

Oregon Medical Board
BOARD ACTION REPORT
March 15, 2012

The information contained in this report summarizes new, interim, and final actions taken by the Oregon Medical Board between February 16, 2012 and March 15, 2012.

Scanned copies of Interim Stipulated Orders, Orders of Emergency Suspension, Stipulated Orders, Final Orders, Termination Orders, Modification Orders and Voluntary Limitations are included at the end of this report in the order that they appear in the report. These orders are marked with an * asterisk. **Scanned copies of Corrective Action Agreements and Consent Agreement are not posted, as they are not disciplinary action and impose no practice limitations.** Complaint and Notices of Proposed Disciplinary Action are not listed in this report, as they are not final actions by the Board. Both Orders, however, are public and are available upon request.

Printed copies of the Board Orders not provided with this report are available to the public. To obtain a printed copy of a Board Order not provided in this report, please complete a Service Request Form (<http://egov.oregon.gov/BME/PDFforms/VerDispMalFillin.pdf>) found under the Licensee Information Request Form link on the Board's web site, submit it with the \$10.00 fee *per licensee* and mail to:

Oregon Medical Board
1500 SW 1st Ave, Ste 620
Portland, OR 97201

Copies of the Orders listed below are mailed to Oregon hospitals where the Licensee had self-reported that he/she has privileges.

***Caesar, Richard, Irwin, MD; MD153914; Eugene, OR**

On March 1, 2012, Applicant entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and impairment. This Order grants Applicant a medical license limited to addiction medicine and 40 hours of practice per month, prohibits solo practice, places his license on permanent probation, prohibits the prescribing and dispensing of controlled substances, and requires the following: applicant obtain a proctor; enrollment and compliance in the Health Professionals' Services Program; abstinence from alcohol and controlled substances; [REDACTED]; [REDACTED]; random drug and alcohol screening; naltrexone treatment if his physician determines it appropriate; and participation in a 12 step program.

***Haney, Susan, Theresa, MD; MD23325; Coos Bay, OR**

On February 22, 2012, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

***Paysse, Jeanette, Claire, MD; MD26435; Portland, OR**

On February 21, 2012, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine.

***Robinson, Gregory, Earl, MD; MD16711; Portland, OR**

On March 1, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated negligence in the practice of medicine; and prescribing a controlled substance without a legitimate medical purpose or following acceptable procedures. This Order reprimands Licensee, places Licensee on indefinite probation, and subjects Licensee's charts to no notice audits.

***Selby, David, William, DO; DO14260; Lake Oswego, OR**

On March 1, 2012, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and gross or repeated negligence. This Order reprimands Licensee, fines Licensee \$5,000 with \$4,000 stayed, requires that Licensee enter into and complete an educational intervention plan developed by the Center for Personalized Education for Physicians, requires that Licensee complete an appropriate prescribing course, and limits the number of physician assistants Licensee may supervise to one until such time the OMB Medical Director approves supervision for a second physician assistant.

If you have any questions regarding this service, please call the Board at (971) 673-2700 or toll-free within Oregon at (877) 254-6263.

BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
RICHARD IRWIN CAESAR, MD) STIPULATED ORDER
APPLICANT)

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8 The Oregon Medical Board (Board) is the state agency responsible for licensing,
9 regulating and disciplining certain health care providers, including physicians, in the State of
10 Oregon. Richard Irwin Caesar, MD (Applicant) is a physician who was formerly licensed to
11 practice medicine in the State of Oregon.

12 2.

13 Applicant has a long history of drug dependence, treatment, relapse and noncompliance
14 while holding a medical license in Oregon that resulted in a number of Board disciplinary
15 actions, culminating in the Board issuing a Default Final Order, dated December 4, 2008, which
16 revoked his license to practice medicine. Applicant submitted an application for licensure in
17 January 2011. In support of his application, Applicant has taken and passed the Special Purpose
18 Examination (SPEX), presented to the Board records substantiating his continuing medical
19 education, and has submitted documentation to support his assertions of recovery and abstinence.

20 3.

