



## Arizona Medical Board

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### FINAL MINUTES FOR BOARD REVIEW COMMITTEE A TELECONFERENCE MEETING

Held virtually on Thursday, October 8, 2020

1740 W. Adams St., Board Room A • Phoenix, Arizona

#### *Committee Members*

R. Screven Farmer, M.D., Chair  
James M. Gillard, M.D., M.S., F.A.C.E.P., F.A.A.E.M., Vice-Chair  
Bruce A. Bethancourt, M.D., F.A.C.P.  
Pamela E. Jones  
Lois E. Krahn, M.D.

### GENERAL BUSINESS

#### A. CALL TO ORDER

Dr. Farmer called the Committee's meeting to order at 8:04 a.m.

#### B. ROLL CALL

The following Committee members participated in the virtual meeting: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.

#### ALSO PRESENT

The following Board staff participated in the virtual meeting: Patricia McSorley, Executive Director; Alicia Cauthon, Executive Director Assistant; Michelle Robles, Board operations Manager; William Wolf, M.D., Chief Medical Consultant; Carrie Smith, Assistant Attorney General ("AAG"); and, Andrea Cisneros, Minutes Administrator.

#### C. OPENING STATEMENTS

Dr. Farmer recognized the Board's staff for their hard work and efforts in facilitating today's proceedings.

### LEGAL MATTERS

#### D. FORMAL INTERVIEWS

1. THIS CASE WAS PULLED FROM THE AGENDA.

#### E. FORMAL INTERVIEWS

1. MD-18-0026A, JOHN W. MCGETTIGAN, M.D., LIC. #12606

Dr. McGettigan and Attorney Susan Trujillo participated in the virtual meeting during the Board's consideration of this matter. Dr. Farmer disclosed that he attended the same medical school as Dr. McGettigan, but stated that they have had no meaningful contact since and it would not affect his ability to adjudicate the case.

Board staff summarized that a complaint was received regarding Dr. McGettigan's care and treatment of a 61 year-old female patient ("CA") alleging inappropriate and/or excessive prescribing of narcotic medications. The Medical Consultant ("MC") who reviewed the case identified a number of deviations from the standard of care including

prescribing of high dose opioids with concurrent benzodiazepines over the course of two years with no dose reductions. Patient CA was noted to have been weaned off of high dose opioids prior to establishing care with Dr. McGettigan in June of 2015. While the licensee documented discussions with the patient of dose reductions and harm from high dose opioids, it did not appear that dose reductions were done, no referrals were made, and there was no discussion regarding non-pharmacological therapy. Neurology and Psychiatry consultations were obtained, but there did not appear to be any follow through with specialists or concerns regarding medications and doses prescribed despite diagnoses of depression and dementia. Dr. McGettigan failed to address urine drug screen results that were negative for the prescribed medications, and a query of the Controlled Substance Prescription Monitoring Program ("CSPMP") database demonstrated that from July 2017 through July of 2019, a number of Dr. McGettigan's patients had MMEs as high as 600mg daily.

The Staff Investigational Review Committee ("SIRC") reviewed the case and returned it for further investigation to review more recent patients' charts. The MC reviewed the five additional patients' charts and found that Dr. McGettigan deviated from the standard of care in all five in addition to the index patient, CA. Dr. McGettigan prescribed high dose opioids without a clinical rationale, prescribed combinations of high dose opioids and benzodiazepines, failed to perform adequate pain specialty level examination, failed to attempt non-pharmacological therapy prior to continuing prescriptions for controlled substances, inadequate use of behavioral health resources and inadequate attention to behavioral health pathology. The MC commented that Dr. McGettigan attempted dose reductions, but it was not a significant enough decrease in dosage from the extremely high doses of opioids. SIRC noted that patient harm was identified, and agreed with the MC that review of the five patients in addition to the index patient established a trend in Dr. McGettigan's treatment where he appeared to have focused on the mechanics of opioid prescribing to reduce the risk of actual harm, but the potential risk was significant. Dr. McGettigan stated that the treatment of chronic pain has evolved over the years, and that the CDC guidelines have caused a lot of confusion for clinicians. He reported that he has made many proactive adjustments to his practice including taking an opioid prescribing course, establishing an opiate oversight committee, hiring a scribe as well as behavioral health providers. He recognized that his charting needs improvement, and reported that he planned to attend a medical recordkeeping course the day after the Board's meeting. Dr. McGettigan stated that he has been working with another physician who is a renowned expert in the field of pain management to review his charts weekly, and that he has asked her to continue in this role until they both agree that his charts are no longer lacking. Dr. McGettigan stated that placing his license on Probation would affect his ability to work, and reported that this complaint has already had potentially devastating effects on some of his patients in that he has been terminated from two large insurance carriers.

