

# Medical Board Report

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## Texas to Begin Physician Profiling

Texas soon will move into the ranks of states providing physician profile information to consumers as a result of action by the 76th Legislature. HB 110, sponsored by Rep. Glen Maxey of Austin, requires the Board to gather and make public certain information about physicians.

The bill became effective September 1, 1999, and requires the data to be available to the public by September 1, 2001. During that period, the Board must gather the additional data and develop the technology to make the information available via the Internet as well as on paper. Data will be gathered as part of the renewal process over the next year.

A pilot project will begin with renewal forms to be mailed September 1. Renewal forms will request new profile information in addition to the mandatory information now required. Provision of the additional data will be optional until September, 2001, when the program becomes fully operational.

and compliance is mandatory. After that date, failure to return the completed form to the Board will be considered non-compliance, resulting in non-renewal of the physician's license.

Rules were adopted by the Board effective March 5, specifying the information to be collected from physicians and provided to the public. The list includes name, date and place of birth, gender, ethnic origin, name of medical school(s) and date of graduation, a full description of graduate medical education, any specialty certification, number of years in practice, date of Texas licensure and expiration date, CME information, disciplinary history and other information designated by HB 110. Physicians may also provide brief descriptions of a maximum of five awards, honors, publications or academic appointments. A complete list of the requirements can be viewed on the Board's web site ([www.tsbme.state.tx.us](http://www.tsbme.state.tx.us), click on the Board Rules, then Chapter 173, Physician Profiles).

A Profile Update and Correction Form is being developed for physicians to revise and update their data. Physicians will have opportunities to correct or dispute information in their Profile before it is published.

HB 110 also allows the Board to raise licensure fees to fund the profile program by no more than \$20 for each fiscal year in the 2000-2001 biennium and \$10 each fiscal year in the 2002-2003 biennium. There will be a further reduction in fees within two years of full program implementation.

HB 110 also required other Texas health licensing boards to develop cost estimates to establish a profile program for their licensees. Agencies required to submit cost estimates by January 1 were the Texas Board of Chiropractic Examiners, State Board of Dental Examiners, Texas Board of Occupational Therapy Examiners, Texas Optometry Board, Texas State Board of Pharmacy, Texas Board of Physical Therapy Examiners, Texas State Board of Podiatric Medical Examiners, and Texas State Board of Examiners of Psychologists.

At least 10 other states now have legislation requiring development of physician profiles, following the lead of Massachusetts, which began providing physician profiles in 1996. Massachusetts has offered the information via the Internet since 1997.

#### **Dr. Levy to Leave Board; Dr. Frank Langley Named E.D.**

Executive Director Bruce A. Levy, M.D., J.D., announced at the December 9-11 Board meeting that he would leave his position as soon as a successor could be found to take his place. At the May 18-19 Board meeting, the Board selected Frank M. "Skip" Langley, D.V.M., M.D., J.D., of Corpus Christi, to fill the position of Executive Director.

Since joining the Board in November, 1993, Dr. Levy has guided the agency to a position of respect from the public, the Legislature, medical schools and the medical community. Dr. Levy's direction has enabled the Texas State Board of Medical Examiners to earn a national reputation as a model for state medical boards across the country. Board members represent Texas on the Federation of State Medical Boards, and Dr. Levy has served on the Federation's board, as well as on numerous Federation committees. He serves on committees of the National Board of Medical Examiners and sits on panels

to evaluate other state medical boards and provided recommendations for improvement to those state legislatures.

Since 1995, Dr. Levy has served as the elected chair of the Texas Health Professions Council and as the chair of the Graduate Medical Advisory Committee of the Texas Higher Education Coordinating Board.

In Dr. Levy's tenure as executive director, the board has issued new licenses to 17,959 physicians, which represents more than one-third of all licensed Texas physicians and more than half of all physicians practicing within Texas. The board has taken 1,068 disciplinary actions against physicians in the same period. In addition, it has developed guidelines or rules for proper prescribing for pain management, integrative and complementary medicine, resident permitting and office-based anesthesia and will soon implement physician profiles. In 1998, Dr. Levy requested an outside audit by consultants KPMG, which resulted in a reorganization of the agency that has enhanced efficiency and made it possible for the agency to carry out its mandates within budgetary constraints.

Dr. Levy, 53, received his medical degree from Hahnemann Medical College and Hospital in Philadelphia in 1971. He received a law degree from the University of Houston, Bates School of Law, in 1992. He is board certified by the American Board of Anesthesiologists and has served as Assistant Professor, Department of Anesthesiology, University of Washington, Seattle, and as Clinical Assistant Professor, Department of Anesthesiology, Baylor College of Medicine, Houston. He lives in Austin with his wife, Marcia, and their children, Beth, Sara and Jonathan.

Board President William H. Fleming III, M.D., said, "Dr. Levy has done an exceptional job as the executive director and it will be exceedingly difficult to replace him."

Dr. Levy will fill the newly created position of Deputy Executive Vice President at the Federation of State Medical Boards, based in Eules. His primary role will be to assist Federation Executive Vice President James Winn, M.D., in representing the Federation and serving as a liaison to external organizations.

Dr. Langley, 58, received his D.V.M. from Texas A&M University in 1967. He graduated from the University of Texas Medical Branch at Galveston in 1973 and completed an anesthesiology residency at John Sealy Hospital in 1976. He has practiced anesthesiology in Corpus Christi since 1976 and is a Diplomate of the American Board of Anesthesiology. In addition, Dr. Langley received a J.D. from South Texas College of Law in 1990.

Dr. Langley was the medical-legal editor of the Texas Society of Anesthesiologists *Bulletin* from 1989 until 1998 and he has taught graduate courses in health law at Texas A&M University, Corpus Christi.

Dr. Langley will begin his work at the Board in July.

#### **Dr. Meyer Resigns from Board**

Board member Paul G. Meyer, M.D., of Lubbock, has resigned from the Board. He was

appointed by Governor George W. Bush in 1995. Dr. Meyer is a neurological surgeon and has taught neurological surgery at Texas Tech University Health Sciences Center, where he served as chief of neurosurgery. He also served as professor and member of the surgery department, and as professor and chairman in the department of medical and surgical neurology.

The Board's resolution of appreciation to Dr. Meyer said that he has "consistently demonstrated compassion and professionalism while seeking to ensure quality health care for the citizens of Texas." The resolution added, "[Dr. Meyer] was an invaluable and enthusiastic member of the Board and contributed his time in chairing the Public Information Committee."

Governor Bush had not appointed a replacement to the Board as the *Medical Board Report* went to press.

### **Policy Statement on Internet Prescribing**

Section 164.053 of the Texas Occupations Code authorizes the Board to discipline a licensed Texas physician for unprofessional conduct that is likely to deceive or defraud the public or injure the public. Section 164.053(a)(5) defines unprofessional or dishonorable conduct to include "prescribes or administers a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed." Section 164.053(a)(6) defines unprofessional or dishonorable conduct to include prescribing, administering or dispensing in a manner not consistent with public health and welfare dangerous drugs as defined by Chapter 483, Health & Safety Code.

Section 164.051(a)(6) authorizes the board to discipline a licensed Texas physician for professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

It is unprofessional conduct for a physician to initially prescribe any dangerous drugs or controlled substances without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires:

- (1) verifying that the person requesting the medication is in fact who they claim to be;
- (2) establishing a diagnosis through the use of accepted medical practices such as a patient history, mental status exam, physical examination and appropriate diagnostic and laboratory testing;
- (3) discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and
- (4) insuring availability of the physician or coverage for the patient for appropriate follow-up care.

