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MINUTES**THE STATE MEDICAL BOARD OF OHIO****November 9, 2005**

Patricia J. Davidson, M.D., President, called the meeting to order at 1:04 p.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Andrew F. Robbins, Jr., M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Nandlal Varyani, M.D.; R. Gregory Browning, Ph.D.; Kamala Saxena, M.D., and Anita M. Steinbergh, D.O. The following members were absent: David S. Buchan, D.P.M.; Deepak Kumar, M.D.; and Anquenette Sloan.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; Lori S. Gilbert, Assistant Executive Director in charge of Investigations, Compliance & Enforcement; Rebecca J. Marshall, Chief Enforcement Attorney; Mark R. Blackmer, Marcie P. Pastrick, Sallie J. Debolt, Karen H. Mortland, Kathleen S. Peterson, William J. Schmidt and Charles A. Woodbeck, Enforcement Attorneys; Kyle C. Wilcox, Tara L. Berrien and Damion M. Clifford, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Chief, Executive Staff; Danielle Bickers, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore and Annette Jones, Disciplinary Information Assistants.

EXECUTIVE SESSION

MR. ALBERT MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO CONFER WITH THE ATTORNEY GENERAL'S REPRESENTATIVES ON MATTERS OF PENDING OR IMMINENT COURT ACTION. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Revised Code, the Board went into executive session.

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The following joined the meeting after the executive session: R. Gregory Porter, Chief Hearing Examiner; Sharon W. Murphy and Patricia A. Davidson, Hearing Examiners.

MINUTES REVIEW

DR. STEINBERGH MOVED TO APPROVE THE MINUTES OF OCTOBER 12-13, 2005.
DR. ROBBINS SECONDED THE MOTION. A vote was taken

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Dr. Davidson announced that the Board would now consider the findings and orders appearing on the Board's agenda. She asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Lynne Ellen Zegiob Check, M.D.; Vikas Kumar Jain, M.D.; and Barry Joseph Politi, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

Dr. Davidson asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye

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Dr. Talmage	- aye
Dr. Varyani	- aye
Mr. Browning	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

Dr. Davidson noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

Dr. Davidson stated that, if there were no objections, the Chair would dispense with the reading of the proposed findings of fact, conclusions and orders in the above matters. No objections were voiced by Board members present.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

LYNNE ELLEN ZEGIOB CHECK, M.D.

Dr. Davidson directed the Board's attention to the matter of Lynne Ellen Zegiob Check, M.D. She advised that objections were filed to Hearing Examiner Porter's Report and Recommendation and were previously distributed to Board members. Dr. Davidson noted, however, that these objections were not filed in a timely manner. She asked whether the Assistant Attorney General had any objections to the Board's considering the late objections.

Mr. Wilcox indicated that he had no objection.

DR. ROBBINS MOVED TO ADMIT THE LATE OBJECTIONS INTO THE HEARING RECORD. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Dr. Davidson advised that the objections would be considered in the Board's deliberations.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF LYNNE ELLEN ZEGIOB CHECK, M.D. MR. BROWNING SECONDED THE MOTION.

Dr. Davidson stated that she would now entertain discussion in the above matter.

Dr. Steinbergh stated that Dr. Check is a chemically dependent physician who's been in a consent agreement and who has violated one of the terms in that consent agreement; i.e., she shall abstain from the use of alcohol. Dr. Check has relapsed. The Board had directed Dr. Check to be re-evaluated, and she has not complied with that direction. Dr. Steinbergh stated that she agrees with the Hearing Examiner that at this point it does not appear that Dr. Check is willing to be regulated by this Board in an appropriate fashion. The Proposed Order to revoke Dr. Check's license, effective immediately upon mailing of notification, is appropriate.

Dr. Egner stated that she doesn't disagree with the Order, but she understands that Dr. Check's circumstances are that she suffers from a major depressive disorder. In the disorder, she has consumed alcohol. As far as Dr. Check being an impaired physician, Dr. Egner indicated that she doesn't believe that Dr. Check has been found to be impaired, although abstention from alcohol was part of the consent agreement.

Dr. Steinbergh stated that Dr. Egner is correct.

Dr. Egner stated that Dr. Check has not complied with the consent agreement and she also has not gotten the appropriate evaluation that she needs. That's what brings Dr. Check before the Board today.

Dr. Egner stated that she does agree with the Proposed Order in this case.

Dr. Saxena stated that she also agrees with Dr. Steinbergh. Dr. Check did not comply with her consent agreement. Dr. Check was supposed to check into Shepherd Hill for evaluation and never did. Dr. Saxena stated that she agrees with the Proposed Order in this case.

A vote was taken on Dr. Steinbergh's motion to approve and confirm:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye

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Dr. Steinbergh - aye
Dr. Davidson - aye

The motion carried.

VIKAS KUMAR JAIN, M.D.

Dr. Davidson directed the Board's attention to the matter of Vikas Kumar Jain, M.D. She advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

MR. BROWNING MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF VIKAS KUMAR JAIN, M.D. DR. STEINBERGH SECONDED THE MOTION.

Dr. Davidson stated that she would now entertain discussion in the above matter.

Dr. Robbins noted that this is a minimal standards case. Dr. Jain is currently under a consent agreement with the Board, which started in November 2000. He stated that there were 22 cases presented for the Board's determination. Dr. Robbins stated that he thinks that it's important to highlight several of these cases and did so as follows:

Patient 1 Dr. Robbins stated that Patient 1 was a 41-year old female, who requested LASIK surgery in February 2001. This individual came in with a prescription that happened to have her eyeglass prescription and her boyfriend's eyeglass prescription on the same page. Dr. Jain failed to ensure that Patient 1's refraction was accurate. Dr. Robbins stated that anyone who handles a lot of patients in this regard can see how a transposition could occur where the wrong prescription, that being the boyfriend's, is actually put on the patient's chart as her prescription. Dr. Robbins commented that, incredibly, however, the patient had a "thorough examination," which did not catch the discrepancy. Dr. Robbins stated that, in his mind, this questions the entire examination. Dr. Robbins stated that the boyfriend's prescription was put into the laser and used for the surgery on this female's eyes. As could be predicted, her outcome was horrific. Dr. Robbins stated that, in his mind, this should never have occurred.

Dr. Robbins noted that in a lot of these cases, there were no pachymetries, no manual keratometries (manual K), or no topographies performed. In every case of LASIK, since LASIK was developed, he personally has always done pachymetries, manual Ks and topography. Anyone who does cataract surgery knows that you need the manual Ks to determine what power implant to put in. Dr. Jain was well trained in cataract surgery, and, there is absolutely no excuse for not having these tests in all of these patient records.

Dr. Robbins stated that, with Patient 1, although he can see how a transposition could occur, to think that this was not picked up on an examination, rises to a level of incredible

sloppiness and incredible patient harm.

Patient 2 Dr. Robbins stated that Patient 2 was a 30-year-old man who came in for LASIK evaluation in February 2001. The topography, the corneal measurements and mapping that were done, showed inferior corneal steepening in both eyes. Again, neither pachymetry nor manual K was performed, but should have been. When inferior corneal steepening is seen, the possibility of keratoconus is present. These are clearly contraindications to do the surgery. Despite that, LASIK was performed on February 8, 2001. Postoperatively, the patient had significant problems. Films were inverted and, therefore, felt to be okay, thinking that the steepening noted at this point was superior and not inferior. Dr. Robbins stated that LASIK should never have been performed on Patient 2 in the first place. Dr. Robbins stated that this was inexcusable.

Patient 3 Patient 3, a 52-year-old man, was seen for LASIK evaluation on September 28, 2002. LASIK was performed on October 11, 2002. Previous records indicated Cogan's Dystrophy, which is an anterior basement membrane dystrophy of the cornea, and which is a contraindication to doing LASIK. Dr. Robbins stated that ophthalmologists look for this as one of the contraindications as part of a preoperative evaluation. In addition to not being picked up in a preoperative evaluation, it was not picked up in previous records. Despite all of that, LASIK was performed, and the patient did have difficulty.

Dr. Robbins referred the Board to paragraph IV.62.c., in the Report and Recommendation's Summary of Evidence, noting that the State's expert in this case, Michael G. Gressel, M.D., explained that PRK, which is a different procedure, would have been the accepted treatment, and not LASIK. Dr. Robbins stated that that is absolutely correct. He added that he cannot emphasize enough that Cogan's Dystrophy is a contraindication for doing LASIK surgery and should have been picked up and was not.

Patient 4 Patient 4 was a 44-year-old female who came in for LASIK evaluation in March 2002. The patient had a blind right eye, with no light perception. She was myopic, or nearsighted, in the left eye. The examination revealed that the optic nerve had not formed at birth in the right eye. By history, the patient's vision in the right eye had been this way her whole life. She had a dense cataract and an intraocular pressure of three. LASIK was performed in her only seeing eye in March 2002. Dr. Robbins stated that, in his opinion, this was incredibly poor judgment to do a LASIK procedure in the only seeing eye. Had any complication occurred in this patient, her whole vision would have been threatened. Dr. Robbins stated that, if Dr. Jain counseled the patient and the patient understood the risks and decided to go ahead with it anyway, he could possibly make a case that, at least, the patient was warned and, fortunately for her, no harm developed from that LASIK.

Dr. Robbins continued that, incredibly, the patient returned happy with the LASIK, and Dr. Jain discussed cataract surgery in her blind eye. Dr. Robbins stated that he totally agrees with Dr. Gressel's opinion that the only benefit from this surgery was the fee paid to the

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physician. There was absolutely no indication anywhere to do surgery on this patient's right eye. He added that those who do a lot of this surgery will advise that this surgery is fraught with tremendous difficulty and that's exactly what happened. The cataract broke into pieces because the choice of the surgery, phacoemulsification, would not be the surgery that one would even do on this patient, if one decided, for some incredible reason, to try to go after this. Dr. Jain clearly got into major difficulties. He failed to clear the wound of vitreous, and he failed to close the wound in a water-tight fashion. Dr. Robbins added that, according to Dr. Jain, Dr. Jain did an examination with an indirect ophthalmoscope and the patient had light perception; however, there's no note of this examination in the chart. Dr. Robbins stated that he can't emphasize enough that this surgery should never, ever have been attempted in this patient.

Patient 5 Patient 5 was a 51-year-old male LASIK patient who saw Dr. Jain in April 2001. The workup indicated a normal topography or corneal mapping. Dr. Robbins stated that, incredibly, the image was, again, inverted in the left eye, so as to report superior steepening. Had the image been placed properly, it would have shown inferior steepening, which is a contraindication to LASIK surgery. The patient underwent LASIK surgery on May 29, 2001. Dr. Jain at that point failed to diagnose corneal ectasia. No pachymetry was done, and it should always be done. No manual Ks were done. The patient did not improve, and Dr. Jain recommended an astigmatic keratotomy to eliminate residual astigmatism. No operative report was present. There was still no improvement. Finally ectasia was diagnosed, which should have been predicted pre-operatively. The patient had to be fit with rigid gas permeable contact lenses.

Patient 7 Patient 7 was a 50-year-old male who went for LASIK evaluation on July 9, 2001. The exam showed that he was left-eye dominant, and the topography showed inferior steepening. Again, inferior steepening is an indication not to do LASIK surgery. Nonetheless, on July 12, 2001, the patient underwent LASIK surgery. There was no informed consent. On July 13, 2001, one day post-op, it was noted by an optometrist at their facility that the patient had diffuse lamellar keratitis. On July 16, 2001, another optometrist saw the patient, and his vision, at that point was 20/200, which is legal blindness, still with this diffuse lamellar keratitis. He was seen again by the optometrist on July 17. At that time things appeared to be clearing, but a more dense scarring was present centrally. He saw the optometrist again on July 19, July 20, July 23, July 26, and on August 1. On August 9, almost one month after the surgery, Dr. Jain saw the patient. He did a flap irrigation. Optometrists started seeing the patient again, but vision was not improving. Dr. Jain recommended an enhancement of the right eye, which was done; subsequently, a repeat enhancement was done, and the patient then requested release of the records to another ophthalmologist.

Dr. Robbins stated that this case shows incredibly poor post-operative care. Dr. Jain had meager involvement in the patient's post-operative care. Dr. Robbins stated that the important thing here is that, when a patient isn't doing well, any conscientious surgeon becomes very involved in that patient's care. The patient was left in the care of his

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optometrists, who were not qualified to care for this level of complication. Dr. Robbins stated that he totally agrees with Dr. Gressel's opinion of the case. The possible vision impairment was significant; the care of this patient was clearly a failure to conform to minimal standards of care.

Patient 11 Patient 11, a 47-year-old female seen for LASIK evaluation August 7, 2000, was noted to be "an excellent candidate for bilateral LASIK." On her total examination, her refraction in the right eye was a -0.25, +0.25 at 90 degrees. Dr. Robbins stated that that is as close to 0, no prescription whatsoever, as you can have and still have a prescription. Dr. Robbins stated that, in his mind, there should be no ophthalmologist anywhere in this country that would operate on an eye with almost a 0 prescription. This is clearly a case of unnecessary surgery to the right eye.

Dr. Robbins referred to the Report and Recommendation, wherein it states that Dr. Jain "testified that performing LASIK surgery on Patient 11's right eye, despite the minimal refractive error, had been in conformance with the standards of care." Dr. Jain's explanation was that, "(w)hile it's true that this patient had a low degree of nearsightedness and astigmatism, she did have a treatable error. And that's evidenced by the fact that her vision with her present glasses was improvable to 20/25 from 20/30-. And even though that's a marginal improvement, it is treatable." Dr. Robbins stated that he finds this postoperative.

Patient 18 A 68-year-old male, seen initially in November 2000, had a transplant in his right eye two years previously. Patient 18 was seen by another ophthalmologist at Bloomberg Eye Center, Shahin Shahinfar, M.D., who noted graft edema and possible graft failure. On December 15, 2001, Dr. Jain diagnosed vitreous in the corneal wound and corneal edema. Dr. Jain did a YAG laser vitreolysis and planned to do a repeat keratoplasty soon thereafter. Dr. Robbins stated that there's absolutely no reason to do a YAG laser vitreolysis and remove the vitreous that is "adherent to the cornea" if you're going to replace the cornea a few days later by keratoplasty, by transplant. This was done 12 days later. The patient developed pain in the eye post-operatively, and on January 3, 2001, Dr. Jain did a trabeculectomy, drainage of suprachoroidal heme, drainage of hyphema, anterior vitrectomy, peripheral retinal cryotherapy, and pars plana vitrectomy. Dr. Robbins stated that he totally agrees with the ophthalmic expert, Douglas P. Webb, M.D., that: 1. the YAG vitreolysis was unnecessary, and the only reason to do that was an attempt not to do the transplant, to see if the cornea would clear up once you removed that vitreous in an attempt not to do the surgery. To have the surgery already ready to go, there was absolutely no reason to do that; and 2. After a complicated keratoplasty Dr. Jain did not see the patient post-operatively for five days. The optometrist saw the patient one day post-op, after this incredible surgery. Dr. Robbins stated that he finds this post-operative care horrific.