Ms. Trujillo stated that Dr. McGettigan inherited a group of patients that were caught between the old paradigm of addressing chronic pain aggressively with opioids to the new paradigm of reducing medications. She stated that the patients have high tolerances and struggled to transfer completely to non-opioid alternatives. Ms. Trujillo stated that the MCs reached their conclusions by relying in error on CDC guidelines for opioid dispensing. Ms. Trujillo pointed out that in November of 2018 and June of 2020, the CDC was asked to adjust the guidelines by the AMA to include individual patients' needs. She stated that the MC misapplied these guidelines to Dr. McGettigan's patients who were high risk patients being treated appropriately by a pain management specialist pursuant to Arizona guidelines. Ms. Trujillo stated that Dr. McGettigan did discuss physical therapy and other therapies with his patients, and carefully considered the use of benzodiazepines in these patients and only used them when clinically necessary. Ms. Trujillo stated that Dr. McGettigan's care may not have been reflected adequately in the records, and that he understands that his recordkeeping needs improvement. She stated that the Board's investigation has been active since 2018 and that Dr. McGettigan is not a potential harm to his patients. She stated that restricting his ability to prescribe controlled substances has caused harm to his patients who have legitimate needs for

increased controlled substance prescribing, and asked that the matter be dismissed so that he can resume caring for his complex patients.

Dr. Bethancourt questioned the licensee regarding whether patient CA's pain was due to her MS or lumbar issues, and stated that the origin of the patient's pain was unclear from the records. Dr. McGettigan explained that CA was on over 800mg MME prior to him seeing her and that over time, she had tapered off of the medication completely, mostly on her own. He stated that when CA presented to him, she was bed ridden and wanted to be more active. He further explained that when he initiates opioid therapy, he tries to start slowly and initially treats the patient's side effects from the medication more so than the patient's pain. He stated that in some patients, it takes time to work them up to the appropriate dose. Dr. McGettigan pointed out that when he reached the appropriate dose with CA, she was on less than half of what she had been on previously and that her pain did improve. He stated that over time, it became evidence that CA was not using the pain medications as prescribed, resulting in discrepancies in the urine drug screens.

Dr. Krahn questioned the physician regarding his training in pain management that led him to have the practice he does now. Dr. McGettigan stated that he received mostly on the job training through working with other specialists in the area, and that he is a member of the American Board of Pain Medicine. Dr. Krahn noted Dr. McGettigan's prior Board history that included similar issues as identified in the current case, and questioned why the changes the physician has implemented were not done previously. Dr. McGettigan stated that he believed his records had improved after completing the CME course and after enlisting the help of a colleague to monitor his practice. He stated that he planned to retain her services for the foreseeable future to continue reviewing his records. Dr. Gillard recognized that Dr. McGettigan inherited these patients who were on high doses prior to establishing care with him, and questioned what actions the licensee took to remediate their situations. Dr. McGettigan stated that he informed the patients that they would need to reduce their dosages, and reported that most of these patients are currently on half of what they were taking previously. Ms. Jones questioned the physician regarding his current practice monitor. Dr. McGettigan explained that his colleague is a retired pain specialist who he is currently sending at least one chart a week to review and that he makes adjustments based on her feedback. He clarified that he selects the patient whose chart is forwarded to the practice monitor for review.

