

BOARD OF MEDICAL PRACTICE

In re: John Andrew Dreslin, M.D.)
) Docket No. MPS 135-1118
)

STIPULATION AND CONSENT ORDER

NOW COME John Andrew Dreslin, M.D., and the State of Vermont, by and through Vermont Attorney General Thomas J. Donovan, Jr., and hereby stipulate and agree to the following in the above-captioned matter:

- 1. John Andrew Dreslin, M.D. (“Respondent”) of Stowe, Vermont holds Vermont medical license number 042.0013279 first issued by the Vermont Board of Medical Practice on October 7, 2015. Respondent is a Physician.
- 2. Jurisdiction in these matters rests with the Vermont Board of Medical Practice (“the Board”), pursuant to 26 V.S.A. §§ 1353-1361, 3 V.S.A. §§ 809-814, and other authority.

FINDINGS OF FACT

- 3. The Board opened this matter in December of 2018 upon receipt of information that Respondent resigned his medical staff membership and related clinical privileges with Central Vermont Medical Center (“CVMC”) and his employment with The University of Vermont Health Network Medical Group, Inc. effective November 14, 2018. Respondent practiced urology at CVMC. His practice included performing surgical procedures. The matter was assigned to the South Investigative Committee of the Board (“the Committee”).

4. The Committee's investigation revealed that Respondent's resignation followed an administrative leave and the onset of an investigation by CVMC regarding concerns about the accuracy and veracity of Respondent's entries in medical records pertaining to the performance of medical histories and physical examinations for his patients.
5. The Committee received further information that Respondent admitted to falsifying patient medical records over a period of years. Specifically, he documented that he performed detailed pre-operative history and physical examinations days prior to surgery when in fact he did not see the patients on such dates. As a result, he performed surgical procedures on patients without performing the requisite pre-operative history and physical exams.
6. The Board has not discovered evidence that any patient suffered harm as a result of Respondent's failure to perform the pre-operative history and physician examinations that were falsely documented in the patient medical records.
7. Respondent has not practiced medicine since his resignation on November 14, 2018.

CONCLUSIONS OF LAW

8. It is unprofessional conduct to willfully make and file false reports or records in one's practice as a physician. 26 V.S.A. § 1354(a)(8).
9. The Board may find, "that in the course of practice, gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions, that degree of care, skill and proficiency which is commonly

exercised by the ordinary skillful, careful and prudent physician engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred” may constitute unprofessional conduct. 26 V.S.A. § 1354(a)(22).

10. The Board may find, “that failure to practice competently by reason of any cause on a single occasion or multiple occasions constitutes unprofessional conduct.” 26 V.S.A. § 1354(b). “[F]ailure to practice competently includes, as determined by the board... (1) performance of unsafe or unacceptable patient care; or (2) failure to conform to the essential standard of acceptable and prevailing practice.” 26 V.S.A. § 1354(b)(1) and (2).
11. Respondent agrees that the Board may enter as its facts and/or conclusions paragraphs (1) through (7) above, and further agrees that this is an adequate basis for the Board’s actions set forth herein. Any representation by Respondent herein is made solely for the purposes set forth in this agreement.
12. 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 this 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.
13. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges and agrees that at all times and in all communications and proceedings related to this matter before the

Board he has had the right to be represented by counsel. Respondent has carefully reviewed and considered this Stipulation and Consent Order.

14. 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.
15. The parties 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.
16. 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, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

17. 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 either directly or through medical licensing information sharing centers, including but not limited to: The Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. 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.

18. 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, and the consent of Respondent, it is hereby

ORDERED that:

1. Respondent shall be REPRIMANDED for the conduct set forth above.
2. Respondent's Vermont medical license shall be CONDITIONED as

follows:

- a. Respondent shall pay an administrative penalty of \$7,000.00 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 Vermont Board of Medical Practice office, at the following address: David Herlihy, Executive Director, Vermont Board of Medical Practice, P.O. Box 70, Burlington VT 05402-0070. The payment shall be due no later than three (3) months after this Stipulation and Consent Order is approved by the Board.

