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Primum

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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Letter from the AMB Chair, by William R. Martin, III, M.D.

Dear Colleagues,

I would like to bring to your attention a facet of your practice that may currently be overlooked that can have a positive impact on the care that you provide to your patients and possibly improve patient outcomes. Patient safety, satisfaction, and successful outcomes rely on understanding patient's medical and cultural needs. Disparities of care are well documented. Health care delivery should not be affected by race, creed, or gender.

A key aspect of cultural competence is having some basic knowledge about your patient's culture--the attitudes and ideas a given culture may have towards pain or death, the typical diet, common communication differences, the family member who traditionally makes the decisions about health care, or any number of factors involving various beliefs. Communication is the foundation of good quality care. Effective communication between clinicians and patients leads to more accurate diagnoses, increased adherence to treatment regimens, and, as a result, may decrease physician's exposure to medical liability and, most importantly, lead to improved patient care.

Practicing culturally competent care can be easy in that it is in "lockstep" with many of the principles and qualities that attracted physicians and surgeons to the profession of medicine in the first place; namely, compassion, care, understanding, sensitivity, and an awareness of those of whom are around you.

Some say that they do not understand how cultural competence can benefit anyone. The truth is, culturally competent care can help you gain more patients, provide better care for your patients, give you personal satisfaction, more income, and greater treatment successes.

How? When you open your arms to a broader diversity of patients--word gets around. If

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Letter from the ARBoPA Chair, by Joan Reynolds, M.M.S., P.A.-C

This article reflects the views of the author. Unless noted, it does not necessarily reflect the view of the Arizona Regulatory Board of Physician Assistants or any other member of the Arizona Regulatory Board of Physician Assistants

As the newly elected, first woman chair of the Arizona Regulatory Board of Physician Assistants, I look forward to serving in my new capacity. I have been a board member for the last 4 years and have learned much from those with whom I share this appointed position. The PA profession has evolved over the last 30 + years, and therefore our PA Statutes and Rules and Regulations are in need of revision as well. The process of re-defining Rules and Regulations and how they relate to statute has been a learning experience for all those involved. Our profession is fortunate to have many in the community who support the quality and accessible healthcare PAs provide in Arizona.

My hope is that all PAs in this state take an interest in their daily practice of medicine and make sure they are aware of exactly what our practice laws dictate.

I would encourage each of you to attend a board meeting, which are held quarterly, out of interest in your profession and to see exactly how the board conducts business. These meetings are open to the public and the dates are always posted on the website. I have always asked students, whom I preceptor, to come to a meeting to better understand why it is so important to know the law and scope of practice of PAs in Arizona. I believe if more of you availed yourself of a meeting or two you would better understand how the board operates to protect the public and at the same time treats PAs fairly.

I would challenge each practicing PA in Arizona to re-read the Statutes and Rules and Regulations. I also encourage you to have your supervising physician re-read them as well. It is evident to me that if those PAs that have come before the board in the last 4 years read and understood the statutes, they most likely would not have been sitting in front of the board. It is your responsibility to be up to date on the law and how it affects your practice.

PA Reynolds practices as a PA at Mayo Clinic in Scottsdale.

Letter from the Medical Board Chair, continued

(Continued from page 1)

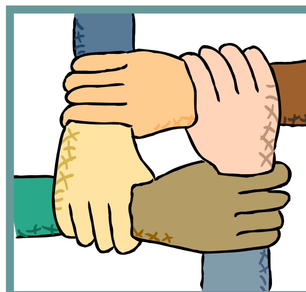
your patients are comfortable coming to you, they will in return recommend you to others. It is a win-win situation. Both you and your patients will benefit.

"We have an obligation as physicians to perform conscientious peer review among our members in order to protect the public."

The importance and relevance of cultural competence is paramount in view of the rapid changes in the demographics of our patient populations. This is reflected by the recent legislative activity in those states that are more affected by these population changes. New Jersey was the first state to pass a law that ties cultural competence education to medical licensure. California has also enacted legislation, mandating the inclusion of cultural competence principles in all continuing medical education courses. Similar legislation is being contemplated in Arizona, Texas, New Mexico, and Illinois.

The Accreditation Council for Graduate Medical Education (ACGME) under two of their six core competencies specifically addresses culturally competent care and diversity. Under the core competency of patient care, residents are "expected to demonstrate the ability to practice culturally competent medicine". Under the competency of professionalism, residents are expected to "demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities".

Our purpose as physicians and surgeons is to provide excellent care for our patients. Evidence is mounting that culturally competent care is optimal patient care and that it leads to better patient outcomes (mainly via enhanced adherence and compliance) and higher patient comfort levels and satisfaction.



