NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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Achieving Collaborative Patient Care and Outcomes

By: Rachel V. Rose, JD, MBA

Overview

In June of 1910, William H. Mayo, MD delivered a commencement speech to the graduating class of Rush Medical College in Chicago, Illinois. Scattered amongst the nuggets of wisdom and reflection within Dr. Mayo's address was the genesis of what became the spirit of the Mayo Clinic:

> *"The best interest of the patient is the only interest to be considered, and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary."*

How does the concept "union of forces" translate into improved patient care, better outcomes and increased revenue? "[I]n the past, quality and improvement in healthcare have focused on what professionals think should be valued and have been less interested in what service users felt was important or have failed to elicit views directly."[1] Utilizing Abraham Maslow's *Hierarchy of Basic Needs* can help medical professionals bridge the gap between what patients value, as well as their individual needs.[2] Additionally, organizations within a community may also pay a vital role in helping patients adopt healthy lifestyle habits, which also helps with basic needs being met and clinical outcomes.

The purpose of this article is to provide a semblance of *Maslow's Hierarchy of Basic Needs*, examples of organizations in a community which promote healthy lifestyle habits, and conclude with the potential impact on patient satisfaction scores.

Maslow's Hierarchy of Basic Needs and Patient Values

"Integrating patient perspectives into value assessment frameworks will not only help patients, but it will enable … providers … to develop, deliver"[3] care that is more beneficial to patients. In turn, by way of analogy, this leads to a patient reaching Level Five on *Maslow's Hierarchy of Basic Needs*.[4] This hierarchy defines five levels of needs that have to be satisfied. When all five levels of needs are met, a person reaches self-actualization - whereby he or she is realizing his or her full potential.

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FEATURED IN THIS ISSUE:

ALSO IN THIS ISSUE:

MISSION STATEMENT

The Nevada State Board of Medical Examiners protects the public and serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, respiratory therapists and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board shall place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.

NATIONAL SURVEY INDICATES MAJORITY OF PHYSICIAN MISCONDUCT GOES UNREPORTED

The Federation of State Medical Boards (FSMB) has released the results of a survey commissioned to measure the prevalence of physician misconduct and public awareness of the work of state medical boards.

According to the survey, commissioned by FSMB and conducted online by The Harris Poll among over 2,000 US adults, nearly 1 in 5 of Americans have had an interaction with a physician who they believe was acting unethically, unprofessionally, or providing substandard care – but only one-third of those who believe they experienced unethical, unprofessional, or substandard care reported the misconduct or filed a complaint. Among those who filed a complaint, only 34% took their complaint to a state medical board – the entity responsible for licensing and disciplining physicians. Nearly 7 in 10 Americans, or 69%, do not know that a state medical board is the best resource to contact first if you have a complaint about a physician's competence or conduct.

"The results of The Harris Poll survey show that physician misconduct is being underreported, and a majority of Americans do not know where to file a complaint against a physician," said FSMB President and CEO Humayun Chaudhry, DO, MACP. "The FSMB believes it is essential to create a safe environment for reporting, so patients feel comfortable coming forward to boards, while also empowering every member of a health care team to exercise their duty to report misconduct as well," he said.

Key Findings

Physician Misconduct:

- Nearly 1 in 5 Americans (18%) have experienced an interaction with a physician who they believe was acting unethically, unprofessionally, or providing substandard care
- Women are twice as likely as men to have experienced physician misconduct (24% vs. 12%)
- Among those who have experienced physician misconduct, only one third (33%) reported the interaction or filed a complaint against the physician
- Among those who have experienced physician misconduct, a larger portion of men than women (41% of men vs. 30% of women) reported the physician misconduct
- Of those who did file a complaint or report the physician, only about one third (34%) notified the state medical board – the entity responsible for licensing and disciplining physicians

State Medical Board Awareness:

- Less than 3 in 10 Americans (27%) say they know how to find out if a physician has ever received a disciplinary action against his/her medical license
- 51% of Americans do not know that state medical boards are responsible for the licensing and regulating of physicians in the United States

In an effort to increase public awareness about the role of state medical boards, the FSMB recently expanded its free physician search tool, DocInfo.org. The new DocInfo website emphasizes the importance of reporting incidents of physician misconduct to state medical boards, and explains when, how and where to file a complaint.

Survey Method:

This survey was conducted online within the United States by The Harris Poll, on behalf of FSMB, from October 5-9, 2018, among 2,018 U.S. adults ages 18 and older, among whom 409 have experienced an interaction with a physician who they believed was acting unethically, unprofessionally or providing substandard care, of which 128 filed a complaint/reported said interaction. This online survey is not based on a probability sample and, therefore, no estimate of theoretical sampling error can be calculated. To learn more about the topline data, key findings and full methodology of The Harris Poll survey, please read the executive summary.

NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

Pursuant to NRS 630.254, all licensees of the Board are required to "maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent." A licensee must notify the Board in writing of a change of permanent mailing address within 30 days after the change. Failure to do so may result in the imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind the address you provide will be viewable by the public on the Board's website.

Additionally, if you close your practice in Nevada, you are required to notify the Board in writing within 14 days after the closure, and for a period of 5 years thereafter, keep the Board apprised of the location of the medical records of your patients.

VA Launches New Healthcare Options Under MISSION Act

The U.S. Department of Veterans Affairs (VA) launched its new and improved Veterans Community Care Program on June 6, 2019, implementing portions of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act), which both ends the Veterans Choice Program and establishes a new Veterans Community Care Program.

The MISSION Act will strengthen the nationwide VA Health Care System by empowering Veterans with more health care options.

"The changes not only improve our ability to provide the health care Veterans need, but also when and where they need it," said VA Secretary Robert Wilkie. "It will also put Veterans at the center of their care and offer options, including expanded telehealth and urgent care, so they can find the balance in the system that is right for them."

Under the new Veterans Community Care Program, Veterans can work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on new criteria. Eligibility for community care does not require a Veteran to receive that care in the community; Veterans can still choose to have VA provide their care. Veterans may elect to receive care in the community if they meet any of the following six eligibility criteria:

1. A Veteran needs a service not available at any VA medical facility.
2. A Veteran lives in a U.S. state or territory without a full-service VA medical facility. Specifically, this would apply to Veterans living in Alaska, Hawaii, New Hampshire and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands.
3. A Veteran qualifies under the "grandfather" provision related to distance eligibility under the Veterans Choice Program.
4. VA cannot furnish care within certain designated access standards. The specific access standards are described below:
   - **Drive time to a specific VA medical facility**
   - Thirty-minute average drive time for primary care, mental health and noninstitutional extended care services.
   - Sixty-minute average drive time for specialty care.
     Note: Drive times are calculated using geomapping software.
   - **Appointment wait time at a specific VA medical facility**
   - Twenty days from the date of request for primary care, mental health care and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
   - Twenty-eight days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
5. The Veteran and the referring clinician agree it is in the best medical interest of the Veteran to receive community care based on defined factors.
6. VA has determined that a VA medical service line is not providing care in a manner that complies with VA's standards for quality based on specific conditions.

