia Code §16-29-1 sets forth a patient's right to access his or her own medical records, and West Virginia Code §16-29-2 establishes the cost-based fees a practitioner may charge a patient for copies of medical records. Physicians should take care to review this law and ensure that their practice complies with the requirements set forth therein.

Electronic health records (EHRs) can help alleviate some storage issues associated with traditional paper medical records. However, EHRs raise a number of other concerns that a physician must be aware of, including privacy issues and record ownership. When using an EHR, a physician should ensure that appropriate security safeguards are in place to protect a patient's protected health information. Likewise, a physician should ensure that he or she has the ability to access patient EHRs, even if the contract with the EHR company ends or is not renewed.

Finally, physicians should have an operational understanding of the medical records archiving and retrieval processes for their practice. Office staff also should be knowledgeable of such processes, and be aware of their responsibility in the transfer or provision of medical records.

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who work at sites where a physician is not always physically present.

Notification of patients by a practice regarding the departure of a PA should follow the same processes as noted above for physicians. If a supervising physician is departing a practice, a PA must notify the Board of Medicine that the practice agreement with that physician has terminated. The affected PA may not practice at that location until or unless he or she, in conjunction with a new supervising physician, submits a new practice agreement which is approved by the board.

Staff Members



Seated, Left to Right: *Scott Wilkinson, Carmella Walker, Angela Scholl, Kimberly Jett, and Robert C. Knittle.* Standing, Left to Right: *Jamie C. Frame, Deborah Scott, Rhonda A. Dean, Nickole Prowse, Karen Day, Sheree Thompson, Leslie A. Inghram, Jamie S. Alley, and Amy C. Callihan.*

Board Actions - June through November 2015

Jimmy Ray Adkins, II, P.A.-C.

06/09/2015 – Other License Action
[Amended Order - 1327398](#)

09/14/2015 – Termination of Consent Order

[Board Order - 1327398](#)

Frankie Allen Puckett, M.D.

06/16/15 – Suspension of License
[Amended Order - 1343857](#)

Scott Matthew Killmer, M.D.

06/16/2015 – Administrative Fine/
Monetary Penalty
[Consent Order - 1338591](#)

Paul Wilson Craig, II, M.D.

06/24/2015 – Probation of License
[Consent Order - 1332957](#)

Tyson E. Bubnar, P.A.-C.

06/26/2015 – Probation of License
[Consent Order - 1327587](#)

Angelo Nicholas Georges, M.D.

07/07/2015 – Administrative Fine/
Monetary Penalty
[Consent Order - 1335344](#)

Jay D. Wilson, P.A.-C.

07/07/2015 – Probation of License
[Amended Order - 1328994](#)

Sheila Jean Brooks, D.P.M.

08/10/2015 – Voluntary Surrender
of License

[Consent Order - 1327036](#)

Thomas Jay Belford, Jr., P.A.-C.

08/19/2015 – Suspension of
License

[Consent Order - 1327498](#)

Jawdat (Joe) Omar Othman, M.D.

10/06/2015 – Voluntary Surrender
of License

[Consent Order - 1342750](#)

Ignacio Cardenas, M.D.

10/06/2015 – Administrative Fine/

Monetary Penalty

[Consent Order - 1331904](#)

Stevan Doyle Zimmer, M.D.

10/08/2015 – Limitation or Restriction
on License/Practice

[Consent Order - 1353675](#)

Walid Mohamed Radwan, M.D.

10/08/2015 – Limitation or Restriction
on License/Practice

[Consent Order - 1353780](#)

Carlos Fernandez De Lara, M.D.