There is much that each of us can do to make a difference. We can begin by offering ourselves as mentors. Regardless of your age, race, creeds, sexual orientation, or gender—mentoring provides an opportunity for you to develop a meaningful and influential relationship with a medical student or resident in your area. Second, recruit the next generation. Each of us knows someone who is not like ourselves. The need grows for physicians who can treat a diverse patient base effectively—physicians who communicate well across ethnic and cultural boundaries, and may even come from the communities that they serve. Finally, in our own offices, hospitals, and various practice settings we should apply the principles of cultural competency.

Patient safety, satisfaction, and successful outcomes rely upon understanding your patient's medical and cultural needs. If you would like further information or specific "tips" regarding culturally competent care for African-American Patients, Asian-American Patients, American Indian/Native American Patients, Hispanic/Latino Patients; Gender-Based Issues; or Faith-Based Issues—please feel free to contact me.

(The information contained in this essay is derived from the Diversity Advisory Board for the American Academy of Orthopaedic Surgeons.)

Dr. Martin is a board-certified, fellowship-trained, Orthopedic Surgeon at Copper State Orthopedics, Ltd., in Phoenix.

This article reflects the views of the author. Unless noted, it does not necessarily reflect the view of the Arizona Medical Board or any other member of the Arizona Medical Board.

FSMB Adopts Policy Regarding Screening and Brief Intervention

Federation of STATE MEDICAL BOARDS

At its annual meeting in May, the Federation of State Medical Boards (FSMB) adopted a policy statement to develop methods and/or modules of information to educate medical students, residents and practicing physicians regarding the identification of substance use disorders, brief intervention and the proper prescribing of controlled substances.

"For over a decade, policy development and education regarding the appropriate and responsible prescribing of controlled substances have been a priority for the FSMB," said James N. Thompson, M.D., president and CEO of the FSMB. "FSMB policy emphasizes the need to assess patients for substance use disorders, and expanding our educational efforts to medical students and residents about these issues complements other FSMB initiatives."

"Substance abuse is one of our nation's most significant public health challenges. Steps forward such as FSMB's policy statement help to curb the destructive effects drug abuse can have on our families and communities," said White House Office of National Drug Control Policy Deputy Director of Demand Reduction, Dr. Bertha Madras.

The Waiting Room: The Informed and the Misinformed, by Timothy C. Miller

Today's physicians face a different patient population compared to a few years ago. Patients have unprecedented access to nearly unlimited medical information. Going on-line provides immediate access to a wealth of information – the good, the bad and the ugly. For the physician and the patient, this wealth of information can be both a blessing and a curse.

Access to this limitless information resource potentially creates highly informed patients with a thorough understanding of their diseases and the possible treatment options. Unfortunately, it can also create a seriously misinformed patient, presenting with an incorrect, preconceived notion of his or her illness, or worse, embarking on the wrong course of treatment. For patients and physicians alike, a successful Internet search for medical information requires a certain level of skill.

Along with skills, searching the Internet requires patience and a basic understanding of the topic itself. Most searches involve relatively simple keywords in which most people immediately retrieve the information they want. Type in the words "Paris," "Hilton," and "Jail," and a general search engine, such as Google or Yahoo, will find the most recent article and blogs discussing Paris Hilton's recent experience. It is possible but unlikely to yield results regarding an incident at a "Hilton" hotel in "Paris" that involved someone going to "jail."

The exact opposite is the case for highly technical searches. As the user tries to narrow in on a very specific result, it is much harder to avoid the irrelevant hits. This is compounded when the searcher only knows a few general terms and is not sure what results they are looking for. Patients searching for health care information, who only know their symptoms with no idea of the possible causes, are stuck searching only from the perspective of the symptoms. This is problematic because the patient is guessing at the search terms not knowing the outcome being sought. The patient does not always retrieve relevant or quality hits. And because the patient may not know what to search for, other than an answer to the questions regarding the symptoms, it becomes difficult to weed out the irrelevant from the relevant. When conducting these types of searches, terminology is everything. The slightest difference in terminology can greatly change the hits.

For example, let's say a female patient is tired, has occasional muscle pain and difficulty sleeping. She may not know she has fibromyalgia; she only knows her symptoms. If she were to type these symptoms into a general search engine, she will receive the following possible diagnosis on the first screen: depression, HIV/AIDs, anthrax, drug induced side effects (3 hits), leukemia and cancer (2 hits). She would not find a single hit for fibromyalgia or any rheumatology condition. Following these links will only lead her further away from the correct diagnosis.

