MEB MEMBERSHIP

The Medical Examining Board (MEB) consists of 13 members. The members are appointed by the Governor and approved by the Senate. Three physician member positions are currently vacant.

Sujatha Kailas, MD, MBA, Chair (Fond du Lac)
Sandra Osborn, MD, Vice-Chair (Madison)
Sheldon Wasserman, MD, Secretary (Milwaukee)
Carolyn Bronston, Public Member (Wausau)
LaMarr Franklin, Public Member (Glendale)
Jude Genereaux, Public Member (Ellison Bay)
Raymond Mager, DO (Bayside)
Suresh Misra, MD (Milwaukee)
Ian Munro, MD, (Green Bay)
Gene Musser, MD (Madison)

Administrative Staff
Tom Ryan, Bureau Director
Michael Berndt, Legal Counsel
David Carlson, Communications Officer
Shawn Leatherwood, Advanced Paralegal
Karen Rude-Evans, Bureau Assistant

Executive Staff
Dave Ross, Secretary
John Scocos, Deputy Secretary
John Murray, Executive Assistant

The MEB meets monthly, usually the third Wednesday of the month. Dates and times are announced on the DRL website at www.drl.wi.gov. Meeting agendas are posted about one week prior to the meeting and identify open and closed session agenda items.

CHAIR’S CORNER

As we begin 2011, I look back at events of 2010 that affected the MEB.

The Board advised and participated on the creation of various laws that pertain to the practice of Medicine. Wisconsin Act 382, which was signed into law on May 18, 2010, created the ‘duty to report’ requirement on all physician licensees. It created a legal responsibility on the part of a physician to inform the Board if he/she is aware of a pattern of practice by a Wisconsin licensed physician that is placing patients at risk. We discussed this in the previous Digests and include further explanation of the bill in this Digest. Understandably, this bill raised some concerns within the medical community. We have taken steps to respond to these concerns and answer the questions via meetings and discussions with concerned stakeholders. Since the bill passed, issues have already come to our attention that would not otherwise have been addressed. I encourage everyone in the medical community to continue to keep patient safety as their primary goal and report to the MEB any patterns of risky behavior.

The New Year also brought new leadership to the Department of Regulation and Licensing. Join me as we welcome Secretary Dave Ross, Deputy Secretary John Scocos, Executive Assistant John Murray and their team.
We recently lost three members of the board. Dr. Lockhart completed his maximum two terms of service on the board. The appointments of Dr. Harter and Dr. Conterato (neither of which had been confirmed by the Senate) were withdrawn by the Governor who will review the vacancies on the board and make new appointments. We thank them all for their services to the Board. Their dedication and passion to the activities of the Board are commendable and will be missed.

A special thanks to Dr. Lockhart for his eight years of service to the MEB. He was a valuable resource and his input on case analysis, discussions and his experience were an asset and will be missed.

The MEB put trust in my abilities and re-elected me for another year as Chair. The Vice Chair is Dr. Sandra Osborn, a pediatrician from Madison, and the Secretary is Dr. Sheldon Wasserman, an obstetrician/gynecologist from Milwaukee.

In 2011, we intend to pursue the following projects:

- Update Wis. Admin. Code Chapter MED 8, relating to the present working relationship between a physician and Physician Assistant.
- Update Wis. Admin. Code Chapter MED 10. This was last updated in 2002 and since then, some sections have been outdated. We have a committee of 3 Board members that are working on making the necessary changes. I will keep you posted as the work moves along.
- Maintenance of Licensure (MOL) - A special MOL committee of the Board is reviewing our options. MOL is an issue that needs attention as I believe that there has to be a way the Board can assess the continued competence of a practicing physician. There is no one common or easy way it can be accomplished. Many other states are working on this issue and hopefully, we can incorporate practical and viable options into our license renewal process that will effectively address it.
- License Portability - We are evaluating ways to improve license portability across state borders without compromising the credentialing process. Wisconsin was the recipient of a 2 year, $500,000 American Reinvestment and Recovery (ARRA) grant to improve portability.
- An Annual Report is being developed that will provide the public with more information about the Board’s operations and activities.