Patient 21 Patient 21 was a 60-year-old male who, on May 31, 2000, had a cataract evaluation. His vision recorded was 20/30 in the right eye, and 20/25 in the left. Dr. Robbins stated that this vision allows someone to continue driving in the State of Ohio. On June 27, 2005, this

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patient had cataract surgery. Dr. Jain performed a stretch pupilloplasty, which is performed when the eye doesn't dilate as well as they like them to dilate. Thereafter, Dr. Jain noted a hyphema, or blood in the eye, which was caused by the stretching of the pupil. One day post-op, the intraocular pressure was 36. Normal pressure is 22 or under. Dr. Jain did a paracentesis, which is to stick a needle in the eye to relieve the pressure, placed the patient on antibiotics, steroids and Diamox, and then, incredibly, said for the patient to return in 14 days. Two days later, the patient called the office with significant nausea, pain and decreased vision. He was given more Diamox and Timoptic (an antiglaucoma agent), and was given an appointment six days later. The patient came in on July 5, 2000 with no light perception, totally blind, with a large fibrin plaque in the pupil. He was sent to the retinal specialist, who ended up diagnosing staph endophthalmitis, the most severe complication after cataract surgery. Dr. Robbins indicated that this is something that ophthalmologists are horrified to see and they try to do everything they can to possibly prevent it. Dr. Robbins stated that to have this patient call with nausea, pain and decreased vision, and to be put off for six days, is absolutely horrific.

Dr. Robbins stated that the totality of the cases presented here shows a pattern of incompetence and negligence. Dr. Jain's post-operative care in many of the cases was nonexistent, despite severe vision-threatening conditions.

Dr. Robbins commended the Hearing Examiner for an excellent record. The Summary of Evidence, going through all of the different cases and the different breaches, is excellent.

Dr. Robbins continued that, after reviewing case after case, it became apparent to him that Dr. Jain was not acting as a highly skilled surgeon. Instead he recklessly, time after time, put his patients' welfare in severe jeopardy. He ceased being their advocate and became a predator with a scalpel or laser in his hands. Dr. Robbins stated that he totally concurs with the Hearing Examiner's recommendation; permanent revocation is clearly in order.

Dr. Egner thanked Dr. Robbins for his organized review of this case, as well as his expert opinion. She stated that she would like to talk, not from an ophthalmologic standpoint, but just as to the appropriate behavior of a surgeon. Whether you're a gynecological surgeon or an ophthalmologist or an ENT, there are just certain standards that all surgeons should live by.

Dr. Egner stated that she would also like to thank the Board staff who worked on this case from the investigation, all the way through. She stated that she thought the Hearing Examiner's record was excellent, and the Attorney General's Office did a wonderful job in their role in the hearing. Dr. Egner stated that she also thinks that the expert witnesses were tremendous. The amount of work that the expert witnesses did for this case is really remarkable.

Dr. Egner continued that she found about eleven things that, from a surgeon's standpoint, were incredible to her. First, he had very poor documentation. Patients changing doctors these days is so very common; patients don't stay with their doctors for 20 years. So, when they go to the new physician, you have to

have some kind of document so that that physician knows what has gone on in the patient's care prior to this. This certainly was not a priority to Dr. Jain.

Dr. Egner stated that she was amazed at the number of times that the procedure failed because the LASIK machine was not set to the right settings. She stated that physicians use technology in all aspects of medicine, and everybody knows that the surgeon is responsible for that. Even if you entrust someone else to do the settings, or you tell them the settings, you still have final responsibility. Dr. Egner stated that she certainly didn't get the impression from Dr. Jain's testimony that this was terribly upsetting to him when it occurred. It was an excuse for why it occurred, but she didn't really see that he was taking steps to make sure that it didn't reoccur. She stated that if it happens once, that's too many, but this happened multiple times.

Dr. Egner agreed that ophthalmology is a unique specialty, and she doesn't really understand how you can have something inverted and not realize it. This happened multiple times, and as Dr. Robbins has explained, it allowed people to have surgery who were really contraindicated for surgery.

Dr. Egner continued that Dr. Jain was performing unindicated surgery. One of the cataract cases that Dr. Robbins mentioned was totally unindicated.

Dr. Egner stated that she does take exception to the argument that the patient wanted surgery, even though it wasn't in the best interest of the patient. Dr. Egner stated that she believes that, even under those circumstances, the surgeon should not perform the surgery. If the surgeon doesn't feel that there will be a benefit to the patient or a reasonable outcome of improvement, even if the patient begs you for surgery, she believes that the physician should say "no." Dr. Egner stated that that is the ethical thing to do.

Dr. Egner noted that multiple records were missing their operative reports. Dr. Jain's explanation of this was trouble with the transcriptionist. She stated that this was an operation that Dr. Jain owned. She stated that if she has trouble with a transcriptionist at the hospital, she wouldn't even know where that person is. She's not even in the hospital, so she might have a hard time tracking down a particular transcriptionist. Dr. Jain doesn't. He knows exactly who should be typing up that report, and he has the means to make sure that that report ends up on someone's chart. It didn't happen once; it happened multiple times. This is something that is easily correctible. It shows that Dr. Jain is okay with substandard care.

Dr. Egner stated that on multiple occasions, informed consent forms were not signed. She asked how anyone can be sure that the patients really understand what procedures they're having, that they understand what the post-op care will be about, that they have made a good decision for themselves. She stated that it's just unconscionable.

Dr. Egner stated that, concerning Dr. Jain's not managing post-operative care, she believes that the Board has rules about this, or, at least, a position paper. She stated that, especially when a surgeon has a complication, and all surgeons have them, that is the patient that you take particular interest in, that you see when you're not on call, that you come to the office if the patient needs that. That's just good surgical post-op care. Dr. Egner expressed concern that Dr. Jain left that care to an optometrist, who really couldn't

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handle the solutions that that patient might need.

Dr. Egner referred to Patient 8, noting that Dr. Jain operated on that patient on the same day he met the patient. She stated that she feels that that's very inappropriate. She believes that every patient should have time to think about the procedure and understand it, especially an elective procedure. That certainly wouldn't be true in an emergency situation, but she doesn't know of an emergency LASIK surgery. She stated that she thinks that that is totally inappropriate.

Dr. Egner stated that her last concern is that the topographies were inverted and the wrong astigmatism axis numbers were programmed into the laser. This just goes back to the basic care of the patient, a basic need to do a good job and to be proud of what you do and to take care of a patient in the way that the patient deserves. Dr. Jain did not show this. She stated that the whole case was absolutely horrific.

Dr. Egner stated that reading the objections to the Report and Recommendation filed by Dr. Jain made her even more upset because there is an excuse for everything. There is no reason for this physician to be practicing. Whether he should be revoked because he's incompetent or whether he should be revoked because he has absolutely no ethics in the care for his patients, she doesn't know. At this point she doesn't feel that she needs to make that distinction. She thinks that the case has proven that he should never practice medicine again.

Dr. Steinbergh stated that, as a primary care physician, she doesn't have the expertise to evaluate the technical abilities, as Dr. Robbins did. She advised that she appreciates Dr. Robbins' organized effort to reiterate the Hearing Examiner's report, which was really quite excellent. She stated that the Board appreciates the Report and understands the difficulty that it takes for a lay person to put a case like this together. Dr. Steinbergh added that she also agrees with Dr. Egner's comments.

Dr. Steinbergh stated that it seemed to her that this particular physician has done so many of these technical LASIK surgeries that he's forgotten his very basic physician skills, whether it be as a surgeon or as a physician. Physicians learn throughout their medical education that they must always appropriately assess the patient, which requires that they thoroughly examine the patient. Dr. Jain did not do a thorough examination, as indicated by Dr. Robbins. Therefore, the assessment of the patient is not going to be true. He may have listened to the patient, but he didn't examine the patient. Therefore his assessment or diagnosis can't be correct. He made too many errors in his very basic physician skills, which is to examine, appropriately, the patient. Therefore the type of surgery he is going to do will fail because he has not appropriately examined the patient, his diagnosis is not consistent with an examination, and his plan for his surgery failed multiple times because of this.

Dr. Steinbergh stated that she agrees with Ms. Murphy's conclusions that there was no advocacy for the patient. He had utter disregard for acting in the best interest of the patient, and demonstrated a pattern of very sloppy, shoddy slash and dash. He was in it for the slash and dash, to make money, and he was not caring for his patients. Dr. Steinbergh added that when there were post-operative problems he failed to recognize them, and if he recognized them, he really was not honest in the record. When Dr. Jain would document in a patient record that the patient was doing well, when there were significant post-operative

problems, that's not being an honest physician. You cannot document that type of thing in the record when the patient is not doing well. Dr. Steinbergh concluded that Dr. Jain failed to take responsibility for his care of these patients, and she added that she absolutely agrees with the permanent revocation of his license.

Dr. Saxena stated that she appreciates the comments of Dr. Robbins, who is an expert in the field of ophthalmology. However, this is a young physician who is very well qualified and very well trained at John Hopkins University. He has performed approximately 17,000 procedures. Out of that, the Board is picking about 22.

Dr. Saxena noted that Dr. Jain had an earlier brush with the Board due to his alcohol problem, but he has been very compliant with his consent agreement. He did get his license back. Now, again, there is a problem with his skills in taking care of his patients. Dr. Saxena stated that, out of the 22 patients, none of the outcomes was the total loss of vision for a patient. Randomly, some other records of his were given to the experts to view, and they couldn't find anything wrong with those records.

Dr. Saxena stated that she totally agrees with the Findings of Fact, and she commended the Hearing Examiner on her report. She added, however, that she would like to see a different outcome than permanent revocation of this physician's license. She suggested a longer suspension and requiring him to get retrained, or something on those lines. Dr. Saxena stated that this group performed one percent of the whole United States LASIK procedures, and the Board is now only looking at 22 procedures. She would like to see the Order altered.

Mr. Browning stated that, from a consumer perspective, he looks at this record of 22, which is, no doubt, a small piece of a big picture, and he sees more than enough evidence warranting taking the action that has been proposed. This physician, in addition to violating a long list of rules and regulations, broke the Hippocratic Oath every single time. He added that he understands that the Hippocratic Oath isn't in the Ohio Revised Code, but he believes it is fundamental to the practice of medicine. He violated all standards. Mr. Browning stated that, in his mind, this isn't just a case of violation of minimal standards, as mapped out by other Board members; it also appears to be a very intentional effort to exploit patients for profit. That's what happened. Mr. Browning stated that because of that, and the severity of the multiple failings, he doesn't see any other conclusion than permanent revocation. The Medical Board is here to protect the public, and if there was ever an example of the Board's need to do just that, it would be this case.

Dr. Varyani stated that he has heard all sides, and he has been in agreement with Dr. Robbins. One thing that strikes him, even if it was one out of 22,000 cases, is how Dr. Jain could perform a cataract extraction on a non-seeing eye. Dr. Varyani stated that is beyond him. He added that you may do millions of procedures, but you don't do cataract surgery on a blind eye with no optic nerve from birth. Dr. Varyani stated that just on this case the Hippocratic Oath was broken and Dr. Jain has knowingly caused harm. There was no reason to perform the surgery. Dr. Varyani stated that a cataract in a non-seeing eye would not cause a problem, it would just go away with the patient's ultimate demise. Dr. Varyani stated that he's seen a lot of things, but this case was striking to him. That patient came to harm, and that is unforgivable.

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Dr. Varyani spoke in support of the Proposed Order of permanent revocation.

Dr. Steinbergh stated that she appreciates Dr. Saxena's comments about Dr. Jain being a young physician and being well-trained, but he simply failed to use his training. There is no reason why a person at his age would forget the training that she would presume he has had and would make the errors that he made. She really does believe that it was out of greed for him to do multiple surgeries that were inappropriate, unexplainable and absolutely unnecessary, as Dr. Robbins pointed out. Dr. Steinbergh stated that Dr. Jain failed to use appropriately the knowledge that he was given. For that reason she continues to support permanent revocation.

A vote was taken on Mr. Browning's motion to approve and confirm:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

BARRY JOSEPH POLITI, M.D.

Dr. Davidson directed the Board's attention to the matter of Barry Joseph Politi, M.D. She advised that objections were filed to Hearing Examiner Porter's Report and Recommendation and were previously distributed to Board members.

DR. ROBBINS MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF BARRY JOSEPH POLITI, M.D. DR. EGNER SECONDED THE MOTION.

Dr. Egner stated that this physician has problems early in his career. She commented that she is always sorry when a physician gets into problems in his or her training or early practice years. Dr. Egner added, however, that she doesn't see evidence of Dr. Politi's changing. Not being honest, trustworthy and truthful are personal defects. Dr. Egner noted that Dr. Politi has completed two applications for licensure. In both of these applications he omitted negative information about his history; i.e., he was dismissed from two residency programs. She noted that one explanation given by Dr. Politi is that he didn't know what the Board meant by the word, "immediately" (referring to the portion of the application that indicates that the applicant will immediately inform the Board of any changes to the answers asked in the application during the application process).

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Dr. Egner stated that she supports the Proposed Order of permanent denial in this case. She added that she doesn't see any rehabilitation for Dr. Politi.

Dr. Steinbergh agreed with Dr. Egner. She noted that, in its citation letter, the Board alleged fraud, misrepresentation and failure to furnish satisfactory proof of good moral character. She added that, although Dr. Politi has not been charged with failure to comply with minimal standards of care or incompetence, she does have some concerns about his competency with regard to his being released from his residency programs and so forth. She added that she's not basing her decision on that issue, though.

Dr. Steinbergh stated that Dr. Politi has been dishonest with this Board twice on applications, and he does, quite frankly, fail to furnish satisfactory proof of good moral character. Dr. Steinbergh agrees that a permanent denial of licensure is appropriate in this case.

Dr. Egner stated that she would like to make one amendment, to include an effective date of the Order.

DR. EGNER MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF BARRY JOSEPH POLITI, M.D., TO MAKE THE ORDER EFFECTIVE IMMEDIATELY. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

DR. ROBBINS MOVED TO APPROVE AND CONFIRM MR. PORTER'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF BARRY JOSEPH POLITI, M.D. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye

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Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

RICHARD DANIEL PRICE, M.D., M.P.H.

Dr. Davidson advised that the Report and Recommendation in the Matter of Dr. Price will be considered at the Board's December meeting rather than today. She granted the delay in proceeding due to Dr. Price's health issues.

CITATIONS, PROPOSED DENIALS AND ORDERS OF SUMMARY SUSPENSION

MARK ANTHONY CAMPANO, M.D. – ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Order of Summary Suspension and Notice of Opportunity For Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO ENTER AN ORDER OF SUMMARY SUSPENSION IN THE MATTER OF MARK ANTHONY CAMPANO, M.D., IN ACCORDANCE WITH SECTION 4731.22(G), OHIO REVISED CODE, AND TO ISSUE THE NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

JOHN T. COATES, M.D. - LETTER OF PROPOSED DENIAL

At this time the Board read and considered the letter of proposed denial in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

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DR. STEINBERGH MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. COATES. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

ABDULKADER DAHHAN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. DAHHAN. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

IRAJ DERA KHSHAN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. DERA KHSHAN. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

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Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

DAN LEONARD ECKLUND, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. ECKLUND.
DR. SAXENA SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

SOUHAIL ALI EL-ASFOURI, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**MR. BROWNING MOVED TO SEND THE CITATION LETTER TO DR. EL-ASFOURI.
DR. STEINBERGH SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye

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Dr. Talmage	- abstain
Dr. Varyani	- aye
Mr. Browning	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

CARL FLOYD GOTTSCHLING, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. GOTTSCHLING.
DR. SAXENA SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

DAVID TA-WEI HUANG, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. HUANG.
DR. VARYANI SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye

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Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

MOUNIR KHALED KHALED, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. KHALED.