10/15/2015 – Voluntary Surrender
of License

[Consent Order - 1333424](#)

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WV Board of Medicine

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Monday - Friday

8:30 a.m. to 4:30 p.m.

www.wvbom.wv.gov

email: bomnewsletter@wv.gov

2016 Renewal Results

The 2015 licensure renewal period for medical doctors with last names beginning with the letters M through Z, all doctor of podiatric medicine licenses, professional limited liability corporation certificates of authorization, and drug dispensing certificates ended at 4:30 p.m. on June 30, 2015. There were 3,439 medical doctors eligible to renew their licenses to practice medicine and surgery in the state of West Virginia. Of the 3,439 physicians eligible to renew, 2,745 physicians renewed their licenses in active status, 192 physicians renewed their licenses in inactive status, and 502 physicians chose not to renew their West Virginia medical licenses. The number of physicians who chose not to renew their licenses this year was balanced by the 571 new medical doctor licenses that were issued between July 1, 2014 and May 31, 2015.

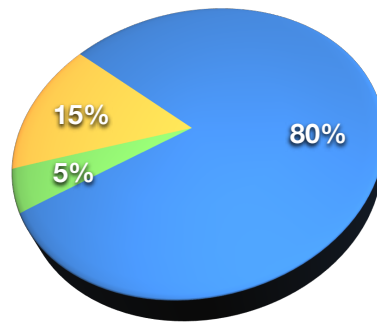
There were 122 podiatrists eligible to renew their licenses to practice podiatry in West Virginia. Of those,

108 podiatrists renewed their licenses in active status, eight podiatrists renewed their licenses in inactive status, and six podiatrists chose not to renew their licenses. Between July 1, 2014, and

May 31, 2015, the West Virginia Board of Medicine issued initial doctor of podiatric medicine licenses to nine licensees.

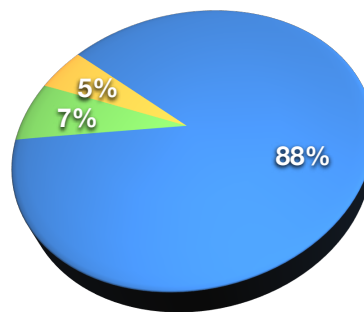
In addition to the medical doctor and doctor of podiatric medicine license renewals, the board also renewed 590 drug dispensing certificates, and 94 professional limited liability corporation certificates of authorization during the 2015 renewal period. For medical doctors with last names beginning with the letters A through L, the online licensure renewal application will be available on the board's website, www.wvbom.wv.gov, beginning in May 2016. All renewal notices are sent via email to the address that the board has on file; therefore, please promptly apprise the board of any changes regarding contact information.

Medical Doctor License Renewal Status as of June 30, 2015



● Active ● Inactive ● Expired

Doctor of Podiatric Medicine License Renewal Status as of June 30, 2015



● Active ● Inactive ● Expired

E-Mail Addresses

The board's primary means of communicating news and general information to licensees is via e-mail. Announcements, renewal information, timely notices and this newsletter are examples of such communication. It is very important that you keep the board apprised of your current contact information, including your e-mail address.

To provide a current e-mail address, send an e-mail containing your name and license number to: bomnewsletter@wv.gov.

Physicians Lead the Fight vs. Rx Drug Abuse

West Virginia's physician community has joined the battle against prescription drug abuse, helping to lead the charge on many fronts as we seek to reverse the grim statistics that have placed our state in the national spotlight.

The Mountain State leads the nation with nearly 34 drug overdose deaths per 100,000 population, according to Dr. P. Bradley Hall, executive medical director of the WV Medical Professionals Health Program, and a key organizer of the Appalachian Addiction & Prescription Drug Abuse Conference, held in late September in Charleston.

Nearly 300 physicians and other medical professions took part in the two-day event, joined by social workers, counselors, lawyers and others.

Sen. Joe Manchin, who introduced legislation to establish a bipartisan caucus to combat prescription drug abuse, said the problem costs the U.S. about \$53 billion annually. He said the U.S. consumes more than 80 percent of the world's opiates.

"You see it first-hand every day. There's not a person in this room who hasn't been affected," the senator said. "If all of us are committed to finding a solution, I believe we will."