- b. In the event that Respondent resumes the practice of medicine in Vermont, Respondent must seek prior written approval from the Committee of any new employment/practice location.

Respondent shall petition the Committee in writing for written approval of the proposed employer/practice location. In his petition, Respondent shall inform the Committee of the name, location and type of practice that he is proposing. The Committee will provide Respondent with a written response to his petition

within a reasonable time after receiving such petition.

Respondent shall not resume the practice of medicine at a new practice location until he receives written approval from the Committee.

c. In the event that Respondent resumes the practice of medicine in

Vermont at a practice location that has been approved by the Committee, Respondent shall retain the services of a "practice monitor" for a minimum of two years, subject to the terms and conditions set forth in the attached "Practice Monitoring Agreement," which is incorporated by reference and attached hereto as Exhibit A. The two-year practice monitoring requirement will not begin until the official "start date" as defined in the attached Practice Monitoring Agreement.

Respondent shall comply with the terms and obligations of the Practice Monitoring Agreement. Respondent shall provide a copy of this Stipulation and Consent Order to the practice monitor.

Respondent shall be responsible for ensuring that the practice monitor complies with the terms and obligations of the Practice Monitoring Agreement.

d. Respondent shall be permitted to practice medicine only in a structured, group setting for a period of five (5) years from the date that this Stipulation and Consent Order is approved by the Board.

- e. Respondent shall notify any future employers of the contents of this Stipulation and Consent Order by providing a copy of said document to his employer. This condition shall remain in effect for five (5) years from the date of approval of this Stipulation and Consent Order.

- f. Respondent has already successfully completed AMA PRA Category 1 continuing medical education (“CME”) courses on the topics of medical recordkeeping and medical ethics. On March 1, 2019, Respondent completed an Intensive Course in Medical Documentation through The Case Western Reserve University School of Medicine and provided proof of attendance. On February 15, 2019, Respondent completed an Intensive Course in Medical Ethics, Boundaries and Professionalism through the Case Western Reserve University School of Medicine and provided proof of attendance. Respondent shall also provide the Committee with a brief written narrative of each CME course which will document what he learned from each course, and how he will apply that knowledge to his practice. Respondent shall provide the written narratives to the Committee within 30 days of the Board’s approval of this Stipulation and Consent Order.

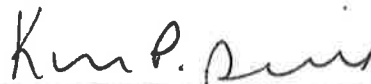
SIGNATURES

DATED at Montpelier, Vermont, this 29th day of May, 2019.

STATE OF VERMONT

THOMAS J. DONOVAN, JR
ATTORNEY GENERAL

By:



Kassandra P. Diederich
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

DATED at Stowe, Vermont, this 28 day of May, 2019.



John Andrew Dreslin, M.D.
Respondent

DATED at Middlebury, Vermont, this 29 day of MAY, 2019.



William B. Miller, Jr., Esq.
Counsel for Respondent
Langrock Sperry & Wool, L.L.P.
PO Drawer 351
111 South Pleasant Street
Middlebury, VT 05753-0351

AS TO JOHN ANDREW DRESLIN, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

[Handwritten signature]

[Handwritten signature]
[Handwritten signature]
[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]
[Handwritten signature]

DATED:

June 5th, 2019

ENTERED AND EFFECTIVE:

June 5th, 2019

EXHIBIT A

PRACTICE MONITORING AGREEMENT

Vermont Board of Medical Practice

John Andrew Dreslin, M.D.

Docket No. MPS 135-1118

1. Pursuant to a Stipulation and Consent Order entered into by John Andrew Dreslin, M.D. (“Dr. Dreslin”) and the Vermont Board of Medical Practice (“the Board”) in Docket No. MPS 135-1118, Dr. Dreslin has agreed to retain a practice monitor to monitor his medical practice. The purpose of this Practice Monitoring Agreement (“Agreement”) is to set forth the terms of the practice monitoring component of Dr. Dreslin’s Stipulation and Consent Order (attached and incorporated hereto by reference). This Agreement will be signed by Dr. Dreslin and the practice monitor approved by the South Investigative Committee (“the Committee”).
2. Dr. Dreslin is responsible for selecting a practice monitor.
3. The practice monitor chosen by Dr. Dreslin shall be a Vermont licensed physician with an unconditioned license.
4. Dr. Dreslin shall seek the Committee’s approval of a practice monitor. He shall provide the Committee, in writing, with the name and curriculum vitae of the proposed practice monitor. The Committee will provide a written response to Dr. Dreslin. If the Committee rejects Dr. Dreslin’s proposed practice monitor, he shall provide the Committee with the name and curriculum vitae of another proposed practice monitor.