DR.SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

MARK LAMET, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. LAMET.

DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye

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Dr. Davidson - aye

The motion carried.

JAMES CARL MAUCH, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. MAUCH.
DR. VARYANI SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

JOHN BRUCE PAYNE, D.O. – LETTER OF PROPOSED DENIAL

At this time the Board read and considered the letter of proposed denial in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. VARYANI MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. PAYNE.
DR. STEINBERGH SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

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JOSÉ RAUL QUINTANA, M.D. - LETTER OF PROPOSED DENIAL

At this time the Board read and considered the letter of proposed denial in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. QUINTANA. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

JOSEPH ALOYSIUS RIDGEWAY, IV, M.D. – ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Order of Summary Suspension and Notice of Opportunity For Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

DR. STEINBERGH MOVED TO ENTER AN ORDER OF SUMMARY SUSPENSION IN THE MATTER OF JOSEPH ALOYSIUS RIDGEWAY, IV, M.D., IN ACCORDANCE WITH SECTION 4731.22(G), OHIO REVISED CODE, AND TO ISSUE THE NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

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The motion carried.

JORDAN BEN STERNS, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. STEINBERGH MOVED TO SEND THE CITATION LETTER TO DR. STERNS.
DR. SAXENA SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Dr. Davidson at this time stated that this topic will be tabled to consider possible further citations on Thursday.

RATIFICATION OF SETTLEMENT AGREEMENTS

JAMES EDWARD STURMI, M.D.

**DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH
DR. STURMI. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

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The motion carried.

STEVE AMOILS, M.D.

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. AMOILS. DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

MARK ANDREW BANKS, M.D.

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. BANKS. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

GEORGE V. HASSINK, M.D.

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. HASSINK. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye

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Dr. Talmage	- abstain
Dr. Varyani	- aye
Mr. Browning	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

SHARON JANE JELKOVAC, P.A.

Dr. Davidson noted that this was an agreement that was negotiated and that fell outside of the Board's disciplinary guidelines. She approved it in order to bring it to the table for discussion by the Board.

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH MS. JELKOVAC.

Dr. Steinbergh stated that she thinks that it's good to discuss this type of case where a physician assistant (P.A.) is working without certification by this Board. She expressed concern about large health systems that use P.A.s under the title of "staff assistant." The individual is then performing the tasks of a P.A., but is unlicensed by the Board. She noted that the Consent Agreement suspends Ms. Jelkovic's license for a minimum of 90 days, followed by a minimum five-year, non-reporting probation. The P.A. is mandated to take an examination on the P.A. rules and laws within six months of entering the consent agreement.

Dr. Davidson stated that the 90-day suspension was stayed. They took out everything except the course.

Ms. Thompson stated that if Ms. Jelkovic doesn't pass the exam on the P.A. rules within six months, the stay is lifted.

Dr. Davidson asked whether the Board has to come up with an examination on those rules.

Ms. Thompson explained that the Board has such an examination, although it will need work to make it current.

Dr. Davidson stated that, on the one hand, one could say that Ms. Jelkovic is kind of the victim here in that she was in the system. On the other hand, she's a P.A., an adult, and she knew the rules.

Dr. Steinbergh stated that the Board has addressed this issue before. P.A.s want to be professionals, and they want to practice. They should then assume professional responsibility, which includes knowing the laws of the state. It would be naïve of this Board to think that Ms. Jelkovic didn't know. It was also very foolish that she would persist with this. Again, someone offered her a job, she took it, and then she was doing things she shouldn't have been doing. The Board has addressed this issue many times in the past. It

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is the responsibility of the health systems, also, to not inappropriately use P.A.s, which they did in this case.

Dr. Davidson stated that the health systems aren't under the Board's jurisdiction.

Dr. Varyani asked whether the people who hire the P.A.s shouldn't be looking at their licenses. He stated that when someone comes up for a job at his place, they look at the applicants' certificates, whether it be P.A., A.P.N., or whatever. Shouldn't the big institutions be doing this?

Dr. Davidson stated that that sounds like a legitimate question to her.

Ms. Gilbert stated that it's not always the situation that somebody is being hired as a P.A. when they're doing activities that fit within a P.A.'s scope.

Dr. Varyani stated that the Board should inform the institutions that if they are going to employ a P.A., they need to make sure that the P.A. has a certificate.

Dr. Steinbergh stated that she doesn't disagree with that, and she doesn't know the circumstances of this particular case, but it's possible that they hired this person as a staff assistant, and little by little began giving her a P.A.'s duties.

Dr. Varyani again stated that the Board should advise these institutions to at least look for a license if it's going to be hiring P.A.s.

Dr. Robbins asked what assurances the Board has that this isn't going on currently.

Dr. Steinbergh stated that she does know that the Board has communicated its concerns, and that this institution is very aware of it. The Board has had numerous cases before, and she doesn't think that it has any assurance that it isn't going on. She thinks that it's in a cleanup mode.

Ms. Thompson stated that she would agree with that. The Board staff did have a meeting with this particular institution's attorney, and discussed these issues. There is some cleanup going on, now that it has been brought up. Ms. Thompson stated that there is also a broader policy issue. She asked that the Board deal with this particular person as it feels appropriate, and then move on to the policy issues with some of the institutions. Ms. Thompson stated that she thinks that the new P.A. bill will give the Board an opportunity to have a dialogue with the institutions on what their obligations are under the bill if it passes, or under current law if it doesn't pass.

Mr. Browning asked what is so confusing about current law. You can't practice as a P.A. without a license.

Ms. Thompson stated that the institution's response would be that the individual was not practicing as a P.A., she was practicing as a staff assistant. They draw a distinction between the two. That's part of the

discussion – the Board’s agreement or disagreement in what they were seeing there.

Mr. Whitehouse commented that in the law it’s called a convenient fiction.

Mr. Browning stated that he would like a report from the Cleveland Clinic on how many of these people are staff assistants versus P.A.s, because this case is about to be decided on the Board’s judgment that she was practicing without a license, and her agreement with that. So the Clinic, from the Board’s point of view, is wrong. He would like something in writing from the Clinic stating that they don’t have a lot of staff assistants doing what Ms. Jelkovic was doing at the Clinic.

Ms. Thompson agreed.

Other Board members indicated their agreement with Mr. Browning.

Dr. Robbins stated that, otherwise, they’re going to be in another category. They won’t be called staff assistants, they’ll be called something else, doing the same things until someone else gets caught, and then they’ll change the title again.

Mr. Whitehouse stated that pressure needs to be applied from this Board both in the individual circumstance, when the Board has someone like this who is apparently operating without a license, and also from the institutions. He stated that the Board can get the letter from the Cleveland Clinic, but there also exists documentation which suggests that there may still be a problem. Mr. Whitehouse stated that there are a number of ways to address this, and the Board staff will continue to work with the Clinic, and will get the letter the Board requests. He added that the Board probably needs to up its efforts to make sure that there are not additional convenient fictions operating out there without the Board’s knowledge.

Dr. Robbins inquired as to whom the Clinic answers.

Ms. Thompson stated that hospitals answer to JCAHO. There’s no licensure for hospitals.

Dr. Varyani stated that JCAHO has changed; the Joint Commission is overwhelmed. They come into the hospital, ask the personnel what they do, maybe they look at records, policies and procedures. But they usually just come in and ask the staff what they do in certain cases.

Mr. Whitehouse suggested that one way to address the issue may be to work with JCAHO to see what it is they do and if they’re aware of what is going on.

Dr. Robbins stated that that is the minimum the Board should do. Whoever is accredited should know that this is going on.

Dr. Egner stated that it’s the perfect thing to do. There are no physician to go to about this.

Dr. Steinbergh stated that there was no supervision plan. Here’s an unlicensed person, inserting Foley

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catheters, using instruments like retractors in surgery, and suturing on patients in this state.

Dr. Steinbergh noted that Ms. Jelkovic will not have any time out, she will get a license, she already has an action on that license. The Board also has the ability to not ratify this consent agreement and send it into a hearing situation, if the Board felt that something more ought to be done in this case.

Dr. Davidson stated that, if the Board doesn't ratify this consent agreement, staff will go back to negotiations with Ms. Jelkovic.

Dr. Egner stated that she's not sure that the Board's issue is with this particular person. She thinks the issue is a bigger picture. She stated that this individual is being made the scapegoat for the big problem.

Dr. Steinbergh stated that in the past the Board has held P.A.s responsible for their individual actions, as professionals, regardless of the fact that the Cleveland Clinic hired them under circumstances like this. When you become a physician, you just don't take a job without having a license. One would have to look at the naiveté of this person and try to understand how a decision gets made by this individual. She doesn't think that the Board is isolating this individual. This has happened before.

Dr. Varyani stated that the Cleveland Clinic should know that when they hire people, they should ask for a license.

Dr. Egner stated that they know that. That's why they called her a staff assistant instead of a P.A.

Dr. Varyani stated that the Board needs to say to the Cleveland Clinic that this is the Board's rule, and that they must abide by it.

Mr. Browning stated that he's sure that a world-class institution like the Cleveland Clinic will be more than happy to tell the Board in writing what they told Board staff in person at its recent meeting.

DR. ROBBINS SECONDED DR. STEINBERGH'S MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

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FARID M. ABDUL-NOOR, M.D.

DR. STEINBERGH MOVED TO RATIFY THE SECRETARY AND SUPERVISING MEMBER'S ACCEPTANCE OF THE PERMANENT SURRENDER OF DR. ABDUL-NOOR'S LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

CALVIN T. RICHARDSON, D.O.

DR. STEINBERGH MOVED TO RATIFY THE SECRETARY AND SUPERVISING MEMBER'S ACCEPTANCE OF THE PERMANENT SURRENDER OF DR. RICHARDSON'S LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

AIMEE JO GINTZ, MASSAGE THERAPY APPLICANT

DR. STEINBERGH MOVED TO RATIFY THE SECRETARY AND SUPERVISING MEMBER'S ALLOWING MS. GINTZ TO WITHDRAW HER APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST. DR. SAXENA SECONDED THE MOTION. A vote was taken:

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Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

MARK S. MCALLISTER, M.D.

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. MCALLISTER. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

PAUL CLASSEN, D.O.

DR. VARYANI MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. CLASSEN. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye

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Dr. Davidson - aye

The motion carried.

Dr. Davidson advised that staff has distributed another consent agreement for the Board's consideration. This topic will be tabled until the Thursday session, to allow Board members time to review the new materials.

PERSONAL APPEARANCES

EDWARD M. BIRDSONG, D.O.

Dr. Birdsong appeared before the Board pursuant to his request for release from the terms of the Board's Order of November 8, 2000. If approved, release from probation would become effective November 13, 2005.

In response to Dr. Steinbergh's questions, Dr. Birdsong stated that he currently works for Carnival Cruise Lines, adding that he's a U.S. Merchant Marine Staff Officer Ship's physician. He's enjoying himself tremendously in his job.

Dr. Steinbergh asked Dr. Birdsong about how he approaches medical recordkeeping on a cruise line.

Dr. Birdsong stated that there are files for crew members. Files for passengers are handled in the same way urgent care centers handle patient records. Dr. Birdsong stated that this particular company is 30 years old, so you have some older crew members, and they have files going back. He takes care of the routine, tracking diabetes, high blood pressures, etc. Medications for these are ordered in advance. For passengers, it's more of an urgent care situation. They're only there for maybe a week, but they do maintain records.

Dr. Steinbergh asked whether he often gets requests for those records.

Dr. Birdsong stated that he's never had a request for those records.

In response to further questions, Dr. Birdsong stated that if a patient comes to him who needs a change in treatment or therapy, he will consult with the patient's physician. He stated that by satellite fax and phone, he can consult with physicians and obtain patient records, if need be.

Mr. Browning asked Dr. Birdsong what the biggest lesson he learned from this process was.

Dr. Birdsong stated that he should have done a residency long ago. He lost his license at a time when he had not done a residency. He went out, as an intern, and he practiced as a general practitioner and worked in emergency rooms. The issue that the Hearing Committee in New York found was under training. He has since done a residency and become Board certified. He's learned a lot more.

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**DR. STEINBERGH MOVED TO RELEASE DR. BIRDSONG, EFFECTIVE NOVEMBER 13, 2005, FROM THE TERMS OF THE BOARD'S ORDER OF NOVEMBER 8, 2000.
MR. BROWNING SECONDED THE MOTION.**

Dr. Egner asked Dr. Birdsong how many days he works a month.

Dr. Birdsong stated that he works seven days a week. He doesn't have to be on the ship if they're in port, except for those times when he has clinic. The contracts vary as to how long he's on board ship. He just got off seven months of duty on his last ship. Sometimes he's on a ship for four months. Sometimes they have a problem and they've moved him from ship to ship. He stated that he likes the work, it's very enjoyable.

A vote was taken on Dr. Steinbergh's motion:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

VICKIE M. FLOWERS, M.T.

Ms. Flowers appeared before the Board pursuant to her request for release from the terms of her November 12, 2003 Consent Agreement. If approved, release from probation would become effective November 12, 2005.

In response to Dr. Davidson's questions, Ms. Flowers indicated that she hasn't anything new to report. She stated that she loves her work, adding that it is a very big part of her life. Now that she's been doing it for two years, she's having the same people come back, and she's building up relationships with them. Ms. Flowers stated that it's very special to be able to touch her clients' lives.

Dr. Davidson asked whether Ms. Flowers has a private practice.

Ms. Flowers stated that she does. She works at Marie Martin Design, a full-service salon. Ms. Flowers stated that she never thought that she would want to massage in a salon, but people who go in there for massages have problems just like anybody else. She stated that she really enjoys it very much.

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In response to Dr. Steinbergh's questions, Ms. Flowers stated that she learned from her personal and professional ethics course that there can be so many areas that are not easily cut and dry, right or wrong. They talked a lot about people who are hooked up to machines and are terminally ill, and taking them off the machines. Ms. Flowers stated that, getting very involved in that made her think a lot and made her look at each person and see what is right for them and just know that it's not always a simple right or wrong decision.

Dr. Steinbergh stated that she really wants to know whether the course addressed the issues involved in Ms. Flowers' criminal convictions. She also wants to know how Ms. Flowers' personal ethics have changed from the course or from this experience with the Board.

Ms. Flowers stated that, to be very honest, the course did not really affect her in what she had done 20 years ago. Ms. Flowers stated that she feels that she's already been through the process of turning her life around. A big point in her life was when she made Jesus her Lord and Savior and wanted to do things to please Him and to be responsible to society. She wants to leave this world with her children being assets to society. Ms. Flowers again stated that she thinks that a lot of the process was already done and the ethics course was just more she learned on top of that.

Dr. Saxena stated that one of Ms. Flowers' convictions was for intoxication by alcohol. She asked Ms. Flowers how she is handling that.

Ms. Flowers stated that that has not been an issue with her for about 20 years. She stated that she was engaged to be married in June, and her fiancé passed away in April. She didn't have to look towards drugs and alcohol. She found support in her family, in her Church, and in her faith and belief. Those things are important to her and have been important to her for a long time.

