

December 10, 2003

MINUTES

THE STATE MEDICAL BOARD OF OHIO

December 10, 2003

R. Gregory Browning, Ph.D., President, called the meeting to order at 1:10 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: Anquetette Sloan, Vice-President; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Anant R. Bhati, M.D.; Deepak Kumar, M.D.; Patricia J. Davidson, M.D.; Andrew F. Robbins, Jr., M.D.; and Anita M. Steinbergh, D.O. The following joined the meeting at a later time: David S. Buchan, D.P.M.; and Anand G. Garg, M.D., The following did not attend the meeting: Lance A. Talmage, M.D., Secretary.

Also present were: Thomas A. Dilling, Executive Director; William J. Schmidt, Assistant Executive Director; Diann K. Thompson, Assistant Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Mark Wayda, Chief of Executive Staff; Lauren Lubow, Senior Executive Staff Attorney; Shannon F. Baldwin, Executive Staff Attorney; Lori S. Gilbert, Chief Enforcement Attorney; Mark R. Blackmer, Marcie P. Burrow, Sally J. Debolt, David P. Katko, Rebecca J. Marshall, Karen H. Mortland, Kathleen S. Peterson, and Charles A. Woodbeck, Enforcement Attorneys; Rebecca J. Albers, Kyle C. Wilcox, and Gregory A. Perry, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development; Danielle Bickers, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore and Annette Jones, Disciplinary Information Assistants.

EXECUTIVE SESSION

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

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- 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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Dr. Buchan and Dr. Garg joined the meeting during the executive session.

The following joined the meeting after the executive session: R. Gregory Porter, Chief Hearing Examiner; Sharon W. Murphy and Daniel J. Roberts, Hearing Examiners.

MINUTES REVIEW

DR. BHATI MOVED TO APPROVE THE MINUTES OF NOVEMBER 12-13, 2003. DR. KUMAR SECONDED THE MOTION. A vote was taken

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Mr. Browning announced that the Board would now consider the findings and orders appearing on the Board's agenda. He asked whether each member of the Board had received, read, and considered the hearing record, the proposed findings, conclusions, and order, and any objections filed in the matter of: James Charles Helphenstine, D.O. A roll call was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye
	Mr. Browning	- aye

Mr. Browning 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:

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ROLL CALL:	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye
	Mr. Browning	- aye

Mr. Browning 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 this matter.

Mr. Browning stated that if there were no objections, the Chair would dispense with the reading of the proposed findings of fact, conclusions and order in the above matter. No objections were voiced by Board members present.

The original Report and Recommendation shall be maintained in the exhibits section of this Journal.

[JAMES CHARLES HELPHENSTINE, D.O.](#)

Mr. Browning directed the Board's attention to the matter of James Charles Helphenstine, D.O. He advised that objections were filed to Hearing Examiner Murphy's Report and Recommendation and were previously distributed to Board members.

Mr. Browning continued that a request to address the Board has been timely filed on behalf of Dr. Helphenstine. Five minutes would be allowed for that address.

Dr. Helphenstine was accompanied by his attorney, David K. Orensten.

Dr. Helphenstine advised that today is his 403rd day of continuous sobriety. His focus today is the same as it was yesterday – to remain sober, regardless of the events and situations that may occur in his life today. Dr. Helphenstine acknowledged that he has not always been able to do that, and stated that that is why he is before the Board today. He stated that he has developed and maintained this daily focus in the last year out of necessity.

Dr. Helphenstine advised that one year ago he had a choice to make: to continue on a path of self-destruction, or to develop an intense daily focus of sobriety. He's choosing the latter path one day at a time. As part of his daily recovery, he takes full responsibility for his past actions and subsequent consequences that have occurred. These consequences include not being a practitioner of medicine since

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August 2002. He realizes that he may never practice medicine again, but his hope is that the Board will allow him to return to medicine. Dr. Helphenstine stated that he is at the Board's mercy. He added that he will gladly take the necessary steps to regain his license, if the Board gives him that chance.

Dr. Helphenstine continued that, since August 2002, he has had many changes in his life. These changes include gainful employment in the insurance industry with Metlife. His superiors have been aware of his situation and history of drug abuse since the day he was interviewed. Fortunately, they gave him the chance to get up every morning and go to work. He has done well and has been recognized for his efforts.

Dr. Helphenstine stated that he now understands that any success he has in his life only happens if he puts sobriety, not himself, first in his life each and every day. He achieves this through daily devotions to his higher power, attending A.A. meetings and regular study of the Big Book. These habits will remain with him the rest of his life, regardless of the Board's decision today.

Dr. Helphenstine thanked the Board for the time it is taking to carefully considering this matter, and he apologized for having to be on the Board's agenda today.

Mr. Browning asked whether the Assistant Attorney General wished to respond.

Mr. Perry advised that this wasn't his case, and he had no involvement in it until after the Report and Recommendation was written. When he went through the case there were a couple of things that stuck out that he would like the Board to consider.

Mr. Perry stated that the Hearing Examiner in this case did an excellent job in laying out all of the facts for the Board. As the Board can tell, this isn't just one case. It is three separate and distinct cases. There was the step 1 consent agreement in March 1999, the summary suspension in 2002, and this case dealing with a relapse in January 2003. He stated that when he reviewed the history, what really stood out was that in this case there is a consistent theme where this physician's words will tell you one thing, but his actions and conduct tell an entirely different story.

Mr. Perry noted that in November 2001, Dr. Helphenstine had probably his most significant relapse. He started pill sharing with third parties. He started using drugs again. This went on for ten months and he did not get caught. He had his attorney report him after ten months. Mr. Perry stated that that concerns him because he wonders how it is possible that Dr. Helphenstine could go that length of time using these drugs without getting caught. Obviously, the only way he could do that is if he were capable of mimicking the signs of recovery. That's alarming.

Mr. Perry continued that the second thing to consider is Dr. Helphenstine's efforts to conceal. He timed his drug use around his drug screens. That alone tells the Board that he was fully capable of planning and controlling his drug use. He did that to avoid detection.

Mr. Perry stated that the third thing that concerns him is Dr. Helphenstine's efforts at deception, not just his controlled substances logs, but also the quarterly declarations he was filing with the Board, telling the Board that he was compliant when, in fact, he was not.

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Mr. Perry stated that now the Board has this case. Dr. Helphenstine tells the Board that it was only one pill, one time. He claims that it was an isolated incident, he had no intent to violate his recovery, and it was an error in judgment. Mr. Perry stated that if this involved someone like himself, who doesn't really know anything about medicine, and he took somebody's prescription medication, that would be an error in judgment. But for a healthcare professional to do that, it would be a serious error in judgment. For someone in Dr. Helphenstine's position, who has been suspended twice and is running the ragged edge of losing his livelihood forever, to knowingly ingest someone else's prescription medication, regardless of whether it's a controlled substance or not, you can't pass it off as an error in judgment. Somebody in that situation takes drugs for one reason and one reason only and that's because they want to. This is the same person who, in three days, would tell the Board's Hearing Examiner that he was fully aware of how to deal with his sobriety and that maintaining his sobriety was the most important thing in his life.

Mr. Perry acknowledged that this most recent case did involve just one pill, one time, but what was he doing? He was pill sharing with a third party. What did he do in the hearing? He was mimicking the signs of recovery. He was concealing his drug use and trying to deceive the Board. Now he wants the Board to give him a break, and to give him credit for his two years of sobriety. Mr. Perry stated that he would maintain that those two years of apparent sobriety were followed by ten months of deception and drug use. With these facts, this physician should be very grateful that the Proposed Order isn't harsher than it is. If the Board considers modifying the Proposed Order at all, it should consider increasing the sanction rather than decreasing it.

DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF JAMES CHARLES HELPHENSTINE, D.O. DR. BHATI SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that she absolutely agrees with the Proposed Order in this case. This is a severely impaired physician who had just been through a previous consent agreement. She stated that she absolutely disagrees that the one pill/one time was a minor error in judgment. Dr. Steinbergh stated that this is an impaired physician who knew he was taking something. His excuse is preposterous.

Dr. Steinbergh stated that the proposed two years' suspension is appropriate, as are the probationary terms, which includes another 28-day inpatient treatment prior to reinstatement. She added that Dr. Helphenstine will be lucky to have the opportunity to come back.

Dr. Bhati asked Dr. Steinbergh why she thinks that Dr. Helphenstine will behave any differently than he has.

Dr. Steinbergh stated that she doesn't know that he will.

Dr. Bhati stated that he's not sure that he sees a light at the end of the tunnel to indicate that Dr. Helphenstine will be able to function in the future.

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Dr. Steinbergh stated that she doesn't disagree with that, adding that she believes that Dr. Helphenstine's chances for success are small. His disease is significant and his choices have been inappropriate. However, if the Board wants to believe the disease model, this gives Dr. Helphenstine the opportunity to recover and practice again.

Dr. Buchan stated that the light for him is that Dr. Helphenstine hasn't completed a 28-day program. Because of that, he is willing to give Dr. Helphenstine one last shot. He advised Dr. Helphenstine that the Board is here to help him through the process, but it is only giving him one more shot.

Dr. Kumar asked whether Dr. Steinbergh's motion makes the proposed suspension retroactive to the date of the summary suspension.

Dr. Steinbergh stated that it does not. She added that the longer the suspension, the better off Dr. Helphenstine would be.

Mr. Albert returned to the meeting at this time.

Dr. Davidson stated that the Board has talked about the disease model and the chances for recovery and it wishes that all impaired physicians could recover. She added, however, that the opportunity to be a physician is very different from the opportunity to recover. Dr. Helphenstine has indicated that he's been successful in insurance. She suggested that may be where he belongs. The Board has seen Dr. Helphenstine relapse and commit acts constituting a felony over and over again. She stated that she has little hope that things will be different this time. Dr. Davidson stated that she found Mr. Perry's comments to be very compelling. It's one thing for a lay person to take medication without knowing what it is, but totally different for a physician, especially one who is impaired, to do it. Dr. Davidson stated that she could support revocation of Dr. Helphenstine's license.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- nay
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- nay
	Dr. Davidson	- nay
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye
	Mr. Browning	- aye

The motion carried.

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FINDINGS, ORDERS AND JOURNAL ENTRIES

THORSTEN ROGER FLEITER, M.D.

Mr. Browning advised that, by letter of October 27, 2003, the Board notified Dr. Fleiter that it proposed to deny his application for a visiting faculty certificate in Ohio based upon the fact that Dr. Fleiter had previously been issued a visiting faculty certificate, which certificate expired on September 30, 2003, and that Section 4731.293, O.R.C., and Rule 4731-6-32(D), O.A.C., prohibit the renewal of such certificates or the issuance of a second certificate. Said notice was mailed via certified mail, return receipt requested, to Dr. Fleiter's address of record. A signed certified mail receipt was returned to the Board from that mailing, documenting proper service of the notice; however, no hearing request has been received from Dr. Fleiter and more than 30 days have elapsed since the mailing of the second notice. The matter is therefore before the Board for final disposition.