Hall said discussions focused on how the problem came about are almost "irrel-

evant." The issue going forward, he observed, is how to stem the tide. "For every dollar you spend in addiction treatment and prevention, you can save \$7 down stream," Hall told near-capacity audience. "We have to break down the silos. We're trying to create one big silo."

Dr. Allen Mock, West Virginia's chief medical examiner, summarized the compelling nature of the issue. "I am the last responder," he admonished the crowd. "All of my patients have bad outcomes."

In October, President Barack Obama conducted a public forum in Charleston about prescription drug abuse, the proliferation of heroin and other ille-

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A p p a l a -

chian states in particular. Dr. Ahmed Faheem and Kenneth Dean Wright, PA-C, attended the by-invitation event, representing the West Virginia Board of Medicine.

Later that week, Dr. Faheem also took part in West Virginians for Affordable Health Care's annual reception and fundraiser at the University of Charles-

ton, where U.S. Secretary for Health and Human Services Sylvia Mathews Burwell was keynote speaker. Burwell, a native of Hinton, praised West Virginia's efforts to expand Medicaid coverage to its citizens and implement the Affordable Care Act, but noted that the state unfortunately remains No. 1 in its rates of smoking, diabetes, cardiovascular disease and substance abuse deaths.

Last month, more than 150 people attended Gov. Earl Ray Tomblin's Substance Abuse Summit in Martinsburg for a comprehensive review of West Virginia's efforts to combat substance abuse problems. The event included an overview of programs and initiatives in

place – on both a state and local level – to fight this problem and put those struggling with substance abuse in contact with the resources and

services they need to begin the road to recovery.

In addition to remarks from Gov. Tomblin, the summit included presentations by Vickie Jones, WV Bureau for Behavioral Health and Health Facilities, Dr. Sylvia Dikas of the Veteran's Administration Medical Center, Delegate Stephen Skinner and a host of others.



Board President Ahmed Faheem captured in a photo with President Barack Obama in the background after October's public forum.

New Licensees - June to November 2015

The West Virginia Board of Medicine issued 371 Physician Licenses between June and November 2015. Congratulations to the following:

A-B

Abboud, Jean-Paul
 Adams, Emmanuel Francis
 Adams-Beymer, Brittany
 Addicks, Benjamin Lee
 Adeyeri, Oluwakemi M.
 Afolabi, Kola James
 Agbonavbare, Patience
 Airhart, Nathan David
 Ajiboye, Onaopemipo Benjamin
 Akamagwuna, Unoma Obiajulu
 Akbar, Muhammad Rizwan
 Alam, Faraz Syed
 Ali, Liaqat
 Ali, Omar Abdus Samad
 Ali, Wail
 Al-Issa, Feras Tawfiq
 Al-Jaroushi, Hatim Suleiman
 Aljubran, Salman Abdullah
 Ally, Nishat Fatima
 Almustafa, Ahmed Riyadh A.
 Alvi, Muhammad Mudassir
 Ampudia, Robert Joseph
 Aouthmany, Moustafa Mouhamad
 Awwad, Mahdi Mansour
 Azoulay, Leor

Bagree, Sarika Vimal
 Baran, Alp Sinan
 Barazi, Hassana
 Bartsokas, Tom Wirth
 Batson, Derek Scott
 Bauer, Michael James
 Beauchman, Naseem Neon
 Bedi, Harsimran
 Berzon, Baruch Michael
 Bhardwaj, Rahul
 Bharolia, Ashish Vallabhbhai
 Bhirud, Ashwin Ravindranath
 Biber, Jennifer Lynn
 Black, Alan Scott
 Blondeau, Benoit Andre Jean Marie
 Bonetti, Renee Wittendorfer
 Bowarshi, Mhd Khaled
 Bozek, John Steven
 Bravin, Daniel Allen
 Bremer, Nicholas John
 Brooks, Michelle Elise
 Brown, Nicole Marie
 Brownfield, Jared Thomas

