

**Board of Licensure in Medicine  
137 State House Station, (mailing)  
161 Capitol Street Physical Address  
Augusta, Maine 04333-0137**

**Minutes  
February 10, 2009**

**BOARD MEMBERS PRESENT**

Sheridan R. Oldham, M.D., Chairman  
Gary R. Hatfield, M.D., Board Secretary  
Cheryl D. Clukey  
David H. Dumont, M.D.  
Maroulla Gleaton, M.D.  
Bettsanne Holmes  
David Nyberg, Ph.D.  
Daniel K. Onion, M.D.

**BOARD STAFF PRESENT**

Randal C. Manning, Executive Director  
Jean M. Greenwood, Administrative Assistant  
  
Timothy Terranova, Consumer Assistant  
Dan Sprague, Assistant Executive Director  
Maria MacDonald, Board Investigator

**ATTORNEY GENERAL'S OFFICE**

Dennis Smith, Assistant Attorney General  
Det. Peter Lizanecz

George K. Dreher, M.D was excused and Dr. Onion was recused from the Adjudicatory Hearing portion of the meeting.

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The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S.A. §405). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by power point projection.

**PUBLIC SESSIONS**

9:03 a.m. – 9:22 a.m.  
9:48 a.m. – 9:52 a.m.  
10:18 a.m. – 10:20 a.m.  
1:0:50 a.m. – 12:05 a.m..  
1:16 p.m. 3:06 p.m.  
4:52 p.m. – 7:00 p.m.  
7:05 p.m. – 8:36 p.m.  
8:55: p.m. – 9:01 p.m.

**PURPOSE**

Call to Order  
Public Session  
Public Session  
Public Session  
Adjudicatory Hearing  
Adjudicatory Hearing (Continued)  
Public Session  
Public Session

**EXECUTIVE SESSIONS**

9:22 a.m. 9:48 a.m.  
10:20 a.m. – 10:50 a.m.  
8:36 p.m. – 8:55 p.m.

Assessment & Direction, Progress Reports  
Informal Conference  
New Complaints

**RECESS/LUNCH**

10:01 a. m.- 10:18 a.m.  
12:05 p.m. – 1:16 p.m.  
3:06 p.m. – 4:52 p.m.

Recess  
Working Lunch  
Recess

7:00 p.m. – 7:05 p.m.

Recess

I. CALL TO ORDER: The meeting was called to order at 9:21 a.m.

A. Dr. Oldham called the meeting to order.

B. Amendment to agenda: Ann D. Tuddenham, M.D. CONSENT AGREEMENT

## **EXECUTIVE SESSION**

II. ASSESSMENT & DIRECTION

A. AD08-384

Dr. Hatfield moved to investigate further AD 08-384. Dr. Nyberg seconded the motion, which passed 6-0-0-2 with Dr. Gleaton and Dr. Onion recused.

B. AD08-411

Dr. Dumont moved to file AD 08-411. Ms. Holmes seconded the motion, which passed unanimously.

C. AD09-026

Dr. Nyberg moved to file AD 09-026. Bettsanne Holmes seconded the motion, which passed unanimously.

III. PROGRESS REPORTS

A. CR 08-273 Heidi M. Larson, M.D.

Dr. Gleaton moved to dismiss, with a letter of guidance the complaint against Heidi M. Larson, M.D. (CR 08-273). Dr. Nyberg seconded the motion, which passed 7-1.

A patient's wife complained that a physician's prescribing of medications resulted in instability and dangerous behavior in her husband. She also alleged that her husband had been cared for by the physician without being charged; she claimed that the physician and her husband had an affair. There was no evidence that there was inappropriate or unprofessional conduct by the physician. The record reveals that the patient had been billed and his insurance had covered his visits. Further careful review of the data reveals that a physician who prescribes controlled substances should take the responsibility to carefully monitor and evaluate a patient frequently enough to assess the mental and physical status and evaluate appropriate modification of the prescribing schedule.

B. CR 08-316

Dr. Onion moved to investigate further CR 08-316. Ms. Clukey seconded the motion, which unanimously.