In preparation for this landmark initiative, senior VA leaders will visit more than 30 VA hospitals across the country to provide in-person support for the rollout.

The VA MISSION Act:

- Strengthens VA's ability to recruit and retain clinicians.
- Authorizes 'Anywhere to Anywhere' telehealth across state lines.
- Empowers Veterans with increased access to community care.
- Establishes a new urgent care benefit that eligible Veterans can access through VA's network of urgent care providers in the community.

VA serves approximately 9 million enrolled Veterans at 1,255 health care facilities around the country every year.

For more information, visit www.missionact.va.gov.

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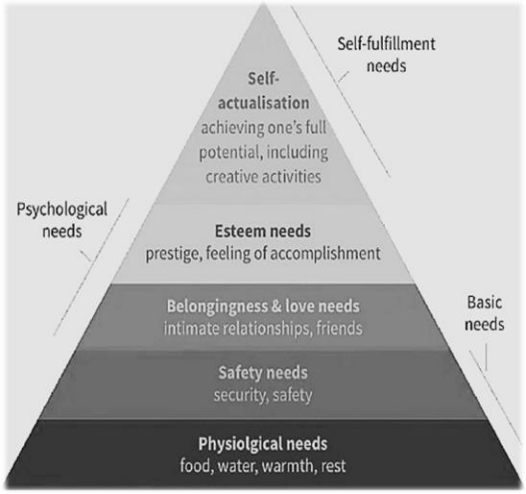
The five levels in *Maslow's Hierarchy of Basic Needs* are as follows:

- **Level One** – physiological needs (i.e., food, clothing, shelter and oxygen);
- **Level Two** – physical safety needs (e.g., the need to feel safe from personal dangers and threats);
- **Level Three** – love and belonging (i.e., family or belonging, acceptance and understanding, loving and affection (both giving and receiving);
- **Level Four** – self-esteem needs (e.g., people need to feel of value and to count for something); and
- **Level Five** – self-fulfillment/self-actualization (having attained the first four levels leads to a person being able to develop to one's fullest potential in all aspects of life – physical, emotional, social and spiritual).



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Now, what does "value" mean? Value is defined as "the regard that something is held to deserve; the importance, worth, or usefulness of something."[5] As a verb, it equates to a good's or service's monetary worth.

Maslow's Hierarchy of Basic Needs also has an application to patient care, which enables a physician to positively impact patient care and create an environment for better outcomes. This may be achieved by asking a patient, in essence, whether or not each of the four levels are being met. If someone is struggling financially, then food and shelter may be an issue. A wise solution may be to get a social worker involved. For adults or children who experience verbal, physical or sexual violence, level two will not be achieved. The solution might be one or all of the following: refer a patient to the right mental health professional, encourage yoga and meditation, and alert the appropriate authorities. Level three relates to level two; however, the facet of imparting a caring and loving environment should be inherent in the physician's own practice. Level four is interesting. When, as a physician or a medical professional did you ask yourself, "how do I value my patients?" The monetary aspect may come into play with value-based purchasing; however, are you making them part of the discussions about his or her care and treatment plan and are you providing positive reinforcement when habits are changed, which lead to better health and patient outcomes?

Cultivating a caring environment and valuing patients may enable physicians to achieve better outcomes and, in turn, derive great economic value. Organizations such as the NFL, the Texans and UNICEF are just a few examples of organizations that further the goals of education and health once a patient or one of his or her family members leaves the doctor's office.

Patient Care and Community Programs

"Clinical decision support is the provision of 'clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care.' Medical institutions are increasingly adopting tools that offer decision support to improve patient outcomes and reduce errors."[6] Texas Children's Hospital (TCH), Houston, Texas, has taken "clinical decision support" to the next logical step – engaging community partners such as the NFL's Houston Texans[7] and UNICEF.[8]

The Texans and TCH respond to the question, "[d]id you know that one of every three kids in the United States is obese and overweight? Texas Children's and the Houston Texas are out to change that by challenging kids of all

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ages and abilities to be active at least 60 minutes every day."[9] This initiative utilizes *Get Fit with Toro*. Toro is the Texans mascot who, along with Texans players and cheerleaders, teaches kids about fitness and nutrition – exactly the same message that the one in three kids who see pediatricians receive during a doctor's visit. By positively reinforcing what physicians are messaging in their offices with community partner collaborations, such as TCH and the Texans, more basic needs can be met.

Patient satisfaction scores continue to play a role, "[f]or example, the Centers for Medicare and Medicaid Services (CMS) have used the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, a set of 32 questions administered to a random sample of hospital patients about their experience of care, since 2008. The results of these surveys are posted on CMS' Hospital Compare website. Now, as part of the ACA's Hospital Value-Based Purchasing Program, CMS is withholding 1 percent of Medicare payments—30 percent of which is tied to HCAHPS scores—to fund the incentives of the program."[10] By beginning in the physician's office or emergency room with asking questions associated with *Maslow's Hierarchy*, capitalizing on programs in the community that promote health and wellness, as well as valuing a patient as a human being, patient satisfaction scores can have a positive impact.

