

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII  
ASSOCIATION FOR JUSTICE (HAJ) formerly known as the CONSUMER LAWYERS  
OF HAWAII (CLH) REGARDING H.B. NO. 1514, HD 1**

February 24, 2009

To: Chairman Jon Riki Karamatsu and Members of the House Committee on Judiciary:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in regarding H.B. No. 1514. HAJ is opposed to the provision in Section 2 of Part I of this bill. With regard to Section 3 of Part I of this bill, although we are opposed to the provisions of Part I, Section 2 of this bill, if this committee passes Section 2, then HAJ contends that it is necessary to pass Section 3, Part I of the bill relating to a mandated rollback of insurance rates and suggests that it be at least 35% of the lowest rate rather than 25% as stated in Section 3 and contain a sunset provision. HAJ supports Sections 5, 6, 7, 8 and 9 of Parts II, III and IV of this bill.

**Testimony Regarding Section 2, Part I**

Section 2 of Part I of this bill provides for a ceiling on noneconomic damages for those physicians that are board certified in neurology or neurosurgery. HAJ has always opposed “caps” on noneconomic damages and we oppose this section of the bill as well.

Noneconomic losses are important losses that can never be replaced. These are losses that are intangible but nonetheless real. For example, noneconomic losses would include the trauma caused by the loss of a sense such as eyesight, injuries to the reproductive system, loss of a limb or a body part, scarring, and the death of a loved one.

Capping noneconomic losses unfairly impact women who traditionally do not experience high economic losses, but rather experience losses when their health and well-being is affected. The harm to their health and well-being should not be undervalued by an arbitrary limit.

Capping noneconomic losses is also particularly unfair to children and the elderly. In wrongful death claims, for instance, their value of life is often underestimated because they do not generally have income that can be used to measure their economic worth.

Further, we feel strongly that the argument for caps, that it will either significantly lower insurance premiums and/or be an incentive for neurosurgeons or other specialists to move to rural areas is without foundation. The studies have clearly shown that the factors involved in a physician choosing a place to practice involves a lifestyle preference, economic opportunities, cost of living, quality of education, and the desire of his or her spouse to move to that location, be it an urban or rural setting.

These are only some of the reasons why HAJ is opposed to limitations on noneconomic damages. We have always argued that it is anti-consumer and not good public policy.

### **Testimony Regarding Section 3, Part I**

Section 3 of Part I also provides for a rollback of medical malpractice insurance rates to 25% of the lowest rate in effect between January 1, 2003 and December 31, 2009. The Hawaii Medical Association and the Insurance Commissioner has testified that the high cost of medical malpractice insurance premiums are the reason doctors are leaving the state or refuse to move to the rural areas and that limitations on non economic damages will reduce insurance premiums. HAJ has argued that there will be no substantial reduction in rates. Therefore, the question for you as policy makers is what will the savings be to the physicians and will the specialists then move to underserved areas, volunteer to be on-call physicians at hospitals, and make quality health care more accessible to all of our citizens?. If implemented, the reduction of rate should be tied to a percentage of the current premiums. If the medical profession is so certain that

should be at least 35% to 40% of the lowest rates between 2003 and 2009. Further, a sunset provision should be included as to Section 2 if the mandated reduction is not implemented.

### **Testimony Regarding Section 5 of Part II**

The purpose of this section of the bill is to require health care providers to notify patients or their representatives of any adverse events that result in serious harm or death to the patient within 72 hours of discovery of the adverse event. The notification is not admissible as evidence of liability.

In 2007, the Legislature passed HB 1253 (Act 88) that made statements of sympathy inadmissible to prove liability. (HRS section 626-1, Hawaii Rules of Evidence Rule 409.5) In the context of medical errors, this bill takes the next step toward encouraging full disclosure of adverse medical events. This bill carefully balances two important and often conflicting interests: protecting a patient's right to know about any unexpected medical consequences that may harm them and the health care provider's concern that disclosure of an adverse medical event may be an admission of liability.

### **Background for "Sorry" Laws with Disclosure Requirements**

In 1999, a report by the Institute of Medicine, "To Err is Human," indicated that up to 98,000 deaths occur each year in the United States as a result of medical errors. Since then, there has been a steady movement focused on patient safety and improving communication between health care providers and patients to create a more transparent environment to avoid triggering an automatic adversarial situation.

Two significant organizations support disclosure of medical errors. The American Medical Association Code of Medical Ethics describes standards of professional conduct that

includes disclosure to the patient of facts necessary to ensure understanding of what has occurred, without concern about legal liability.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that hospitalized patients and their families be told of "unanticipated outcomes" of care (Standard - Ethics, Rights, and Responsibilities (RI) 2.90, 2005) and that clinicians and health care organizations inform patients and families of adverse events.

At least 29 states have adopted "sorry" laws as a means to reduce medical malpractice claims. These laws encourage full disclosure of mistakes or errors in judgments by eliminating a physician's fear that the admission will be used against them. Over the past several years, many of these states have added mandatory notification requirements that impose a duty on health care providers to inform patients of adverse medical outcomes. These states include Florida, Nevada, New Jersey, Pennsylvania, Vermont, Colorado and Illinois. This bill is patterned after the Colorado and Illinois statutes.

### **"Sorry" Laws and Disclosure of Medical Errors Reduces Medical Malpractice Claims and Malpractice Insurance**

The Veterans Affairs Medical Center at Lexington, KY is a pioneer in adopting a full disclosure policy. The Lexington program requires immediate notification to the patient of a possible mistake, face to face communication of details, an apology, and if it is determined that the hospital was at fault, restitution is offered. A study of the success of the Lexington Program was conducted by Kraman and Hamm, "Risk Management: Extreme Honesty May be the Best Policy," Annals of Internal Medicine, Vol. 131, No. 12, 12/21/99, which concluded that in comparison with other Veterans Affairs medical facilities, Lexington had lower payments than

30 other facilities, averaged payment of \$15,000 versus \$98,000 average of other facilities, quicker case closure than the average, in general, more positive economic outcomes.

Other medical centers, such as University of Michigan and University of Illinois, which have adopted policies of disclosure, also report reduction in malpractice claims and litigation expenses. See, attached New York Times article, “Doctors Say ‘I’m Sorry’ before ‘See You in Court’,” for a discussion of the success of disclosure policies in reducing malpractice claims.

Many insurance companies are also offering incentives for premium discounts for insured physicians who participate in the insurer’s risk management and education program. For example, Med Pro offers a 5% discount. (as reported in [www.sorryworks.net/article 44](http://www.sorryworks.net/article44))

### **Disclosure of Medical Errors Leads to Improved Patient Safety as “lessons learned”**

Health care providers have operated under the “deny and defend” model for too long. Unfortunately, when mistakes are covered up, no one learns from the mistakes or takes steps to correct practices and protocols that could prevent future errors. This bill will stop the “deny and defend” practice immediately and shift to the “lessons learned” approach to medical treatment. While most conscientious health care providers take risk management very seriously, this bill puts patient safety as the highest priority for health care providers, without regard to concerns over liability.

### **Conclusion.**

Our experience is that many clients come to attorneys because they simply don’t know why something bad has happened in their medical treatment. They complain that no one has given them reasons, and worse, some have told them that they can’t talk to them. One physician whose wife was seriously injured due to malpractice would not have initiated litigation if only the hospital had been candid, admitted its mistake and offered to help out with the additional

medical costs necessitated by the malpractice. Patients deserve full disclosure when mistakes are made. This bill will lead to improved patient safety procedures, reduce medical errors, which in turn will lead to reduced malpractice claims and costs of insurance.

### **Testimony Regarding Sections 6, 7 and 8 of Part III**

This section of the bill calls for greater transparency of information collected by the DCCA Board of Medical Examiners (BME) on Hawaii's physicians and requires publication of the information on their website. The categories of information include standard facts such as contact information and status of licensure, biographical facts such as medical education and academic appointments, business-related facts such as insurance carrier, hospital affiliations, medical practice specialty areas, and malpractice awards, and profession-related data such as disciplinary actions and criminal convictions.

### **The Patient's Right to Know**

This bill is aptly called the "Patient's Right to Know Act." In Hawaii, very little information is readily accessible to the public about the 7400 physicians who treat our residents and visitors. Our body is so important that we require food manufacturers to list ingredients, nutrition, and the identity of the manufacturer on packaging so that consumers can decide whether to ingest the food product. Yet, when it comes to choosing a doctor to heal our body, we ask patients to take their qualifications on faith. We don't require doctors to provide even the most basic information about themselves, such as how long they've practiced medicine and whether they are certified in a medical specialty!