In January, President and Chief Executive Officer of the Federation of State Medical Boards (FSMB), Dr. Humayan Chaudhry, and FSMB Board Member Dr. Galicano Inguito visited the Wisconsin Board and delivered a presentation at its January 19th meeting. We plan to publish at least two Regulatory Digests every year so that relevant information comes to you in a timely manner.

As always please feel free to contact me by sending an e-mail to kailas@agnesian.com or by calling the Bureau directly at 608-261-2378.

Sujatha Kailas, MD, MBA  
Chair
BOARD GUIDANCE: PRESCRIBING OPIOIDS

Opioid analgesics are commonly used with great success in the therapy of acute pain states and cancer pain. Increasingly, these modalities have gained acceptance as an adjunct in the treatment of chronic non-cancer pain for carefully chosen patients. Controversy and some confusion has accompanied this latter application of opioids. Properly utilizing and supervising the use of these agents is the responsibility of clinicians who encounter these types of patients. Along with the increased use of opioids for chronic pain, rates of opioid misuse, diversion, and overdose have dramatically risen. Responsible physicians frequently express concern regarding the proper use of these drugs in their practice, as well as how monitoring should be employed. Covering such a broad topic is neither practical nor realistic in this bulletin. The Wisconsin Medical Examining Board does appreciate that these are real concerns for state licensees and wishes to provide access to materials that address these issues.

Basic standards of practice dealing with this topic include:

1. A comprehensive history and physical for new patients that reviews past and present issues pertaining to the patient’s medical conditions and pain state:
   a. An attempt to identify the pain generator.
   b. Diagnostic studies pertinent to the evaluation of the patient, both in the past and those needed to further evaluate organic and non-organic causes.
   c. Consideration of necessary consultation with appropriate subspecialists.
   d. Therapeutic trials employed in the past and the results achieved that may justify the use of opioids. Past and outside records to retain as appropriate documentation.
   e. Documentation of past recreational drug use, substance abuse, detoxification therapies, etc. In some cases this may constitute a relative contraindication to the use of opioids.

2. Establishment of informed consent for opioid use to ensure a single prescriber, the use of a single pharmacy, the utilization of periodic urine/hair drug screens to ensure both compliance and no other substance abuse, and finally the delineation of inappropriate behaviors that will result in the termination of opioid therapy, or the therapeutic relationship.

3. Synthesis of a treatment plan that includes:
   a. Functional goals.
   b. Regular re-evaluation to assess whether continuation of opioid therapy is justified.
   c. The use of non-opioid adjuvants.
   d. Maintenance of an accurate drug log for each patient.

4. Lastly the clinician must learn to recognize patterns of behavior that may suggest improper use, abuse, or diversion.

Basic knowledge of pain mechanisms and pain therapy is well covered by a free, 12 part CME program sponsored by the AMA.

It can be accessed at: http://www.ama-cmeonline.com/pain_mgmt/

The consensus statement by the Federation of State Medical Boards re: the use of opioids for chronic pain is available at: http://www.fsmb.org/grpol_policydocs.html

A sample Informed Consent for opioid Use is available on the internet: www.dora.state.co.us/Medical/policies

Information on drug diversion and improper prescribing, as articulated by the DEA: http://www.deadiversion.usdoj.gov/fed_regs/notices/2006/fr09062.htm

Policy statements from the American Pain Society and the American Academy of Pain
Medicine that deal with guidelines for chronic opioid therapy for chronic nonmalignant pain:

Wisconsin statutes Chapter MED 10 which defines unprofessional conduct by physicians. See Chapter MED 10.02(2)(p) regarding the prescribing of controlled substances for other than legitimate medical practice. Note that the reference to “legitimate medical practice” is not specifically defined by rule or case law. Rather, it is the responsibility of the Medical Board to evaluate individual cases and apply this rule.


A short text for interested clinicians describing appropriate techniques in handling the prescription of opioids for pain.

http://www.fsmb.org/pain-resources.html

James Conterato, MD

The Medical Examining Board held its October 2010 meeting at the Medical College of Wisconsin.