Conclusion

Since Dr. William Mayo's speech over 100 years ago, we understand that the "union of forces" is necessary in today's complex world of patient care. Community and collaborative efforts that build on the physician's use of *Maslow's Hierarchy of Basic Needs* and valuing a patient as an individual can lead to better and more complete patient outcomes. In turn, these outcomes can positively impact patient satisfaction, reimbursement as well as physicians. As Charles H. Mayo, MD succinctly stated, *"The keynote of progress ... is system and organization — in other words, 'team work.'"*

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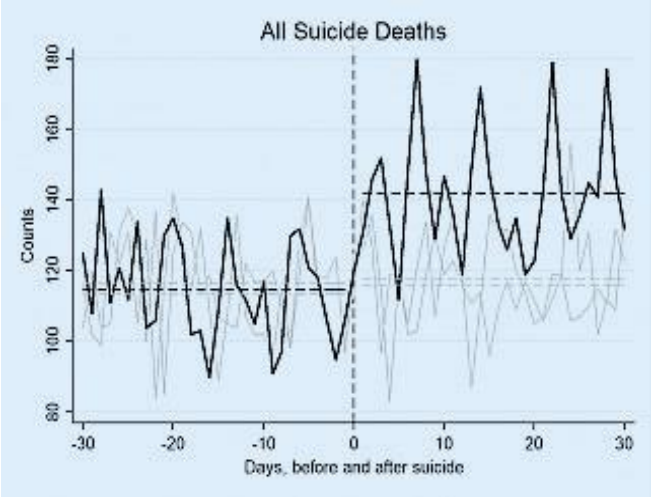
Crisis and Suicide Prevention Services Struggle With Demand After Celebrity Suicides

The United States may lack the resources needed to meet increases in demand for suicide prevention services that occur after celebrity suicides, according to a recent study of crisis mental health services. The study, conducted by a team of researchers, which included scientists from the National Institute of Mental Health (NIMH), part of the National Institutes of Health, highlights the need for suicide prevention hotlines to procure additional funds, allocate existing funds more efficiently, and develop contingency plans to accommodate increases in call volumes, particularly for the first two days after a celebrity suicide. The findings appear in the journal *Psychiatric Services*.

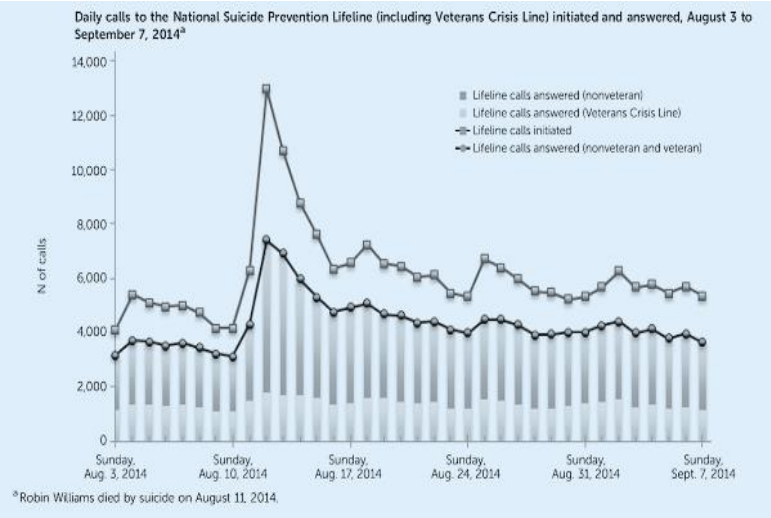
"Suicide prevention is a significant public health concern and a top priority for NIMH," said Joshua A. Gordon, M.D., Ph.D., director of NIMH. "This study highlights the importance of the National Suicide Prevention Lifeline and other crisis mental health services, and the need to build surge capacity of these services that could help save lives."



All suicide deaths in the United States in the 30-days before and after August 11: 2012, 2013, and 2014. The day of Robin Williams' suicide (August 11) is marked by the vertical dashed line. 2014 suicides are drawn in black; 2012 & 2013 in grey. Horizontal dashed lines represent 30-day averages pre and post suicide.2019 American Psychiatric Association.

Suicide is the second leading cause of death for people in the U.S. between the ages of 10 and 34, and the suicide rate continues to rise. Suicide rates generally follow predictable patterns, with increases in the spring and a second, smaller increase in early summer. But certain events, like highly-publicized celebrity suicides, can serve as "shocks" that cause a sudden spike in suicide deaths.

To test the ability of crisis mental health services to meet a sudden increase in demand for help, this study looked at increases in suicide rates within 30 days of Robin Williams' suicide on Aug. 11, 2014. It also looked at changes in help - and information-seeking related to suicide, and changes in the percent of calls the National Suicide Prevention Lifeline (NSPL) was able to answer after Williams' death.



Daily calls to the National Suicide Prevention Lifeline (including Veterans Crisis Line) initiated and answered, August 3 to September 7, 2014. American Psychiatric Association.

The researchers used data from the Centers for Disease Control and Prevention National Center for Health Statistics' Compressed Mortality File to compare the number of suicide deaths and the method of suicide in the 30 days before and after Aug. 11, 2014, and for the same time period in 2012 and 2013. In 2012-2014, there was an average of 113-117 suicide deaths per day; after Williams' suicide, the average rate increased to 142 suicide deaths per day, something not observed in 2012 or 2013. Approximately two-thirds of the people who died by suicide immediately after the actor's death used the same method of suicide as Williams.

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The study also examined the number of calls placed to NSPL immediately before and after Williams ended his life to measure whether media coverage of his death prompted more people to reach out for help. The day after he died, the number of calls increased by up to 300 percent - from between 4,000 to 6,000 calls per day to 12,972. However, without capacity to respond to this increased demand for crisis services, the fraction of answered calls decreased from an average of 73 percent to 57 percent, which highlights a gap in the ability of the NSPL to respond to surges in calls for help.

To measure information-seeking behavior, the study looked at visits to the Suicide Prevention Resource Center (SPRC) and Suicide Awareness Voices of Education (SAVE) websites. In the week before Williams died, the SPRC website averaged 2,315 visits per day. The day after his death, there were 5,981 visits to the site. The SAVE website averaged 4,239 visits per day in the week before he died, and 24,819 visits on August 12. Average daily visits to both sites remained consistently higher for the rest of the month of August.

The study suggests that both efficient allocation of existing funds and procuring new funding will be critical to continue meeting the demand for crisis mental health services, including surge capacity.

"Crisis mental health services, such as suicide prevention hotlines and websites, provide effective counseling and vital resources for people in suicide distress. We need to ensure these services have sufficient resources to serve the public 24/7, especially in times of increased demand," said Jane Pearson, Ph.D., chair of the Suicide Research Consortium in NIMH's Division of Services and Intervention Research.

"Shocking events, like Mr. Williams' suicide, disrupt normal patterns in suicide rates, and cause an increase in both calls for help and imitative suicides," said lead researcher Rajeev Ramchand, Ph.D, of the Cohen Veterans Network. "This highlights the need for additional and consistent support for crisis mental health services, including hospital emergency departments, law enforcement, poison control centers, and health departments, as well as the mental health resources that serve as referral sources."