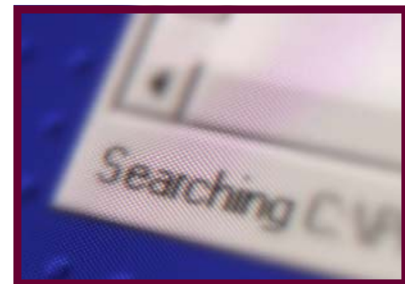
If she had used the terms "wide spread muscle pain," and "joint pain and fatigue," the results would yield more than half of the initial hits linking to information on fibromyalgia. And yet, the quality of some these links is suspect since they only lead to the purchase of natural remedies and other products. Others provided good, but limited, information. None provided very high quality information regarding differential diagnosis or treatment options.

If she happened to know specific medical jargon ("diffuse or specific muscle, joint, or bone pain, fatigue") and even better, the association of other symptoms (headaches, restless leg syndrome, depression or anxiety), she could have better refined her search, resulting in 100% hits for fibromyalgia. Unfortunately, most hits contain scholarly information difficult for the layperson to interpret and of these, many links produced only abstracts with "members-only" access required to get the entire document.

However, after obtaining a 100% hit on fibromyalgia, she may have continued her search using that term. By searching wikipedia, she would obtain more information on fibromyalgia and most importantly discover that fibromyalgia is a rheumatology condition. Here she would also find a link to the American College of Rheumatology arriving at a site with an understandable description of fibromyalgia, a list of related symptoms, a list of differential diagnosis and possible treatments.

However, there were many opportunities where she could have proceeded down the wrong path, spending a few anxious days and sleepless nights until she could have presented to a physician with concerns regarding cancer, AIDs or even anthrax. Or, she may have initially failed to describe all of her symptoms, because in her mind she already knew the diagnosis based on a subset of the symptoms. Worse yet, had she followed these links she could have begun treatment for the wrong condition or the wrong fibromyalgia treatment and significantly delayed an appropriate diagnosis and treatment.

Even though I knew where I was headed with this example, by clicking on each link and following them for only a short distance, it took me more than hour to find my way to the American



College of Rheumatology. If I had not changed my search terms three times, and had I not cheated and asked a medical consultant for the correct medical jargon, it would have taken me significantly longer to reach the end of my search. And had I not known I was looking for fibromyalgia, I may have never

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The Waiting Room: The Informed and the Misinformed (continued)

(Continued from page 3)

discovered that condition as a possible diagnosis.

To be clear, not all searches with the general search engines produce the same results as the example above. Sometimes patients hit upon the right trail early on in their search and present to physicians well-informed about their illness. Even in our example, if the patient had made it to the American College of Rheumatology, she would present to the physician with a good idea of what fibromyalgia is. And searching by symptom is only one method in the quest for health information.

"The Internet is a marvelous tool for educating patients. But as with any tool, it is only as good as its user, and only when used for the right purpose."

In addition to the correct search term, knowing which search engines and which sites to use is crucial. There are specific search engines designed to search for specific information, including dedicated search engines providing only health care information. Beginning searches with these tools greatly increases the chance for a successful search.

Consumer Reports recently rated some of these web sites, which can be accessed at http://www.consumerreports.org/cro/health-fitness/health-care/health-web-sites-905/ratings/index.htm.

Additionally, the American Medical Association promulgated guidelines for medical and health information sites on the Internet found at http://www.ama-assn.org/ama/pub/category/1905.html.

For physicians, the Internet offers a tool to help educate their patients. They can direct patients to the correct Web site to gather information. This, however, requires the physician to be familiar with the high quality sites where patients can obtain trustworthy and relevant information. Furthermore, the physician can direct the patient to disease specific support groups or blogs where other people with the same condition write about their experiences and support each other. A good place to start is within the societies, colleges and associations that correspond to the patient's disease process such as in our example, the American College of Rheumatology. These sites provide a wealth of information on a disease or a condition, its management and often suggest the visitor check out useful links to other high quality Web sites.

Additionally, associations dedicated to a particular disease or condition are useful, such as the American Heart Society, the Breast Cancer Association, and the American Cancer Society. These sites are excellent resources for patients, helping them understand not only their conditions, but also how to cope with diagnoses and what to expect as treatments progress. They also offer blogs and discussion groups, and often direct people to support groups in their areas.

The Internet is a marvelous tool for educating patients. But as with any tool, it is only as good as its user, and only when it is used for the right purpose. Many physicians have already recognized how important it is to have a good working knowledge of the Internet, and they use that knowledge to guide their patients through the twists and turns of a surfing expedition.

Together they create a well informed patient and effective physician-patient relationship.

Timothy C. Miller is the Executive Director of the Arizona Medical Board.

The waiting room is a series of articles intended to educate patients on different aspects of health care. This article is not intended to be legal advice. For such advice, please consult a lawyer.

Attorney General Warns of Phone Scam Targeting Seniors

Attorney General Terry Goddard warns consumers of a phone solicitation scam offering Arizona seniors an identification card that is supposedly being sent to all U.S. senior citizens.

