



Arizona Medical Board

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FINAL MINUTES FOR BOARD REVIEW COMMITTEE A TELECONFERENCE MEETING

Held on Thursday, February 3, 2022

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

Committee Members

R. Screven Farmer, M.D., Chair

Jodi A. Bain, M.A., J.D., LL.M.

James M. Gillard, M.D., M.S., F.A.C.E.P., F.A.A.E.M.

Pamela E. Jones

Lois E. Krahn, M.D.

GENERAL BUSINESS

A. CALL TO ORDER

Chairman Farmer called the Committee's meeting to order at 8:02 a.m.

B. ROLL CALL

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

The following Committee member was absent: Ms. Jones.

ALSO PRESENT

The following Board staff participated in the virtual meeting: Kristina Jensen; Deputy Director; Kathleen Coffey, MD; Medical Consultant; Heather Foster, Board Operations Department; and, Alicia Cauthon. Mary Williams, Assistant Attorney General ("AAG") was also present.

C. OPENING STATEMENTS

Chairman Farmer read the civility policy for the record.

D. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA

Individuals that addressed the Committee during the Public Statements portion of the virtual meeting appear beneath the matter(s) referenced.

E. APPROVAL OF MINUTES

- December 1, 2021 Board Review Committee A Teleconference; including Executive Session

MOTION: Ms. Bain moved for the Committee to approve the December 1, 2021 Board Review Committee A Teleconference; including Executive Session minutes.

SECOND: Dr Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Ms. Bain, Dr. Gillard and Dr. Krahn. The following Committee member was absent: Ms. Jones.

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

MOTION PASSED.

LEGAL MATTERS

F. FORMAL INTERVIEWS

1. MD-20-0795A, ROBERT J. NARVAIZ, M.D., LIC. #24047
Dr. Narvaiz participated virtually without counsel.

Board staff summarized that on September 15, 2020, the Board received a complaint regarding Dr. Narvaiz' care of patient, MC, reporting that MC's blood pressure was checked by an untrained volunteer, inappropriate care was provided, and MC developed shaking hands secondary to the drugs that Dr. Narvaiz prescribed. The Outside Medical Consultant (OMC) stated that allowing office staff to take patient vital signs without proper training could cause inaccuracies in recording vitals but noted the absence of a resource to confirm this allegation. The OMC found no deviation from the standard of care regarding Dr. Narvaiz' management of the patient's psychiatric issues. However, the OMC did express concerns regarding Dr. Narvaiz' CSPMP findings, noting co-prescribing of benzodiazepines and stimulants to multiple patients. Three additional patients were selected for review. Patient MH established care with Dr. Narvaiz in December of 2010 at the age of 57 with c/o anxiety and depression since childhood. The OMC stated that Dr. Narvaiz deviated from the standard of care by overprescribing benzodiazepines and choosing a short-acting one, by having a pattern of continued use of the same combination of a short-acting stimulant and short-acting benzodiazepines and by not suggesting other therapy for anxiety, such as CBT. Patient BN established care with Dr. Narvaiz in January of 2014 at the age of 34. The OMC stated that Dr. Narvaiz deviated from the standard of care by overprescribing benzodiazepines and choosing a short-acting one, by having a pattern of continued use of the same combination of a short-acting stimulant and short-acting benzodiazepines, by not suggesting other forms of therapeutic intervention for anxiety, such as CBT, and by not evaluating for other causes of insomnia, such as sleep apnea. Patient, JB, is a 40 year old male with bipolar disorder, ADHD and shift work disorder who established care with Dr. Narvaiz in June of 2018 at the age of 38. The OMC reported that Dr. Narvaiz deviated from the standard of care with a pattern of use of psychostimulant medication that could increase addictive potential and dependency, with minimal efforts made to prevent potential addiction, and a lack of education for lifestyle modification and sleep hygiene. Based on the repeated pattern of prescribing a short-acting stimulant and short-acting benzodiazepines with minimal efforts made to prevent potential addiction. SIRC recommended a Letter of Reprimand and 15 hours of CME in an intensive in-person controlled substance prescribing course. SIRC also recommended chart reviews through a Board-approved monitoring program. Dr. Narvaiz sent in an additional response which included a letter of support from his office manager, updated comments, and single page 'ADHD/ADD Evaluation' forms on each of the additionally reviewed patients.