**DR. STEINBERGH MOVED TO RELEASE MS. FLOWERS, EFFECTIVE NOVEMBER 12, 2005, FROM THE TERMS OF HER NOVEMBER 12, 2003 CONSENT AGREEMENT.
MR. BROWNING SECONDED THE MOTION.**

Ms. Flowers stated that she appreciates the chance the Board gave her to prove herself over the past two years.

A vote was taken on Dr. Steinbergh's motion:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye

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Dr. Steinbergh - aye
Dr. Davidson - aye

The motion carried.

RICHARD M. HOFSTRA, M.D.

Dr. Hofstra appeared before the Board pursuant to his request for release from the terms of his November 9, 2000 Consent Agreement.

In response to Dr. Davidson's questions, Dr. Hofstra stated that he's doing well. He enjoys his career and his family. Dr. Hofstra stated that he is happily married with two young children who keep him very busy. He commented that life is good right now.

In response to Dr. Steinbergh's questions, Dr. Hofstra stated that, in regard to his sobriety, he's doing exactly what he's told, all the things outlined in the consent agreement. He still attends meetings, talks to his sponsor, goes to church regularly, prays regularly, and works the 12 steps of A.A. He is still practicing as an anesthesiologist in Cleveland.

Dr. Steinbergh asked whether Dr. Hofstra has any concerns about his ability to practice in that environment and to be exposed to controlled substances and so forth.

Dr. Hofstra stated that alcohol was his drug of choice. Other drugs have never been an issue. Using drugs in the medical setting is something that he's never been tempted to do and he's certainly never done.

Dr. Steinbergh commented that one would hope that he maintains that philosophy and is not tempted. The Board wants him to be successful, and that will take hard work on a day-to-day basis.

DR. STEINBERGH MOVED TO RELEASE DR. HOFSTRA FROM THE TERMS OF HIS NOVEMBER 9, 2000 CONSENT AGREEMENT. MR. BROWNING SECONDED THE MOTION.

A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

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HARRY P. NGUYEN, M.D.

Dr. Nguyen appeared before the Board pursuant to his request for release from the terms of the Board's Order of April 19, 1999.

In response to Dr. Davidson's questions, Dr. Nguyen stated that he is doing very well. He thanked the Board for helping him to redirect his life. Dr. Nguyen stated that he was overworked. Now his life is much better for him. He is also grateful for the Board sending him to several courses, especially those at Case Western Reserve University. He continues to see Dr. Parran to keep himself updated.

Dr. Saxena asked where Dr. Nguyen has been working since his reinstatement.

Dr. Nguyen stated that he's been working with America's Urgent Care in Columbus.

Dr. Steinbergh stated that Dr. Nguyen has come through a long time with the Board.

Dr. Nguyen agreed, and added that it was very trying the first few years. He expressed appreciation to Ms. Bickers and Mr. Albert. Dr. Nguyen stated that it was very tough because the Board ordered him to obtain retraining in emergency medicine. At the time he was already board certified in emergency medicine. He was also certified in addiction medicine. Dr. Nguyen stated that he couldn't find a program, so a friend tried to help him and the Board approved the second chance for him. It has worked very well.

DR. STEINBERGH MOVED TO RELEASE DR. NGUYEN FROM THE TERMS OF THE BOARD'S ORDER OF APRIL 19, 1999. DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

MARK E. SENIOR, D.O.

Dr. Senior appeared before the Board pursuant to his request for release from the terms of his November 8, 2000 Consent Agreement.

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Mr. Albert stated that Dr. Senior has always been a very good probationer. He commented that, during the course of his probation, Dr. Senior's son, who was in the Marine Corps, was dispatched to Iraq. Mr. Albert stated that he and the Board staff worried with Dr. Senior and all were happy when Dr. Senior told them that his son returned safely to this country.

In response to Dr. Saxena's questions, Dr. Senior stated that he's been doing great. He has been sober for five years and three months. He practices in Akron, Ohio.

In response to Dr. Steinbergh's questions, Dr. Senior stated that when he is released by the Board he doesn't plan to make any changes in what he's been doing, other than his appearances before the Board. He attends Caduceus meetings on Tuesday, and he has two or three pretty solid meetings a week he attends. He's fallen in with a really good bunch of guys who have become not only a support group, but also good friends. He doesn't plan on changing much.

Dr. Saxena asked Dr. Senior about his support system.

Dr. Senior stated that he has great support. This has been a pretty amazing experience for him.

Dr. Steinbergh asked whether Dr. Senior considers himself to be recovered.

Dr. Senior stated that he absolutely does not. He has an incurable disease, from which he has a daily reprieve. That's good enough for him.

Dr. Senior thanked Mr. Albert and Ms. Bickers for being so kind to him.

Dr. Robbins asked whether Dr. Senior's insurance issue has been settled.

Dr. Senior stated that he never really had insurance. He's in a corporation, and group issues are obviously a lot less draconian than individual issues. He had one carrier give him a little grief, but he never really had a problem at all with malpractice or reimbursement issues. He's been very fortunate in that respect.

DR. STEINBERGH MOVED TO RELEASE DR. SENIOR FROM THE TERMS OF HIS NOVEMBER 8, 2000 CONSENT AGREEMENT. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye

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Dr. Steinbergh - aye
Dr. Davidson - aye

The motion carried.

CHARLES B. BERTANI, D.O.

Dr. Bertani made his initial appearance before the Board, pursuant to the terms of his November 12, 2003 Consent Agreement.

Dr. Steinbergh asked Dr. Bertani to tell the Board about his practice, and what he is doing to help his patients with weight loss.

Dr. Bertani stated that he is still working on some malpractice insurance at this time. His brother's still in practice and he's trying to get back in with his brother. It looks like they have some malpractice insurance, but they won't be sure until about the 15th of the month. They hope to go back to practicing full-time as of December 1. He's seeing a few patients now, but not many.

Dr. Steinbergh asked Dr. Bertani how he believes he'll handle things differently now.

Dr. Bertani stated that, if you look at what happened, he thought that they were helping these people lose weight. When you look at the Board's rules, if the patient is a half a pound this way or that way, he should have thrown them out of the program. Dr. Bertani stated that he didn't do that. Most of them lost weight fine and had no problem with the programs. The problem is how the rules were set up at that time. It was almost impossible to stay with them, it really was.

Dr. Steinbergh stated that she wants to know how he expects to handle patients in his practice who want to lose weight.

Dr. Bertani stated that they'll use diet. They don't intend to use any medications.

Dr. Saxena asked whether Dr. Bertani's brother prescribes drugs for weight loss.

Dr. Bertani stated that his brother has never done that, although he may have prescribed for a few selected patients.

In response to Mr. Browning's questions, Dr. Bertani stated that he doesn't have any questions for the Board.

Dr. Steinbergh noted that Dr. Bertani was required to take a controlled substance prescribing course and an ethics course. She asked whether they have been completed, and what he learned from the controlled substance course.

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Dr. Bertani stated that he has completed both courses. He stated that this isn't a case where he was giving patients too much or too little or anything like that. His problem was in meeting the Board's administrative rules regarding the prescribing of Adipex. That was the only problem he was having. Other than that, he has not had a problem with any medications at all in practice. He understood what was going on. As far as the Board was concerned, patients who gained two pounds should be thrown off the program. Dr. Bertani stated that it was very difficult to try to look at those rules back then and try to follow them.

Dr. Saxena asked whether the course helped him in any way.

Dr. Bertani stated that it did not really. He again stressed that this was an administrative rule. If he was practicing in Pennsylvania, he wouldn't have these rules. The patient either lost weight or not. It was the judgment of the physician and not the Board. But this Board passed administrative rules that were very difficult to follow. They're complicated and where do you cut it off?

Dr. Egner stated that she thinks that there are a couple of things that the Board must be clear on today. One is that the rules are not just administrative rules that the Board made up to test somebody to see if they could follow them so that when they couldn't follow them the Board could discipline. There is rationale behind those rules and Dr. Bertani didn't follow them. Dr. Egner stated that the Board wants him to understand that. Dr. Egner expressed concern about Dr. Bertani's attitude toward this, and asked whether he has the same attitude towards his relationship with patients that he had, noting that that also brought him before the Board. She asked whether Dr. Bertani sees that as a problem.

Dr. Bertani stated that he doesn't. The relationship he had was with one person and she happens to be his wife.

Dr. Egner stated that the consent agreement Dr. Bertani signed indicates that he was engaging in sexual conduct with two patients.

Dr. Bertani stated that one was an ex-girlfriend whom he hadn't seen in years.

Dr. Egner stated that she was also a patient.

Dr. Bertani stated that she wasn't at the time. The only one who was a patient was his wife. The ex-girlfriend came in one time in the seven years, during which time they were no longer seeing each other, and he saw her. In the consent agreement, he just agreed to that. He saw her one time.

Dr. Egner stated that it's a problem when a physician signs a consent agreement that he or she doesn't believe in. The Board will hold him to this consent agreement. It makes it doubly hard for him. Dr. Bertani stated that he's going to have to find some way to reconcile it. It's not just like a parent/child thing that the Board has the power and he doesn't. When a physician signs the consent agreement, he or she is saying that he or she did these things.

Dr. Bertani stated that he understands that.

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Dr. Egner stated that Dr. Bertani will be on probation, not agreeing with his admissions in it, for a long time.

Dr. Bertani stated that it's not that he disagrees with it. He's just trying to explain. He was asked whether he had a problem with medications, and he was just explaining that he doesn't give it out anymore, so he doesn't have a problem with it. He also doesn't have any trouble with any other medications.

Dr. Davidson stated that Dr. Bertani will be able to continue this discussion with the Board's Secretary and Supervising Member at the ongoing conferences. She suggested that he might come to a better understanding of his relationship with the Board through the consent agreement than it appears he's been able to reach this afternoon.

DR. STEINBERGH MOVED TO CONTINUE DR. BERTANI UNDER THE TERMS OF HIS NOVEMBER 12, 2003 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

MILES E. DRAKE, JR., M.D.

Dr. Drake made his initial appearance before the Board, pursuant to the terms of his October 12, 2005 Consent Agreement.

Dr. Steinbergh asked Dr. Drake to tell the Board what he is doing in regards to his sobriety.

Dr. Drake stated that he is currently attending five to seven A.A. meetings per week. It will be his honor to succeed his sponsor as secretary of one of those groups in a month or two. He also attends Caduceus meetings once or twice a week at Parkside, and he undergoes weekly aftercare with Parkside.

Dr. Steinbergh inquired about Dr. Drake's family support.

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Dr. Drake stated that that remains a matter of considerable difficulty. The disease concept of alcoholism is not yet entirely accepted in his home. Dr. Drake stated that he hopes that they will work on that in the long term. In the near term, he's living in the basement. He does receive support from others. He's involved, and intends to remain so, in the Ohio Physicians' Health Program (OPHP). He attends Caduceus meetings. A number of friends were surprisingly accepting when they heard the news that he is an alcoholic. They had previously thought that he was merely a problem drinker. Among his colleagues, the response has also been, to some degree, surprisingly positive.

Dr. Saxena noted that Dr. Drake also prescribed psychotropic drugs when his license was suspended.

Dr. Drake stated that on March 15 he wrongly and foolishly asked the pharmacy to give an additional refill of an antiepileptic medication to a patient who had run out and who had, as far as he could tell, no family physician or other care provider. Dr. Drake stated that he believed at that time that his license would be restored at the April meeting of the Board. He had completed treatment and had been told that he had done very well. He could not conceive of any other outcome. Dr. Drake apologized to the Board for that "wrong and foolish act."

Mr. Albert asked Dr. Drake whether he ever practiced when he was drunk or had a hangover.

Dr. Drake stated that he never practiced when drunk, and he does not believe he ever practiced with a hangover. In retrospect, he realizes that the character defects and faults of alcoholism formed much of his practice and his relationships with colleagues at the University, and kept him from performing at his best.

Dr. Saxena asked Dr. Drake how he is spending his time now that he's not practicing.

Dr. Drake stated that he's been able to complete and submit for publication 26 papers. He's also continued to write in the field of medical history and he's trying to begin work on a biography of Dr. Robert Smith, the co-founder of A.A. He's also been able to resume composing, which, in earlier years had been his avocation. Dr. Drake commented that he regrets that his works are no better than in former years.

Dr. Steinbergh asked Dr. Drake where he completed his medical school and residency training.

Dr. Drake stated that he completed both at Duke University.

DR. STEINBERGH MOVED TO CONTINUE DR. DRAKE UNDER THE TERMS OF HIS OCTOBER 12, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye

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Mr. Browning	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

KYLE HOWARD, M.D.

Dr. Howard made his initial appearance before the Board, pursuant to the terms of the Board's Order of August 10, 2005.

Dr. Steinbergh noted that the Board's August 2005 Order suspended Dr. Howard's license for a minimum of one year, with three years subsequent probation. Dr. Howard pled guilty to Medicaid Fraud. The Order required that he take a personal and professional ethics course.

Dr. Howard stated that he did take the ethics course, but he's having difficulty finding an ethics course that pertains to his situation. The course he took was more of a patient/doctor confidentiality type of course.

Dr. Steinbergh suggested that Dr. Howard talk with Ms. Bickers about the type of courses available.

Dr. Howard stated that he has talked with her about it somewhat, but he hasn't been able to locate anything at this time. He's still looking.

Dr. Robbins asked what course Dr. Howard took.

Dr. Howard stated that he took an online course from Baylor that had basically to do more with ethics involving patients and doctor relationships.

Dr. Robbins suggested that Dr. Ida Schick at Xavier University might be able to develop an appropriate ethics course for Dr. Howard. He suggested that Dr. Howard can obtain information from Ms. Bickers about this.

Ms. Bickers stated that she will get that information to Dr. Howard.

In response to Dr. Steinbergh's questions, Dr. Howard stated that this has obviously turned his life upside down. He's no longer practicing at this point. He's been looking at volunteer type work, such as Doctors Without Borders. He thinks that he'll have to pursue that type of course. He's been spending some time doing tropical medicine refresher courses and things along that line. He's required to have a license to do that work. He's trying to lay the ground work so that when the time comes he'll be ready.

DR. VARYANI MOVED TO CONTINUE DR. HOWARD UNDER THE TERMS OF THE

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BOARD'S ORDER OF AUGUST 10, 2005, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. ROBBINS SECONDED THE MOTION.

Dr. Howard asked whether the Board would be willing to allow him to go overseas to work with a group such as Doctors Without Borders while he's on probation.

Mr. Albert stated that that can be worked out. He added that Ms. Bickers will work with him. He'll have to work out monitoring and everything. Mr. Albert stated that since Dr. Howard is not an impaired physician, working something out will be a little bit easier.

A vote was taken on Dr. Varyani's motion:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

ABDULHASSIB RASLAN, M.D.

Dr. Raslan made his initial appearance before the Board, pursuant to the terms of the Board's Order of November 12, 2003.

In response to Dr. Steinbergh's questions, Dr. Raslan stated that he relocated overseas in July 2002 and has been practicing there ever since. He's currently living and practicing in the state of Qatar. Dr. Raslan stated that he initially started there as a consultant in their national hospital. Then he and his wife started a private practice together. Dr. Raslan stated that his wife is in a different specialty. He's a practicing OB/GYN. He also has an appointment as a teacher at the University.

Dr. Steinbergh asked whether Dr. Raslan is being monitored in Qatar.

Dr. Raslan stated that, currently, the issue has not been addressed. He just got his Ohio license reinstated three or four months ago. He's in the process of seeing whether this would be acceptable for this Board.