DR. BHATI MOVED TO ENTER AN ORDER DENYING DR. FLEITER'S APPLICATION FOR A VISITING FACULTY CERTIFICATE. DR. STEINBERGH SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Bhati stated that the rule dictates that no one gets a visiting faculty certificate for more than one year. The motion to deny is appropriate in this case.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

EVERETT LEROY JUNG, M.D.

Mr. Browning advised that by letter of October 3, 2003, the Board notified Dr. Jung that it proposed to approve his application for restoration of his certificate to practice medicine and surgery provided that he take and pass the Special Purpose Examination (SPEX) due to the fact that Dr. Jung has not engaged in the active practice of medicine for more than two years. Said notice was mailed via certified mail, return receipt requested, to Dr. Jung's address of record. A signed certified mail receipt was returned to the

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Board documenting proper service of the notice; however, no hearing request has been received from Dr. Jung and more than 30 days have elapsed since the mailing of that notice. The matter is therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO ENTER AN ORDER APPROVING DR. JUNG'S APPLICATION FOR RESTORATION OF HIS CERTIFICATE TO PRACTICE MEDICINE AND SURGERY, PROVIDED THAT HE TAKE AND PASS THE SPEX. DR. BHATI SECONDED THE MOTION.

Mr. Browning stated that he would now entertain discussion in the above matter.

Dr. Bhati stated that Dr. Jung was informed that if he passes the SPEX, he will get his license. Since he neither responded to the Board's letter, nor requested a hearing, the motion is appropriate.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

[MORDECHAI RABINOVITZ, M.D.](#)

By letter of September 23, 2003, the Board notified Dr. Rabinovitz that it proposed to deny his application for a certificate to practice medicine and surgery in Ohio based upon the fact that Dr. Rabinovitz does not hold a license from another state or other status that would permit the Board to grant a license without examination, pursuant to Section 4731.29, O.R.C., and Rule 4731-6-16, O.A.C. Further, the Board advised Dr. Rabinovitz that he had not passed an examination sequence that would, pursuant to Section 4731.14, O.R.C., and Rule 4731-6-14, O.A.C., permit the Board to grant a license. Said notice was mailed via certified mail, return receipt requested, to Dr. Rabinovitz's address of record and again on October 22, 2003 to the address contained in Dr. Rabinovitz' restoration application. A signed certified mail receipt was returned to the Board from the second mailing, documenting proper service of the notice; however, no hearing request has been received from Dr. Rabinovitz and more than 30 days have elapsed since the mailing of the second notice. The matter is therefore before the Board for final disposition.

DR. STEINBERGH MOVED TO ENTER AN ORDER DENYING DR. RABINOVITZ LICENSURE APPLICATION. DR. BHATI SECONDED THE MOTION.

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Dr. Steinbergh noted that Dr. Rabinovitz holds a Pennsylvania license, which was based on ECFMG certification. She questioned his being denied in Ohio because he does not have the proper examination sequence.

Ms. Thompson explained that, if you hold a license in another state, there are seven exam combinations that are acceptable in Ohio. If you do not hold a license in another state, there are three combinations that are acceptable. Dr. Rabinovitz has not completed any of the three acceptable combinations, nor is his Pennsylvania license based on any of the seven acceptable combinations.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

At this time Mr. Browning tabled the topic of Findings Orders and Journal Entries until later in the meeting.

CITATIONS, PROPOSED DENIALS AND ORDERS OF SUMMARY SUSPENSION

Mr. Browning advised that for the first set of citations, Dr. Garg served as Secretary and may not vote.

[ROBERT A. BERKMAN, 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. BHATI MOVED TO SEND THE CITATION LETTER TO DR. BERKMAN. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye

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Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

[FRED ANDREW BRINDLE, 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. BRINDLE.
DR. BHATI SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

[ROBERT H. CHATFIELD, D.O. - 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. CHATFIELD.
DR. ROBBINS SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

[EMILIO ALDO ESPINOSA, 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. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. ESPINOSA. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

[CHARLES R. HARTMAN, 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. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. HARTMAN. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain

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Dr. Steinbergh - aye

The motion carried.

[WILLIAM W. HUNTER, JR., 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. BHATI MOVED TO SEND THE CITATION LETTER TO DR. HUNTER.
DR. STEINBERGH SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

[NEEL N. SHETH, 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. BHATI MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. SHETH.
DR. DAVIDSON SECONDED THE MOTION.** A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

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The motion carried.

[KRISTOPHER N. WANKEWYCZ, M.T. - 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. BHATI MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO MR. WANKEWYCZ. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

[MARY MEI-LING YUN, 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. BHATI MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO DR. YUN. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

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The motion carried.

[GERARD M. JIRKA, P.A. - 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 MR. JIRKA. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

Mr. Browning advised that for the next set of citations, Dr. Garg did not serve as Secretary and may, therefore, vote.

[MARCIA K. BISHOP, M.T. - NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING](#)

At this time the Board read and considered the proposed Notice Of Immediate Suspension And 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 SEND THE NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING TO MS. BISHOP. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye

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Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

[HISHAM H. SOLIMAN, 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. GARG MOVED TO SEND THE LETTER OF PROPOSED DENIAL TO DR. SOLIMAN. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

[TOBY J. TIPPIE, P.A. - NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING](#)

At this time the Board read and considered the proposed Notice Of Immediate Suspension And 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 SEND THE NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING TO MR. TIPPIE. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye

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

The motion carried.

[MICHAEL L. HENDRIXSON, D.O. - 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. HENDRIXSON. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

RATIFICATION OF CONSENT AGREEMENTS

[RODNEY HILLMAN, P.A.](#)

DR. BHATI MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH MR. HILLMAN. DR. BUCHAN SECONDED THE MOTION.

Dr. Steinbergh noted that this was a case where the P.A. worked for 15 months under a lapsed registration. She stated that she will vote to ratify this case, but, in the future, she would prefer to see a suspension period included in cases such as this.

Mr. Dilling suggested that that might be a matter for the Board's Disciplinary Guidelines & Policy Committee to consider.

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

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Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Garg left the meeting at this time.

[ALAN B. STORROW, M.D.](#)

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Steinbergh	- aye

The motion carried.

[DAVID E. SUBLER, M.D.](#)

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye

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

The motion carried.

Dr. Garg returned to the meeting at this time.

[RICHARD R. AUGSPURGER, M.D.](#)

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. AUGSPURGER. DR. BHATI SECONDED THE MOTION.

Dr. Steinbergh stated that she found this case to be pretty interesting. She agrees with the Consent Agreement, but this involves a physician who failed to inform his partner of a hospitalization of one of his patients. The Board can assume what went on, and she's hoping that nothing else was significant in this case. Apparently, the Colorado Board took care of this.

Dr. Kumar asked if the Board can see the actual action taken by the Colorado Board.

Mr. Dilling advised that the information can be obtained for Board members interested in seeing it.

DR. STEINBERGH MOVED TO TABLE THE CONSENT AGREEMENT WITH DR. AUGSPURGER. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- abstain
Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- aye

The motion carried.

[W. ANDREW HIGHBERGER, M.D.](#)

DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. HIGHBERGER. DR. BHATI SECONDED THE MOTION.

Dr. Davidson stated that she had a problem with this consent agreement. This is an anesthesiologist whose

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assessing addictionologist had recommended that he not engage in operative anesthesia for a year. Dr. Davidson stated that she didn't find that reasoning to be very supported, knowing the practice of anesthesia as she does. She stated that she wouldn't want this type of agreement to be repeated. She commented that it may make no difference here.

Dr. Steinbergh asked whether Dr. Davidson believes that, based upon the recommendation of the addictionologist, Dr. Highberger should not be doing intra-operative anesthesia.

Dr. Davidson stated that the addictionologist said that Dr. Highberger can do OB and pain. Dr. Davidson stated that the addictionologist indicated that he was basing his decision on his personal exposure to OB anesthesia as a husband consumer. He didn't see any narcotics used. Dr. Davidson stated that that is just not the case. There are plenty of narcotics. The operative anesthetic arena has greater oversight than some of the satellite anesthetic locations, a better ability to monitor physicians, and better peer review than dispatching him to an outpost.

Dr. Davidson continued that she has talked with individuals and would like to get involved in researching, perhaps a template consent agreement for impaired anesthesiologists re-entering the field of anesthesia. She stated that she's not sure that this consent agreement is the best for this type of situation.

Dr. Steinbergh suggested that this topic be placed on the Consent Agreement Committee's agenda for January.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

REPORTS OF ASSIGNED COMMITTEES

EXECUTIVE COMMITTEE

Mr. Browning advised that the Committee heard Mr. Dilling's administrative report, and went through some procedural materials. It also discussed the upcoming Federation Annual Meeting. Mr. Browning asked that Board members begin to think about whether or not they wish to attend.

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PRESCRIBING COMMITTEE

Dr. Davidson stated that there has been no meeting of the Committee on Prescriptive Governance since the last Board meeting, so she had no report to make to the Committee.

Dr. Davidson added that the Committee spent a lot of time talking about the Compassionate Care Task Force (CCTF), which meets on a monthly basis. The CCTF is scheduled to make its report in March.

Dr. Davidson stated that the Committee also discussed the Optometry Board's formulary rule. She indicated that she thought that there had been a compromise in place and that the Optometry Board was going to include a mandate that optometrists should refer patients receiving antivirals within 48 hours. Optometrists have dug their heels in, indicating that they don't need the mandate. The Ophthalmology Society is not in support of the compromise effort to allow optometrists to prescribe antivirals and have indicated that the Optometry Board lacks the statutory authority to do this.

Dr. Davidson stated that Dr. Robbins is going to work to see if the Board can participate meaningfully in future discussions, and to see if a compromise can be reached. Dr. Davidson commented that the Board may eventually prepare a letter about its position for JCARR.

Dr. Robbins stated that the Ophthalmology Society was in favor of the compromise; they were in favor of allowing the antivirals, but with the stipulation that the patient be referred to a physician within 48 hours. The Committee was told that the Optometry Board also agreed to that, but that wasn't the case when it got down to crunch time.

Dr. Bhati stated that using antiviral drugs is the practice of medicine. He doesn't think that the optometrists are on firm ground in this.

Mr. Dilling stated that optometrists are allowed to prescribe under the law. He noted that the statutes were changed ten years ago. Mr. Dilling stated that this is the changing face of medicine. The Legislature sees it as the practice of optometry, and they have built some system to allow for others to comment on it. The optometrists have a statute that allows them to prescribe medications under a formulary, and they have a statute allowing them to create that formulary. The statute requires them to consult with the Pharmacy Board on that formulary. Historically, the Optometry Board has allowed the Medical Board to be a part of the discussions, although that is not statutorily required of them. The Medical Board has offered some type of compromise that it feels is reflective of the standard of care of all practitioners with these types of medical problems. The Optometry Board agrees that there should be a referral for the systemic part of this, which is, absolutely, medically indicated. What the Optometry Board is against is a rule requirement that says, "you have to do it." It asks that the Medical Board see its practitioners as responsible people who will refer patients.

