

# Med Board Newsletter

A publication of the Wisconsin Medical Examining Board

April 2014

## Chair's Corner

By *Kenneth Simons*

***"The single biggest problem in communication is the illusion that it has taken place." - George Bernard Shaw***

The above quote is one that we physicians would do well to remember. Often times in dealing with our patients and colleagues, we are under the illusion that we have communicated clearly and appropriately regarding the matters under consideration: explaining a disease process; describing medication effects; recommending a particular intervention; or signing out a patient. Failing to communicate effectively in any one of these areas of practice may result in avoidable errors, patient harm, poorly performing healthcare teams, malpractice suits, and disciplinary action by the Medical Examining Board.

We know from research that good communication has a therapeutic effect on our patients. But even beyond that, we must effectively communicate with fellow physicians, other members of the health care team, administrators, and everyone else we encounter.

Failing to do this invalidates the Oath and Hippocratic traditions we swore to

uphold upon receipt of our medical degrees and may violate the Board's rules that govern unprofessional conduct. Failure to communicate effectively can be a violation of Wisconsin Administrative Code Chapter Med 10 which states that engaging in repeated or significant disruptive behavior or interaction with physicians, hospital personnel, patients, family members, or others in a way that interferes with patient care, or could reasonably be expected to adversely impact the quality of care rendered, is unprofessional behavior that can be the basis of disciplinary action.



*Dr. Kenneth Simons*

Good communication is a skill that must be nurtured in an effort to fulfill our obligation to teach our patients. The Latin word for doctor means "teacher" and is the agent noun derived from the verb docere. Docere means "to show, to teach or to appear right." Thus, teaching

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## ***Effective March 1: Changes to Physician Assistant Supervision Regulations***

On March 1, changes to Wisconsin Administrative Code Chapter MED 8, the chapter of our regulations that includes rules governing physician supervision of physician assistants, took effect after a lengthy and productive revision process that considered recommendations from the Federation of State Medical Boards, the American Academy of Physician Assistants, laws in other states, and state-based stakeholders.

Amendments include an increase in the number of physician assistants that may be supervised by a physician from two to four on-duty physician assistants, clarification that a physician assistant's practice may be supervised by one or more physicians, and modification of the minimum requirements for oversight of prescriptive practice. The Board will no longer require prescription guidelines, documentation of prescribing authority by drug category, or periodic review of prescriptions. Instead, a review of the PA's prescriptive practices

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## *PA Supervision*

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must be conducted initially and annually thereafter. These reviews must be documented in writing, signed by both the reviewing physician and the PA, retained, and made available to the Board for inspection upon request.

The rule requires that the physician providing supervision must be readily identifiable by the physician assistant “through procedures commonly employed in the physician assistant’s practice.” The PA must continue to list with the Board at the time of licensure and with each biennial renewal the name and address of the supervising physician and must also notify the Board within 20 days of any change of a supervising physician. In addition, the Board eliminated the requirement that supervising physicians conduct a monthly, on-site facility review, and it eliminated the agreement and Board notification provisions for temporary, substitute supervising physicians.

Wisconsin Administrative Code Chapter MED 10 requires that supervising physicians be competent to perform the delegated medical act, and must have reasonable evidence that the supervised PA is minimally competent to perform the act under the circumstances. To view the new rules, click here:

[Wisconsin Administrative Code Chapter MED 8](#)

### **Medical Board Membership and Staff Assignments**

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

#### **MEB Members:**

Kenneth Simons, MD, Chair (Milwaukee)  
Timothy Swan, MD, Vice-Chair (Marshfield)  
Sridhar Vasudevan, MD, Secretary (Belgium)  
James Barr, Public Member (Chetek)  
Mary Jo Capodice, DO (Sheboygan)  
Greg Collins, Public Member (Ashwaubenon)  
Rodney Erickson, MD (Tomah)  
Jude Genereaux, Public Member (Sarona)  
Suresh Misra, MD (Milwaukee)  
Carolyn Ogland, MD (Madison)  
Michael Phillips, MD (Oconomowoc)  
Timothy Westlake, MD (Hartland)  
Russell Yale, MD (Fox Point)

### **Department of Safety and Professional Services (DSPS)**

#### **Administrative Staff:**

Tom Ryan, Executive Director  
Daniel Agne, Bureau Assistant  
Shawn Leatherwood, Administrative Rules Coordinator

#### **Executive Staff:**

Dave Ross, Secretary  
Bill Wendle, Deputy Secretary  
Tom Engels, Assistant Deputy Secretary

*The MEB meets monthly, usually the third Wednesday of the month. Dates and times are announced on the DSPS website at <http://dsps.wi.gov>. Meeting agendas are posted approximately one week prior to the meeting and identify open and closed session agenda items.*

# Chair's Corner

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and communicating well is absolutely essential to fulfilling our obligations as healers. We are expected to treat and heal within the limits of medical science and knowledge. But more importantly, it is incumbent upon us to teach patients about their diseases, including preventative measures and available treatment modalities.