Some seniors are receiving telephone calls from people offering the phony "medical card" that requires their names and bank account numbers. The callers sometimes pressure seniors to divulge this information.

Goddard warns this is a scam and the phone calls are fraudulent. These phone calls are an attempt to gather personal information that could be used to steal personal identifying information and personal financial information.

The Attorney General offers the following tips:

- Be wary of callers who insist on gathering personal information. If you are pressured, hang up.
- Do not give out personal information, such as Social Security numbers, bank account numbers or credit card numbers to anyone you do not know.
- And, report any suspicious calls to the Attorney General's Office at (602) 542-5763 in Phoenix, (520) 628-6504 in Tucson or 1-800-352-8431 outside the Phoenix and Tucson areas.

You can visit the Attorney General's Office Web site, www.azag.gov, to sign up for scam alerts and other timely information.

An Opportunity to Help Fellow Licensees

Specialties Needed:

Hematology-Oncology

Neurosurgery/Neurology

Peer review is essential for fair evaluations of complaints that come to the Arizona Medical Board involving standard of care.

The Board relies on the community of physicians in our state to act as Outside Medical Consultants and review cases.

Chief Medical Consultant Dr. Kelly Sems is always looking for physicians in a variety of specialties and sub-specialties who can opine on cases involving doctors in their field.

Although any physician can offer their expertise, Dr. Sems is seeking assistance from those in the specialties of hematology-oncology and neurosurgery/neurology.

All Outside Medical Consultants receive Continuing Medical Education credits for reviewing cases.

If you would like to help, contact Dr. Sems at (480) 551-2736. The Board pays a stipend per case.

Communication is Key, by Kelly Sems, M.D.

There are numerous articles about the importance of physician–patient communication, but there is little written about the importance of physician to physician communications. Excellent physician-patient communications are important and help to lower the incidence of malpractice suits and improve patient satisfaction. But in the day to day hustle and bustle of seeing patients, answering phone calls and unending paper work, physicians sometimes forget the importance of communicating with colleagues about the patients they share.

I remember as a medical resident on call it was expected that my colleagues on my team would "check out" before leaving for the day. This involved the ritualistic face-to-face discussion about their patients that I would be covering for that night. The face-to-face discussion was accompanied by a 3x5 index card with the patient's name, problems and anything that needed attention or follow-up overnight. If anything did occur overnight, it was then communicated to the resident in charge the next morning.

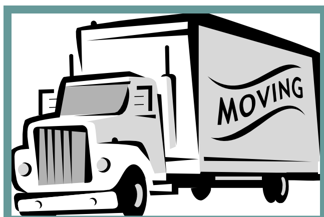
During professional practice, my partner and I shared calls with a couple of other groups in the Phoenix area. If I was on call for the weekend and had to cover patients in the hospital, I received a phone call from the physician in charge telling me all the pertinent information about the patient. Then, that Sunday evening or first thing Monday morning I would relate to the physician in charge any changes or concerns that occurred over the weekend.

"It has been my experience at the AMB that poor physician-physician communication is a cause of patient dissatisfaction…"

Reviewing cases at the AMB has given me a new appreciation for the importance of physician to physician communication whether it is between partners, consultants or other colleagues that we work with, such as an emergency department physician who graciously sees our patients in the middle of the night. It has been my experience at the AMB that poor physician-physician communication is a cause of patient dissatisfaction, poor patient outcomes and discipline by the Board. I appreciate that my colleagues are busy and that the face to face visit may not be possible or efficient, but picking up the phone to discuss an important point and documenting your concerns is always a good idea. Communication is one key to a good outcome.

Dr. Kelly Sems is the Chief Medical Consultant for the Arizona Medical Board. This article reflects the views of the author. Unless noted, it does not necessarily reflect the views of the Arizona Medical Board.

We Need to Know Where You Are and How to Reach You



Once a physician or a physician assistant moves to a new office or residence location or changes phone numbers, the Arizona Medical Board and/or the Arizona Regulatory Board of Physician Assistants needs to update the information. It's the law!

"The Board may assess the costs incurred by the Board in locating a licensee and in addition a penalty of not to exceed one hundred dollars against a license who fails to comply within 30 days from the date of change."

Physicians—A.R.S. § 32-1435 (A) and (B).

Physician Assistants—A.R.S. § 32-2527 (A) and (B).

Also, it is an act of unprofessional conduct not to inform the Board of an address change.

Recent MB and ARBoPA Actions and Orders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have legal authority to revoke, suspend, restrict, fine, reprimand or censure, require monitoring or additional education, or impose other remedial measures on the license of an allopathic physician (M.D.) or PA if the licensee has committed unprofessional conduct or is mentally or physically unable to safely engage in the practice of medicine.