During her closing statements, Ms. Trujillo highlighted that the consequences of placing the physician's license on Probation would be swift and devastating, including the loss of patients and forcing closure of the practice leaving more than 700 patients without a physician. Ms. Trujillo stated that over the past few months, the physician has been unable to identify other chronic pain providers in Tucson to treat these patients, and that issuing an Order for Probation would affect Dr. McGettigan's ability to continue to participate in clinical trials relating to the current health crisis. She stated that Dr. McGettigan has learned from the practice monitor and that her feedback has helped the physician create a more complete record for anyone to understand the treatment plan upon their review. She added that Dr. McGettigan planned to attend a CME course regarding medical recordkeeping as another opportunity to improve his charting.

Dr. Bethancourt found that unprofessional conduct did occur in this case and spoke in favor of sustaining the violations as recommended by SIRC. Dr. Bethancourt stated his concerns regarding the lack of identification of patient CA's origin of pain, escalation of high dose opiates in multiple patients, as well as the licensee's prior Board history that involved failure to address abnormal drug screens and excess dosing of Suboxone.

**MOTION: Dr. Bethancourt moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) and (r) for reasons as stated by SIRC.**

**SECOND: Dr. Krahn**

**VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.**

**VOTE: 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

Dr. Bethancourt stated that he found this matter rises to the level of disciplinary action based on concerns regarding prescribing escalating doses of controlled substances, failing to identify patient CA's origin of pain, and in light of the physician's prior Board history that involved issues similar to the concerns identified in the current case.

**MOTION: Dr. Bethancourt moved for draft Findings of Fact, Conclusions of Law and Order for Decree of Censure and Three Year Probation with Practice Restriction. Dr. McGettigan shall be prohibited from accepting new patients who require controlled substance management of chronic pain conditions, increasing dosages of controlled substances prescribed to current patients in the State of Arizona pending completion of CME as required by this Order. Dr. McGettigan shall continue to have an approved practice monitor as previously ordered in the Board's ICA in this matter. Respondent shall agree to allow the monitor to view his interactions with any and all patients as deemed appropriate by the monitor. The monitor shall select the number of charts and patients for monitoring and review. The monitor shall provide written reports to the Board on a monthly basis or at any time the monitor has concerns regarding the physician's controlled substance prescribing or safety to practice. Respondent shall be responsible for all expenses relating to the practice monitor and preparation of the monthly reports. Dr. McGettigan may request termination of the Practice Restriction including the use of a practice monitor upon completion of intensive, in-person CME in medical recordkeeping and controlled substances prescribing. Within six months, complete CPEP's or PACE's intensive, in-person course regarding controlled substance prescribing; and, no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course for medical recordkeeping. The CME hours shall be in addition to the hours required for license renewal. Within thirty days from the successful completion of the CME coursework, the physician shall enter into a contract with a Board approved monitoring company to perform periodic chart reviews, at the physician's expense. The physician shall not request early termination of Probation without having completed the chart review process. After three consecutive favorable chart reviews, the physician may petition the Board for Probation termination. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board.**

**SECOND: Dr. Krahn**

Dr. Krahn stated her concerns that the physician has had prior opportunities to modify his practice in a more meaningful way than happened here. Dr. Krahn recognized that the licensee is currently taking steps to have someone review one chart a week, and stated that she remained concerned given his inability to modify his practice in the past to address these concerns to prevent a similar occurrence. Dr. Krahn addressed the comments made regarding Dr. McGettigan's inability to continue as a principle investigator for a major clinical trial that is important for public health, stating that any individual who undertakes clinical trials does so with a team of investigators. Dr. Krahn stated that she would find it troubling if there were no plans in place in the event that he became unable to fulfill his role, to allow a substitute investigator to take over the clinical trial with approval of the sponsoring company.