21 Applicant and the Board desire to settle this matter by the entry of this Stipulated Order.
22 Applicant understands that he has the right to a contested case hearing under the Administrative
23 Procedures Act (chapter 183), Oregon Revised Statutes and fully and finally waives the right to a
24 contested case hearing and any appeal therefrom by the signing of and entry of this Order in the
25 Board's records. Applicant stipulates that he has engaged in conduct previously described in the
26 Board's Default Final Order, dated December 4, 2008, and that this conduct constituted

1 violations of ORS 677.190(1)(a) as defined by ORS 677.188(4)(a) unprofessional or
2 dishonorable conduct and ORS 677.190(7) impairment. Applicant understands and agrees that
3 this conduct constitutes grounds for the Board to deny his license application pursuant to ORS
4 677.190 or to impose terms of probation pursuant to ORS 677.205. Applicant understands that
5 this Order is a public record and is a disciplinary action that is reportable to the National
6 Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank and the Federation of
7 State Medical Boards.

8 4.

9 Applicant understands that in view of his history of relapse and board disciplinary
10 actions, that this is a **last chance agreement**. Applicant understands that the Board's decision to
11 grant him a license is predicated upon his strict compliance with the terms and conditions of this
12 Order. Applicant understands and agrees that any failure on his part to comply with the terms of
13 this Order will result in the immediate suspension of his medical license and will constitute a
14 sufficient basis for the Board to revoke his license to practice medicine. In granting a license to
15 practice medicine, Applicant is placed on permanent probation, subject to the following terms
16 and conditions:

17 4.1 Applicant is granted a medical license that is limited to addiction medicine.

18 4.2 Applicant must not work more than a total of 40 hours per month. Licensee may
19 only practice medicine at Serenity Lane or another treatment center that is pre-approved by the
20 Board's Medical Director.

21 4.3 Applicant's medical license is placed on permanent probation. Licensee must
22 report in person to the Board at each of its quarterly meetings at the scheduled times for a
23 probation interview, unless otherwise directed by the Board's Compliance Officer or its
24 Investigative Committee.

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1 4.4 Applicant must obtain a proctor pre-approved by the Board's Medical Director
2 who will provide quarterly reports to the Board on his practice of medicine, compliance with the
3 terms and conditions of this Order, and his ability to safely practice medicine.

4 4.5 Applicant is prohibited from practicing medicine in a solo setting. There must be
5 another licensed physician present at any location where Applicant is working.

6 4.6 Applicant must enroll in and fully comply with the Health Professionals' Services
7 Program (HPSP) for as long as he holds a medical license in the state of Oregon. Applicant's
8 first priority is to comply with the requirements of this program. The Board expects there to be
9 no missed calls, delays, or excuses in meeting monitoring requirements.

10 4.7 Applicant must completely abstain from the use of alcohol or any controlled
11 substance, intoxicant or psychoactive substance unless prescribed by his treating physician and
12 with prior notification to HPSP. Applicant's treating physician must be pre-approved by the
13 Board's Medical Director and fully informed of Applicant's history of substance abuse and
14 dependence. This does not preclude Applicant from seeking care in an emergency situation.
15 Applicant must notify HPSP, a Board compliance officer and his treating physician of any
16 emergency care or prescribing as soon as practical.

17 4.8 Applicant must continue under the care of his treating psychiatrist, or other health
18 care provider pre-approved by the Board's Medical Director. Applicant must meet with his
19 psychiatrist at least twice a month, who must provide quarterly written reports to the Board.
20 Applicant agrees and understands that he must sign all necessary releases to allow for full
21 communication between the Board and his mental health care provider(s).

22 4.9 License must discuss participating in couple's counseling with his approved
23 treating psychiatrist or mental health care provider, and must engage in ongoing couple's
24 counseling as long as this is recommended by this treatment provider.

25 4.10 Applicant must submit to random drug and alcohol screening tests a minimum of
26 30 times a year, to include hair samples at least 4 times a year.

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4.

At the conclusion of the Board's investigation, Licensee's status will be reviewed in an expeditious manner. Following that review, if the Board determines that Licensee shall not be permitted to return to the practice of medicine, Licensee may request a hearing to contest that decision.

5.

This Order is issued by the Board pursuant to ORS 677.265(1) and (2) for the purpose of protecting the public, and making a complete investigation in order to fully inform itself with respect to the performance or conduct of the Licensee and Licensee's ability to safely and competently practice medicine. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure. However, as a stipulation this Order is a public document and is reportable to the National Practitioners Data Bank and the Health Insurance Portability and Accountability Data Bank (HIPDB) and the Federation of State Boards.

