

May 15, 2013
FOR IMMEDIATE RELEASE

Summary of April 25-26, 2013, Board Meeting

The following is a summary of April 25-26, 2013, meeting of the Iowa Board of Medicine.

Cases Reviewed: The Board reviewed 148 cases.

New Investigative Cases: The Board reviewed 66 new investigative cases.

Consent Agreement: The Board may enter into a Consent Agreement with a licensee to formalize an agreement between the Board and a licensee.

The Board approved 1 Consent Agreement.

1. The Board entered into a Consent Agreement with a physician who formerly practiced family medicine in Kansas. On December 13, 2004, the physician voluntarily surrendered his Kansas medical license following allegations that he wrote prescriptions for over 30,000 dosage units of Hydrocodone for an illegitimate purpose between 2000 and April 2004. On February 23, 2005, the physician pleaded guilty of conspiracy to distribute and dispense Hydrocodone outside of the scope of professional practice, a Class D Felony, in the United States District Court, District of Kansas. He was sentenced to 30 months in prison. He was paroled after 13 months. On April 7, 2005, he voluntarily surrendered his Iowa medical license following the Kansas disciplinary action and criminal conviction. On March 25, 2010, at the direction of the Iowa Board, he completed a comprehensive clinical competency evaluation at the Center for Personalized Education for Physicians (CPEP). On April 26, 2013, he entered into a Consent Agreement with the Iowa Board and he was granted a temporary Iowa medical license. As a condition of licensure, he must enter into a Physician Health Contract with the Iowa Physician Health Program (IPHP) for substance abuse counseling and monitoring. Additionally, he may only practice medicine in a Board-approved practice setting. Finally, the Board placed him on probation for a period of five years subject to a Board-approved educational program, a Board-approved practice monitoring plan and Board monitoring.

Combined Statement of Charges and Settlement Agreements: Upon a determination by the Board that probable cause exists to take formal disciplinary action, the Board and the licensee may enter into a combined Statement of Charges and Settlement Agreement to resolve the matter. A combined Statement of Charges and Settlement Agreement contain the allegations of the Board and the sanctions.

The Board approved 1 Combined Statement of Charges and Settlement Agreements.

1. An Iowa-licensed physician who practices general medicine entered into a combined Statement of Charges and Settlement Agreement on April 26, 2013. The Board charged the physician with violating the laws and rules governing the practice of medicine when he deviated from the standards of practice for appropriate pain management of patients in Iowa between 2001 and 2012. Under the terms of the April 26, 2013, combined Statement of Charges and Settlement Agreement, the Board issued him a Citation and Warning and ordered him to pay a \$5,000 civil penalty. He also agreed to abstain from prescribing, administering or dispensing controlled substances for the treatment of chronic pain. At the direction of the Board, he completed a Board-approved prescribing course for the appropriate treatment of chronic pain on March 16, 2013. The Board also placed him on probation for a period of five years subject to prescribing audits and Board monitoring.

Confidential Evaluation Orders: If the Board receives evidence that a physician may suffer from physical, neurological, mental condition or substance abuse, the Board may issue a confidential evaluation order requiring the physician to complete an appropriate evaluation at a Board-approved program. Additionally, if the Board receives evidence that a physician lacks the appropriate knowledge or ability to practice medicine with reasonable skill or safety or that a physician has failed to provide appropriate care to patients, the Board may issue a confidential order requiring the physician to complete a competency evaluation at a Board-approved competency assessment program.

The Board voted to issue 1 confidential Evaluation Orders due to the following areas of concern:

1. The Board ordered an Iowa-licensed physician to complete a confidential comprehensive clinical competency evaluation due to concerns about his medical knowledge and judgment, ability to manage emergencies; prescribing; ability to cast fractures and ability to interpret Electrocardiograms.

Confidential Letters of Warning or Education: When the Board determines that probable cause does not exist to take formal disciplinary action the Board may send a confidential, non-disciplinary letter to a licensee expressing concerns and requesting that a licensee take corrective action, including further medical education.

The Board voted to issue 14 confidential Letters of Warning or Education due to the following areas of concern:

1. Concerns that a physician failed to comply with the Board's drug screening program.
2. Concerns that physician failed to counsel two patients about their expectations following a hysterectomy.
3. Concerns that a physician induced labor in an obstetrical patient prematurely.