Dr. Gillard spoke against the motion for disciplinary action and stated that while he agreed with comments made by other members, he was concerned regarding the release of several hundred patients into the community who are severely addicted. Dr. Wolf stated that this is a natural problem that arises in situations such as this. He stated that in the past, the medical community has found ways to assimilate and absorb these patients. Dr. Farmer questioned whether the Board had the ability to allow a phase-out period for the physician's existing patients. Dr. Wolf recalled a prior matter wherein the Board allowed the licensee time to help patients find a new provider.

AAG Smith pointed out that that original ICA that was offered to the licensee involved a restriction from prescribing any controlled substances in all settings. She reported that the Board subsequently reviewed the case and modified the ICA to its current form, and stated that the Committee should consider whether or not a full restriction on prescribing controlled substances was warranted versus continuing the terms of the ICA. Dr. Farmer stated his concerns regarding the physician's prior Board history and that the consequence of these patients being released is a very important public health issue for the Board to consider. Dr. Farmer spoke in favor of continuing the terms of the Practice Restriction as described in the ICA. Dr. Bethancourt agreed and questioned whether the Board had the ability to continue with those restrictions while the licensee attends further education courses.

**MOTION:** Dr. Bethancourt moved for the Board to enter into Executive Session to obtain legal advice pursuant to A.R.S. § 38-431.03(A)(3).

**SECOND:** Dr. Krahn

**VOTE:** The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.

**VOTE:** 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

The Board entered into Executive Session at 9:17 a.m.

The Board returned to Open Session at 9:31 a.m.

No legal action was taken by the Board during Executive Session.

Dr. Bethancourt stated that the issue of these patients being left without care should have been addressed by the physician previously. Dr. Bethancourt spoke in support of allowing the patients to continue treatment with the licensee while he undergoes further education. Dr. Krahn emphasized the importance for the practice monitor to identify the patients selected for the chart reviews. She also highlighted that a Decree of Censure was warranted in this case and stated that this was an unacceptable situation that should have been remedied before this point in time. Dr. Gillard pointed out that the original complaint in this matter was withdrawn and that the MCs opinions were conflicting. Dr. Gillard also recognized that in the past, there was a push for pain treatment that caused this problem for these patients. Dr. Gillard spoke against the motion and stated that he agreed with comments made by other members.

Dr. Krahn stated that she recognized that there was an era when pain was considered a vital sign and needed to be aggressively treated; however, she stated that medicine has evolved since then and physicians need to modify their treatment plan to reflect their current thinking.

**VOTE:** The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn. The following Committee member voted against the motion: Dr. Gillard.

**VOTE:** 4-yay, 1-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

## **F. FORMAL INTERVIEWS**

### **1. MD-19-1091A, JOHN REID, M.D., LIC. #27576**

Dr. Reid and Attorney Dan Cavett participated in the virtual meeting during the Board's consideration of this matter.

Board staff summarized that the Board received notification from a hospital reporting that the Hospital received a number of complaints regarding Dr. Reid's unprofessional interactions with law enforcement officials, the use of foul and intimidating language with staff, and harassment by staff. The staff had also complained that Dr. Reid made

inappropriate statements and held conversations of a sexual nature with staff, that he was rude and condescending behavior as well as physical abuse towards one of the law enforcement officials. The Hospital reported findings that Dr. Reid's behavior was unprofessional and did not meet the standards of conduct expected of a hospital member. The Hospital noted that Dr. Reid was aware of the conversations that may have been offensive to others and had little insight into the fact that such behavior was not appropriate at the hospital. The Hospital reported that Dr. Reid was formally reprimanded and relieved of his current staff leadership role for a period of three years. Board staff informed the Board that the Hospital's action did not affect Dr. Reid's hospital privileges, and that Dr. Reid resigned his privileges on November 30, 2019.

During the course of the Board's investigation, Dr. Reid underwent a neuropsychological examination and the evaluator found no concern regarding Dr. Reid's ability to safely practice medicine and no neurocognitive psychiatric diagnoses; however, the evaluator did identify issues with anger control and made recommendations for counseling and coaching with a mental health provider. Dr. Reid recognized that he had been unprofessional and inappropriate, accepted the evaluation results, and agreed to seek counseling. SIRC reviewed the case and noted that the sexual harassment allegations were not substantiated by the Hospital and that Dr. Reid denied any physical contact with the law enforcement official.