Hawaii residents are starved for information about physicians so that they can make informed decisions about medical providers. It is no wonder that the "Best Doctors" edition of the Honolulu magazine is one of the most sought after and widely read publication. For patients,

there is some comfort in selecting a doctor because his/her name appears on a “best” list even if no other data is provided in the article. And doctors must also believe there is a need to provide information about themselves because their advertisements include biographical facts, years of experience, medical specialties, and personal attributes such as hobbies and community activities.

### **DCCA Board of Medical Examiners Collects, But Does Not Publicly Release, Essential Physician Data**

Currently, the BME provides two pieces of information on its website: status and dates of current license and cryptic descriptions of disciplinary action. If a patient can figure out how to access license information by clicking on an obscure label called “online services,” the patient will eventually be rewarded with a screen that describes that information. (See, sample Attachment 1) And if a patient is savvy enough to click on the label “Office of Administrative Hearings” the patient may discover a list of 39 disciplinary decisions published between 1995 and 2007.

Despite the dearth of available public information, doctors and other private and governmental entities are required to submit certain information to the BME, which collects the data but does not release it. Specifically, the following data is submitted and collected:

Physician’s license application: medical education and training, hospital affiliation, licensed in other jurisdictions, disciplinary action in other jurisdictions, malpractice claims, denial of malpractice insurance, criminal convictions. Physician has a continuing duty to update information and report new events to the BME, including malpractice settlements, claims, and awards.

Affiliated Hospitals: confirmation or denial of staff privileges, disciplinary actions taken in a training program, actions relating to safe practices, adverse decisions of peer review committees (HRS §453-7.5).

Court system: certain criminal convictions (HRS §329-44) and malpractice judgments (HRS §453-8.7).

Insurance carriers: medical malpractice settlements, judgments and awards (HRS §671-5).

MCCP: malpractice awards (HRS §671-15).

This bill simply requires the BME to publish the information that it already collects.

### **Hawaii's Physician Information System Doesn't Work is and Inadequate**

Most patients are given a doctor's name by a friend or family member or by a referring physician. However, for serious illnesses or sensitive conditions, patients should not have to rely on the word of another. Instead, before a patient is forced to sign an "informed consent" form, the patient should also make an "informed decision" about the medical provider. That's why this bill is necessary. Under Hawaii's current system, it is not sufficient to know that a doctor has a current license to practice medicine. Even though cryptic disciplinary action information appears to be provided, a patient cannot rely on the absence of disciplinary information as assurance that the doctor is competent to deliver services.

Here are two cases on point.

First, a check of the licensure status of Richard Bost. MD, indicates that his license is "current, valid & in good standing" and expires on 1/31/2010. Any patient reading that information would have no reason to look further by clicking on the standard language "complaint history" link. Yet, the complaint history reveals two disciplinary actions taken, in

2003 and 2006, both for failure to disclose disciplinary action in another jurisdiction or agency. The 2003 action is not reported as one of the 39 published disciplinary decisions. The 2006 action placed Dr. Bost on probation for 1095 days, with a compliance date of 11/03/09. The actual disciplinary order reveals that he was disciplined in Florida and failed to report that disciplinary action to Hawaii BME, resulting in a three year probation. Based on the disciplinary order, it appears that Dr. Bost should still be on probation until November 30, 2009. Yet the license status is "current, valid & in good standing." (See, Attachment 1)

Second, Robert Ricketson, MD, is the doctor who implanted a screwdriver rod instead of medically appropriate titanium rods, during spinal surgery on Arturo Iturralde at Hilo Medical Center in February 2001. The rod broke, and Iturralde suffered intense pain and loss of certain bodily functions as he underwent several surgeries to correct the problems. Iturralde died in June 2003. In March 2006, a jury found that Dr. Ricketson committed malpractice. During the 2006 trial, evidence emerged that Dr. Ricketson had a history of drug abuse, was disciplined in the late 1990's by Oklahoma for writing false prescriptions for drugs which he took, and his medical license was revoked by Texas in 2000 for unprofessional conduct likely to deceive or injure the public. Dr. Ricketson testified that he was re-credentialed by Hilo Medical Center even though it knew about his prior disciplinary actions and drug abuse. Further, trial evidence revealed that Dr. Ricketson's file at Hilo Medical Center contained eight complaints of malpractice.

While Dr. Ricketson's malpractice is shocking, his disciplinary history in Hawaii tells a troubling story of a system that protects the doctor, not the public. Dr. Ricketson fled to Hawaii and obtained a license to practice here in 1998. In May 1999, he entered an agreement with the Hawaii Medical Association (HMA) to refrain from taking illegal drugs. Eighteen months later, in November 2000, after being charged with failure to report disciplinary action by another

jurisdiction, Dr. Ricketson entered into a settlement agreement with BME to be placed on probation for 4 years, and to abide by the same terms as his prior agreement with HMA. Six years later, in July 2006, (four months after the widely publicized malpractice trial returned a verdict against Dr. Ricketson), the BME initiated disciplinary action against Dr. Ricketson for violation of probation in 2002 when he ingested cocaine in an attempt to commit suicide. Over one year later, the BME revoked Dr. Ricketson's medical license.

The published records on his disciplinary actions are vaguely described on the website "complaint history" page as three complaints, but only the 2007 revocation action is posted as a disciplinary decision. (See, Attachment 2) Neither the settlement agreement with HMA nor the probationary action appears to have been publicly disclosed at the time; these facts were described in the 2007 revocation decision. Clearly, the system protected Dr. Ricketson from public disclosure of his disciplinary history, both here in Hawaii and in other states. In this case, the system failed to protect the patient and the public.

This transparency bill addresses the deficiencies identified by the Bost and Ricketson cases, and properly puts patient safety first.

### **Hawaii Needs to Keep Up with Transparency Laws Enacted in Other States**

Many states recognize that patient safety and preventative practices will do more toward reducing the high costs of health care, litigation, and malpractice insurance than tort remedies designed to close the courthouse door to victims of medical malpractice. These states have enacted transparency laws that require physician profiles be published on the agency's website.

A sampling of physician profiles from other states is attached for the committee's review.

Massachusetts – Attachment 3

California – Attachment 4

Rhode Island – Attachment 5

Connecticut – Attachment 6

Colorado – Attachment 7

Maine – Attachment 8

## **Conclusion**

Patient's rights and patient safety must be Hawaii's highest priority in the delivery of health care services. The pendulum has swung from the policy of "buyer beware" to "buyer be aware" as the consumer protection movement has grown over the years and consumers demand more information before making a choice. This bill gives licensing and enforcement agencies an opportunity to play an important role in building patient confidence that there is reliable information about doctors available for them to make informed decisions on medical providers.

## **Testimony Regarding Section 9 of Part IV**

This section of this bill provides for the establishment of a task force to provide support in implementing the provisions of this bill provided it becomes law. We feel that the purpose of the task force as set forth in HB 1785 where it was charged with developing a strategic plan to address the cost of medical malpractice rates in the State as it relates to a shortage of doctors is a more practical approach to address the alleged high cost of medical malpractice insurance in the state. We also feel that it is a good idea to have a task force to look into the role that medical malpractice insurance rates play in doctor shortage crisis, and the effect that changes to the tort system will solve the crisis in relation to other solutions. Our comments and suggestions are listed below.

First as to the membership of the task force: HAJ feels that it would be beneficial if the members of the task force had background on the issue of tort law and an understanding of how

insurance works. We feel that the focus should be on the primary purpose of the task force; that is, to address the reasons and solutions for the doctor shortage crisis and consideration of the cost of medical malpractice insurance and possible alternatives such as captive insurance companies and a patients' compensation fund. Our concern is that if the big picture is not considered, i.e., what are the main causes of the doctor shortage and what are the most effective solutions, the purpose for forming the task force will not be achieved.

Thank you for the opportunity to present our views on the various aspects of this bill. In summary, HAJ is opposed to the provision in Section 2 of Part I of this bill, and supports the provisions in Parts II, III and IV of this bill. With regard to Section 3 of this bill, although we are opposed to the provisions of Part I, Section 2 of this bill, if this committee passes Section 2, then HAJ contends that it is necessary to pass Section 3, Part I of the bill relating to a mandated rollback of insurance rates and suggests that it be at least 35% of the lowest rate rather than 25% as stated in Section 3.