Dr. Narvaiz provided an opening statement where he explained his rationale and treatment of the four patients whose charts were reviewed. Dr. Narvaiz stated that it is his job to successfully and effectively treat patients so that they can be successful in their school or work environments. Dr. Narvaiz commented that if these patients are not effectively treated, they can decompensate and put themselves or the public at risk.

During questioning, Dr. Narvaiz explained that he has found using low doses of short acting benzodiazepines long term is more effective. Dr. Narvaiz noted that he uses the lowest dose possible. Dr. Narvaiz explained how he balances daytime and nighttime medications. Dr. Narvaiz explained that alternative therapies are chosen based on the patient's need at that time and that he documents that he provided therapy for a substantial amount of time and includes what type of therapy was needed. Dr. Narvaiz commented that he does not increase medications unless absolutely necessary and will attempt other therapies first. He checks in with his patients on their routines, medications and side effects with the ultimate plan of reducing medications to as low as possible.

In closing, Dr. Narvaiz stated he has a responsibility to the patient and society and has to use his clinical judgement when treating patients.

Dr. Krahn opined that there has been no unprofessional conduct in this case.

MOTION: Dr. Krahn moved to dismiss.

SECOND: Dr. Gillard.

Dr. Krahn commented that this practice incorporates many strengths and appreciated the licensee's comments that he thoughtfully assesses his patients, is aware of -, is aware of the risks of over-treatment and trying to combine medications. In psychiatry it is common to combine medications and to reach an ideal taper. All these elements were present in the licensee's presentation. Dr. Gillard noted that the OMC based everything on the national health statistic report from 2020 when the complaint was made in 2020. The other charts pulled were from as far as 2016.

VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Ms. Bain, Dr. Gillard and Dr. Krahn. The following Committee member was absent: Ms. Jones.

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

MOTION PASSED.

G. FORMAL INTERVIEWS

1. MD-20-0167A, MARCO B. SAUCEDO, M.D., LIC. #27068

Dr. Saucedo participated virtually with counsel, Michele Thompson.

Board staff summarized that KN consulted Dr. Saucedo, an OBGYN, and elected a breast lift, implant exchange and liposuction of the abdomen and axilla. KN was seen for postoperative appointments 3 and 9 days later with normal healing noted. Subsequently after two postoperative checks, the patient did not follow-up with Dr. Saucedo. KN texted numerous times regarding suture extrusions, infection and poor healing. KN's PCP had taken a culture which was positive for MRSA. Texts were also sent regarding payment refunds and future surgeries. The MC noted that the physician did attempt to provide postoperative care but the patient did not follow-up. The MC stated that the physician deviated from the standard of care by failing to adequately perform a breast lift with only scant documentation provided. The MC expressed concern regarding Dr. Saucedo's overall lack of knowledge regarding mastopexy techniques. A second MC reviewed the case and regarding the anesthesia that was administered. It was determined that Dr. Saucedo deviated from the standard of care by failing to properly monitor an anesthetized patient and that there was no appropriately qualified provider present intraoperatively to monitor the patient or administer medications. Documentation was again found to be inadequate. Board staff issued Dr. Saucedoan Interim Order for a Competency Evaluation. Dr. Saucedo requested an Interim Consent Agreement for Practice Restriction ("ICA") in lieu of the competency evaluation due to the cost. This was provided and prohibited Dr. Saucedo from performing cosmetic breast procedures and required him to utilize a CRNA for anesthesia administration. SIRC recommended a Letter of Reprimand and Permanent Practice Restriction prohibiting Dr. Saucedo from performing cosmetic breast procedures and from performing solo anesthesiology, requiring him to utilize a CRNA.