Dr. Reid stated that he takes full responsibility for his behavior and stated that it was never his intention to cause his co-workers to feel distressed. Dr. Reid stated that he has taken several positive steps to ensure that this will never happen again, and that he has made many changes to improve his medical practice as well as his personal life. He reported that he has been meeting monthly with the Board-approved therapist and will continue in counseling indefinitely. Dr. Reid also reported that he completed CPEP's course as recommended by staff and that he will be implementing his action plan from that course into his practice. Mr. Cavett stated that Dr. Reid became involved in therapy prior to SIRC's recommendation to do so, and that the physician has completed the recommended CME. Mr. Cavett pointed out that two ED Directors authored letters in support of Dr. Reid, and have indicated that they have seen significant changes in his behaviors since then and that there have been no instances of inappropriate conduct within the past year.

In response to Ms. Jones' questioning, Dr. Reid clarified that he resigned his employment with the hospital where he had worked for six years, and was not terminated as stated in the complaint. He stated that he was terminated without cause by the physicians from the ED staffing company at the hospital in October 2019. Ms. Jones questioned the physician as to whether he had participated in and/or received information regarding that meeting. Dr. Reid reported that he participated in five minutes of questioning out of the ninety minute meeting, and that at the end of the meeting, the Chief of Staff informed him that there would be no complaint filed with the Board. He stated that he had not received any paperwork from the Hospital's meeting until receiving the case file from the Board. Dr. Reid added that he had not had any prior bad interactions with the complaining physicians and that he was surprised to have seen the complaint filed with the Board after being informed that a Board complaint would not be pursued. Dr. Reid stated that he had never had any issues with law enforcement officers accompanying patients during visits except the one in question, and that he works great with his current ER team.

During his closing comments, Mr. Cavett stated that Dr. Reid recognizes and thoroughly understands now that his behavior was inappropriate, that he never sexually harassed anyone, and that he did not make a false statement to the Board. Mr. Cavett pointed out that the physician has already engaged in the recommended remediation prior to even receiving SIRC's recommendations in this case, and has shown that the behavior has not been repeated. Mr. Cavett added that the complaint did not involve patient care, but the potential of patient care if staff were not appropriately carrying out their work due to intimidation of which he stated the physician recognizes. Mr. Cavett stated that Dr. Reid has no prior Board history, and that the goals set forth in the recommendation for

disciplinary action have already been accomplished by the licensee mitigating the need for Probation. Dr. Reid apologized for his actions and assured the Board that they will not be repeated.

Ms. Jones stated that she found there had been unprofessional conduct that occurred in this case and spoke in favor of finding a violation of A.R.S. § 32-1401(27)(r). Ms. Jones stated that it was unclear whether the physician received notice of the outcome of the Hospital meeting as indicated in the complaint, and stated that the allegation that he knowingly made a false or misleading statement is not supported. Ms. Jones stated that she found the licensee's actions of remediation mitigating, including obtaining further education and engaging with a therapist. Ms. Jones recognized that there was no patient harm identified in this case; however, she stated that there was the potential for harm in that such a toxic environment could affect patient care.

**MOTION: Ms. Jones moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(r) for reasons as stated by SIRC.**

**SECOND: Dr. Bethancourt**

Dr. Gillard stated his concerns regarding the use of duty to report in this matter, and spoke against the motion. He noted that there was no suspension or alteration of Dr. Reid's hospital privileges, and stated that he found no unprofessional conduct occurred in this case. Dr. Gillard agreed that the physician's behavior contributed to a toxic work environment, and recognized that Dr. Reid has taken the appropriate steps to remedy the Board's concerns. Dr. Krahn commented that really tense working relationships hampers other team members to do their work and can be potentially harmful to the public. Dr. Krahn recognized that Dr. Reid has taken many steps to gain more insight into his behaviors and to modify it going forward. Dr. Krahn spoke in support of sustaining a violation of A.R.S. § 32-1401(27)(r). Dr. Gillard stated that he agreed with Dr. Krahn's comments that a hostile work environment can affect patient care; however, he stated that this issue has been mitigated by the licensee's remediation efforts.

**VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Bethancourt, Ms. Jones, and Dr. Krahn. The following Committee member voted against the motion: Dr. Gillard.**

**VOTE: 4-yay, 1-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

Ms. Jones noted that Dr. Reid has no prior Board history and spoke in favor of issuing an Advisory Letter in light of the physician's remediation efforts.

**MOTION: Ms. Jones moved for the Board to issue an Advisory Letter for unprofessional verbal interactions with members of the public and staff. While the licensee has demonstrated substantial compliance through rehabilitation or remediation that has mitigated the need for disciplinary action, the Board believes that repetition of the activities that led to the investigation may result in further Board action against the licensee.**

**SECOND: Dr. Gillard**

Dr. Farmer commented that conduct in the workplace that contributes to a toxic work environment can directly affect patient harm. He stated that while there was no patient harm identified in this case, this should not detract from the seriousness of the physician's disruptive behavior in the workplace. Dr. Farmer spoke in favor of the motion and recognized that the physician has engaged in substantial remediation.

**VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.**

**VOTE: 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

## **G. FORMAL INTERVIEWS**

### **1. MD-18-0599A, JAMES H. EVANS, M.D., LIC. #28668**

Dr. Evans participated in the virtual meeting during the Board's consideration of this matter.

Board staff summarized that a hospital reported Dr. Evans was using their prescription pads to prescribe narcotic medications to a patient not being seen at their facility. Board staff noted that Dr. Evans also used prescription pads from two other hospitals for a patient that was not rendered healthcare at any of the facilities. Dr. Evans responded to the complaint stating that he had recommended referral to a pain specialist; however, there was no follow through for more than eight months, during which Dr. Evans prescribed oxycodone to the patient on a regular basis. The patient in this case received narcotics prior to any documented care or treatment, and there was no testing carried out prior to prescribing oxycodone to a patient receiving alprazolam from another provider.

Dr. Farmer stated his concerns regarding the use and abuse of prescription pads, supervision of Physician Assistants, and the patient care that was administered in this case. Dr. Farmer noted that the patient received concomitant prescriptions of opioids and other medications including multiple benzodiazepines at times. He questioned the physician as to his understanding of the indications for prescribing those medications concurrently and what the hazards are of doing so. Dr. Evans stated that he recognized he did not do a thorough enough job to obtain old records from the patient's previous providers and hospital treatments. He stated that he understood that there is a risk of addiction with concomitant opioids and benzodiazepines, and that he felt the risk was somewhat low in these patients based on his experience as a hospitalist. He stated that looking at his records for these patients in hindsight, he thinks that he probably erred in his judgment. Dr. Evans explained that he did not see records evidence of any addictive type of behaviors historically or upon physical exam, and discussed the risks and monitoring with his patients.

Dr. Farmer stated his concerns regarding Dr. Evans prescribing narcotics to three patients with known histories involving use of illicit substances. Dr. Evans stated that he was surprised to learn that these patients were using illicit substances as he had not seen any signs that they were using. Dr. Farmer questioned the licensee regarding his treatment of patients MB, AL, and SS, including whether they were friends of his. Dr. Evans stated that he knew SS had a problem with illicit substances, that AL was not known to him and just a referral, and that he knew MB was already actively using illicit substances as well. Dr. Evans reported that these patients were seen at their homes for monthly renewals. In response to further questioning by the Chair, Dr. Evans explained that while these patients were being seen at their homes, he covered follow up care as well as utilized referrals and urine drug screens. Dr. Evans stated that the patients were given appropriate prescriptions.