6.

This Order becomes effective the date it is signed by the Licensee.

IT IS SO STIPULATED THIS 22nd day of February, 2012.

SIGNATURE REDACTED

SUSAN THERESA HANEY, MD

IT IS SO ORDERED THIS 23rd day of February, 2012.

State of Oregon
OREGON MEDICAL BOARD

SIGNATURES REDACTED

KATHLEEN HALEY, JD
EXECUTIVE DIRECTOR

BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
)
JEANETTE CLAIRE PAYSSE, MD) INTERIM STIPULATED ORDER
LICENSE NO. MD26435)
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1.
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9 The Oregon Medical Board (Board) is the state agency responsible for licensing,
10 regulating and disciplining certain healthcare providers, including physicians, in the state of
11 Oregon. Jeanette Claire Paysse, MD (Licensee) is a licensed physician in the state of Oregon.

12 2.

13 The Board received credible information regarding Licensee that resulted in the Board
14 initiating an investigation. The results of the Board's investigation to date have raised concerns
15 to the extent that the Board believes it necessary that Licensee agree to cease the practice of
16 medicine until the investigation is completed.

17 3.

18 In order to address the concerns of the Board, Licensee and the Board agree to enter into
19 this Interim Stipulated Order, which provides that Licensee shall comply with the following
20 conditions effective the date this Order is signed by Licensee:

21 3.1 Licensee voluntarily withdraws from the practice of medicine and her license is
22 placed in inactive status pending the completion of the Board's investigation into her ability to
23 safely and competently practice medicine.

24 3.2 Licensee understands that violating any term of this Order will be grounds for
25 disciplinary action under ORS 677.190(17).

26 3.3 Licensee must notify the Oregon Medical Board within 10 days as to how patients
27 may access or obtain their medical records.

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4.

At the conclusion of the Board's investigation, Licensee's status will be reviewed in an expeditious manner. Following that review, if the Board determines that Licensee shall not be permitted to return to the practice of medicine, Licensee may request a hearing to contest that decision.

5.

This Order is issued by the Board pursuant to ORS 677.265(1) and (2) for the purpose of protecting the public, and making a complete investigation in order to fully inform itself with respect to the performance or conduct of the Licensee and Licensee's ability to safely and competently practice medicine. Pursuant to ORS 677.425, Board investigative materials are confidential and shall not be subject to public disclosure. However, as a stipulation this Order is a public document and is reportable to the National Practitioners Data Bank and the Health Insurance Portability and Accountability Data Bank (HIPDB) and the Federation of State Boards.

6.

This Order becomes effective the date it is signed by the Licensee.

IT IS SO STIPULATED THIS 21 day of February, 2012.

SIGNATURE REDACTED

JEANETTE CLAIRE PAYSSE, MD

IT IS SO ORDERED THIS 22nd day of February, 2012.

State of Oregon
OREGON MEDICAL BOARD

SIGNATURE REDACTED

KATHLEEN HALEY, JD
EXECUTIVE DIRECTOR

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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of)
GREGORY EARL ROBINSON, MD) STIPULATED ORDER
LICENSE NO MD 16711)
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1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating, and disciplining certain health care providers, including physicians, in the state of Oregon. Gregory Earl Robinson, MD (Licensee) is a licensed physician in the state of Oregon.

2.

In a Complaint and Notice of Proposed Disciplinary Action dated November 7, 2011, the Board proposed taking disciplinary action pursuant to ORS 677.205 against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a) and (c); ORS 677.190(13) gross or repeated negligence in the practice of medicine and ORS 677.190 (24) prescribing a controlled substance without a legitimate medical purpose or following acceptable procedures.

3.

