



Arizona Medical Board

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FINAL MINUTES FOR BOARD REVIEW COMMITTEE B MEETING Held on Wednesday, February 1, 2023 1740 W. Adams St., Board Room B • Phoenix, Arizona

Committee Members

Gary R. Figge, M.D., Chair

Katie S. Artz, M.D., M.S.

Bruce A. Bethancourt, M.D., F.A.C.P.

Laura Dorrell, M.S.N., R.N.

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

Pamela E. Jones

GENERAL BUSINESS

A. CALL TO ORDER

Chairman Figge called the Committee's meeting to order at 11:00 am

B. ROLL CALL

The following Committee members were present: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorrell, Dr. Gillard and 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; and Alicia Cauthon. Elizabeth Campbell, Assistant Attorney General ("AAG") was also present.

C. OPENING STATEMENTS

Chairman Figge read the civility policy for the record.

D. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA

No individuals addressed the Committee during the Public Statements portion of the virtual meeting.

E. APPROVAL OF MINUTES

- October 7, 2022 Board Review Committee B Teleconference

MOTION: Dr. Bethancourt moved for the Committee to approve the October 7, 2022 Board Review Committee B Teleconference minutes.

SECOND: Ms. Dorrell.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt and Ms. Dorrell. The following Committee members abstained: Dr. Gillard and Ms. Jones.

VOTE: 4-yay, 0-nay, 2-abstain, 0-recuse, 0-absent.

MOTION PASSED.

LEGAL MATTERS

F. FORMAL INTERVIEWS

1. MD-19-0095A, MD-19-0356A, KEITH G. ZACHER, M.D., LIC. #30227
Dr. Zacher was present with counsel Flynn Carey.

Board staff summarized that these cases were previously presented before the Committee at the October 8, 2020 meeting. During that meeting Dr. Zacher's attorney argued that the investigation relied only on in-network charges reported by Fairhealth, relied on BCBS data, and relied on Arizona Industrial Commission and Medicare with known low reimbursement with fixed rates. He also argued with the sustained violation of excessive charging and suggested that the only reliable way to make a determination of charges would be to subpoena the charges and collections from physician billing companies for out-of-network surgeons. The Board voted to return the case back for further investigation for additional information to support the determination of excessive fees for out-of-network services. Following the return of these cases, Board staff confirmed with BCBS that the analysis submitted to the Board included both in and out of network providers. Further, BCBC provided another charge summary analysis for out-of-network providers only. Based on that analysis the charges ranged from 3,500 – 7,900% above Medicare reimbursement rates. Following the attorney's contention that the initial investigation relied only on Fairhealth's in-network charges, the supplemental investigation included both in and out of network charge rates from both the Board's Fairhealth account and the general consumer page. Both of these queries again identified the charge amounts were greater than the 80% compared to other providers in the same zip code charging for the same service. A focused technical review also identified that in addition to the excessive charging, the billing intentionally included modifiers used to obtain additional payment. The medical documentation did not support the use of these modifiers. In total, there were 6 patients for these cases. Throughout the investigation attempts were made to contact Dr. Zacher's billing company to determine the specific billing processes; however, despite not receiving the requested information, there was evidence that demonstrated patients were billed. Of the six patients reviewed, two that were notified about the charges as there are copies of checks made payable by the patient (or spouse) to Dr. Zacher. Following further review of the investigation, the excessive charging statute is still sustained. Additionally, the investigation identified that Dr. Zacher's surgical assistant also inappropriately billed for her services and sent reimbursement request to the patient in the same manner as Dr. Zacher. Based on the information reviewed, there were sustained violations of inappropriate supervision of a surgical assistant, making a false statement to the Board, and failing to furnish information to the Board in a timely manner. SIRC stated at this time, two billing investigators, and one MC have opined that Dr. Zacher's charges are excessive in comparison to similar out of network charges that were not usual, customary, and reasonable based on review of 6 claims. Additionally, Dr. Zacher has not provided sufficient evidence to support that he did not make false statements to the Board about balance billing and did not respond to investigators request for information. Therefore, SIRC maintains the previous recommendation for a Decree of Censure, CME in ethics, and a Civil Penalty of \$60,000, which is \$10,000 per patient for violation of A.R.S. § 32-1401(27)(x) that was established by the two cases for the same reasons previously documented in SIRC's initial review of the case.

