



Chair's Corner

By Dr. Kenneth Simons

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.” Leo Buscaglia



Kenneth Simons

Physicians and our colleagues in the other health professions know full well the healing power of the above and likely, it was a fundamental reason as to why each of us chose the healing arts to be our profession -- to make a difference for our fellow human beings. Whether we are prescribing a

medication or performing a surgical procedure, patients entrust their lives and those of their loved ones to us, but not solely because we have D.O. or M.D. after our name. Before we ever earn the trust those abbreviations can represent -- the ability to prescribe, invade or incise -- we must establish a patient-physician relationship by listening to our patients. For only if our patients and their loved ones believe they are truly being heard, will they be inclined to place their most precious gift, their lives, in our capable hands. Throughout medical school we always heard from our professors that if one simply listened to the patients, they would present us with the diagnosis. Some of us took it to heart while a few may have scoffed, choosing to place their trust in CT scans and diagnostic laboratory tests.

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Improvements to the WI PDMP

DSPS continues to improve the Wisconsin Prescription Drug Monitoring Program to make it as useful and as user friendly as possible for physicians reviewing patient controlled substance prescription histories before issuing prescription orders for controlled substance prescription drugs.

The program is now designated as the Wisconsin ePDMP. The *e* stands for *enhanced*, in recognition of the recent improvements.

The updates include the Patients Panel, which displays a table containing a snapshot of the critical information about each patient to whom the prescriber has issued a controlled substance prescription order in the previous 100 days.

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Medical Examining Board Membership and Staff Assignments

The Medical Examining Board consists of 13 members. The members are appointed by the Governor and confirmed by the Senate.

Board Members:

Kenneth Simons, M.D., Chairperson (Milwaukee)
Timothy Westlake, M.D., Vice Chairperson (Hartland)
Mary Jo Capodice, D.O., Secretary (Sheboygan)
Alaa Abd-Elseyed, M.D., Physician Member (Madison)
David Bryce, M.D., Physician Member (Middleton)
Michael Carton, Public Member (Oconomowoc)
Padmaja Doniparthi, M.D., Physician Member (Oconomowoc)
Rodney Erickson, M.D., Physician Member (Tomah)
Bradley Kudick, Public Member (Waukesha)
Lee Ann Lau, M.D., Physician Member (West Bend)
David Roelke, M.D., Physician Member (Hartland)
Robert Zoeller, Physician Member (Oconomowoc)
Robert Zondag, Public Member (Delafield)

Information on how to apply for appointment to the Wisconsin Medical Examining Board can be found through the Office of the Governor:

<https://walker.wi.gov/apply/boards-commissions>

Department of Safety and Professional Services

Administrative Staff:

Thomas Ryan, Executive Director
Amber Cardenas, Legal Counsel

Executive Staff:

Laura Gutiérrez, Secretary
Eric Esser, Deputy Secretary
Kirsten Reader, Assistant Deputy Secretary

The dates and times of the Medical Examining Board meetings are announced on the DSPS website at

<http://dsps.wi.gov>.

Meeting agendas are posted approximately one week prior to the meeting.

Wisconsin Board Chair and Secretary elected to Leadership of National Organizations

Kenneth B. Simons, MD, Chair of the Wisconsin Medical Examining Board, was recently elected to the Board of Directors of the Federation of State Medical Boards (FSMB). The FSMB is a national non-profit organization representing all 70 medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. The FSMB supports medical boards through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices. (For more information about the FSMB and its services, see the article on page 3, "About the Federation of State Medical Boards.")

Appointed to the Wisconsin Medical Examining Board in 2011, Dr. Simons has chaired the FSMB's State Medical Boards' Appropriate Regulation of Telemedicine Workgroup, whose influential report was unanimously adopted by the FSMB House of Delegates in 2014. He chairs the FSMB's Workgroup on Board Education Service and Training, and serves on the State Medical Boards Advisory Panel to the United States Medical Licensing Examination (USMLE).

In addition to his service with the FSMB, Dr. Simons has served on the Accreditation Council for Graduate Medical Education (ACGME) Board of Directors, the National Resident Matching Program (NRMP) Board of Directors, and the Liaison Committee on Medical Education (LCME). Dr. Simons is the Senior Associate Dean for Graduate Medical Education at the Medical College of Wisconsin, overseeing 90 ACGME accredited programs with nearly 900 house staff.

Mary Jo Capodice, DO, Secretary of the Wisconsin Medical Examining Board, was recently elected as Vice President of the American Association of Osteopathic Examiners (AAOE). The AAOE provides education, advocacy and communication for all osteopathic physicians who serve on an osteopathic board or a composite (combined MD and DO) licensing board.