About the National Institute of Mental Health (NIMH): The mission of the NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure. For more information, visit the NIMH website.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

Reference

Ramchand, R., Cohen, E., Draper, J., Schoenbaum, M., Reidenberg, D., Colpe, L., Reed, J., & Pearson, J. (in press). Increases in demand for crisis and other suicide prevention services after a celebrity suicide. Psychiatric Services in Advance. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900007.

2018 ANNUAL REPORT HIGHLIGHTS

The Board licenses physicians, physician assistants, respiratory therapists, perfusionists, and limited licenses for residency training. In 2018, the Board issued the following new licenses:

Practice	
Physicians*	939
Physician Assistants	158
Respiratory Therapists	156
Perfusionists	12
Residency Training Licenses	164

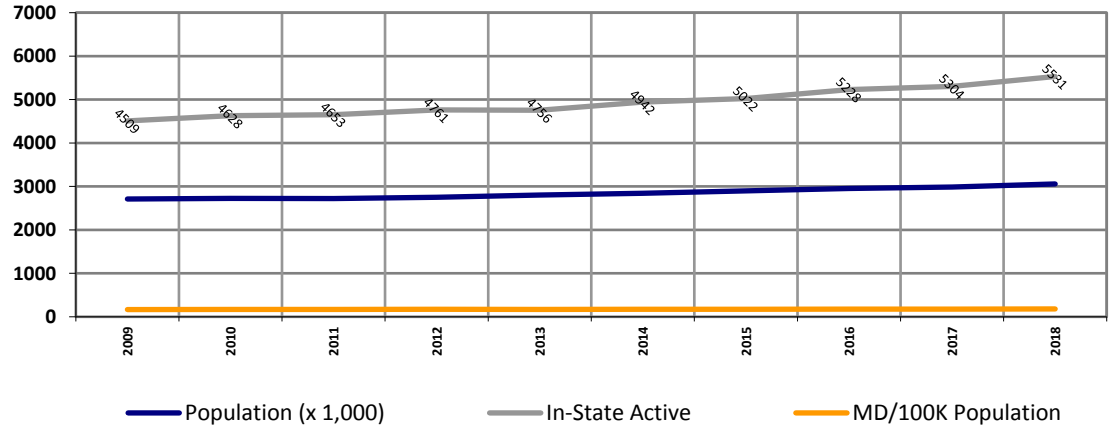
*201 of these physicians were licensed via the Interstate Medical Licensure Compact (IMLC).

Average licensing times in 2018 were as follows (these times include weekends and holidays):

Practice	Average Time to License	Fastest Time to Licensure
Physicians (Non-IMLC)	64 days	1 day
Physicians (IMLC)	3 days	1 day
Physician Assistants	53 days	21 days
Respiratory Therapists	49 days	21 days
Perfusionists	43 days	37 days

In 2018, the ratio of physicians to 100,000 population* increased over the previous year. The following graph shows the growth of the state's population (measured in thousands so that the trend line will fit on the graph, and last reported at 3,057,582), the state's active, in-state physician population (in absolute numbers), and the ratio of physicians to population (measured as physicians per 100,000 population). From 2009 through 2015, the ratio averaged between 166 and 174. In 2016, the ratio increased to 177; in 2017, the ratio increased to 178; and in 2018, the ratio again increased, to 181.

Comparison of Population With In-State, Active Physicians



*Population statistics provided by the Nevada State Demographer, Nevada Department of Taxation.

The physician licensure for active, in-state physicians increased by 4.3% in 2018. The following table is a county-by-county breakdown of physician licenses for the last ten years. In 2018, Churchill, Clark, Douglas, Nye and Washoe Counties showed growth in their physician populations; Lyon County showed a decrease; and the remaining 11 counties remained static in their physician populations.

Physician Licensure Counts (2009-2018)

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Carson City	143	151	158	152	164	168	171	177	173	173
Churchill	22	20	22	23	27	29	24	24	25	27
Clark	3086	3186	3207	3305	3277	3403	3460	3605	3674	3845
Douglas	85	84	87	89	80	86	79	79	85	87
Elko	45	46	48	41	40	40	43	42	39	39
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	1	0	0	1	0	0	0	0	0	0
Humboldt	10	9	10	11	12	11	11	12	9	9
Lander	3	3	2	2	2	2	3	2	2	2
Lincoln	2	2	2	2	2	2	2	2	2	2
Lyon	14	13	15	16	15	16	12	13	14	13
Mineral	6	6	5	6	5	5	6	4	2	2
Nye	16	15	16	14	13	16	15	13	12	13
Pershing	2	3	2	1	0	0	1	1	2	2
Storey	0	0	0	0	0	0	0	0	0	0
Washoe	1064	1081	1069	1088	1110	1155	1186	1246	1254	1306
White Pine	10	9	10	10	9	9	9	8	11	11
In-State Active Status	**4509**	**4628**	**4653**	**4761**	**4756**	**4942**	**5022**	**5228**	**5304**	**5531**
Out-of-State Active Status	1577	1888	1757	2084	1868	2251	2116	2561	2523	3229
TOTAL ACTIVE STATUS	**6086**	**6516**	**6410**	**6845**	**6624**	**7193**	**7138**	**7789**	**7827**	**8760**
Inactive & Retired Statuses	781	770	758	748	818	801	806	802	772	763
TOTAL LICENSED (Active, Inactive & Retired Statuses)	**6867**	**7286**	**7168**	**7593**	**7442**	**7994**	**7944**	**8591**	**8599**	**9523**

The number of physician assistants increased significantly by 11.2% in 2018. The locale of physician assistants trends similarly to the locale of physicians statewide, as is shown on the following table. In 2018, there was growth in Clark, Elko, Mineral, Nye and Washoe Counties; Churchill and Douglas Counties showed decreases; and the remaining 10 counties remained static.

Physician Assistant Licensure Counts (2009-2018)

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Carson City	14	13	16	17	14	18	17	18	28	28
Churchill	6	4	6	9	10	9	9	10	7	6
Clark	310	332	342	386	398	452	479	533	559	618
Douglas	10	11	9	12	16	17	15	19	19	18
Elko	5	5	5	7	9	10	13	14	15	17
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	1	1	0	1	1	0	0
Humboldt	0	0	0	0	0	0	1	1	1	1
Lander	1	0	1	2	1	1	1	1	1	1
Lincoln	3	3	3	3	3	3	3	3	4	4
Lyon	5	6	6	4	5	6	7	9	9	9
Mineral	1	1	2	2	3	3	3	3	2	4
Nye	6	7	4	4	2	2	5	4	3	5
Pershing	0	0	0	0	0	0	0	0	0	0
Storey	1	1	1	1	2	2	1	1	1	1
Washoe	82	91	91	104	109	121	138	149	156	183
White Pine	1	1	1	1	1	1	1	1	1	1
TOTAL ACTIVE STATUS	**446**	**476**	**488**	**553**	**574**	**645**	**694**	**767**	**806**	**896**

The number of respiratory therapists also increased significantly by 7.2% in 2018. In 2018, there was growth in Carson City, Churchill, Clark, Douglas, Elko, Humboldt, Lyon, Mineral and Washoe Counties; Lander and Nye Counties showed decreases; and the remaining 6 counties remained static.