Mr. Dilling stated that what the Committee needs from the Board today is direction on how to comment to JCARR on the proposed compromise. He indicated that this won't be heard by JCARR until February, so to do anything else besides send the letter would be a bit premature.

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Dr. Bhati stated that one thing that scares the heck out of him is ophthalmic viral infections where somebody is prescribing antiviral drugs and doesn't have the authority to follow up and manage the systemic treatment. If the statutes allow them to use it, he suggested that the Legislative Liaison Committee find a way to object to that.

Mr. Dilling stated that the Board has objected over the years. He knows that ten years ago the Board took a stance that was consistent with the ophthalmological society and said that this isn't a good idea, but the statute passed. The Board has had some impact in terms of tweaking such statutes and putting in some public protection safeguards, but the gist of it is that Ohio is way behind the curve of the 49 other states, and Ohio is moving this way. There are access problems. Medicine today is practiced in a collaborative environment with all of these different practitioners.

Dr. Robbins stated that the concern is that patients with viral infections are very high risk and need to be followed very closely. That's the concern here. Things don't happen necessarily right away. The patient can come in and look great, but he takes care of a lot of these cases and they don't do well and they need very close supervision and follow-up. They need to get the family doctors and internists involved in their care. The optometrists agree with that philosophy, but they don't want it written down that they have to do it.

Dr. Buchan commented that for anybody other than the Medical Board to contact the Pharmacy Board to ask for an open-door policy just wreaks of poor motivation. Legislatively, it's ridiculous to have a Board discuss what prescribing practices should be with the Pharmacy Board. The prospect of failure is huge, and who would better know what is best in the practice of medicine than the Medical Board.

Mr. Dilling stated that the Pharmacy Board has expertise as to what the effects of those drugs are and where they are scheduled and so forth. The Legislature put that into play because they wanted to make sure that they heard that side of it. They didn't include the Medical Board and that was done for a reason. The Legislature doesn't want to hear from the Medical Board from an official standpoint.

Dr. Davidson stated that the Committee also followed up on the Joint Statement on Protocols. There are ongoing meetings on this Statement.

Mr. Dilling requested direction from the Board concerning a letter to be sent to JCARR on the optometry rules. The Board indicated that a letter of opposition should be prepared by staff under the supervision of Dr. Robbins and Mr. Browning.

LEGISLATIVE LIAISON AND RULES REVIEW COMMITTEE

Mr. Browning referred the Board to Mr. Wayda's [summary sheet](#), a copy of which shall be maintained in the exhibits section of this Journal.

Mr. Browning asked Mr. Wayda to address the Board concerning the chiropractic school rule.

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Mr. Wayda stated that there is a rule from 1976 that is being reviewed by the Chiropractic Board under its five-year review plan. There is language in both the old rule and the revised rule that states that the school should strive to educate chiropractors to be primary care physicians to take the responsibility for patients. The Committee has some problem with this "primary care" language. The "take the responsibility for patients" language is taken directly from the statute in their scope of practice. The Committee would like to have more information. The Ohio State Medical Association, the Ohio Academy of Family Physicians and the Ohio Society of Anesthesiologists, all of whom opposed this rule in July 2002, have dropped their opposition. The Committee has asked the staff to talk to those organizations and find out what factors led them to drop their opposition and also to talk to the Chiropractic Board to find out what the meaning of that language really is. The staff will pursue that and report back to the Committee. He added that in two or three months the matter will be brought to the full Board.

EDUCATION, PUBLIC RELATIONS & RISK MANAGEMENT COMMITTEE

Dr. Egner stated that the next issue of *Your Report* will probably be mailed out in February.

Mr. Wayda commented that the issue will be on the Board's website within the next week or two.

LIMITED BRANCH & ALTERNATIVE MEDICINE COMMITTEE

Dr. Buchan noted that the Committee reviewed the application of the Desert Institute of the Healing Arts for a certificate of good standing for its Shiatsu program. He noted that the school's massage therapy program was previously approved. The Committee recommends approval of the Shiatsu program.

DR. BUCHAN MOVED TO GRANT A CERTIFICATE OF GOOD STANDING TO THE DESERT INSTITUTE OF THE HEALING ARTS' SHIATSU PROGRAM. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

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LICENSURE COMMITTEE

Robert C. Noble, M.D. and Judy E. Grishaber, D.O.

Dr. Garg stated that the Committee reviewed the licensure and restoration applications of Dr. Noble and Dr. Grishaber, respectively. Neither physician has been engaged in the active practice of medicine during the past two years. The Committee recommends approval of their applications, subject to their passing the SPEX or a recertification examination in their specialties.

DR. BHATI MOVED TO APPROVE DR. NOBLE'S APPLICATION FOR ENDORSEMENT LICENSURE AND DR. GRISHABER'S APPLICATION FOR RESTORATION OF HER LICENSE TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY, SUBJECT TO THEIR PASSING THE SPEX OR THEIR RECERTIFICATION EXAMINATIONS. DR. KUMAR SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Christine Hai, M.D.

Dr. Garg advised that Dr. Hai's request for special accommodations under the ADA for Step 3 of the USMLE was considered by the Committee at this time. Dr. Hai requested double testing time. She has been granted that for Steps 1 and 2 of the USMLE. The Committee recommends approval.

DR. BHATI MOVED TO GRANT DR. HAI'S REQUEST FOR SPECIAL ACCOMMODATIONS. DR. KUMAR SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Robbins - aye
Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

Dr. Bhati suggested that the Board authorize staff to approve requests for accommodations from applicants whose earlier requests were approved.

Mr. Dilling stated that staff will prepare standard language for a motion by the Board and bring it to a future meeting.

USMLE Pass/Fail Rate Information And Visas For IMGs Taking The CSE

Dr. Garg referred the Board to memoranda from Ms. Thompson and Ms. Wehrle, copies of which shall be maintained in the [exhibits](#) section of this Journal. He noted that staff gathered the information at the Board's direction.

Dr. Garg continued that Dr. Kumar has expressed concern about the issue of IMGs getting visas to take the CSE, and has suggested a Federation resolution on the timing of the CSE for IMGs.

Dr. Kumar stated that the way the CSE has been combined with the ECFMG creates a problem for the IMGs to come to do residencies here. The only place the CSE is given is in the United States. IMGs in foreign countries have to come to the United States to take the test, and that requires them to acquire a visa. Dr. Kumar stated that it is practically impossible to obtain a visa for that purpose. Staff has indicated that an IMG could get a 30-day tourist visa, but the practicality is that that's an impossibility. He stated that he can't get a tourist visa for his sister to come in for his daughter's wedding, let alone for someone to come in for this type of activity. Dr. Kumar stated that, currently, IMGs are coming into the United States under student visas.

Dr. Kumar stated that the issue is when ECFMG certification is issued. Usually the physician takes USMLE parts 1 and 2, and now they have included the CSE. He suggested a resolution asking the ECFMG to recognize USMLE part 1 and the written part of part 2 as a preliminary part of the ECFMG. Then the IMGs could apply for residencies and get J-1 visas, which are a lot easier to obtain, instead of tourist visas. Once they get the J-1 visa, they would have to pass the CSE within a certain time period. This would make the process for IMGs easier.

Dr. Kumar stated that he realizes that this is a complicated affair, but he believes the Board should take a resolution in this regard to the Federation. The Federation may not be able to do anything to the ECFMG itself; but if the Federation would support such a resolution, the ECFMG may take a look at it. Dr. Kumar commented that the way the process exists right now, he, himself, wouldn't be here.

Mr. Dilling stated that the CSE and ECFMG were combined in 1998. He asked what the experience has been during the past five years.

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Dr. Kumar stated that it has been a constant battle for an unnamed number of people who have to try to get ECFMG certification.

Mr. Dilling commented that it's a difficulty. Saying it's an impossibility might be a bit of a stretch since this has been going on for five years.

Dr. Kumar stated that if you do it legally, it's an impossibility.

Mr. Dilling stated that his experience with the Federation and the resolution process, the fact that this has been going on for some time is not going to be in the Board's favor in a resolution. He stated that such a resolution will be shot down by the Reference Committee, and it would get no support from the member states without educating people as to what the real problems are, and the possibilities from a legal standpoint.

Mr. Dilling stated that, with Dr. Kumar's assistance, the staff can draft a letter to the Federation, ECFMG and other interested parties, explaining the problem, and asking for comment. When responses are received, the Board can sort out how to attack the problem. To create a resolution by the February Board meeting would be difficult to do. The Board needs to be able to show that what Dr. Kumar is saying is, in fact, correct.

Dr. Bhati suggested contacting the Justice Department and the Residency Review Committee (RRC). These are the two groups who would be continuously involved.

Dr. Garg stated that Mr. Dilling's suggestion would be the better way to go for this year. He suggested contacting other states to get support for such a resolution.

Mr. Albert suggested contacting the Federation to see whether anyone else has raised this issue.

Mr. Dilling stated that the Board could do that. He added that he hasn't heard anyone else mention this issue.

Dr. Kumar stated that there was an extensive discussion of the problem at the IMG meeting of the AMA.

Shagufta Asifa Khan, M.D.

Dr. Garg advised that in November the Board approved Dr. Khan's application for endorsement licensure, subject to her passing the SPEX or her specialty recertification examination. The Board has since been informed that her specialty does not have a recertification examination, but that Dr. Khan would be permitted to sit for the certification examination, if the Board allowed that.

DR. STEINBERGH MOVED TO APPROVE DR. KHAN'S APPLICATION FOR ENDORSEMENT LICENSURE, SUBJECT TO HER PASSING THE SPEX OR HER CERTIFICATION EXAMINATION. DR. BUCHAN SECONDED THE MOTION. A vote was

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taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

USMLE Pass/Fail Rate Information

Dr. Robbins asked whether the pass/fail rates are broken down by medical schools.

Dr. Garg stated that the Board used to get such statistics for the schools in Ohio. The Board no longer gets that information.

Dr. Robbins wondered if anyone looks at that information and if a school in Ohio with a 60% pass rate and a 40% fail rate continues with that type of rate when the median is a 91% pass rate.

Mr. Dilling stated that the staff is preparing a presentation on the SPEX and trying to answer all of the Board's questions that members have had about the examination process.

P.A. COMMITTEE

Ms. Sloan indicated that the Committee reviewed a number of supplemental requests.

Advanced Heart and Lung Surgeons, Inc.