Thank you for the opportunity to testify on this bill.

# ATTACHMENT

1

## Professional and Vocational Licensing (PVL) Search - General Licensee

GENERAL LICENSEE	
<b>LIC ID:</b> MD-8776	<b>Active/Inactive:</b>
<b>NAME:</b> RICHARD M BOST	
<b>TRADE NAME:</b>	
<b>STATUS:</b> CURRENT, VALID & IN GOOD STANDING	
<b>ENTITY:</b> INDIVIDUAL	<b>BUSINESS CODE:</b>
<b>ORIG LIC DATE:</b> 05/27/1994	<b>EXPIRE DATE:</b> 01/31/2010
<b>CLASS PREFIX:</b>	<b>SPECIAL PRIVILEGE:</b>
<b>RESTRICTION:</b>	<b>EDUCATION CODE:</b>
<b>CONDITIONS AND LIMITATIONS:</b>	
<b>BUSINESS ADDR:</b>	
<b>MAILING ADDR:</b>	

[Click here to enter search criteria for prior complaints history ->](#)

**For prior complaints and disciplinary history, contact licensing and business information center at (808) 587-3295.**

License information on this site reflects information in the Professional and Vocational Licensing Division as of January 18, 2009; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed. The site is updated daily, Monday through Friday, except holidays. The State of Hawaii makes no guarantees as to the accuracy of the information accessed, the timeliness of the delivery of transactions, delivery to the correct party, preservation of the privacy and security of users and makes no warranties, including warranty of merchantability and fitness for particular purpose. User is advised that if the information obtained herein is to be reasonably relied upon, user should confirm the accuracy of such information with the provider thereof.



Current as of 01/18/2009 15:02

## Complaint History Report

NOTE: PLEASE CONTACT THE CONSUMER RESOURCE CENTER AT (808) 587-3222 IF YOU HAVE A QUESTION ABOUT THIS REPORT. THE FOLLOWING INFORMATION PERTAINS TO COMPLAINT HISTORY ONLY. FOR LICENSING INFORMATION, PLEASE CALL (808) 587-3222 OR CHECK THE PROFESSIONAL & VOCATIONAL LICENSING DIVISION WEBSITE AT <http://pvl.ehawaii.gov/pvlsearch/app>. TO SEARCH FOR BUSINESS INFORMATION PLEASE VISIT THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS NAME SEARCH AT <http://hbe.ehawaii.gov/documents/search.html>.

The business & licensee complaints history database is designed to serve as a neutral repository of complaints filed with OCP or RICO. Users should judge a business' complaints history on the outcome of the complaints and not on the number of complaints or on the fact that a complaint was filed.

<i>Summary of Names</i>	
COMPANY OR PROPER NAME	BOST, RICHARD M. (M.D.)
ASSOCIATED NAMES	NONE KNOWN AT THIS TIME
OTHER NAMES	NONE KNOWN AT THIS TIME

COMPANY OR PROPER NAME      BOST, RICHARD M. (M.D.)  
 ASSOCIATED NAMES

### COMPLAINT NO: MED- 2006- 0242L

ALLEGATION:                      FAILURE TO DISCLOSE ANY DISCIPLINARY ACTION BY PERSON OR ORGANIZATION.  
 ALLEGATION:                      DISCIPLINARY ACTION TAKEN IN OTHER JURISDICTION.  
 ACTION:                              PRE-PETITION SETTLEMENT AGREEMENT FILED  
 OUTCOME:                              SETTLEMENT AGREEMENT AND ORDER  
 DATE:                                      11/03/2006

## REMEDY:

LICENSE PROBATION: EFFECTIVE DATE: 11/03/2006

TERMS: 1095 DAYS

## MONETARY SANCTIONS:

FINE: \$1,000.00

COMPLIANCE DATE: 11/03/2009

**COMPLAINT NO: MED- 2003- 0045L**

ALLEGATION: FAILURE TO DISCLOSE ANY DISCIPLINARY ACTION BY PERSON OR ORGANIZATION.

ALLEGATION: DISCIPLINARY ACTION TAKEN IN OTHER JURISDICTION.

ACTION: PRE-PETITION SETTLEMENT AGREEMENT FILED

OUTCOME: SETTLEMENT AGREEMENT AND ORDER

DATE: 10/08/2004

## REMEDY:

LICENSE CENSURE: EFFECTIVE DATE: 10/08/2004

## MONETARY SANCTIONS:

FINE: \$1,000.00

COMPLIANCE DATE: 11/15/2004

The information is provided by the State of Hawaii Department of Commerce and Consumer Affairs (DCCA) from its website as a public service and is intended to be used solely as reference material. No posted information is intended to constitute legal or professional advice and this report is NOT an official record. The records available through this web site are NOT official records. Assessing the accuracy and reliability of information contained herein is the user's responsibility. The information obtained from the DCCA website DOES NOT comprise all information from official DCCA records available to the public. Please consult the DCCA website for additional terms and conditions of use.

DARIA A. LOY-GOTO 6175  
DENISE P. BALANAY 5526  
Regulated Industries Complaints Office  
Department of Commerce and Consumer Affairs  
State of Hawaii  
Leiopapa A Kamehameha Building  
235 South Beretania Street, Suite 900  
Honolulu, Hawaii 96813  
Telephone: 586-2660

Attorney for Department of Commerce  
and Consumer Affairs

BOARD OF MEDICAL EXAMINERS  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the ) MED 2006-242-L  
License to Practice Medicine of )  
RICHARD M. BOST, M.D., ) SETTLEMENT AGREEMENT PRIOR TO  
Respondent. ) FILING OF PETITION FOR DISCIPLINARY  
ACTION AND BOARD'S FINAL ORDER;  
EXHIBIT "1"  
[ EXHIBIT 1 redacted for publication purposes ]

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION  
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Respondent RICHARD M. BOST, M.D. (hereinafter "Respondent"), and the Department of Commerce and Consumer Affairs, through its Regulated Industries Complaints Office (hereinafter "RICO"), through its undersigned attorneys enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. Respondent is licensed by the Board of Medical Examiners (hereinafter the "Board") as a physician under License Number MD 8776. Said license was issued on May 27, 1994 and currently has an expiration date of January 31, 2008.

2. The last known address for Respondent is 650 Fern Street, West Palm Beach, Florida 33401.

3. RICO received information that a Uniform Disciplinary Citation, accepted July 6, 2005, was issued against Respondent by the Florida Department of Health (hereinafter the "Florida Citation"). A true and correct copy of the Florida Citation is attached as Exhibit "1."

4. The Florida Citation concluded the Respondent failed to notify the Department of Health of a change of address.

5. Pursuant to the Florida Citation, Respondent was fined \$339.00.

6. Respondent failed to report the Florida Citation to the Board within thirty (30) days, as required by Hawaii Revised Statutes (hereinafter "HRS") §§ 436B-19(15) and 453-8(14). Respondent disclosed the Florida Citation to the Board on a December 8, 2005 renewal application.

7. RICO is prepared to file a petition for disciplinary action against the Respondent for his failure to comply with HRS §§ 436B-19(15) and 453-8(14).

8. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that he has the right to be represented by an attorney of his choosing in this matter and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely and voluntarily and under no coercion or duress.

3. Respondent has been informed of his right to have a hearing to determine the issues in RICO's investigation. Pursuant to HRS § 91-9(d), Respondent voluntarily waives his right to a hearing and agrees to a disposition of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a physician by the Board acknowledges that he is subject to penalties including but not limited to, revocation, suspension or limitation of his license and civil fines, if the foregoing violations are proven at hearing.

5. Respondent does not admit that he has violated any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against his license to practice medicine.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. MED 2006-242-L.

C. TERMS OF SETTLEMENT:

1. Probation. Respondent's license to practice medicine in the State of Hawaii is hereby placed on probation for a period of three (3) years. During the probationary period, Respondent agrees to the following terms and conditions:

2. Compliance with Law Relating to Reporting of Disciplinary Actions. Respondent agrees to report to the Hawaii Board any future disciplinary actions against any license to practice medicine held by the Respondent within thirty (30) days of the issue date of the disciplinary action as required by law. Respondent understands notice to the Hawaii Board must be in

writing. Any mailing must be postmarked by the 30<sup>th</sup> day to be in compliance with this Settlement Agreement.

3. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00). Said payment shall be made by **cashier's check or money order made payable to "State of Hawaii - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Denise P. Balanay, Esq., 235 S. Beretania Street, 9<sup>th</sup> Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

4. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of probation as set forth in paragraphs C. 1, C.2 , and C.3 above, Respondent's license to practice medicine shall be automatically revoked for a period of five (5) years upon RICO's filing of an affidavit with the Hawaii Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of his licensure to the Executive Officer of the Hawaii Board within ten (10) days after receipt of notice of the revocation. Upon completion of the revocation period, Respondent understands that he will need to apply to the Hawaii Board for a new license pursuant to and subject to the requirements and conditions set forth in HRS § 436B-21.

5. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of physicians in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

6. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.7, C.8, C.9 and C.10 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

7. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither he nor any attorney that he may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against him on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

8. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

9. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

10. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

[ West Palm Beach ]  
DATED: \_\_\_\_\_, [ Florida ] \_\_\_\_\_, [ October 10, 2006 ] \_\_\_\_\_  
(CITY) (STATE)

/s/ RICHARD M. BOST, M.D.  
RICHARD M. BOST, M.D.  
Respondent

DATED: Honolulu, Hawaii, [ October 17, 2006 ] \_\_\_\_\_.

/s/ DENISE P. BALANAY  
DARIA A. LOY-GOTO  
DENISE P. BALANAY  
Attorneys for Department of Commerce and  
Consumer Affairs

IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE OF RICHARD M. BOST,  
M.D.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR  
DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO.  
MED 2006-242-L

APPROVED AND SO ORDERED:  
BOARD OF MEDICAL EXAMINERS  
STATE OF HAWAII

/s/ H. ROGER NETZER, M.D.

H. ROGER NETZER, M.D. –  
Chairperson

[ November 3, 2006 ]

DATE

/s/ MARIA BRUSCA PATTEN, D.O.

MARIA BRUSCA PATTEN, D.O. -  
Vice-Chairperson

/s/ BRIAN E. CODY

BRIAN E. CODY

/s/ RONALD H. KIENITZ, D.O.

RONALD H. KIENITZ, D.O.

/s/ JOHN T. McDONNELL, M.D.

JOHN T. McDONNELL, M.D.

/s/ M. PIERRE K.W. PANG, M.D.

M. PIERRE K.W. PANG, M.D.

/s/ FERAYDOUN DON PARSA, M.D.

FERAYDOUN DON PARSA, M.D.

BEN K. AZMAN, D.O.

G. MARKUS POLIVKA

PETER A. MATSUURA, M.D.

DANNY M. TAKANISHI, JR.,  
M.D.

PVL 07/01/06

STATE OF [ Florida ] )  
 ) SS.  
COUNTY OF [ Palm Beach ] )

On this [ 10th ] day of [ October ], 2006, before me personally appeared  
[ Richard M. Bost ], to me known to be the person described and who executed the  
foregoing instrument and acknowledged the same as his/her free act and deed.

[ Signature redacted ]  
Name: [ Terrie L. Vanover ]  
Notary Public – State of [ Florida ]  
My commission expires: \_\_\_\_\_

# ATTACHMENT

2

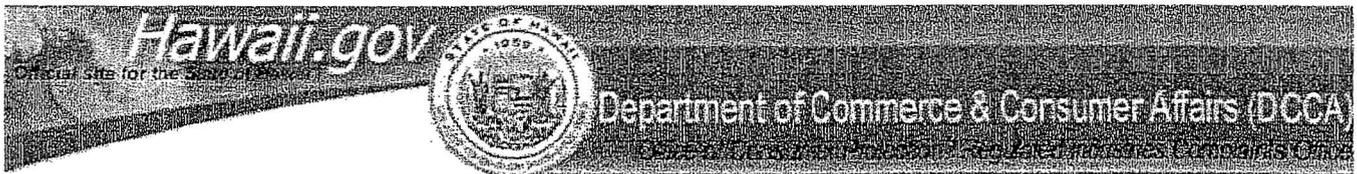
Professional and Vocational Licensing (PVL) Search - General Licensee

GENERAL LICENSEE	
LIC ID: MD-10248	Active/Inactive:
NAME: ROBERT RICKETSON	
TRADE NAME:	
STATUS: REVOKED	
ENTITY: INDIVIDUAL	BUSINESS CODE:
ORIG LIC DATE: 05/11/1998	EXPIRE DATE: 01/31/2008
CLASS PREFIX:	SPECIAL PRIVILEGE:
RESTRICTION:	EDUCATION CODE:
CONDITIONS AND LIMITATIONS:	
BUSINESS ADDR:	
MAILING ADDR:	

[Click here to enter search criteria for prior complaints history ->](#)

**For prior complaints and disciplinary history, contact licensing and business information center at (808) 587-3295.**

License information on this site reflects information in the Professional and Vocational Licensing Division as of January 18, 2009; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed. The site is updated daily, Monday through Friday, except holidays. The State of Hawaii makes no guarantees as to the accuracy of the information accessed, the timeliness of the delivery of transactions, delivery to the correct party, preservation of the privacy and security of users and makes no warranties, including warranty of merchantability and fitness for particular purpose. User is advised that if the information obtained herein is to be reasonably relied upon, user should confirm the accuracy of such information with the provider thereof.



Current as of 01/18/2009 14:32

## Complaint History Report

NOTE: PLEASE CONTACT THE CONSUMER RESOURCE CENTER AT (808) 587-3222 IF YOU HAVE A QUESTION ABOUT THIS REPORT. THE FOLLOWING INFORMATION PERTAINS TO COMPLAINT HISTORY ONLY. FOR LICENSING INFORMATION, PLEASE CALL (808) 587-3222 OR CHECK THE PROFESSIONAL & VOCATIONAL LICENSING DIVISION WEBSITE AT <http://pvl.ehawaii.gov/pvlsearch/app>. TO SEARCH FOR BUSINESS INFORMATION PLEASE VISIT THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS NAME SEARCH AT <http://hbe.ehawaii.gov/documents/search.html>.

The business & licensee complaints history database is designed to serve as a neutral repository of complaints filed with OCP or RICO. Users should judge a business' complaints history on the outcome of the complaints and not on the number of complaints or on the fact that a complaint was filed.

<i>Summary of Names</i>	
COMPANY OR PROPER NAME	RICKETSON, ROBERT (M.D.)
ASSOCIATED NAMES	NONE KNOWN AT THIS TIME
OTHER NAMES	NONE KNOWN AT THIS TIME

COMPANY OR PROPER NAME RICKETSON, ROBERT (M.D.)  
 ASSOCIATED NAMES

### COMPLAINT NO: MED-2006-0076L

ALLEGATION: FAILURE TO ABIDE BY CONDITIONS OF LICENSE/ REGISTRATION.  
 ALLEGATION: FAILURE TO COMPLY WITH CHAPTER OR THE RULES AND REGULATIONS.  
 ACTION: PETITION FILED  
 OUTCOME: FINAL ORDER  
 DATE: 07/13/2007

## REMEDY:

LICENSE REVOCATION: EFFECTIVE DATE: 07/13/2007

TERMS: 1825 DAYS

COMPLIANCE DATE: 07/13/2017

**COMPLAINT NO: MED- 2003- 0086L**

ALLEGATION: FAILURE TO COMPLY WITH CHAPTER OR THE RULES AND REGULATIONS.

OUTCOME: PRIOR ACTION TAKEN

DATE: 09/18/2007

**COMPLAINT NO: MED- 2000- 0003L**

ALLEGATION: FAILURE TO DISCLOSE ANY DISCIPLINARY ACTION BY PERSON OR ORGANIZATION.

ACTION: PRE-PETITION SETTLEMENT AGREEMENT FILED

OUTCOME: SETTLEMENT AGREEMENT AND ORDER

DATE: 11/17/2000

## MONETARY SANCTIONS:

FINE: \$500.00

COMPLIANCE DATE: 11/17/2004

The information is provided by the State of Hawaii Department of Commerce and Consumer Affairs (DCCA) from its website as a public service and is intended to be used solely as reference material. No posted information is intended to constitute legal or professional advice and this report is NOT an official record. The records available through this web site are NOT official records. Assessing the accuracy and reliability of information contained herein is the user's responsibility. The information obtained from the DCCA website DOES NOT comprise all information from official DCCA records available to the public. Please consult the DCCA website for additional terms and conditions of use.