An online or telephonic evaluation by questionnaire is inadequate.

### **Clarification on Lyme Disease**

Following publication of the article on tick-borne diseases in the Fall 1999 *Medical Board Report*, the Board received requests for additional diagnostic information on Lyme disease, which occurs in Texas and is believed to be underreported by a factor of 10. The Lyme Disease Foundation and the Centers for Disease Control and Prevention say that the diagnosis must be clinical, based on signs and symptoms. No test can "rule out" Lyme disease. The following diagnostic tests may be used:

Antibody tests, which strive to be both sensitive (detecting LD antibodies) and specific (detecting just LD antibodies). False negatives and false positives can occur. Titer (ELISA or IFA) tests measure the level of *Bb* antibodies in fluid. Laboratories use different detection criteria, cutoff points, types of measurements and reagents.

Western blot produces bands indicating the immune system's reactivity to *Bb*. Laboratories differ in their interpretation and reporting of these bands.

### **Direct Detection Tests**

Antigen detection tests detect unique *Bb* protein in fluid (e.g. urine) of patients. This may be useful for detecting LD in patients taking antibiotics or on symptom flare-up.

Polymerase chain reaction (PCR) test multiplies the chain reaction of *Bb* DNA to a detectable level to measure.

Culturing of the bacteria is difficult and can take months.

Staining of tissue is time-consuming and has a low yield.

### **Treatment**

Treatment varies depending on how early a diagnosis is made. No definitive treatment regimens have been determined and failures occur with all protocols. Oral antibiotics may be sufficient for early stages of non-disseminated infection. Long-standing, disseminated disease responds best to one or several courses of intravenous antibiotics.

For additional information, consult the Lyme Disease Foundation at (860) 525-2000 or toll-free at (800) 886-LYME, or see the web site at [www.lyme.org](http://www.lyme.org). Information on Lyme disease is also available from the CDC's web site at [www.cd.cov/ncidod/publications/brochures/lyme.htm](http://www.cd.cov/ncidod/publications/brochures/lyme.htm).

See page 10 for an important reminder about Health Department reporting requirements on this and other infectious diseases.

### **Texas State Board of Physician Assistant Examiners**

Texas physician assistants need to maintain records that document their CME activities. The documentation should include the number of hours, date, and type of education. Under Rule 185.6, the Board carries out random audits, which require written verification of both formal and informal credit. Any failure to provide the requested documentation within 30 days of the request may result in disciplinary action by the Board.

A new law passed by the 76th Legislature allows CME credit for up to half of the annual informal CME requirement for providing volunteer medical services in a site serving a medically underserved population, as long as the site is not the physician assistant's primary place of practice.

### **Notice of Intent to Practice/Supervise a Physician Assistant Form**

For the most recent Notice of Intent to Practice/Supervise a Physician Assistant form, see the TMB web site at [www.tsbme.state.tx.us](http://www.tsbme.state.tx.us). From the home page, go to "Download Documents Here." All physician assistants must have this form on file with the board before they begin practice. Changes in supervision must also be filed with the board **before** the change takes place. For more information, see the web page's FAQs, Board Rules, Chapter 185, or call the Physician Assistant Department at (512) 305-7022 between 1 and 4 p.m. Central Time.

### **Texas State Board of Acupuncture Examiners**

Board Approves Policy on Citizen Communication

The Board approved the following policy for the Texas State Board of Acupuncture Examiners regarding citizen communication:

1. To provide the public with a reasonable opportunity to appear before the board to speak regarding issues under the board's jurisdiction, written requests to speak may be submitted to the attention of the Executive Committee at the board's current mailing address.
2. A requestor will be notified in writing of the date and time for an opportunity to appear and speak before the Executive Committee. The time allotted for any particular speaker will be determined at the discretion of the chairman or presiding member of the committee based on the subject matter and available time.
3. The Executive Committee shall make any necessary recommendations to the board regarding matters brought to the committee's attention by the public and shall report matters of interest to the board through the committee minutes.
4. A member of the public may comment in writing on issues or agenda items scheduled to be heard at a committee or full board meeting. Comments should be received in the Board office no later than three working days in advance of the meeting. Comments will be distributed to the members at the discretion of the presiding officer of the Board or the committee chairman.

### **Texas Medicaid Drug Use Review**

*The following is excerpted from prescribing information from Pharmacia Upjohn:*

ZYVOX (linezolid) is a new, novel oxazolidinone class antibiotic used in treatment of Vancomycin-resistant enterococcal (VRE) infections, skin and skin structure infections caused by Methicillin-resistant *Staphylococcus aureus* (MRSA), *Streptococcus pyogenes* or *Streptococcus agalactiae*, Nosocomial pneumonia caused by *Staphylococcus aureus* (methicillin-susceptible and methicillin-resistant strains) or *Streptococcus pneumonia* (penicillin-susceptible strains only) and Community-acquired pneumonia caused by *Streptococcus pneumonia* (penicillin-susceptible strains only). Due to concerns about inappropriate use of antibiotics leading to an increase in resistant organisms, prescribers should carefully consider alternatives before initiating treatment of ZYVOX in the outpatient setting.

*Management of Migraine Headache with 5-HT<sub>1B/1D</sub> Receptor Agonists:*

Migraine headaches are characterized as recurrent headache attacks, usually unilateral, frequently associated with anorexia, nausea and vomiting. As many as 23 million Americans suffer from migraine headaches, with a higher percentage of women experiencing migraine as compared to males. Drug management for migraines may be classified as abortive (to eliminate a headache in process) or preventive (to prevent the development of an attack). Preventive agents commonly utilized include beta-blockers, calcium channel blockers, antidepressants, anticonvulsants, analgesics, cyproheptadine, and methysergide, with beta-blockers being the most frequently prescribed. Abortive drugs traditionally prescribed for migraine headaches include analgesics, ergot derivatives, isometheptene, certain antipsychotics (e.g., chlorpromazine, prochlorperazine), and corticosteroids.

Treatment for migraine headaches was augmented in the early 1990s with the development of the serotonin-receptor subtype 1B and 1D agonist, sumatriptan (Imitrex<sup>®</sup>), for use as abortive therapy. Since that time, three additional 5-HT<sub>1B/1D</sub> receptor agonists, zolmitriptan, rizatriptan, and naratriptan, have been developed. These agents work by stimulating presynaptic and postsynaptic 5-HT<sub>1B/1D</sub> receptors to produce vasoconstrictive effects on large intracranial vessels and inhibit the release of tachykinins, thereby blocking neurogenic inflammation. Sumatriptan has demonstrated efficacy in relieving migraine headache when compared to placebo and ergotamine, with response rates ranging from 65-85 percent. However, disadvantages associated with sumatriptan use include a headache recurrence rate of approximately 40 percent, low oral bioavailability of 15 percent, which suggests a slower onset of action, and chest symptoms (pain, tightness, cardiac ischemia) seen in approximately 5 percent of patients. The newer triptans have been created to potentially avert the limitations associated with sumatriptan. Zolmitriptan and rizatriptan provide a faster onset of action due to greater bioavailability and consistently high efficacy rates, although headache recurrence has been reported in some patients and chest symptoms are also assigned to these agents. The orally dissolvable tablet form of rizatriptan may benefit patients with severe nausea and vomiting associated with migraine headaches; however, time to onset may be delayed with this dosage form and patients have complained of an unpleasant aftertaste. Naratriptan possesses a greater tolerability profile, longer duration of action, and decreased headache recurrence when compared to other triptans, but has a delayed onset of action which limits its usefulness. Overall, sumatriptan is still considered the gold standard for 5-HT<sub>1B/1D</sub> receptor agonists due to its availability in several dosage forms, its well established

safety record, and its extensive use in clinical practice. Zolmitriptan and rizatriptan may be desired by patients who are not satisfied with current treatment due to ineffectiveness or lack of tolerability, while naratriptan may be an alternative for patients experiencing problems with headache recurrence or those intolerant of other triptans due to adverse effects.

