

DISCIPLINARY PROCESS REVIEW COMMITTEE (DPRC) & DECISIONS April 12, 2012
Texas Physician Health Program (Probationer/Licensee Violated PHP Agreement & Cases of concern)

REMAIN PHP TMB ACCEPTED CONTINUE NOTES

Refer back to TMB					
<p>1. 10-0369</p> <p>Background</p> <ul style="list-style-type: none"> • Referral Type: TMB staff • Agrmt Term: 10/11/2010 - 10/11/2015 <p>Issue</p> <ol style="list-style-type: none"> 1. Multiple compliance issues - late reports, stopped seeing psychiatrist, lack of response to emails and requests 2. Complaints from the local CMS and from a physician at Dyess AFB 3. Concerns from monitors 4. Failure to get required evaluation 		X			
<p>2. 11-0223</p> <p>Background</p> <ul style="list-style-type: none"> • Referral Type: TMB staff • Agrmt Term: 4/15/2011 - 4/15/2014 <p>Issue</p> <p>This participant has a diagnosis of Parkinson's Disease and was given monitoring requirements of quarterly work site monitor reports, should he ever return to work and semi-annual reports from his treating neurologist. The first neurologist report was due by 12/15/11. Participant does not have a working telephone or email address and the only form of communication is through fax. The participant is out of compliance with the semi-annual reporting requirement from his neurologist, which was due by 12/15/11. Clinical coordinator contacted the neurologist regarding the report and he stated the participant had not given him a copy of the TXPHP monitoring agreement and therefore, he was unable to communicate with TXPHP. A letter was faxed to the participant requesting the participant contact his neurologist requesting the semi-annual report and give the neurologist a copy of his agreement. No response has been received from the fax. The letter was mailed certified and to date, no response has been received.</p>		X			
Cases for Follow-up					
<p>3. 11-0152</p>		X			

Background

- Referral Type: Self-referral;
- Agrmt Term: 4/5/2011 - 4/4/2016

Issue

Previously discussed at DPRC

1 Missed call, 1 high level positive drug screen result for EtG & EtS, 1 low level positive drug screen result for EtG & EtS with positive PEth test result confirming ingestion of alcohol.

Initial explanation for positive results was rum cake ingestion & ingestion of Z-pack, cough suppressant, and use of hand sanitizer at work, respectively. However, on 02/01/2012 the participant admitted to drinking a couple of times.

Plan

Initially, increased testing frequency from 48x/yr to 60x/yr for a period of 6 months. Then, decreased from 60x/yr to 48x/yr and added quarterly Peth testing. 96-hour evaluation required and evaluation report must be in TXPHP office on or about 03/03/2012.

Per DPRC Any violation of any kind of the PHP contract, the file will be given to TMB for disciplinary action

UPDATE - Subsequent violation on non-compliance since last DPRC: 2/15/2012 - Called in per drug screen protocol, however missed test due to illness. Peth test was ordered by Dr. Nemeth, effective immediately.

2/28/2012 - Peth test reported as "negative."

2/28/2012 - Admitted to Palmetto Addiction Recovery Center for 96-hour evaluation, as recommended by TXPHP Governing Board.

3/7/2012 - Conducted phone conversation with Dr. Nemeth to discuss Palmetto's completed evaluation. Participant exhibited a lot of "denial," stated he only wanted to practice 5 and half more months, and admitting to drinking again.

3/8/2012 - Provided with a listing of six (6) prospective centers for entering treatment. However, prior to making a decision participant requested copies of the quantitative results of all drug tests, which were never released.

3/12/2012 - Email received notifying TXPHP of his intent to not enter treatment and voluntarily relinquish his medical license.

3/23/2012 - Case referred and accepted by TMB.

3/27/2012 - Complete TXPHP electronic file transferred to TMB.

4. 11-0310

Background

- Referral Type: TMB Staff

X

- Agrmt Term: 7/1/2011-6/30/2013

Issue

Previously discussed at DPRC

1 missed test which was required after a 5-day waiver, PEth & Hair test were ordered as a result of the missed test. PEth test was positive confirming ingestion of alcohol. Hair test was negative.

Participant explained that he missed the test because he was working in the ER and could not leave.

01/09/2012 participant admitted to having a glass of wine.

Plan

Increased testing frequency to 36x/yr. 96-hour evaluation required and evaluation report must be in the TXPHP office by 03/05/2012.

UPDATE - Subsequent violation on non-compliance since last DPRC: Participant was ordered to go to 96-hour evaluation. Participant refused to attend 96-hour evaluation. Per DPRC decision at last meeting, participant will be referred back to TMB.

New Cases for Discussion

Remain PHP TMB ACCEPTED CONTINUE

5. 11-0215

Background

- Referral Type: TMB Staff
- Agrmt Term: 3/21/2011 3/21/2014

Issue

1) On 6/13/11 Participant self-reported a relapse on 6/11/11, using Benzodiazapene and methamphetamine. Participant stated the relapse started 3-4 weeks before the actual event. Participant had been complacent and was not doing the necessary spiritual work. The obsession began primarily with thinking about sexual activity and participant contacted and met with men found online which led to the drug usage.

2) Agreement addendum was done requiring participant to 1) See treating psych for a new assessment and treatment recommendations to TXPHP within one week 2) Increase frequency of urine drug screens to 48 times per year and 3) increase AA meeting attendance to 90 in 90 days.

3) Case was discussed at DPRC on August 5, 2011. It was decided that participant would continue monitoring with TXPHP.

4) On 2/22/12 participant self-reported a relapse on 2/19/12, using crystal meth and cocaine. Participant stated relapse began 4-6 weeks ago with sponsor's relapse. Participant began having obsessions regarding sexual behavior and using drugs. Met up with someone who

X

Offer Order of Suspension through TXPHP for a minimum of 6 months, to be signed within 7 days. May not resume practice until case is submitted back to DPRC with a recommendation from Dr. Nemeth. Any violation of terms in agreement would result in immediate referral to TMB for immediate Temporary Suspension.

provided meth and cocaine.
5) Agreement addendum done requiring participant to 1) enter into treatment facility by March 15, 2012.

He is currently in treatment.

6. 12-0115

Background

- Referral Type: TMB Staff
- Agrmt Term: 10/18/2011 10/17/2012

Issue

On January 16, 2012, a General Diagnostic Battery and Neuropsychological Evaluation was conducted by Larry Pollock, Ph.D. The results of the present neuropsychological evaluation revealed significant neurocognitive impairments. Deficits were found in: language functioning (visual naming in English); academics (word reading and sentence comprehension in English); visual functioning (speed of visual scanning, line bisection, visual form discrimination, and spatial judgment); motor functioning (visual motor integration, grip strength, finger tapping, fine coordination, and bimanual programming); memory (visual reproduction memory and visual recognition memory), and executive functioning (visual tracking). Furthermore, it is extremely difficult to assess his mental status accurately due to language and cultural differences and due to his severe hearing loss. However, he seems to be able to perform his profession successfully on a part-time basis.

X

Refer to TX Board of Acupuncture Examiners

Total = 6