CAMBRIDGE HEALTH ALLIANCE MEDICAL STAFF

Report of Investigative Committee regarding Physician #3835

August 1, 2011

BACKGROUND—This Committee was formed by the President of the Medical Staff at the behest of the Medical Executive Committee (MEC) after the Fair Hearing Committee (FHC) Report regarding the Corrective Action Plan for physician 3835.

In its report to the MEC the FHC upheld the MEC's decision for summary suspension from the Medical Staff of physician 3835, finding that it was neither arbitrary nor capricious. The FHC, however, noted that the MEC's recommendation for termination from the Medical Staff "while neither arbitrary nor capricious, was not supported by credible evidence". The FHC recommended further investigation into the matter of termination from the Medical Staff of Physician 3835.

On March 8, 2011, the MEC voted to continue the suspension of physician 3835, to appoint an Investigative Committee (IC) to "conduct...further examination of Dr.{3835} 's practice...at CHA. The scope of the investigation is not to be limited to management of pain patients, but include overall evaluation of neurological care provided to patients...{and} outside review of cases". The MEC deferred action for a formal referral to the Physician Health Service (PHS) of physician 3835 pending the outcome of the IC's report.

The committee consisted of Jonathan Strongin, MD, Greg Lipshutz, MD and Melisa Lai-Becker, MD.

Committee Process—The IC met on June 17, 24, July 14, 21, and 26. After the first meeting the IC reviewed the following materials:

- Recommendation for corrective action;
- November 11, 2010 letter to Dr. 3835 from Dennis Keefe, CEO of CHA;
- February 24, 2011 report from the FHC to the MEC
- March 8, 2011 minutes of MEC executive session;
- March 22, 2011 letter to Dr. 3835 from Dr. S. Stout, President of CHA Medical Staff;
- transcripts of the Fair Hearing conducted on January 5, 6, and 24, 2011;
- a list of 10 cases with medical record numbers and specific questions sent to an outside reviewer for evaluation of appropriateness of care (seven of the cases were supplied by Dr. 3835 in support of the appropriateness of care);

- the report of the External Peer Review (performed by a board certified practicing neurologist) submitted July 15, 2011. The IC chose not to review this report until after its own deliberations regarding Dr. 3835's records.

Additionally, the IC interviewed Drs. David Bor, Chief of Medicine and Rachel Nardin, Chief of Neurology.

Dr. 3835 was invited to appear before the IC but chose not to appear.

The members of the IC reviewed the charts of the 10 patients on EPIC.

FINDINGS

1) The MEC was neither arbitrary nor capricious in recommending termination of Dr. 3835's privileges at CHA.

2) Based on the materials reviewed, Dr. 3835 did not meet the minimal community standard of practice expected of a physician, which includes appropriate attention to documentation of history, physical examination, review of laboratory data, formulation of a differential diagnosis, and appropriate follow up.

3) The IC recommends termination of physician 3835 from the CHA medical staff.

4) Since the IC did not have the opportunity to interview Dr.3835, we cannot make a recommendation regarding the appropriateness of a referral to the PHS.

COMMENTS

During the interview with Dr. Nardin, it became clear that there were numerous attempts on the part of Dr. Nardin to mentor Dr 3835 to improve his documentation in his medical records, to frame a differential diagnosis rather than making a diagnosis of multiple sclerosis (MS) on "impressionistic" criteria, to curtail his open ended prescribing of high dose narcotics to chronic pain patients, and improve his communication and professionalism with his colleagues including primary care physicians, hospitalists, and radiologists.

During the interview with Dr. Bor, it became apparent that the original corrective action plan presented to the MEC was not taken lightly. Rather than simply deal with Dr 3835 as an employee matter and not renew Dr 3835's contract through CHAPO, Dr. Bor felt that Dr. 3835's overall practice presented sufficient risk to patients and that he should not simply move to another medical staff. Dr. Bor also reported to the IC that during his interview with Dr 3835 that he "pushed him quite hard" about his termination and transfer of his chronic pain patients to other physicians. Dr. Bor felt Dr. 3835's responses were "disingenuous at best"

In reviewing the patient records, the IC unanimously felt that Dr. 3835 did not adequately perform and document patient history, physical exam, differential diagnosis or treatment plans, nor did he provide adequate follow-up for his patients. He appeared to rush to judgment and make an unusual diagnosis based on his impressions rather than on the facts of each case. He would prescribe more dangerous second and third line immunosuppressive medication at the outset, rather then employing standard first line treatments initially. In at least one case that he diagnosed as multiple sclerosis, he prescribed immunosuppressant medication for which there is no published data to support its use. In one case he apparently diagnosed and began immunosuppressant medication for lupus (a disorder outside his area of training). He noted that the patient's rheumatologists had not felt she had lupus, but appeared to base his diagnosis solely on the fact that the patient's sister had lupus. The IC agreed with Dr 3835's diagnostic impression in only 3 out of the 10 patients reviewed and these were chronic pain patients that had suffered mechanical trauma. His diagnosis of multiple sclerosis and "CNS inflammation" appeared not to be supported by objective evidence. His use of immuno-modulating agents was not accompanied by adequate follow-up and monitoring. His use of narcotic agents was excessive and not accompanied by a plan for taper nor was the use of adjuvant agents considered. Discussions of possible alternative treatment strategies or the abuse potential of narcotic medication were not documented as discussed with the patients.

For many encounters logged into the EPIC system, no notes, either hand written or computer generated could be located. Communication with the referring physician generally was not timely or helpful; medication changes and management decisions were not communicated to the primary physician.

The conclusions reached by the IC about the quality of care provided by Dr 3835 were arrived at independently of the outside reviewer's report. However, we were struck by the similarities of our findings and those of the outside reviewer.

While 10 patients is a small sample, the patterns of practice documented all fall outside of the minimal acceptable community standard. This becomes even more salient when it is noted that Dr. 3835 provided 7 out the 10 patients to support his case. In this context we do not find a need for further review of cases.

Report submitted August 1, 2011

/s/ Jonathan Strongin, MD

/s/ Melisa Lai Becker, MD

/s/ Gregory Lipshutz, MD