BEFORE THE IOWA BOARD OF MEDICINE

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IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

RICHARD A. STRICKLER, Jr., D.O., RESPONDENT

FILE No. 03-2015-452

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STATEMENT OF CHARGES

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COMES NOW the Iowa Board of Medicine (Board) on July 27, 2018, and files this Statement of Charges pursuant to Iowa Code Section 17A.12(2). Respondent was issued Iowa medical license DO-02003 on July 28, 1983. Respondent's Iowa medical license is active and will next expire on August 1, 2019.

A. TIME, PLACE AND NATURE OF HEARING

1. Hearing. A contested case hearing shall be held on October 11-12, 2018, before the Iowa Board of Medicine. The hearing shall begin at 8:30 a.m. on each day and shall be located in a conference room at the Iowa Board of Medicine office at 400 SW 8th Street, Suite C, Des Moines, Iowa.

2. Answer. Within twenty (20) days of the date you are served this Notice of Hearing you are required by 653 Iowa Administrative Code 25.10 to file an Answer. In that Answer, you should also state whether you will require a continuance of the date and time of the hearing.

3. Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge make initial rulings on prehearing matters, and be present to assist and advise the board at hearing.

4. Prehearing Conference. A prehearing conference shall be held by telephone on August 22, 2018, at 9:00 a.m., before an Administrative Law Judge from the Iowa Department of Inspections and Appeals (ALJ). Please contact Kent M. Nebel, J.D., Legal Director, Iowa Board of Medicine, at 515-281-7088 with the telephone number at which you or your legal counsel can be reached. Board rules on prehearing conferences may be found at 653 Iowa Administrative Code 25.15.

5. Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 653 Iowa Administrative Code Chapter 25. At hearing, you will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf, cross-examine witnesses, and examine any documents introduced at hearing. You may appear personally or be represented by counsel at your own expense. If you need to request an alternative time or date for hearing, you must review the requirements in 653 Iowa Administrative Code 25.16. The hearing may be open to the public or closed to the public at the discretion of the Respondent.

6. Prosecution. The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address: Julie Bussanmas, Assistant Attorney General, Iowa Attorney General's Office, 2nd Floor, Hoover State Office Building, Des Moines, Iowa 50319.

7. Communications. You may not contact board members by phone, letter, facsimile, e-mail, or in person about this Notice of Hearing. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the case. You may contact Kent M. Nebel, J.D., Legal Director, at 515-281-7088 or to Assistant Attorney General Julie Bussanmas at 515-281-5637.

B. LEGAL AUTHORITY AND JURISDICTION

8. Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 17A, 147, 148, and 272C.

9. Legal Authority: If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code Chapters 17A, 147, 148, and 272C (2005) and 653 Iowa Administrative Code section 25.25.

10. Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code Section 17A.12(3) and 653 Iowa Administrative Code 25.20.

C. SECTIONS OF STATUTES AND RULES INVOLVED

COUNT I

11. **Professional Incompetency:** Respondent is charged with professional incompetency pursuant to Iowa Code sections 147.55(2), 148.6(2)(g) and (i), and 272C.10(2) and 653 IAC 23.1(2)(a) - (g), by demonstrating one or more of the following:

a. Willful or repeated gross malpractice;
b. Willful or gross negligence;
c. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's or surgeon's practice;
d. A substantial deviation by the physician from the standards of learning or skill ordinarily possessed and applied by other physicians or surgeons in the state of Iowa acting in the same or similar circumstances;
e. A failure by a physician or surgeon to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician or surgeon in the state of Iowa acting in the same or similar circumstances;
f. A willful or repeated departure from or the failure to conform to the minimal standard of acceptable and prevailing practice of medicine and surgery or osteopathic medicine and surgery in the state of Iowa;
g. Failure to meet the acceptable and prevailing standard of care when delegating or supervising medical services provided by another physician, health care practitioner, or other individual who is collaborating with or acting as an agent, associate, or employee of the physician responsible for the patient's care, whether or not injury results.

COUNT II

12. **Practice Harmful or Detrimental to the Public:** Respondent is charged pursuant to Iowa Code sections 147.55(3) and 272C.10(3) and 653 IAC 23.1(3) with engaging in practice harmful or detrimental to the public. Practice harmful or detrimental to the public includes, but is not limited to, the failure of a physician to possess or exercise that degree of skill, learning and care expected of a reasonable, prudent physician acting in the same or similar circumstances in this state.

STATEMENT OF THE MATTERS ASSERTED

13. **Practice Setting:** Respondent is an Iowa-licensed physician who formerly practiced emergency medicine in Ankeny, Iowa, and currently practices family medicine in Winterset, Iowa.

14. **First Disciplinary Action:** On December 12, 2001, the Board filed a Statement of Charges against Respondent. The Board alleged Respondent demonstrated professional incompetency in violation of the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate treatment to three patients in the emergency department in Ankeny, Iowa, between 1993 and 1998. On December 11, 2003, the Board issued a Findings of Fact, Conclusions of Law, Decision and Order. The Board determined that Respondent failed to perform a pelvic exam on a young female patient even though such an examination was clearly indicated and that Respondent documented a pelvic exam when one had not been performed. The Board also concluded that Respondent made repeated errors in his treatment of two elderly patients who had serious heart problems. Under the terms of the December 11, 2003, Findings of Fact, Conclusions of Law, Decision and Order, the Board issued Respondent a Citation and Warning for failing to provide appropriate medical care to the three patients and ordered him to complete a Board-approved comprehensive emergency medicine review course. Respondent successfully completed the Board-approved emergency medicine review course.