The 5-HT<sub>1B/1D</sub> receptor agonists are indicated in the acute treatment of migraine with or without aura, but are not intended for use as preventive agents for migraine headache attacks. Frequent usage (i.e., dosages exceeding the limits assigned by the pharmaceutical manufacturer) may be associated with an increased risk of headache recurrence and/or heightened emergence of adverse effects.

1. Weitzel KW, Thomas ML, Small RE, Goode JVR. Migraine: A comprehensive review of new treatment options. *Pharmacotherapy* 1999;19:957-73.

2. Beckett BE, Herndon KC. Headache disorders: Migraine and cluster. In: DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM, eds. *Pharmacotherapy. A Pathophysiologic Approach*. 4th ed. Stamford, CT: Appleton & Lange, 1999:1027-34.

3. Dulli DA. Naratriptan: An alternative for migraine. *Ann Pharmacother* 1999;33:704-11.

*Cisapride Marketing to be Halted in the United States:* Cisapride (Propulsid<sup>®</sup>), a gastric motility agent used to manage heartburn associated with GERD, will no longer be marketed in the U.S. after July 14. Since the drug's approval in 1993, serious arrhythmias, including ventricular tachycardia, ventricular fibrillation, torsades de pointes, and QT prolongation have been documented in patients prescribed Propulsid<sup>®</sup>. A black box warning has been included in the cisapride package insert since 1996 and revised several times since that time alerting health care professionals and patients to the increasing risks associated with cisapride use. Over 340 cases of serious arrhythmias have been reported between 1993 and 1999, including 80 fatalities. In the majority of these cases, the arrhythmic events occurred when Propulsid<sup>®</sup> was prescribed to patients with known risk factors. Cisapride is metabolized by the cytochrome P450 enzyme system. Drugs which inhibit cytochrome P450 enzymes can limit cisapride metabolism with a resultant decrease in cisapride clearance and the potential for cisapride toxicity. Additional risk factors identified include concurrent administration of other drugs that cause QT prolongation, conditions that result in electrolyte disorders, or the presence of disorders that may predispose patients to arrhythmias. Although cisapride prescribing restrictions have been continually delineated in the black box warning included in the package insert, Janssen Pharmaceutica and the FDA have concluded that continued general access to cisapride prescription therapy poses unacceptable risks. Physicians treating patients with severely debilitating conditions in whom they feel the benefits of cisapride therapy may potentially outweigh the associated risks may contact Janssen Pharmaceutica at 1-800-JANSSEN. The company will continue to make the drug available for patients who satisfy specific eligibility criteria for a limited-access protocol.



1. Food and Drug Administration (January 24, 2000). FDA Talk Paper. FDA updates warnings for cisapride. Rockville, MD. Retrieved from the World Wide Web January 25, 2000. <http://www.fda.gov/bbs/topics/ANSWERS/ANS00999.html>.

4. Janssen Pharmaceutica (January 24, 2000). "Dear Doctor" Cisapride Warning. Titusville, NJ: Gheuens J. Retrieved from the World Wide Web January 25, 2000. <http://www.fda.gov/medwatch/safety/propul.htm>.

5. Food and Drug Administration (March 23, 2000). FDA Talk Paper. Janssen Pharmaceutica stops marketing cisapride in the U.S. Rockville, MD. Retrieved from the World Wide Web March 24, 2000. <http://www.fda.gov/bbs/topics/ANSWERS/ANS01007.html>.

*St. John's Wort and Drug Interactions:* St. John's wort (*Hypericum perforatum*) is available as an over-the-counter herbal supplement utilized in the management of depression. The Food and Drug Administration recently issued a Public Health Advisory informing health care professionals of the results of a National Institutes of Health study describing a drug interaction between St. John's wort and indinavir, a protease inhibitor used to treat HIV infection. In this study involving eight healthy, non-HIV-infected male volunteers, adjunctive administration of indinavir and St. John's wort resulted in substantial decreases in indinavir plasma concentrations. Several recent studies and case reports suggest that St. John's wort may potentiate induction of the cytochrome P450 metabolic pathway, specifically CYP3A4. Because currently marketed protease inhibitors (PIs) and nonnucleoside reverse transcriptase inhibitors (NNRTIs) are metabolized by the cytochrome P450 enzyme system, concomitant use of St. John's wort and PIs or NNRTIs is not recommended as suboptimal antiviral concentrations may result, leading to loss of antiviral effect and the potential for development of resistance and/or class cross-resistance. Many other prescription drugs used to manage infirmities such as heart disease, depression, seizures, certain cancers, and prevent conditions such as transplant rejection or pregnancy (oral contraceptives) are metabolized by the cytochrome P450 enzyme system. Practitioners should alert patients to the potential for drug interactions with St. John's wort to avoid loss of therapeutic effect with drugs metabolized by the cytochrome P450 metabolic pathway.

1. Food and Drug Administration. (February 10, 2000) FDA Public Health Advisory: Risk of drug interactions with St. John's wort and indinavir and other drugs. Bethesda, MD: Lumpkin MM, Alpert S. Retrieved from the World Wide Web April 6, 2000. <http://www.fda.gov/cder/drug/advisory/stjwort.htm>.

6. Piscitelli SC, Burstein AH, Chaitt D, Alfaro RM, Falloon J. Indinavir concentrations and St. John's wort. *Lancet* 2000;355:547-8.

7. Jobst KA, McIntyre M, St. George D, Whitelegg M. Safety of St. John's wort (*Hypericum perforatum*). *Lancet* 2000;355:575.

8. De Smet PAGM, Touw DJ. Safety of St. John's wort (*Hypericum perforatum*). *Lancet* 2000;355:575-6.

9. Wheatley D. Safety of St. John's wort (*Hypericum perforatum*). *Lancet* 2000;355:576.

10. Yue QY, Bergquist C, Gerden B. Safety of St. John's wort (*Hypericum perforatum*). *Lancet* 2000;355:576-7.

*Prepared by Jennifer Seltzer, Pharm. D., Drug Information Service, The University of Texas Health Science Center at San Antonio, and the College of Pharmacy, The University of Texas at Austin, in association with the Texas Medicaid Vendor Drug Program.*

*The above article is provided for informational use only. Physicians should exercise their clinical judgment as to the appropriateness of treatment options on a case-by-case basis. The article should not be construed as a position statement of the Board. The Board thanks Jennifer Seltzer for contributing the guest article.*

### **Board Adopts New Rules**

The Board has approved the following rule changes that were published in the Texas Register:

Chapter 163, Licensure, amendments to §§163.1, 163.4, and 163.5, regarding licensure examinations and documentation collected for licensure applications.

Chapter 164, Advertising, repeal of §164.1 and new §§164.1-164.5, (except for proposed §164.4 regarding board certification) regarding misleading and deceptive advertising.

Chapter 165, Medical Records, amendments to §165.2 and new §165.4 regarding medical records. The amendment and new section will clarify charges for affidavits that may accompany copies of medical records certifying that the copy is a true and correct copy of the original; change the limit on the amount of time allowed for records release to 15 days in accordance with House Bill 27, 76th Legislature; and outline rules relating to custodian of records.

