

FOOT NOTES

Message from the Board President



I have been privileged to serve for two years as the last president of the California Board of Podiatric Medicine (BPM). Soon, Judith Manzi, DPM, will take over the presidency as the first president of the Podiatric Medical Board of California (PMBC). This name change—becoming effective July 1—is one of the accomplishments that has happened in the last year and it certainly will leave a lasting change. Our new name will allow us to be consistent with our sister boards, the Medical Board of California (MBC) and the Osteopathic Medical Board of California (OMBC). It will also signify our similar responsibilities to all Californians to make sure that every podiatric medical doctor provides safe and effective medical care. While the certifying boards and fellowships of varying specialties strive to document maximum training and capabilities, the BPM/PMBC's job is different. It is to assure that every practitioner meets at least a minimum standard of care and remains competent to deliver that care for as long as they hold a license.

Other accomplishments include the following:

- In our desire to consistently do our job to our utmost, we have revised and published our *2019–22 Strategic Plan*, which you can review on our website at www.bpm.ca.gov. You will learn how we use enforcement, licensing, and legislation to protect the consumers of podiatric medicine.
- We have secured permission from the state government to bring BPM/PMBC to our provider stakeholders by attendance at the Western Podiatry Congress. With luck, and a continued state budget surplus, we would like to make this an annual event.
- We informed our professional stakeholders of the need and the deadline to register for CURES to look up patient drug histories before prescribing opioid medications.
- We have achieved geographic diversity by holding our quarterly board meetings in Southern California and San Jose, as well as our home in Sacramento. We also broadcast our meetings live on the web and archive them indefinitely so that old meetings and discussions are open to all.
- To create more uniformity and quality in our expert opinion reports, we have created a web-based tutorial for the reviewers.

TABLE OF CONTENTS

Message from the Board President.....	1
Documenting All Patient Interactions is Key to Defending Fraud Charges	2
Citation Process: What to Expect.....	3
At Least 50 Continuing Education Hours are Needed for License Renewal.....	4
Consultants and Experts Needed	6
Facts About Foot Ulcers	7
Administrative Actions	8
Important Dates	8

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STATE OF CALIFORNIA
BOARD OF
**PODIATRIC
MEDICINE**





FOOTNOTES

Message From the Board President continued from page 1

- Through increases in our unscheduled fees and a temporary increase in our biennial renewal fees, the board has responded and averted a potential problem that may have required intervention from the Department of Consumer Affairs (DCA). Remember, none of the licensing boards under DCA get any operating funds from the state—they rely on licensing and registration fees. Avoiding red ink is a mandatory goal.

As one of my last official acts, I want to thank BPM's staff, especially Executive Officer Brian Naslund, for doing a spectacular job of running the office efficiently and with a great sense of purpose. I also want to thank the current

board members who work hard on committees, carefully reviewing the agenda and the financial status of the board. I also want to thank past board member Melodi Masaniai for her efforts before retiring from the board.

As I noted above, the next president will be Judith Manzi, DPM, who has spent her career with Kaiser Permanente of Northern California. Darlene Trujillo-Elliott will serve as vice president and Maria Cardenas, MBA, will be our secretary. I can assure you that the board will be left in good hands.

Michael A. Zapf, DPM

President, Board of Podiatric Medicine

Documenting All Patient Interactions is Key to Defending Fraud Charges

The board has been receiving a growing number of complaints from elderly patients who are living in care homes or facilities or with their family members. These patients are receiving statements from Medicare and Medicaid and sometimes direct bills for services performed by a podiatrist that the patients allege never occurred.

Upon receiving a signed medical consent from the patient, the board sends to the podiatrist a request for records and written response to the allegations. The board has found that in most of these cases, the podiatrist has no patient records for the complainant and, most importantly, no signed medical consent by the patient for services to be rendered. These cases are then sent to a podiatric medical consultant for review. The consultant will usually provide a written opinion to the board that the podiatrist may have multiple departures from the standard of care. These cases are then recommended to be sent to the field for formal investigation and possible disciplinary action. In addition to the possibility of administrative or formal disciplinary action to the licensee, these podiatrists are also subject to federal charges for submitting or causing false claims to be submitted to Medicare or Medicaid, and the podiatrist may be subject to criminal prosecution, civil penalties including treble damages, and exclusion from participation in the Medicare and Medicaid programs.