Ms. Sloan advised that the above has requested approval for the P.A. to perform the insertion of arterial lines in a hospital setting. This function has previously been approved by the Board.

DR. BHATI MOVED TO GRANT ADVANCED HEART AND LUNG SURGEONS, INC.'S REQUEST FOR THEIR P.A.S TO PERFORM THE INSERTION OF ARTERIAL LINES. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

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

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Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

The group's request for its P.A. to perform the insertion of central venous catheter in a hospital setting was also considered by the Committee. Ms. Sloan advised that the Committee noted that this procedure has been approved for P.A.s in the past, and recommends approval.

**DR. GARG MOVED TO APPROVE THE GROUP'S REQUEST FOR THE P.A. TO PERFORM THE INSERTION OF CENTRAL VENOUS CATHETERS IN A HOSPITAL SETTING.
DR. BHATI SECONDED THE MOTION.**

Dr. Davidson suggested that the language isn't specific enough. "Central venous catheter" could be via a lot of routes, and the risks are hugely different. There are also different risks when performing in a child or an adult.

Dr. Kumar stated that when he sees "central venous catheter," he's looking at whether they are doing it through the subclavian route or the internal jugular route.

Dr. Davidson stated that it could be femoral, or on the field in an open-heart situation.

Dr. Buchan stated that if you look at the didactic and clinical information provided in the plan, and if they adhere to that, they discuss the anatomy of the neck, shoulder and upper thorax. They're not talking about femoral insertions. The approval would be as per the application.

Dr. Steinbergh asked whether the language is identical to the language used in the past in terms of supervision and so forth.

Dr. Buchan stated that it is.

A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye

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Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

Affiliated Dermatology & Cosmetic Surgery Center, Inc.

Ms. Sloan advised that this group has three requests. The first is for the application of light-based medical devices for the purpose of hair removal. Ms. Sloan advised that this procedure has been approved by the Board in the past.

DR. BHATI MOVED TO APPROVE AFFILIATED DERMATOLOGY & COSMETIC SURGERY CENTER, INC.'S PLAN FOR ITS P.A.S TO PERFORM THE APPLICATION OF LIGHT BASED MEDICAL DEVICES FOR THE PURPOSE OF HAIR REMOVAL. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan stated that the group also requested approval for the P.A. to perform acne surgery. The Committee recommended approval for comedo removal only. The Committee felt the other procedures related to acne surgery have a high risk factor and are too complex for a P.A. to perform.

Dr. Kumar stated that the term, "acne surgery" goes beyond removal of the comedo, which is a plug in the gland. It includes surgery on the pustules, on the cysts, and intra-lesional corticosteroid injections. The Committee did note that those were simple and safe enough procedures for P.A.s to perform. There is a lot more potential for complications, such as scarring, etc.

Dr. Buchan proposed that the Board suggest to the group that the term "acne therapy" be used, and that it approve the comedo removal only as part of that therapy.

Dr. Steinbergh agreed with Dr. Buchan.

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DR. KUMAR MOVED TO APPROVE AFFILIATED DERMATOLOGY & COSMETIC SURGERY CENTER, INC.'S PLAN FOR ITS P.A.S TO PERFORM ACNE THERAPY; I.E., THE REMOVAL OF COMEDO ONLY. DR. KUMAR FURTHER MOVED TO DENY THE CENTER'S PLAN FOR ITS P.A.S TO PERFORM ACNE SURGERY BEYOND THE REMOVAL OF COMEDO ON THE BASIS THAT THE PROCEDURES ARE HIGHLY COMPLEX WITH A HIGH RISK TO THE PATIENT. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan continued that the third procedure requested by the group is cryotherapy. Ms. Sloan stated that prior to 1996, the Board denied this, but has since approved it.

DR. KUMAR MOVED TO APPROVE AFFILIATED DERMATOLOGY & COSMETIC SURGERY CENTER, INC.'S PLAN FOR ITS P.A.S TO PERFORM CRYOTHERAPY. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Akron Radiology

Ms. Sloan stated that Akron Radiology has five procedures for which it is seeking approval. She advised

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the Board that J. Eric Blum, M.D., from Akron Radiology, is present to answer any questions the Board members may have.

Ms. Sloan stated that the first procedure for which the group is seeking approval is Hysterosalpingogram.

Dr. Bhati advised that the Committee recommended denial of this because of the complexity of the procedure.

Dr. Egner agreed, stating that there is a lot of judgment that needs to be used during the procedure. She stated that she personally performs this procedure rather than send it to the radiologist to do. Dr. Egner described the different steps done in the procedure to make sure that it is an accurate test. She added that the physician makes a lot of decisions based on this test.

Dr. Garg asked what the down side is if the physician doesn't personally do the procedure.

Dr. Egner stated that there are complications the person performing the test could run into, and she described those complications, which included perforation of the uterus and reaction to the dye used. She noted the technique needed to do the procedure, the complications that can ensue and the seriousness of the procedure. The physician is making some awfully big decisions based upon the test.

DR. BHATI MOVED TO PROPOSE TO DENY THE REQUEST BASED UPON THE COMPLEXITY OF THE PROCEDURE AND THE HIGH RISK TO THE PATIENT. DR. KUMAR SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan indicated that the next procedure for which the group requested approval was for the performance of lumbar puncture. The P.A.P.C. recommended approval based upon the fact that the procedure would be done using fluoroscopic guidance. The Committee recommends denial of the procedure due to the risk of complications.

DR. GARG MOVED TO PROPOSE TO DENY THE REQUEST BASED UPON THE COMPLEXITY OF THE PROCEDURE AND THE HIGH RISK TO THE PATIENT.

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DR. STEINBERGH SECONDED THE MOTION.

Dr. Garg stated that there was a very detailed discussion by the Committee. He noted that, previously, request for approval of this procedure has been submitted by oncology groups. This is not a request from someone with training as a neurologist or a neurosurgeon, but is from a radiology group. Dr. Garg stated that he understands from Dr. Blum that the radiologists do all of these in Akron. This came as a surprise to him and to other Committee members. Because of the down sides, complications, problems and technical difficulties, it has become more of a practice to be done by internists. Very few radiologists do myelograms. Most are done by neurologists, neurosurgeons or anesthesiologists, because of the complexity of the procedure and because if it is done wrong, it is difficult to do it. Dr. Garg stated that he wouldn't allow his residents to do the procedure unless they were neurosurgical residents. Dr. Garg stated that it would be a mistake to approve this procedure to be done by a P.A. being supervised by another subspecialty to whom it is being referred because another physician felt the radiologist could do the job better.

Mr. Dilling stated this procedure had been denied several times prior to the statute and rules changes in 1996. When the rules were adopted a couple of years ago, this procedure was included as an "A" list function. He added that in 1998, the Board denied approval of this procedure for a group, and then the court overturned the denial.

Dr. Garg stated he did not approve having this function on the "A" list, and he has made a motion to deny this request because he believes it is a high risk procedure, highly complex procedure, that should not be done by any physician extenders or untrained physicians who are not used to doing the procedure routinely. Currently, there are limited indications for spinal taps. Many diagnostic reasons for using the procedure have died down. The volume of having to do the spinal taps, even for people who are used to doing them, is very small now. CT scans and MRIs are used instead. When a case is referred, it is being referred to a specialist to do the procedure because the referring physician didn't have the time to do it, did not want to do it, or was not capable of it, or felt it would be done more safely by someone else. Now that other person is training physician extenders to do it. Dr. Garg stated that that is very poor medicine, as far as he is concerned.

Dr. Egner asked Dr. Blum what he sees as the indications for this procedure.

Dr. Blum stated that the indications are mostly to rule out meningitis and for a whole spectrum of neurological conditions or other needs to make specific tests on the CSF.

Dr. Egner asked whether this is done on patients on whom it would be difficult to do the test blindly.

Dr. Blum stated that there are two classes of patients that they get. One is the patient that the referring physician feels it is going to be too hard because the patient has spine disease or the patient is just too corpulent and it's too deep and the needle can go off to the side. With fluoroscopy, which is part and parcel of the way radiologists do this procedure, some of these issues are obviated. For the depth issue with the corpulent patient, they have longer needles than comes in the tray. The fluoro really helps because you get to see exactly where you want to go and you can direct the needle there the first time. Their

success rate is very high because of the fluoro.

Dr. Blum stated that he agrees that these aren't the easiest procedures to do, but his group believes that they perform them very safely, and they believe that they can train a skilled, motivated individual to do them well.

Dr. Garg stated that at the Committee meeting, Dr. Blum indicated that the group does about five of these procedures a week. That seems a high number for a city the size of Akron. The Committee also talked about patients with arthritis and other conditions such as spinal stenosis. Those are the most difficult cases for those who have done thousands. Even those individuals will take the patient to the radiology department and do the procedure under fluoroscopy. The needles in the tray are the same, no matter who uses them.

Dr. Egner stated that, considering the fact that the reason the fluoroscopy is being used is for the more complicated, difficult patient, it doesn't seem reasonable that that's the patient that's given to the P.A. She stated that she believes she's been pretty liberal in her thinking of what P.A.s can do, but for the most part, she likes to think of them doing the more complicated procedure on the fairly routine or uncomplicated patient. There are certainly less complications that way, whether you're doing surgery or treating the complicated medicine patient. The complicated patient increases the risk of complications greatly. When talking about these procedures in particular, that are done on the more difficult patient, this isn't the place for the P.A. to be doing it.

Dr. Garg advised that he has done tens of thousands of these procedures. He indicated that he has recently returned to practice and is being required by the hospital to do a certain number of these procedures under observation before he can get privileges to perform them in the hospital. Dr. Garg stated that this shows that even the hospital is aware of the fact that these are procedures that require special expertise.

Dr. Davidson stated that one thing she didn't see in the application related to patient evaluation for suitability. She stated that she has seen the ball getting dropped through all the referrals that occur. She stated that she's not clear from the application whether the Board can count on a physician evaluating the patient for suitability.

Dr. Garg indicated that this question was asked of Dr. Blum in Committee and he advised that it is up to the referring physician to make certain of the suitability of the patient. Dr. Garg stated that he didn't find that to be a very comforting way of taking care of a patient for certain of these procedures.

Dr. Steinbergh stated that she would like to know why, as a physician, Dr. Blum is willing to give up this responsibility and why does he want to train a P.A. to do this.

Dr. Blum stated that the group believes that a P.A. can do this safely and effectively.

Dr. Steinbergh asked why they wouldn't be doing it as physicians.

Dr. Blum stated that they could. They have a P.A. they've hired and one that they're training, and the

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group feels that these are the kinds of things P.A.s can do safely and effectively, given the patients referred to them and the practice patterns they have. Dr. Blum stated that the question goes to the heart of why they involve P.A.s at all. It's all based upon a tremendously increasing workload and a stable or declining availability of radiologists. That motivates their whole thinking. They can effectively and safely perform their needed tasks, make sure that all the work gets done in the hospital. They feel that they can fulfill their responsibilities to their colleagues with the resources they have. They certainly don't want to do anything that would jeopardize the safety of their patients. The way they do things is in consultation. This is all referral. These are patients who have been referred, typically from the ER or from neurologists or from other practitioners.