Brumage, Michael Ross
 Budhan, Zelia Ramone Karema
 Burgess, James Edward
 Butler, Garrett Lane

C-D

Camarata, Andrew Stuart
 Casey, Terence Thomas
 Casiwa, Mary Faith
 Centi, Jr., Thomas Joseph
 Chaiban, Rafka
 Chang, Andrew Seungik
 Chourasia, Prabal Kumar
 Chu, Ahna Suhnm
 Clanton, Jesse Allen
 Cloxton, Karah Rebecca
 Cohen, Joel Stewart
 Colburn, Marion Joyce
 Coles, Jeffrey Allen
 Collin, Carlos Enrique
 Conovalciuc, Pavel
 Cooper, Mark Hayden
 Corcovilos, Adam Joseph

Datiashvili, Otar
 DeBrunner, Mark Gerald
 Delman, Tal B.
 Desgranges, Patrick Zana
 Dhindsa, Avtar Singh
 Dihowm, Hanan Mehemed
 DiPonio, Emma Cristina
 Dlott, Tracy Rubin
 Dolin, Natalia
 Dorn, III, Ronald Vancort
 Dudley, JoAnn C.
 Dukes, Robert Allen

E-F

Eitches, Etan Edward
 Ekeke, Chukwuemeka Moses
 Elkington, William Troy
 Engle, Kristen Lynn
 English, Jr., Robert Samuel
 Etezadi, Vahid
 Eves, Jason Howard

Faber, Theodore Tom
 Fairman, Matthew Randall
 Faruqi, Nadeem Ashfaque
 Fasig, Kristina Jo
 Feathers, Todd William
 Filippi, Robin Lee

Finch, Paul Thomas
 Fine, Arthur Philip
 Finkbone, Patrick Reed
 Finkielman, Javier Daniel
 Finley, Gene Grant
 Friedmann, Andrew Joseph

G-H

Gabi, Alaa Yousef Fadel
 Galarraga, Juan Jose
 Galloway, Lisa Ann
 Gloss, II, David Samuel
 Godejohn, Angela Lynn
 Godwin, Stuart Patterson
 Gonzalez, Manuel Francisco
 Gourneni, Usreessa
 Gowani, Jehangir Wazirali
 Graham, David Mark
 Grammer, Robert William
 Green, Derrick Richard
 Green, Todd David
 Gupta, Ashwani
 Gurram, Murali Krishna

Hager, Phyllis Elisabeth
 Hallock, Robert Jason
 Hamza, Mahmoud Ibrahim
 Hanafi, Walid Said
 Harshany, Mark Lawrence
 Harvey, Bryce Michael Joseph
 Heiraty, Pooya
 Hernandez Perez, Marier del Valle
 Hessberg, Alison Cole
 Hill, Amanda Kate
 Hill, Nathan Scott
 Himebaugh, Jesse Theodore

Hines, Benjamin Douglas
 Hissa, Edwin Alex
 Hodroge, Samer S.
 Hoffmann, Stephen Paul
 Houtrow, Amy Joy
 Hoyt, Alastair Tucker
 Hulkower, Jonathan Lee
 Hyre, Mae Amanda

I - J

Inal, Cengiz
 Inam, Novera
 Irvbogbe, Osareme Anthony
 Izes, Betsy Ann

Jacoby, Bryon Nicholas
 Jamison, Amy Ellen
 Jares, III, Joseph James
 Jean-Claude, Yveline Danielle
 Jett, Samuel Scott
 Jolly, Jr., Brantley Tilman
 Jones, Deryk Gerard
 Jones, Heath Michael
 Joya, Rikizam Magada