Respiratory Therapist Licensure Counts (2009-2018)

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Carson City	12	12	12	13	12	13	11	14	12	14
Churchill	5	5	4	5	4	4	5	6	8	9
Clark	798	880	920	1006	982	1069	1079	1167	1158	1246
Douglas	20	20	18	15	16	16	13	13	14	16
Elko	5	6	8	9	7	8	9	10	12	13
Esmeralda	0	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	1	1	1	1
Humboldt	4	4	5	5	4	4	2	2	2	4
Lander	1	1	1	1	2	2	2	2	2	1
Lincoln	0	0	0	0	0	0	0	0	0	0
Lyon	16	18	15	16	15	16	15	14	14	17
Mineral	3	3	2	2	2	2	2	4	1	2
Nye	10	11	13	12	13	15	13	14	15	14
Pershing	0	0	0	0	0	0	0	0	0	0
Storey	0	0	0	0	0	0	0	0	0	0
Washoe	160	176	192	197	186	202	191	207	193	199
White Pine	3	4	3	3	3	3	3	3	3	3
TOTAL ACTIVE STATUS	**1037**	**1140**	**1193**	**1284**	**1246**	**1354**	**1346**	**1457**	**1435**	**1539**

The number of perfusionists increased very significantly by 15.4% in 2018 – with growth in Clark County, a decrease in Washoe County, and all other counties remaining static.

Perfusionist Licensure Counts (2010-2018)*

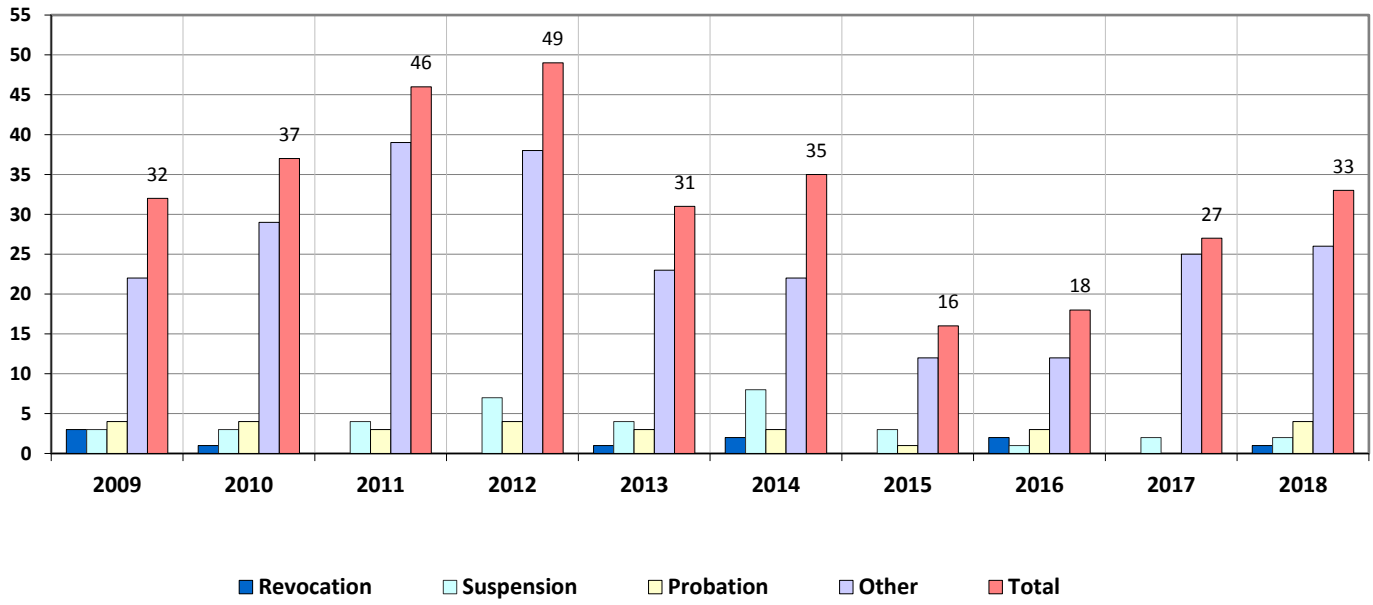
County	2010	2011	2012	2013	2014	2015	2016	2017	2018
Carson City	1	1	1	1	1	0	0	1	1
Churchill	0	0	0	0	0	0	0	0	0
Clark	20	19	25	20	23	20	24	19	24
Douglas	0	0	0	0	0	0	0	0	0
Elko	0	0	0	0	0	0	0	0	0
Esmeralda	0	0	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	0	0	0
Humboldt	0	0	0	0	0	0	0	0	0
Lander	0	0	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0	0	0
Lyon	0	0	0	0	0	0	0	0	0
Mineral	0	0	0	0	0	0	0	0	0
Nye	0	0	0	0	0	0	0	0	0
Pershing	0	0	0	0	0	0	0	0	0
Storey	0	0	0	0	0	0	0	0	0
Washoe	5	5	5	4	5	4	4	6	5
White Pine	0	0	0	0	0	0	0	0	0
TOTAL ACTIVE STATUS	**26**	**25**	**31**	**25**	**29**	**24**	**28**	**26**	**30**

*In 2009, the Nevada State Legislature passed legislation requiring that all perfusionists must be licensed. No perfusionists were licensed by the Board prior to 2010.

Complaints, Investigations and Discipline

In 2018, the Board opened 739 investigations, closed 641 investigations (many of which, of course, originated in preceding years) and imposed 33 disciplinary actions against physicians. The graph below shows the number and types of discipline imposed by the Board regarding physicians for the last ten years.