The wise physician recognizes that there are a number of external barriers placed in our way that some use as an excuse for not improving their abilities in this arena. These include: cultural differences; gender differences; time constraints; psychological/emotional distress; and the underlying illness itself among an array of possibilities. In addition, there are self-imposed issues impacting us as physicians, such as stress, professional dissatisfaction, and perhaps our own physical/mental health problems. I want to emphasize that these barriers are hurdles to be

overcome, not a wall through which we cannot break.

The Federation of State Medical Boards (FSMB) also recognizes the importance of good communication skills in the practice of medicine. A recent study conducted by the FSMB showed communication issues to be the top cause of complaints to the North Carolina Medical Board. To address the need to improve skills, the FSMB created an on-line



physician communications resource center that is located below.

The purpose of this Chair's Corner is to heighten our awareness of and encourage the exercise of this most basic but vitally important skill. The power of our words, the tone and decibel level of our voices, and our body language when dealing with patients, families, colleagues and others, is inordinately large and we must always be aware of its effect on those with whom we communicate. Communicating poorly on a chronic basis is a form of disruptive behavior and cannot be ignored.

So let us therefore resolve that we will continually develop and enhance our communication skills with the same vigor we apply to staying current in our areas of practice. Doing this will enhance the quality of care that we deliver to our patients and their families as well as honor the heritage and noble traditions of our profession.

[http://www.fsmb.org/physician\\_patient\\_communications\\_resource\\_center.html](http://www.fsmb.org/physician_patient_communications_resource_center.html)



## WI PRESCRIPTION DRUG MONITORING PROGRAM

In June of 2013, the Wisconsin Department of Safety and Professional Services successfully implemented the Prescription Drug Monitoring Program (PDMP), a tool designed to help combat prescription drug abuse by giving registered prescribers access to their patients' controlled substance prescription histories. In the first six months of WI PDMP operations, nearly 6,200 prescribers, pharmacists, and their delegates registered to access the PDMP database and performed over 315,000 queries about their patients. Prescribers account for

approximately 46% of registered users and performed about 25% of the patient queries.

Enhanced access to the PDMP database is on the horizon. The Department is piloting projects to integrate PDMP data into electronic health records in order to make the PDMP data more readily accessible to providers at the point of care. Other future system enhancements include proactive reports informing prescribers about high-risk patients who meet designated criteria for prescription activity.

To register for access to the WI PDMP database, visit the database access site: <http://dsps.wi.gov/pdmp/access/prescriber>.

- 1) Select Registration Site.
- 2) When prompted, enter "newacct" as your username and "welcome" as your password.
- 3) Complete and submit the online registration form.

If you experience any problems or have any questions while registering, please contact the Department at [PDMP@wisconsin.gov](mailto:PDMP@wisconsin.gov).

## Reminder: The Importance of Providing Timely Response to Requests for Investigative Information

The Medical Examining Board is charged with ensuring competent practice by the individuals it licenses to practice in the State of Wisconsin. In order to accomplish this goal, the Board investigates complaints of unprofessional conduct filed against its licensees. As part of the investigative process, the Board frequently requires information from licensed providers.

Wis. Admin. Code § MED 10.03(3) (g) requires that any licensee contacted for information during an investigation of a

complaint against a license holder must cooperate with the board's request for information in a timely manner. Timely is defined as within thirty days of the Board's request. The Board communicates with physicians by US Mail. You should make sure your most current ("last known") address is on file with the Department so that notifications can be delivered appropriately. Since a complaint against a physician may result in loss of licensure, livelihood, and profession, it is in your best interest

to reply in a timely fashion to any request from the Board. Take requests for information from the Board seriously. Depending on the type of information sought, you may also wish to note that you saw the patient, provide complete documentation of your judgment, and submit evidence of intent to provide good care.

Non-compliance with this timely response law may result in disciplinary action for failure to cooperate with the Board.

## Enforcement Actions of the Medical Examining Board

### *Disciplinary options available to the Board include:*

**Reprimand**—A public warning of the licensee for a violation. This is reported to the National Practitioners Data Bank (NPDB).

**Limitation of License**—Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of the practice, or both. This is reported to the NPDB.

**Suspension**—Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential. This is reported to the NPDB.

**Revocation**—To completely and absolutely terminate the credential and all rights, privileges and authority previously conferred by the credential. This is reported to the NPDB.

### *Non-disciplinary options available to the Board include:*

**Administrative Warning**—Issued if a violation is of a minor nature, a first occurrence and the warning will adequately protect the public. Not reported to the NPDB. The content of the warning is confidential.