K-L

Kabbara, Zouhair Mohamad Wadih
 Kalaria, Amit Shantilal
 Kalirao, Sonia Kaur
 Kalus, Jr., Morton E.
 Kaplan, Paul Andrew
 Karnam, Showri Madan Manohar
 Kasicky, Kathryn Rita
 Keegan, Catherine Nguyen
 Khan, Muhammad Taimoor
 Khatod, Elaine Grace
 Khokar, Arifa Idress
 Khoury, Randa Rajai
 Khuu, Anthony Nguyen
 King, Sherilyne Jeanne
 Kolthoff, Marta Christine
 Kottra, Jennifer Jean

Lai, Lingo Yiling
 Lamet, Mark
 Langley, Katherine Jane
 Lanzillo, Joseph Heinrich
 Litkei, Catherina Gabriella
 Lopata, Susan Marie

M

MacBean, Ulunna Kechinyere
 Machani, Sathyanarayana Murthy
 Macias, Antonio
 MacKinlay, Alison Louise
 Magalang, Ulysses Jandusay
 Magruder, John Lawson
 Maharaj, Jaisri Tomara
 Majumdar, Sujoyeeta
 Manion, Christopher Gilbert
 Marri, Maaya Reddy

(continued on page 16)

New Licensees

Continued from page 15

Martin, Andrea Nicole
 Martin, Jr., Thomas Charles
 Martin, Sonya Louise
 Maxwell, Matthew Edward
 McCarty, Michael Christian
 Vincent
 McClagherty, Glenn Kellis
 McCoin, Cameron Elinor
 McKinney, Daniel Cloys
 McNair, Jason Edward
 Meeker, Jason Lee
 Menn, Kirsten Alexandra
 Mersing, James Brooks
 Miller, Brandon Joseph
 Miller, Mark David
 Miller, Matthew Jochum
 Mills, Kyle Charles
 Mincey, Mackenzie Lee
 Mohamed, Hesham E.
 Momen, Auvid
 Montague, Phillip Alexander
 Moore, Ryan Allen
 Moore, Scott Eric
 Motarjeme, Steven Cyrus
 Moyers, Amy Renee
 Mozahem, Khaldoun Mohamad
 Mullen, John Reagan
 Mumtaz, Khurram
 Murray, Matthew Jacob
 Murtagh, Jr., James John
 Mussallam Abu Shaibeh,
 Sandrela
 Mussell, Rene Alissa
 Mutetwa, Solomon Mapeto
 Mutgi, Nitisha
 Myers, Stephen Charles

N-O

Narayanan, Priyamvada
 Narick, Christina M.
 Nasr, Sherif Abbas
 Naz, Arshi
 Nicoll, Kimberly Lynn
 Nigro, Kelly Grove
 Niles, Brian Stanley
 Nisa, Nuzhat Un
 Nourparvar, Shabnam
 Ochweri, Linet Odhiambo
 Ollerton, Andrew James
 O'Neal, Deborah Patrice
 Oprea, Lucian
 Orvik, Andrea Marie
 Otten Carranza, Astrid Marina del Rosario
 Owen, Stephanie Leann

P-Q

Pahuja, Shalu
 Paidisetty, Sanjay Kumar
 Palmer, Amanda JoAnn
 Pandya, Avni Banshi
 Parab, Minoti Vilas
 Patel, Anjlee A.
 Patel, Daksha N.
 Patel, Kuldeep Vinodhai
 Patel, Rakesh
 Patel, Rusha Jayesh
 Patel, Viral D.
 Peklinsky, Jason Alexander
 Peters, Marcus Aaron
 Petersen, Dustin Jay
 Pham, Danh Cong
 Pham, Justin Hung
 Pharaon, Majed Mohamed Saeed
 Phillips, Melody Marie
 Pitsenbarger, Jodi Marie
 Plitt, David Calvin
 Prakash, Rachita
 Pratt, Jonathan William
 Pressman, Ari E.
 Prinzivalli-Rolfe, Brigitte
 Punch, Gregory Edward

Qaiser, Rabia
 Qu, Lirong
 Que, Emerson Tan
 Qureshi, Furhan Rashid
 Qureshi, Hina Shafique