Dr. Steinbergh stated that that's the point. They are being referred for their spinal taps because they are difficult patients.

Dr. Blum stated that some are difficult, and some are actually easy. The other physicians just refer them automatically because they think it's safer to do the procedure under fluoro. Dr. Blum stated that he understands the Board's concerns and he hears the remarks the Board members are making. He just respectfully disagrees with them. They believe they can train people to do the procedure safely and effectively. The last thing they want to do is to hurt patients.

Dr. Kumar stated that he wants to emphasize that most of the patients being sent to them are more difficult patients. If you have more difficult patients, then the physicians themselves should be doing the procedure.

Dr. Buchan asked Dr. Blum to talk about the risks of the extensive use of fluoro.

Dr. Blum stated that you always worry about radiation. They use image retention, and the amount of fluoro time is very small.

Dr. Buchan commented that there is a risk and they're concerned about the length of time that the fluoro is used.

Dr. Blum stated that every radiologist wants to limit radiation exposure to everyone.

Dr. Buchan asked whether there is a financial cost in addition to the lumbar puncture if you use fluoro.

Dr. Blum stated that he doesn't know the answer to that. All the lumbar punctures they do are under fluoro, so he doesn't know if there is a financial implication, but he doubts it.

Dr. Garg stated that P.A.s are to be used to help the physicians, not to be able to do everything. If there is a shortage of radiologists, this is not a radiological procedure. It's more of a medical neurological procedure.

Mr. Dilling asked whether the request was for direct supervision.

Dr. Buchan indicated that it is for 25% direct supervision, 75% onsite supervision.

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Mr. Dilling asked Dr. Blum where the physician is when he's "onsite."

Dr. Blum stated that the physician is somewhere between 10 and 35 feet away.

Mr. Dilling asked whether the physician makes a call on the 25% of the more serious cases?

Dr. Blum stated that the group hasn't done this. This is a proposal. The way they will train the technologists and the P.A. is to know their own limitations and to say that maybe this isn't a case for her or him. That's fundamental. The first thing you teach someone is their limitations. All the arguments the Board has made are things that have occurred to the group. They don't want to put themselves or their P.A.s into a position where they are going to fail. The physicians are there to help assess. The physicians will work with the P.A.s. The procedure is done and the patient is returned to whatever clinical setting they came from, such as the ER or the ward once they're judged to be stable.

Mr. Dilling stated that it seems from what he is hearing is that a physician refers a patient to the radiologist, who is referring the patient to the P.A. to do the procedure. The P.A. does the procedure and now the radiologist is done with it. The P.A. is not really assisting, it's just a stepladder referral. Mr. Dilling asked whether, as part of this stepladder referral, there is other care going on for which this procedure is part of a bigger picture of care that the group is providing.

Dr. Blum stated that it is not for this procedure.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan stated that the group also requested approval for their P.A.s to perform paracentesis. This is the first time this procedure has been presented to the Board for approval. The PAPC, based on the fact that ultrasound guidance was being used, approved the application. The P.A. Committee recommended approval only for large volume cases of repeat procedures to decompress abdominal pressure only.

Dr. Kumar stated that there are several patients who come down with cirrhosis with ascites or malignant

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ascites from obvious malignancy, and they are really uncomfortable. Many of these patients require almost weekly paracentesis or decompression to keep them comfortable. Dr. Kumar commented that he's a little surprised that these patients are being referred to radiology to do this. It's a very simple thing to do. Essentially, a plastic tube is inserted and it automatically decompresses. If it is done under ultrasound control, it's not all that complicated. Dr. Kumar stated that the Committee didn't want to approve this for loculated collections of fluid or other diagnostic purposes, or for trauma for abdominal tapping to make sure there is no intra-abdominal trauma. You sometimes use a local anesthetic because you have to do a puncture there, but it's a very minimal thing. Dr. Kumar stated that it is a simple procedure, and if it is only being applied for that, the Committee recommends approval.

Dr. Davidson stated that she would have felt a little differently if the Board had heard that the physician whose extender is about to do this technical procedure had some evaluation. She stated that she doesn't think that the average P.A. in 24 months learns the contraindications for the procedure. She stated that she's seen patients arrest who have had massive ascites relieved. She appreciates what the Committee is trying to do, but she thinks that there is some judgment involved.

Dr. Kumar stated that this would be in repeated situations, when the patient has undergone the procedure before. These are individuals getting this done every week.

Dr. Steinbergh asked whether the Committee thinks that repeat procedures with large volumes answers the question. Dr. Steinbergh commented that Dr. Davidson is right about the large loss of volume. Is the volume not as significant in patients needing repeat paracentesis.

Dr. Kumar stated that it can be, but that's part of the training. Dr. Kumar again stated that the Committee is only recommending approval for patients with ascites and malignant ascites. It can be a simple procedure in those cases, and he believes that a P.A. can do the procedure.

Dr. Bhati stated that in level 3 perinatology centers where the high risk situations are being managed, the amniocentesis is done practically five to ten times a day. These are done under level 2 ultrasound, which is the highest level. Even that condition creates one to three percent of the patients having a miscarriage because the entrance of the needle interferes in the placenta, cord or the baby. If that is the situation under the hand of a perinatologist, who is supposed to be "super specialist", he can't imagine someone doing paracentesis on a regular basis and not getting into trouble.

Dr. Steinbergh commented that amniocentesis and paracentesis are different procedures.

Dr. Bhati stated that they are, but what is being done is aspiration of fluid. That is risky in that situation with highly trained people. He cannot support paracentesis being performed by P.A.s. The Board has not approved this in the past and he would not favor approving it now.

Dr. Egner stated that she considers the risks involved. She's more familiar with the patient who has ovarian cancer and ascites and has to keep having paracentesis for that. Even though it's under ultrasound guidance, the patient definitely has an increased risk of injuring the bowel because there will be a lot of adhesions developed as the cancer progresses intra-abdominally. Yet, she's the repeat person who needs

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the paracentesis. Infection is certainly a risk. Infection in a compromised patient with cancer or liver disease could be fatal. Dr. Egner stated that, even though in some circumstances this appears to be an easy procedure, it's not without risk. The patients for whom this procedure is indicated need the most highly skilled healthcare personnel.

Dr. Egner stated that she agrees with the Committee in not approving this for all the other indications listed in the request. For this narrow request, she's still not in favor of it. The indications for the procedure, the sick nature of the patient, and the complications that can arise are too great, even when describing it as easy to do. Dr. Egner stated that she thinks physicians should be hesitant to describe what they do as being easy. She stated that a physician might find it easy, but it's easy because the physician has gone through four years of medical school, and at least four years of residency, and has been in practice for 15 or 20 years. There are suddenly things that seem very easy. Procedures she thought complicated as a resident she now finds easy. There's a lot of training that goes behind what physicians now call easy.

Dr. Garg stated that it takes training and experience. Physicians refer patients to other physicians for procedures that would be easy for the other physicians with their training and experience.

Dr. Kumar stated that he agrees with Dr. Egner; however, on the other hand, everything you do to a patient that is invasive carries the risk of infection and things of that nature. These people do have that problem. Dr. Kumar stated that for selected patients, he believes that the P.A. can be safely trained to do the procedure. If the P.A.s can be trained to insert Swan Ganz, they can be trained to do this procedure.

Dr. Bhati stated that he believes the complexity of the diagnosis, the complexity of the case presentation and the complexity of the procedure and possible complications are beyond the P.A.'s capability.

Mr. Dilling stated that they're not asking the P.A. to do a diagnosis.

Dr. Egner stated that she believes that there is some judgment. When the Board is limiting the procedure as recommended by the Committee, who is going to make that judgment as to who that patient is. Is there a certain volume of fluid that should be drained. She stated that she doesn't know what "large volume" is. In OB they talk about hydramnios and there are certain measurements that are done. She would do that measurement herself. So what is being called "large volume" and who makes that distinction when they look with the ultrasound? Is the radiologist going to make that distinction? Does the radiologist look at the ultrasound and decide that this is one appropriate for the P.A. to do.

MR. ALBERT MOVED TO PROPOSE TO DENY THE REQUEST FOR PARACENTESIS, BASED ON THE HIGH RISK TO THE PATIENT AND THE COMPLEXITY OF THE PROCEDURE. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- nay

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Ms. Sloan	- nay
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

Ms. Sloan stated that the next procedure for which the group requested approval is for the insertion of PICC lines. Both the PAPC and the P.A. Committee recommend approval of this procedure.

Dr. Bhati noted that the Board has denied this procedure in the past.

Mr. Dilling commented that all denials occurred prior to the Board's rules.

**DR. BHATI MOVED TO APPROVE THE REQUEST FOR P.A.S TO INSERT PICC LINES.
DR. BUCHAN SECONDED THE MOTION.**

Dr. Egner stated that her recollection would be that the PICC lines approved by the Board were not being put in under ultrasound or fluoroscopic guidance. She asked when one would decide to put the PICC line in blindly or send the patient to radiology for the fluoroscopic guidance. She stated that she would assume it is for the severely dehydrated, malnourished, difficult patients.

Dr. Blum stated that he doesn't know that that would be the exclusive patient selection. It would be for anyone that had difficulty doing the procedure blindly.

Dr. Egner stated that she would use the same reasoning as used before. If you have a set of patients who need a PICC line, and a subset of more complicated patients who need the radiologic or fluoroscopic guidance, the more complicated patients are not those who should have the physician extender doing the procedure. This is the patient who definitely needs the physician or radiologist doing the procedure. That makes this request different from others that have been approved.

Dr. Steinbergh stated that the other difference is that the previous requests came from cardiovascular groups and were approved with 100 percent onsite supervision and 100 percent direct supervision. This group is asking for 25 percent direct supervision and 75 percent onsite supervision. Dr. Steinbergh asked Dr. Blum whether the group has presented this to the credentialing committee at their hospital setting.

Dr. Blum stated that the credentialing committee won't listen to the request until the Board makes its decision.

Dr. Steinbergh stated that credentialing committees are concerned about approving these kinds of things. They look to the Board for direction. Many credentialing committees go through these discussions and have a great deal of problem allowing P.A.s to do this. She commented that credentialing committees are still talking about the cardiologist as being the appropriate person to put in PICC lines.

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Dr. Blum stated that he has a letter from the Medical Director of the hospital, expressing his enthusiasm for all of the procedures the group asked for, and he anticipates that these will be approved for Summa Health System. Dr. Blum stated that the leaders of the hospital are behind the group, and he added that he would not be here without their support.

