

March 14, 2013.

FOR IMMEDIATE RELEASE

Summary of March 7-8, 2013, Board Meeting

The following is a summary of March 7-8, 2013, meeting of the Iowa Board of Medicine.

Cases Reviewed: The Board reviewed 181 cases.

New Investigative Cases: The Board reviewed 82 new investigative cases.

Statement of Charges: Upon a determination by the Board that probable cause exists to take formal disciplinary action, the Board may file a Statement of Charges which contains the allegations of the Board.

The Board approved 1 Statement of Charges.

1. An Iowa-licensed physician who formerly practiced cardiothoracic surgery in Iowa City, Iowa, and currently practices in Indianapolis, Indiana, had formal disciplinary charges filed against him by the Board on March 7, 2013. The Board alleges that the physician engaged in a pattern of disruptive behavior and/or unethical or unprofessional conduct in violation of the laws and rules governing the practice of medicine in Iowa. A hearing is scheduled on May 16, 2013.

Combined Statement of Charges and Settlement Agreements: Upon a determination by the Board that probable cause exists to take formal disciplinary action, the Board and the licensee may enter into a combined Statement of Charges and Settlement Agreement to resolve the matter. A combined Statement of Charges and Settlement Agreement contain the allegations of the Board and the sanctions.

The Board approved 3 combined Statements of Charges and Settlement Agreements.

1. An Iowa-licensed physician who practices general medicine Colorado Springs, Colorado, entered into a combined Statement of Charges and Settlement Agreement with the Board on March 7, 2013. The Board charged the physician with being disciplined by another state licensing authority. On April 8, 2010, the physician entered into a Stipulation and Final Agency Order with the Colorado Board of Medical Examiners (Colorado Board). The Colorado Board concluded that the physician provided a patient with an inadequate informed consent form relating to alternative medicine and failed to refer the patient to a cardiologist and neurologist when her symptoms necessitated such referral between July 2007 and January 2008. Respondent completed a comprehensive clinical competency evaluation at the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado, on May 27-28, 2010. CPEP noted deficiencies in the physician's medical knowledge, clinical judgment and reasoning, patient care documentation, and communication. The Colorado Board issued the physician a Letter of Admonition and ordered him to complete a CPEP supervised education program. On April 10, 2012, the Colorado Board terminated the April 8, 2010, Stipulation and Final Agency Order and restored his Colorado medical license to active an unrestricted status. Under the terms of the March 7, 2013, combined Statement of Charges and Settlement Agreement, the Board issued the physician a Citation and Warning for being disciplined by the Colorado Board.
2. An Iowa-licensed physician who practices obstetrics and gynecology in Kahului, Hawaii, entered into a combined Statement of Charges and Settlement Agreement with the Board on March 7, 2013. The Board charged the physician with being disciplined by another state licensing authority. On May 14, 2012, the physician entered into a Consent Order with the Illinois Department of Financial and Professional Regulation (Illinois Board). The Illinois Board alleged that the physician inappropriately issued prescriptions for non-controlled substances for patients over the internet without establishing an appropriate physician-patient relationship. The Illinois Board indefinitely suspended the physician's Illinois medical license. The physician was subsequently disciplined by Utah, Missouri, Maine, Washington, California and North Carolina based on the Illinois disciplinary action. Under the terms of the March 7, 2013, combined Statement of Charges and Settlement Agreement, the physician voluntarily surrendered his Iowa medical license.
3. An Iowa-licensed physician who practices obstetrics and gynecology in Sioux City, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on March 7, 2013. The Board charged the physician with performing the wrong procedure on a patient in violation of the laws and rules governing the practice of medicine in Iowa. On July 29, 2011, the physician inadvertently removed a 29-year-old patient's healthy ovaries while performing a total vaginal hysterectomy despite the patient's desire to keep her ovaries. The physician acknowledged the mistake and apologized for the error. Under the terms of the March 7, 2013, combined Statement of Charges and Settlement Agreement, the Board issued the physician a Citation and Warning and ordered him to pay a \$7,500 civil penalty and submit a written corrective action plan describing the steps he has taken to avoid such errors in the future.

Confidential Letters of Warning or Education: When the Board determines that probable cause does not exist to take formal disciplinary action the Board may send a confidential, non-disciplinary letter to a licensee expressing concerns and requesting that a licensee take corrective action, including further medical education.