Dr. Steinbergh stated that she wants to know whether Qatar has a medical board, and whether it is monitoring him.

Dr. Raslan stated that they don't have a medical board. Because he went through the government hospital evaluation, he's automatically licensed, based upon that evaluation.

Dr. Steinbergh asked whether there is any body over there that can monitor him.

Dr. Raslan stated that he has asked the Chairman of the OB/GYN Dept. if he would agree to be the probationary officer or the physician who would supervise according to the Board's conditions.

Dr. Steinbergh asked whether this individual is licensed in the United States.

Dr. Raslan stated that he is not. He added that most of the physicians there who reach the top positions are British certified. That fellow is a member of the Royal College of OB/GYN, which is probably the equivalent to the American College of OB/GYN.

Dr. Egner stated that this was a Board Order that was issued in 2003. She asked whether Dr. Raslan is making his initial appearance now because he's been through the appeals process.

Ms. Bickers stated that Dr. Raslan just reinstated his license. He didn't fulfill any of the reinstatement terms until recently.

Dr. Egner noted that he will now be on probation for five years. Dr. Egner asked whether the practice in Qatar will count.

Dr. Steinbergh stated that the practice plan requirement only goes into effect if Dr. Raslan wants to practice in Ohio. She stated that the time in Qatar does not count towards his probationary period.

Dr. Egner asked whether Dr. Raslan understands that. If he's practicing OB/GYN in Qatar, and he has a five-year probationary period with the Ohio Board, that's fine. But if he wants to come back to Ohio, the time he spent in Qatar won't count toward reducing his probationary period.

Ms. Bickers stated that she will work with Dr. Raslan's attorney and discuss how the Board could count the time that Dr. Raslan is in Qatar. She stated that the Board Order requires him to have a practice plan that includes a monitor approved by the Board prior to his commencing practice in Ohio.

Dr. Egner stated that she doesn't think that time out of the state should count.

Dr. Steinbergh stated that the Board has no ability to require monitoring in another country.

Ms. Bickers stated that usually probationers who go to other states will set up monitoring in the other state, as well. The Board hasn't seen a case of a probationer being monitored in another country.

Dr. Egner stated that it's obvious that it's not going to happen.

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Ms. Gilbert stated that this is something that is discretionary under the Order. If the physician is out of Ohio, the Board has the ability to allow the time to toll if the monitoring in place is something with which the Board is comfortable.

Dr. Egner asked Dr. Raslan whether he works with midwives in Qatar.

Dr. Raslan stated that the midwives have recently been admitted into the practice, but they have a different scope overseas than the scope of their practice in the United States.

Dr. Egner asked whether Dr. Raslan does home deliveries.

Dr. Raslan stated that he does not. Midwives do seldomly, in very remote areas. Dr. Raslan stated that the majority of medicine is delivered free of charge, so people have great access to health care.

Mr. Albert asked whether Dr. Raslan intends to return to Qatar.

Dr. Raslan stated that he does.

Mr. Albert stated that, from what Dr. Raslan has told the Board, he would not feel comfortable tolling the time that Dr. Raslan is out of the country.

Dr. Steinbergh agreed, stating that there is no one there licensed in the United States. The Board has no knowledge of who would be monitoring Dr. Raslan, the degree of the monitoring, or the appropriateness of the monitoring. It's one thing to be in another state, but another thing to be in a country where there's no licensure or appropriate monitoring. If Dr. Raslan returns to Ohio to practice, the five years' probation will start when he returns.

Dr. Raslan stated that that was part of his thinking process at the time he was going through the process of reinstatement. He stated that it is probably easier to walk to the moon than to find a practice here under the circumstances. He stated that, whether that is because of the nature of the case, or because of the prohibitive malpractice insurance, not to mention the insurance company providers. Dr. Raslan stated that he doesn't want to compare the nature of the practice in Qatar to the United States, or, for that matter, any other place in the world to the United States. However, it is no less. It is actually excellent, and they are working their way towards standardizing everything with the Joint Commission. They have a full American team, and the hospital where he is working will soon be training residents for Cornell University, which has opened a branch there.

Dr. Steinbergh asked whether there are physicians practicing with Dr. Raslan in Qatar who are licensed in the United States.

Dr. Raslan stated that there aren't in the OB/GYN Dept. Most physicians in that department are fellows of the Royal College. Dr. Raslan stated that those are as fine physicians as there are. Dr. Raslan stated that it's a matter of reciprocity of the degree. He suggested that licensing is one thing and a degree from the

University is another thing. Dr. Raslan stated that he was hoping to be able to submit a plan to the Board in order for the Board to approve it and give it a chance, at least for three months or six months.

Dr. Steinbergh asked how the Board would be able to evaluate those people monitoring him if they do not meet any of the Ohio's standards.

Dr. Raslan stated that they would have to meet the Board's standards. He stated that he understands the case at hand, but he does hold himself to high standards, and so do his colleagues. If the Board allows a "probation" of the probationary time and looks at the quality of the supervised practice, it will probably have a different opinion in three to six months.

Dr. Davidson asked how the Board can judge it. She added that the Board might be able to see if the supervisory physicians would be licensable in Ohio.

Dr. Raslan stated that he appreciates the Board's point, but if he submitted a plan to work in Ohio, it would be the same.

Dr. Steinbergh disagreed, stating that the Board would not have any authority over the monitoring physician in Qatar, but it would in Ohio. The people the Board approves as monitoring or supervising physicians are accountable to this Board. There's no accountability over there. If they're not licensed in the United States, the Board has no measure of their competence, regardless of what Dr. Raslan says. When the Board judges this type of monitoring, there has to be a standard. The Board doesn't know how to measure that in Qatar. Dr. Steinbergh stated that she's not disregarding his comments or his concept of the quality of care that's going on. Her point is that the Board has no means of measuring that. The Board could not assure the citizens of this state that it properly monitored Dr. Raslan.

Dr. Raslan asked where he could go from here. Dr. Raslan again stated that it's not an exaggeration to say that walking to the moon with canes is easier than finding work in Ohio.

Dr. Steinbergh stated that she understands that finding work is very difficult, but the Board has physicians year in and year out who go through the same thing. They continue their probation and somehow do work in a practice plan. There are people who are willing to assume the responsibility of monitoring to help the probationer continue. He may have to give up obstetrics because of the liability, but he could continue to work in gynecology. There has to be a way to do it because other physicians do.

Dr. Raslan stated that there are six cases here and the six are obstetrics. If he gives up obstetrics, that means that he has given up the part of medicine for which the Board is putting him on probation.

Mr. Albert stated that Dr. Raslan can work out a plan in Qatar and submit it to the Board, but he doesn't hold out a lot of hope for its being approved.

Dr. Robbins suggested that Dr. Raslan get in touch with Cornell University and see if they're willing to bring OB/GYN there.

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Dr. Raslan stated that Cornell has already brought a full-fledged school of medicine there, but they have not reached the clinical part yet. That will probably be next year.

Dr. Steinbergh asked whether the medical school would have teaching physicians who are licensed in the United States.

Dr. Raslan stated that they would in a year or two.

Dr. Steinbergh suggested that in a year or two then Dr. Raslan might want to ask that physician if he or she would be willing to monitor him in a clinical setting.

Dr. Egner reminded the Board what Dr. Raslan did. He gave drugs to an unlicensed person so that they could give those drugs to pregnant patients in labor doing home deliveries. That's a bad thing. She stated that Dr. Raslan might not think that it was a bad thing. Dr. Egner stated that several years ago she went through a lot of stuff with the Legislature about lay midwives, and it is frightening how they practice. These are not nurse midwives. Dr. Egner stated that Dr. Raslan's only alternative is not to practice in Qatar. If that's where he wants to practice, he should practice there. If he wants to practice in Ohio, there is a job. It might not be glamorous, and it might not be great paying, but the Board has probationers who work all the time. It may be difficult, but there is a job that would allow this Board to monitor what he is doing. Dr. Egner stated that she just doesn't see that the Board will be able to monitor him when he's in Qatar. She again stated that what Dr. Raslan did was significant.

Dr. Talmage asked Dr. Raslan what the student pool would be when Cornell develops the medical school.

Dr. Raslan stated that they will be students from the area.

Dr. Talmage asked whether the faculty will be visiting faculty from Cornell in New York, or whether they will be indigenous.

Dr. Raslan stated that he's not privy to the details of the arrangement. The arrangement for the non-clinical part is different from the clinical part. He's not part of the system to know the details.

Dr. Talmage asked whether Dr. Raslan is assured that he will be part of the faculty.

Dr. Raslan stated that he's not saying that at all. He's out of the system. Dr. Raslan continued that, as to Dr. Egner's comments, at no time has he said that what he did was a good practice. He does not even think about it. It's not part of his thinking – it's deleted. There is no way for him today to sit anywhere and defend what he did when he was working with the Amish midwife.

Dr. Steinbergh stated that if Dr. Raslan is really interested in coming back to Ohio to practice, he ought to be applying for positions and talking to people and using whatever means he has to find a job. There is no way the Board will be able to monitor him while he's in Qatar, and there will therefore be no tolling of the

probationary period. Dr. Steinbergh stated that it's not the Board's role to find him a job, but, because the Board places physicians on probation all the time, it is aware that probationers do find work. It may not be exactly to Dr. Raslan's liking or exactly the way he wants to practice medicine right now, but it would be an opportunity for him to practice and be monitored and ultimately do what he wants to do.

Dr. Varyani stated that there are a lot of private hospitals who hire obstetricians to do house things. He wouldn't be practicing as an independent obstetrician, but as a house physician in a community hospital. There are such positions available. The hospital is then responsible for malpractice insurance. Dr. Varyani stated that he doesn't know whether Dr. Raslan can find such a position, but he's sure that they are there. He knows a lot of people who do that. Dr. Varyani stated that if that doesn't suit Dr. Raslan's tastes, then he will be looking at five years of probation when he returns from Qatar.

Ms. Gilbert at this time pointed out that the probationary language of the Board Order doesn't go away if Dr. Raslan remains in Qatar. It only means that the time he's away won't count toward reduction of the probation.

Ms. Bickers explained that, unless otherwise decided by the Board, Dr. Raslan would still be required to appear before the Board or its representatives every three months, regardless of whether or not he has a practice plan approved by the Board.

Dr. Varyani stated that Dr. Raslan should make a decision as to what he wants to do. There's no sense in requiring him to make appearances before the Board if he's going back to Qatar to practice.

Dr. Steinbergh suggested making a motion that wouldn't require Dr. Raslan to appear before the Board until such time as he has a proposed practice plan for practice in Ohio.

Dr. Talmage stated that Dr. Raslan should be required to come back to the Board with a practice plan that the Board can monitor. If Dr. Raslan becomes a Cornell faculty member with a supervising faculty that has a United States' license, the Board could monitor that.

Dr. Varyani asked whether the monitoring physician has to be in the same specialty as Dr. Raslan.

Dr. Talmage stated that it does.

Dr. Raslan stated that, because the state of Qatar is a very small state, there are no American Board certified OB/GYNs there. However, in a neighboring state, which would be about the same driving distance as between Columbus and Kentucky, there are American Board certified physicians. There are also American Board certified physicians in Imam, which is about 20 minutes across the border. Dr. Raslan stated that he could ask an American certified OB/GYN to fly in. If he submits a plan to the Board and it approves the plan, he would then go and ask some of his colleagues to take that responsibility.

Dr. Steinbergh stated that she doesn't think that there's any harm in Dr. Raslan's submitting something, but he can't plan on the Board's approving what he submits. The Board can't agree to Dr. Raslan's suggestion

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at this time, but if he develops a plan and wants to present it for Board consideration, it will do consider it.

Dr. Egner stated that at this moment, she doesn't agree with what Dr. Raslan is suggesting. She questioned the Board's ability to be assured of monitoring being done half a world away. If the monitoring isn't being done, the Board has no recourse. She added that the Board's whole system is predicated on something that the Board cannot do in Qatar. Dr. Egner stated that Dr. Raslan has made the choice to move to Qatar. She added that he could be like everybody else the Board has disciplined and put on probation. Dr. Egner stated that she's shocked that the Board is going through all of this.

Mr. Albert agreed with Dr. Egner. The Board is talking about trying to get someone to monitor Dr. Raslan another world away, in another country. Sometimes the Board sits here and worries about monitoring someone in Pennsylvania. He doesn't know how the Board can monitor someone that far away, and he added that he doesn't think that the Board should hold out any hope that it will. Mr. Albert stated that Dr. Raslan's only hope is to come back to Ohio and practice, or find another state to practice in the United States.

Ms. Bickers stated that she understands the Board's concerns and will be sure to relay those to Dr. Raslan and his attorney to see what they can come up with in terms of practice plans and monitors. If it's not acceptable, the clock just won't start.

Mr. Albert stated that if it's a practice plan outside the United States, he wouldn't hold out a lot of hope for it.

Dr. Steinbergh noted that the materials in the agenda package indicate that Dr. Raslan's next appearance is in two months. She commented that she gathers that that is because Dr. Raslan missed an appearance the previous month.

Ms. Bickers indicated that that is correct.

Mr. Browning spoke against making Dr. Raslan come back for appearances unless he has an approved practice plan.

DR. STEINBERGH MOVED TO CONTINUE DR. RASLAN UNDER THE TERMS OF THE BOARD'S ORDER OF NOVEMBER 12, 2003, WITH THE FOLLOWING EXCEPTION: UNTIL SUCH TIME AS DR. RASLAN PRESENTS A PRACTICE PLAN FOR A PRACTICE IN OHIO, HE WILL NOT BE REQUIRED TO MAKE BOARD APPEARANCES. AT THE TIME HE DOES PRESENT A PRACTICE PLAN, HE WILL APPEAR BEFORE THE BOARD. DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye

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Mr. Browning	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

JOHN H. ROCKWOOD, P.A.

Mr. Rockwood made his initial appearance before the Board, pursuant to the terms of his August 10, 2005 Consent Agreement.

In response to Dr. Steinbergh's questions, Mr. Rockwood stated that he is doing much better with his recovery. He attends three to five meetings per week. His sponsor has 22 years of sobriety. He commented that his sponsor sobered up around the same time he, himself, did 20 some years ago. Mr. Rockwood stated that he does Caduceus once a week and aftercare at Parkside once a week. He has tremendous support from his family and friends. Mr. Rockwood stated that he would not wish this on anybody; he's paying the price for what he's done. Mr. Rockwood continued that, as a person who made mistakes in the A.A. program in the past, and made the mistake of stopping going to meetings, getting back into the program has been a very good thing for him.

Mr. Albert commented that, although he doesn't know Mr. Rockwood, he does know Mr. Rockwood's family.

Mr. Rockwood stated that his father died from this disease, so his family is very well versed in both the Alanon and A.A. aspects of it, and the denial. When he first sobered up, his mother was very loving, but tough as nails, and she still is at the age of 85.

Dr. Talmage asked how long Mr. Rockwood had been sober when he relapsed.

Mr. Rockwood stated that he'd been sober about 22 years. He stated that this illustrates that, if he doesn't go to meetings, it doesn't matter what he does, he'll relapse again.

Mr. Browning asked what will be different this time.