Licensee is board certified in internal medicine and practices medicine at Adventist Health Internal Medicine Associates in Portland. Licensee's acts and conduct that violated the Medical Practice Act are:

3.1 On November 7, 2002, Patient A, a 65-year-old female, initially presented to Licensee with complaints related to fibromyalgia and muscle pain. Licensee's chart note states that she was stable on prescriptions for tramadol (Ultram) and rofecoxib (Vioxx). On January 30, 2003, Licensee prescribed zolpidem (Ambien, Schedule IV) 10 mgs #30 with five refills to treat her complaints of having difficulty sleeping. Licensee's chart notes do not reflect any

1 consideration of alternative therapies or any assessment of other possible issues that may be
2 related to sleep disturbance (sleep disordered breathing, stress, or possible abuse). Licensee's
3 chart notes do not reflect any documentation of her drug history, alcohol use, or social history.
4 In 2006, Patient A requested that Licensee change the prescription to zolpidem CR 12.5 mgs,
5 #30, with five refills. Licensee authorized the prescription and did not assess Patient A for
6 possible dependence. On October 2, 2007, Licensee increased the prescription to zolpidem 20
7 mg, #60 with 5 refills, instructing Patient A to take two tablets at bedtime. Licensee did not
8 chart why he decided to increase the prescription beyond the recommended dosage of 10 mg per
9 day for this medication, and did not assess Patient A for possible adverse side effects or
10 dependence. In January 2009, Licensee referred Patient A to a neurologist to conduct a nerve
11 conduction study in response to her complaints of back pain and paresthesias. A chart note, dated
12 August 18, 2009, states that Patient A continued to take zolpidem, 20 mg, every night and that
13 her condition was stable. Patient A sustained a back injury in late 2009 and was referred again to
14 neurology. She was taking hydrocodone & acetaminophen (Schedule III) 5 mg – 325 regularly
15 for this injury. Licensee did not comment on Patient A's prescription for tramadol at the
16 November 24, 2009 visit. She was taking 100 mg of tramadol every 6 hours at that time.
17 Licensee conducted a comprehensive physical examination on January 19, 2010 and charted:
18 "She requests a prescription for zolpidem. She is satisfied with this." Licensee's medication
19 regimen included tramadol 100 mg; hydrocodone & acetaminophen 5 mg - 325; sumatriptan
20 (Imitrex) 50 mg; and zolpidem 10 mg (2 tablets every night). Licensee's list of diagnoses for
21 Patient A included "persistent insomnia." In a chart note dated October 13, 2010, Licensee
22 wrote: "Persistent insomnia. She is satisfied with Ambien." Licensee noted that Patient A
23 suffered low back pain, cervical disk disease and chronic right shoulder pain. Licensee's
24 medication regimen included hydrocodone & acetaminophen 7.5 mg - 325; cyclobenzaprine
25 (Flexeril); tramadol 10 mg (2 tablets every night); meloxicam (Mobic) and gabapentin
26 (Neurontin). Licensee entered into a Chronic Pain Treatment Agreement with Patient A on this
27 same date. A review of records reveals that Licensee wrote a prescription (or authorized refills)

1 for zolpidem 10 mg, on the following dates: 1/12/10 (30, 2 tablets every night), 2/01/10 (60, 2
2 tablets every night), 2/25/10 (90, 1 tablet every night), 5/03/10 (90, 1 tablet every night),
3 7/30/10 (90, 1 tablet every night), 10/06/10 (60, 1 tablet every night), and 11/26/10 (90, 1 tablet
4 every night). Licensee also authorized the following prescriptions for zolpidem 10mg, 60
5 tablets, from a different pharmacy with instructions to take two tablets every night on the
6 following dates: 1/21/10, 2/19/10, 3/22/10, 4/29/10, 6/03/10, 6/28/10, 7/26/10, 8/26/10,
7 10/01/10. Licensee's record of prescribing zolpidem for Patient A was excessive, lacked
8 medical justification, ignored the possibility of dependence or diversion, and subjected the
9 patient and the public to the risk of harm. In addition, Licensee failed to adequately work up
10 Patient A's complaints of persistent insomnia or to obtain a consultation.