BOARD GUIDANCE FOR PSYCHIATRISTS: THE DUTY TO REPORT

In the last Regulatory Digest, we reported on the passage of a new law, 2009 Wisconsin Act 382. The law requires that licensed physicians report to the MEB if they have knowledge of a colleague who engages in a pattern of unprofessional conduct, creates an immediate or continuing danger to one or more patients or to the public, may be medically incompetent or may be mentally or physically unable to safely engage in the practice of medicine or surgery.

The intent of the new rule is to protect the public. The intent is not to violate physician-patient confidentiality or to require reporting of minor issues.

Still, the new law may pose some tricky ethical issues for psychiatrists who are often privy to scenarios in which other physicians are experiencing problems. There are times when psychiatrists see other physicians as patients or serve on peer review committees. The new rule does provide an exemption from the responsibility of reporting in such cases.

Here are some examples of situations you may encounter.

Example No. 1: If a psychiatrist sees a physician as a patient and discovers that he is an alcoholic, the psychiatrist has no duty to report the fact of the alcoholism to the board. A mere history of alcoholism is not a danger to patients. However, if the psychiatrist learns that the alcoholic physician is showing up to surgery intoxicated then he should file a complaint to the Medical Examining Board to report the dangerous behavior.

Example No. 2: If a psychiatrist serves on a peer review committee at the local hospital and learns that a patient complained to the hospital about a physician who was rude to a family member, the psychiatrist has no obligation to file a complaint. The behavior involved does not meet the threshold as written above. However if the physician on the peer review committee is aware that a physician was performing substandard care in numerous cases and then resigned from the staff before those cases could be investigated, the physician should file a complaint with the Medical Examining Board.

You can read the law here:
You can file a complaint here:
http://drl.wi.gov/section.asp?linkid=16&locid=0

Jerold Harter, MD

BOARD GUIDANCE: SEXUAL BOUNDARIES AND CHAPERONES

Each year, the Medical Examining Board receives a number of complaints alleging that physicians have had inappropriate physical contact with patients during examinations and treatment. Many of the complaints involve genital and breast exams. The Board considers these to be serious allegations and must determine if they have substance. Doing so includes requiring the physician to provide the Board with an explanation of what occurred and copies of the patient’s records.

Responding to a complaint will cost a physician time and expense and may be emotionally stressful. Physicians may protect themselves from such complaints by using a chaperone in the room during the portion of the examination that includes physical touching of the patient. Having a witness who will verify the appropriateness of what took place makes it much less likely that an invalid complaint will be made.

The Board’s rules do not require physicians to use chaperones, but many physicians routinely use them in their practices. The American Medical Association’s opinions relating to its Code of Medical Ethics are advisory. In 1998 opinion 8.21 was adopted which encourages the use of chaperones. It begins:

“From the standpoint of ethics and prudence, the protocol of having chaperones available on a consistent basis for a patient examination is recommended. Physicians aim to respect the patient’s dignity and to make a positive effort to secure a comfortable and considerate atmosphere for the patient . . . A policy that patients are free to make a request for a chaperone should be established in each health care setting. This policy should be communicated to patients, either by means of a well-displayed notice or preferably through a conversation initiated by the intake nurse or the physician. The request by a patient to have a chaperone should be honored.” This method should be encouraged for use by all physicians to decrease future complaints and MEB action.”

Sheldon Wasserman, MD
Member, Medical Examining Board

PROFESSIONAL ASSISTANCE PROCEDURE

DRL’s new Professional Assistance Procedure (PAP) rules went into effect on January 1, 2011. PAP is a new and improved version of the former Impaired Professionals Procedure. PAP is designed to protect the public from licensees who are impaired by reason of their abuse of alcohol or other drugs, by promoting early identification of chemically dependent professionals and encouraging rehabilitation. PAP is a confidential program, with the exception that a licensee’s participation in PAP may be disclosed to credentialing authorities of other jurisdictions. PAP does not provide a safe harbor, and may be used in conjunction with the formal disciplinary process. However, it is expected that in most cases PAP will be used as an alternative to discipline. A licensee can contact DRL’s PAP Coordinator to request to participate in PAP, or DRL’s Division of Enforcement may refer a person who is under investigation to the PAP program. The licensee is evaluated for eligibility in the program based on criteria developed by the coordinator in consultation with the Medical Examining Board. While a comprehensive assessment for chemical dependency is reviewed, the obtaining of that assessment shall no longer delay admission into the program. Once approved to participate in PAP, the licensee is required to sign a contract which includes a statement of facts that may be used as evidence in any disciplinary proceeding if the licensee violates the PAP contract. While in PAP, the licensee is required to submit quarterly work and therapy reports, attend AA/NA meetings, and submit to random drug screens. The length of participation is 5 years, which research indicates
is the minimum amount of time for complete rehabilitation. If a participant in the procedure fails to meet any of the requirements, the board member liaison may refer the participant to DRL’s Division of Enforcement. A failure to maintain abstinence is considered a relapse and would be reviewed. For more information or to make a referral, contact PAP Coordinator, Steve Krallis, at (608) 267-3817 or Steve.Krallis@wisconsin.gov.