Ms. Thompson provided an opening statement to the Committee. There were no deviations found with respect to the staph infection and the suture extrusion, which are both known complications. Dr. Saucedo did not perform a breast lift and he thoroughly discussed this with the patient. She noted this was a documentation issue. With regards to the anesthesia findings, Dr. Saucedo agrees with the MC's findings and has taken measures to make sure that does not happen again. Dr. Saucedo was agreeable to the competency evaluation but given the expense he agreed to the ICA. Unfortunately, the ICA has been a detriment to his OBGYN practice. Ms. Thompson requested that the Board consider Dr. Saucedo's training and foundation regarding his competency and to not continue the practice restriction given the effect it has had on his livelihood and practice.

Dr. Saucedo provided an opening statement to the Committee. Dr. Saucedo informed the Committee of his background and training and the types of surgeries that he performs. Dr. Saucedo explained that he discussed the agreed upon surgery with KN. Dr. Saucedo explained that his error was not modifying the consent form and that he was not recognizing KN's expectations. Dr. Saucedo stated that he has adequate training and feels competent performing these surgeries. Dr. Saucedo agreed that he made an error and there was a violation regarding the anesthesia administration but he has since taken steps to remedy this error.

During questioning, Dr. Saucedo explained what he believed to be the standard of care for anesthesia and commented that his error was a becoming too comfortable with sedation and he does not disagree with the finding that he violated the standard of care. Dr. Saucedo explained that he and his nurse assistants were in the room but that there was no specific qualified provider to monitor these patients.

Dr. Farmer commented that standards of care must be followed and are not suggestions.

Dr. Saucedo further explained his training and supervision for these surgeries over the two-year period. Dr. Saucedo stated that he never advertised as a plastic surgeon but as a cosmetic surgeon and was very transparent about his training. Dr. Saucedo commented that this complaint was due to the patient wanting something that she could not have due to her body construction. He discussed that he was able to exchange her implants and discussed changes to her areola but ultimately agreed not to change the areola. Dr. Saucedo stated that he thought he explained the operation clearly but the desired outcome was not achieved. She cancelled seven postoperative visits and became irritated. Dr. Saucedo noted that he provided KN a refund within 5 weeks. Dr. Saucedo opined that this surgery was successful but the patient was unhappy with the result.

Dr. Farmer acknowledged the letters of support that were submitted but opined that a competency evaluation was the best way to help the Board to determine competency with these breast procedures.

Dr. Saucedo explained that in lieu of the competency evaluation he sent several cases to a physician he previously worked with and discussed them in length and discussed breast surgery techniques. The letters of support were to attest to his competency as a physician. Dr. Saucedo confirmed that these procedures were completed in his surgical suite near the hospital.

Ms. Thompson provided a closing statement and requested that there be no practice restriction in the final board order. Ms. Thompson also requested the MC review this case with the understanding that a breast lift was not performed and was not agreed to. Ms. Thompson further requested that the MC review the other cases that were submitted by Dr. Saucedo.

In closing, Dr. Saucedo stated that he was sorry the patient did not get her desired outcome and that he should have changed his consent form to make it clear what type of surgery was being completed. Dr. Saucedo further apologized for not having the appropriate personnel to monitor the patient during anesthesia.

In closing, Board staff noted that the letter that was referenced by the attorney was from an Oklahoma cosmetic surgeon. It did not indicate that it was to be considered equivalent to the competency evaluation but for additional training. Ms. Rivera informed the Board that the Oklahoma physician has not responded to Board staff regarding what the training entailed and what training could be completed with Dr. Saucedo not having an Oklahoma license. Ms. Rivera confirmed that the two Board-approved competency evaluators are CPEP and PACE. The cost of the evaluation may differ based on specialty. SIRC recommends a competency evaluation when there are concerns about a physician's

ability to safely perform procedures. Very rarely does staff allow training with another surgeon who may or may not be licensed in Arizona to perform in that capacity. With regards to the attorney's request for the OMC to interview the physician, Ms. Rivera commented that this rarely happens as the OMCs are asked to complete a records review. The OMC relies on the documentation and if clarification is needed staff can obtain that from the licensee.