C. CR 08-051

Ms. Holmes moved to investigate further CR 08-051. Dr. Hatfield seconded the motion, which passed unanimously.

D. CR 07-369 John Larson, M.D. (BOLIM)

Dr. Hatfield moved to unset the Adjudicatory Hearing in the matter of John Larson, M.D. CR 07-360. Dr. Gleaton seconded the motion, which passed unanimously.

Dr. Oldham moved to dismiss, with a letter of guidance, the Board complaint against John Larson, M.D. CR 07-360. Dr. Gleaton seconded the motion which passed unanimously.

NEEDS DISCUSSION 10:20:26 AM

E. COMPLAINT STATUS REPORT

The Board accepted the Complaint Status Report.

F. REVIEW DRAFT LETTERS OF GUIDANCE

G. CONSUMER ASSISTANT FEEDBACK

IV. NEW COMPLAINTS - BOARD COMPLAINT REVIEW

A. CR 08-270

Dr. Nyberg moved to dismiss CR08-270. Dr. Onion seconded the motion, which passed unanimously.

The patient alleges that he was improperly dismissed from his physician's practice for using strong language and asking for a different physician, and that his physician gave information to Able to Stay Home nurses without permission. In his response, the physician explains that in dealing with all those involved in his care the patient was loud, abusive, vulgar, angry, and hypercritical. This behavior became so unacceptable that the physician, with his medical director's endorsement, dismissed the patient. With regard to the charge of giving information to home care nurses without permission, the physician makes reference to the fact that by law, all home health care must be directed by a licensed physician. As the patient's primary care provider he had been communicating with the patient's home health care nurses for more than a year. The medical record shows consistently competent and professional care, including appropriate referrals when indicated, or requested by the patient.

B. CR 08-326

Ms. Clukey moved to dismiss CR08-326. Dr. Onion seconded the motion, which passed unanimously.

The patient complained of back and leg pain out of proportion to physical and MRI findings. The patient had also been found diverting analgesics. The record showed multiple visits and diagnostic testing as well as a neurosurgical consult. The consultant advised against surgery and recommended physical therapy and steroid injections. A basis for complaining against this physician is lacking.

C. CR 08-330

Dr. Hatfield moved to dismiss CR 08-330. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Oldham recused.

A physician who was hired by a city to evaluate fire fighters and was felt to communicate poorly and to ask for unjustified testing by the patient after he had evaluated him. A review of the records showed the evaluation was justified and appropriate.

D. CR 08-331

Dr. Dumont moved to dismiss CR08-331. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

Patient 5 days post-op from a total hip replacement and developed low grade fever and swelling in her leg. Patient called orthopedic coverage who advised her to go to nearest ED if fever increased, go to ED if she was concerned, or take Tylenol and see him in the morning. Physician stated he realized patient was upset and agitated and had multiple questions but felt these could best be answered by the regular orthopedist as they were not relevant to the issue at hand. He admits he informed her of this and also stated he could not authorize an ambulance but if she needed one she should call one. Patient did indeed go to nearest ED and got admitted for a r/o DVT as no ultrasound was available that night. Subsequent work-up was negative. Care appears to be appropriate but after hours communication with a covering physician is potentially difficult.

E. CR 08-424 Jeffrey L. Bush, M.D (Mary Lake) Dr. Dumont

Dr. Dumont moved to dismiss CR08-424. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

51 Year old patient underwent total hip replacement and has multiple complaints about the oversight of her care. First issue is that her medications were given to her incorrectly by the hospital. Only evidence that can be found is that patient normally takes methylphenidate in the morning and with lunch and in the hospital it was given "bid" (morning and evening). Patient questioned this with staff per nursing notes but agreed to take medications as written. There is

documentation she was offered a chance to review her Medication Administration Record but that this did not occur.

