



7. The complaint of Patient F was opened by the Board as Docket No. MPN 210-1013 in October of 2013. The matter was also assigned to the North Committee.

***Treatment of Patients A, B, C, D and E***

8. ***Patient A.*** The Board's investigation determined that Respondent's treatment of Patient A constituted a failure to practice competently in the following respects: (a) substandard record keeping, e.g. records were illegible and of poor quality, notes have no headings, lack the patient's name, a complete description of the treatment and any documentation of who wrote the note or provided the care, notes are not signed; (b) proper evaluation of the patient was not performed before initiating buprenorphine, e.g. the buprenorphine treatment agreement does not include any documentation of a diagnostic assessment, a treatment plan or a prescription for medication; (c) no evidence of informed consent of the patient or the initial prescription for buprenorphine; (d) initiation of antidepressants and sleep aids without documentation of appropriate diagnostic assessment; and (e) proper evaluation of the patient was not performed before initiating Adderall, e.g. notes indicate that Adderall was initiated with no diagnostic evaluation, risk assessment or informed consent for this controlled substance.
9. ***Patient B.*** The Board's investigation determined that Respondent's treatment of Patient B constituted a failure to practice competently in the following respects: (a) substandard record keeping, e.g. records are illegible and incomplete, have no headings, no patient name listed, no date of service, lacking details of patient's ongoing mental health or addiction treatment, no signature or indication of who provided patient care; (b) no evidence that patient's previous treatment was reviewed

before Respondent began prescribing; (c) treatment plan note contains no diagnostic assessment, no assessment for withdrawal and no plan for buprenorphine beyond the dose prescribed; (d) treatment agreement has unreadable date; (e) no documentation of informed consent; (e) while medication log and lab results suggest buprenorphine may have been prescribed continuously throughout 2011 and 2012, it is not mentioned in many of the office notes during that time.

10. **Patient C.** The Board's investigation determined that Respondent's treatment of Patient C constituted a failure to practice competently in the following respects: (a) substandard record keeping, e.g. records were illegible, particularly in more recent records; (b) no evidence of any of the recommended elements of care for using opioids for chronic pain: no diagnostic assessment, no informed consent, no treatment agreement, no regular review of Patient C's progress and safety. Additionally, Respondent's management of Patient C – a patient with severe, complicated chronic pain and a history of serious mental illness and addiction – by prescribing extremely high doses of opioids is well outside the expected scope of practice of most psychiatrists. The Board concluded that Respondent should not have taken over the opioid prescribing for Patient C.

11. **Patient D.** The Board's investigation determined that Respondent's treatment of Patient D constituted a failure to practice competently in the following respects: (a) substandard record keeping, e.g. records were illegible and of poor quality, the notes lacked headings, the patient's name, a complete date, and any signature or indication of the person providing care, notes are short, incomprehensible and do not include any indication of a plan; (b) failure to meet the standard of care as reflected in the

Federation of State Medical Boards (FSMB) Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office, e.g. records do not reflect the date or under what circumstances treatment was initiated, no evidence of informed consent; and (c) the records produced for Patient D included documents related to at least two other patients and may suggest alteration of medical records by Respondent.

12. ***Patient E.*** The Board's investigation determined that Respondent's treatment of Patient E constituted a failure to practice competently in the following respects: (a) substandard record keeping, e.g. records illegible and of poor quality, lacked headings and patient names, had no specific date of service, records were not signed to indicate the service provider, and records are incomprehensible, and records for individual patient visits are extremely brief (10-15 words); (b) no evidence of patient assessment or treatment plan; (c) failure to meet the standard of care as reflected in the Federation of State Medical Boards (FSMB) Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office, e.g. buprenorphine treatment from 2007 to 2013 rarely mentioned in brief office notes, assessment not complete, no complete plan for treatment, no informed consent, assessment not dated, no clear indication of when buprenorphine treatment was initiated; and (d) lack of diagnostic assessment or indications for prescription of psychopharmacological agents.

***The Records of Patient F***

13. Patient F did not receive a copy of the requested records until late January of 2014, months after the records were originally requested.

14. The Board determined that the amount of time needed by Respondent to provide Patient F with a copy of his medical records was unreasonable and suggests that the records for Patient F may have been incomplete or substandard.