ENFORCEMENT

These are the Board’s options for discipline of a licensee:

Administrative Warning – Issued if a violation is of a minor nature and a first occurrence and the warning will adequately protect the public. Not reported to the National Practitioners Data Bank (NPDB). The content of the warning is not public information.

Remedial Education Order - Issued when the violation is minor and there is reason to believe that the deficiency can be corrected with remedial education and that would sufficiently protect the public. This is not reported to the NPDB.

Reprimand – A public warning of the Licensee for a violation. This is reported to the NPDB.

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

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

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

DISCIPLINES

March 2010

John T. Voelz – Physical Therapist, Waterloo, WI

The Physical Therapy Examining Board revoked John T. Voelz’s license to practice physical therapy for practicing while his license was suspended and being convicted of obtaining a controlled substance by fraud. Should Mr. Voelz seek to regain his credential in the future, the Board further ordered he pay costs in the amount of $500 dollars and provide evidence that he does not have any psychiatric or chemical abuse condition that would interfere with his safely providing professional services to patients or the public.

Dated: March 11, 2010

June 2010

Stephen R. Kreuser – Physician, Washburn, WI

The Medical Examining Board reprimanded Dr. Stephen R. Kreuser for record keeping and prescriptive practices that fell below the minimal standard of competence for the medical profession. The Board ordered costs in the amount of $1,500 and imposed a limitation on Dr. Kreuser’s license requiring him to complete the Case Western Reserve University School of Medicine CME course in prescriptive practices or its equivalent within 9 months of the Board order.

Dated: June 16, 2010

Michael N. Mangold – Physician, West Bend, WI

The Medical Examining Board reprimanded Dr. Michael N. Mangold for failing to complete patient records and hospital records. The Board ordered costs in the amount of $650 and imposed a limitation on Dr. Mangold’s license requiring him to complete the Case Western Reserve University Intensive Course in Medical Record Keeping within 6 months of the Boards
order. Dr. Mangold provided proof to the Board of his satisfactory completion of the course on the 3rd and 4th of June 2010, and the limitation was removed.

Dated June 16, 2010  

Carolyn G. Newton-Physician, Bristol, WI

The Medical Examining Board accepted the surrender of Carolyn G. Newton’s registration to practice medicine and surgery and her right to renew the registration due to a medical condition that has rendered Dr. Newton unable to safely and reliably practice medicine.

Dated: June 16, 2010  

Gerhard Witte- Physician, Milwaukee, WI

The Medical Examining Board revoked the license to practice medicine and surgery of Dr. Gerhard Witte for being found guilty of first degree intentional homicide. The Board later ordered costs in the amount of $7,307.73.

Dated: June 16, 2010  

July 2010

Larry B. Dean – Physician, Milwaukee, WI

The Medical Examining Board reprimanded Dr. Larry B. Dean., M.D., for failing to provide appropriate medical follow up of his patient after an equivocal stress test. The Board ordered costs in the amount of $4,050.

Dated: Jul 21, 2010  

Mark H. Decker – Physician, Germantown, WI

The Medical Examining Board reprimanded Dr. Mark H. Decker for performing an unnecessary cesarean hysterectomy on a patient in active labor after relying on a series of ultrasounds performed during her prenatal care which indicated possible placenta accreta without the patient presenting any additional risk factors. Dr. Decker has voluntarily restricted his practice area to occupational health and no longer practices obstetrics and gynecology. The Board limited Dr. Decker’s license by requiring him to obtain eight (8) hours of education in the diagnosis and treatment of placental pathology, including suspected placenta accreta and ordered him to pay costs in the amount of $2,500.