The other major issue patient has is that she did not receive Home Health Services after she was discharged. She claims she was led to expect she would have these services. Multidisciplinary hospital notes indicate she was independent in her Activities of Daily Living prior to discharge although there does not appear to have been a formal meeting with patient to discuss this. Patient seems most concerned that she needed to go to lab weekly to get blood tests done. Friend who accompanied patient admits that patient did not realize she needed home health services until she got home although this had been discussed at pre-operative office consult. Patient complained to her OMT physician about lack of home care and he contacted the orthopedist who apparently discussed this with hospital staff who again felt patient did not require these services.

While the overall care and discharge planning for this patient may not have met this patient's expectations it was clearly appropriate. Increased communication between the physician, hospital, and patient might have helped avert some of these issues but no standards were violated.

F. CR 08-349

Ms. Clukey moved to dismiss, with a letter of guidance, the complaint against J. Michael Taylor, M.D. CR 08-349. Dr. Onion seconded the motion, which passed 5-2-0-1 with Ms. Holmes recused.

G. CR 08-352

Dr. Gleaton moved to table CR 08-352 and re-assign the case. Dr. Nyberg seconded the motion which passed 7-0-0-1 with Dr. Onion recused.

H. CR 08-375

Ms. Holmes moved to table CR 08-375. Dr. Nyberg seconded the motion, which passed unanimously.

I CR -08-391

Ms. Holmes moved to dismiss CR -08-391. Dr. Nyberg seconded the motion, which passed unanimously.

J. CR 08-416

Dr. Gleaton moved to dismiss CR08-416. Dr. Hatfield seconded the motion, which passed unanimously.

A son complained that the medical care his mother received through a large group specialty medical practice was unacceptable. He issued these complaints against three physicians

although two of them had never been involved in her care. One of the physicians had cared for the patient in a Pacemaker Clinic setting only. Specifically, the son was unhappy that a physician was never assigned by the group to consistently care for his mother over her six year period with the group. Instead she was followed by a number of midlevel practitioners who had the ability to call on a physician of the day for additional help which is how one of the named physicians got involved when the patient developed a change in her heart condition. According to national society protocols, she was examined appropriately once or twice a year and followed monthly via telephone pacemaker monitoring at the group's Pacemaker Clinic where she was assigned.

Secondly, the son was very concerned about difficulties concerning scheduling of clinic appointments. He alleged discrimination which was not corroborated in the record. What is clear is that for personal reasons of illness and difficulty travelling, there was a lot of rescheduling in her last year of care which was awkward to perform in this large, busy clinic setting.

Lastly, the son attempted communication with the group about his concerns over his mother's care by using the telephone and writing a formal letter, addressed to the practice. He never got a response despite them attempting to call him three times. Overall, quality of care rendered to this female patient was appropriate and excellent. Better response to a patient's concerns and communications are reasonable and necessary to good medical practice. The president of the group takes responsibility for this and is working on improving the group's ability to respond and address future patient complaints in a timely fashion.

K. CR08-417

Dr. Gleaton moved to dismiss CR08-417. Dr. Dumont seconded the motion, which unanimously.

The physician named in the complaint was not involved in the patient's care.

L. Dr. Gleaton moved to dismiss CR08-418. Dr. Dumont seconded the motion, which unanimously.

The physician named in the complaint was not involved in the patient's care.

M. CR08-421

Dr. Onion moved to hold an Informal Conference in the matter of CR 08-421. Dr. Gleaton seconded the motion, which passed unanimously.

N. CR08-445 Edwin V. Tan, M.D.

Dr. Dumont moved to dismiss CR 08-445 with a letter of guidance to Dr. Tan. Dr. Gleaton seconded the motion, which passed unanimously.

This complaint dates back to an anonymous call to the Board alleging the physician was prescribing narcotics for a patient in Massachusetts who was on probation and, also receiving narcotics in Massachusetts. The physician had no record of pill counts being done or of urine drug screens. PMP search indicated the physician to be prescribing large doses of narcotics to many patients, and subsequently more charts were reviewed.