11 3.2 Patient B, a 71-year-old male, initially presented to Licensee on August 8, 2003
12 with complaints of neuropathic pain. In 2005, Patient B complained of increased pain. Licensee
13 diagnosed idiopathic peripheral neuropathy and wrote a prescription for hydrocodone &
14 acetaminophen (Vicodin Schedule III) #30. In early 2006, Licensee increased this prescription
15 to hydrocodone & acetaminophen 10/325, #360. Licensee did not document a referral plan for
16 pain management, or identify the risk of habituation or addiction to narcotics. Patient B
17 continued to complain of increasing pain. On August 15, 2006, Licensee added duloxetine
18 (Cymbalta) 60 mg without instructions for tapering the medication. Licensee decreased the
19 prescription to 30 mg daily, but did not chart that he considered this to be an off label use and
20 failed to consider the warning for increased risk of suicide associated with this medication. On
21 September 12, 2006, Licensee charted that duloxetine had helped Patient B's pain but led to
22 increased urinary retention. On March 30, 2007, Patient B complained of insomnia, which
23 Licensee treated with amitriptyline (Elavil). On June 29, 2007, Licensee initiated a prescription
24 for zolpidem 10 mg #30, with two refills. Licensee increased this prescription to 12.5 mg CR
25 nightly on April 29, 2008. On September 28, 2008, Patient B reported increased depression and
26 concern that duloxetine was making his symptoms worse. Licensee increased the dosage of
27 duloxetine to 30 mg and added gabapentin 300 mg. On April 23, 2009, Patient B complained of

1 neuropathic pain, depression, and poor sleep that was not controlled with zolpidem 15 mg
2 nightly. Licensee added alprazolam (Xanax, Schedule IV) 0.5 mg, #30 with one refill to be used
3 in conjunction with the zolpidem. Although there were some periods when Licensee prescribed
4 zolpidem 10 mg, 2 tablets nightly, Licensee discontinued this medication on December 30, 2009.
5 On February 5, 2010, Patient B reported that the alprazolam was no longer working. Licensee
6 increased the dosage to 1 mg nightly, and prescribed #30 of alprazolam with two refills. On May
7 28, 2010, Licensee increased the dosage for alprazolam to 1mg, 2 per night. On December 28,
8 2010, Patient B complained of neuropathic and arthritic pain and dizziness. Licensee noted that
9 Patient B's insomnia was "stable." On February 10, 2011, Licensee documented a history of
10 falls and orthostatic hypotension. Licensee did not work up these symptoms or obtain a
11 neurological consultation. Licensee decreased the dosage of duloxetine but did not taper the
12 alprazolam dose. On March 30, 2011, Licensee prescribed morphine (Kadian extended release,
13 Schedule II) 15 mg every 12 hours for chronic neuropathic pain. Licensee failed to adequately
14 work up Patient B's complaints of persistent insomnia, maintained Patient B on a high dosage of
15 zolpidem, then added a high dose of alprazolam without close reassessment or evaluation.
16 Licensee did not obtain (or appear to consider) a pain management consultation, a neurology
17 consultation, a sleep management consultation or a psychiatric consultation. Despite Patient B's
18 complaints of increasing neuropathy with a history of falls, Licensee did not readjust or taper the
19 high dosage of alprazolam (a medication that increases the risk of falls and sedation.)

20 3.3 Licensee engaged in a pattern of practice in his delivery of medical care to
21 Patients C – F that constitutes repeated acts of negligence as well as unprofessional or
22 dishonorable conduct, to include the following: failing to assess patient history of substance
23 abuse, domestic violence or abuse; failing to conduct any drug screening despite the long term
24 prescribing of controlled substances; excessive dosing of zolpidem to treat complaints of
25 insomnia; failing to adequately work-up complaints of insomnia, failing to try alternative
26 treatment modalities, failing to obtain a sleep study or consultation for complaints of persistent
27 insomnia; and conducting incomplete work-ups of chronic pain or anxiety symptoms.

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4.

Licensee and the Board desire to settle this matter by entry of this Stipulated Order.

Licensee understands that he has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the Board's records. Licensee neither admits or denies, but the Board finds that he engaged in the conduct described in paragraph 3, and that this conduct violated ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a) and (c); ORS 677.190(13) gross or repeated negligence in the practice of medicine and ORS 677.190 (24) prescribing a controlled substance without a legitimate medical purpose or following acceptable procedures. Licensee understands that this Order is a public record and is a disciplinary action that is reportable to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank and the Federation of State Medical Boards.

5.

Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order subject to the following sanctions and terms and conditions of probation:

5.1 Licensee is reprimanded.

5.2 Licensee is placed on indefinite probation. Licensee must report in person to the Board at each of its quarterly meetings at the scheduled times for a probation interview, unless otherwise directed by the Board's Compliance Officer or its Investigative Committee.