Dated: July 21, 2010  

S. Foley Dunna- Physician, Minneapolis, MN

The Medical Examining Board reprimanded S. Foley Dunna’s license to practice medicine and surgery for failing to perform an adequate examination to determine the severity of his patient’s eye trauma, and failing to recommend a follow-up examination if his patient should experience any loss of vision or pain. The Board ordered costs in the amount of $600 dollars and imposed a limitation on Dr. Dunna’s license requiring him to complete eight 8 hours of continuing education in the diagnosis and treatment of acute eye trauma emergencies. Dr. Dunna provided proof to the Board of his satisfactory completion of 12.5 AMA PRA Category 1 Credits in Yale Ophthalmic Emergencies Symposium. The Board recognized this course as meeting the requirements of the limitation and ordered no further education.

Dated: July 21, 2010  

Paul Elwood Huepenbecker- Physician, Madison, WI

The Medical Examining Board reprimanded Dr. Paul Elwood Huepenbecker and ordered him to pay costs in the amount of $1,450 dollars. The Board found Dr. Huepenbecker failed to order a
CT scan or instruct his patient to return for an in-person follow-up visit after performing a bilateral laparoscopic hernia repair and an umbilical hernia repair. These acts created an unacceptable risk to the patient that possible postsurgical complication would not be timely diagnosed. Dr. Huepenbecker voluntarily relinquished the practice of surgery due to personal health concerns. If in the future Dr. Huepenbecker wishes to resume his surgical practice he must provide the Board with a statement from his physician indicating he is medically able to perform surgery and complete continuing education as directed by the Board.

Dated: July 21, 2010

Daniel M. Joyce- Physician, Suamico, WI

The Medical Examining Board ordered Dr. Daniel M. Joyce may not reapply for a license to practice medicine and surgery, nor will the Board process any future application for renewal of his medical license. Dr. Joyce has retired from the practice of medicine for medical reasons.

Dated: July 21, 2010

Marianne K. Klais- Physical Therapist, Fennimore, WI

The Physical Therapy Examining Board reprimanded Marianne K. Klais for failing to create and maintain patient records after she had treated and examined her patients. The Board ordered limitations on Ms. Klais’s license including: (1) complete 6 hours of continuing education related to documentation of services provided, recordkeeping and maintaining the security and confidentiality of records; (2) complete the Physical Therapist Wisconsin Statutes and Rules Examination; and (3) pay costs in the amount of $400 dollars.

Dated: July 8, 2010

Kenneth J. Kurt-Physician, Racine, WI

The Medical Examining Board summarily suspended Kenneth J. Kurt’s license to practice medicine and surgery to protect the public health, safety, and welfare. The Board found that Dr. Kurt violated the terms of the Board’s January 20, 2010 Final Decision and Order, in which the Board imposed a 90-day suspension of, and limitations on, Dr. Kurt’s license for inappropriately prescribing controlled substances to patients and failing to keep adequate records of such prescriptions and the patients’ results. The summary suspension is effective immediately and until the effective date of a final decision and order in the current disciplinary proceeding against Dr. Kurt, or until the Board discontinues it upon a hearing to show cause. As of February 16, 2011, the Medical Examining Board accepted the voluntary surrender of Dr. Kurt's license to practice medicine and surgery.

Dated: July 21, 2010
Dated: February 16, 2011

Kevin A. Lang- Physician, Marshfield, WI

The Medical Examining Board accepted the surrender of Dr. Kevin Lang’s license to practice medicine and surgery, as well his right to renew the license, and ordered him to pay $1,800 in costs after finding that Dr. Lang had inappropriate sexual contact with his patient while his patient was sedated. If, in the future, Dr. Lang seeks to regain his license to practice medicine and surgery he must provide evidence to the Board that he does not have any psychiatric condition or chemical abuse or dependency condition that could interfere with his ability to safely provide professional services to patients.