Chapter 166, Physician Registration, amendment to §166.2 regarding reporting of continuing medical education hours.

Chapter 167, Reinstatement, new §§167.4-167.6 regarding criteria to be considered when assessing whether it is in the best interest of the physician or the public to reinstate a physician's license.

Chapter 171, Institutional Permits, proposed amendment to §171.1, concerning permits issued to physicians in postgraduate training programs. The amendment will clarify the provisions of the Medical Practice Act under

which physicians holding training permits may be disciplined. New ♦171.7 concerning postgraduate research permits.

Chapter 173, Physician Profiles, proposed new ♦♦173.1-173.7, concerning information to be collected by the board as mandated by House Bill 110, 76th Legislature. (See related story, page 1.)

Chapter 174, Telemedicine, amendment to ♦174.3 concerning non-disciplinary actions taken by other state licensing boards.

Chapter 175, Fees, Penalties, and Applications, proposed amendments to ♦♦175.1 and 175.5, relating to the fee and application for office-based anesthesia registration.

Chapter 192, Office-Based Anesthesia, new ♦♦192.1-192.6, concerning responsibilities of physicians providing, or overseeing by proper delegation, anesthesia services in outpatient settings and outlining the minimum acceptable standards for the provision of anesthesia services in outpatient settings, as mandated by Senate Bill 1340, 76th Legislature.

Chapter 193, Standing Delegation Orders, new ♦193.9 regarding pronouncement of death. The rule will allow physicians to receive information from Texas licensed vocational nurses through electronic communication for the purpose of making a pronouncement of death.

For copies of these rules, see the Board's web site at [www.tsbme.state.tx.us](http://www.tsbme.state.tx.us), or write the Board at MC 901, P.O. Box 2018, Austin, TX 78768-2018.

### **Continuing Medical Education Reminder**

As a prerequisite to the annual registration of a physician's license, 24 hours of continuing medical education are required to be completed in the following categories:

Formal Hours (at least 12): Category 1 or 1A designated for AMA/PRA Category 1 credit by a CME sponsor accredited by the Accreditation Council for Continuing Medical Education or a state medical society recognized by the Committee for Review and Recognition of the Accreditation Council for Continuing Medical Education; approved for prescribed credit by the American Academy of Family Physicians; designated for AOA Category 1-A credit required for osteopathic physicians by an accredited CME sponsor approved by the American Osteopathic Association; or approved by the Texas Medical Association based on standards established by the AMA for its Physician's Recognition Award.

*At least one formal hour must involve medical ethics and/or professional responsibility.*

Informal Hours: The remaining 12 hours may be informal self-study, hospital lectures or grand rounds.

If you have questions, call the Permits Department at (512) 305-7020. For information on CME courses, call TMA at (512) 370-1300; TOMA at (512)

708-8662; or the Texas Academy of Family Physicians at (512) 329-8666, or check their web sites: TMA: [www.texmed.org](http://www.texmed.org), TOMA: [www.txosteo.org](http://www.txosteo.org) or TAFP: [www.taftp.org](http://www.taftp.org).

### **Tips for Physicians to Speed Processing of Annual Registration Payments**

You may not have noticed, but the pre-addressed reply envelopes enclosed with physician annual renewal notices are addressed to a lock-box service at the Texas State Comptroller's office. This is a service used by state agencies with high mail-in payment volumes. The service electronically scans the blue renewal application and your check and processes the payment.

Some licensees (or their office staff) do things that can compromise the efficiency of this system. The most frequently seen problems are excess enclosures and writing in the areas that are electronically scanned.

For the best efficiency, enclose the blue registration coupon, your check for the amount shown on the renewal notice and NOTHING ELSE. Any additional documents in the envelope will result in the envelope and its contents being set aside and sent to our office for manual processing - the next day. This can add another day or two to the time before your payment is reflected on our records. Documentation of CME hours is the most common excess enclosure. (In fact, CME documentation is NOT required unless it is specifically asked for.) The next most often seen excess documentation is documentation internal to the licensee's organization related to the payment (e.g., check requests, purchase orders, internal memos, etc.)

Writing in the white area at the bottom of the blue renewal coupon makes it impossible to scan the document. The document and the check will be treated as above with the same delays.

Late fees and other payments and correspondence to the board should not be mailed in the pre-addressed envelopes that come with the renewal notices. They should be addressed to PO Box 2018, Austin TX 78768.

Other things that adversely affect the processing of annual renewals include:

- ◆ Stapling, taping, gluing or otherwise attaching check to form. Use paper clips or (preferably) nothing.
- ◆ Folded, spindled, or mutilated forms and/or checks.
- ◆ Checks with no form (or vice versa). Especially business entity checks without reference to a physician's name.
- ◆ Multiple checks for a single payment. (Sometimes unavoidable.)
- ◆ One check for multiple payments. (Acceptable but not preferred)

- ◆ Unsigned forms or checks.
- ◆ Checks drawn on non-US banks.

This is not to say we will not accept such renewals. If we can determine whom the payment and form are from, we make every effort to accept the payment and form. We cannot accept unidentifiable checks or forms, non-US bank checks, partial or short payments. Incomplete items are returned for correction/completion. Overpayments may be refunded or returned for correction.

### **Disease Reporting Reminder**

The Texas Department of Health reminds Texas physicians of their responsibility to report certain diseases in Texas. Failure to report is a Class B misdemeanor. Certain diseases, such as botulism, plague, rabies, meningococcal infections, diphtheria, measles (rubeola), and others, must be reported immediately by telephone. Rubella and tuberculosis must be reported within one day, and many other illnesses must be reported within one week. These include AIDS, brucellosis, dengue fever, hepatitis and many others. Reporting requirements include the disease, along with patient identifiers. For a complete list and additional information about reporting requirements, see the Fall 1998 issue of the *Medical Board Report* (available on the web at [www.tsbme.state.tx.us](http://www.tsbme.state.tx.us)) or call TDH at 1-800-252-8239. To report diseases, call 1-800-705-8868.

### **Integrative and Complementary Medicine Disclosure and Consent Form**

*The Board has approved the form on these two pages for physicians to provide to patients when offering Integrative and Complementary Medicine treatments or procedures:*

#### **[Integrative and Complementary Med. Disclosure and Consent Form](#)**

(disclosure.doc, Word 97, 62 KB)

#### **[Integrative and Complementary Medicine Disclosure and Consent Form](#)**

(disclosure.rtf, 1,991KB)

### **Improving the Quality of Health Care in Texas**

By Mark Bing, M.D., MHP

During the last 10 years there have been emerging efforts to improve the quality of medical care and make a paradigm shift in the ways that physicians manage their patients. As the Texas Medicare peer review organization, the Texas Medical Foundation has been involved in this effort to cultivate quality improvement, particularly in the hospital setting and in the area of preventive services.

Through the mid 1990s, TMF worked with groups of hospitals to promote and encourage adopting continuous quality-improvement practices. These now-familiar approaches outline a cycle for improvement that begins with identifying problems, collecting baseline data, obtaining background information, establishing benchmarks, developing and implementing process

changes, remeasuring performance and, finally, beginning anew until benchmark standards are attained.

Today, most hospitals in Texas have had an opportunity to participate in one of several TMF projects, including improved clinical management of pneumonia, acute myocardial infarction, and congestive heart failure, as well as apparent overutilization of procedures such as radical prostatectomy and dual chamber cardiac catheterization. In all of these projects the quality indicators were based on current medical science and were easily measured. Many participating hospitals not only saw improvement in patient outcomes, but also benefited financially from improved patient management (e.g., timing of anti-biotics leading to improved lengths of stay in pneumonia patients).