R

Radwan, Walid Mohamed
 Rahman, Saud Saqib
 Raj, Manisha
 Raj, Moses Sundar
 Rao, Sudhir R.
 Rattan, Amit Singh
 Rawlings, John Joachim
 Reagan, James Timothy
 Reed, Zebula Michael
 Reynolds, Christopher Stephen Koichi
 Richardson, Daniel Russell
 Richardson, Kathleen Hardgrove
 Rietz, Heather Marguerite
 Rimmerman, Maria Simon
 Rittmann, Jr., Barry John
 Rizvi, Fezan Haider
 Robenstine, Jacinta Candace
 Roberts, Donald Lynn
 Robinette, Alison Marie
 Rockwell, Bruce Howard
 Rodriguez-Sains, Rene S.
 Rogers, Sean Michael

Rolen, Michael Fitzgerald
 Rondon Verenzuela, Luisangel Alberto
 Roots, Monika Drummond
 Rosenthal, David Michael
 Rowe, Melissa Ann
 Roy, Amy Allison
 Ryu, Helen Hyun

S

Sadiq, Rizwan
 Salazar, Alexander Janson
 Salo, Jill Alison
 Sammeta, Shilpa
 Sanborn, George Edward
 Santiago Vergara, Diana Liliana
 Santos-Zabala, Maria Laureana Cuyong
 Saul, Jerome Philip
 Sawhney, Victor
 Sayeed, Yusef Ahmed
 Schieke, Moira Ferrier
 Schirtzinger, Christopher Patrick
 Schneider, Debra Ann
 Scurry, Tanya
 Seay, Rebecca Lynn
 Seay, Thomas Marion
 Shabb, William Allan
 Shah, Chandreshkumar Sumanlal
 Shahzad, Haseeba
 Shaik, Imam Hussain
 Sheikh, Jason
 Shepherd, Jay Allen
 Sheraton, Mack
 Shivkumar, Vikram
 Shulman, Suzanne Gail
 Siddiqui, Hamnah Tabassum
 Siddiqui, Jamil Manzar
 Singh, Saurabh
 Slife, Ryan Stewart
 Smith, III, Templeton
 Smith, Ross Parker
 Snyder, Aaron Marc
 Sonani, Rupalben Pravinbhai
 Sonni, Smitha
 Spaliviero, Massimiliano
 Stanley, Shaun Colborn
 Steward, Bryan Michael
 Stiles, Linda Elizabeth
 Sasha

Sully, Keziah A.
 Sultan, Shumaila
 Suvarnasuddhi, Khetisuda

T-V

Tan, Kok Chye
 Tantary, Mohamad Haneef
 Teague, Daniel Joseph
 Tedesco, Kurtis Lee
 Thaduri, Sudhir Reddy
 Thakkar, Kavita Piyush
 Thomas, Brian Michael
 Thometz, II, Donald Paul
 Thompson, Erika Leigh
 Thompson, Lauren Marie
 Trammel, Demaree Lisa
 Tropp, Rory
 Tuten, Neill Ryan
 Valencia, Manuel Salumbides
 Vallabh, Hiren Ishwar
 Verma, Rishi Raj
 Verma, Vishal
 Vishwanath, Shilpa Sindhu

W-Z

Wade, Karen Elizabeth
 Wahab, Raed Ali
 Ward, II, Frederick Christopher
 Warren, David Keebok
 Warrow, David James
 Way, Matthew Frederick
 Webb, David Vernon
 Weinberg, Jacqueline Gale
 Weinstein, Steven Louis
 Wenzke, Caitlin Alexis
 Weston, Warren Eugene
 Williams, Lance Richard
 Womack, Jonah Timothy
 Wright, Garth Bradford
 Yablong, Jeffrey Allen
 Yadav, Rajwardhan Harishcandra
 Yakulis, Robert
 Yapundich, Robert Anthony
 Yell, Maggie
 Younas, Fahad
 Zimmer, Stevan Doyle
 Zmijewski, Peter Andrew
 Zulfikar, Rafia