BOARD OF MEDICAL EXAMINERS  
OFFICE OF ADMINISTRATIVE HEARINGS  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the License to	)	MED-2006-76-L
Practice Medicine of	)	
	)	BOARD'S FINAL
ROBERT RICKETSON, M.D.,	)	ORDER
	)	
Respondent.	)	
	)	
	)	
	)	

BOARD'S FINAL ORDER

On or about May 18, 2007, the duly appointed Hearings Officer submitted his Findings of Fact, Conclusions of Law, and Recommended Order in the above-captioned matter to the Board of Medical Examiners ("Board"). Copies of the Hearings Officer's recommended decision were also transmitted to the parties. On June 13, 2007, Respondent Robert Ricketson, M.D., ("Respondent") filed exceptions to the recommended order. Neither party requested an opportunity to present oral arguments.

Upon review of the entire record of this proceeding, the Board adopts the Hearings Officer's recommended decision as the Board's Final Order. Accordingly, the Board finds and concludes that the preponderance of the evidence established that Respondent violated the terms of the Settlement Agreement and Order and Hawaii Revised Statutes §436B-19(17).

For the violation found, the Board orders that Respondent's medical license be revoked and that Respondent be required to immediately submit all indicia of licensure as a physician in the State of Hawaii to the Executive Officer of the Board.

DATED: Honolulu, Hawaii: [ July 13, 2007 ]

/s/ H. ROGER NETZER, M.D.

H. ROGER NETZER, M.D.  
Chairperson

/s/ MARIA BRUSCA PATTEN, D.O.

MARIA BRUSCA PATTEN, D.O.  
Vice-Chairperson

/s/ BRIAN E. CODY

BRIAN E. CODY  
Board Member

/s/ RONALD H. KIENITZ, D.O.

RONALD H. KIENITZ, D.O.  
Board Member

/s/ JOHN T. McDONNELL, M.D.

JOHN T. MCDONNELL, M.D.  
Board Member

DANNY M. TAKANISHI, JR., M.D.

Board Member

M. PIERRE K.W. PANG, M.D.

Board Member

FEREYDOUN DON PARSA, M.D.

Board Member

/s/ BEN K. AZMAN, M.D.

BEN K. AZMAN, M.D.  
Board Member

/s/ G. MARKUS POLIVKA

G. MARKUS POLIVKA  
Board Member

/s/ PETER A. MATSUURA, M.D.

PETER A. MATSUURA, M.D.  
Board Member

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Board's Final Order; *In re Robert Ricketson, M.D.*; MED-2006-76-L.



JULY 18 AM 11:39

BOARD OF MEDICAL EXAMINERS  
OFFICE OF ADMINISTRATIVE HEARINGS  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the License to	)	MED-2006-76-L
Practice Medicine of	)	
	)	HEARINGS OFFICER'S
ROBERT RICKETSON, M.D.,	)	FINDINGS OF FACT,
	)	CONCLUSIONS OF LAW,
Respondent.	)	AND RECOMMENDED
	)	ORDER
	)	

HEARINGS OFFICER'S FINDINGS OF FACT,  
CONCLUSIONS OF LAW, AND RECOMMENDED ORDER

I. INTRODUCTION

On July 25, 2006, the Department of Commerce and Consumer Affairs, through its Regulated Industries Complaints Office ("Petitioner"), by and through its attorney, John T. Hassler, Esq., filed a petition for disciplinary action against the medical license of Robert Ricketson, M.D. ("Respondent"). The matter was duly set for hearing, and the notice of hearing and pre-hearing conference was transmitted to the parties.

On February 13, 2007, the hearing in the above-captioned matter was convened by the undersigned Hearings Officer pursuant to Hawaii Revised Statutes ("HRS") Chapters 91, 92 and 453. Petitioner was represented by its attorney, John T. Hassler, Esq. Respondent appeared by telephone.

Having reviewed and considered the evidence and arguments presented at the hearing, together with the entire record of this proceeding, the Hearings Officer hereby renders the following findings of fact, conclusions of law and recommended order.

## II. FINDINGS OF FACT

1. Respondent has been licensed to practice medicine by the Board of Medical Examiners (“Board”), License No. MD 10248, since 1998.

2. On May 20, 1999, Respondent and the Hawaii Medical Association (“HMA”), entered into a Memorandum of Understanding (“MOU”).

3. In the MOU, Respondent agreed to, among other things, refrain from taking mind-altering drugs or alcohol on any occasion unless he was hospitalized as a patient or under treatment by a physician.

4. On November 17, 2000, the Board approved a Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final Order (“Settlement Agreement and Order”) in *the Matter of the License to Practice Medicine of Robert Ricketson, M.D.; Case No. MED-2000-3-L*.

5. In Paragraph 5, Probation, of the Settlement Agreement and Order, Respondent agreed, among other things, to be placed on probation for 4 years “with the terms and conditions of the probation to be the same as provided in the [MOU].

6. In Paragraph 6, Automatic Revocation for failure to comply, of the Settlement Agreement and Order, Respondent agreed that if he failed to comply with Paragraph 5 of the MOU, his license would be automatically revoked without further hearing upon the filing of an affidavit by RICO attesting that he had violated the provisions of the Settlement Agreement and Order.

7. In or about February 2002, while residing in Hawaii and during the period of probation under the Settlement Agreement and Order, Respondent ingested cocaine in an attempt to commit suicide.

## III. CONCLUSIONS OF LAW

The Petition charges Respondent as follows:

The conduct described [in the Petition] is grounds for automatic revocation of Dr. Ricketson’s license under the terms of the Final Order and RICO is prepared to file an affidavit to be submitted to the Board. Furthermore, Dr. Ricketson’s conduct in failing to comply with the terms of the Final Order violated Hawaii Revised Statutes section 436B-19(17) [sic] (violating an order of the licensing authority).

HRS §436B-19(17) provides:

**§436B-19 Grounds for refusal to renew, reinstate or restore and for revocation, suspension, denial, or condition of licenses.** In addition to any other acts or conditions provided by law, the licensing authority may refuse to renew, reinstate or restore, or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

\* \* \* \*

(17) Violating this chapter, the applicable licensing laws, or any rule or order of the licensing authority.

The evidence was sufficient to prove that Respondent violated the Settlement Agreement and Order by ingesting cocaine in 2002.

IV. RECOMMENDED ORDER

Based on the foregoing findings and conclusions, the Hearings Officer recommends that the Board find and conclude that the preponderance of the evidence established that Respondent violated the terms of the Settlement Agreement and Order and HRS §436B-19(17).

For the violation found, the Hearings Officer recommends that Respondent's medical license be revoked<sup>1</sup> and that Respondent be required to immediately submit all indicia of licensure as a physician in the State of Hawaii to the Executive Officer of the Board.

DATED at Honolulu, Hawaii:  [ MAY 18, 2007 ]

/s/ CRAIG H. UYEHARA

CRAIG H. UYEHARA  
Administrative Hearings Officer  
Department of Commerce  
and Consumer Affairs

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<sup>1</sup> Although Respondent testified that his ingestion of cocaine in 2002 was an isolated incident and that he remains competent to practice medicine, no objective evidence to support these contentions was presented.

# ATTACHMENT

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Other Information at  
[WWW.MASSMEDBOARD.ORG](http://WWW.MASSMEDBOARD.ORG)

Board Disciplinary Actions

Annual Reports and Publications

Contact Information

Directions to the Board

Complaint Forms & Instructions

Links to Massachusetts Hospitals

Links to Major Health Plans

Links to Other State Agencies

Board Regulations

Patient Safety Updates

Commonwealth of Massachusetts  
Board of Registration in Medicine  
200 Howard Street  
Suite 330  
Worcester, MA 01890  
781-876-8200  
800-377-0550

Commonwealth of Massachusetts  
Deval L. Patrick  
Governor  
Timothy P. Murray  
Lieutenant Governor



Massachusetts Board of  
Registration in Medicine

Physician Profiles  
Consumer Guide

781-876-8200  
800-377-0550  
[www.massmedboard.org](http://www.massmedboard.org)

## PHYSICIAN PROFILES SERVICE MALPRACTICE AND BOARD DISCIPLINE

Massachusetts was the first state to release malpractice payment information in this way. Consumers should read the extensive disclaimer and explanations that accompany the information. Just because a physician made a malpractice payment, don't assume that the physician is not a good doctor. Sometimes, the insurer decides to settle a claim without ever discussing it with the doctor. The best way to understand malpractice data is to talk to the doctor about it.

Here are some good questions:

"Did this malpractice payment involve the same procedure I am having?"

"Did you make any changes to your practice in response to the problem?"