Dated: July 21, 2010
**Douglas P. Moard** - Physician, Appleton, WI

The Medical Examining Board reprimanded Dr. Douglas Moard and ordered him to pay $750 dollars in costs for failing to perform a digital rectal examination of his patient after the patient complained of anal bleeding and itching. Dr. Moard provided proof to the Board of completing of 20.5 hours of continuing education on the proper assessment and treatment of colorectal cancer. The Board accepted the course work and ordered no further education.

Dated: July 21, 2010

**Romila Mushtaq** - Physician, Milwaukee, WI

The Medical Examining Board reprimanded Dr. Romila Mushtaq and ordered her to pay $850 dollars in costs for failing to maintain medical records in a timely manner during the time she served on the faculty of the Medical College of Wisconsin. The Board also ordered limitations on Dr. Mushtaq’s license to practice medicine and surgery, specifically, (1) completing the Case Western Reserve University School of Medicine’s Intensive Course in Medical Record Keeping and (2) arranging for a professional mentor to conduct random audits of medical records that Dr. Mushtaq has prepared. The professional mentor will evaluate the medical records for timeliness and quality then provide written reports to the Board via the Department Monitor.

Dated: July 21, 2010

**Nkechi K. Ogbodo** - Physical Therapist, Cottage Grove, MN

The Physical Therapy Examining Board reprimanded Nkechi K. Ogbodo for being disciplined by the Minnesota Board of Physical Therapy on November 13, 2009. The Board ordered Ms. Ogbodo pay $425 in costs.

Dated: July 8, 2010
[https://online.drl.wi.gov/decisions/2010/ORDER0000274-00005058.pdf](https://online.drl.wi.gov/decisions/2010/ORDER0000274-00005058.pdf)

**Paulette J. Olson** - Physical Therapist, Heron Lake, MN

The Physical Therapy Examining Board reprimanded Paulette J. Olson for being disciplined by the Arizona State Board of Physical Therapy on September 16, 2009. If, in the future, Ms. Olson seeks to renew her license she must comply with all of the requirements of re-licensure and pay $150 in costs.

Dated: July 8, 2010

**David W. Rentmeester** - Physician, De Pere, WI

The Medical Examining Board ordered remedial education for Dr. David Rentmeester consisting of ten (10) hours of continuing education in the diagnosis and treatment of chest pain, including diagnosis of aortic dissections, after Dr. Rentmeester discharged his patient for suspected resurgence of esophagitis. The Board recognized that the diagnosis of aortic dissection is difficult and Dr. Rentmeester’s patient did not present with many of the suspected clinical symptoms of aortic dissection. The Board also ordered Dr. Rentmeester to pay $850 dollars in costs.

Dated: July 21, 2010

**O’Rell R. Williams** - Physician, Milwaukee, WI

The Medical Examining Board suspended Dr. Orell Williams’ license to practice medicine and surgery for a period of 12 months; but issued an immediate stay of the suspension contingent upon his compliance with certain conditions. The Board found Dr. Williams committed unprofessional conduct by having sexual contact with his patient. The conditions imposed by the Board included: disclosing the Board’s order to his current supervisor and any future supervisor should he change his practice setting, monthly sessions with a psychotherapist, monthly
sessions with a professional mentor, and successful completion of professional boundaries education pre-approved by the Board. Dr. Williams must ensure that his supervisor, therapist and professional mentor submit quarterly reports to the Department Monitor. The Board also ordered Dr. Williams to pay costs in the amount of $1,800.

Dated: July 21, 2010  

August 2010

Steven L. Armus – Physician, Racine, WI

The Medical Examining Board suspended Dr. Steven L. Armus’ license to practice medicine and surgery for an indefinite period; but issued an immediate stay of the suspension contingent upon his compliance with certain conditions. The Board found that Dr. Armus committed unprofessional conduct by being charged with possession of cocaine with intent to deliver in Kenosha County Circuit Court case number 2009CF000342. The limitations imposed by the Board included: continuing drug and alcohol treatment that includes individual or group therapy sessions, attending AA/NA meetings and submitting monthly attendance reports, as well as submitting to random urine screens for alcohol and controlled substances. The Board also ordered Dr. Armus to pay costs in the amount of $1,275.