Mr. Carey provided an opening statement to the Committee, where he explained that that Dr. Zacher does not participate in the billing and has medical billers from an outside company assist him. The narrative that Dr. Zacher collected, or tried to collect, from patients is false. Mr. Carey stated that if the board declares that any of these costs are excessive fees, the board is setting a ceiling, which is an FTC issue. Mr. Carey explained that Dr. Zacher is an emergent surgeon who is in a hospital setting providing services. When that check comes in, he takes the legal steps he's allowed to recover it, and then he follows up with the patient and follows up with Blue Cross Blue Shield to make sure that he gets what he is entitled. Mr. Carey stated that the bottom line is there's no fraud here, there's no misstatements here, there's no patient harm here and there's no balance billing here. Mr. Carey requested that the Committee dismiss this matter.

During questioning, Dr. Zacher informed the Committee that he has a private practice and also has a contract with hospitals to cover the ER. Dr. Zacher explained that he does not code at all, he just dictates the procedure. Dr. Zacher stated that when he received the \$95,000 check from YK, he did look into it. From his understanding in network is held to a contract but out of network is like a negotiation process. Dr. Zacher stated he hired a billing company and they come up with the billed amounts per their own formula. Dr. Zacher stated that he does not want to put any strife or stress on his patients and that is why his office discusses the billing process when they call the patients after surgery. Dr. Zacher clarified that if a patient doesn't have insurance, he sends an invoice for a Medicare rate and if they can't pay he doesn't send them to collections; he writes it off. Dr. Zacher confirmed that he uses the same billing company for his office and emergency room patients, his office patients are billed according to Medicare and if they are out of network they're billed using the billing company's algorithm. Dr. Zacher explained that the certified surgical assistant works with other surgeons, so they're independent of him and he is not involved in their billing. Dr. Zacher confirmed that he still uses the same billing company and it is the same process used, since the beginning of the investigation, but he reiterated that there is no balance billing.

Board staff informed the Committee of the amounts of the personal checks from the LJ and that Blue Cross Blue Shield paid YK's \$94,500 charge.

In response, to staff's comment Dr. Zacher explained that he does not balance bill and that Blue Cross Blue Shield has a practice of sending the patient the check for the billed amount, which they agreed to pay per the negotiation process. So the check goes to the patient and the process then is to call the patient and ask to remit the payment.

Board staff confirmed that Blue Cross Blue Shield sends the check out to the patient, as they are the member, and the physician is then required to seek payment from the patient. Board staff explained that staff did subpoena the billing company with questions regarding their billing practices with no response. Staff noted that they are located in Texas.

Ms. Campbell explained that subpoena powers stop at state lines so it is very challenging to enforce out-of-state subpoenas and usually boards rely on the cooperation of out-of-state companies to provide records.

In closing, Mr. Carey stated that there is no evidence here that Dr. Zacher collected anything to which he wasn't entitled and that there is no excessive billing here. Mr. Carey reiterated his request that the Committee dismiss the case.

In closing Board staff stated that patients were made aware of these charges and Board staff determined the fees were excessive based on the range of fees that Board staff had access to.

During deliberations, Dr. Artz opined that the surgical assistant is separate and the Committee does not have jurisdiction over her. They do their own billing and the supervision is in the operating room. Dr. Artz commented that physicians are usually aware of billing codes and if a patient ever sent a \$95,000 check, it would be very surprising and would make her very concerned about the billing company she employed. Dr. Artz explained that the reason physicians get stipends usually from emergency rooms is to help compensate physicians for the people that are non-contracted or that don't pay. There's not a lot of physicians that don't try to collect once they put out a bill, that's why you hire a billing company. Dr. Artz opined that the amount that Dr. Zacher was charging was exorbitant.

Regarding the kk violation, Dr. Bethancourt expressed confusion about Dr. Zacher's statement that he reviews the charges before the they go in, but then stated that he has nothing to do with what is billed or what codes are used. Regarding failing to furnish information in a timely manner violation, Dr. Artz stated that the Board doesn't have all

the records from the billing company and we are unable to get it because it's in another state. Since it's the physician's billing company it was his responsibility to provide that.