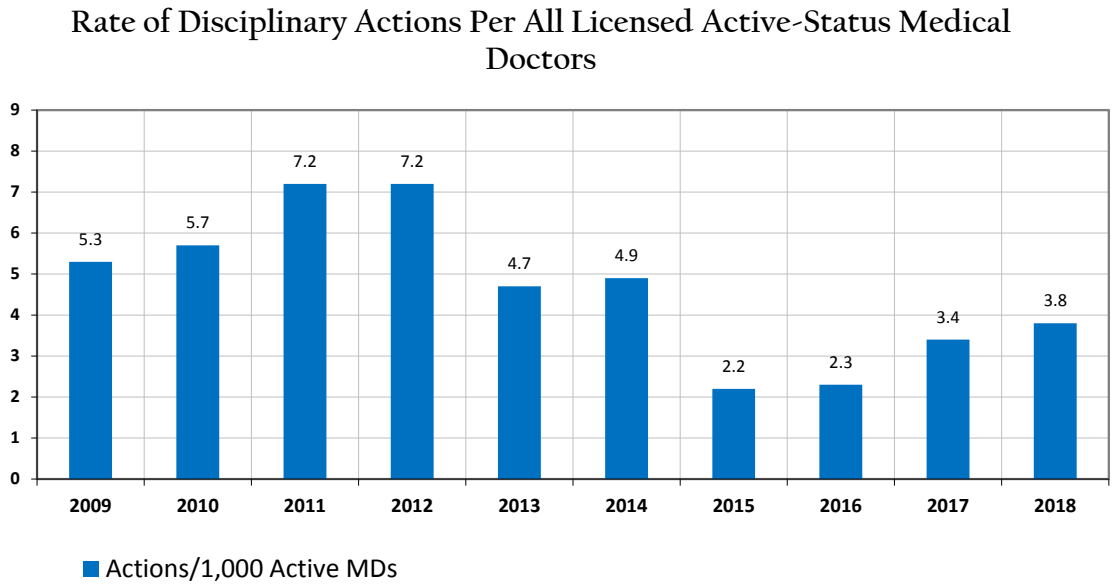
Disciplinary Actions Taken Against Medical Doctors*



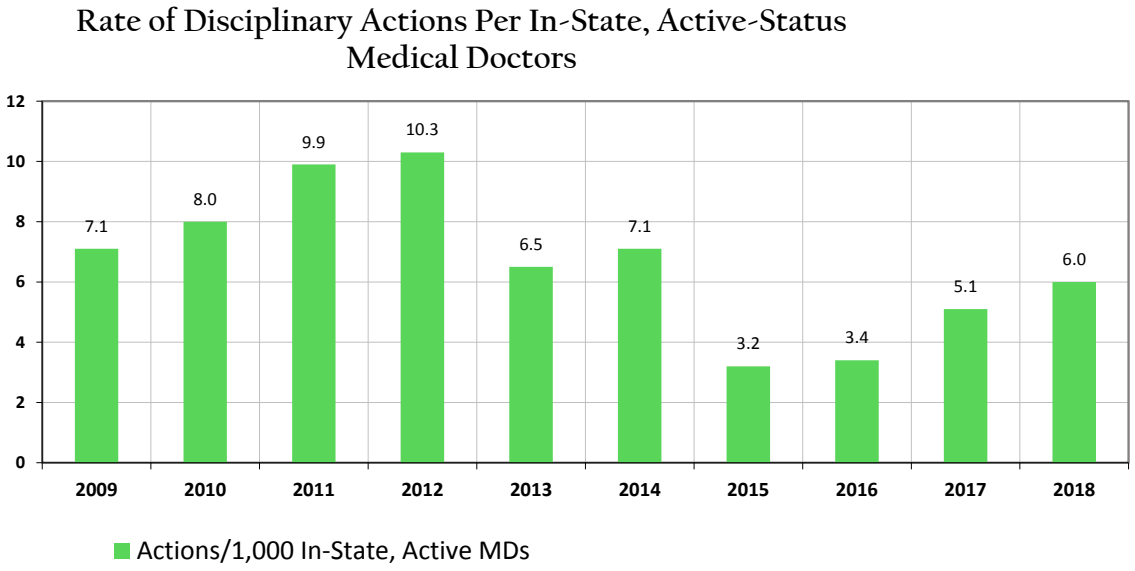
Note: "Other" actions include: Voluntary Surrender of License While Under Investigation, License Restriction, Public Reprimand, Licensure Denial, CME Ordered, Fine, Drug or Alcohol Treatment Program Ordered, and Competency Exam Ordered.

*Any discrepancy in these numbers from a report published by any other source is due to: (1) differences in verbiage or categorization; or (2) differences in the number of actions taken per practitioner.

The graph below shows the rate of disciplinary actions taken by the Board per 1,000 active-status licensed physicians for the last ten years.



The graph below shows the rate of disciplinary actions taken by the Board per 1,000 in-state, active-status licensed physicians for the last ten years.



WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Edward O. Cousineau, JD Executive Director
	Jasmine K. Mehta, JD Deputy Executive Director
	Donya Jenkins Finance Manager
Administration:	Laurie L. Munson, Chief
Legal:	Robert Kilroy, JD General Counsel
Licensing:	Lynnette L. Daniels, Chief
Investigations:	Pamela J. Castagnola, CMBI, Chief

2019 BME MEETING & HOLIDAY SCHEDULE

January 1 – New Year's Day
January 21 – Martin Luther King, Jr. Day
February 18 – Presidents' Day
March 1 – Board meeting
May 27 – Memorial Day
June 7 – Board meeting
July 4 – Independence Day
September 2 – Labor Day
September 6 – Board meeting
October 25 – Nevada Day
November 11 – Veterans' Day
November 28 & 29 – Thanksgiving Day & Family Day
December 6 – Board meeting (Las Vegas)
December 25 – Christmas

Nevada State Medical Association
5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-6788
http://www.nvdoctors.org

Clark County Medical Society
2590 East Russell Road
Las Vegas, NV 89120
702-739-9989 phone
702-739-6345 fax
http://www.clarkcountymedical.org

Washoe County Medical Society
5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-0278 phone
775-825-0785 fax
http://www.wcmsnv.org

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521
775-850-1440 phone
775-850-1444 fax
http://bop.nv.gov/
pharmacy@pharmacy.nv.gov

Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Ste. 210
Henderson, NV 89074
702-732-2147 phone
702-732-2079 fax
www.bom.nv.gov

Nevada State Board of Nursing
Las Vegas Office
4220 S. Maryland Pkwy, Bldg. B, Suite 300
Las Vegas, NV 89119
702-486-5800 phone
702-486-5803 fax
Reno Office
5011 Meadowood Mall Way, Suite 300,
Reno, NV 89502
775-687-7700 phone
775-687-7707 fax
www.nevadanursingboard.org

Unless otherwise noted, Board meetings are held at the Reno office of the Nevada State Board of Medical Examiners and videoconferenced to the conference room at the offices of the Nevada State Board of Medical Examiners/Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd., Building A, Suite 1, in Las Vegas.