A Few Reminders . . .

Duty to Notify Department of Change of Name or Address:

Wis. Stat. § [440.11\(1\)](#) requires a licensee who changes his or her name or moves from the last address provided to the Department of Safety and Professional Services (Department) to notify the Department within 30 days of the change in writing or in accordance with other notification procedures approved by the Department.

Licensees can visit the Department website (dps.wi.gov) and select Online Services, Licensing/Credentialing, and Address Change to update name, address, phone number, email address, and a variety of other items.

Duty to Report:

Several reporting duties apply to MEB licensees. Failure to report when required to do so constitutes unprofessional conduct and may result in discipline or other action deemed appropriate by the Board.

Please be advised that discipline may be imposed for:

- Failing, within 30 days, to report to the board any final adverse action taken against the licensee's authority to practice medicine and surgery by another licensing jurisdiction concerned with the practice of medicine and surgery. *Wis. Admin. Code § Med [10.03\(3\)\(a\)](#).*
- Failing, within 30 days, to report to the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances. *Wis. Admin. Code § Med [10.03\(3\)\(b\)](#).*
- Violating the duty to report under s. [448.115](#), Stats. and *Wis. Admin. Code § Med [10.03\(3\)\(f\)](#).*

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A wealth of useful information is available on the Department of Safety and Professional Services website at: <http://dps.wi.gov>

Do you have a change of name or address?

Licensees can update name or address information on the Department website at:

<https://online.drl.wi.gov/UserLogin.aspx>

Please note that confirmation of change is not automatically provided. Legal notices will be sent to a licensee's address of record with the Department.

Telephone Directory:

Call the Department of Safety and Professional Services toll-free (877) 617-1565, or (608) 266-2112 in the Madison area to connect to the service you need.

About the Federation of State Medical Boards (FSMB)

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the 70 medical and osteopathic boards within the United States, including its territories and the District of Columbia. It assists boards as they go about their mandate of protecting the public's health, safety and welfare through proper licensing and disciplining of physicians and, in many jurisdictions, physician assistants and other health care professionals.

The FSMB, which was established in 1912, provides an array of services to assist medical boards in their mission of protecting the public. These services include:

Physician Data Center

The FSMB was the first organization to publish and distribute the names of the nation's disciplined physicians. That information is now disseminated electronically via the Federation Physician Data Center, a repository of board action and licensure data on U.S. physicians that contains thousands of disciplinary actions against physicians dating to the 1960s. The data center receives regular updates from medical boards when they take disciplinary actions, and boards use the Physician Data Center when checking the background of physicians during the licensure and credentialing process.

The data center also keeps the public informed of vital physician information through its DocInfo database at www.docinfo.org.

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448.115(1) Duty to Report

(1) A physician who has reason to believe any of the following about another physician shall promptly submit a written report to the board that shall include facts relating to the conduct of the other physician:

- [448.115\(1\)\(a\)](#) The other physician is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
- [448.115\(1\)\(b\)](#) The other physician is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
- [448.115\(1\)\(c\)](#) The other physician is or may be medically incompetent.
- [448.115\(1\)\(d\)](#) The other physician is or may be mentally or physically unable safely to engage in the practice of medicine or surgery.

[448.115\(2\)](#) Failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction. *Wis. Admin. Code § Med [10.03\(3\)\(h\)](#).*

Duty to Cooperate with Board Requests:

All licensees have a duty to cooperate with Board and Department requests on behalf of the Board. Failure to do so constitutes unprofessional conduct and may result in discipline or other action deemed appropriate by the Board. *Wis. Admin. Code § Med [10.03\(3\)\(g\)](#)* defines the following as unprofessional conduct:

After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.

Should you receive a request from the Board or the Department on behalf of the Board, promptly respond or request an extension of time to determine whether an extension will be granted.

MEB Opioid Prescribing Guideline

The MEB's Opioid Prescribing Guideline is available on the Board's web page: <http://dsps.wi.gov/Boards-Councils/Board-Pages/Medical-Examining-Board-Main-Page/>

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While the latter are certainly useful tools in the physician's armamentarium, so too is the art of listening. In the current day with the focus on throughput and bottom lines, it is incumbent upon us as the descendants of Hippocrates, to make sure that we never sacrifice our patients upon the altars of marketing, metrics and money. We must take, and make, the appropriate amount of time to listen to our patients, despite the constraints placed by the EHR and administrators, and truly hear them so that we do right by them and their loved ones. There is far too much emphasis today on margins, and as a result, we are on occasion placed in the position of shunting our patients and their health to the wrong margin. Let us resolve to always maintain our focus on our mission: to care for and serve the interests of our fellow human beings in attaining the best possible health status regardless of their religion, nationality, race, politics or social standing. We entered a noble profession inherited from those who practiced prior to our arrival. We owe our future generations of physicians no less than what we received, a profession dedicated to patients and their well-being.