On February 1, TMF began its sixth Medicare contract as the Texas PRO. Administered by the Health Care Financing Administration, the contract directs PROs across the nation to focus on 22 quality indicators in six clinical areas. The statewide baseline rates for each indicator are as follows:

**Texas Medical Foundation**  
Baseline Rates and Weights for 6SOW Quality Indicators

Clinical Topics/Quality Indicators	Texas Baseline
<b>Acute Myocardial Infarction</b>	
1. Early administration of aspirin	77.9
2. Early administration of beta blockers	51.0
3. Timely reperfusion (median time)	39.1*
4. Angiotensin converting enzyme inhibitors at discharge	62.9
5. Smoking cessation counseling during hospitalization	19.4
6. Aspirin at discharge	83.6
7. Beta blockers at discharge	58.1
<b>Breast Cancer</b>	
8. Biennial Mammography screening rate	41.3
<b>Heart Failure</b>	
9. Assessment and treatment of low LVEF	74.5
<b>Diabetes</b>	
10. Annual Hb A1c rate	72.9**
11. Biennial lipid profile rate	65.7**
12. Dilated eye exam rate	68.3**
<b>Pneumonia – Out-patient</b>	
13. Influenza vaccination rate***	68.0
14. Pneumococcal vaccination rate***	44.4
<b>Pneumonia – In-patient</b>	
15. First antibiotics within 8 hours	80.4
16. First antibiotic consistent with recommendations	80.1
17. Blood culture before antibiotic	84.0
18. In-patients screened for, or given, flu shot	11.8
19. In-patients screened for, or given, pneumococcal vaccine	8.5
<b>Stroke</b>	
20. Aspirin at discharge	****
21. Avoid sublingual nifedipine rate	****
<b>Atrial Fibrillation</b>	
22. Discharged on warfarin	44.5

If some of these quality indicators look familiar, it is probably because the Joint Commission on Accreditation of Healthcare Organizations and National Committee for Quality Assurance Health Employer Data Information System include many of the same performance measures. All 22 indicators are based on guidelines and literature widely accepted in the medical community, and are linked through research to improved outcomes. The most common comment from physicians with regard to these indicators is that they are not stringent enough (e.g., biennial mammography). Most of us would agree on that point, but these quality indicators serve as performance measures, not as guidelines. They provide physicians, hospitals, and others who provide health care to Medicare beneficiaries with a point of reference for comparison. Accomplishing each of these indicators represent elements of minimal standards of care for the respective disease process.

As TMF moves forward in its sixth Medicare contract, it will place a large emphasis on intervention in physician offices and hospitals. TMF will act as a consultant by providing resources and consultation to aid health-care providers in improving the quality of care rendered to Medicare beneficiaries. Currently those resources include free tool kits for physician offices and data collection instruments for measuring levels of improvement.

Ultimately, TMF's role in the project process is to help Texas physicians and providers build the capacity to conduct their own data-driven improvement projects, while at the same time instituting the development of processes that help them achieve benchmark performance for all 22 quality indicators receiving HCFA's emphasis.

TMF encourages every physician office, hospital, and other Medicare provider in Texas to improve performance in these six clinical areas. For assistance and support, contact Desiree Pendergrass, MD, MPH, or Peter Pendergrass, MD, MPH at 1-800-725-9216.

*The above article is provided for informational use only. Physicians should exercise their clinical judgment as to the appropriateness of treatment options on a case-by-case basis. The article should not be construed as a position statement of the Board. The Board thanks Dr. Bing for contributing the guest article.*

### **Medicaid Re-Enrollment Reminder**

State law requires physicians and other providers to re-enroll in the Texas Medicaid program by September 1 to continue to treat Medicaid patients and receive payment for those services. If you have not re-enrolled, it is very important that you do so as soon as possible. The re-enrollment process has recently been simplified. You may re-enroll electronically by accessing [www.eds-nhic.com](http://www.eds-nhic.com). NHIC customer service representatives are also available to answer questions about the re-enrollment process at 1-800-925-9126, option 1.

### **Medical Records Response Time Reduced by Legislature**

Physicians need to be aware that the Board passed an amendment to Chapter 165, Medical Records, §165.2, at the March 30-31 Board meeting, reducing the time allowed for records release from 30 days to 15. The change was made in accordance with House Bill 27, 76th Legislature. To read the full text of the rule, go to the Board's web site, [www.tsbme.state.tx.us](http://www.tsbme.state.tx.us) and click on Board Rules, then go to Chapter 165; or write the Board at MC 901, P.O. Box 2018, Austin TX 78768-2018.

### **Formal Complaints**

The following Formal Complaints were filed with the State Office of Administrative Hearings since the last publication of the *Medical Board Report* regarding the licensees listed below:

NAME	LIC. NO.	DATE FILED	ALLEGED STATUTORY VIOLATION*
Rafael Armendariz, D.O.	J9953	4/13/00	3.08(4)(A), 3.08(4)(G), 3.08(4)(H), 3.08(4)(I), 3.08(5), 3.08(6), 3.08(15), 3.08(18)
Robert T. Berwind, M.D.	E5481	1/3/00	3.08(4), 3.08(18)
Ernesto A. Cantu, M.D.	F7416	4/12/00	3.08(4)(C), 3.08(4)(E), 3.08(5), 3.08(18)
Randall A. Cary, D.O.	F1437	4/14/00	3.08(4), 3.08(4)(C), 3.08(4)(E), 3.08(4)(F), 3.08(4)(G), 3.08(18)
Ralph Cepero, M.D.	G4903	5/10/00	164.051(a)(6), 164.052(a)(5), 164.053(a)(8)
Beverly A. Clark, M.D.	G0588	1/26/00	164.052(a)(5), 164.053(a)(5), 164.051(a)(6)



Carl L. Fulton, M.D.	G6170	5/8/00	164.051(a)(1), 164.051(a)(4)(c), 164.051(a)(6), 164.052(a)(4), 164.052(a)(5), 164.053(a)(5), 164.053(a)(6)
David L. Hankins, D.O.	H3391	4/13/00	164.051(a)(1), 164.053(a)(3), 164.051(a)(6), 164.052(a)(5), 164.053(a)(4), 164.051(a)(3)
James T. Parsons	C6816	4/20/00	164.051(a)(1), 164.052(a)(5), 164.053(a)(1), 164.051(a)(6)
Darryl N. Steele, M.D.	F2945	4/14/00	164.052(a)(5), 164.054, 164.051(a)(3), 164.052(a)(6), 164.051(a)(6)
Timothy J. Wright, D.O.	J2422	8/13/99	3.08(4), 3.08(16)

\* Explanation of violations: (Note: the Medical Practice Act was recodified by the 76th Legislature, so that some violations reference the previous section numbers of the Act, while others reflect the new numbers.)

3.08: The Board may refuse to admit persons to its examinations and to issue a license to practice medicine to any person and may take disciplinary action against any person for any of the following reasons:

3.08(3): intemperate use of alcohol or drugs that could endanger the lives of patients.

3.08(4): unprofessional or dishonorable conduct likely to deceive or defraud the public or injure the public.

3.08(4)(A): committing any act that is in violation of the laws of the State of Texas if the act is connected with the physician's practice of medicine.

3.08(4)(D): writing false or fictitious prescriptions for dangerous drugs or controlled substances.

3.08(4)(E): prescribing or administering a drug or treatment that is nontherapeutic.