Hours of operation of the Board are 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays.

DISCIPLINARY ACTION REPORT

ALEGRE, Elmer E., M.D. (9380)
Reno, Nevada

Summary: Alleged writing prescriptions to patients for opioid analgesics to treat chronic pain in a manner that deviated from the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,* July 2013, published by the Federation of State Medical Boards of the United States, Inc., and failure to maintain appropriate medical records relating to treatment of patients.

Charges: Three violations of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; three violations of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Alegre violated NRS 630.306(1)(b)(2) (3 counts), and NRS 630.3062(1)(a) (3 counts), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) total fines in the amount of $3,000.00; (3) 22 hours of Continuing Medical Education; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

BLANCO-CUEVAS, Neri M., M.D. (10819)
Las Vegas, Nevada

Summary: Alleged malpractice, performing services which she knew, or had reason to know, she was not competent to perform or which were beyond the scope of her training, and failure to maintain appropriate medical records related to treatment of a patient.

Charges: One violation of 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.306(1)(e) [practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Blanco-Cuevas violated NRS 630.3062(1)(a), as set forth in Count I of the Complaint, and NRS 630.301(4), as set forth in Count III of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) $1,000.00 fine; (3) 4 hours of Continuing Medical Education; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (5) schedule, attend, and participate in the Fitness for Duty (FFD) Evaluation within the Physician Assessment and Clinical Education Program (PACE), located at the University of California, San Diego, and follow the recommendations in the report. Count II of the Complaint was dismissed with prejudice.

BUENO, Corey D., CRT (RC1776)
Las Vegas, Nevada

Summary: Reasonable belief that the health, safety and welfare of the public was at imminent risk of harm.

Statutory Authority: NRS 630.326(1) [risk of imminent harm to the health, safety or welfare of the public or any patient served by the practitioner of respiratory care].

Action Taken: On April 11, 2019, the Investigative Committee summarily suspended Mr. Bueno's license to practice respiratory care in the state of Nevada until further order of the Investigative Committee or the Board of Medical Examiners.

CLOUTHIER, Michelle R., RRT (RC363)
Las Vegas, Nevada

Summary: Alleged failure to maintain appropriate medical records relating to treatment of a patient and failure to disclose a hospital investigation on her license renewal application.

Charges: One violation of 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.304(1) [obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading inaccurate or incomplete statement].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Ms. Clouthier violated NRS 630.3062(1)(a), as set forth in Count I of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed with prejudice.

FERIA-ARIAS, Enrique, M.D. (16883)
Salt Lake City, Utah

Summary: Disciplinary action taken against Dr. Feria-Arias' medical license in California and alleged failure to report said disciplinary action to the Nevada State Board of Medical Examiners.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.306(1)(k) [failure to report in writing, within 30 days, disciplinary action taken against him by another state].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Feria-Arias violated NRS 630.301(3), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count II of the Complaint was dismissed with prejudice.

GORDON, Stephen W., M.D. (7986)
Las Vegas, Nevada

Summary: Alleged malpractice related to Dr. Gordon's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Gordon violated NRS 630.301(4), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) $2,500.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Dr. Gordon has voluntarily ceased, and is hereby ordered to continue to refrain from, performing liposuction, liposculpture, fat grafting and panniculectomy until further order of the Board.

NADELSON, Adam J., M.D. (16006)
New York, New York

Summary: Disciplinary action taken against Dr. Nadelson's medical license in Illinois and Louisiana, and alleged en-

Continued from page 14

gaging in conduct in violation of regulations adopted by the Nevada State Board of Pharmacy, failure to adequately supervise medical assistants, aiding, assisting and advising unlicensed persons to engage in the practice of medicine, and failure to maintain appropriate medical records relating to treatment of patients.

Charges: Two violations of NRS 630.301(3) [disciplinary action taken against his medical license in another state]; one violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board]; one violation of NRS 630.305(1)(e) [aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine]; one violation of 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Nadelson violated NRS 630.301(3), as set forth in Counts I and II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) $1,500.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The remaining counts of the Complaint were dismissed with prejudice.

PHILLIPS, Maryanne D., M.D. (7635)
Las Vegas, Nevada

Summary: Alleged attempting, by way of intimidation, coercion or deception, to obtain a patient, disruptive behavior that interfered with patient care or had an adverse impact on the quality of patient care, receipt of compensation which tended to influence her objective evaluation or treatment of a patient, engaging in unsafe or unprofessional conduct, conduct intended to deceive, and conduct that brings the medical profession into disrepute, altering medical records, failure to make medical records of a patient available for inspection and copying pursuant to NRS 629.061(1)(g), and failure to comply with an order to produce medical records.

Charges: One violation of NRS 630.306(1)(b)(1) [engaging in conduct which is intended to deceive]; one violation of NRS 630.306(1)(p) [engaging in unsafe or unprofessional conduct]; two violations of NRS 630.3062(2) (now set forth as NRS 630.3062(1)(b)) [altering medical records of a patient]; one violation of NRS 630.301(6) [disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one violation of NRS 630.304(6) [attempting, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion]; one violation of NRS 630.305(1)(a) [receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient]; one violation of NRS 630.3062(4) (now set forth as NRS 630.3062(1)(d)) [failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061]; one violation of NRS 630.3065(2)(a) [knowingly or willfully failing to comply with an order of a committee designated by the Board to investigate a complaint against a licensee].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Phillips violated NRS 630.3062(2) (now set forth as NRS 630.3062(1)(b)), as set forth in Count IV of the Complaint, NRS 630.3062(4) (now set forth as NRS 630.3062(1)(d)), as set forth in Count IX of the Complaint, and NRS 630.3065(2)(a), as set forth in Count X of the Complaint, and imposed the following discipline against her: (1) revocation of license for one year, with the revocation immediately stayed and Dr. Phillips being placed on probation for a period not to exceed 36 months, subject to various terms and conditions; (2) public reprimand; (2) 22.5 hours of Continuing Medical Education; (3) 100 hours community service at a nonprofit entity, having a medical nexus and without compensation; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The remaining counts of the Complaint were dismissed with prejudice.