15. **Improper Patient Care:** The Board alleges Respondent demonstrated professional incompetency in violation of the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate medical care to multiple patients in Winterset, Iowa, between 2013 and 2017, including the following:

A. **Patient #1:** Patient #1 presented with complaints of chest pain:
   (1) Respondent failed to document his physical exam findings, medical decision-making and the differential diagnosis.
   (2) Respondent failed to order an ECG.
   (3) Respondent diagnosed hypertension even though the patient's blood pressure readings did not meet widely accepted diagnostic criteria.
   (4) Respondent failed to perform an appropriate initial work-up for the new diagnosis of hypertension to identify potential secondary causes of hypertension and to identify possible hypertensive end-organ damage. Such a work-up should include basic lab work, urinalysis, micro albumin and baseline ECG at a minimum.
   (5) Respondent ordered inappropriate treatment for hypertension. While there are many treatment options for appropriately diagnosed essential hypertension, expert guidelines including JNC 8 have not supported the use of beta blockers for initial treatment unless the patient has an additional diagnosis of myocardial infarction or congestive heart failure. The most recent guidelines would suggest that a patient such as this be treated initially with an angiotensin converting enzyme inhibitor (ACE-I), angiotensin receptor blocker (ARB), thiazide diuretics or a calcium channel blocker (CCB).
   (6) Respondent failed to recommend and/or document appropriate lifestyle modification including smoking cessation and weight loss.

B. **Patient #2:** Patient #2 presented with a complaint of atrial fibrillation or flutter:
   (1) Respondent failed to order an ECG.
   (2) Respondent failed to perform and/or document appropriate review of systems, including the presence of associated cardiac or pulmonary symptoms for a patient complaining of atrial fibrillation or flutter.
   (3) Respondent failed to perform and/or document a past medical, social or family history review.
   (4) Respondent failed to address the patient's elevated creatinine level.
   (5) Respondent failed to maintain adequate documentation.

C. **Patient #3:** Patient #3 was treated for presumed urinary tract infection (UTI) based on Leukocytes on urine analysis, a rash and high blood pressure:

(1) Respondent failed to order and/or document an initial culture or follow-up culture for the diagnosis and treatment of a suspected UTI.

(2) Respondent failed to adequately address and/or document findings and treatment of the rash.

(3) Respondent failed to adequately address and/or document his treatment of the patient's elevated blood pressures, often well outside acceptable ranges especially for a patient with diabetes mellitus, including adjustments to the patient's blood pressure medications.

D. **Patient #4:** Patient #4 was seen on multiple occasions for upper respiratory illness (URI):

(1) Respondent inappropriately prescribed antibiotics at each visit despite the lack of fever or historical features that would support antibiotic prescribing.

Patient also presented with complaints of tachycardia and chest pain on several visits:

(2) Respondent failed to order an ECG.

(3) Respondent failed to perform and/or document an appropriate work-up or treatment.

E. **Patient #5:** Patient #5 was seen on multiple occasions for hypertension:

(1) Respondent failed to perform and/or document an appropriate history and physical exam or a review of systems.

(2) Respondent failed to obtain and/or document a baseline work-up for hypertension or end-organ damage.

F. **Patient #6:** Patient #6 is a medication controlled diabetic:

(1) Respondent failed to perform and/or document diabetic foot exams, a check of the micro albumin, routine retinal exams, the use of an ACE-I or ARB, or the use of baby aspirin.

G. **Patient #7**: Patient #7 presented with complaints of chest pain and a family history of coronary artery disease:

(1) Respondent failed to order an ECG.

Patient was also treated for upper respiratory illness (URI) including otitis media on a couple of occasions;

(2) Respondent inappropriately prescribed Ciprofloxacin, a non-respiratory fluoroquinolone.

H. **Patient #8:** Patient #8 was treated for hypertension and presented on multiple occasions with uncontrolled blood pressure:

(1) Respondent failed to establish and/or document an appropriate medication management plan or medication changes/additions.

I. **Documentation.** Respondent's notes lack appropriate detail regarding the review of systems, the history of present illness or past medical, social and family history and there is no documentation of his medical decision-making.

J. **Antibiotic Stewardship.** Respondent prescribed excessive antibiotics for upper respiratory illness (URI) and his antibiotic choice for URI, often Ciprofloxacin, is a poor choice for most URI and is not considered first-line.

K. **Laboratory Results:** Respondent's notes lack appropriate documentation of laboratory results review and follow-up.

L. **Use of ECG:** Respondent frequently failed to order an ECG for patients with potential cardiac issues.

M. **Treatment of Diabetes Mellitus:** Respondent failed to provide appropriate management of patients with diabetes mellitus, including limited blood pressure management, lack of documentation of completion of diabetic foot exams and little to no documentation of home glucose control or monitoring and ophthalmological exams.

N. **Diagnosis and Treatment of Urinary Tract Infection:** Respondent inappropriately diagnosed and treated patients for urinary tract infections based solely on the presence of leukocytes on urine analysis or urinary "odor" changes with no documentation of urine culture confirmation.

E. SETTLEMENT

16. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 Iowa Administrative Code 12.25. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088 or kent.nebel@iowa.gov.

F. PROBABLE CAUSE FINDING

17. On July 27, 2018, the Iowa Board of Medicine found probable cause to file this Statement of Charges.

Kyle G. Ulveling, M.D., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686