Dr. Davidson stated that she feels a little better about this request. This is a peripheral venous stick. Fluoroscopy is used in determining ultimate catheter placement; it's not used in the peripheral stick. In Columbus Children's Hospital these are all done by radiologists, so they aren't necessarily difficult patients. It's just become a default because the radiologists have become a default because they've provided a good handy service at getting IV access. She stated that she's not sure of the role of ultrasound or fluoroscopy in increasing or decreasing risk or defining a patient group.

Dr. Bhati stated that if you need ultrasound to insert a PICC line, that's a difficult case and the doctor should be doing it.

Dr. Robbins agreed, stating that these are not the cases non-physicians should be doing.

A vote was taken on Dr. Bhati's motion to approve:

Vote:	Mr. Albert	- nay
	Dr. Egner	- nay
	Dr. Bhati	- nay
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- nay
	Dr. Garg	- nay
	Dr. Steinbergh	- nay

The motion failed.

Ms. Sloan stated that the last procedure for which the group is seeking approval is thoracentesis of adults under ultrasound guidance. The PAPC recommends approval, while the P.A. Committee recommended denial based on the high risk and complexity of the procedure.

DR. DAVIDSON MOVED TO DENY THE PROCEDURE BASED ON THE HIGH RISK TO THE PATIENT AND THE COMPLEXITY OF THE PROCEDURE. DR. EGNER SECONDED THE MOTION.

Dr. Bhati stated that this procedure has been requested one other time. In that case, the P.A. would have had 100 percent direct supervision. The Board denied that request.

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Dr. Egner stated that she believes all Board members would agree that thoracentesis is more difficult with a higher complication rate than paracentesis. She stated that there is no way she could vote to deny paracentesis and then approve thoracentesis. The procedure is more complex and the complications that could occur are far worse. She also believes that diagnostic judgment comes into play during the procedure.

A vote was taken on Dr. Davidson's motion to deny:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Premier Cardiothoracic & Vascular Surgeons, Inc.

Ms. Sloan stated that the Committee reviewed requests from the above-captioned for their P.A.s to perform the insertion of radial arterial lines and the insertion of central venous catheters. She noted that the Board has approved these requests in the past.

DR. BUCHAN MOVED TO APPROVE BOTH REQUESTS. DR. EGNER SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- abstain
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

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University Surgical Group of Cincinnati

Ms. Sloan advised that the above group has a number of requests before the Board, and she suggested taking them as a group. The requested procedures are:

1. Insertion of central venous catheter
2. Insertion of chest tubes
3. Insertion of arterial lines
4. Removal of temporary pacer wires
5. Removal of chest tubes
6. Removal of Swan Ganz catheter
7. Removal of intra aortic balloon pump
8. Vein & artery harvesting
9. Performance of endotracheal intubation

Ms. Sloan advised that these are all procedures that the Board has approved in the past.

Dr. Davidson referred to the agenda materials, noting that the peer review information indicates that, "each P.A. will be required to perform one of each procedure in the presence of a Supervising Physician or trained and experienced P.A." She asked how there can be 100 percent direct supervision under these circumstances.

Dr. Egner suggested approving the application with the condition that there should be 100 percent direct supervision by the supervising physician.

Dr. Davidson stated that she also has concerns about the use of the term, "insertion of arterial lines." She believes the language needs to be as specific as possible. She voted to approve the previous application for this procedure on today's agenda because the application makes clear what is meant. Dr. Davidson suggested that the Board send a letter explaining what is required by 100 percent direct supervision and asking what is meant by "insertion of arterial lines."

DR. EGNER MOVED TO TABLE THE GROUP'S REQUESTS UNTIL THE BOARD OBTAINS ASSURANCE THAT THE GROUP UNDERSTANDS WHAT IS MEANT BY 100 PERCENT DIRECT SUPERVISION, AND THE GROUP PROVIDES MORE DETAILED INFORMATION ON WHICH ARTERIES WILL BE USED IN THE INSERTION OF ARTERIAL LINES, WHETHER THE PROCEDURE IS TO BE DONE ON A CHILD OR AN ADULT, AND WHICH VEINS AND ARTERIES WILL BE HARVESTED. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- abstain
	Dr. Buchan	- aye
	Dr. Kumar	- aye

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

The motion carried.

SCOPE OF PRACTICE COMMITTEE

Dr. Bhati advised that the Committee reviewed the Board's 1990 "Position Statement on Podiatric Advertising." A proposed revised statement will be placed on the Board's January agenda.

Dr. Egner left the meeting at this time.

PERSONAL APPEARANCES

MARK S. HOPKIN, M.D.

Dr. Hopkin appeared before the Board pursuant to the terms of his August 13, 2003 Consent Agreement, and the Board's motion of November 12, 2003. Dr. Hopkin also requested approval of a treating psychiatrist and a treating mental health professional.

Mr. Browning reminded the Board that Dr. Hopkin appeared before it in November. At that time the Board moved to require Dr. Hopkin to appear again in December.

In response to Dr. Davidson's questions, Dr. Hopkin stated that he's had a pretty good month. Christmas is coming up and his daughter is dancing in *The Nutcracker* with Columbus Dance Theatre. Everything at home is going really well.

Dr. Davidson stated that last month the Board had concerns that Dr. Hopkin didn't seem to feel that he was making progress with his depression or with his psychiatrist.

Dr. Hopkin stated that he doesn't feel as well as he would like to. He is certainly much better now than he was a year ago. He believes he's plateaued and been fairly stable for the last few months. Stressful situations, such as appearing before the Board, are hard for him. Other than that, he thinks he's doing pretty well.

Dr. Davidson noted that Dr. Hopkin is seeking approval of Igor E. Janke, M.D., as his treating psychiatrist. She asked whether that is whom Dr. Hopkin has been seeing.

Dr. Hopkin stated that it is.

Dr. Bhati commented that Dr. Hopkin wasn't very happy at his last appearance. He asked what changes

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have taken place.

Dr. Hopkin stated that he's not as anxious today. He added that social anxiety is his biggest problem. Since he was here before, he's a little more comfortable.

Dr. Steinbergh commented that Dr. Hopkin looks better today. She added that she can appreciate that coming before the Board is a difficult thing.

Dr. Hopkin stated that when he last met with his therapist, he was told that they had to start working more on social anxiety. He added that he has kind of pushed away from that because the idea of addressing those kinds of problems is frightening in and of itself, but his therapist is not letting him get away with that.

In response to Mr. Albert's question about what he is doing while out of practice, Dr. Hopkin stated that he's a homemaker. He does cooking, cleaning and some writing. His wife works as an Associate Registrar at the Columbus Museum of Art. Dr. Hopkin indicated that he doesn't have any desire to return to practice yet.

DR. STEINBERGH MOVED TO APPROVE IGOR E. JANKE, M.D., TO SERVE AS DR. HOPKIN'S TREATING PSYCHIATRIST AND TILMER O. ENGBRETSON, Ph.D., TO SERVE AS DR. HOPKIN'S TREATING MENTAL HEALTH PROFESSIONAL, PURSUANT TO PARAGRAPH 5 OF HIS AUGUST 13, 2003 CONSENT AGREEMENT. DR. STEINBERGH FURTHER MOVED TO CONTINUE DR. HOPKIN UNDER THE TERMS OF HIS AUGUST 13, 2003 CONSENT AGREEMENT AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

BRIAN J. HUNTER, D.O.

Dr. Hunter made his initial appearance before the Board, pursuant to the terms of the Board's Order of August 13, 2003.

In response to Dr. Steinbergh's questions, Dr. Hunter stated that he is doing well. He is in his 19th month

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of recovery. He attends five meetings per week: four A.A. and one Caduceus. He is active with his A.A. sponsor, and he works in a food bank.

In response to Dr. Steinbergh's questions, Dr. Hunter stated that he previously had a solo practice with two offices. He's closed one of those offices and has kept the other, although he is still under suspension by the Board. When he gets his license he may reopen his one office or he may go into emergency medicine. He is totally open-minded about his options at this time, and much depends upon what the medical climate is when he gets his license back. He was terminated as a Medicaid provider as of March 15, 2002.

DR. BHATI MOVED TO CONTINUE DR. HUNTER UNDER THE TERMS OF THE BOARD'S ORDER OF AUGUST 13, 2003 AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

Dr. Egner returned to the meeting at this time.

PAUL E. KELNER, M.D.

Dr. Kelner made his initial appearance before the Board, pursuant to the terms of the Board's Order of October 8, 2003.

Mr. Albert advised Dr. Kelner that he has used up all of his chances with the Board. He asked Dr. Kelner what he is doing differently this time.

Dr. Kelner stated that, when you have a lengthy suspension, it seems like your Creator strips away everything and all you're left with is your spirituality. It's taken a long time to get to the place where it is just him and his Creator. He's 43 years old with three kids. Now his life is his recovery. He truly believes he would be dead without it.

In response to further questions by Mr. Albert, Dr. Kelner stated that during his suspension he will teach anatomy and physiology at a college in Mansfield, Ohio. He hopes to get a faculty position there. He's also teaching medical terminology to nursing students and others. His future may be as more of a teacher

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than a physician.

Mr. Albert stated that the Board wants Dr. Kelner to succeed. He added that he's glad that Dr. Kelner has a job.

In response to Dr. Garg's questions, Dr. Kelner stated that the other groups he teaches include massage therapists, lab technicians and physical therapy students. He's also writing some music.

In response to Dr. Steinbergh's questions, Dr. Kelner indicated that he plans to keep up with his C.M.E. for as long as he can afford it. He understands that he will have to take the SPEX to have his license restored to him.

DR. BHATI MOVED TO CONTINUE DR. KELNER UNDER THE TERMS OF THE BOARD'S ORDER OF OCTOBER 8, 2003 AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

MARIE T. SHEDLOCK, P.A.

Ms. Shedlock made her initial appearance before the Board, pursuant to the terms of her September 10, 2003 Consent Agreement. Dr. Shedlock has also requested approval of the two assessors required by her Consent Agreement.

In response to Dr. Steinbergh's questions, Ms. Shedlock stated that she's doing very well. She attends A.A. meetings and outpatient group therapy three or four times a week. Her family is very supportive, and she has good friends who are also supportive. She had a DUI in 2000, but has not had any trouble since then. She dates her sobriety to June 25, 2003. Before that she had been sober since July 30, 2002.

In response to Mr. Albert's questions, Ms. Shedlock stated that she initially underwent 28 days of inpatient treatment at COMPASS, but she didn't like that. The second time she went through treatment, she went to Glenbeigh Hospital, which was much better.

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Mr. Dilling asked Ms. Shedlock to explain the problem with COMPASS.

Ms. Shedlock stated that COMPASS is more like a prison, with no outside activities. It's 28 days of most being indoors, and is a program designed for those who are just out of jail or prison. She believes that she was the only person there who wasn't ordered into treatment by a probation officer or the court.