POKROY, Raanan E., M.D. (13839)
Las Vegas, Nevada

Summary: Alleged engaging in conduct in violation of regulations adopted by the Nevada State Board of Pharmacy, unlawful administration of dangerous drugs to patients, failure to adequately supervise medical assistants, aiding, assisting and advising unlicensed persons to engage in the practice of medicine, and failure to maintain appropriate medical records relating to treatment of patients.

Charges: One violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; one violation of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or to others except as authorized by law]; one violation of NRS 630.306(1)(r) [failure to adequately supervise a medical assistant pursuant to regulations of the Board]; one violation of NRS 630.305(1)(e) [aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine]; one violation of 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Pokroy violated NRS 630.306(1)(b)(3), as set forth in Count I of the Complaint, and NRS 630.3062(1)(a), as set forth in Count V of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) $500.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. The remaining counts of the Complaint were dismissed with prejudice.

WATSON, Robert W., M.D. (9076)
Reno, Nevada

Summary: Alleged malpractice and failure to maintain appropriate medical records

Continued from page 15

related to Dr. Watson's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On June 7, 2019, the Board accepted a Settlement Agreement by which it found Dr. Watson violated NRS 630.3062(1)(a), as set forth in Count II of the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (3) attend the University of California, San Diego School of Medicine, Medical Record Keeping Course (PACE Program). Count I of the Complaint was dismissed with prejudice.

★ ★ ★

Public Reprimands Ordered by the Board

June 17, 2019

Elmer E. Alegre, M.D.
c/o Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Avenue, #863
Reno, NV 89509

Re: In the Matter of Charges and Complaint Against Elmer E. Alegre, M.D.
BME Case No. 19-12962-1

Dr. Alegre:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2), violation of standards of practice (three (3) violations), and NRS 630.3062(1)(a), failure to maintain proper medical records (three (3) violations). For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall be publicly reprimanded, shall pay a fine of $500.00 per count admitted, consisting of six counts, for a total of $3,000.00, and shall take 22 hours of continuing medical education (CME), related to best practices in prescribing of controlled substances. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the state of Nevada.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Neri M. Blanco-Cuevas, M.D.
c/o Crane M. Pomerantz, Esq.
Skylar Williams PLLC
410 South Rampart Blvd., Suite 350
Las Vegas, NV 89145

Re: In the Matter of Charges and Complaint Against Neri M. Blanco-Cuevas, M.D.
BME Case No. 19-12338-1

Dr. Blanco-Cuevas:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records, and NRS 630.301(4), malpractice. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall be publicly reprimanded, shall pay a fine of $1000.00, shall take 4 hours of continuing medical education (CME), related to the subject matter of scope of practice. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the state of Nevada. You shall schedule, attend, and participate in the Fitness for Duty (FFD) Evaluation within the Physician Assessment and Clinical Education Program (PACE), located at the University of California, San Diego, by the end of August 2019.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Michelle R. Clouthier, RRT
c/o Nicholas M. Wooldridge, Esq.
LV Criminal Defense
400 South 7th Street, Suite 401
Las Vegas, NV 89101

Re: In the Matter of Charges and Complaint Against Michelle R. Clouthier, RRT
BME Case No. 19-24637-1

Ms. Clouthier:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Enrique Feria-Arias, M.D.
2238 E. Ramona Avenue
Salt Lake, UT 84108

Re: In the Matter of Charges and Complaint Against Enrique Feria-Arias, M.D.
BME Case No. 19-46451-1

Dr. Feria-Arias:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative

Continued from page 17

Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), out-of-state discipline. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Stephen Winslow Gordon, M.D.
c/o John H. Cotton, Esq.
John H. Cotton & Associates, Ltd.
7900 W. Sahara, Suite 200
Las Vegas, NV 89117

Re: In the Matter of Charges and Complaint Against Stephen Winslow Gordon, M.D.
BME Case No. 19-11531-1

Dr. Gordon:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(4), malpractice. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall refrain from performing liposuction, liposculpture, fat grafting, and panniculectomy until further order of the Board, shall pay a fine of $2,500.00, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Adam Jace Nadelson, M.D.
c/o Michael D. Navratil, Esq.
John H. Cotton & Associates, Ltd.
7900 W. Sahara, Suite 200
Las Vegas, NV 89117

Re: In the Matter of Charges and Complaint Against Adam Jace Nadelson, M.D.
BME Case No. 19-43942-1

Dr. Nadelson:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.301(3), disciplinary action by another state (2 violations). For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall pay a fine of $1,500.00, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Maryanne D. Phillips, M.D.
c/o Kenneth E. Hogan, Esq.
Hogan Hulet PLLC
1140 N. Town Center Drive, Suite 300,
Las Vegas, NV 89144

Re: In the Matter of Charges and Complaint Against Maryanne D. Phillips, M.D.
BME Case No. 18-10032-1

Dr. Phillips:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(2) (now set forth as NRS 630.3062(1)(b)), altering medical records, NRS 630.3062(4) (now set forth as NRS 630.3062(1)(d)), failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061, and NRS 630.3065(2)(a), failure to comply with Order of the Board or Committee designated by the Board to investigate a complaint. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter. Your license to practice medicine in the state of Nevada shall be revoked for a period of one year, with the revocation to be immediately stayed, and your license placed on probation for a period of time not to exceed 36 months, subject to various terms and conditions, including the following: you complete 22.5 hours of Continuing Medical Education (CME), in addition to your statutory CME requirements for licensure; perform 100 hours of community service at a nonprofit entity, having a medical nexus and without compensation; and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

Continued from page 18

June 17, 2019

Raanan Elan Pokroy, M.D.
c/o LeAnn Sanders, Esq.
Alverson Taylor & Sanders
6605 Grand Montecito Parkway, Suite 200
Las Vegas, NV 89149

Re: In the Matter of Charges and Complaint Against Raanan Elan Pokroy, M.D.
BME Case No. 19-38366-1

Dr. Pokroy:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(3), engaging in conduct that violated Pharmacy Board regulations, and NRS 630.3062(1)(a), failure to maintain proper medical records. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall pay a fine of $500.00, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

June 17, 2019

Robert Watson, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, NV 89519

Re: In the Matter of Charges and Complaint Against Robert Watson, M.D.
BME Case No. 18-12823-1

Dr. Watson:

On June 7, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.3062(1)(a), failure to maintain proper medical records. For the same, you shall pay the fees and costs related to the investigation and prosecution of this matter, shall attend the University of California, San Diego School of Medicine, Medical Record Keeping Course (PACE Program), in addition to your statutory Continuing Medical Education requirements for licensure, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521