Mr. Rockwood stated that when he went through treatment, he focused very hard on signs of relapse. For him, that was the obvious: Not going to meetings, not being in contact with the sponsor, not working the steps. He's about to do the fifth step now. He disengaged because it became, in his mind, so easy to stay sober. Mr. Rockwood stated that he thinks one of the things that happened was that he separated alcohol from other drugs. His problem originally had been alcohol. He had some Fioricet for back pain in January and he used it appropriately for a couple of times, and then threw it out because he didn't want it around the house. The thing that precipitated this was that his brother died from lung cancer. That was really

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difficult for him because they're a very close family. Mr. Rockwood stated that he wishes that he could tell the Board what was going through his head when he did what he did that helped him justify his behavior, but all he can tell the Board is that it's the disease. He thought it would make things better and it made things a lot worse.

Dr. Davidson asked whether Mr. Rockwood is able to carry this message to his colleagues at work.

Mr. Rockwood stated that he is absolutely. He added that where he works it's well-known that he's in recovery. He did not keep it a secret.

Dr. Robbins left the room at this time.

Dr. Saxena noted that the information provided the Board indicates that Mr. Rockwood forged a prescription.

Mr. Rockwood stated that he did. He wrote a prescription in his name by a physician with whom he works. He stated that he did this because of the stress in his life. The only explanation he can give the Board is that in their practice, the physicians face drug seekers all the time. He thought that if he inappropriately went to one of his physicians or internists and said that he needed pain medicine when he didn't really need it, he'd be just like the people he faces every day. It just seemed like the easy answer. Mr. Rockwood stated that his experience has been that the more honest he is, the better things are for him.

Dr. Saxena asked whether Mr. Rockwood has taken the ethics course.

Mr. Rockwood stated that he has not.

Dr. Steinbergh asked whether Mr. Rockwood has any questions about his consent agreement.

Mr. Rockwood stated that he doesn't.

DR. STEINBERGH MOVED TO CONTINUE MR. ROCKWOOD UNDER THE TERMS OF HIS AUGUST 10, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye

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Dr. Davidson - aye

The motion carried.

MR. ALBERT MOVED TO ADJOURN. DR. STEINBERGH SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 4:42 p.m. the November 9, 2005 session of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on November 9, 2005, as approved on December 14, 2005.



Patricia J. Davidson, M.D., President



Lance A. Talmage, M.D., Secretary

(SEAL)



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MINUTES

THE STATE MEDICAL BOARD OF OHIO

November 10, 2005

Patricia J. Davidson, M.D., President, called the meeting to order at 8:00 a.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Andrew F. Robbins, Jr., M.D., Vice-President; Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Nandlal Varyani, M.D.; Anquetette Sloan; Kamala Saxena, M.D., and Anita M. Steinbergh, D.O. The following joined the meeting at a later time: R. Gregory Browning, Ph.D. The following did not attend the meeting: David S. Buchan, D.P.M. and Deepak Kumar, M.D.

Also present were: Richard A. Whitehouse, Executive Director; Diann K. Thompson, Assistant Executive Director; Lori S. Gilbert, Assistant Executive Director in charge of Investigations, Compliance & Enforcement; Karen H. Mortland, Enforcement Attorney; Kyle C. Wilcox and Damion M. Clifford, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Chief, Executive Staff; Danielle Bickers, Compliance Officer; and Barbara Jacobs, Public Services Administrator.

Mr. Browning joined the meeting at this time.

LICENSURE, PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Davidson advised that at this time she would like the Board to consider the probationary reports, the probationary requests, and the licensure applications on today's consent agenda.; Dr. Davidson asked whether any Board member wished to consider either an application for licensure or a probationary report or request separately. She noted that all probationers are in compliance.

Dr. Steinbergh commented that Dr. Gottschalk's nomination for treating psychiatrist is a good choice for him, noting that the psychiatrist has a background in women's health issues and may relate well to Dr. Gottschalk's offense of videotaping females.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES ON SEPTEMBER 12 AND 13, 2005 WITH: MICHAEL TODD ADAMS, M.D.; GREGORY X. BOEHM, M.D.; FRANK R. BRUENING, M.D.; MICHAEL B. BURGHARDT, M.D.; PAUL W. BURKE, JR., M.D.; ALLAN W. CLARK, M.D.; KEVIN R. CLARK, M.D.; BOYD D. CURTIS, M.D.; LAMBERTO T. R. GALANG, JR., M.D.; LYON L. GLEICH, M.D.; ANN V. GOVIER, M.D.; KATHERINE A. HUMES, M.D.; ANIL H. JHANGIANI, M.D.; GREGORY S. MASIMORE, M.D.; MARK S. MCALLISTER, M.D.; JUAN C. MEJIA, M.D.; DAVID R. MILLER, M.D.; WILLIAM O. MURTAGH, JR., M.D.; THOMAS A. NGUYEN, M.D.; PAUL

E. PANCOAST, M.D.; STEVEN T. PATTERSON, D.O.; KENT ROBINSON, M.D.; STEPHEN J. ROLFE, M.D.; WILLIAM A. ROMER, M.D.; MARIE T. SHEDLOCK, P.A.; SARAVANA E. SIVASHAKER, M.D.; RICHARD S. SKOBLAR, M.D.; BRIAN D. SOUTHERN, M.D.; JORDAN B. STERNS, M.D.; ALAN B. STORROW, M.D.; DAVID E. SUBLER, M.D.; ROBERT R. SUMMERS, D.O.; DEBORAH L. TAYLOR, M.D.; BRUCE S. WORRELL, D.O.; AND RICHARD ALLAN ZINNI, D.O. DR. STEINBERGH FURTHER MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES AND THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATIONS AS FOLLOWS:

- TO GRANT LYNN A. EATON, M.D.'S REQUESTS FOR A REDUCTION IN HER APPEARANCE SCHEDULE TO EVERY SIX MONTHS, AND A REDUCTION IN HER DRUG SCREEN REQUIREMENT TO TWO PER MONTH;**
- TO APPROVE MARTA MEANA, Ph.D. TO SERVE AS TODD GILBERT GOTTSCHALK, D.O.'S PSYCHOTHERAPIST;**
- TO GRANT MICHAEL J. O'BRIEN, D.O.'S REQUEST FOR A REDUCTION IN HIS PSYCHIATRIC SESSIONS TO EVERY SIX MONTHS;**
- TO APPROVE EDWARD N. DUTTON, M.D., TO SERVE AS JULIA RUFFIN, D.P.M.'S TREATING PSYCHIATRIST;**
- TO GRANT AHMAD SHAHAMAT, M.D.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE FROM EVERY THREE MONTHS TO ANNUALLY;**
- TO GRANT JEFFREY W. WINHOLT, M.D.'S REQUEST FOR A REDUCTION IN HIS APPEARANCE SCHEDULE FROM EVERY THREE MONTHS TO EVERY SIX MONTHS;**
- TO APPROVE DAVID N. SAMPSON, D.P.M., TO SERVE AS WILLIAM M. WOLERY, D.P.M.'S PODIATRIC PRECEPTOR, AND TO APPROVE DR. WOLERY'S PROPOSED PRACTICE PLAN WITH DR. SAMPSON; AND**
- TO APPROVE THE ETHICS COURSE TAILORED FOR PAUL PO-TSANG YANG, M.D., BY IDA C. SCHICK, Ph.D.**

DR. STEINBERGH FURTHER MOVED TO GRANT MICHAEL T. ADAMS, M.D.'S REQUEST FOR APPROVAL OF D. RAY GASKIN, JR., M.D., TO SERVE AS THE ASSESSOR FOR THE PURPOSES OF PERFORMING A CHEMICAL DEPENDENCY ASSESSMENT, AS REQUIRED FOR REINSTATEMENT PURSUANT TO PARAGRAPH 9.b.i.v. OF DR. ADAMS' NOVEMBER 12, 2004 CONSENT AGREEMENT.

DR. STEINBERGH FURTHER MOVED TO APPROVE FOR LICENSURE, CONTINGENT

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UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, THE PHYSICIAN APPLICANTS LISTED IN EXHIBIT "A", THE P.A. APPLICANTS LISTED IN EXHIBIT "B", THE ACUPUNCTURISTS LISTED IN EXHIBIT "C", AND THE P.A. UTILIZATION PLANS SUBMITTED BY THE FOLLOWING: MID-OHIO DERMATOLOGY; HEMATOLOGY & ONCOLOGY OF SALEM CORP.; MARK BRIGHAM, D.O.; WOODSIDE MEDICAL GROUP; NORTHEAST ORTHOPEDICS, INC.; MID-OHIO HEART CLINIC; CORPORATE HEALTH OF OHIO; AND CLEVELAND CENTER FOR JOINT REDUCTION. DR. ROBBINS SECONDED THE MOTION.

A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

RATIFICATION OF CONSENT AGREEMENTS

Dr. Davidson advised that she would now remove the topic of Ratification of Consent Agreements from the table for the Board's consideration of the consent agreement distributed to the Board the previous evening.

KEVIN DALE MCKEE, D.O.

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. MCKEE. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

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The motion carried.

Dr. Varyani joined the meeting at this time.

REINSTATEMENT REQUESTS

MICHAEL PAUL PARKER, M.D.

Dr. Parker's request for reinstatement of his license to practice medicine and surgery, which was suspended by Board Order of October 13, 2004, was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE DR. PARKER'S APPLICATION FOR THE REINSTATEMENT OF HIS LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO, SUBJECT TO THE PROBATIONARY TERMS AND CONDITIONS AS OUTLINED IN THE BOARD'S ORDER OF OCTOBER 13, 2004. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

BRIAN D. SOUTHERN, M.D.

Dr. Southern's request for reinstatement of his license to practice medicine and surgery, which was suspended by Board Order of September 8, 2004, was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE DR. SOUTHERN'S APPLICATION FOR THE REINSTATEMENT OF HIS LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO, SUBJECT TO THE PROBATIONARY TERMS AND CONDITIONS AS OUTLINED IN THE BOARD'S ORDER OF SEPTEMBER 8, 2004. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
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Dr. Egner	- aye
Dr. Talmage	- aye
Dr. Varyani	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

LICENSURE

DON EUN LEE, M.D. – P.A. UTILIZATION PLAN

The above-captioned P.A. Utilization Plan was presented to the Board for consideration at this time. Dr. Lee's original utilization plan was approved by the Board in September 2005. Dr. Lee has requested approval of an increase in the P.A.s' patient load to 32 patients per day.

Dr. Steinbergh spoke in opposition to the change. Referring to Dr. Lee's letter of October 20, 2005, Dr. Steinbergh noted that the practice is an occupational medical care clinic, with 2/3 of their provider contacts being dedicated to pre-employment or annual employment physicals, and 1/3 to evaluation and treatment of work related injuries. These patients come to the clinic without making appointments. Dr. Lee would like his P.A. to be able to see up to 32 patients on days when an unexpectedly large number of patients are seen. Dr. Steinbergh stated that she thinks that it is excessive for a P.A. or a physician to perform ten to twelve physical examinations in an eight-hour period.

DR. STEINBERGH MOVED TO PROPOSE TO DENY DR. LEE'S REQUEST FOR AN INCREASE IN HIS P.A.'S PATIENT LOAD.

Dr. Talmage stated that one of the classic P.A. activities in the military is to perform induction and discharge physicals at a rate of probably 38 to 40 a day. These are prefilled-out histories, usually reviewed by a physician. The physical exam is limited to major body systems. Dr. Talmage stated that he would assume that the people coming to Dr. Lee's practice are reasonably healthy individuals since they're going to work. The exam would entail listening to the chest, the heart, palpating the abdomen, checking for hernia and that's it. These are not thorough, head-to-toe physicals. Dr. Talmage stated that he doesn't find the request to be at all out of line.

Dr. Steinbergh stated that if Dr. Lee were to document to the Board that these are known patients to the practice and the P.A.s are, in fact, completing a short form, she wouldn't object. She added, however, that the Board doesn't have that information. The P.A.'s also evaluating work-related injuries.

Dr. Talmage suggested that the staff determine what the examination is. He asked that Dr. Steinbergh amend her motion to allow submission of further materials justifying the short duration of the physical examination.

Dr. Davidson stated that she thought it was interesting to review the precedent of the Hearing Examiner's treatment of an earlier request by another group. The P.A. was permitted to supersede the 25 cases per day. She asked whether Mr. Wilcox would opine on that precedent and whether the Board is in jeopardy here.

Dr. Steinbergh stated that the Board has approved this number in the past. Her issue is with the setting. She just feels uncomfortable with a P.A. seeing that number of people per day. If they're patients well known to the practice and the P.A. is only filling in a short form, she can appreciate that. Dr. Steinbergh stated that she understands that there are places that do nothing but this; and if it's appropriately supervised by the physician, it may well be appropriate.

Dr. Varyani stated that the request allows the P.A. to spend 15 minutes per patient. He stated that he agrees with Dr. Steinbergh that this is hard work, but he noted that a simple Medicare examination should not last more than 10 minutes. The P.A. will have 15. Medicare says that you should do a simple examination and a simple consultation in ten minutes. The Board would be giving these P.A.s 15 minutes to do that.

Dr. Steinbergh stated that that assumes that everyone is healthy and that the P.A. can make that decision in that period of time.

Dr. Varyani stated that he's assuming that the physician will take three to five minutes to review the case. He added that he thinks that 32 would be the maximum he would allow.

Dr. Talmage commented that CPT code 2 is only 15 minutes.

Dr. Steinbergh asked whether they will charge CPT code 2.

Several Board members indicated that they didn't think so.

Dr. Davidson asked whether the 25 patient limitation goes away under the new P.A. legislation.

Ms. Thompson stated that the 25 patient limitation is not in any statute or rule. It's Board policy based upon what the Board believes is a reasonable amount for the P.A. to do and the physician to supervise. The requirement for the physician to see the new patient goes away.

Dr. Davidson stated that Mr. Clifford has volunteered to look into the exceptions that were successfully appealed. She suggested that the Board ask for more information on this request.

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DR. STEINBERGH AT THIS TIME WITHDREW HER MOTION.

Dr. Egner stated that, with the information the Board has on this application, it would be inappropriate to say that a P.A. can do histories and physicals on that number of patients, as well as seeing seven to eight injured patients.

It was the consensus of the Board that staff be directed to obtain additional information concerning the type of examination being performed by the P.A. at Dr. Lee's clinic.

Mr. Wilcox and Mr. Clifford left the meeting at this time.

APPROVAL OF BOARD MEETING DATES FOR 2007

DR. EGNER MOVED TO APPROVE THE FOLLOWING BOARD MEETING DATES FOR 2007:

January 10-11	July 11-12
February 14-15	August 8-9
March 14-15	September 12-13
April 11-12	October 10-11
May 9-10	November 14-15
June 13-14	December 12-13

MR. ALBERT SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

ADMINISTRATIVE REPORT

Mr. Whitehouse referred the Board to his written report, a copy of which shall be maintained in the exhibits section of this journal.

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Mr. Whitehouse at this time thanked the Board for allowing him to attend the *Leading with Vision, Value and Strategy* conference at Ohio University, and the Citizen Advocacy Center Annual Meeting in Denver, Colorado. He stated that both programs were very helpful to him.

Mr. Whitehouse updated the Board on his development of a strategic plan for the Board. He advised that the plan will be a statement of purpose beyond the Board's mission statement. He commented that the Board has a good mission statement and good agency goals, but it needs a more clear vision for how it wants to implement those things over the next five years. Mr. Whitehouse stated that the Board and staff need to look at things, organizationally, that need to be changed. The Board and staff needs to challenge a lot of assumptions they've had. Mr. Whitehouse stated that the staff is doing tremendous work in re-examining systems and processes and how things are done.