*"I still find the best way to understand a hospitalized patient whose care I am taking over is not by staring at the computer screen but by going to see the patient; it's only at the bedside that I can figure out what is important."
Abraham Verghese*



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Federation Credentials Verification Service (FCVS)

FCVS establishes a permanent repository of primary-source verified credentials for physicians and physician assistants, saving duplicative efforts by state medical boards. Established in 1996, FCVS has verified the credentials of more than 250,000 physicians. FCVS collects and stores primary-source verified core credentials, which include physician identity, medical education, graduate medical education, examination history, Educational Commission for Foreign Medical Graduates (ECFMG) certification and disciplinary history.

Uniform Application for Physician State Licensure (UA)

The UA is a web-based application designed to standardize, simplify, streamline, and improve processing times for state medical boards' licensure applicants. The UA makes the physician licensing process more portable among states, more convenient and less redundant. Each board may include an addendum to the UA that addresses any state-specific requirements for licensure.

Education

The FSMB offers a variety of educational forums for both medical board staff and board members as part of its commitment to helping boards carry out their duties as regulators of the medical profession. Through FSMB's educational programs, national experts in the field of medical licensure and discipline provide medical regulators with updates on current and future challenges facing medical regulators today.

Advocacy and Policy

Working from offices in both Texas and Washington, D.C., the FSMB serves as the voice of the nation's state medical boards, helping them fulfill their role of protecting the public. FSMB monitors federal and state legislation that impacts medical regulation, and serves as a resource for boards on state and federal legislative issues, administrative initiatives, and the legislative process.

Assessment Services

In collaboration with the National Board of Medical Examiners, the FSMB provides assessment tools to help inform medical boards in their decisions to issue medical licenses. These tools include the United States Medical Licensing Examination and the Post-Licensure Assessment System (PLAS). Offered within the PLAS program is the Special Purpose Examination (SPEX).

To learn more about the FSMB, please visit www.fsmb.org.



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The table shows the basic demographics of the patient, the patient's estimated current morphine milligram equivalents (MME) level, and the total number of each type of alert in the WI ePDMP. Prescribers are able to sort the columns and, by clicking on a "View" button, skip instantaneously to a patient's prescription history report without typing the patient's name and date of birth.

Based on user feedback, two other small enhancements have been added to eliminate several clicks on the Patient Report query page: 1) the cursor now defaults to the First Name field, and; 2) after typing the patient's date of birth and the Enter key, the query is submitted.

Users will also notice a change in how the WI ePDMP calculates estimated total opioid daily doses (as measured in MMEs) for patients. Based on guidance from the Centers for Disease Control and Prevention (CDC) on MME levels that inform determinations of overdose risk, the WI ePDMP no longer includes buprenorphine drugs in the MME calculations, though it still displays buprenorphine records as part of a patient's dispensing history details. The data displayed in patient history reports now more accurately reflect estimated MME levels. Further, the change reinforces the fact that the calculations and comparative threshold guidelines displayed on the patient prescription history report at 50 MME and 90 MME are based on overdose risk when opioids are prescribed for pain and should not guide dosing of medication-assisted treatment for opioid use disorder.

Many physicians and their delegates are now accessing WI ePDMP patient reports directly from within their electronic medical record. Five health systems are now live with the direct EHR integration, and several other health systems are testing or configuring the connection. Feedback about the EHR integration with the WI ePDMP has been overwhelmingly positive.

Additional enhancements are planned for the Prescribing Practice Metrics report for both prescribers and medical coordinators. This enhanced report is scheduled to be launched in the Fall of 2017 and will include analytics comparing a prescriber's controlled substance prescribing practices in relation to other prescribers within the specialty.

All of the enhancements are part of an effort to make the WI ePDMP as user friendly as possible, which is particularly important now that the prescribers are required to review patient ePDMP records before issuing a prescription order for the controlled substances subject to the requirement. Prior to mandatory use, there were approximately 18,000 registered healthcare users performing approximately 5,000 patient queries per day. There are now nearly 40,000 registered healthcare users, including delegates, and the system records an average of 30,000 patient queries per day.

To receive future updates about the WI ePDMP, make sure you are subscribed to PDMP Updates: [Manage Subscriptions](#). Please feel free to contact PDMP staff at DSPS with questions: pdmp@wisconsin.gov.