5.3 After two years of full compliance with the terms of this Order, Licensee may submit a written request to modify the terms of probation.

5.4 Licensee's medical charts will be subject to no notice audits by the Board's Compliance Officer or Board designee.

5.5 Pursuant to the Board's request, Licensee voluntarily completed a course on appropriate prescribing, which he took at Case Western Reserve University in Cleveland, Ohio.

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1 5.6 Licensee stipulates and agrees that this Order becomes effective the date it is
2 signed by the Board Chair.

3 5.7 Licensee stipulates and agrees that any violation of the terms of this Order shall
4 be grounds for further disciplinary action under ORS 677.190(17).

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6 IT IS SO STIPULATED THIS 25th day of January, 2012.

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8 *SIGNATURE REDACTED*

9 _____
10 GREGORY EARL ROBINSON, MD

11 IT IS SO ORDERED THIS 1st day of March, 2012.

12 OREGON MEDICAL BOARD
13 State of Oregon

14 *SIGNATURE REDACTED*

15 _____
16 W. KENT WILLIAMSON, MD
17 BOARD CHAIR

1 a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the
2 Board's records. Licensee denies but the Board finds that he engaged in the conduct described in
3 the Board's Complaint & Notice of Proposed Disciplinary Action, and that this conduct violated
4 ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined by ORS 677.188(4)(a)
5 and ORS 677.190(13) gross or repeated negligence. Licensee understands that this Order is a
6 public record and is a disciplinary action that is reportable to the National Practitioner Data
7 Bank, the Healthcare Integrity and Protection Data Bank and the Federation of State Medical
8 Boards.

9 5.

10 In order to address the concerns of the Board, Licensee and the Board agree that the
11 Board will close this investigation and resolve this matter by entry of this Stipulated Order,
12 subject to the following conditions:

13 5.1 Licensee is reprimanded.

14 5.2 Licensee must pay a fine of \$5,000, with \$4,000 of this fine stayed, and the
15 remaining \$1,000 to be paid within 10 days from the date this Order is signed by the Board
16 Chair. The full amount will be payable in full upon demand in the event Licensee breaches any
17 of the terms of this Stipulated Order.

18 5.3 Licensee must ask the Center for Personalized Education for Physicians (CPEP)
19 to develop, at Licensee's expense, an educational intervention plan, to include educational
20 objectives that address Licensee's areas of need, educational activities, timeframes, and
21 evaluation processes. A CPEP Associate Director will actively monitor progress and compliance
22 with this plan, and will provide reports to the Board regarding Licensee's progress on an ongoing
23 basis. Licensee must submit the CPEP educational intervention plan to the Board's Medical
24 Director for review, comment, and approval prior to implementation.

25 5.4 Licensee must successfully complete the recommendations provided by CPEP for
26 education or remediation, including any "Post-Education Evaluation," within 24 months from the
27 date this Order is signed by the Board Chair.

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1 5.5 Licensee must also sign all necessary releases to authorize full ongoing
2 communication between the Board and CPEP, and Licensee will ensure that periodic progress
3 reports, interim reports and the final written evaluation report from CPEP are provided promptly
4 to the Board.

5 5.6 Licensee must provide the Board with written proof from CPEP upon successful
6 completion of any CPEP recommended education or remediation, including successful
7 completion of the post-education evaluation.

8 5.7 Licensee must successfully complete an appropriate prescribing course (that
9 includes the prescribing of antibiotics) that has been pre-approved by the Board's Medical
10 Director, prior to, or within 120-days from the date of completion of the CPEP program. All
11 costs associated with this course will be borne by the Licensee.

12 5.8 Licensee must limit the number of physician assistants under his supervision to
13 one. Licensee must submit a practice description or practice agreement (and any modification to
14 the practice description or practice agreement) for any physician assistant that he supervises to
15 the Board's Medical Director for review and approval. After six months of full compliance with
16 the terms of this Stipulated Order, Licensee may request the Board's Medical Director to
17 increase the number of physician assistants that he supervises to two.

18 5.9 Licensee stipulates and agrees that any violation of the terms of this Order shall
19 be grounds for further disciplinary action under ORS 677.190(17).

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