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. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorrell, Dr. Gillard and Ms. Jones.

VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

The Board entered into Executive Session at 11:55 a.m.

The Board returned to Open Session at 12:03 p.m.

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

MOTION: Dr. Artz moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e), (x), (ee), and (kk) for reasons as stated by SIRC.

SECOND: Dr. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorell, Dr. Gillard, and Ms. Jones.

VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

MOTION: Ms. Artz moved for a draft Findings of Fact, Conclusions of Law and Order for a Decree of Censure and One Year Probation with Civil Penalty. Dr. Zacher shall pay a Civil Penalty within twelve months via certified funds in the amount of \$60,000. Within six months, complete PBI's Medical Ethics and Professionalism Course (ME-22) Extended. PBI shall provide an AIR letter to the Board upon completion of the CME coursework. The CME hours shall be in addition to the hours required for license renewal. The Board Order shall stipulate that Dr. Zacher not request Probation termination until the Civil Penalty is paid in full. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board, and Dr. Zacher's request for termination shall be accompanied by proof of successful completion of the CME and payment of the Civil Penalty.

SECOND: Ms. Jones.

Dr. Bethancourt commented that even though Dr. Zacher contracts with a billing agency to do his billing, no matter what, the billing goes under his name and he's responsible. The Committee is not setting the ceiling of what you can or cannot bill, and that Dr. Zacher's billing is excessive compared to the physicians in this community.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorell, Dr. Gillard, and Ms. Jones.

VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

G. FORMAL INTERVIEWS

1. MD-21-0122A, MIR B. ALI, M.D., LIC. #47308
Dr. Ali was present with counsel Flynn Carey.

Board staff summarized that this case was initiated based on receipt of a complaint from patient LW alleging that Dr. Ali engaged in sexual misconduct with her Medical Power of Attorney (MPOA) and prematurely ended her care. Additionally, Board staff received a complaint from SW, the MPOA citing the same allegations. Board staff conducted an extensive investigation. Initially, Dr. Ali categorically denied the allegations and reported that he had no relationship with SW, initiated no physical interaction, and was only with SW one time outside of the office. Dr. Ali also denied any knowledge of SW being LW's MPOA. According to Dr. Ali, SW sought an intimate relationship with him and was attempting to threaten and intimidate him to close his practice. Based on the information reviewed indicating more of a relationship than disclosed by Dr. Ali, Board staff sent a re-

notice letter including additional allegations of providing false information to the Board and additional allegations made by SW regarding medical record concerns and care related allegations. In his subsequent response, Dr. Ali retained new counsel and requested to clear up any “misimpressions” that occurred prior. Dr. Ali then admitted to having a short, consensual relationship with SW but maintained he was not aware of her MPOA status to LW until much later. Dr. Ali maintained that his relationship with SW was permissible since she wasn’t a patient and that his relationship with SW did not impact LW’s care. Dr. Ali denied that LW’s records were sent to another physician inappropriately or that his staff falsified the release and reported that the records were picked up in October 2021. LW reported feeling guilty for needing a cardiologist and for the impact this has had on her household. SW reported feeling groomed by Dr. Ali and cited him offering her employment and flattering her, requesting her number, and emailing her prior to engaging in sexual contact. SW maintained that Dr. Ali was aware of her MPOA status. During the interview, SW described multiple sexual encounters with Dr. Ali in 2020. Board staff also interviewed Dr. Ali and he maintained he was not aware of LW being the MPOA until October 2021 and thought she was just a friend prior based on SW’s intake form. However, during the interview, Dr. Ali admitted after about 6 months, he became aware of SW being LW’s caregiver. Board staff referenced the Progress Note dated 1/14/20 referencing SW being LW’s caregiver. Dr. Ali denied taking advantage or coercing SW. Dr. Ali denied providing his personal email to other patients or caregivers. Dr. Ali also denied discharging LW. A medical consultant reviewed the multiple quality of care and medical records allegations made and did not identify a deviation from the standard of care. Dr. Ali was ordered to complete a Neuropsychological evaluation with an emphasis in boundaries and the evaluator determined that Dr. Ali was safe to practice medicine and recommended he complete a boundaries course to ensure the behaviors are not repeated and inform him of the dangers of dual relationships. Dr. Ali completed the boundaries course in August 2022. Board staff determined that Dr. Ali admitted to engaging in a sexual relationship with the caretaker for LW; provided false information to the Board denying a relationship with SW, and failed to maintain adequate records in that the email correspondence between his personal email and SW relating to LW’s care was not considered part of the records from his office until notified of the complaint; there is also no record of the MPOA document in the records prior to 2021 despite documentation in the records confirming SW as LW’s caretaker and MPOA; and that Dr. Ali failed to timely furnish the full and complete records to SW when initially requested in August 2020. SIRC reviewed the case and noted that despite Dr. Ali’s completion of the evaluation and boundaries CME, SIRC remained troubled with the false information initially provided by Dr. Ali to Board staff. SIRC noted that Dr. Ali did not disclose the true nature of his relationship with SW until he was sent a re-notice letter informing him that the Board was aware of the false information provided. SIRC also noted inconsistencies in Dr. Ali’s reported awareness of SW’s relationship with the patient, which was not supported in the records reviewed.