Dated: August 18, 2010  

Paul N. Baek - Physician, Green Bay, WI

The Medical Examining Board reprimanded Dr. Paul N. Baek for performing surgical procedures on two of his patients at the wrong location. Dr. Baek has implemented JCAHO’s “Time Out” procedures and has attended Harvard Medical School’s two-day workshop entitled “The Patient Safety Imperative,” which the Board accepted and therefore ordered no further continuing education. The Board ordered Dr. Baek pay costs in the amount of $2,500.

Dated August 18, 2010  

James R. Fullerton, Physician Assistant, Barron, WI

The Medical Examining Board accepted James R. Fullerton’s surrender of the license to practice as a physician assistant and the right to renew his license after finding Mr. Fullerton had committed acts of unprofessional conduct including obtaining controlled substances and being convicted of a crime. Should Mr. Fullerton seek licensure in the future, he must pay costs in the amount of $1,180.

Dated: August 18, 2010  

David B. Gattuso, Physician, Stoughton, WI

The Medical Examining Board reprimanded Dr. David Gattuso for acts constituting unprofessional conduct that included failing to respond in a timely manner to patients’ requests for medical records, failure to notify patients that his private practice had closed, failure to keep accurate medical records as to the quantities and dosage instructions for controlled substances prescribed for patients, and overprescribing medications. The Board further ordered Dr. Gattuso must practice medicine only in a setting which has been expressly approved by the Board; this, however, shall not be construed as a limitation on Dr. Gattuso’s license to practice medicine and surgery. The Board also ordered Dr. Gattuso to pay $3,000 in costs.

Dated August 18, 2010  

Kirsten D. Peterson, Physician, Lake Geneva, WI

The Medical Examining Board suspended Dr. Kirsten D. Peterson’s license to practice medicine and surgery for an indefinite period; but issued an immediate stay of the suspension contingent upon his compliance with certain conditions. The Board found that Dr. Peterson committed unprofessional conduct by being convicted of a crime. Should Mr. Peterson seek licensure in the future, he must pay costs in the amount of $1,800.
medicine and surgery for an indefinite period; but provided that after the first 60 days of the suspension Dr. Peterson may petition the Board for a stay of the suspension contingent upon her compliance with certain conditions. The Board found that Dr. Peterson had committed acts of unprofessional conduct by engaging in behavior which tends to constitute a danger to patients, practicing while her ability to perform services was impaired by alcohol and having her license to practice medicine in another state suspended. The Board imposed conditions including drug and alcohol treatment with individual or group therapy sessions, attending AA/NA meetings and submitting monthly attendance reports, as well as submitting to random urine screens for alcohol and controlled substances. The Board also ordered Dr. Peterson to pay $357 in costs.

Dated: August 18, 2010

September 2010

Kyle O. Mounts, Physician, Cedarburg, WI

The Medical Examining Board suspended Dr. Kyle O. Mount’s license to practice medicine and surgery retroactively from October 10, 2008 through September 30, 2010 and pay costs in the amount of $680 for being convicted of Lewd, Lascivious Behavior-Exposure and Disorderly Conduct in Ozaukee County Wisconsin Circuit Court case number 2008CM000962. Should Dr. Mounts return to the practice of medicine he must comply with several conditions listed in the Board’s Order.

Dated: September 15, 2010

Sara M. Pangrazzi, Respiratory Care Practitioner, Green Bay, WI

The Medical Examining Board indefinitely suspended Sara M. Pangrazzi’s license to practice as a respiratory care practitioner for being convicted of a 2nd offense of Operating While Under Influence and having obtained and used controlled substances. Should Ms. Pangrazzi seek to regain her credential in the future, the Board further ordered that she pay all recoverable costs related to this matter and provide proof sufficient to the Board that she does not suffer from any alcohol, drug related, or psychological conditions which may impair her ability to function as a respiratory care practitioner.

Dated: September 15, 2010

October 2010

Andrew N. Beutin, Respiratory Care Practitioner, Greendale, WI

The Medical Examining Board suspended Andrew N. Beutin’s license to practice as a respiratory care practitioner for an indefinite period of time; but provided that the Board would stay the suspension contingent upon his compliance with certain conditions. The Board found that Mr. Beutin committed unprofessional conduct by being convicted of a 5th offense of Operating While Under Influence in Milwaukee County Circuit Court case number 2009CF004627. The conditions imposed by the Board included: drug and alcohol treatment with individual or group therapy sessions, attending AA/NA meetings and submitting quarterly attendance reports and random urine screens for alcohol and controlled substances.