3.08(4)(F): prescribing, administering or dispensing dangerous drugs or controlled substances in a manner not consistent with public health and welfare.

3.08(4)(G): persistently or flagrantly overcharging or overtreating patients.

3.08(4)(H): failing to supervise adequately the activities of those acting under the supervision of the physician.

3.08(4)(I): delegating professional medical responsibility or acts to a person if the delegating physician knows or has reason to know that the person is not qualified by training, experience or licensure to perform the responsibility or acts.

3.06: use of any advertising statement that is false, misleading, or deceptive.

3.08(16): inability to practice medicine with reasonable skill and safety by reason of illness, drunkenness or excessive drug use.

3.08(18): professional failure to practice medicine in an acceptable manner consistent with public health and welfare.

3.08(21): suspension, revocation or other disciplinary action by another state.

5.08(K): failing to furnish copies of medical records requested.

164.051(a)(1): authorizes the Board to take disciplinary action against a physician if the physician commits an act prohibited under Section 164.052 of the Act.

164.051(a)(3), 164.053(a)(3), 164.053(a)(5): writing prescriptions for or dispensing drugs to a known abuser.

164.051(a)(4): is unable to practice medicine with reasonable skill and safety because of illness.

164.051(a)(6): failing to practice medicine in an acceptable manner consistent with public health and welfare.

164.052(a)(4): uses alcohol or drugs in an intemperate manner that could endanger a patient's life.

164.052(a)(5): unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public.

164.052(a)(6): using an advertising statement that is false, misleading or deceptive.

164.053(a)(1): violations of any law of this state if connected with the practice of medicine.

164.053(a)(4): writing false or fictitious prescriptions for dangerous drugs or controlled substances.

164.053(a)(5): prescribes or administers a drug or treatment that is nontherapeutic.

164.053(a)(6): prescribes, administers, or dispenses in a manner inconsistent with public health and welfare.

164.053(a)(8): fails to supervise adequately the activities of those acting under the supervision of the physician

164.054: failure to keep adequate records of purchase and disposal of drugs or controlled substances.

## **Disciplinary Actions**

### **Physicians**

**Allen, Ruth P., M.D., Homestead, FL, Lic. #H5687A Proposal for Decision was heard 3-30-2000.**

The physician's license was revoked. Action due to unprofessional conduct due to failure to comply with Board Order, and impairment due to illness or chemical abuse. Action will not be final until all appeals are exhausted.

**Allison, Dale C., M.D., Waco, TX, Lic. #E2435**

An Agreed Order was entered on 12-11-99 assessing an administrative penalty in the

amount of \$5,000. Action due to unprofessional conduct, nontherapeutic prescribing or treatment, failure to supervise delegates and violation of Board rules.

**Altenberg, Leo L., M.D., Euless, TX, Lic. #G7975**

An Agreed Order was entered on 3-31-2000 in which the physician will voluntarily surrender his Texas medical license and retire from the practice of medicine effective December 1, 2000. Action due to unprofessional conduct.

**Andrabi, Tayab R., M.D., Houston, TX, Lic. #J3961**

An Agreed Order was entered on 12-11-99 restricting the physician's license for five years under certain terms and conditions. Action due to intemperate use of alcohol or drugs, unprofessional conduct, and disciplinary action by peers.

**Anid, Antun G., M.D., Baytown, TX, Lic. #E7362**

An Agreed Order was entered on 10-15-99 publicly reprimanding the physician and assessing an administrative penalty in the amount of \$1,000. Action due to persistent or flagrant overcharging or overtreating nine patients during 1992.

**Ayub, Pablo, M.D., El Paso, TX, Lic. #C1579**

An Agreed Order was entered on 12-11-99 publicly reprimanding the physician. Action due to unprofessional conduct, violation of laws connected with the practice of medicine, and failure to keep drug records.

**Bittle, Charles C., M.D., Sanger, TX, Lic. #H0184**

An Agreed Order was entered on 2-4-2000 suspending the physician's license; however, the suspension was stayed and he was placed on probation under certain terms and conditions for five years. Action due to unprofessional conduct, failure to keep drug records, prescribing or dispensing to habitual user, nontherapeutic prescribing or treatment, administering dangerous drugs in an improper manner, violation of Board rules, and practice inconsistent with public health and welfare.

**Bowles, Theodore A. Jr., D.O., San Antonio, TX, Lic. #H7392**

An Agreed Order was entered on 3-31-2000 assessing an administrative penalty in the amount of \$1,500. Action due to unprofessional conduct.

**Brice, Nelson, M.D., Snyder, TX, Lic. #E6250**

An Agreed Order was entered on 12-11-99 publicly reprimanding the physician, and restricting the physician's license for two years under certain terms and conditions. Action due to failure to keep drug records, nontherapeutic prescribing or treatment, administering dangerous drugs in an improper manner, violation of Board rules, and practice inconsistent with public health and welfare.

**Cappiello, Rafael M., M.D., Las Vegas, NV, Lic. #E6745**

A Proposal for Decision was heard concerning Rafael M. Cappiello, M.D., on 2-3-2000. The physician's license was revoked. Action due to disciplinary action by another state. Action will not be final until all appeals are exhausted.

**Conde, Arthur Baay, M.D., Houston, TX, Lic. #D3766**

An Agreed Order was entered on 12-11-99 wherein the physician voluntarily and permanently surrendered his license. Action due to unprofessional conduct.

**Culberson, John W., M.D., Houston, TX, Lic. #J9653**

Dr. Culberson's medical license was suspended effective 12-8-99. Action due to violation of Order dated 8-28-99.

**Davis, David W., D.O., Houston, TX, Lic. #E1550**

A Proposal for Decision was heard concerning David W. Davis, D.O., on 2-3-2000. The physician's license was revoked and he was assessed an administrative penalty in the amount of \$5,000. Action due to unprofessional conduct. Action will not be final until all appeals have been exhausted.

**Dolenz, Bernard J., M.D., Dallas, TX, Lic. #C7391**

A Proposal for Decision was heard 3-30-2000. The physician's license was revoked. Action due to his initial conviction of a felony offense and his incarceration in a federal penitentiary. Action will not be final until all appeals are exhausted.

**Dotson, Rodney N., M.D., Hereford, TX, Lic. #D9988**

An Agreed Order was entered on 2-4-2000 restricting the physician's license under terms and conditions. Action due to unprofessional conduct.

**Dunegan, Mark A., M.D., Houston, TX, Lic. #H8013**

An Agreed Order was entered on 12-11-99 wherein the physician voluntarily surrendered his license due to his inability to practice medicine with reasonable skill and safety by reason of his illness and physical condition.

**Falbey, Robert Joseph, D.O., Arlington, TX, Lic. #F4817**

An Agreed Order was entered 12-11-99 suspending the physician's license, staying the suspension and placing him on probation for five years under certain terms and conditions. Action due to intemperate use of alcohol or drugs.

**Franz, F. Perry, M.D., Austin, TX, Lic. #K3193**

A Temporary Suspension Order was entered on 12/16/99, temporarily suspending Dr. Franz's license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. An Agreed Order was entered on 5-19-2000 lifting the suspension and restricting the physician's license for five years under certain terms and conditions. Action due to inability to practice medicine with reasonable skill and safety due to mental or physical condition.

**Gardner, Robert L., M.D., Duncanville, TX, Lic. #D7045**

An Agreed Order was entered on 10-15-99 publicly reprimanding the physician and restricting the physician's license for three years under various terms and conditions. Action due to nontherapeutic prescribing or treatment, violation of Board Rules, and practice inconsistent with public health and welfare.