Enforcement Actions of the Medical Examining Board

The Medical Examining Board, with help from staff at the Department of Safety and Professional Services, can take action against licensed professionals around the state to help protect the citizens of Wisconsin, and the profession. You may search for any of the Board Orders listed below on the Department's website by using this link:

Board Order Search: <http://dsps.wi.gov/Other-Services/Lookup-Orders-Disciplinary>

Disciplinary actions are reported to the National Practitioners Data Bank. Available options to the Board are:

Reprimand - A public warning of the licensee for a violation.

Limitation of License - Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of practice, or both.

Suspension - Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.

Revocation - Completely and absolutely terminates the

credential and all rights, privileges and authority previously conferred by the credential.

Non-disciplinary actions are not reported to the National Practitioners Data Bank. Available options to the Board are:

Administrative Warning - Issued if violation is of a minor nature, a first occurrence and the warning will adequately protect the public. The issuance of an Administrative Warning is public information, however the reason for issuance is not.

Remedial Education Order - Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public.

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Board Orders

March 2017-September 2017

Profession	Order No.	Order Date	Respondent	City	State
Physician Assistant	ORDER0002310	8/31/2017	Haughey, Carol T	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0004001	8/28/2017	Kelly, John Edward	Oconomowoc	WI
Medicine and Surgery, MD	ORDER0005399	8/16/2017	Reed, Anne Marie	Cedar Falls	IA
Medicine and Surgery, MD	ORDER0005398	8/16/2017	Mayo II, Charles William	St. Croix Falls	WI
Medicine and Surgery, MD	ORDER0005401	8/16/2017	Wilson, Christopher S	Elm Grove	WI
Medicine and Surgery, MD	ORDER0005395	8/16/2017	Berent, Philip J	Markesan	WI
Medicine and Surgery, MD	ORDER0005402	8/16/2017	Wittmaack, Frank M	Green Bay	WI
Medicine and Surgery, MD	ORDER0005272	8/16/2017	Lawal, Adegboyega H	River Hills	WI
Medicine and Surgery, MD	ORDER0005396	8/16/2017	Buchanan, David A	Monroe	WI
Medicine and Surgery, MD	ORDER0005397	8/16/2017	Cohler, Larry F	Oak Lawn	IL
Medicine and Surgery, MD	ORDER0005403	8/16/2017	Shallow, Natasha R	Shorewood	WI
Respiratory Care Practitioner	ORDER0005400	8/16/2017	Scott, Angela J	Kronnenwetter	WI
Medicine and Surgery, MD	ORDER0005379	7/19/2017	Araujo, Jose Gonzalo	Wauwatosa	WI
Medicine and Surgery, MD	ORDER0005380	7/19/2017	McNutt, Richard K	Green Bay	WI
Medicine and Surgery, MD	ORDER0005381	7/19/2017	Ying, Kan	Eden Prairie	MN
Medicine and Surgery, MD	ORDER0004933	6/29/2017	Bonzani, Robert A	Mokena	IL
Medicine and Surgery, MD	ORDER0001929	6/26/2017	Bourkland, Bradley A	Rhineland	WI
Medicine and Surgery, MD	ORDER0005226	6/26/2017	Ginkel, Paul D	Bayside	WI
Medicine and Surgery, MD	ORDER0002303	6/26/2017	Haughey, Stephen A	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0004973	5/24/2017	Adejumo, Adetunji A	De Pere	WI
Medicine and Surgery, MD	ORDER0005301	5/17/2017	Defatta, Robert J	Eau Claire	WI
Medicine and Surgery, MD	ORDER0005300	5/17/2017	Lehman, Elmer Gerard	Wauwatosa	WI
Medicine and Surgery, MD	ORDER0004937	5/9/2017	Weber, Andrew R	Wausau	WI
Medicine and Surgery, MD	ORDER0005226	5/8/2017	Ginkel, Paul D	Bayside	WI
Medicine and Surgery, MD	ORDER0003817	5/2/2017	Krieger, Westscot G	Appleton	WI
Medicine and Surgery, MD	ORDER0002362	5/1/2017	Vanbommel, Jesse J	Menomonee Falls	WI
Medicine and Surgery, MD	ORDER0005271	4/19/2017	Gierahn, James Paul	Racine	WI
Medicine and Surgery, MD	ORDER0005273	4/19/2017	Macias, Melissa Y	Elm Grove	WI
Medicine and Surgery, MD	ORDER0005272	4/19/2017	Lawal, Adegboyega H	River Hills	WI
Medicine and Surgery, MD	ORDER0005270	4/19/2017	Dupont, Paul G	Eden Prairie	MN
Medicine and Surgery, MD	ORDER0003126	3/20/2017	Petrovani, Mark S	Madison	WI

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