Dated: October 20, 2010

Alfred L. Neuhoff, Physician, Stevens Point, WI

The Medical Examining Board suspended Dr. Alfred L. Neuhoff’s license to practice medicine and surgery indefinitely, but stayed the suspension immediately contingent upon his compliance with certain conditions. The Board found that Dr. Neuhoff committed unprofessional conduct by having sexual intercourse with a patient, prescribing medications without appropriate documentation, and prescribing controlled substances to a patient who had a history of mental health issues
and without appropriate documentation. The Board imposed conditions including continued mental health treatment with an approved practitioner, disclosure of the Board’s order to current and future employers and to any hospital where he has privileges, supervision by a professional mentor, no unchaperoned examinations of female patients in any state of undress, no treatment of female patients having substance abuse issues and no out-of-clinic contact with patients unless for a true emergency, and no contact with CF. The Board imposed the costs of the proceeding in the amount of $1,400, and Dr. Neuhoff is responsible for all costs of compliance with the Board order.

Dated: October 20, 2010

Leonas P. Sulas, Physician, Portage, WI

The Medical Examining Board reprimanded Dr. Sulas and limited his license to practice medicine and surgery. The Board found that Dr. Sulas engaged in conduct tending to endanger the health, welfare, or safety of three patients by failing to respond to their prostate conditions appropriately. The Board ordered Dr. Sulas to, within nine months of the date of the Order, pay for and complete 6 hours of continuing education in the diagnosis of prostate cancer, and 15 hours on the use and performance of transrectal ultrasound and needle biopsy; to timely obtain and submit a report from an approved professional mentor on whether his care and treatment of the three referenced patients met minimum professional standards; and to pay the costs of the proceeding of $1,900.00 within 90 days.

Dated: October 20, 2010
http://online.drl.wi.gov/decisions/2010/ORDER0000485-00005392.pdf

George D. Soncrant, Physician, De Pere, WI

The Medical Examining Board reprimanded Dr. Soncrant and limited his license to practice medicine and surgery. The Board found that Dr. Soncrant engaged in conduct tending to endanger the health, welfare, or safety of three patients by prescribing controlled substances to three patients without performing physical examinations, diagnostic tests, or drug screens. The Board prohibited Dr. Soncrant from issuing prescriptions for any opioid or opiate to any patient for more than 30 days in any 12-month period until he shows completion of training or education in the area of pain medicine sufficient to ensure his ability to practice in that area with reasonable safety for patients and the public. Dr. Soncrant must also, within 180 days of the date of the Order, pay costs of the proceeding in the sum of $3,575.00.

Dated: October 20, 2010

November 2010

Bruce Lynn Klink, Physician, Menomonee Falls, WI

The Medical Examining Board ordered the immediate surrender of Dr. Klink’s license to practice medicine and surgery. The Board found that Dr. Klink engaged in unprofessional conduct by practicing or attempting to practice when unable to do so with reasonable skill and safety to patients; and by administering, dispensing, prescribing, supplying, or obtaining controlled substances other than in the course of legitimate professional practice. Should Dr. Klink apply for any credential in the future, he must show that he does not suffer from any physical, psychological, or alcohol- or drug-related condition impairing his ability to practice, and the Board will have sole discretion for determining whether to credential him. Prior to any future credentialing, Dr. Klink must also pay the costs of the proceeding of $1,375.00.

Dated: November 17, 2010

David L. Roque, Physician, Lincolnwood, IL

The Medical Examining Board reprimanded Dr. Roque based on a disciplinary proceeding
against him in Illinois that resulted in a fine of $500.00. The Illinois State Medical Disciplinary Board found that Dr. Roque provided unclear and insufficient directions for a prescription of colchicine to treat a patient’s gout. In addition to reprimanding Dr. Roque, the Wisconsin Medical Examining Board imposed costs of the proceeding in the sum of $250.00.

Dated: November 17, 2010
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