Mr. Carey provided an opening statement to the Committee where he stated that the MC found that the care provided to the patient met the standard of care. Mr. Carey noted that there were no issues from the neuropsychological evaluation and that Dr. Ali has completed the boundaries courses that were suggested. Mr. Carey commented that the inaccuracies of the initial submission to the Board was due to the civil attorney at the time. Once new counsel was obtained, Dr. Ali participated in a staff interview and fully cooperated. Regarding the r violation, Mr. Carey stated that this case resolves around someone who is not a patient, so it is not valid. Dr. Carey also noted that the medical record was sufficient for the MC to examine the care and the records, once transmitted to another provider, were sufficient for this individual to receive care. Mr. Carey reiterated that a romantic or personal relationship with a POA is not a violation under the Board’s statutes and, given the physician’s rehabilitation, requested that the Committee issue an advisory letter or non-disciplinary action in this case.

Dr. Figge requested if the call to the public emails can be considered for review by the Board Member, as they were submitted late.

Mr. Carey objected to the inclusion of the emails since he had not been able to review the statements that the Committee reviewed.

Ms. Campbell advised the Committee that since Mr. Carey has not had the time for review then they should not be considered.

Dr. Figge stated that the Committee members were to disregard the three emails that were submitted on January 31, 2022.

During questioning, Dr. Ali informed the Committee that when LW first arrived at his office, SW was with her. SW is an individual who volunteers to bring patients to their appointments and accompanied LW into the exam room. Dr. Ali confirmed he checked LW's forms to see if he may talk freely with SW in the exam room and the form that was filled indicated in the relationship column as friend. Dr. Ali noted that SW did not come with LW to all of her appointments, but when SW was in the exam room with LW she did not interject with LW's care. Dr. Ali stated that other volunteers and family members would bring LW to her appointments and sometimes not accompany her to the exam room. Dr. Ali opined that although LW was somewhat slow, she seemed she seemed capable of making decisions. Dr. Ali informed the Committee that he began a relationship with SW in December 2019 and it ended in March 2020. Dr. Ali stated that he was the one who ended the relationship with SW and opined that this relationship did not hinder his physician-patient relationship with LW. Dr. Ali mentioned that he was notified that SW was LW's POA after the Board complaint was filed. Dr. Ali explained what he learned from taking the professional boundaries course. Dr. Ali informed the Committee that he was instructed to send a cease and desist letter to SW and LW from an attorney due to the various emails SW was sending him.

Dr. Ali provided a closing statement to the Board where he stated he provided good care to LW and that she chose to see another provider so his office cooperated with the receiving office. Dr. Ali acknowledged that he made a judgment error and was regretful of his initial response due to the attorney who had initially.

In closing, Mr. Carey stated that Dr. Ali's relationship did not effect patient care or patient safety and that the record that was provided guaranteed ample care to this individual. Given the mitigating factors, Mr. Carey requested a non-disciplinary resolution.