Different doctors will respond to questions in different ways. Someone who tells you he's none of your business may not have the communication skills you want.

Another doctor may say something like this:

"I used to do this procedure in my office. I learned that I didn't have enough backup when there were complications and that's why patients, like you, are now asked to have the procedure in the hospital."

Such an answer would show you that you are talking to a doctor who respects your question, learns from his/her experiences, and is willing to make changes to improve patient safety.

Malpractice payments are presented within the context of the physician's specialty. Some medical specialties are far more likely to have more numerous and more expensive payments. Comparing physicians to others in the same specialty accounts for these specialty differences.

### Board Discipline

When the Board takes final disciplinary action against a physician, it is noted on the profile for ten years.



Additional information about the discipline can be found on the Board's website in the "Disciplinary Action List" and the press release for the corresponding date. In April 2007, the Board of Medicine began posting copies of the actual Board disciplinary orders on the website.

## PHYSICIAN PROFILES

Massachusetts was the first state to offer a comprehensive program to give patients access to information about the education, training, and experience of all licensed physicians.

The "Physician Profiles" program is one tool patients can use to make the right health care decisions. Patients are encouraged to use the physician profile information to foster better communication with a physician.



### Who Should Use the Physician Profiles?

Consumers use Physician Profiles when trying to choose a physician from a list supplied by their health insurer. Others have found the information useful when they have been referred to a specialist. Expectant mothers use Physician Profiles as one step in choosing an obstetrician.

Many physicians use the system to help patients when making a referral to a specialist.

## What's On a Profile?

- Education
- Training
- Medical Specialties
- Professional demographics, including business address, insurance plan and hospital affiliations, and available translation services.
- Professional or community awards received
- Research or publications by the physician
- Malpractice claims paid in the past ten years
- Hospital discipline in the past ten years
- Criminal convictions in the past ten years
- Disciplinary actions of the Massachusetts Board of Registration in Medicine in the past ten years

## What's NOT on a Profile?

- The number of suits filed against a physician
- Compensation rates for hospitals or physicians
- Patient mortality rates
- Malpractice dollar awards



## Using Physician Profiles

Search for a physician in a specific city or town. Find a specialist in a town by entering both the town and the specialty on the search page.

See if a physician accepts your insurance plan. Please be aware that these contractual arrangements change quickly and you should always confirm eligibility with your provider.

If there is a specific hospital that you prefer to use, find out if a physician has privileges at that facility. Some physicians have full admitting privileges while others have different levels of access to a hospital's services. Ask the physician to explain the type of privileges he/she has.

Information on where the doctor went to medical school and trained as a resident.

This section shows the area of medicine in which the physician specializes. Board certification shows that the physician has additional training in that medical specialty or has passed special exams to prove higher competence in the specialty. This certification is from a medical professional association, not the state medical board. Physicians are not required to be Board Certified, but many patients prefer to see physicians with these credentials.

Physicians are not required to submit this information, but patients find the information extremely helpful in choosing a new physician. For example, a patient with a significant family history of diabetes may prefer a physician who has published research papers in this area.

Any serious criminal matters reported to the Board in the past ten years are listed in this section. The criminal issues may or may not be related to the practice of medicine.

Whenever a Massachusetts hospital suspends or revokes a physician's privileges in the hospital, the Board of Medicine is informed. Details on the cause for the action should be requested from the physician. Usually, the Board of Medicine will not have additional information about the reason for the action available to consumers.



Physician Profiles can be found on the Board's web site:  
[www.massmedboard.org](http://www.massmedboard.org)  
Or through the  
Consumer Services Call Center  
800-377-0550



• online services • agencies • elected officials • help

[Back](#) | [Home](#) | [How to Read a Profile](#)



## Massachusetts Board of Registration in Medicine Physician Profile

**Robert P. Wespiser, M.D.**

**I. Physician Information**

(The information in sections I - VI has been provided by the physician.)

<u>License Status:</u>	<b>Active</b>
<u>License Issue Date:</u>	3/19/1986
<u>Accepting New Patients:</u>	Yes
<u>Accepts Medicaid:</u>	Yes
<u>Primary Work Setting:</u>	Private Office
<u>Business Address:</u>	710 Stockbridge Road Lee, MA 01238
<u>Phone:</u>	(413) 243-0122
<u>Translation Services Available:</u>	None Reported
<u>Insurance Plans Accepted:</u>	Blue Cross Blue Shield Community Health Plan Health New England, Inc. Numerous Plans Accepted
<u>Hospital Affiliations:</u>	Berkshire Health Systems Nursing Home

**II. Education & Training**

<u>Medical School:</u>	University of Massachusetts Medical School
<u>Graduation Date:</u>	1983
<u>Post Graduate Training:</u>	Umass Medical Center (7/1/1983-6/30/1984) Umass Medical Center (7/1/1984-6/30/1986)

**III. Specialty**

Area of Specialty: Internal Medicine

**IV. Board Certifications**

American Board of Medical Specialties (ABMS)

<u>Board Name</u>	<u>General Certification</u>	<u>Subspecialty</u>
-------------------	------------------------------	---------------------

Internal Medicine

Internal Medicine

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**V. Honors and Awards**

This physician has reported no awards.

---

**VI. Professional Publications**

This physician has reported no publications.

---

**VII. Malpractice Information**

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Board has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.
- This report reflects data for the last 10 years of a doctor's practice. For doctors practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Board can refer you to other articles on this subject.

**Dr. Wespiser has not made a payment on a malpractice claim in Massachusetts in the past ten years.**

---

VIII. Disciplinary and/or Criminal Actions

A. Criminal Convictions, Pleas and Admissions:

The information in this section may not be comprehensive. The courts are now required by law to supply this information to the Board.

**Dr. Wespiser has had no criminal convictions in the past ten years.**

B. Hospital Discipline:

This section contains several categories of disciplinary actions taken by Massachusetts hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

**Dr. Wespiser has no record of hospital discipline in the past ten years.**

C. Board Discipline:

This section includes final disciplinary actions taken by the Massachusetts Board of Registration in Medicine during the past ten years.

- 
- |    |                     |   |
|----|---------------------|---|
| 1. | <u>Date:</u>        | 12/17/2008                                |
|    | <u>Case #:</u>      | 2008-051                                  |
|    | <u>Action:</u>      | Suspension, Stay of Suspension, Probation |
|    | <u>Instrument:</u>  | Consent Order                             |
|    | <u>Action Note:</u> | Indefinite Suspension                     |
- 

Additional information about a physician, including closed complaints, may be available by calling the Massachusetts Board of Registration in Medicine  
Phone 781-876-8230  
Toll Free Number (Massachusetts only) 1-800-377-0550

Return to  
[Physician Profile Search](#)  
Direct questions and comments about these results to  
Massachusetts Board of Registration in Medicine  
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880  
Phone 781-876-8200  
For direct response please use [Email](#)

Please read the Board of Registration in Medicine [Disclaimer](#)



COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine

Adjudicatory Case No. 2008-051

	)
In the Matter of	)
	)
Robert P. Wespiser, M.D.	)
	)

**STATEMENT OF ALLEGATIONS**

In Board of Registration in Medicine (the Board) Docket No. 07-302, the Board has reason to believe that Robert P. Wespiser, M.D. (Respondent) has fraudulently obtained controlled substances by issuing prescriptions in the names of fictitious patients and then filling them for self-use.

**BIOGRAPHICAL INFORMATION**

1. The Respondent was born on May 27, 1957. He graduated from University of Massachusetts Medical School in June 1983, and has been licensed to practice medicine in Massachusetts since March 19, 1986 under certificate number 55555. The Respondent specializes in internal medicine and is certified by the American Board of Internal Medicine. He is a partner in Suburban Internal Medicine, a group practice located in Lee, Massachusetts. He has nursing home privileges at Laurel Lake Center for Health and Rehabilitation in Lee, where he is medical director, and at Providence Care Nursing Center in Lenox. He has hospital privileges at Berkshire Medical Center.

**FACTUAL ALLEGATIONS**

2. For a period of about six months, beginning in February 2001, the Respondent was prescribed hydrocodone/APAP (a Schedule III controlled substance) and tramadol (a Schedule VI controlled substance) by an orthopedic surgeon, following a leg fracture.