Dr. Farmer questioned Dr. Evans regarding the use of prescriptions from three different hospitals where the patients were not being seen when he had his own office address. Dr. Evans stated that he transitioned to electronic prescribing prior to the state mandate in the Fall of 2018. He stated that he also acquired his own office space in June of 2018, and that he no longer needed to use a written prescription pad at that point. Upon additional questioning by the Chair regarding documentation, Dr. Evans stated that the patients were prescribed combinations of opioids and benzodiazepines based off of their histories and physical exam findings. Dr. Evans stated that he recommended counseling for the patients, and reported that in his experience, he has had very little success with SSRIs for treatment of anxiety disorders.

Dr. Bethancourt questioned the licensee regarding his current practice. Dr. Evans clarified that back then, he was working as an independent hospitalist, served as the Medical Director of a medical center where he supervised 3-4 PAs, and that the patients reviewed in this case were the only individuals for which he offered home visits. Dr. Evans reported that he is currently not in practice. Dr. Krahn questioned the physician



regarding the criteria used for deciding which patients would be seen in their homes as opposed to another setting. Dr. Evans stated that it was out of convenience for the patients that he agreed to see them in their homes due to issues with transportation to his office. Dr. Krahn stated her concerns regarding how Dr. Evans came to have this small group of patients for whom he provided house calls as opposed to his primary employment as a hospitalist and stated that the circumstances remained unclear.

Ms. Jones questioned Dr. Evans regarding patient SS, noting that this patient had a criminal record relating to drug issues and that Dr. Evans wrote this patient prescriptions on four different prescription pads from four different locations. Dr. Evans stated that he treated SS for eight months, and that he was not sure how the patient received duplicate prescriptions on the same day. Dr. Evans claimed that the signatures on the two prescriptions written on the same day did not match and that he believed his prescription pads were compromised resulting in possible forgery. Dr. Evans confirmed that he did not receive any direct payments for seeing the patients in their homes.

In his closing comments, Dr. Evans thanked the Board for their time and stated that he realizes he deviated from the standard of care and should have declined to see all three of these patients. He stated that he truly felt that he was trying to help out some friends and had no intention of causing any harm to the public. Dr. Evans pointed out that he has no prior Board history and that he has held staff privileges at three hospitals with no complaints. Dr. Evans stated that he completed CMEs in addiction and currently holds a DEA certification for Suboxone therapy. He stated that he realizes he had some errors in judgment and that he should have been a lot more thorough with these patients. Dr. Evans additionally reported that he is not currently practicing medicine and is not sure if he will be resuming practice as he is currently residing in New York taking care of his ill mother. Dr. Evans added that he no longer has an office in Arizona and resigned his privileges at all hospitals.

Board staff clarified that during the course of the investigation, Dr. Evans met with Board staff for an investigational interview at which time he disclosed that MB was a friend whom he had known for about five years, and that AL was a friend he knew for around three years. Additionally, he had indicated that SS was longtime friend, and that he was not aware of prescribing to any other friends or acquaintances. Dr. Farmer stated he found that unprofessional conduct occurred in this case and spoke in favor of sustaining the multiple statutory violations as recommended by SIRC.

**MOTION: Dr. Farmer moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(a), (e), (r), (u), (jj), (kk), and (tt) for reasons as stated by SIRC.  
SECOND: Dr. Krahn**

Dr. Farmer stated his concerns regarding the scattershot use of prescription pads from different locations, contradictory statements made by the licensee, and the use of some very dangerous medication combinations.

**VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.**

**VOTE: 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

Dr. Farmer noted that SIRC recommended a Letter of Reprimand with Ten Year Probation and Practice Restriction with a number of terms and conditions. Dr. Farmer stated that there appeared to be a continued lack of insight into how hazardous some of these medications can be. He spoke in favor of adopting SIRC's recommendation for discipline and questioned whether CME in prescribing was warranted. AAG Smith clarified that SIRC included controlled substance prescribing CME in its recommendation to the Board, and that it be completed within six months of the physician's request for termination of the Practice Restriction.