The patient in the initial complaint was in fact being followed by probation officer in Massachusetts, who was following urine toxicology and monitoring the patient, although pill counts were never done. This information was subsequently received by the treating physician. As the patient was involved in a worker's compensation case it was initially difficult for him to establish care in Massachusetts so the Maine physician agreed to keep prescribing medications. Care has now been transferred to Massachusetts.

Review of other records indicates narcotic contracts were in charts and that an Office Guideline may now exist on management of patients on narcotics. Pill counts and urine toxicology studies were scarce on the other patients who were reviewed. It appears that physician is now more aware of his responsibility in prescribing narcotics. The Letter of Guidance should reinforce the importance of his responsibility.

O. CR 08-450 William S. Holt, M.D.

Dr. Gleaton moved to dismiss the complaint against Dr. Holt with a letter of guidance (CR 08-450). Ms. Holmes seconded the motion, which passed unanimously

The physician failed to report on his recent license renewal a formal Reprimand received from the American Academy of Ophthalmology in June 2007. He stated that he was aware of the reprimand but did not view it as a disciplinary action; and therefore, filled out the renewal incorrectly. The Letter of Guidance will remind the physician to carefully fill out the online license renewal form and understand fully the intent of the reprimand. The physician acknowledges his mistake and will endeavor to improve.

P. CR 08-328

Dr. Onion moved to dismiss CR 08-328. Dr. Hatafield seconded the motion, which passed unanimously.

A Minor patient with chronic mental illness complained that his physician obtained legal permission to institute mandatory medical therapy for 72 hours. The physician explained the circumstances and that the patient's parents were in agreement with the strategy, which appears to have helped. After reviewing the records, the Board felt the doctor's care was appropriate and voted to dismiss the case.

V. INFORMAL CONFERENCE 11:00 a.m.

A. CR 08-095 Shaun O'Connor, P.A.-C (Mark Boutaugh) Dr. Onion

Dr. Onion moved to dismiss, with a letter of guidance, the complaint against Shaun O'Connor, PA-C. Dr. Gleaton seconded the motion, which passed 5-3.

A patient complained that a PA miscalculated a tapering dose of a narcotic medicine and, when challenged, indulged in an unprofessional outburst at the patient. The PA explained in writing, and in an informal conference, to which the patient was also invited, before the Board, his recognition of his role in the medical error, his career changes to avoid similar future mistakes, and his counseling to address his unprofessional outburst. The Board was impressed with the PA's insight and candor. The LOG will assiduously address the need to assure accurate medication dose calculation and developing and maintaining personal insights to avoid unprofessional behavior.

**NOON MEAL**

**PUBLIC SESSION**

VI. MINUTES OF JANUARY 13, 2009

\_\_\_\_ moved to approve the minutes of January 13, 2009, as amended. \_\_\_\_\_ seconded the motion, which \_\_\_\_\_

VII. NEW BUSINESS

A. ANNUAL REPORT OF MEDICAL PROFESSIONALS HEALTH PROGRAM

Dr. David Simmons and Mr. Gordon Smith presented a written annual report of the MPHP. Dr. Simmons said he will provide a final draft to the Board.

\_\_\_\_ moved to \_\_\_\_\_. \_\_\_\_\_ seconded the motion, which \_\_\_\_\_

VIII. BOARD ORDERS & CONSENT AGREEMENT MONITORING & AND APPROVAL

A. BOARD ORDERS (NONE)

B. CONSENT AGREEMENT MONITORING & APPROVAL

1. Michael Bell, M.D. (approval of providers) Ms. MacDonald

\_\_\_\_ moved to \_\_\_\_\_. \_\_\_\_\_ seconded the motion, which \_\_\_\_\_

2. Michael Berry, M.D. (Provider reports)Ms. MacDonald  
     \_\_\_moved to\_\_\_\_\_. \_\_\_\_\_ seconded the motion, which \_\_\_\_\_
3. Andrew Fletcher, M.D. (Request extension to pay COH) Ms. MacDonald
4. John Newcomb, M.D. (Request to amend Agreement) Ms. MacDonald
5. (Amendment) Ann D. Tuddenham, M.D.Mr. Smith