The Board voted to issue 12 confidential Letters of Warning or Education due to the following areas of concern:

1. Concerns that a physician prescribed controlled substances to a member of his family.
2. Concerns about a physician's recent surgical complications.
3. Concerns that a physician engaged in an unprofessional confrontation with a patient's husband.
4. Concerns that a physician failed to follow-up after a troubling chest x-ray.
5. Concerns that a physician failed to inform a patient about a troubling chest x-ray and failed to perform appropriate follow-up testing.
6. Concerns that a physician failed to provide appropriate monitoring and postoperative care following a surgical complication.
7. Concerns that a physician relied on a resident physician to evaluate and treat a pregnant patient and failed to evaluate the patient while she was in the hospital.
8. Concerns that a physician prescribed controlled substances to a co-worker without performing appropriate evaluations and without maintaining medical records.
9. Concerns that a physician made an improper comment to a patient and concerns about the physician's physical examinations.
10. Concerns about a physician's recent surgical complications.
11. Concerns about a physician's recent surgical complications.
12. Concerns about a physician's surgical complications during a short period of time.

Board Appearances: The Board may ask a licensee to appear before the Board to discuss concerns when the Board determines that a face-to-face meeting will assist the Board during the investigative process.

The Board held 4 physician appearances due to the following areas of concern:

1. Concerns that a physician engaged in an unprofessional confrontation with a patient's husband.
2. Concerns about a physician's treatment of a patient who suffered a pulmonary embolism.
3. Concerns that a physician failed to follow-up after a troubling chest x-ray.
4. Concerns that a physician failed to inform the patient about a troubling chest x-ray and failed to perform appropriate follow-up testing.

Monitoring Committee: The Monitoring Committee monitors licensees who have been disciplined by the Board and require monitoring.

The Board reviewed 11 physicians who are being monitored by the Board. The Monitoring Committee held 4 physician appearances.

Screening Committee: The Screening Committee reviews cases that are lower priority and have not been investigated by the Board to determine whether investigation is warranted.

The Screening Committee reviewed 37 cases.

Licensure Committee: The Licensure Committee is a committee reviews initial license applications, renewals and reinstatements other licensure policies and issues. Most license applications are approved by Board staff without Licensure Committee review. However, some applications raise concerns about an applicant and the Licensure Committee must review the matter to determine whether a license should be granted, renewed or reinstated.

The Licensure Committee reviewed 16 cases.

The Licensure Committee reviewed 12 licensure applications. Two permanent licenses were granted, two permanent licenses was granted by way of consent agreement, one previously approved consent agreement was amended, two applications were left open to obtain further information, two temporary licenses were granted, two waiver petitions were reviewed and denied, and one physician's information was reviewed to see what licensure options there are for them.

The Licensure Committee approved four Letters of Warning that were issued due to concerns that the applicants failed to provide truthful, accurate or complete information on the license application.

The Licensure Committee discussed the following: changes beings made to the USMLE Policy on Attempt Limits, the Federation of State Medical Boards (FSMB) Draft Report on the Re-entry for the Ill Physician, resolution submitted by the Wyoming Medical Board for the FSMB annual meeting that would explore a multi-state compact to improve license portability, an e-mail from an Iowa licensed physician expressing their concern with Maintenance of Licensure, and statistics on waivers and case histories.

Other Board action:

1. Approved two notices of intended action to amend administrative rules. Amendments to 653 IAC-Chapter 8.4, Chapter 9.13(3) and Chapter 11.1 provide for an exemption to the license renewal fee for physicians assigned to active military duty during their license renewal period. An amendment to 653 IAC-Chapter 21.4(2) updates a subrule in accordance with a new state law, allowing physicians to concurrently supervise up to five physician assistants. The limit was previously 2 physician assistants per supervising physician.
2. Approved a press release offering guidance to Iowa physicians who supervise physician assistants. The press release, which is available on the Board's website, is the culmination of the work by a board ad hoc committee that reviewed the expectations for supervising physicians in the wake of the new state law.
3. Appointed Lester J. Yen, M.D., West Des Moines, to a second three-year term on the Iowa Physician Health Committee, which oversees a Board program for physicians with diagnosed impairments. Dr. Yen is co-chair of the committee.
4. Received a statistical report on the Iowa Physician Health Program. On March 1, 2013, there were 76 participants in the program. There were 2 new participants in the program since January 1, 2013, and 6 discharges during the same period.
5. Received updates from the Iowa Attorney General's Office on the status of seven Board cases under judicial review in state courts.

6. Appointed Greg Hoversten, D.O., as the Board's voting delegate at the Federation of State Medical Boards' House of Delegates annual meeting on April 20, 2013, in Boston, MA In addition, the Board endorsed five resolutions that will be considered by the House of Delegates.

A press release describing public disciplinary action taken by the Board was distributed and posted on the Board's Website on March 14, 2013. If you have questions about this summary or Board's disciplinary action press release, please contact Kent Nebel, Legal Director, at (515) 281-7088 or kent.nebel@iowa.gov.