State law also allows the Medical Board, at its discretion, to issue a non-disciplinary order for additional Continuing Medical Education courses.

The Boards have recently taken the following actions:

AMB

David D. Dulaney, MD

(Phoenix—Ophthalmology)

Arizona License No. 7924

Surrendered License.

Melanie K. Kohout, MD

(Child and Adolescent Psychiatry)

Arizona License No. 23105

Surrendered License.

William V. Gaul, MD

(Sun City—Cardiovascular Disease/ Internal Medicine/Interventional Cardiology)

Arizona License No. 13119

Revocation.

King T. Leung, MD

(Apache Junction—Family Practice)

Arizona License No. 10262

Revocation

Cynthia J. Modny, MD

(Phoenix—Dermatology)

Arizona License No. 22577

Surrendered License.

Le Roi A. Baez, MD

(Tucson—Internal Medicine/ Gastroenterology)

Arizona License No. 30154

Summary Suspension.

Thomas J. Grade, MD

(Gilbert—Anesthesiology/Internal Medicine/Pulmonary Disease/Pain Management)

Arizona License No. 10424

Summary Suspension.

AMB Stats

At its two-day February 2007 meeting, the Arizona Medical Board approved:

- 1 Surrender of active license
- 2 Decrees of Censure
- 17 Letters of Reprimand
- 13 Advisory Letters
- 4 Invitations to Formal Interview
- 1 Dismissal
- 13 Executive Director Dismissals Upheld
- 1 Denial of Request for Rehearing or Review

At its two-day April 2007 meeting, the Arizona Medical Board approved:

- 2 Revocations

(Continued on page 7)

Explanation of Terms

Revocation — Termination of a licensee's right to practice medicine or perform health care tasks in Arizona. A referral to a formal hearing is necessary.

Suspension — The Board may suspend a license for 12 months or less without a formal hearing. A suspension of more than 12 months may be issued after a formal hearing. A suspension may be used as a punishment to restrict financial gain.

Decree of Censure — Not defined in statute, but is identified as an "official action against the license..." A Decree of Censure may be issued by itself or in conjunction with terms of probation. A Decree of Censure may also include a requirement that restitution be paid to a patient.

Letter of Reprimand — A disciplinary order issued by the Board informing the licensee that his/her conduct violates state or federal law and may require the Board to monitor the license. It may be issued by itself or in conjunction with terms of probation.

Advisory Letter — Non-disciplinary letter that notifies a licensee that he/she has committed either a minor technical violation or that there is not enough evidence to take a disciplinary action.

Recent AMB and ARBoPA Actions and Orders

(Continued from page 6)

- 1 Surrender of active license
- 2 Decrees of Censure
- 1 Denial of appeal of ED Referral to Formal Hearing
- 14 Letters of Reprimand
- 23 Advisory Letters
- 1 Order for non-disciplinary CME
- 2 Invitations to Formal Interview
- 8 Executive Director Dismissals Upheld
- Awarded Probationary License with MAP terms
- 7 Dismissals
- 5 Cases Returned for Further Investigation

At its one-day May 2007 meeting, the Arizona Medical Board approved:

- 1 Summary Suspension
- 1 Decree of Censure with 2 Years Probation
- 5 Letters of Reprimand
- 3 Advisory Letters
- 1 Dismissal
- 23 Advisory Letters

The next scheduled meeting of the Arizona Medical Board will be August 8 and 9, 2007.

ARBoPA

During its meeting on February 28, 2007, the Arizona Regulatory Board of Physician Assistants took the following actions:

Denise M. Stassen, P.A.-C

Arizona License No. 2742

Revocation.

Franklin A. Trejos, P.A.-C

(Phoenix)

Arizona License No. 3137

Revocation.

Franklin L. Underwood, P.A.

Arizona License No. 1934

Revocation.

- 2 Letters of Reprimand
- 2 Advisory Letters
- 2 Executive Director Dismissals Upheld

During its meeting on May 16, 2007, the Arizona Regulatory Board of Physician Assistants took the following actions:

Edward N. O'Bierne, P.A.-C

Arizona License No. 1911

Surrender of active license.

- 1 Letter of Reprimand
- 4 Advisory Letters
- 1 Modification of Proposed Consent Agreement for a Probationary License

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The next scheduled meeting of the Arizona Regulatory Board of Physician Assistants will be August 22, 2007.

Reasons for Medical Board Actions

Knowing why physicians have come to the attention of the Medical Board may be helpful information to other licensees.

The Board approved **Decrees of Censure** for improper treatment of an opioid addiction and improper prescribing; and for failure to recognize the importance of adequately maintaining an adequate INR in the face of multiple other risk factors of increased hypocoaguability; and for failure to timely see a critically ill patient.