IX. ADJUDICATORY HEARING 1:00 P.M.

CR 07-316 Thomas R. DeFanti, M.D. (Donna M. Audette) J. Smith, Hearing Officer

X. REMARKS OF CHAIRMAN

A. CHAPTER 4 RULES –PROPOSED

XI. EXECUTIVE DIRECTOR’S MONTHLY REPORT

XII. REMARKS OF ASSISTANT ATTORNEY GENERAL

A. Assistant Attorney General –Superior Court Decision & Order – S. Diering, M.D.. Dennis Smith

XIII SECRETARY’S REPORT

A. List A

1. M.D. List A.....Licenses for Ratification

\_\_\_moved to ratify the physicians on List A below for licensure. \_\_\_\_\_ seconded the motion which passed unanimously.

The following license applications have been approved by staff and Board Secretary Gary R Hatfield, MD without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Ali, Syed I Q	Family Medicine	Augusta/Waterville
Amsel, Harold	Psychiatry	Mid Coast
Aziz, Osama N	Internal Medicine/Pulmonary	Presque Isle
Banerjee, Sarah S..	Orthopedic Surgery	Bangor
Braylan, Raul C	Anatomic Pathology	Not Listed
Clarke, James L	General Surgery	Bangor
Cotter, Thusitha	OB/GYN	Not Listed
Eck, Charles A	Family Practice	Presque Isle

Goodlet, Jr., James S	Urology	Not Listed
Gray, III, Herbert E	Emergency Medicine	Unknown
Hacobian, Melkon	Internal Medicine	Portland
Jung, Michael W	Emergency Medicine	Not Listed
Kirby-Long, Paula C	Psychiatry	Lewiston
Latkovich, Predrag M	Anatomic/Clinical Pathology	Lewiston
Lindstrom, Meghan L	Emergency Medicine	Portland Area
McCallister, John A	Pediatrics	Augusta
Moses, Jacqueline D	Psychiatry	Not Listed
Neilson, Ian R	Pediatric General Surgery	Portland
Pantsari, Matthew W	Gastroenterology	Lewiston
Petty, Catherine A	Orthopedic Surgery	Portland
Polidori, Mariano A	Family Medicine	Bangor
Reyes, Marilou L	Pediatrics	Locum Tenens
Rinaldi, Carmen J	Dermatology	Portland
Roediger, Frederick C	Otolaryngology	Greater Portland
Rojkovskiy, Igor E	Internal Medicine	Skowhegan
Sintetos, Anthony L	IM/Cardiology	Waterville
Timmer, Suzanne J	Internal Medicine	York
Waddell, Brad E	Surgical Oncology	Bangor or Augusta (Undecided)
Wolfson, Joseph L	Family Practice	Kennebunk
Young, Curt T	Ophthalmology	Aroostook County

2. P.A. List A .....Licenses for Ratification(yes)Dr. Hatfield

LICENSURE COMMITTEE/BOARD  
February 10, 2009

PHYSICIAN ASSISTANT LIST A

The following Physician Assistant license applications have been approved by the Board Secretary Gary R Hatfield, MD without reservation:

<u>NAME</u>	<u>LICENSE</u>	<u>PSP</u>	<u>LOCATION</u>
Jeffrey Gagnon, PA-C	Active	Michael Durr, M.D.	Waterville
*Bethany Opre, PA-C	Active	Renato Medrano, M.D.	Togus

(PA-C Bethany Opre lapsed in 2001 for non-renewal. Reapplied for licensure after 5 years, was issued the same number PA-556.)

B. List B Applications for Individual Consideration

1. David Johnson, PA-C

The Licensure Committee recommended approval of the initial application of David Johnson, PA-C. The motion \_\_\_\_\_

Date: **February 10, 2009**  
 To: **Licensure Committee**  
 From: **Tammy Veinott, Board of Licensure in Medicine**  
 Re: **David Johnson, PA-C**

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David Johnson, PA-C an applicant for an initial P.A. License, is being presented to the Licensure committee because of a yes answer on question #8. In November 2001 he was arrested and charged with a DUI in Ohio. David met with Dr. Simmons from the MPHP. Dr. Simmons letter to the Board regarding David Johnson’s evaluation is enclosed.