In response to Dr. Kumar's questions, Ms. Shedlock stated that she hasn't had a problem with depression for six years. She continues to see her psychiatrist once a year.

DR. STEINBERGH MOVED TO APPROVE SIGMUND C. NORR, M.D., AND ROBERT A. LIEBELT, M.D., AS ASSESSORS FOR PURPOSES OF PERFORMING THE ASSESSMENTS REQUIRED BY PARAGRAPH 9b.i.v. OF MS. SHEDLOCK'S SEPTEMBER 10, 2003 CONSENT AGREEMENT. DR. STEINBERGH FURTHER MOVED TO CONTINUE MS. SHEDLOCK UNDER THE TERMS OF HER CONSENT AGREEMENT AND THE BOARD'S POLICY OF DECEMBER 9, 1998, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. KUMAR SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REPORTS

Mr. Browning referred the Board to the Compliance Staff's reports of conferences with probationers on October 6-7, 2003. The reports indicate that all probationers are in compliance.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES WITH: WILLIAM K. BASEDOW, D.O.; DOUGLAS BOSACK, M.D.; WAYNE S. BRECHBUHLER, M.D.; MARGUERITE D. DOCTOR, M.D.; MARY JO FOOTE, P.A.; DONALD B. FORD, M.D.; MICHAEL S. MCINTOSH, M.D.; KAREN M. PARADIES, M.D.; CLIFFORD SONNIE, M.D. AND JEFFREY W. WINHOLT, M.D. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
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Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REPORTS AND REQUESTS

MARK E. GOLDSMITH, M.D.

Dr. Goldsmith's requests for approval of the staff's report of his office conference and approval of a treating psychiatrist were presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. GOLDSMITH ON OCTOBER 7, 2003. DR. STEINBERGH FURTHER MOVED TO APPROVE ALAN B. LEVY, M.D., TO SERVE AS DR. GOLDSMITH'S TREATING PSYCHIATRIST, PURSUANT TO PARAGRAPH 12 OF HIS SEPTEMBER 10, 2003 CONSENT AGREEMENT. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

MARK T. HALLE, M.D.

Dr. Halle's requests for approval of the staff's report of his office conference and approval of a change in his appearance schedule were presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF

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CONFERENCE WITH DR. HALLE ON OCTOBER 7, 2003. DR. STEINBERGH FURTHER MOVED TO GRANT DR. HALLE'S REQUEST TO CHANGE HIS APPEARANCE SCHEDULE TO EVERY SIX MONTHS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

BAK CHUL KIM, M.D.

Dr. Kim's requests for approval of the staff's report of his office conference and approval of a reduction in the frequency of his psychiatric sessions was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. KIM ON NOVEMBER 13, 2003. DR. STEINBERGH FURTHER MOVED TO APPROVE DR. KIM'S REQUEST TO REDUCE THE FREQUENCY OF HIS PSYCHIATRIC SESSIONS TO EVERY THREE MONTHS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ERIC W. LOTHES, M.D.

Dr. Lothes' requests for approval of the staff's report of his office conference and approval of a reduction

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in his alcohol and drug rehabilitation meeting requirement were presented to the Board for consideration at this time.

DR. BHATI MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. LOTHES ON NOVEMBER 13, 2003. DR. BHATI FURTHER MOVED TO GRANT DR. LOTHES' REQUEST TO REDUCE HIS ALCOHOL AND DRUG REHABILITATION MEETING REQUIREMENT TO TWO PER WEEK. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

STEPHEN R. PORTER, M.D.

Dr. Porter's requests for approval of the staff's report of his office conference and approval of a treating psychiatrist were presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. PORTER ON NOVEMBER 10, 2003. DR. STEINBERGH FURTHER MOVED TO APPROVE RONALD A. SACHS, M.D., TO SERVE AS DR. PORTER'S TREATING PSYCHIATRIST. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

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MICHAEL J. STANEK, D.O.

Dr. Stanek's requests for approval of the staff's report of his office conference and approval of reductions in his drug screen and appearance schedule requirements were presented to the Board for consideration at this time.

DR. BHATI MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORT OF CONFERENCE WITH DR. STANEK ON NOVEMBER 10, 2003. DR. BHATI FURTHER MOVED TO APPROVE DR. STANEK'S REQUESTS TO REDUCE HIS APPEARANCE REQUIREMENT TO EVERY SIX MONTHS, AND TO REDUCE HIS DRUG SCREEN REQUIREMENT TO TWICE PER MONTH. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

PROBATIONARY REQUESTS

ASHFAQ TAJ AHMED, M.D.

Dr. Ahmed's request for approval of a monitoring physician was presented to the Board for consideration at this time.

DR. KUMAR MOVED TO APPROVE THOMAS W. ERICKSEN, M.D., TO SERVE AS DR. AHMED'S MONITORING PHYSICIAN. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye

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Dr. Robbins - aye
Dr. Garg - aye
Dr. Steinbergh - aye

The motion carried.

LICENSURE

PHYSICIAN ASSISTANT APPLICANTS

At this time the Board considered applications for registration as physician assistants.

DR. STEINBERGH MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (A) FOR REGISTRATION AS PHYSICIAN ASSISTANTS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

VIERA BERNAT, M.D. - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. KUMAR MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY VIERA BERNAT, M.D., CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye

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

The motion carried.

CARDIOLOGY ONE, INC. - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY CARDIOLOGY ONE, INC., CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

COMMUNITY HEALTH PARTNERS, DEPARTMENT OF ANESTHESIA - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY COMMUNITY HEALTH PARTNERS, DEPARTMENT OF ANESTHESIA, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

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Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

GENITO URINARY SURGEONS, INC. - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY GENITO URINARY SURGEONS, INC., CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. KUMAR SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

NORTHWEST OHIO ORTHOPEDICS - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY NORTHWEST OHIO ORTHOPEDICS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. GARG SECONDED THE MOTION. A vote was taken:

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

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Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

TARLOK PUREWAL, M.D. - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY TARLOK PUREWAL, M.D., CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

THE TOLEDO CLINIC, DEPT. OF GASTROENTEROLOGY - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY THE TOLEDO CLINIC, DEPT. OF GASTROENTEROLOGY, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. STEINBERGH SECONDED THE MOTION. A vote was taken:

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

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Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

PHYSICIAN LICENSURE APPLICANTS

At this time the Board considered applications for licensure as doctors of medicine and surgery, doctors of osteopathic medicine and surgery and doctors of podiatric medicine and surgery.

DR. GARG MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (B) FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

JENNIFER WISHER-BAILEY, M.D.

Dr. Wisher-Bailey's request for endorsement of Steps 1, 2 and 3 of the U.S.M.L.E. was presented to the Board for consideration at this time at Mr. Albert's request.

DR. BUCHAN MOVED TO APPROVE DR. WISHER-BAILEY'S REQUEST FOR ENDORSEMENT LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
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Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

PHYSICIAN ASSISTANT APPLICANTS

At this time the Board considered applications for registration as physician assistants.

DR. BUCHAN MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (C) FOR REGISTRATION AS PHYSICIAN ASSISTANTS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

RODNEY HILLMAN, P.A.

Mr. Hillman's request for restoration of his P.A. certificate, which lapsed on January 31, 2000, was presented to the Board for consideration at this time. Mr. Dilling noted that the Board earlier ratified a consent agreement with Mr. Hillman.

DR. STEINBERGH MOVED TO RESTORE MR. HILLMAN'S P.A. REGISTRATION. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
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Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

CCF NEONATOLOGY - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. STEINBERGH MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY CCF NEONATOLOGY, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

CINCINNATI CHILDREN'S HOSPITAL DIVISION OF PEDIATRIC ORTHOPEDICS - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY CINCINNATI CHILDREN'S HOSPITAL DIVISION OF PEDIATRIC ORTHOPEDICS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BHATI SECONDED THE MOTION. A vote was taken:

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Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

JACOB DEAN, M.D. - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

DR. GARG MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY DR. DEAN, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:

Mr. Albert	- aye
Dr. Egner	- aye
Dr. Bhati	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

REFLECTIONS OF HEALTH AND BEAUTY - P.A. UTILIZATION PLAN

Mr. Dilling advised that the group had withdrawn their request.

ACUPUNCTURIST APPLICANTS

At this time the Board considered applications for registration as acupuncturists.

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DR. GARG MOVED TO APPROVE THE APPLICANTS LISTED IN LICENSURE EXHIBIT (D) FOR REGISTRATION AS ACUPUNCTURISTS, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCORDANCE WITH LICENSURE PROTOCOLS. DR. BHATI SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

DRAFT JOINT REGULATORY STATEMENT

At this time Mr. Wayda reviewed with the Board a copy of the Joint Regulatory Statement of the State Medical Board of Ohio and the Ohio State Board of Cosmetology “Regarding the Provision of Cosmetology Services in a Medical Office or Medi-Spa,” a copy of which shall be maintained in the [exhibits](#) section of this journal.

Mr. Wayda stated that this position statement came to the Board as an idea from the Cosmetology Board because they have some issues with medical estheticians practicing in physicians’ offices if the person is not being seen by the doctor first and treatment is not ordered. Under the cosmetology law, in those circumstances, the esthetician is providing salon services and the services must be done in a salon and the physician’s office must be registered as a salon. The Medical Board had its own issue with physician delegation problems in these practices. He stated that this statement was reviewed by the Board’s Minimal Standards Committee in November, and they approved it to be brought to the full Board.

Mr. Dilling pointed out some cosmetic changes that are needed for the statement. Mr. Wayda indicated that he would make those changes.

DR. GARG MOVED TO APPROVE THE DRAFT JOINT REGULATORY STATEMENT ON THE PROVISION OF COSMETOLOGY SERVICES IN A MEDICAL OFFICE OR MEDI-SPA. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye

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Dr. Kumar	- aye
Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

REVIEW OF 1976 BOARD POSITION STATEMENT ON EMERGENCY ROOM CARE

Mr. Wayda stated that, in reviewing this position paper, the staff started by talking to emergency room physicians to find out if the statement had any value left. They indicated that they do, in fact, still use the position paper and it would be more helpful were the paper more up to date. The old paper makes reference to practitioners that don't exist in the current world. The language has been updated to reference the current set of licensees, including training certificate holders. The emergency room doctors also wanted it to use the term "emergency department" rather than "emergency room".

Mr. Wayda continued that the Minimal Standards of Care Committee reviewed an amended version of the statement in November and suggestions were made to further improve the language of the statement. Those corrections have been made and the statement was now before the Board for final approval.

DR. GARG MOVED TO APPROVE THE UPDATED POSITION STATEMENT. MS. SLOAN SECONDED THE MOTION.

Dr. Steinbergh referred to the first sentence of the paper, which states that "(e)very patient seen in an emergency department in Ohio must be the medical responsibility of a fully licensed physician." She suggested changing that language to indicate that the responsibility is with physician fully licensed in Ohio.