The moral of this story is—don't let this happen to you. The most important thing you can do is document any and all interactions with your patients, especially if you are treating elderly patients, whether at home or in a facility. This will



Document any and all interactions with patients.

ensure that you will not be the subject of one of these types of complaints in the future, or if you are, your complete medical records may help disprove any allegations of fraud or billing for services that were never performed. Also, obtain either the patient's written consent or the written consent of the patient's agent acting under power of attorney for health care decisions. Accurate and complete record keeping can make or break a case of fraud or billing for services not rendered and prevent an administrative action against you.

Julie Brown

Associate Governmental Program Analyst

Julie Brown is currently the liaison to the Board of Podiatric Medicine from the Medical Board of California, and reviews complaints filed against licensed podiatrists and, in some cases, complaints regarding unlicensed practice.



Citation Process: What to Expect

The board uses the citation and fine program as an alternative method to impose a sanction and take an administrative action against a licensed or unlicensed individual found in minor violation of a law or regulation governing the practice of podiatric medicine. The board has authority to issue citations and fines for specified violations of law per Business and Professions Code section 125.9 and the California Code of Regulations sections 1399.696–1399.699.

Receiving a citation or having to pay a fine is never welcome news. If you do receive a citation package, what can you expect?

When a citation is issued, it is sent by certified mail to ensure receipt. The citation package itself contains:

1. A public disclosure cover letter.
2. The citation itself (explains the violation of law; states the imposed fine or order of abatement with any compliance instructions; provides instructions for arranging an informal conference or appealing the citation and/or fine).
3. Copies of laws and regulations governing the citation and fine program and the specific code(s) violated.
4. A notice of appeal/request for informal conference form.

If a licensee wishes to appeal all or part of a citation, an informal conference and/or an administrative hearing may be requested. To request an informal conference, the request for informal conference form must be sent to the board office within 10 calendar days after service of the citation. Staff will arrange the conference with the board's executive officer (EO), after which the EO may affirm, modify, or withdraw the citation. Upon receipt of the post-conference amended citation, if satisfactory resolution has not been obtained, the licensee may send a written request to the board for an administrative hearing within 30 days of receiving the amended citation.

Citations are not considered formal disciplinary action, although they are public record. The citation record is posted on the board's website, and a copy of the citation must be provided to the public upon request for five years from the date of resolution. Payment of the fine is considered successful resolution of a citation and/or fine for public disclosure purposes, however, any compliance/abatement order must be completed as instructed in order to avoid additional discipline.

How many citations get issued and what are the most common violations?

The board has issued 22 citations over the past five fiscal years for violations of the following codes:



Minor violations of the law may result in administrative citations and fines.

Business and Professions Code:

- Section 810 Insurance fraud
- Section 2052 Unlicensed practice of medicine
- Section 2225(e) Failure to provide medical records
- Section 2234 *Unprofessional conduct
- Section 2236 Conviction of a crime
- Section 2264 Aiding unlicensed practice of medicine
- Section 2266 Failure to maintain adequate medical records
- Section 2285 Practice under false or fictitious name without fictitious name permit
- Section 2472 Certificate authorizing holder to practice podiatric medicine

Health and Safety Code:

- Section 123110 Failure to provide patient records

*Examples of unprofessional conduct violations include: operating X-ray or fluoroscopy machines without a valid permit; simple quality of care violations; or noncompliance with probation terms.

Of the 22 citations issued, 13 were withdrawn or dismissed following the informal conference process when more information or documentation was obtained from the licensee leading to a final determination in his or her favor.

The board wishes to work with licensees to gain compliance. A good faith effort to immediately correct a deficiency in a minor violation case may also lead to a withdrawn citation or elimination of the fine imposed. If you have any question as to whether a matter can be resolved without the citation, immediately respond to the citation package by mailing the Request for Informal Conference form.

