

February 4, 2013
FOR IMMEDIATE RELEASE

Summary of January 10-11, 2013, Board Meeting

The following is a summary of the January 10-11, 2013, meeting of the Iowa Board of Medicine.

Cases Reviewed: The Board reviewed 154 cases.

New Investigative Cases: The Board reviewed 83 new investigative cases.

Statement of Charges: Upon a determination by the Board that probable cause exists to take formal disciplinary action, the Board may file a Statement of Charges which contains the allegations of the Board.

The Board approved 3 Statements of Charges.

1. A 55-year-old Iowa-licensed physician who practices obstetrics and gynecology in Clinton, Iowa, had formal disciplinary charges filed against him. The Board charged the physician with violating the laws and rules governing the practice of medicine in Iowa when he engaged in professional incompetency, unethical or unprofessional conduct, practice harmful or detrimental to the public, and knowingly making false or misleading statements on his license renewal application. The Board alleged that the physician engaged in inappropriate prescribing to patients, failed to provide appropriate care to a patient with an abnormal pap smear, failed to provide appropriate prenatal care to patients, failed to provide appropriate management of preeclampsia and failed to disclose the fact that he lost his hospital privileges on his license renewal application. A hearing is scheduled on April 11-12, 2013.
2. A 40-year-old Iowa-licensed physician who practiced pain medicine in Des Moines, Iowa, had formal disciplinary charges filed against him. The Board charged the physician with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain care to numerous patients in Des Moines, Iowa, between 2011 and the present. The Board alleged that the physician prescribed large quantities of potentially lethal medications to numerous patients; failed to perform and/or document appropriate physical examinations; failed to assess and/or document appropriate assessment of

patients' need for opioid therapy; failed to establish and/or document appropriate treatment plans; failed to perform and/or document appropriate monitoring; failed to address and/or document appropriate efforts to address patients who demonstrated evidence of abuse, misuse or diversion; failed to appropriately supervise and/or document his supervision of mid-level providers who provided opioid therapy to patients; failed to appropriately utilize the Iowa Prescription Monitoring Program; and failed to maintain appropriate medical records. A hearing is scheduled on April 11-12, 2013.

3. A 45-year-old Iowa-licensed physician who practices oncology in Cedar Rapids, Iowa, had formal disciplinary charges filed against him. The Board charged the physician with violating the laws and rules governing the practice of medicine in Iowa when he touched the breast of a twelve year-old female houseguest and attempted to remove her tank top while she was attempting to sleep on March 10, 2012. On July 15, 2012, the physician was arrested and charged with Indecent Contact with a Child, an Aggravated Misdemeanor, in Johnson County, Iowa. A hearing is scheduled on April 11-12, 2013.

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. A 51-year-old Iowa-licensed physician who formerly practiced general medicine in Omaha, Nebraska, voluntarily surrendered his Iowa medical license. On September 7, 2000, the physician was disciplined by the Colorado Board of Medical Examiners for engaging in an inappropriate relationship with a co-worker for whom he had provided treatment. The physician received a letter of admonition and was required to complete a boundary education program. On October 18, 2011, the Iowa Board issued the physician a Citation and Warning for being disciplined by the Colorado Board for engaging in an inappropriate relationship with a co-worker who was a patient. On January 25, 2012, the physician was convicted of conspiracy to dispense a controlled substance, a felony, in the United States District Court Northern District of Oklahoma. The physician was sentenced to sixty (60) months of probation, eight (8) months of home detention with electronic monitoring, one hundred (100) hours of community service and ordered to pay a \$100.00 court fee. On February 16, 2012, the physician was disciplined by the Nebraska Department of Health and Human Services, Division of Public Health, based on the criminal conviction. The physician was placed on probation for a period of five (5) years subject to Board monitoring, prohibited from prescribing, administering, dispensing or possessing any controlled substance at any time and required to complete continuing education for appropriate prescribing. The physician was also required to have his medical practice supervised by a Board-approved practice monitor. The physician voluntarily surrendered his Iowa medical license to resolve this matter.

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. Concerns that the physician failed to provide appropriate care to a female patient who presented to the emergency department with a long history of vaginal bleeding; failed to provide appropriate obstetrical care to a female patient; and failed to diagnose and treat a patient with a ruptured appendix.