Board Members approved **Letters of Reprimand** for misdiagnosing squamous cell carcinoma; for failure to follow up on and inform the patient of x-ray results; for habitual intemperance and reporting to work under the influence of alcohol; for engaging in sexual conduct with a patient; for inappropriate record keeping and failure to appropriately assess a patient; for making a false statement to the Board on the license application; for altering medical records and for delay in the diagnosis and treatment of prostate cancer; for wrong site surgery; for performing surgery without adequate indications and lack of informed consent; for improper methadone dosing and improper management of accidental opiate overdose; and for failure to personally evaluate prior to delivery of a VBAC patient being induced with prostaglandin gel.

Many of the non-disciplinary **Advisory Letters** approved by the Board cited inadequate medical records or the failure to document properly. Other factors that resulted in Advisory Letters include using aspirin in a patient with GI bleed; failing to adequately assist a patient in titration of opioids in converting from OxyCodone to Morphine; failing to properly follow up on an abnormal CT scan; a delay in diagnosing intro-abdominal sepsis; and failing to timely recognize and address drug-seeking behavior in a patient and inappropriate prescribing.

Two Term Member Departs Arizona Medical Board

Dr. Martin, Dr. Connell

"We have become a much more effective and fair agency in my ten years of service with better accountability to the public and the profession." - Patrick Connell, M.D., FACEP

Patrick Connell, M.D., FACEP—who served as Chairman of the Arizona Medical Board from 2001 to 2003—has completed his second, five-year term that expired on June 30th. He was one of eight physician members. Then-Governor Fife Symington appointed him in 1997. All 12 Medical Board members are appointed by the governor, and the State Senate confirms the appointments.

At the June Board meeting, Dr. Connell accepted a Certificate of Appreciation from Board Chair William R. Martin, III, M.D.

During his ten years on the Board, Dr. Connell has seen considerable progress made in a number of areas. "When I started on the Board, all of our Board material was in giant loose leaf notebooks that were cumbersome, difficult to use." He added, "The use of computers for board material has made our job easier and more precise."

Improvements, he said, have also come in the area of investigations. "There has been a complete rethinking and redesign of the investigative process which is fairer to both the complainant and defendant physician," Dr. Connell said.

Since the mission of the Medical Board is to protect public health and safety, Dr. Connell noted that the agency has made important changes in its Monitored Aftercare Program (MAP) for impaired physicians. "We have restructured the MAP program to make it more consistent, more effective, more accountable, and, for first time offenders who self-report, more confidential."

Dr. Connell believes his time on the Medical Board was well-spent. "I believe that we have become a much more effective and fair agency in my ten years of service with better accountability to the public and the profession. I am proud to have served with a number of hard-working and involved Board Members and an effective and diligent agency staff."

Dr. Connell had recently resigned from an active urban emergency department practice. He is board-certified in Emergency Medicine and is currently working part time in the Pediatric Emergency Department at Maricopa Medical Center in Phoenix. He also volunteers his time at a medical clinic in Honduras. (Read more about the Central American clinic in the September, 2006 issue of ***Primum***.)

Dr. Connell has held a number of professional leadership positions. He has worked with the American College of Emergency Physicians as a member of the Practice Management Committee and has assisted in policy development for the college. He is a past president of the Arizona College of Emergency Physicians and has served on that Board for ten years. And he has been a Fellow of the American College of Emergency Physicians since 1983.

Governor Napolitano Appoints Two New AMB Members

Germaine Proulx

Dan Eckstrom

Arizona Governor Janet Napolitano has appointed Germaine Proulx of Sedona and Dan Eckstrom of Tucson to serve five-year terms on the Arizona Medical Board.

Both are public members.

Mrs. Proulx is a certified Pharmacy Technician. She has been very involved in her community since she and her husband moved to Sedona in 1977. She has served on the Board of Directors for the Sedona Adult Community Center and helped establish the Meals on Wheels Program. She has served as President of the West Sedona School PTA and as a Girl Scout leader. She has been a member of the Parish Council at St. John Vianney Catholic Church where she is on the Finance Committee. Ms. Proulx has also served on the Joint Legislative Committee on Hunger.

Mr. Eckstrom is the President of DWE Management Consultants, Inc. in Tucson. He is a former Pima County Supervisor who served the citizens of District 3 for 15 years. He stepped down from that post in 2003. Before his success at the county level, he was first elected to the South Tucson City Council in 1971 at the age of 23. At the time, he was one of the younger elected officials in Arizona. He later served as the city's mayor.

Mr. Eckstrom is active in the community. He is the founder/member of Meth Free Alliance, a Board Member of the Pima County Workforce Investment Board Faith Based Subcommittee, and a member of C-Path Institute National Advisory Board.