Noncompliance with a citation may result in formal disciplinary action or nonrenewal of a certificate to practice podiatric medicine. To avoid more serious consequences, respond to the board's citation package within the given time frames and you just may have a favorable outcome.

Bethany DeAngelis

Enforcement Coordinator



FOOTNOTES

At Least 50 Continuing Education Hours are Needed for License Renewal



There are many programs available offering continuing education hours.

Under California law, podiatric medical doctors must complete at least 50 hours of approved continuing education, including a minimum of 12 hours in subjects related to the lower extremity muscular skeletal system, and one of the continuing competence pathways specified in Business and Professions Code section 2496, subdivisions (a) through (h), during each two-year renewal cycle.

The Licensing Program of the California Board of Podiatric Medicine (BPM) performs annual audits of licensees to ensure they are meeting the continuing education requirements. Randomly selected licensees are chosen to provide details regarding the continuing education hours. Properly kept records will provide the name of the participating podiatrist, the course or program title, dates of attendance, number of credit hours received, and sponsoring/accrediting agency.

Credits may be obtained from colleges or schools of podiatric medicine, medicine, and osteopathic medicine, or a government agency. Please refer to California Code of Regulations, section 1399.670, for additional continuing education options.



If licensees need to find continuing education courses, please check with the following programs, which are currently offering courses that are accepted by the board:

California Podiatric Medical Association

American Podiatric Medical Association

American Medical Association

California Medical Association

American Osteopathic Association

California Osteopathic Association

Continued on page 5



At Least 50 Continuing Education Hours are Needed for License Renewal continued from page 4

Laws for Podiatric Medicine Continuing Education:

California Code of Regulations, Title 16, Section 1399.669: Continuing Competence Required

(a) Each doctor of podiatric medicine is required to complete 50 hours of approved continuing education, including a minimum of 12 hours in subjects related to the lower extremity muscular skeletal system, and one of the continuing competence pathways specified in Business and Professions Code section 2496(a) through (h), during each two-year renewal period.

(b) Each doctor of podiatric medicine renewing his or her license under the provisions of section 2423 of the code may be required to submit proof satisfactory to the board of compliance with the provisions of this article every two years.

(c) Each doctor of podiatric medicine in order to renew his or her license at each renewal period shall report compliance with the provisions of this article by signing and returning the declaration contained in the license renewal application.

(d) Any doctor of podiatric medicine who cannot comply with the provisions of this article during a two-year period shall be ineligible for the next renewal of his or her license unless such licensee applies for and obtains a waiver pursuant to section 1399.678.

Note: Authority and reference cited: section 2496, Business and Professions Code.

HISTORY:

1. Amendment filed 8-4-83; effective 30th day thereafter (Register 83, No. 32).
2. Renumbering of former section 1399.670 to new section 1399.669 filed 3-8-84; effective 30th day thereafter (Register 84, No. 10)
3. Change without regulatory effect of subsection (b) (Register 87, No. 15).
4. Amendment of subsection (a) filed 8-23-93; operative 9-22-93 (Register 93, No. 35).
5. Amendment of article heading, section heading and section filed 7-24-2003; operative 8-23-2003 (Register 2003, No. 30).

Section 1399.670: Approved Continuing Education Programs

Only scientific courses relating directly to patient care under the following categories are approved for continuing medical education credit:

(a) Programs approved by the California Podiatric Medical Association or the American Podiatric Medical Association and their affiliated organizations.

(b) Programs approved for Category 1 credit of the American Medical Association, the California Medical Association, or their affiliated organizations, and programs approved by the American Osteopathic Association, or the California Osteopathic Association or their affiliated organizations.

(c) Programs offered by approved colleges or schools of podiatric medicine, medicine and osteopathic medicine.

(d) Programs approved by a government agency.

(e) Completion of a podiatric residency program or clinical fellowship in a hospital approved under section 1399.667 shall be credited for 50 hours of approved continuing education.

(f) Programs offered by other individuals, organizations and institutions approved by the board pursuant to section 1399.671.

Note: Authority and reference cited: section 2496, Business and Professions Code.