## CONCLUSIONS OF LAW

15. It is unacceptable medical practice for a licensee to inadequately document his treatment of patients. Such conduct may constitute unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).
16. It is unacceptable medical practice for a licensee to improperly prescribe controlled substances. Such conduct may constitute unacceptable patient care and the failure to conform to the essential standards of acceptable and prevailing practice in violation of 26 V.S.A. §§ 1354(b)(1) and (2).
17. Consistent with Respondent's cooperation with the Board, he agrees that if the State were to file charges against him it could satisfy its burden at a hearing and findings adverse to him could be entered by the Board, pursuant to 26 V.S.A. §§ 1354(b)(1) and (2).
18. Respondent agrees that the Board may enter as its facts and/or conclusions in this matter Paragraphs 1 through 14, above, and further agrees that this is an adequate basis for the Board actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement.
19. Therefore, in the interest of Respondent's desire to fully and finally resolve the matter presently before the Board, he has determined that he shall enter into the instant agreement with the Board. Respondent enters no further admission here, but to resolve this matter without further time, expense, and uncertainty, he has concluded that this agreement is acceptable and in the best interest of the parties.

20. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges he has had the advice of counsel regarding this matter and in the review of this Stipulation and Consent Order. Respondent is fully satisfied with the legal representation he has received in this matter.
21. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of his own to contest any allegations by the State.
22. The Board and Respondent agree that upon their execution of this Stipulation and Consent Order and pursuant to the terms herein, the above-captioned matter shall be administratively closed by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms and conditions of this document by Respondent and except as otherwise provided herein.
23. This Stipulation and Consent Order is conditioned upon its acceptance by the Board. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the alleged misconduct, it shall not be used against Respondent in any way, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

24. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to the Federation of State Medical Board's Board Action Databank, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank.
25. In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms and conditions of this Stipulation and Consent Order.
26. The parties therefore jointly agree that should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms and conditions herein.

#### **ORDER**

WHEREFORE, based on the foregoing Findings of Fact, Conclusions of Law, and the consent of the Parties, it is hereby ORDERED that:

- a. Respondent shall be reprimanded for the conduct set forth above;
- b. Respondent shall successfully complete a continuing medical education (CME) course approved by the North Committee or the Board that addresses medical record keeping. Respondent shall seek the Committee's or Board's approval of the proposed CME course no later than 45 days prior to the date of the course. Respondent shall complete the course within one year of the entry of this Stipulation and Consent Order. Upon Respondent's successful completion of the CME course, he shall provide the Committee with proof of attendance. Respondent shall also provide a written narrative of the CME course to the North Committee which documents what he



learned from the course and how he will apply that knowledge to his practice.

Respondent shall be solely responsible for all costs associated with the CME course;

c. Respondent shall successfully complete a CME course approved by the North Committee or the Board that addresses proper prescribing practices, including safe and effective prescribing of opioids for chronic pain treatment. Respondent shall seek the Committee's or Board's approval of the proposed CME course no later than 45 days prior to the date of the course. Respondent shall complete the course within one year of the entry of this Stipulation and Consent Order. Upon Respondent's successful completion of the CME course, he shall provide the Committee with proof of attendance. Respondent shall also provide a written narrative of the CME course to the North Committee which documents what he learned from the course and how he will apply that knowledge to his practice. Respondent shall be solely responsible for all costs associated with the CME course;

d. Respondent shall successfully complete a CME course approved by the North Committee or the Board that specifically addresses the prescribing of buprenorphine. Respondent shall seek the Committee's or Board's approval of the proposed CME course no later than 45 days prior to the date of the course. Respondent shall complete the course within one year of the entry of this Stipulation and Consent Order. Upon Respondent's successful completion of the CME course, he shall provide the Committee with proof of attendance. Respondent shall also provide a written narrative of the CME course to the North Committee which documents what he learned from the course and how he will apply that knowledge to his practice. Respondent shall be solely responsible for all costs associated with the CME course;

- e. Respondent shall pay an administrative penalty of three thousand dollars (\$3,000.00) consistent with 26 V.S.A. § 1361(b). Payment shall be made to the “State of Vermont Board of Medical Practice” and shall be sent to the Attorney General’s Office at the following address: William B. Reynolds, Assistant Attorney General, Office of the Attorney General, 109 State Street, Montpelier, VT 05609-1001. The payment shall be due no later than twelve (12) months after this Stipulation and Consent Order is approved by the Board;
- f. Respondent shall limit his prescribing of buprenorphine (to include Subutex, Suboxone and any other drug containing buprenorphine used in the treatment of opioid addiction) and Schedule II controlled substances to a combined total of thirty (30) patients within 90 days after this Stipulation and Consent Order is approved by the Board. Respondent shall immediately notify any patients for whom he will no longer be prescribing buprenorphine or Schedule II controlled substances and provide the Committee with a copy of such notifications. Provided that he is in compliance with all other terms of this Stipulation and Consent Decree, Respondent may petition the North Committee after the passage of one year to request that he be allowed to increase his prescribing of buprenorphine or Schedule II controlled substances to more than 30 patients. In considering such a request, the Committee will review Respondent’s compliance with this Stipulation and Consent Decree, any reports of the practice monitor (described in paragraph g. below) received by the Committee to that point in time, and any other information that the Committee believes to be relevant to the request, including but not limited to, any additional information it seeks from Respondent or any other source. The Board must enter an order increasing