How do you wish to proceed?

- 2. Donald B. Geldart, M.D.(Temp)
- 3. Theron C. Mock, Jr., M.D..... Dr. Dreher.....15
- 4. John R. Larson, M.D..... Dr. Dreher.....16
- 5. .... Dr. Dreher.....17
- 6. .... Dr. Dreher.....18
- 7. .... Dr. Dreher.....19

C. List C Application for PA Reinstatement

The following physician assistant license reinstatement application has been approved by staff and Board Secretary Gary R Hatfield, MD without reservation:

<u>NAME</u>	<u>License</u>	<u>PSP</u>	<u>Location</u>
Cheryl Whitney, PA-C	Active	Mark Blackwood	South Berwick

List C (1) Individual Consideration

- 1. Kevin G. Looser, M.D. .... Dr. Dreher.....21
- 2. Samuel McCarthy-Oflaherty..... Dr. Dreher.....22

D. List D Withdrawals

- 1. List D (1) Withdraw License Application (none)
- 2. List D (2) Withdraw License from Registration (none)..... Dr. Hatfield
- 3. List D (3) Withdraw License from Registration - Individual Consideration(none)
- E. List E Licenses to lapse by operation of law (FYI)..... Dr. Hatfield.....23

Date: February 10, 2009

The following physician licenses lapsed by operation of law effective January 15, 2009.

<u>NAME .....</u>	<u>LICENSE NO.</u>
Agrawal, Sanjay	015901
Allison, W. Anthony	005174
Appel, Theodore	010076
Baldomero, Anita	009888
Engstrom, Lincoln	015473
Haqqani, Mohammed K	016274
Hills, Judith	017236
Ioachim, Harry	005890
Kattapuram, Susan	008143
Miller, Diane Swensen	015699
Mukerji, Sanjay	016245
Napier, Mark	016289
Palmer, William	015482
Robinson, Vincent	011014
Shankar, Prashant	016220
Vu, Hung Quoc	017610
White, Leland	004628

F. List F Licensees requesting to convert to active status (none)

G. List G Renewal applications for review

1. David Clement, MD..... Dr. Hatfield.....24

Date: **February 10, 2009**

To: **Licensure Committee**

From: **Tammy Veinott, Board of Licensure in Medicine**

Re: **David Clement, MD**

Dr. Clement is being presented to the Licensure Committee for a yes answer to question 14.6 on his renewal application regarding the following medical condition; following an accident that happened in NH, he had a weak right deltoid muscle, due to a severed axillary nerve. Nerve is growing back and will be able to return to work on Feb. 23, 2009. The Board Secretary has reviewed and would like the Licensure Committee to review as well.

List H. Delegated Practitioner Schedule II Request Ratification

**LICENSURE COMMITTEE/BOARD**

February 10, 2009

**PHYSICIAN ASSISTANT/APRN SCHEDULE II**

**LIST H**  
**Initial requests**

The following initial requests for Schedule II prescribing authority have been approved by the Board Secretary Gary R. Hatfield, MD.

NAME	PSP	LOCATION
John Nowak, PA-C	Robert Clough, MD	Bangor
Brian Halla, PA-C	Eric Hoffman, MD	Portland
Dennis Scott Simpson, PA-C	Robert Abrams, MD	Lubec
Susan Koen, ANP	Howard Jones, MD	Belfast

XIV. STANDING COMMITTEE REPORTS

- A. Personnel & Finance Committee (Second Quarter Financial Report)...Ms. Holmes.....26
- B. Legislative & Regulatory Committee ..... Dr. Oldham.....27
- D. Physician Assistant Advisory Committee
  - 1. December Minutes Draft..... Dr. Onion.....28

XV. BOARD CORRESPONDENCE (none) .....Staff.....29

XVI. FYI .....Staff  
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XVII. FSMB MATERIAL .....Staff.....31

XVIII. ADJOURNMENT