**Remedial Education Order**—Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public. This is not reported to the NPDB.

### Board Orders

#### October 2013

Arvind Ahuja, M.D., Greendale, WI  
Reprimand: [ORDER0002682](#)

Bruce A. Kraus, M.D., Columbus, WI  
Reprimand with limitations: [ORDER0002681](#)

Paul Strapon, III, M.D., Hayward, WI  
Reprimand with limitations: [ORDER0002680](#)

# Board Orders

## November 2013

Carla Johnson, D.O., Algoma, WI  
Reprimand with limitations: [ORDER0002778](#)

Craig D. Maskil, M.D., Rosebud, SD  
Reprimand with limitations: [ORDER0002780](#)

Thomas M. Naughton, M.D., New Berlin, WI  
Reprimand with limitations: [ORDER0002779](#)

Bashir Sheikh, M.D., Burr Ridge, IL  
Indefinitely suspended: [ORDER0002781](#)

Donald F. Stonefeld, M.D. Rhinelander, WI  
Six month suspension and limitations: [ORDER0002434](#)

## December 2013

Farid A. Ahmad, M.D., Greenfield, WI  
Limitations imposed: [ORDER0002832](#)

Jose G. Araujo, M.D., New Berlin, WI  
Reprimand with limitations: [ORDER0002836](#)

Mark P. Bishop, M.D., Colorado Springs, CO  
Surrender of license: [ORDER0002837](#)

Michael A. Dehner, M.D., Alta, IA  
Reprimand with limitations: [ORDER0002835](#)

Patricia L. Hough, M.D., Englewood, FL  
Surrender of license: [ORDER0002834](#)

Larry R. Lane, M.D., Naples, FL  
Surrender of license: [ORDER0002838](#)

Lislie A. Leppla, M.D., Greeley, CO  
Surrender of license: [ORDER0002833](#)

Michael N. Mangold, M.D., West Bend, WI  
Revocation of license: [ORDER0002829](#)

## January 2014

James P. Fogarty, M.D., Rice Lake, WI  
Reprimand with limitations: [ORDER0002949](#)

David L. Paustian, D.O, Neillsville, WI  
Education ordered: [ORDER0002951](#)

Michael D. Plooster, M.D., Baraboo, WI  
Reprimand with requirements: [ORDER0002952](#)

Moshe Schein, M.D., Ladysmith, WI  
Reprimand with limitations: [ORDER0002950](#)

## February 2014

H.S. Ashraf, M.D., Wauwatosa, WI  
Surrender of license: [ORDER0003033](#)

Cha Lee, M.D., Germantown, WI  
Ninety day suspension: [ORDER0003031](#)

Harold H. Randecker, Jr., M.D., Arlington, WA  
Surrender of license: [ORDER0003032](#)

Ronald G. Rubin, M.D., Mequon, WI  
Summary suspension: [ORDER0003029](#)

## March 2014

Anne Krutchen Bartel, M.D., Whitefish Bay, WI  
Reprimand: [ORDER0003121](#)

William V. Roberts, M.D., Arcadia, WI  
Voluntary surrender of license: [ORDER0003123](#)

Sean M. Yetman, M.D., Brighton, MA  
Surrender of license: [ORDER0003122](#)

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

**Do you have a change of name or address?**

Licenses can execute name or address changes 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.

**Med Board Newsletter distribution:**

If you know someone who would like to receive a copy of the Med Board Newsletter they may send an e-mail to: [subscribe-wi-dsps-medical-newsletter@lists.wi.gov](mailto:subscribe-wi-dsps-medical-newsletter@lists.wi.gov).

**Telephone Directory:**

Call the Department of Safety and Professional Services toll-free (877) 617-1565 or (608) 266-2112 if you are in Madison, then follow the instructions for the service you need.

**On-line Verifications:**

The Wisconsin Medical Examining Board is now able to officially verify licenses and exam scores electronically. By completing a Verification Request online, a licensee can request official verifications of his or her license and exam scores to be sent to state boards, employers, insurance companies and other interested parties. Upon receiving a request, the Wisconsin Medical Examining Board will send a secured link to the verification website to the recipient that the licensee designates.

The real-time information displayed on the verification website is primary source information of the Wisconsin Medical Examining Board. Further, it is consistent with JCAHO and NCQA standards for primary source verification and is as it appears in the database of the Wisconsin Medical Examining Board as of the moment it is viewed.

The fee for licensure verifications has not changed. It is still \$10.00 per verification. The verification website constitutes official certification of licensure information and should be accepted just like paper verification. However, should a recipient of online licensure verification question its authenticity, please contact the Wisconsin Medical Examining Board directly.