Medical Doctor Volunteer License - 1

Lempert, Kenneth David

Podiatrist Licenses - 2

Gwynn, Marshal Thomas
 Zorger, Rachel Shara

New PA Licensees - June to November 2015

The West Virginia Board of Medicine issued 70 Physician Assistant licenses between June and November 2015. Congratulations to the following:

A-L

Adair, Darin Crandall
 Adkins, Corey Brandon
 Amburgey, Jessica Lea
 Anderson, Erik James
 Anderson, Vincenzina
 Nicolas

Christian, Kristyn New
 Crites, Dustin K.

DeCanio, Janet Voltaggio
 Detrick, James Edward
 Dunfee, Stacey Jo

Estock, Marci Joan
 Eye, Heather Nicole

Keeney, Lindsey Ann

Lackey, James Michael
 Lecher, Sarah Patricia
 Lester, Homer Kelly
 Locke, Monica Nicole
 Lopez, Kristen M.
 Lybrand, Lynn Leatherman

Pritt, Katlin Rae

Rader, Nancy Gail
 Rhodes, Joshua Alan
 Robins, Gwen Brand
 Ryan, Robert E.

Bailes, II, Lawrence Douglas
 Bartley, Shelebra Kinney
 Bayuk, Kristin Bishop
 Blackburn, Amanda Jessica
 Brinager, Kerry Sue
 Browning, Justin Darren
 Bubnar, Tyson
 Burkhart, Brittany Ann
 Bushman, Matthew Michael

Fincham, Amanda Lee
 Fisher, Tyler Ross

Galloway, Erin Elizabeth
 Gover, Theodore Randolph
 Gudalis, Brittny Nicole
 Gunnoe, Sara Chandler

Halford, Nicole Danielle
 Hewitt, Hilary Linn
 Hurley, Matthew Leon

Chambers, Stephanie
 Michelle
 Childers, William Asher

Johnson, Carrie Renee
 Joseph, Mary Louise

M-Z

Mancuso, Brian Francesco
 Mathess, Gregory Adam
 McGavisk, Linda Lee
 McKay, Leann Nicole
 Meeks, Morgan Aileen
 Morgan, Janda Gail
 Mueller, Ashley Renee

Norton, Sarah Ellen

Perrone, Elizabeth Ashlee
 Piccolomini, Jenna A.

Shepard, Clint Robert
 Sherman, Tracey Lee
 Skinner, Melissa Brooke
 Smith, Casey Leigh
 Smith, Justin Andrew
 Stauffer, Katelyn Renee
 Struckman, Joni Marie
 Stumpf, Maggie Shannon

Tamashasky, Sara Plumb
 Taylor, Lesley Erin
 Thompson, Christopher Len

White, Linda Dawn
 Whitelatch, Steven Jon
 Wilson, Cara Ann

Medical Professional Liability Reporting Requirements

W.Va. Code §30-3-14(b) provides that “Every person, partnership, corporation, association, insurance company, professional society or other organization providing professional liability insurance to a physician or podiatrist in this state, including the Board of Risk and Insurance Management, shall submit to the Board the following information within thirty days from any judgment or settlement of a civil or medical professional liability action excepting product liability actions: The name of the insured; the date of any judgment or settlement; whether any appeal has been taken on the judgment and, if so, by which party; the amount of any settlement or judgment against the insured; and other information required by the Board.” In addition, practitioners are required to report malpractice settlements and judgments in association with the licensure renewal application process.

West Virginia Board of Medicine medical professional liability claim report forms are accessible on the board’s website, www.wvbom.wv.gov, or by clicking on the following links:

[Medical professional liability claim report for practioners](#)

[Medical professional liability claim for insurers](#)