During deliberation, Dr. Farmer acknowledged the importance of care in rural areas. Dr. Farmer commented that Dr. Saucedo's general practice is not in question but that the anesthesia issues were serious misjudgments, for which he would recommend a Letter of Reprimand. The difficulty here is determining the level of competency when performing cosmetic procedures and staff has requested the only mechanism at its disposal. Dr. Gillard opined that a physician does not need to be a plastic surgeon to complete some cosmetic surgery. Dr. Farmer commented that the issue here is to determine if the physician is competent to complete these cases. Dr. Krahn found it mitigating that the physician has become aware of the anesthesia requirement and has changed his practice to correct this issue. Dr. Krahn noted that although there was no adverse outcomes this was not an acceptable situation. Dr. Krahn stated she is impressed with this Dr. Saucedo's knowledge and surgical skills. Dr. Farmer agreed that the anesthesia issue has been mitigated and acknowledged that the practice restriction has impeded his OBGYN practice, however competency in cosmetic procedures remains a concern. Dr. Krahn suggested that the case be sent back for further investigation for additional cases to be reviewed. Dr. Gillard opined that the physician has had enough training to complete these types of surgery and that this complaint was from a disgruntled patient. Ms. Bain noted that in Arizona you can practice outside of your specialty and the licensee is very aware of the practice issues that have come up.

MOTION: Ms. Bain 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, Ms. Bain, Dr. Gillard and Dr. Krahn. The following Committee member was absent: Ms. Jones.

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

MOTION PASSED.

The Board entered into Executive Session at 10:01 a.m.

The Board returned to Open Session at 10:35 a.m.

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

Dr. Farmer opined that the Board does not have enough information to properly evaluate if this physician is competent to perform these procedures. Dr. Krahn suggested sending this case back for further investigation to have an OMC review cosmetic surgery procedures that Dr. Saucedo performed prior to the imposition of the practice restriction. Dr. Krahn also suggested lifting the practice restriction. Dr. Gillard agreed with lifting the practice restriction but disagreed with sending the case back for further investigation or obtaining a competency evaluation. Dr. Gillard noted that OBGYN is a surgical specialty and noted that this was the physician's first complaint and that it was from an unhappy patient. Dr. Gillard opined that the Committee has enough to adjudicate this case now.

MOTION: Dr. Farmer moved to return the case for further investigation to have an MC review recent cosmetic breast procedures and to direct the Executive Director to lift the interim practice restrictions relating to anesthesia and breast implant procedures.

SECOND: Dr. Krahn.

Committee members agreed with lifting the entire practice restriction. Dr. Krahn suggested that about 5-10 cases be reviewed by a cosmetic surgeon.

VOTE: The following Committee members voted in favor of the motion: Dr. Farmer and Dr. Krahn. The following Committee member voted against the motion: Dr.

Gillard. The following Committee member abstained: Ms. Bain. The following Committee member was absent: Ms. Jones.

VOTE: 2-yay, 1-nay, 1-abstain, 0-recuse, 1-absent.

MOTION PASSED.

GENERAL BUSINESS

H. APPROVAL OF DRAFT FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

1. MD-20-0784A, THOMAS J. RICK, M.D., LIC. #23545

MOTION: Dr. Gillard moved to approve the draft Findings of Fact, Conclusions of Law and Order for Probation to complete CME. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping, and no less than 3 hours of Board staff pre-approved Category I CME in management of central line complications. The CME hours shall be in addition to the hours required for license renewal. The Probation shall terminate upon proof of successful completion of the CME.

SECOND: Dr. Krahn.

VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Ms. Bain, Dr. Gillard and Dr. Krahn. The following Committee member was absent: Ms. Jones.

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

MOTION PASSED.

I. DISCUSSION REGARDING DEBRIEFING ON COMMITTEE PROCESSES

Dr. Krahn commented that she is pleased with the Board's Committee process. Dr. Farmer noted that the Committee format provides the ability to consider cases in detail.

J. ADJOURNMENT

MOTION: Dr. Krahn moved for the Committee to adjourn.

SECOND: Dr. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Farmer, Ms. Bain, Dr. Gillard and Dr. Krahn. The following Committee member was absent: Ms. Jones.

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

MOTION PASSED.

The Committee meeting adjourned at 11:07 a.m.



Patricia E. McSorley
Patricia E. McSorley, Executive Director