# ATTACHMENT

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# Medical Board of California



2005 Evergreen Street, Suite 1200  
 Sacramento, CA 95815  
 Consumer Information Line: (916) 263-2382

## Physician Information

**Licensee Name:** LURA JUSTICE REDDINGTON, MD  
**License Type:** PHYSICIAN AND SURGEON  
**License Number:** G76987  
**License Status:** LICENSE RENEWED & CURRENT  
**Public Record Actions:** HOSPITAL DISCIPLINE  
**Original Issue Date:** JUNE 28, 1993  
**Expiration Date:** FEBRUARY 28, 2011  
**Address:** 6730 N WEST AVE # 115  
 FRESNO, CA 93711  
**County:** FRESNO

## Public Disclosure

To find out what information is and is not available, please click [here](#).

If information is posted in the Administrative/Disciplinary Actions or Administrative Citation Issued categories below, documents may be available for review. Please click [here](#) to search the public document database.

### Administrative/Disciplinary Action

No information available.

### Administrative Action Taken by Other State or Federal Government

No information available from this agency.

**Felony Conviction**

No information available from this agency.

**Misdemeanor Conviction**

No information available from this agency.

**Administrative Citation Issued**

No information available.

**Hospital Disciplinary Action**

The action taken by this healthcare facility against this physician's staff privileges to provide healthcare services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

Complaint Number: 08 2000 109065  
Health Care Facility: FRESNO SURGERY CENTER FRESNO, CALIF.  
Description of Action: TERMINATION OR REVOCATION OF STAFF PRIVILEGES  
Effective Date of Action: MARCH 31, 2000

**Malpractice Judgment**

No information available from this agency.

**Arbitration Award**

No information available from this agency.

**Malpractice Settlements**

No information available from this agency.

**Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.**

## Education

**Medical School:** MEDICAL COLLEGE OF PENNSYLVANIA

**Year Graduated:** 1989

**This information is updated Monday through Friday - Last updated: FEB-06-2009**

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*its other web pages and internet sites, is made available to provide immediate access for the convenience of interested persons. While the Department believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Department makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Department, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other web pages maintained by the Department. All access to and use of this web page and any other web page or internet site of the Department is governed by the Disclaimers and Conditions for Access and Use as set forth at California Department of Consumer Affairs' Disclaimer Information and Use Information.*

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# ATTACHMENT

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**AIM**

Association of State Medical Board Executive Directors

**Rhode Island Department of Health  
Board of Medical Licensure and Discipline  
Search Results**

Licensee Name	JOHN ANDREW HALLBERG
License Status	EXPIRED - MUST REINSTATE
License Number	MD07302
License Type	MD
Business Address	10 HUTCHINSON DR
City State Zip	FAIRMONT WV 26554-1235
Business Phone	(860)-536-0773
Birthdate	1956
Gender	Male
Primary Specialty	ORTHOPAEDIC SURGERY
Year Board Certified	1990
Secondary Specialty	No secondary Specialty
License issue date	06/01/1988
License expire date	06/30/2008
License last renewed	2006
Medical School	TULANE UNIVERSITY SCHOOL OF MEDICINE
Medical School Location	NEW ORLEANS LA UNITED STATES
Medical School Graduation Year	1982
Examination Code	National Boards
Hospital Privileges	Yes
Hospital Privileges at:	Westerly Hospital
Disciplinary Action in RI?	YES

**This physician's record was last updated on 02/05/2009**

**Direct questions and comments about these results to  
Rhode Island Department of Health  
Board of Medical Licensure and Discipline**

This Board's data has been searched 850196 times since 12/11/1997

Please read the [AIM Disclaimer](#)

©Copyright 1997 2008 [Nicholas Hayer](#)

**BOARD OF MEDICAL LICENSURE AND  
DISCIPLINE**

**No. C07-335**

**IN THE MATTER OF  
J. Andrew Hallberg, M.D.  
License Number: MD 07302**

**Consent Order**

Pursuant to R.I. General Laws §5-37-5.2, 1956, as amended, (2002 Reenactment) a notification was received by the Board of Medical Licensure and Discipline [Board] regarding J. Andrew Hallberg, M.D. ("Respondent"). This matter was referred to an Investigating Committee of the board for investigation and recommendation. The following are findings of fact and conclusions of law:

**FINDINGS OF FACTS AND CONCLUSIONS OF LAW**

1. The Respondent is a physician born in 1956 and has been licensed to practice medicine in Rhode Island since 1988. He is a 1982 graduate of the Tulane University School of Medicine. His primary area of practice is Orthopedic surgery. He had hospital privileges at the Westerly Hospital until March 2007. The Respondent failed to answer a question relating to past disciplinary action correctly on the 2006 – 2008 Rhode Island medical license renewal application regarding whether he had any hospital disciplinary action. He failed to disclose action taken by the hospital.
2. The Westerly Hospital notified the Rhode Island Board of Medical Licensure and Discipline about its action and it reported that the Respondent's privileges have been placed on probation for 3 years to the National Practitioner Data Bank.

# ATTACHMENT

6



CONNECTICUT  
DEPARTMENT OF PUBLIC  
HEALTH

Physician Profile

MARTIN PERLIN MD

This profile contains information that may be used as a starting point in evaluating the physician. This profile should not, however, be your sole basis for selecting a physician.

I. Physician Information

Connecticut License Number: 030601      Date Issued: 02/23/1990      Date Expires: 08/31/2009

License Status: *Current, Prior Discipline*

Currently practicing medicine in Connecticut: *Yes*

Practice Location(s):      *Martin Perlin, M.D.*  
   *9 Bettswood Road*  
   *Norwalk, CT 06851-5103*

Languages spoken other than English  
at the practice location:      *French, Italian, Spanish*

Hospitals/Nursing Home      *Norwalk Hospital, Norwalk CT*  
Affiliations:      *Westport Health Care Center, Westport CT*  
   *Wilton Meadows Health Care Center, Wilton CT*  
   *Honey Hill Rehabilitation And Nursing Center, Norwalk CT*  
   *Stamford Hospital, The, Stamford CT*  
   *Marathon Healthcare Center Of Norwalk, Norwalk CT*

II. Education

Medical School: *SUNY Downstate*  
Year of Graduation: *1976*

III. Post Graduate Training

<u>Dates of training</u>	<u>Training</u>	<u>Level</u>	<u>Hospital, City and State</u>
07/01/1976 - 06/30/1977	Internal Medicine	Intern	New York Hospital New York, NY
07/01/1977 - 06/30/1979	Internal Medicine	Resident	New York Hospital New York, NY
07/01/1979 - 06/30/1982	Hematology/Oncology	Fellowship	New York Hospital New York, NY

IV. Specialty

Specialty: *Internal Medicine*  
Subspecialty: *Hematology*

Current American Board Certification:

None reported.

This physician has reported the above Certification.

For more information regarding Board Certification please contact:

The American Board of Medical Specialties at [www.abms.org](http://www.abms.org)

or The American Osteopathic Association at [www.am-osteo-assn.org](http://www.am-osteo-assn.org)

**V. Medical Educational Responsibility (This section is voluntary)**

None reported.

**VI. Publications, Professional Services, Activities and Awards (This section is voluntary and may include a maximum of ten items)**

None reported.

**VII. Malpractice Information**

Some studies have shown that there is no significant correlation between malpractice history and a physician's competence. At the same time, consumers should have access to malpractice information. This profile contains information about the malpractice payment history of the physician. Payment amounts have been placed into three statistical categories: below average, average and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares physicians only to the members of their specialty, not all physicians, in order to make an individual physician's history more meaningful.
- This malpractice information reflects data for the last 10 years of the physician's practice. For physicians practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the malpractice claim may have happened years before payment is finally made. Sometimes it takes a long time for a malpractice lawsuit to move through the legal system.
- Some physicians work primarily with high risk patients. These physicians may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk of problems.
- Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred. For example, an insurer may choose to settle a case even if the physician opposes such settlement.

You may wish to discuss the information provided in this report, and malpractice generally, with your physician.