**Harwell, Phillip R., M.D., Orange, TX, Lic. #J4848**

An Agreed Order was entered on 2-4-2000 suspending the physician's license; however, the suspension was stayed and he was placed on probation under certain terms and conditions for 10 years. Action due to disciplinary action by another state.

**Hemeyer, Mark M., M.D., Little Rock, AR, Lic. #G0725**

An Agreed Order was entered on 10-15-99 suspending the physician's license; however, the suspension was stayed and he was placed on probation under certain terms and conditions. Action due to intemperate use of alcohol or drugs, unprofessional conduct, writing false or fictitious prescriptions, impairment due to illness or chemical abuse, and disciplinary action in another state.

**Hobbs, Bobby R., M.D., Duncanville, TX, Lic. #F8511**

An Agreed Order was entered on 2-4-2000 publicly reprimanding the physician and

assessing an administrative penalty in the amount of \$2000. Action due to unprofessional conduct.

**Hubbard, Gregory G., D.O., Dallas, TX, Lic. #G3480**

An Agreed Order was entered on 12-11-99 suspending the physician's license. Action due to intemperate use of alcohol and drugs and unprofessional conduct.

**Kleiman, David A., M.D., Arlington, TX, Lic. #F4167**

An Agreed Order was entered on 3-31-2000 publicly reprimanding the physician. Action due to failure to practice medicine in an acceptable manner consistent with public health and welfare.

**Krusen, Donna I., M.D., Plano, TX, Lic. #H4474**

An Agreed Order was entered on 12-11-99 suspending the physician's license. Action due to unprofessional conduct, violation of laws connected with the practice of medicine, nontherapeutic prescribing or treatment, impairment due to illness or chemical abuse, and practice inconsistent with public health and welfare.

**Lipscomb, Larry B., M.D., Wharton, TX, Lic. #G5303**

An Agreed Order was entered on 3-31-2000 assessing an administrative penalty in the amount of \$2,000. Action due to delegating professional medical responsibility to unqualified persons, and aiding or abetting the unlicensed practice of medicine.

**Lostetter, Alvin C., M.D., Laredo, TX, Lic. #D6070**

An Agreed Order was entered on 10-15-99 in which the physician voluntarily surrendered his Texas medical license and retired from the practice of medicine. Action based on physician's inability to comply with a prior Agreed Order due to health conditions.

**Louis, Alfred R., M.D., Houston, TX, Lic. #D6660**

An Agreed Order was entered on 3-31-2000 assessing an administrative penalty in the amount of \$5,000. Action due to unprofessional conduct.

**Martinez, Enrique A., M.D., Austin, TX, Lic. #F1782**

An Agreed Order was entered on 2-4-2000 restricting the physician's license under certain terms and conditions for five years. Action due to disciplinary action by peers, unprofessional conduct, violation of Board rules, and practice inconsistent with public health and welfare.

**McFarland, Bruce R., M.D., Corpus Christi, TX, Lic. #H3353**

The physician's license was suspended 2-8-2000 due to violation of Board order dated 8-28-99. An Agreed Order was entered on 3-31-2000 revoking the physician's license, staying the revocation and placing the physician on probation for 10 years under certain terms and conditions. Action due to unprofessional conduct and violation of probation.

**Moore, Joseph W., M.D., Austin, TX, Lic. #F9848**

An Agreed Order was entered on 12-11-99 in which the physician voluntarily and permanently surrendered his license. Action due to unprofessional conduct and practice inconsistent with public health and welfare.

**Mueller, Herbert C., M.D., Dallas, TX, Lic. #F4313**

A Proposal for Decision was heard on 3-30-2000. The physician's license was suspended, the suspension was stayed and he was placed on probation for three years under certain terms and conditions. In addition, the physician was assessed an administrative penalty in the amount of \$1,000. Action due to conviction of a

misdeemeanor by willful failure to file income tax. Action will not be final until all appeals are exhausted.

**Muncrief, Kim I., D.O., Norman, OK, Lic. #G7284**

An Agreed Order was entered on 2-4-2000 suspending the physician's license under certain terms and conditions. Action due to disciplinary action by another state.

**Nelms, R. L., D.O., San Antonio, TX, Lic. #D6833**

An Agreed Order was entered on 2-3-2000 suspending the physician's license; however, the suspension was stayed and he was placed on probation under terms and conditions for five years. The physician was assessed an administrative penalty in the amount of \$5,000. Action due to practice inconsistent with public health and welfare.

**Nguyen, Nhu Vong, M.D., Carencro, LA, Lic. #F1858**

An Agreed Order was entered on 2-4-2000 suspending the physician's license under certain terms and conditions. Action due to disciplinary action by another state.

**Nix, Darryl D., D.O., Arlington, TX, Lic. #F9883**

An Agreed Order was entered on 12-11-99 suspending the physician's license, staying the suspension, and placing the physician on probation for five years under certain terms and conditions. Action due to nontherapeutic prescribing or treatment, and practice inconsistent with public health and welfare.

**O'Connor, Andrew M., M.D., Dallas, TX, Lic. #E7690**

A Temporary Suspension Order was entered on 11-5-99 temporarily suspending Dr. Andrew M. O'Connor's license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Administrative Procedure Act and the Medical Practice Act.

**Offenbach, Howard A., M.D., Dallas, TX, Lic. #F4335**

An Agreed Order was entered on 3-31-2000 restricting the physician's license for seven years under certain terms and conditions. Action due to intemperate use of alcohol or drugs and unprofessional conduct.

**Pang, Shing Yip, M.D., Fort Worth, TX, Lic. #J1124**

An Agreed Order was entered on 3-31-2000 suspending the physician's license. Action due to intemperate use of alcohol or drugs, unprofessional conduct, failure to keep complete and accurate drug records, writing false or fictitious prescriptions for dangerous drugs, prescribing or administering a drug or treatment that is nontherapeutic in nature, violation of laws connected with the practice of medicine, and practice inconsistent with public health and welfare.

**Parry, Darrell B., D.O., Prescott, AZ, Lic. #H3278**

An Agreed Order was entered on 10-15-99 suspending the physician's license. Action due to impairment due to illness and disciplinary action in another state.

**Phillips, Gregory K., M.D., Fort Worth, TX, Lic. #H6511**

An Agreed Order was entered on 10-15-99 suspending the physician's license; however, the suspension was stayed and he was placed on probation for five years under certain terms and conditions. Action due to intemperate use of alcohol or drugs, unprofessional conduct, prescribing or dispensing to habitual user, writing false or fictitious prescriptions,

nontherapeutic prescribing or treatment, and administering dangerous drugs in an improper manner.

**Pugh, Marion C. Jr., M.D., Austin, TX, Lic. #D5159**

An Agreed Order was entered on 3-31-2000 suspending the physician's license. Action due to inability to practice medicine in an acceptable manner, intemperate use of alcohol or drugs, unprofessional conduct, and nontherapeutic prescribing or treatment.

**Rhodes, Thomas P., M.D., Corpus Christi, TX, Lic. #G0007**

A Temporary Suspension Order was entered on 9-28-99 temporarily suspending Dr. Rhodes' license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Administrative Procedure Act and the Medical Practice Act.

**Ricketson, Robert V., M.D., Hilo, HI, Lic. #J2758**

A Proposal for Decision was heard on 3-30-2000. The physician's license was revoked. Action due to intemperate use of alcohol or drugs, unprofessional conduct, failure to keep drug records, writing false or fictitious prescriptions, nontherapeutic prescribing or treatment, administering dangerous drugs in an improper manner, impairment due to illness or chemical abuse, and practice inconsistent with public health and welfare. Action will not be final until all appeals are exhausted.