HISTORY:

1. Amendment filed 8-4-83; effective 30th day thereafter (Register 83, No. 32).
2. Renumbering and amendment of former section 1399.671 to section 1399.670 and renumbering of former section 1399.670 to new section 1399.669 filed 3-8-84; effective thirtieth day thereafter (Register 84, No. 10).
3. Change without regulatory effect (Register 87, No. 15).
4. Amendment of subsections (a), (b) and (d) filed 8-23-93; operative 9-22-93 (Register 93, No. 35).
5. Amendment of first paragraph filed 5-2-95; operative 6-1-95 (Register 95, No. 18).
6. Amendment of subsection (b), new subsection (d) and subsection relettering filed 7-24-2003; operative 8-23-2003 (Register 2003, No. 30).

Important Information Regarding Renewal Periods and Continuing Medical Education (CME)

It has come to the attention of the California Board of Podiatric Medicine that there has been confusion regarding CME requirements and the timeframe in which they need to be obtained.

California licensing regulations specify that a license expires at midnight on the last day of the birth month of the licensee during the second year of a two-year term. Licensees are required to report compliance with at least 50 hours of CMEs and one of the continuing competence pathways specified in Business and Professions Code section 2496, subdivisions (a) through (h), during each two-year renewal period, (i.e. a licensee with a March 31, 2018 expiration date must comply with the renewal requirements between April 1, 2016–March 31, 2018).

Continued on page 6



FOOTNOTES

At Least 50 Continuing Education Hours are Needed for License Renewal continued from page 5

Business and Professions Code

Division 2. Healing Arts [500-4999.129]

(Division 2 enacted by Chapter 399, Statutes of 1937)

Chapter 5. Medicine [2000-2525.5]

(Chapter 5 repealed and added by Chapter 1313, §2, Statutes of 1980)

Article 22. Podiatric Medicine [2460-2499.8]

(Article 22 added by Chapter 1313, §2, Statutes of 1980)

Section 2496

In order to ensure the continuing competence of persons licensed to practice podiatric medicine, the board shall adopt and administer regulations requiring continuing education of those licensees. The board shall require those licensees to demonstrate satisfaction of the continuing education requirements and one of the following requirements at each license renewal:

- (a) Passage of an examination administered by the board within the past 10 years.
- (b) Passage of an examination administered by an approved specialty certifying board within the past 10 years.
- (c) Current diplomate, board-eligible, or board-qualified status granted by an approved specialty certifying board within the past 10 years.
- (d) Recertification of current status by an approved specialty certifying board within the past 10 years.
- (e) Successful completion of an approved residency or fellowship program within the past 10 years.
- (f) Granting or renewal of current staff privileges within the past five years by a health care facility that is licensed, certified, accredited, conducted, maintained, operated, or otherwise approved by an agency of the federal or state government or an organization approved by the Medical Board of California.
- (g) Successful completion within the past five years of an extended course of study approved by the board.
- (h) Passage within the past 10 years of Part III of the examination administered by the National Board of Podiatric Medical Examiners.

(Amended by SB 1236, Chapter 332, Statutes of 2012, § 20, effective Jan. 1, 2013.)

Consultants and Experts Needed

Podiatric medical consultants and experts are a group of experienced, residency-trained, and board-certified podiatrists. This group of dedicated professionals assists the board with enforcement activities by providing medical expertise. They review complaints received on all California podiatrists, assist with investigations and probation monitoring, and provide expert testimony in administrative cases.



For more information on working as a consultant or expert with the board, please contact Bethany DeAngelis, enforcement coordinator, at (916) 263-4324 or Bethany.DeAngelis@dca.ca.gov, or visit www.bpm.ca.gov/enforcement/consultants_expertwitnesses.shtml.