Respondent's prescribing of buprenorphine or Schedule II controlled substances before Respondent may commence prescribing buprenorphine or Schedule II controlled substances to more than 30 patients. In the event, that an increase is permitted, the level of increase shall be at the sole discretion of the Committee. In the event that the Committee determines that Respondent is not in compliance with all other terms of this Stipulation and Consent Decree, the Committee may suspend or further limit the prescribing of buprenorphine or Schedule II controlled substances. In the event that the Committee determines that Respondent is not in compliance with the terms of this stipulation, the Committee may exercise its discretion to amend this order to prohibit Respondent from prescribing buprenorphine or Schedule II Controlled substances;

- g. Respondent shall retain the services of a "practice monitor" of his choosing, subject to preapproval by the North Committee or the Board. Respondent shall provide the Committee with the name and CV of the proposed practice monitor within 30 days after this Stipulation and Consent Order is approved by the Board. The practice monitor shall report his/her findings to the Committee on a monthly basis. The practice monitor's first report shall be submitted to the Committee no later than 90 days after this Stipulation and Consent Order is approved by the Board. The practice monitor shall continue for no less than four years. On a monthly basis, the practice monitor shall review the treatment records of ten (10) randomly selected patients of Respondent to determine whether Respondent's treatment and medical record keeping meets the applicable standard of care. The practice monitor shall select the ten patients' records to be reviewed from a list prepared by Respondent that identifies all

patients for whom Respondent is providing care. Of the ten monitored cases, the practice monitor will review at least five records of patients for whom Respondent is prescribing buprenorphine, and at least five records of patients for whom Respondent is prescribing Schedule II controlled substances. In the event that Respondent does not treat sufficient numbers of patients with buprenorphine or Schedule II controlled substances to meet these thresholds, the practice monitor shall review other patient records in order to make the ten patient requirement. After each monthly review, Respondent shall meet with the practice monitor to discuss the quality of Respondent's treatment and medical record keeping. Respondent shall be solely responsible for all costs associated with the practice monitor. Respondent shall be responsible for ensuring that the practice monitor's reports are timely submitted to the Committee. The Committee may at its discretion decrease the reporting requirement to a quarterly basis.

- h. Respondent shall permit the Board's investigator to make unannounced visits to inspect Respondent's office and records.

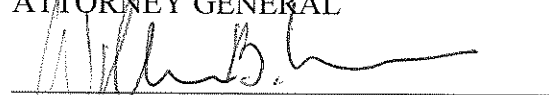
**SIGNATURES**

DATED at Montpelier, Vermont, this 21<sup>st</sup> day of November, 2014.

STATE OF VERMONT

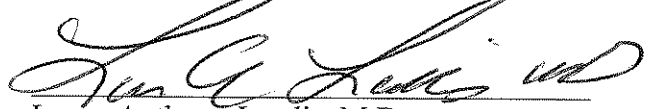
WILLIAM H. SORRELL  
ATTORNEY GENERAL

By:



William B. Reynolds  
Assistant Attorney General  
Office of the Attorney General  
109 State Street  
Montpelier, VT 05609

DATED at Brattleboro, Vermont, this 10<sup>th</sup> day of NOVEMBER, 2014.



Loren Anthony Landis, M.D.  
Respondent

DATED at Brattleboro, Vermont, this 10<sup>th</sup> day of November, 2014.



Evan Chadwick, Esq.  
P.O. Box 6182  
Brattleboro, VT 05302

Counsel for Respondent

AS TO LOREN ANTHONY LANDIS, M.D.  
APPROVED AND ORDERED  
VERMONT BOARD OF MEDICAL PRACTICE

W. H. [Signature]  
W. H. [Signature]

Jamie Gallant, M.D.  
[Signature]

Bruce Buzge, MD/ID  
[Signature]

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[Signature]  
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DATED: December 3, 2014

ENTERED AND EFFECTIVE: December 3, 2014