In closing, Board staff stated that SIRC's concern was that the physician initially provided false information to the Board, not knowing the amount of information contradicting his statement the Board had in its possession. This required staff to send a re-notice, which may have assisted in requiring him to admit the truth at that time. SIRC acknowledged he met the standard of care and the SIRC report makes it clear that the recommendation for a Letter of Reprimand is not a result of the care rendered but the professional conduct violations identified, which include a pattern of questionable decision-making by engaging in a sexual relationship with a person who he knew, at minimum, was a caretaker and living with his patient and by engaging in communication with the MPOA over his personal email and only including portions of the correspondence in the patient's records, which is inappropriate. Board staff maintains that the professional conduct violations identified have the potential for patient harm as evidenced by the patient's feeling of guilt and abandonment due to the circumstances investigated and highlight the aggravating factors SIRC considered in disciplining the physician.

During deliberations, Ms. Jones opined regarding the "kk" violation that the physician has an obligation to be honest from day one. Regarding the "r" violation is due to how upset LW was about the relationship, as it was harmful to the patient. Regarding the "a" and "e" violations she was not sure if they should be added into the motion, as the Board did have a letter stating all medical records requests were handled appropriately.

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

SECOND: Dr. Bethancourt.

Dr. Gillard spoke against the motion. Dr. Gillard agreed that there was a problem with providing information to the Board but noted that the relationship with the SW was not a violation of statute. Dr. Bethancourt commented that SW was highly invested in this relationship and it appears that it ended abruptly and it appears that she became very vindictive about the breakup. Regarding the “r” violation, Dr. Artz noted that the patient was sent the cease and desist as well, which was starting to interfere with some of her care. Ms. Jones also noted that the United Healthcare case manager stated that the patient was very upset over this.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt and Ms. Jones. The following Committee members voted against the motion: Ms. Dorrell and Dr. Gillard.

VOTE: 4-yay, 2-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

Ms. Jones found it mitigating that the physician has taken the recommended ethics course and opined that unsure if it should be a letter of reprimand or an advisory letter. Dr. Gillard reiterated that per the AMA and FSMB the physician shouldn't have done that but it is not the Board's statutes. Dr. Gillard opined there was an issue with not providing information to at the right time to the Board.

MOTION: Dr. Gillard moved to issue an Advisory Letter for providing false or misleading information to the Board and for engaging in a romantic relationship with a patient's power of attorney. 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: Ms. Jones.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorrell, Dr. Gillard and Ms. Jones.

The following Committee members were absent:

VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

Ms. Jones requested the staff request that Adult Protective Services to check on the patient and her current living conditions and welfare.

H. FORMAL INTERVIEWS

1. MD-22-0393A, SUDHAKAR A. REDDY, M.D., LIC. #36640
Dr. Reddy was present with counsel Flynn Carey.

Board staff summarized that on April 18, 2022, the Board received a complaint regarding Dr. Reddy's care of patient, AR, reporting that AR had presented with severe diarrhea and Dr. Reddy had started a series of tests, which included scoping procedures and breath tests and had then prescribed a single medication that cost \$3,000, followed by antibiotics, which were ineffective. AR sent several emails and left voicemails without response. AR then scheduled a follow up visit and was told to obtain a new doctor. AR was also informed that Mayo clinic would be consulted, but no referral was sent. The OMC stated that documentation was inaccurate and incomplete, with failure to characterize rectal bleeding, and information in the review of symptoms that contradicted information in the HPI. The OMC also stated that Dr. Reddy did not pursue the diagnosis of Crohn's or order a blood count/coagulation studies in a patient with rectal bleeding or treat the patient's GERD symptoms. The OMC stated that the patient was abandoned after a display of inappropriate behavior. The supplemental reply on behalf of the Licensee reported that the patient did not complete many of the ordered tests and exhibited inappropriate behaviors. Dr. Reddy's counsel also submitted a report by an MC gastroenterologist who stated that Dr. Reddy met the standard of care but noted that

medical records could be improved. Further responses were sent on behalf of the licensee including reviews of the case by two additional Medical Consultants (Drs. Ramzan and Tharalson) who found that Dr. Reddy met the standard of care, although the 2nd consultant stated that Dr. Reddy's practice would benefit from quality improvement in the areas of patient communication and documentation. Dr. Reddy's counsel subsequently submitted proof that Dr. Reddy had completed an intensive in-person course in Medical Recordkeeping through PACE on January 26-27, 2023.