**MOTION:** Dr. Farmer moved for draft Findings of Fact, Conclusions of Law and Order for Letter of Reprimand and Ten Year Probation with Practice Restriction. The physician shall be prohibited from prescribing controlled substances, acting as a supervising physician, or engaging in solo practice until receiving permission from the Board to do so. Dr. Evans may request early termination of the controlled substance prescribing restriction upon completion of the controlled substance prescribing and ethics CME required by this Order; however, Dr. Evans may only be allowed to prescribe controlled substances in a hospital setting only for up to the full term of the Practice Restriction required by this Order. Dr. Evans shall not issue discharge prescriptions while the Practice Restriction is in effect. Within twelve months, complete no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding ethics; and, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping. All CME hours completed in compliance with this Order shall be in addition to the hours required for license renewal. The physician's request for termination from the Practice Restriction shall include proof of completion of no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding controlled substance prescribing completed within six months of the date of request for termination is made. Additionally, the physician shall provide proof of enrollment with a Board approved monitoring company to perform periodic chart reviews, at the physician's expense. After three consecutive favorable chart reviews, Dr. Evans may petition the Board to terminate the Probation. Dr. Evans shall not request early termination of Probation without having completed the chart review process. In the event that the physician requests Probation termination and the Practice Restriction is in effect at the time of the request, the Board may require any combination of examinations and/or evaluations in order to determine whether or not the physician is safe to prescribe controlled substances and the Board may continue the Practice Restriction and Probation or take any other action consistent with its authority. The Probation shall terminate except upon affirmative request of the physician and approval by the Board.

**SECOND:** Dr. Krahn

The Committee discussed the Practice Restriction and whether Dr. Evans should be allowed to continue to prescribe while serving in his role as a hospitalist while also prohibiting him from issuing discharge prescriptions to any patients while the Practice Restriction is in effect. Dr. Krahn proposed allowing the licensee to prescribe in the hospital setting after completion of CME in prescribing of controlled substances. Dr. Gillard agreed with Dr. Krahn's comments and spoke in favor of allowing the physician to prescribe while providing inpatient services, and stated that otherwise, the licensee would be unemployable. Dr. Farmer spoke in support of allowing the physician to prescribe in the hospital after completing further education. Dr. Bethancourt agreed with the comments made by other members, and spoke in favor of prohibiting the physician from prescribing discharge prescriptions. Dr. Farmer and Dr. Krahn agreed to the friendly amendments to the motion and made the appropriate modifications prior to proceeding to a roll call vote.

**VOTE:** The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.

**VOTE:** 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

## **GENERAL BUSINESS**

### **H. DISCUSSION REGARDING DEBRIEFING ON COMMITTEE PROCESSES**

Dr. Farmer stated his appreciation for the Board's staff and thanked them for their hard work and efforts in facilitating the Committee's meeting, particularly Ms. Robles for her assistance with these proceedings. Dr. Krahn echoed the Chair's comments and stated that she found the meeting to flow very smoothly with successful transitions to and from Executive Session. Dr. Krahn also thanked the Chair for his efforts in adjusting the manner in which the Board holds its

proceedings, and stated that his leadership has been effective and conducted in a very smooth fashion. Dr. Farmer stated his appreciation for the Committee members and stated that he was very pleased with the depth of consideration that the Committee was able to apply to these cases. Dr. Bethancourt commented that he found today's proceedings to have occurred just as well as in-person proceedings. He stated that the Committee would benefit from the ability to view the motions. Ms. Jones thanked the staff for all their hard work and stated that the meeting went better than expected.

## I. ADJOURNMENT

**MOTION:** Ms. Jones moved for adjournment.

**SECOND:** Dr. Bethancourt

**VOTE:** The following Committee members voted in favor of the motion: Dr. Farmer, Dr. Gillard, Dr. Bethancourt, Ms. Jones, and Dr. Krahn.

**VOTE:** 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

The Committee's meeting adjourned at 11:58 a.m.



  
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Patricia E. McSorley, Executive Director