Facts About Foot Ulcers

According to the American Podiatric Medical Association (APMA), a diabetic foot ulcer is an open sore or wound that occurs in approximately 15 percent of patients with diabetes. Commonly located on the bottom of the foot, anyone who has diabetes can develop a foot ulcer. Below are 10 facts about foot ulcers:

1. Ulcers form due to a combination of factors, such as lack of feeling in the foot, poor circulation, foot deformities, irritation (friction or pressure), and trauma, as well as duration of diabetes.
2. Patients with diabetes for many years can develop neuropathy, a reduced or complete lack of ability to feel pain in the feet due to nerve damage caused by elevated blood glucose levels over time.
3. Nerve damage often can occur without pain, and one may not even be aware of the problem.
4. Elevations in blood glucose can reduce a body's ability to fight off potential infection and also slow healing.
5. Because many people who develop foot ulcers have lost the ability to feel pain, the first thing one may notice is redness, swelling, and perhaps some drainage on one's socks.
6. The primary goal in the treatment of foot ulcers is to obtain healing as soon as possible in order to decrease the chance for an infection.
7. Of those who develop a foot ulcer, 6 percent will be hospitalized due to infection or other ulcer-related complication.
8. Approximately 14 to 24 percent of patients with diabetes who develop a foot ulcer will require an amputation.
9. Foot ulceration precedes 85 percent of diabetes-related amputations.
10. The best way to prevent a diabetic foot ulcer is to prevent its development in the first place.



Diabetics benefit from regular foot screenings.

The APMA says patients at high risk include those with neuropathy, uncontrolled blood sugar, poor circulation, or foot deformities such as bunions or hammer toes. Risk can be increased by wearing inappropriate shoes or having had a previous foot ulceration.

The good news is that the science of wound care has advanced significantly over the past 10 years. The old science of letting the air get at a wound is now known to be harmful to healing. We know that wounds and ulcers heal faster, with a lower risk of infection, if they are kept covered and moist. Patients are also advised against the use of full-strength betadine, hydrogen peroxide, whirlpools, and soaking, as these practices could lead to further complications.

In addition, research has shown that foot ulcers are preventable. Recommended guidelines include seeing a podiatrist on a regular basis who can determine risk levels for developing a foot ulcer and implement strategies for prevention. Reducing additional risk factors, such as smoking, drinking alcohol, high cholesterol, and elevated blood glucose, are important in prevention and treatment of a diabetic foot ulcer. Wearing the appropriate shoes and socks will go a long way in reducing risks and podiatrists can provide guidance in selecting the proper shoes. They can also teach patients how to check their feet so a potential problem can be detected as early as possible.

For more information, [visit www.apma.org/Patients/FootHealth.cfm?ItemNumber=981](http://www.apma.org/Patients/FootHealth.cfm?ItemNumber=981).

Administrative Actions: April 1–Sept. 30, 2018

DOCTORS OF PODIATRIC MEDICINE

Proehl, Darrick, DPM

Los Gatos

License number: E-5140

Decision effective: 06/29/18

License revoked

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20180627%5cDMRAAAGL6%5c&did=AAAGL180627185134260.DID

Shock, Thomas, DPM

Lodi

License number: E-3241

Decision and order date: 12/04/17

Decision effective: 06/04/18

Stipulated surrender

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171207%5cDMRAAAGO16%5c&did=AAAGO171207215438795.DID

Song, Tae Joo, DPM

Orange

License number: E-4773

Decision effective: 04/30/18

Stipulated surrender

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20180423%5cDMRAAAGL15%5c&did=AAAGL180423192108248.DID

To file a complaint against a DPM, visit:

www.mbc.ca.gov/Consumers/Complaints/

To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: **(800) 633-2322**

Additional information regarding disciplinary matters for doctors of podiatric medicine can be found at the following web pages:

www.bpm.ca.gov/consumers/dispsumm.shtml

www.bpm.ca.gov/consumers/agreferrals.shtml

Important Dates 2019

Jan. 1—Statutes take effect (Cal. Const., art. IV, § 8(c))

Jan. 7—Legislature reconvenes (J.R. 51(a)(1))

Jan. 10—Budget must be submitted by governor (Cal. Const., art. IV, § 12(a))

Jan. 21—Martin Luther King Jr. Day

Jan. 25—Last day to submit bill requests to the Office of Legislative Counsel

Feb. 18—Presidents' Day

Feb. 22—Last day for bills to be introduced (J.R. 61(a)(1), (J.R. 54(a))

March 1—Board of Podiatric Medicine Meeting

March 29—Cesar Chavez Day observed