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 18 confidential Letters of Warning or Education due to the following areas of concern:

1. Concerns that a physician made threatening and intimidating comments to staff and nurses about a pending Board investigation.
2. Concerns that a physician performed complex neurological surgical procedures without appropriate indications and without attempting more conservative treatment.
3. Concerns that a physician performed an improper colonoscopy.
4. Concerns that a physician failed to diagnose and treat a perforated ulcer.
5. Concerns that a physician provided improper thrombolytic therapy.
6. Concerns that a physician failed to provide appropriate treatment to a patient who suffered a drug overdose.
7. Concerns that a physician improperly recruited patients at an assisted living center.
8. Concerns that a physician improperly prescribed a blood thinner to an elderly patient with a history of cardiac disease.
9. Concerns about a physician's post-operative care to a patient.
10. Concerns about violation of appropriate physician-patient boundaries.
11. Concerns that a physician failed to perform appropriate testing to rule out cancer.
12. Concerns that a physician allowed another physician to participate in a surgical procedure without appropriate privileges.
13. Concerns about a physician's prescribing to a patient with a known drug abuse history.
14. Concerns that a physician was charged with Domestic Abuse and Child endangerment.
15. Concerns about a physician's failure to timely diagnose and admit a patient to the hospital.
16. Concerns about a physician's failure to order appropriate testing for a patient who presented with shortness of breath.
17. Concerns about a physician's use of a patient contract that appears to be unethical.
18. Concerns that a physician inappropriately shared confidential patient medical information with a member of the physician's family.

Reinstatement Orders: The Board may enter into an agreement to reinstate a physician's Iowa medical license after the license has been suspended by the Board as part of a disciplinary action. The Board enters into Reinstatement Orders after the physician has successfully completed any requirements established by the Board and it is in the public interest to reinstate the license. The Board routinely establishes further requirements including probation and Board monitoring when the license is reinstated.

The Board reinstated 1 Iowa medical license.

On December 8, 2011, the Board charged a physician with engaging in sexual misconduct and professional incompetency while performing pain procedures on female patients who were sedated. The Board suspended the physician's Iowa medical license. On March 29, 2012, the Board concluded that the physician violated the standard of care when he treated female patients who were sedated without other staff present but found that there was insufficient evidence that the physician engaged in sexual misconduct. The Board suspended the physician's Iowa medical license for a minimum of one year from the date of the original suspension. The Board also ordered the physician to pay a \$10,000 civil penalty and complete a Board-approved professional boundaries program and medical record keeping course. On January 11, 2013, the Board voted to reinstate the physician's license subject to certain terms and conditions. The Board placed the physician on probation for a period of five (5) years subject to Board monitoring, including a Board-approved practice monitor. The Board also established certain practice requirements including the following: a Board-approved group practice setting; a Board-approved chaperone for all female patients; treatment only during regular clinic hours; appropriately trained staff; appropriate level of sedation; appropriate monitoring during procedures; appropriate transportation following procedures; appropriate written informed consent; appropriate medical records; and appropriate fees for services.

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.

1. Concerns about a physician who made inappropriate and unprofessional comments to a patient and her spouse.
2. Concerns about a physician who made threatening and intimidating comments to staff and nurses about a pending Board investigation.
3. Concerns about numerous complex neurological surgery procedures performed without appropriate indications and without attempting more conservative treatment.

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

The Monitoring Committee reviewed 8 cases.

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 30 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 12 licensure applications. Six permanent licenses were granted, one permanent license was granted by way of consent agreement, one application was left open to obtain further information, one temporary license was granted, one acupuncture license was granted, and two applicants were asked to withdraw their application.

The Licensure Committee approved three 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 eliminating the renewal fee for any physician that was on active duty in the U.S. Armed Forces during their renewal period. The Committee directed staff to draft rules for the March board meeting.

Other Board action:

1. Established the recognition of up to 10 equivalents to Category 1 continuing medical education (CME) credits for physician Members and physician Alternate members of the Board, physicians who perform peer reviews for the Board, and for physician members of the Iowa Physician Health Committee.
2. Received reports from public member Ann Gales, who attended the Citizen Advocacy Center annual meeting, October 25-26, 2012; physician member Michael Thompson, D.O., who attended the American Association of Osteopathic Examiners' summit, January 4-5, 2013; and chief investigator Russell Bardin, who attended the 21st National Conference on Pharmaceutical and Chemical Diversion, November 14-15, 2012.
3. Accepted a staff memorandum on the monitoring of physicians under Board orders who work/live outside of Iowa.
4. Received a statistical report on the Iowa Physician Health Program. On December 1, 2012, there were 79 participants in the program. There were 48 new participants in the program since January 1, 2012, and 49 discharges during the same period.
5. Received updates from the Iowa Attorney General's Office on the status of seven Board cases under judicial review in state courts.

A press release describing public disciplinary action taken by the Board was distributed and posted on the Board's Website on January 15, 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.