He has a Bachelor of Arts Degree in Government from the University of Arizona in Tucson.

AMB Selects New Officers for 2007

L to R, Dr. Lee, Dr. Martin, Dr. Pardo

During its two-day meeting in Scottsdale in February, the Arizona Medical Board approved its new officers by acclamation.

The new Board Chairman is William R. Martin, III, M.D. Dr. Martin was appointed to the Board in 2002. He is a board-certified, fellowship-trained Orthopedic Surgeon at Copper State Orthopedics, Ltd. in Phoenix. Dr. Martin succeeds Robert P. Goldfarb, M.D., FACS, as Chairman and served as the Board's Vice-Chairman in 2006.

Named to the post of Vice-Chairman is Doug D. Lee, M.D., of Flagstaff. Dr. Lee is a board-certified Anesthesiologist who was appointed to the Board in 2003. In 2006, he was the Secretary of the Board.

The new Board Secretary is Dona Pardo, R.N., Ph.D., one of four public members on the Arizona Medical Board. Originally appointed in 2000, Dr. Pardo is in her second, five-year term on the Board. She recently retired from the University of Arizona where she taught baccalaureate nursing students, headed the Continuing Education program in the College of Nursing, and was the administrator of Continuing Education for the Arizona Health Sciences Center.

Chief Medical Consultant Leaves AMB Post

Dr.Martin, Dr. Nanney

"Every day I came in, there was a new challenge, and it really kept me engaged." - Mark Nanney, M.D.

Dr. Mark Nanney calls the position of Chief Medical Consultant for the Arizona Medical Board "the best job I've ever had." At the June Board meeting, Board Chair William R. Martin, III, M.D., presented Dr. Nanney with a plaque of appreciation.

Dr. Nanney's first day on the job was May 16, 2005, and for the past two years he has commuted to his home in Tucson on weekends.

Timothy C. Miller, Executive Director of the Arizona Medical Board, regrets losing Dr. Nanney. "Dr. Nanney's contribution to the Board's fulfillment of its duty cannot be overstated," Mr. Miller emphasized. "His departure is a huge loss to this agency, both personally and professionally. We wish him the best."

Dr. Nanney began the physician stage of his career after graduating in 1981 from Rush University Medical College in Chicago and then completing a residency in Family Practice at the University of California-San Diego in 1984. He moved to Tucson in 1992, and a year later entered the University of Arizona Law School, where he received his law degree in 1996.

When Dr. Nanney joined the Medical Board Staff, his goal was to provide a thorough, fair and timely review of the complaints filed against physicians, so that complainants and physicians received due process. "I feel we've made tremendous advances in that," he said.

Dr. Nanney believes the biggest accomplishment of his tenure at the Board was the completion of a large number of unresolved cases, many of them older than 180 days. As Dr. Nanney departs, the total number of open investigations is hovering around 300, and 94% of them are younger than 180 days. The average time to investigate a complaint against a physician is now 121 days; for complaints against physician assistants, 109 days. He explained, "It was a total agency effort to do that, and we reduced the caseload at the same time we improved the quality of the investigations."

What will he miss about the "best job" he's ever had? "Every day I came to in [to work], there was a new challenge, and it really kept me engaged," Dr. Nanney said. "It required every piece of skill that I have and some I don't have."

Number of Licensed Physicians:

18,955

Number of Licensed Physician Assistants

1,574

Rheumatologist Is New AMB Chief Medical Consultant

Kelly Sems, M.D.

The new Chief Medical Consultant for the Arizona Medical Board began her medical career focusing on the diagnosis and treatment of inflammatory diseases of the muscles and joints of patients in her home state of Nebraska. Kelly Sems, M.D., maintains she is still helping patients, but in a different way. As a consultant at the Medical Board, "you're helping an individual patient as well as patients in general," she explained.

Dr. Sems, who is a board-certified rheumatologist, is moving into the top medical consultant post nearly two years to the day she first joined the agency. She succeeds Mark Nanney, M.D., who is trained in Family Practice. Different areas of interest, different visions of the role of Chief Medical Consultant, right? Not at all. Like Dr. Nanney, she wants to provide a fair and expedited examination of the complaints against physicians. "Don't look for any major changes just because there's a new chief," she says.

Dr. Sems became a medical consultant originally to have more time to spend with her family. She spent four years in private practice in Phoenix after relocating from Kearney, Nebraska in 2001. She discovered she enjoyed the Medical Board position because "it's rewarding to be able to see a case from the beginning to the end." Dr. Sems adds, "You're helping in a process to a just end."

Dr. Sems' first order of business is to find someone to fill her former job. She says she's looking for a physician who has Family Practice experience to join the agency team. It's an opportunity, a good first step she believes, for a physician who may be interested in administrative medicine.