Mr. Carey provided an opening statement to the Committee where he informed the Committee of PACE certificate that was submitted to show proof of completion. Mr. Carey noted the three MC expert opinions that they submitted. They raised concerns regarding documentation but opined that the treatment met the standard of care, that the patient was non-compliant and that the behaviors shown by the complainant were sufficient for discharge. Mr. Carey requested that the Committee consider dismissal or a non-disciplinary outcome.

During questioning, Dr. Redding explained that during the November 1, 2012 visit he deferred a rectal exam on this patient because the patient had stated that he had a colonoscopy within the last three months and that it was a negative examination and that he was not actively bleeding on the day of the visit. Dr. Reddy further explained that the patient was going to have a flexible sigmoidoscopy in the very near future. The patient had internal hemorrhoids, which was his presumption was that the rectal bleeding was from the internal hemorrhoids. Dr. Reddy stated that Chron's disease was considered and noted the tests that he had ordered, which would have indicated inflammation within the GI tract or not, but the patient did not want to get them done. Dr. Reddy agreed that he should have edited the EMR to make sure they were consistent with the presentation. Dr. Reddy noted that one of the comments he was given regarding his records was that he needed to improve on his assessment and plans. Dr. Reddy also noted that the CME course taught that the record should be contemporaneous as well as reflective of the exact conversations that happened. It should include both acceptance as well as a refusal of anything. Dr. Reddy stated that he and his staff felt threatened by the patient's emails and that was the main reason for discharging him.

In closing, Dr. Reddy stated that he has tried to adapt to the EMR system as much as possible and that he has learned a lot from the medical records keeping course.

In closing, Mr. Carey stated that there is a conflict between the opinion of the Board's MC and what the other experts believe and that part of that is because this is a differential diagnosis case. Mr. Carey reiterated that there hasn't been a true deviation from the standard of care and that the concern regarding the documentation has been sufficiently mitigated. Mr. Carey requested that the Committee issue an Advisory Letter or a dismissal.

During deliberations, Dr. Gillard opined that there has been unprofessional conduct in both "e" and "r". Dr. Gillard opined that the records were obviously not up to par and expressed concern that when a patient comes in bleeding and the physician doesn't do a quick hema test on a rectal exam, it's a problem.

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

SECOND: Dr. Artz.

Dr. Bethancourt stated that he was unsure of the "r" component since the patient had had a colonoscopy and Dr. Reddy set him up for a EGD and sigmoidoscopy, a rectal exam what done there. Dr. Bethancourt noted that this was a difficult patient. Dr. Gillard commented that if he's got internal hemorrhoids they could be bleeding again but it's very disturbing that if someone says it's bleeding, the first thing you do is a hema test.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorrell, Dr. Gillard and Ms. Jones.

VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

Dr. Gillard agreed there was a problem patient, however, on the medical records there's no indication on any of these visits. There's just a boilerplate cut and paste. Dr. Gillard opined that although it's been mitigated by the physician finishing the course there's still a problem with not doing a hema test. Dr. Gillard agreed with the issuance of a Letter of Reprimand.

MOTION: Dr. Gillard moved for a draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand.

SECOND: Ms. Jones.

VOTE: The following Committee members voted in favor of the motion: Dr. Artz, Ms. Dorrell, Dr. Gillard and Ms. Jones. The following Committee members voted against the motion: Dr. Figge and Dr. Bethancourt.

VOTE: 4-yay, 2-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

I. FORMAL INTERVIEWS

1. THIS CASE HAS BEEN PULLED FROM THE AGENDA.

GENERAL BUSINESS

J. DISCUSSION REGARDING DEBRIEFING ON COMMITTEE PROCESSES

Dr. Figge noted the issue regarding the Call to Public statements that were submitted late and that this may be resolved with providing a Zoom option.

K. ADJOURNMENT

MOTION: Dr. Bethancourt moved for adjournment.

SECOND: Dr. Gillard.

VOTE: The following Committee members voted in favor of the motion: Dr. Figge, Dr. Artz, Dr. Bethancourt, Ms. Dorrell, Dr. Gillard and Ms. Jones.

VOTE: 6-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

The meeting adjourned at 2:45 p.m.



A handwritten signature in black ink that reads "Patricia E. McSorley".

Patricia E. McSorley, Executive Director