**Riley, V. Thomas, M.D., West Des Moines, IA, Lic. #E9948**

An Agreed Order was entered on 2-4-2000 in which the physician voluntarily and permanently surrendered his license. Action due to disciplinary action by another state.

**Rivera, Pedro I., M.D., Richardson, TX, Lic. #G6380**

A Proposal for Decision was heard on 3-30-2000. The physician's license was revoked. Action due to conviction of a felony. Action will not be final until all appeals are exhausted.

**Rosen, Gary H., M.D., Pasadena, TX, Lic. #E7726**

An Agreed Order was entered on 2-4-2000 suspending the physician's license; however, the suspension was stayed and he was placed on probation for two years under certain terms and conditions. The physician was also assessed an administrative penalty in the amount of \$30,000. Action due to unprofessional conduct.

**Sanders, Mark O., M.D., Sugarland, TX, Lic. #F4475**

An Agreed Order was entered on 12-11-99 assessing an administrative penalty in the amount of \$2,500. Action due to practice inconsistent with public health and welfare.

**Scroggins, Mark E., M.D., Bedford, TX, Lic. #E8892**

An Agreed Order was entered on 3-31-2000 publicly reprimanding the physician and assessing an administrative penalty in the amount of \$5,000. Action due to unprofessional conduct, nontherapeutic prescribing or treatment, administering dangerous drugs in an improper manner, and failure to practice consistent with public health and welfare.

**Sikand, Gurleen S., M.D., Shreveport, LA, Lic. #J5643**

An Agreed Order was entered on 3-31-2000 publicly reprimanding the physician and assessing an administrative penalty in the amount of \$1,000. Action due to fraud or deceit in application for and use of license and violation of Board rules.

**Slahetka, Mary Frances Ann, M.D., Covington, LA, Lic. #J1139**

A Proposal for Decision was heard concerning Dr. Slahetka on 10-14-99. The physician's license was revoked. Action due to unprofessional conduct and practice inconsistent with public health and welfare. Action will not be final until all appeals are exhausted.

**Slusher, Kevin D., M.D., Tyler, TX, Lic. #J7200**

A Temporary Suspension Order was entered on 9-28-99 temporarily suspending Dr. Slusher's license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Administrative Procedure Act and the Medical Practice Act. An Agreed Order was entered on 12-11-99 suspending the physician's license. Action due to intemperate use of alcohol or drugs and unprofessional conduct.

**Spinks, David W., D.O., Deer Park, TX, Lic. #F4557**

An Agreed Order was entered on 12-11-99 publicly reprimanding the physician. Action due to nontherapeutic prescribing or treatment and practice inconsistent with public health and welfare.

**Steward, Robert H., M.D., Houston, TX, Lic. #H3946**

A Temporary Suspension Order was entered on 10-21-99 temporarily suspending Dr. Robert H. Steward's license due to evidence and information that his continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations related to the application for temporary suspension are to be the subject of a disciplinary hearing as soon as can be accomplished under the Administrative Procedure Act and the Medical Practice Act. An Agreed Order was entered on 3/31/00 suspending the physician's license. Action due to the intemperate use of alcohol or drugs and unprofessional conduct.

**Subak, Maria E., M.D., Montreal, Que., Canada, Lic. #G2037**

An Agreed Order was entered on 3-31-2000 in which the physician voluntarily surrendered her Texas medical license and retired from the practice of medicine. Action due to violation of Board rules.

**Sullivan, Terrence M., D.O., Richardson, TX, Lic. #H8446**

An Agreed Order was entered on 3-31-2000 assessing an administrative penalty in the amount of \$3,500. Action due to violation of Board rules and failure to supervise delegates.

**Tovar, T. Jose Antonio, M.D., Houston, TX, Lic. #D7339**

An Agreed Order was entered on 2-4-2000 in which the physician voluntarily and permanently surrendered his license. Action due to violation of Board rules.

**Tran, Paul C., M.D., Houston, TX, Lic. #G2081**

An Agreed Order was entered on 12-11-99 assessing an administrative penalty in the amount of \$5,000 and suspending the physician's license. Action due to unprofessional conduct, violation of laws connected with the practice of medicine, nontherapeutic prescribing or treatment, administering dangerous drugs in an improper manner, and practice inconsistent with public health and welfare.

**Uldrich, Dennis A., M.D., San Antonio, TX, Lic. #H7841**

An Agreed Order was entered on 10-15-99 suspending the physician's license. Action due to intemperate use of alcohol or drugs, and unprofessional conduct.



**Valdivia, Rodolfo C., D.O., El Paso, TX, Lic. #C3885**

An Agreed Order was entered on 2-4-2000 in which the physician voluntarily surrendered his license. Action due to unsound mind.

**Wayne, Bryan M., M.D., Houston, TX, Lic. #G8492**

A Proposal for Decision was heard on 3-31-2000. The physician's license was revoked. Action due to intemperate use of alcohol or drugs, unprofessional conduct, and impairment due to illness or chemical abuse. Action will not be final until all appeals are exhausted.

**Webb, Paul C., M.D., Kaufman, TX, Lic. #E1442**

An Agreed Order was entered on 12-11-99 assessing an administrative penalty in the amount of \$500. Action due to violation of Board rules.

**Physician Assistants**

**Daniels, Frank A., P.A., North Richland Hills, TX, Lic. #PA01648**

An Agreed Order was entered on 10-22-99 suspending the physician assistant's license under certain terms and conditions. Action due to fraudulently or deceptively obtaining a license, conviction of a felony, committing an act of moral turpitude, unprofessional conduct, disciplinary action taken in another state, and writing false or fictitious prescriptions for a dangerous drug.

**Davis, John Charles, Sr., P.A., Texas City, TX, Lic. #PA01488**

The physician assistant's license was suspended by court of Galveston County, effective 12-13-1999, for failure to pay child support.

**Gonzalez, Miguel A., P.A., Edcouch, TX, Lic. #PA01156**

An Agreed Order was entered on 10-22-99 suspending the physician assistant's license; however, the suspension was stayed and he was placed on probation for two years under certain terms and conditions. An administrative penalty of \$1,000 was also assessed. Action due to fraudulently or deceptively obtaining a license.

**Harris, Rae Gina, P.A., Teague, TX, Lic. #PA01666**

An Agreed Order was entered on 1-27-2000 suspending the physician assistant's license, staying the suspension and placing her on probation under terms and conditions for five years. Action due to habitual use of substance which may impair safe practice.

**Rowley, T. Layne, P.A., Dallas, TX, Lic. #PA00782**

An Agreed Order was entered on 1-27-2000 publicly reprimanding the physician assistant and restricting his license under terms and conditions for three years. Action due to failure to follow Board rules.

**Smith, Noah J., P.A., Conroe, TX, Lic. #PA01879**

An Agreed Order was entered on 1-27-2000 restricting the physician assistant's license under terms and conditions for five years. Action due to unprofessional conduct.

**Ward, Jimmie S., P.A., St. Johns, West Indies, Lic. #PA00132**

An Agreed Order was entered on 1-27-2000 restricting the physician assistant's license under terms and conditions for three years. Action due to habitual use of substance which may impair safe practice.

*For a printed copy of the newsletter or to be put on the mailing list, write to the board at MC 251, P.O. Box 2018, Austin TX 78768; call (512) 305-7018; or e-mail [jill.wiggins@tmb.state.tx.us](mailto:jill.wiggins@tmb.state.tx.us)*