Mr. Whitehouse advised that items that the strategic plan will focus on are: culture, competency, and communication/collaboration with other entities. He added that a good example of communication/collaboration is the dialogue that Dr. Davidson has opened with the Ohio University College of Osteopathic Medicine. They are excited about the prospect of working with the Board to help develop mini-residencies, which would tie into the other aspect of the strategic plan, i.e., maintaining a level of competency.

Mr. Whitehouse stated that he appreciates the input of everyone on the development of the plan.

Dr. Davidson advised that the Board hired Mr. Whitehouse for his managerial skills, and she has been very impressed with the changes he's made in Board operations thus far. She stated that the Ad Hoc Committee will continue to work with Mr. Whitehouse on this plan, and she hopes to have something on paper to the Board in December.

Dr. Steinbergh expressed the Board's appreciation for Dr. Davidson's leadership in this. She added that she really appreciates the Ad Hoc Committee's willingness to continue to serve the Board in that capacity in terms of participating in the decision-making process.

Dr. Davidson referred the Board to the written Administrative Report and its exhibit A, entitled "Disciplinary Sanctions." She commented that, according to Sidney Wolfe, M.D., of Public Citizen, the main measure used to determine whether a medical board is doing a good job is the number of serious disciplinary actions a board takes. Dr. Davidson commented that this Board has been number one among large boards during the past several years in the number of serious actions it has taken. She expressed concern that, according to exhibit A, that number is in jeopardy. Through October 2004, the total number of disciplinary actions and cites issued was 247. This year, through October, it's 202. She advised that Mr. Whitehouse has discussed this with her, the Executive Committee, the Hearing Examiners and the Enforcement Staff.

Dr. Davidson stated that one of the things that came up during the retreat was the question as to whether the "end all" is Dr. Wolfe's analysis, and she thinks that a lot of Board members agreed that it wasn't. Would the Board jeopardize Dr. Wolfe's analysis if it meant that the Board agreed that some metric of the

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Board's was a better analysis? Dr. Davidson stated that a lot of people indicated that it would.

Mr. Albert stated that complaints are getting sent to the Hearing Unit, and that's where the bottleneck is. They've only had two hearing examiners for quite a while. He indicated that now there is a third person in the Hearing Unit, but there is a learning curve so an immediate increase in work product can't be expected. Hopefully the Board will start seeing more cases brought to it. Referring to exhibit A, Mr. Albert noted that the number of consent agreements have increased. A lot of these consent agreements involve serious actions.

Dr. Davidson stated that that was something the Board discussed in October. The Board felt that it was doing much more with consent agreements.

Mr. Albert asked whether there are other ways besides "body counts" to measure a board's success. He stated that he thinks there are. The Board deals with impairment problems very quickly. He stated that he thinks that the Board needs to spend more time on education.

Dr. Steinbergh stated that she thinks that, as a Board, members are always looking at their progress and how the Board achieves its goals. She's not concerned about the numbers, but the public gets concerned about the numbers. Dr. Steinbergh stated that she thinks that when Dr. Wolfe's report comes out and the Ohio State Medical Board drops down in the rankings, the Board needs to be pro-active about that and it needs to communicate its concerns to the press. The press needs to know what the Board's doing.

Dr. Varyani stated that his concern is in the time it takes to reach a sanction. The Board knew of one physician's offense, yet it didn't take action for five years. Dr. Varyani stated that he doesn't want people to say that the Board knew about something five years ago and nothing happened. He stated that he understands that there is difficulty in some cases, but if the Board knows about a serious incident, it should go after it. There need to be priorities. He doesn't want the Board's action to be delayed for that long. Dr. Varyani stated that he personally doesn't care about the statistics. As long as the Board members are comfortable that they are doing a great job, the numbers don't mean anything.

Dr. Robbins agreed with Dr. Varyani. Dr. Robbins stated that this Board is too good to have cases last five years, or even two years. The Board needs to meet a standard; and if it can't, then the Board needs more people. Dr. Robbins stated that the Board needs to put parameters on the timeliness of investigations, hearings, etc., and if the parameters aren't met, the Board needs to know why.

Ms. Gilbert stated that if the Board had no complaints coming in that merited action, she would be more inclined to agree that the numbers don't matter. But in order to say that the end numbers don't matter, you have to look at what's coming through. The Board receives 4,000 complaints a year, and there is some percentage of those that warrant an action.

Concerning the five-year-old cases, Ms. Gilbert stated that they exist and they're something with which the Board must deal. The Board must decide what it wants staff to do with these cases.

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Mr. Whitehouse asked whether Ms. Gilbert is referring to cases that are there now because of what has been and that exist now, or that there will naturally be cases that will be five-year cases.

Ms. Gilbert stated that she's speaking primarily of the former. What she believes the statistics would show is that the Board staff can handle what comes in now. It can't handle what comes in now and the old cases that accumulated during a time when there were only a couple of people on the enforcement staff. She noted that the staff has taken measures over the past few years to clean up the old cases, but some of those old cases will still be brought to the Board.

Dr. Talmage stated that he and Mr. Albert see every complaint the other Board members see plus 3800 more. Right now they are receiving about 25 complaints every ten days that are coming through the nurse reviewers. The nurses have to review operative notes, anesthesia notes, office notes; they have to subpoena that information. They're almost finished with cases from 2002. In a couple months they'll be on 2003 and a couple of months after that they'll be on 2004. The Board is getting rid of that backlog by hiring two new nurse examiners. Dr. Talmage stated that, if you look at those cases, 95% of them will be closed. Most of them are not serious injuries to patients. They are bad communication for the most part, and minimal standards cases, which are very important and which they are looking at very carefully.

Dr. Talmage stated that he and Mr. Albert are getting rid of these backlogs, but there are only two of them. The Board will be seeing a lot of cases come through. He added that QIP is going to see a large number of cases come through and will be very busy for, perhaps, the next year. Dr. Talmage advised that after he and Mr. Albert get through the backlog, they will be able to review each case as it comes in. He added that his view of excellence would be if there would be no complaints. If no one wrote in a complaint, the Board has succeeded, and that's a measure of success. If a complaint comes in and is handled promptly, that is also a measure of success. Dr. Talmage stated that he thinks that they're doing it.

Mr. Albert commented that other states handle some of these cases by imposing fines. Then the problem goes away for the physician.

Dr. Talmage stated that that's not how this Board is going to work.

Dr. Steinbergh commented that the structures and processes of other Boards are very different from Ohio's. There's not as much physician involvement. Dr. Steinbergh stated that she thinks, from listening to other boards talk, this is an unusual Board in that physicians and consumer members come together and handle cases the way it does. That doesn't happen in other boards. They don't get quite as involved in the real disciplinary work. Dr. Steinbergh stated that the Board must prioritize its cases. The stuff that's really protecting the public is coming out very quickly in terms of chemical dependency. They don't ignore the real bad cases.

Mr. Albert stated that once in a while you get a case out of 4000 that falls through the cracks. If that case ends up going over to a Legislator's office, he'll personally accompany staff to the Legislator's office, and take responsibility. Mr. Albert added, however, that it will happen once in a while.

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Dr. Talmage stated that the Board needs to keep in mind that it sets the standard for the staff. He and Mr. Albert review a case and are absolutely convinced that it deserves capital punishment; however, they and the staff realize that, to bring that here and get six votes to do what they think the case deserves, is going to take a lot more work. The standards the Board has set and the persuasion level the Board has set to punish someone adequately drives the staff to take a lot more time to prepare the case a lot better. If they don't do that, the Board will impose a lighter sanction than he, Mr. Albert and staff feel is deserved. So they work the case to get a harsher penalty from the Board. The Board's standards increase the workload immeasurably. Dr. Talmage stated that he's not saying that that's wrong.

Ms. Thompson stated that she would like to emphasize what Ms. Gilbert was saying about the cleanup process. There were six individuals, the Secretary, the Supervising Member, and four attorneys, who took turns going through the entire file, summarizing it and making recommendations. They closed a lot of those cases because they are so old and perhaps shouldn't have been there in the first place. But there were some cases that they agonized over because the acts were so bad, they couldn't justify closing the cases just because the case was old. They didn't close those, and that's some of what the Board's seeing. They're still coming to the Board, and they will continue to come to the Board.

Ms. Thompson added that she didn't think doing a minimal standards case such as those the Board has seen can be done in two years. She suggested that the Board look at the time it takes to do a malpractice case in the courts, and that's dealing with only one patient. The other day the Board reviewed a case involving 22 patients. You can't get that done quickly. The different steps that have to be taken to do a minimal standards case with multiple patients will never allow for the case to be done fast, and the case does have to be prepared perfectly. From the very beginning the staff is working on a perfect product to protect the Board and to do the right thing. It's not fast and it will never be fast. They do hope that it will be faster in the future. She stated that a big frustration is getting the experts to move faster in their review.

Mr. Browning asked Ms. Thompson if money is part of the slow expert review.

Ms. Thompson stated that it is. The Board pays \$100 per hour for review. If they review for a malpractice attorney, they're getting \$500 to \$800.

Mr. Whitehouse suggested offering some type of bonus for a quicker review.

Ms. Thompson stated that the Enforcement staff does set a time limit on completing the review, but she questioned what the Board could do to enforce that time limit.

Ms. Gilbert stated that the expert situation has gotten better; the Board has a much better expert pool now. The Board has pretty good responsiveness. The bigger cases, where you need more patients to show the patterns going on, take longer. Those are the more difficult ones to get through.

Mr. Whitehouse asked what type of incentive would encourage expert witnesses to complete their review more quickly.

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Dr. Robbins suggested that the Board explore stressing the honor that it is for a physician to be picked to do an expert review for the Medical Board of Ohio. He stated that he does think that it's an honor.

Ms. Thompson stated that she thinks that the experts do as well, and that's why they're willing to accept the \$100 an hour for review. However, the Board's requirement is that the physician be in active practice, and those physicians don't have a lot of extra time.

Dr. Robbins expressed concern that the length of time it takes to do a minimal standards case such as the one the Board heard the previous day allows the physician more time to harm the public. The Board has to weigh that. He suggested that the name and picture of the expert witnesses working for the Board be published in the Board's newsletter, thanking that physician for his work for the Board. If the Board did a press release thanking a physician for the work he or she did to help the Board through the process, he believes that would motivate physicians. He stated that doctors love to be able to put something like that on the wall in their offices.

Board members agreed that Dr. Robbins' suggestion was a good one.

Dr. Steinbergh added that she does think that physicians do have to have a concern in terms of liability. She imagines that, when a physician takes this on as being an expert, the price has to be right. All of the kudos are wonderful, but she thinks that the physicians being chosen take their work seriously. If she were to be a reviewer, she would be very worried about every little thing that she said and did.

Dr. Egner stated that an expert physician is doing the review and writing an opinion on his or her off hours. They can fit that into their schedule. When they have to testify at hearing, it might be three days out of their practice that they have to take off.

Mr. Albert stated that the Board has had expert witnesses that the Board members have destroyed when the case comes to the Board. There have been physicians who've said that they're never going to expose themselves to that.

Dr. Steinbergh suggested that the professional societies can help find expert witnesses. She advised that the Board ought to use the presidents of those organizations and their executive directors to call possible expert witnesses to encourage them to serve.

Dr. Varyani left the room at this time.

REPORTS BY ASSIGNED COMMITTEES

EXECUTIVE COMMITTEE

Dr. Davidson advised that there were two action items that the Committee discussed. The first was the need for the Board to make a recommendation to the Nursing Board to appoint someone to that Board's Advisory Group on Dialysis. The Committee reviewed the credentials of Anil K. Aggarwal, M.D., of

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Columbus, Ohio, and approved that recommendation.

DR. ROBBINS MOVED TO RECOMMEND THAT THE NURSING BOARD APPOINT ANIL K. AGGARWAL, M.D., TO THE ADVISORY GROUP ON DIALYSIS. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Dr. Egner left the room at this time.

Dr. Davidson referred to a memorandum in the Committee agenda materials that indicates that current unwritten Board policy calls for the Executive Director, or an Assistant Executive Director in the Executive Director's absence, to certify all documents for which certification is requested. She noted that Mr. Whitehouse is seeking authorization from the Board to delegate certification authority as he deems appropriate, based upon staff responsibilities. The Committee recommends granting this request.

DR. STEINBERGH MOVED TO GRANT THE EXECUTIVE DIRECTOR THE AUTHORITY TO DELEGATE CERTIFICATION OF DOCUMENTS TO OTHERS, AS THE NEED ARISES. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

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IMPAIRMENT COMMITTEE

Mr. Albert advised that the Committee reviewed one application for approval as a treatment provider.

MR. ALBERT MOVED TO APPROVE THE BETTY FORD CENTER IN RANCHO MIRAGE, CALIFORNIA, AS A TREATMENT PROVIDER. DR. TALMAGE SECONDED THE MOTION.

A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

LEGISLATIVE LIAISON AND RULES COMMITTEE

Mr. Browning reported that the P.A. bill and the alternative health care bills are still on top of the legislative agenda.

Mr. Browning advised that Mr. Whitehouse presented testimony on behalf of the Board on the alternative health care bills, raising concerns about, in effect, expanding the practice of medicine, consistent with previous Board comments and concerns. He asked Mr. Whitehouse whether he believes this legislation will go anywhere.

Mr. Whitehouse stated that he doesn't believe this legislation will go anywhere, but he is very convinced that there will be similar bills presented in future sessions.

Mr. Browning stated that the P.A. bill passed the Senate in late October, as expected. It is now in the House. Mr. Browning stated that the bill will pass this session in all likelihood.

There was a brief discussion on the staff's preparations to implement the bill.

Dr. Egner and Dr. Varyani returned to the meeting at this time.

A discussion was held about the fees charged and the opportunity to increase those fees.

Ms. Thompson advised that the fee for the initial P.A. certificate is \$100, and \$50 every two years to renew. The application fee for a utilization plan is \$75.00. Once a physician has an approved utilization

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plan, there is no renewal fee charged. The plan is good forever unless the physician notifies the Board that he no longer wants it. Ms. Thompson stated that if there are ten or more physicians signing on for that same utilization plan, there's a cap of \$750.00, so that no organization ever has to pay more than \$750.00. Forever after, they can keep adding physicians to that plan. If a smaller group adds a physician or two, Ms. Hacker must go back to see how many physicians are already in the plan to determine whether or not there is a fee. Ms. Thompson stated that their side of it is that if they're trying to sign up a very large group, they don't want to have to pay \$75.00 per physician. If they were all signing up together, at the same time, it wouldn't be a problem. It's this forever adding people onto this group, where the staff has to figure out whether there is a fee, that is difficult. It slows everything down.

Dr. Davidson stated that this should be OSMA's issue.

Mr. Albert stated that the large groups get off easier than the massage therapists do.

Mr. Browning stated that the Board talked about getting involved in negotiating on this subject. It should do that.

Dr. Davidson stated that the Board should work out a proposal.