Physicians licensed in specialty(Internal Medicine): 6166

Number who made malpractice payments in the last ten years: 460

Payments made by or on behalf of this physician

<u>Date Resolved</u>	<u>Payment Category</u>	<u>Specialty</u>
09/25/2001	Average	Internal Medicine

**VIII. Hospital Discipline Within the Last Ten Years**

*This section contains several categories of disciplinary actions taken by hospitals during the past 10 years which are specifically required by law to be released in the physician's profile.*

<u>Hospital</u>	<u>City, State</u>	<u>Nature of Discipline</u>
<i>None reported.</i>		

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**IX. Felony Convictions Within the Last Ten Years**

<u>Date of Conviction</u>	<u>Nature of Conviction</u>
<i>None reported.</i>	

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**X. Connecticut Licensure Disciplinary Actions**

*License Status: Current, Prior Discipline*

<u>Date of Action</u>	<u>Action</u>
<i>06/17/2008</i>	<i>Consent Order Signed</i>

*To obtain a copy of the discipline reported above, make note of license number and [click here](#)*

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*Please direct questions and comments about this profile to:*

*Connecticut Department of Public Health  
Physician Profiles  
410 Capitol Ave., M.S. 12 APP  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7557*

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH

In Re: Martin Perlin, M.D.

Petition No. 2007-0320-001-042

CONSENT ORDER

WHEREAS, Martin Perlin (hereinafter "respondent") of Norwalk, Connecticut has been issued license number 030601 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. In January 2007, patient DM, a resident under respondent's care at Westport Health Care Center nursing home, was referred to Norwalk Hospital's Emergency Department for flank and abdominal pain and diagnosed with "infectious pan-colitis". Upon discharge from the hospital to the nursing home, respondent did not adequately monitor DM's continuing abdominal symptoms and/or obtain test results for C. Dificile infection in a timely manner.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-13(c), including but not limited to, 20-13(c)(4).

WHEREAS, respondent has chosen not to contest the Department's allegations but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut; and

# ATTACHMENT

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Department Home Division Home Physician Profiling

**Physician Profile**  
Search

**Kenneth Clinton Parsons**

**Aliases**

Parsons, Kenneth Clinton

**Address**

Englewood, CO 80111-0000

**License**

License Number: 24980  
License Type: DR  
License Status: Active  
License First Issued: 10/14/1982  
Last Renewal Date: 07/17/2008  
Last Expiration Date: 05/31/2009

**Physician Profile**

Last updated: 06/26/2008

**Other Medical Licenses**

Have you ever held, or do you currently hold, any other medical licenses from any other state, country or province? Yes

License Number	License Type	Year Issued	Expire/ Renew	State/ Country	License Status
030161	Physician	1971	2008	MI	Inactive
G59819	Physician	1987	2007	CA	Other
J4956	Physician	1993	2008	TX	Active

**Board Certifications**

Do you hold any current Board Certifications? Yes

Certification	Other
Physical Medicine and Rehabilitation	

**Practice Specialties**

Yes

Specialty	Other
Physical Medicine and Rehabilitation: Spinal Cord Injury Medicine	

**CO Hospital Affiliations**

Do you have an affiliation with any Colorado hospital? No

**Other Health Care Facilities and Out of State Hospitals**

Do you have an affiliation with any health care facility or a non-Colorado hospital? Yes

Facility Name	Affiliation		City, State
	Type	Other Type	
The Institute of Rehab and Research	Other	Consulting recently	Houston, TX

Memorial Hermann Hospital	Other	Consulting recently	Houston, TX																
<b>Business Ownership</b>																			
Do you have a current <u>ownership interest</u> in any business whose mission relates to the provision of health care services or products?			No																
<b>Employment Contracts</b>																			
Do you have a current <u>employment contract</u> with any business whose mission relates to the provision of health care services or products?			Yes																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Entity Name</th> <th style="text-align: left;">Contract Length</th> <th style="text-align: left;">Contract Position</th> </tr> </thead> <tbody> <tr> <td>Paradigm Healthcare</td> <td>Renewed Annually</td> <td>Independent Contractor</td> </tr> </tbody> </table>				Entity Name	Contract Length	Contract Position	Paradigm Healthcare	Renewed Annually	Independent Contractor										
Entity Name	Contract Length	Contract Position																	
Paradigm Healthcare	Renewed Annually	Independent Contractor																	
<b>Disciplinary Actions</b>																			
Have you ever had <u>public disciplinary action</u> taken against your medical license by a board or licensing agency of any state or country?			No																
<b>Restrictions or Suspensions</b>																			
Have you ever entered into any agreement or stipulation to temporarily cease the practice of medicine or had a board order issued restricting or suspending your medical license?			No																
<b>Health Care Facility Actions</b>																			
Have you ever had any <u>involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension</u> of hospital or healthcare facility privileges?			Yes																
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The Methodist Hospital	Houston, TX	Other	1998	Indefinite	No		Appointment expired due to inactivity, insufficient patient contacts.												
<b>U.S. DEA Registration</b>																			
Have you ever had to involuntarily surrender your United States Drug Enforcement Administration Registration?			No																
<b>Convictions</b>																			
Have you ever had any final <u>criminal conviction(s)</u> or plea arrangement(s) resulting from the commission or alleged commission of a felony or <u>crime of moral turpitude</u> in any jurisdiction?			No																
<b>Paid Claims</b>																			
Have you ever had any final judgment against, settlement entered into by, or arbitration award paid on your behalf for medical malpractice?			No																
<b>Carrier Refusal</b>																			
Has a medical malpractice insurance carrier ever refused to issue a medical malpractice insurance policy to you due to past claims experience?			No																

**GENERAL DISCLAIMER**

The information posted on the state board of medical examiner's website was provided by applicants for an original medical license; applicants for reinstatement or reactivation of an existing medical license; as well as by those physicians renewing a medical license. This information is not verified by the board. The board will take action to obtain compliance with the requirements to provide accurate and timely information as required by law when information is received that indicates information required by law has not been received or is not accurate.

#### AVAILABILITY DISCLAIMER

If no Profile is found it could be for the following reasons: **Physicians who held an active license issued by the Board prior to January 1, 2008 are not required to complete a physician profile until the May 31, 2009 license renewal period. Physicians who have an inactive or lapsed license are not required to complete a physician profile until they apply for reactivation or reinstatement.** To verify whether there have been any board actions against this physician click [here](#) to go to the Automated Licensure Information System (ALISON).

#### MALPRACTICE CLAIMS DISCLAIMER

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, consumers should have access to malpractice information. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history. When considering malpractice data, please keep in mind: (1) Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. (2) You should take into account how long the doctor has been in practice when considering malpractice averages. (3) The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system. (4) Some doctors work primarily with high-risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems. (5) Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred. You may wish to discuss information provided, and malpractice generally, with your doctor.



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[Technical Assistance](#) [Privacy](#) [Accessibility](#)

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# ATTACHMENT

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**AIM**

Association of State Medical Board Executive Directors

**Physician Search**

State of Maine Board of Licensure in Medicine

137 State House Station  
 Augusta, ME 04333-0137  
 (207) 287-3601

**General Information**

Gene Cheng MD License Number: **015417**  
 6 Middle St License Status: **Active**  
 Initial License: **9/21/2000**  
 Augusta ME 04330 License Expires **2/28/2009**  
 207-622-4400

**Education and Training**

**Note: Information up to the date of initial licensure is verified by the Board.  
 Information provided by the licensee after this date is not verified by the Board.**

Medical School: **TULANE UNIVERSITY, NEW ORLEANS, LA**Graduation Date: **1997**\*Specialty: **Internal Medicine**

\*The Board does not verify current specialties.

To determine if a physician has been board certified by the American Board of Medical  
 Specialties please visit [www.abms.org](http://www.abms.org)

**Board Actions**Actions: **None****This information was extracted on 2/7/2009****Please read the AIM Disclaimer**

## Maine Doctor Ratings

Cheng, Gene MD · 6 Middle St, Augusta 04330 · [view map](#)

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### Uses Clinical Office Systems



#### Overall

Practice has **made good progress** in using clinical office systems for managing your care.



#### Keeps electronic medical records

Practice did not complete survey, or survey shows no progress.



#### Uses electronic prescriptions

Practice has **made good progress** in using clinical office systems for managing your care.



#### Maintains a chronic illness registry

Practice has **well developed** clinical office systems for managing your care.



#### Follows clinical guidelines

Practice has **well developed** clinical office systems for managing your care.



#### Reviews patient risk factors

Practice has **well developed** clinical office systems for managing your care.



#### Creates action plans

Practice has **made good progress** in using clinical office systems for managing your care.



#### Coordinates patient care

Practice has **well developed** clinical office systems for managing your care.

### Measures Results of Diabetes Care



#### Measures outcomes for diabetes patients

Practice is measuring outcomes and achieving recognized results.

**101 patients measured**

### Measures Results of Heart Disease Care



#### Measures outcomes for heart disease patients

Practice is measuring outcomes and achieving recognized results.

**42 patients measured**