4. Concerns that a physician failed to personally evaluate a high-risk patient.
5. Concerns that a physician performed a complex surgical procedure in a surgery center without appropriate surgical back-up and available blood products.
6. Concerns that a physician prescribed Ambien as a sleep aid to two patients without properly document a diagnosis of insomnia and without properly counseling the patients about the risks associated with the medication.
7. Concerns that a physician failed to perform a more thorough work-up a patient who presented to the emergency department twice on the same day.
8. Concerns that a physician failed to disclose the difficulties he experienced during training on an application for another state medical license.
9. Concerns that a physician misinterpreted a mammogram resulting in the delayed diagnosis of breast cancer.
10. Concerns that a physician performed unnecessary stent placements.
11. Concerns that a physician failed to maintain complete, accurate and timely medical records for a patient.
12. Concerns that a physician's improper behavior may compromise patient care.
13. Concerns that a physician was charged with disorderly conduct following a dispute with his ex-wife and that he failed to report the charges on his license renewal application.
14. Concerns that a physician prescribed a sleep aid to a friend without maintaining appropriate medical records and failed to properly supervise clinic staff.

Board Appearances: The Board may ask a licensee to appear before the Board to discuss concerns when the Board determines that a face-to-face meeting will assist the Board during the investigative process.

The Board held 6 personal appearances.

1. Concerns about a physician's surgical complications.
2. Concerns that a physician allegedly failed to obtain written informed consent prior to a surgical procedure.
3. Concerns that a physician repeatedly violated the terms of the physician health contract that he entered into with the Iowa Physician Health Program.
4. Concerns that a physician prescribed excessive controlled substances to patients who exhibited drug seeking behavior.
5. A physician who is seeking reinstatement of his Iowa medical license.
6. Concerns that a physician performed numerous unnecessary surgical procedures.

Monitoring Committee: The Monitoring Committee monitors licensees who have been disciplined by the Board and require monitoring.

The Monitoring Committee reviewed 7 cases involving physicians who are being monitored by the Board.

Screening Committee: The Screening Committee reviews cases that are lower priority and have not been investigated by the Board to determine whether investigation is warranted.

The Screening Committee reviewed 36 cases.

Licensure Committee: The Licensure Committee is a committee reviews initial license applications, renewals and reinstatements other licensure policies and issues. Most license applications are approved by Board staff without Licensure Committee review. However, some applications raise concerns about an applicant and the Licensure Committee must review the matter to determine whether a license should be granted, renewed or reinstated.

The Licensure Committee reviewed 7 licensure applications. Two permanent licenses were granted, three applications were left open to obtain further information, one temporary license was granted, and one physician's information was reviewed to see what licensure options there are for them.

The Licensure Committee reviewed a permanent license renewal application and denied one request for a refund of the permanent license renewal fee.

The Licensure Committee approved four Letters of Warning that were issued due to concerns that the applicants failed to provide truthful, accurate or complete information on the license application.

The Licensure Committee discussed the referral process for applicants with alcohol related arrests to the IPHP, reviewed a report that highlighted international medical graduates performance in the 2013 match, and reviewed information shared by Dr. Amos regarding his concerns with maintenance of licensure.

Other Board action:

1. Directed Board staff to draft proposed amendments in Iowa Administrative Code 653 – Chapters 8, 9, 10 regarding certain fees collected by the Board and to update language in these rules, The proposed amendments will be considered for notice of intended action at the Board's meeting June 27-28.
2. Tabled a request to waive the Board's administrative rules pertaining to collaborative drug therapy management from Heartland Pharmacy of Illinois pending the review of additional information to be requested from Heartland.
3. Received a statistical report on the Iowa Physician Health Program. On April 1, 2013, there were 75 participants in the program. There were 5 new participants in the program since January 1, 2013, and 10 discharges during the same period. Types of cases on April 1: chemical dependency – 8; mental health – 24; dual diagnosis (chemical dependency and mental health) – 23; physical disability – 9; and dual diagnosis (mental health and physical disability) – 4.
4. Received updates from the Iowa Attorney General's Office on the status of 7 Board cases under judicial review in state courts. The Board recommended that an Iowa Court of Appeals decision in the Wendy R. Smoker case be reviewed by the Iowa Supreme Court. The Iowa Attorney General's Office will file an application to seek further review.
5. Elected officers for 2013-14: Greg Hoversten, D.O., Iowa City, chairperson, Hamed Tewfik, M.D., Iowa City, vice chairperson, and Michael Thompson, D.O., Pella, secretary. Three members who left the Board at the end of April were recognized for their public service: Jeffrey Snyder, M.D., Crescent, Colleen Stockdale, M.D., West Burlington, and Joyce Vista-Wayne, M.D., Des Moines. The Board also approved the meeting schedule for 2014: January 23-24, March 6-7, April 17-18, June 5-6, August 7-8, October 2-3, and December 4-5.

A press release describing public disciplinary action taken by the Board was distributed and posted on the Board's Website on May 1, 2013. If you have questions about this summary or Board's disciplinary action press release, please contact Kent Nebel, Legal Director, at (515) 281-7088 or kent.nebel@iowa.gov.