Dr. Sems hopes the new medical consultant will appreciate the other physicians who work for the agency as much as she does. "I'm blessed to have such great medical consultants to work with."

ARBoPA Board Has Its First Woman Chair

Dr. Wagner, P.A. Reynolds

The Arizona Regulatory Board of Physician Assistants has its first woman Chair, Joan M. Reynoldds, M.M.S., P.A.-C. The other nine members of the Board chose her as their new Chair at their February meeting. Ms. Reynolds succeeds Albert Ray Tuttle, P.A.-C, who held the post for two years.

P.A. Reynolds—who had served as the Board's Vice-Chairman—practices at Mayo Clinic Scottsdale where she has been employed since 1986, serving in primary care settings. She earned her Physician Assistant Degree at Hahnemann University in Phiadelphia and her Masters Degree in Medical Science through Nova Southeastern University.

Selected to serve as the Board's Vice-Chairman was Pete C. Wagner, D.O.

Dr. Wagner is the medical director of the Gila Crossing Clinic on the Pima Indian Reservation south of Phoenix. And he is a member of the clinical faculty at the Arizona College of Osteopathic Medicine in Glendale. A Commander in the U.S. Navy Reserve, Dr. Wagner was called to active duty in 2003 under Operation Noble Eagle/Enduring Freedom.

Dr. Wagner received his Doctor of Osteopathy Degree from Kirksville College of Osteopathic Medicine in Missouri and completed his residency in family practice at Richmond Heights General Hospital in Ohio.

New Chair of AMB To Serve on National Panel

William R. Martin, III, M.D.

William R. Martin, III, M.D., has been chosen to serve a one-year term on the Bylaws Committee of the Federation of State Medical Boards (FSMB).

The Bylaws Committee is responsible for reviewing and—if necessary– revising the policies and mission statement for the FSMB.

Dr. Martin said he is very pleased to be selected. "As Board members, it is important we take on these national roles and become engaged at the national level," Dr. Martin explained.

Dr. Martin has also received a dual appointment on the American Academy of Orthopaedic Surgeons' Diversity Advisory Board and the Academy's Council on Advocacy. In that role, he is in part responsible for developing and for implementing national policies regarding "Culturally Competent Care" and for improving health disparities.

Dr. Martin is the second member of the AMB to be selected for a national committee post in recent months. In December 2006, Ram Krishna, M.D., was elected to serve as the representative of the FSMB on the Board of Directors for the Educational Commission for Foreign Medical Graduates.

Timothy C. Miller, Executive Director of the Board, states these appointments are just a beginning in the Board's efforts to be involved in national health care issues that affect Arizona citizens and physicians.

Medical Consultant Picked To Serve on Society Committee

Carol J. Peairs, M.D.

Carol J. Peairs, M.D., of Phoenix who is board-certified in Anesthesiology and Pain Medicine, and a Medical Consultant for the Arizona Medical Board, has been invited to serve a one-year term as an adjunct member of the American Society of Anesthesiologists (ASA) Committee on Pain Medicine. Her appointment will become effective at the close of the 2007 ASA Annual Meeting in San Francisco on October 17.

Dr. Peairs will assist in attaining the goals established for the Society by the membership through their elected representatives. "I look forward to the opportunity to represent the pain management community at the national level," she said.

Jeffrey L. Apfelbaum, M.D., President-Elect, says the ASA will look to Dr. Peairs to model the way for her fellow members in reaching out to members, Congress and other groups and entities to advance priority issues.

Outgoing Board Members Honored For Their Service

Dr. Goldfarb, Ms. Jordan

The Arizona Medical Board said good-bye to two Public Members at its February meeting.

Prior to the installation of new officers, Board Chairman Robert P. Goldfarb, M.D., FACS, presented a plaque to Becky Jordan of Phoenix expressing the Board's appreciation for her years of service.

A similar plaque was presented to Sharon B. Megdal, Ph.D. , of Tucson who was unable to attend the meeting.

The plaques read, "Presented in recognition and appreciation for your service and commitment to the citizens of Arizona and the medical community as a member of the Arizona Medical Board."

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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The Arizona Medical Board is committed to serving the public through the honest, fair, and judicious licensing and regulation of allopathic physicians (MDs). As it has in the past, the Arizona Medical Board will continue to gain public respect and trust by focusing on the issues that will shape positive healthcare environments.

As the utilization of physician extenders, such as physician assistants, continually increases, the Arizona Regulatory Board of Physician Assistants stays in touch with community needs and implements health care policy reforms to protect the public and provide guidance to its licensees. Within the last few years, the Board has systematically revised its laws and rules to stay abreast of healthcare trends.