Dr. Egner stated that the paper doesn't say that the ER doctor must see every patient in the emergency department.

Dr. Garg stated that these are all new patients and they should be seen by a fully licensed physician.

Dr. Egner asked what happens when she wants to see her patient in the emergency department. Does the ER doctor still have to look at that patient.

Dr. Kumar stated that he or she doesn't.

Dr. Egner asked what happens if she wants the resident to see the patient and then call her.

Dr. Garg stated that that is Dr. Egner's prerogative in any hospital. But, on the other hand, certain hospitals have taken away the luxury of being able to ask their residents to see the patient because of complaints of the emergency department physicians.

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

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- aye
	Dr. Steinbergh	- aye

The motion carried.

ELECTION OF OFFICERS FOR 2004

DR. BHATI NOMINATED MS. SLOAN TO SERVE AS PRESIDENT, DR. DAVIDSON TO SERVE AS VICE-PRESIDENT, DR. TALMAGE TO SERVE AS SECRETARY AND MR. ALBERT TO SERVE AS SUPERVISING MEMBER. DR. STEINBERGH SECONDED THE NOMINATION.

There were no further nominations. By acclamation, Ms. Sloan is President, Dr. Davidson is Vice-President, Dr. Talmage is Secretary and Mr. Albert is Supervising Member.

ADMINISTRATIVE REPORT

Mr. Dilling at this time referred to his administrative report, a copy of which shall be maintained in the [exhibits](#) section of this journal.

RATIFICATION OF CONSENT AGREEMENTS

RICHARD R. AUGSPURGER, M.D.

DR. STEINBERGH MOVED TO REMOVE DR. AUGSPURGER'S CONSENT AGREEMENT FROM THE TABLE. DR. GARG SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye

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Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- aye
Dr. Steinbergh	- aye

The motion carried.

Dr. Kumar stated that he has reviewed the information provided by the Colorado Board and is comfortable ratifying this agreement.

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye

The motion carried.

FINDINGS, ORDERS AND JOURNAL ENTRIES

RITA MARIE KRALIK, M.D.

Mr. Dilling referred to the materials distributed to Board members on the above-captioned case. He asked Board members to review those materials that evening for discussion of this case on Thursday. He added that if members want more time to review the materials, the matter can be tabled until the January meeting.

DR. BHATI MOVED TO TABLE THE FINDING, ORDER AND JOURNAL ENTRY IN THE MATTER OF RITA MARIE KRALIK, M.D. DR. ROBBINS SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye

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Dr. Davidson	- aye
Dr. Robbins	- aye
Dr. Garg	- abstain
Dr. Steinbergh	- abstain

The motion carried.

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

Thereupon at 5:13 p.m. the December 10, 2003 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 December 10, 2003, as approved on January 14, 2004.

Anquetette P. Sloan, President

Lance A. Talmage, M.D., Secretary

(SEAL)



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MINUTES**THE STATE MEDICAL BOARD OF OHIO****December 11, 2003**

R. Gregory Browning, Ph.D., President, called the meeting to order at 8:10 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: Anquetette Sloan, Vice-President; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Anant R. Bhati, M.D.; David S. Buchan, D.P.M.; Deepak Kumar, M.D.; Patricia J. Davidson, M.D.; Andrew F. Robbins, Jr., M.D.; Anand G. Garg, M.D., and Anita M. Steinbergh, D.O. The following joined the meeting at a later time: Lance A. Talmage, M.D., Secretary.

Also present were: Thomas A. Dilling, Executive Director; William J. Schmidt, Assistant Executive Director; Diann K. Thompson, Assistant Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Mark Wayda, Chief of Executive Staff; Lauren Lubow, Senior Executive Staff Attorney; Shannon F. Baldwin, Executive Staff Attorney; Lori S. Gilbert, Chief Enforcement Coordinator; Marcie P. Burrow, Sally J. Debolt, David P. Katko, Rebecca J. Marshall, Karen H. Mortland, and Kathleen S. Peterson, Enforcement Coordinators; R. Gregory Porter, Chief Hearing Examiner; Rebecca J. Albers, Kyle C. Wilcox, and Gregory A. Perry, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development; Danielle Bickers, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore and Annette Jones, Disciplinary Information Assistants.

FINDINGS, ORDERS AND JOURNAL ENTRIES

MS. SLOAN MOVED TO REMOVE THE TOPIC OF FINDINGS, ORDERS AND JOURNAL ENTRIES FROM THE TABLE. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- abstain

The motion carried.

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RITA MARIE KRALIK, M.D.

Mr. Dilling stated that a Proposed Findings, Order and Journal Entry, was distributed to Board members the previous evening. He asked Board members whether they had had enough opportunity to review those materials and to discuss the matter.

Board members indicated that they had.

DR. BHATI MOVED TO AMEND THE FIRST FULL PARAGRAPH ON PAGE 14 OF THE PROPOSED FINDINGS, ORDER AND JOURNAL ENTRY TO READ AS FOLLOWS:

WHEREFORE, in consideration of the sworn affidavits of Rebecca J. Marshall, Enforcement Attorney, and Debra L. Jones, CME & Renewal Officer, copies of which are attached hereto and fully incorporated herein, and pursuant to Section 4731.22(B)(19), Ohio Revised Code, the Board hereby FINDS that by operation of law, Rita Marie Kralik, M.D., has admitted the truth of the allegations set forth in the October 17, 2003, letter from the Board to Dr. Kralik. The Board further FINDS that Dr. Kralik is unable to practice according to acceptable and prevailing standards of care pursuant to Section 4731.22(B)(19), Ohio Revised Code, to wit: “[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills.”

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

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- abstain

The motion carried.

Dr. Egner stated that it is obvious from reading the record that Dr. Kralik has a lot of mental health issues. This case shows how complicated it can be. She added that it’s disappointing for the Board to see cases like this, but she believes that Dr. Kralik needed that evaluation for the Board to be able to determine her fitness to practice. Dr. Kralik didn’t go to the evaluation, and this is the only choice with which the Board is left; that is, denial of her request for restoration of her license. Although unfortunate, that is the right and

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fitting action for the Board to take.

Ms. Sloan agreed with Dr. Egner, and expressed concern over the length of time Dr. Kralik has shown problems. She also added that the Board has no choice but to deny restoration of Dr. Kralik's license.

Mr. Dilling noted that the Proposed Order does set forth terms Dr. Kralik will have to meet before a request for restoration of her license can be entertained by the Board.

Dr. Kumar commented that, under the terms of the Proposed Order, this isn't the last time the Board will have to deal with this issue since it leaves the door open for Dr. Kralik to reapply. He expressed concern over that, noting that Dr. Kralik has had these options for six or seven years and hasn't taken advantage of them.

DR. KUMAR MOVED TO APPROVE AND CONFIRM THE PROPOSED FINDINGS, ORDER AND JOURNAL ENTRY, AS AMENDED, IN THE MATTER OF RITA MARIE KRALIK, M.D. DR. BUCHAN SECONDED THE MOTION. A vote was taken:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- abstain

The motion carried.

OCTOBER 9, 2003 RETREAT CONTINUATION

Mr. Dilling advised that it had been his intent to continue to discuss items on the retreat agenda which the Board didn't have time to address during the retreat both last month and this month. However, due to time constraints, it appears that there will not be enough time to continue those discussions.

Mr. Dilling stated that one over-arching issue at the retreat is the need to understand everyone's role in the disciplinary process. Through discussions, it was determined that the Disciplinary Guidelines and Policy Committee should review the guidelines again in view of the discussions that took place at the retreat. Items such as revocation versus stayed revocation need to be addressed by the Committee.

Dr. Bhati suggested that Board members who have problems with the consent agreements to be ratified at a Board meeting contact staff and try to get the issues of concern resolved prior to the Board meeting.

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Dr. Steinbergh stated that it is important for Board members to question consent agreements. It is important that each Board member's thoughts to be on the record. This shows that Board members do carefully consider each case.

Dr. Bhati agreed, stating that each consent agreement is the product of negotiations between the Secretary, the Supervising Member, the Board attorneys, the licensee and the licensee's attorney. It's a very complex situation, and the Board can't easily turn back and say to do it in a different way. If Board members have questions about whether or not an agreement is up to standards, those questions should be raised prior to the Board meeting with staff who were involved in the negotiations.

Dr. Davidson indicated that she has appreciated the dissemination of information concerning surrenders and retirements in the Administrative Report.

Dr. Kumar indicated that he would like reports on work done by the QIP panels. He indicated that he understood that the Board was receiving such reports, but he has not seen any since he joined the Board.

Mr. Dilling explained that there are legal problems with the amount of information being given to the Board on QIP operations. Staff is researching this to find out how much information can be given to the Board and yet allow the Board to vote should the case eventually come to them.

Dr. Bhati suggested a statistical report of what QIP is doing would be sufficient.

Dr. Talmage stated that all QIP decisions are reviewed by him and Mr. Albert. They have the option to not accept QIP's report and to send the matter for further investigation or citation.

Dr. Garg commented that he believes that all Board members understand that QIP is still the investigative process.

Ms. Lubow advised that voluntary surrenders and retirements are done to circumvent the hearing process. Staff works to provide the Board as much information as they can regarding the basis for the action taken.

Dr. Robbins stated that he was very impressed with QIP when he attended the meeting in November. He added that he would like to attend a second QIP meeting.

Dr. Steinbergh commented that one of the reasons QIP runs so well is that both panels are run by former Board members, who understand how the Board operates.

REVIEW OF OPERATIONALIZATION OF BOARD'S MISSION STATEMENT AND GOALS FOR 2003 AND GOALS FOR 2004: THE TOP TEN LIST

At this time, Mr. Wayda made a slide presentation to the Board concerning the operationalization of the Board's Mission Statement and Goals for 2003. A copy of the presentation shall be maintained in the [exhibits](#) section of this journal.

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Mr. Dilling advised that the staff will come back to the Board with proposed goals for 2004. He added that Mr. Wayda's presentation did a good job of giving the Board information as to where it is now.

Mr. Browning stated that the Board is impressed with the quality and importance of having a strategy and having everyone on staff involved in that strategy. He asked that copies of the slide presentation be sent to Board members.

R. GREGORY BROWNING, PRESIDENT

At this time Board members expressed their gratitude for the job Mr. Browning has done in chairing the Board through the past year. Board members recognized Mr. Browning with applause.

DR. BUCHAN MOVED TO ADJOURN. DR. KUMAR SECONDED THE MOTION. All members voted aye. The motion carried.

Thereupon at 10:13 a.m. on December 11, 2003, the December 10-11, 2003 meeting 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 December 10-11, 2003, as approved on January 14, 2004.



Anquetette P. Sloan, President



Lance A. Talmage, M.D., Secretary

(SEAL)