Ms. Thompson stated that in this proposal, large institutions don't have to have utilization plans anymore. If it's hospital based, all the doctors that are supervising the P.A. in the hospital setting don't need a utilization plan. Kaiser Permanente doesn't have to sign up 500 doctors to supervise the P.A.s that are working for the system. They still have to do the supervision agreement, and they are doing that. The cap was put there because of these large institutions who were going to have to sign up, essentially, all the doctors on staff. They won't have to do that anymore if they're only using the P.A.s in the hospital. She stated that she doesn't know how many huge groups are out there that the cap will still impact.

Mr. Albert stated that the P.A.s basic certificate fee should be raised.

Dr. Steinbergh suggested that the Board seek an increase in the initial P.A. Registration fee to \$275.00. She added that she would be willing to make that a motion.

Mr. Browning stated that there is a consensus that the P.A. should be paying a higher fee, and it should act accordingly to go over to the Legislature and get what it can.

Dr. Steinbergh stated that that's reasonable.

Dr. Egner spoke in support of also seeking an increase in the fee for the supervisory agreement.

LICENSURE COMMITTEE

Dr. Robbins stated that the Committee reviewed a number of licensure applications.

Maria E. Moutinho, M.D.

Dr. Moutinho’s application for licensure was considered by the Committee, as Dr. Moutinho has not been engaged in the active practice of medicine since March 2003. Dr. Robbins stated that the Committee recommends that she be required to pass the SPEX or the recertification examination.

DR. STEINBERGH MOVED TO APPROVE DR. MOUTINHO’S REQUEST FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, AND CONTINGENT UPON HER PASSING THE SPEX OR THE RECERTIFICATION EXAM OF THE AMERICAN BOARD OF PEDIATRICS. DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

John Hanagan, M.D.

Dr. Robbins stated that Dr. Hanagan’s request for endorsement licensure was presented to the Committee for consideration, as Dr. Hanagan has not been engaged in the active practice of medicine since 1997. He advised that the Committee recommends approval subject to his passing the SPEX.

MR. BROWNING MOVED TO APPROVE DR. HANAGAN’S REQUEST FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, AND SUBJECT TO HIS PASSING THE SPEX. MS. SLOAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye

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Dr. Robbins - aye
Dr. Saxena - aye
Dr. Steinbergh - aye
Dr. Davidson - aye

The motion carried.

Applicants Requesting Special Accommodations Under the Americans with Disabilities Act of 1990

Dr. Robbins stated that the Committee recommends approving all of the accommodation requests, and suggested that a single motion would be warranted.

DR. STEINBERGH MOVED TO GRANT THE FOLLOWING REQUESTS FOR SPECIAL ACCOMMODATIONS UNDER THE A.D.A.:

BARBARA LEA ALLYN, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF AND A SEPARATE TESTING AREA;

KELLI BAIN, M.T. APPLICANT'S REQUEST FOR EXTENDED TESTING TIME OF TIME AND A HALF AND A SEPARATE TESTING AREA;

BOBBY BILLINGSLEY, M.T. APPLICANT'S REQUEST FOR A TAPED OR ENLARGED FONT EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA;

BETH BRODMAN, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA;

KRISTIE KEITHLEY, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA;

REBECCA PATTERSON, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA;

MARCIA STEIN, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA;

BEVERLY THOBE, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM,

EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA; AND

REBECCA WITHAM, M.T. APPLICANT'S REQUEST FOR A TAPED EXAM, EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA.

DR. SAXENA SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Dr. Robbins advised that a lawyer representing Case Western University (CWRU) appeared before the Committee the previous day. CWRU is requesting that the Board reconsider its current stance on one's ability to renew a visiting faculty certificate. The current statute allows an eminent physician to obtain such a certificate which remains in effect for one year only. CWRU indicates that Ohio isn't being competitive, and the institutions are losing eminent physicians to other states because of the non-renewal restriction. Dr. Robbins stated that the lawyer will take the discussion back to CWRU, and the matter is now in their court. Dr. Robbins stated that, from his own point of view, these individuals ought to get a full license.

Dr. Steinbergh stated that the Board has had this discussion for years. From time to time the Board is approached to see whether it will change its mind.

Dr. Davidson stated that they kind of dance around the argument that these are researchers and need a little more time to do this cutting edge, world-class research. One year just doesn't get it. The question is whether or not this is clinical research. There is also a question about why these individuals aren't license eligible. She stated that these people could be left out there forever without a license, if the Board lets them.

Dr. Steinbergh stated that the Board's concern is that these individuals don't meet Ohio's criteria for licensure. They shouldn't be doing patient care if they don't meet licensure requirements.

Dr. Davidson stated that the idea behind the visiting faculty classification was to allow someone to come in and teach a new procedure or something. Some states do have a limited license classification. Dr. Davidson

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stated that no one on the Committee was interested in pursuing that. It would be big departure from how things stand now.

SCOPE OF PRACTICE COMMITTEE

Dr. Steinbergh stated that the Committee met and again reviewed the *Joint Regulatory Statement Regarding the Provision of Esthetic, Cosmetology and Related Services*. She stated that in October the Committee met with representatives of the Ohio State Board of Cosmetology to discuss proposed revisions to the Statement. The Committee did accept some language changes suggested by the Board of Cosmetology. The Committee was going to bring the revised version to the Board, but in the meantime received some letters from dermatologists, plastic surgeons and their respective attorneys, and, basically, they wanted the language changed back to the original language. Dr. Steinbergh stated that, based on the objections from the physicians, the Committee has reaccepted the March 2005 statement and that will come to the Board for final adoption in December.

Dr. Egner asked whether the Cosmetology Board is all right with returning to the old language.

Dr. Steinbergh stated that the Cosmetology Board's new Executive Director was present at the meeting, and her take was that this will be approved by that Board.

LIMITED BRANCH & ALTERNATIVE MEDICINE COMMITTEE

Dr. Steinbergh stated that in Dr. Buchan's absence she will report for the Committee. The Committee reviewed applications for certificates of good standing from a number of different institutions. The Committee found that all of the schools meet the Board's criteria and it recommends approving all of the applications.

MR. ALBERT MOVED TO GRANT CERTIFICATES OF GOOD STANDING TO THE FOLLOWING INSTITUTIONS: SANFORD BROWN INSTITUTE; BUTLER TECHNOLOGY & CAREER DEVELOPMENT SCHOOLS; THE COMMUNITY COLLEGE OF BALTIMORE COUNTY; HOCKING COLLEGE; KNOX COUNTY CAREER CENTER; LAKELAND COMMUNITY COLLEGE; NORTH CENTRAL STATE COLLEGE; OHIO ACADEMY OF HOLISTIC HEALTH; OHIO ACADEMY OF PROFESSIONAL STUDIES; S.H.I. INTEGRATIVE MEDICAL MASSAGE SCHOOL; AND STAUTZENBERGER COLLEGE. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye

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Dr. Saxena - aye
Dr. Steinbergh - aye
Dr. Davidson - aye

The motion carried.

P.A. COMMITTEE

Dr. Talmage stated that the Committee reviewed a number of supplemental utilization plans.

Timeless Skin Solutions

Dr. Talmage stated that the Committee reviewed Timeless Skin Solutions' request to allow their P.A.s to perform light-based hair removal. The Committee recommends approval.

DR. TALMAGE MOVED TO APPROVE TIMELESS SKIN SOLUTIONS' REQUEST TO ALLOW THEIR P.A.S TO PERFORM LIGHT-BASED HAIR REMOVAL, IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 20 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 50 PROCEDURES TO DETERMINE COMPETENCY. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert - aye
Dr. Egner - aye
Dr. Talmage - aye
Dr. Varyani - aye
Mr. Browning - aye
Ms. Sloan - aye
Dr. Robbins - aye
Dr. Saxena - aye
Dr. Steinbergh - aye
Dr. Davidson - aye

The motion carried.

Southwest Cardiology

Dr. Talmage advised that the Committee reviewed a number of requests from the above-captioned group, and recommends approval of all duties with the exception of Swan-Ganz catheter insertion. The other requests, insertion of radial arterial lines, noninvasive cardiac stress testing, removal of intra-aortic balloon pump, insertion of central venous catheter, and removal of Swan Ganz catheter, are within or more stringent than the limits the Board has placed on others it previously approved.

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Dr. Varyani stated that he has a problem with allowing P.A.s to insert central and arterial lines.

Dr. Davidson stated that she would like to see age restrictions on the insertion of central venous and arterial lines.

DR. TALMAGE MOVED TO APPROVE SOUTHWEST CARDIOLOGY'S REQUESTS FOR ITS P.A.S TO PERFORM: REMOVAL OF SWAN GANZ CATHETER, IN AN OFFICE SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 10 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM ALL PROCEDURES TO DETERMINE COMPETENCY; REMOVAL OF INTRA-AORTIC BALLOON PUMP, IN A HOSPITAL SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 5 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 5 PROCEDURES TO DETERMINE COMPETENCY; AND NONINVASIVE CARDIAC STRESS TESTING, IN A HOSPITAL SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY. DR. VARYANI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Concerning the group's request for its P.A.s to perform the insertion of central venous catheters, Dr. Davidson stated that she believes that P.A.s should only be allowed to perform this on adults. She also has some concern about the site of catheterization, whether subclavian or jugular. Most of the time, they're assuming "adult" because that's their practice, but she thinks that more and more practices are getting an occasional child. It's more relevant to have their practice plan restricting them away from the occasional child, where they could get into a lot of trouble.

Dr. Steinbergh asked what age should be specified.

Dr. Davidson stated that in the trauma setting they have stipulated age 12 and above.

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Dr. Varyani asked whether Dr. Davidson would mind having a P.A. insert a subclavian venous catheter. He asked whether any Board member would mind that. Dr. Varyani stated that he wants a well-trained physician sticking his subclavian. He wouldn't want a P.A. to do the procedure on him.

Dr. Steinbergh stated the Board does agree with him, but over time the cardiologists have come in, presented their educational plans, and have indicated to the Board the closeness with which they teach these P.A.s. The Board questioned why residents aren't doing this instead of the P.A.s. The Board has had this discussion over and over.

Dr. Davidson stated that P.A.s can now take the ATLS course in its totality and get a certificate that looks the same as a physician's.

Dr. Varyani stated that he wouldn't want a certified thoracic surgeon putting a subclavian in him, let alone a P.A. He would allow them to do an internal jugular, but there is no way he would want a P.A. to insert a venous line. He added that he's sure the Board has approved this before, but he's concerned.

Dr. Talmage stated that the Board has approved this before. The testimony has always been that the physician is accomplishing other tasks on that patient while the P.A. is putting the line in. The physician is actually in the room supervising.

DR. TALMAGE MOVED TO APPROVE SOUTHWEST CARDIOLOGY'S REQUEST FOR ITS P.A.S TO INSERT CENTRAL VENOUS CATHETERS, IN ADULTS AND CHILDREN OVER 12 YEARS OF AGE ONLY, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- nay
	Mr. Browning	- nay
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Dr. Talmage stated that, based upon precedent, the Committee also recommends to deny approval of the group's request for its P.A.s to insert Swan Ganz catheters.

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DR. TALMAGE MOVED TO PROPOSE TO DENY SOUTHWEST CARDIOLOGY'S REQUEST FOR PERMISSION FOR ITS P.A.S TO INSERT SWAN-GANZ CATHETERS ON THE BASIS THAT THE PROCEDURE IS COMPLEX, CARRIES A HIGH POTENTIAL FOR COMPLICATIONS, AND IS OUTSIDE THE SCOPE OF PRACTICE OF A PHYSICIAN ASSISTANT. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Dr. Talmage stated that the Committee pulled the request to insert radial arterial lines for discussion by the Board.

Dr. Egner asked what the Board's history on this is.

Dr. Talmage stated the Board has approved this. Generally, in the past, insertion of arterial lines has been limited to radial artery only, although the Board hasn't been consistent. The Board had a concern about the brachial artery and arterial injury.

Dr. Davidson stated that, if the Board approves this, she wants it to be for patients aged 12 and older only.

Dr. Varyani spoke in opposition, stating that he thinks that recent studies show that there are more problems with radial artery insertions than in brachial artery insertions.

Dr. Talmage stated that the precedent was set on information the Board had at the time. He noted that Dr. Garg was the primary advocate of radial artery only. He asked how recent the studies were.

Dr. Varyani stated that it was within ten years. He stated that some people have blocked ulnar arteries, and if you cannulate the radial artery, there will be a narrowing of the artery and more chances of the hand falling off because of gangrene. With the brachial artery, there are much fewer problems, but there are more infection problems. People don't like the brachial artery because you have to keep the arm straight.

Dr. Talmage stated that he's hearing that Dr. Varyani is more concerned about the radial than the brachial,

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and the Board has restricted it to the radial artery in the past. He suggested that the Board revisit that. He asked Dr. Varyani to provide the P.A. Committee with the literature. He stated that if there is new data, the Board can change its mind.

Dr. Varyani stated that, at this time, if the Board has approved this request before, then it should now. He added that he will be voting against the motion.

DR. TALMAGE MOVED TO APPROVE SOUTHWEST CARDIOLOGY'S REQUEST FOR ITS P.A.S TO INSERT RADIAL ARTERIAL LINES, IN ADULTS AND CHILDREN OVER 12 YEARS OF AGE ONLY, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM NO LESS THAN 25 PROCEDURES TO DETERMINE COMPETENCY. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- nay
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

Eliot Mostow, M.D.

Dr. Talmage stated that the Committee reviewed Dr. Mostow's request for his P.A. to perform wart removal by light based medical device. The Committee recommends denial on the basis that this is surgery and not statutorily allowed for a P.A.

DR. TALMATE MOVED TO PROPOSE TO DENY DR. MOSTOW'S REQUEST FOR HIS P.A. TO PERFORM WART REMOVAL BY LIGHT-BASED MEDICAL DEVICES ON THE BASIS THAT THE PROCEDURE IS SURGERY AND NOT STATUTORILY ALLOWED FOR A P.A. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye

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Ms. Sloan	- aye
Dr. Robbins	- aye
Dr. Saxena	- aye
Dr. Steinbergh	- aye
Dr. Davidson	- aye

The motion carried.

Westerville Dermatology

Dr. Talmage stated that the Committee reviewed the above-captioned's request for its P.A. to perform elliptical excisions less than 2 cm. Dr. Talmage stated that this request should be denied, based on the fact that this is a large lesion and the procedure is considered to be surgery by both the P.A. Policy Committee and the P.A. Committee.

DR. TALMAGE MOVED TO PROPOSE TO DENY WESTERVILLE DERMATOLOGY'S REQUEST FOR ITS P.A. TO PERFORM ELLIPTICAL EXCISIONS LESS THAN 2 CM ON THE BASIS THAT THE PROCEDURE IS SURGERY AND NOT STATUTORILY ALLOWED FOR A P.A. MR. BROWNING SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Robbins	- aye
	Dr. Saxena	- aye
	Dr. Steinbergh	- aye
	Dr. Davidson	- aye

The motion carried.

At this time the Board held a brief discussion to plan the holiday luncheon for the Board and its staff, to be held on December 15, 2005.

MR. ALBERT MOVED TO ADJOURN. DR. SAXENA SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 10:33 a.m. on November 10, 2005, the November 9-10, 2005 meeting of the State Medical Board of Ohio was duly adjourned.

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We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on November 9-10, 2005, as approved on December 14, 2005.

Patricia J. Davidson, M.D.

Patricia J. Davidson, M.D., President

Lance A. Talmage, M.D.

Lance A. Talmage, M.D., Secretary

(SEAL)