5. Dr. Dreslin shall provide the practice monitor with a copy of the fully executed Stipulation and Consent Order.
6. The practice monitoring shall start on the first day that Dr. Dreslin resumes the practice of medicine in the State of Vermont (hereinafter referred to as the “start date”).
7. The practice monitor shall perform a monthly record review of five of Dr. Dreslin’s patients who have had surgical procedures performed by Dr. Dreslin within the past month. The practice monitor shall meet with Dr. Dreslin on a monthly basis to discuss the findings of his/her record review. Dr. Dreslin is responsible for ensuring that there is appropriate documentation of each monthly record review and discussion. Such documentation shall include the date of each record review, and the date and length of time of each discussion between the practice monitor and Dr. Dreslin regarding the findings of each chart review. This documentation shall be submitted with each monthly practice monitoring report. After the Committee has received six consecutive, favorable and timely monthly monitor reports, Dr. Dreslin may submit a written request to the Committee to reduce the record reviews and discussions and submission of practice monitoring reports to occur on a quarterly basis.
8. The practice monitor shall report his/her findings in a detailed written report to the Committee for two full years. The first report shall be submitted no later than one month after the start date.
9. Dr. Dreslin shall be responsible for ensuring that the practice monitor’s reports are timely submitted to the Committee.

10. The practice monitoring shall continue for a total of two years from the start date. At the end of the two-year monitoring period, Dr. Dreslin shall submit a written request to the Committee to end the requirement for monitoring. Such a request shall not be considered by the Committee until Dr. Dreslin has provided favorable and timely monitoring reports for two complete years. The practice monitoring requirement will not cease until the Committee has approved, in writing, Dr. Dreslin's request to end the monitoring.
11. In the event that the practice monitor can no longer monitor Dr. Dreslin's practice, Dr. Dreslin shall notify the Committee in writing within five days of receiving notice that the practice monitor can no longer monitor his practice. Dr. Dreslin shall retain the services of a new practice monitor, subject to preapproval by the Committee. Within 30 days of providing written notice to the Committee that the practice monitor can no longer monitor his practice, Dr. Dreslin shall provide the Committee with the name and curriculum vitae of the proposed new practice monitor. The Committee will provide written notification to Dr. Dreslin indicating whether it approves or disapproves of the new proposed practice monitor.
12. In the event that the practice monitor can no longer monitor Dr. Dreslin's practice and ceases to perform his/her obligations under this Agreement, Dr. Dreslin shall not perform any type of surgical procedures on patients unless and until he has a Committee-approved practice monitor who is actively monitoring his practice in full compliance with the terms and conditions of this Agreement.
13. The Committee retains the unfettered discretion to disapprove Dr. Dreslin's practice monitor at any time. If the Committee disapproves of Dr. Dreslin's practice monitor,

it will provide Dr. Dreslin with written notice of the disapproval and a brief explanation of reasons for the disapproval. Once Dr. Dreslin receives this written notice from the Committee, Dr. Dreslin shall immediately notify his practice monitor that he/she is no longer approved to monitor his practice, and the practice monitor shall immediately cease from monitoring Dr. Dreslin's practice. Consistent with paragraph 12 above, Dr. Dreslin shall cease performing any type of surgical procedures on patients on the first day that his practice monitor is no longer monitoring his practice. Dr. Dreslin shall not resume performing any type of surgical procedures until the first day that the new practice monitor can begin monitoring his practice. Dr. Dreslin shall follow the procedures for proposing a new practice monitor as set forth in paragraph 11 above.

14. Dr. Dreslin shall be responsible for ensuring that the following is reviewed by the practice monitor and discussed and documented in the practice monitoring reports:
 - i. Documentation of each chart review performed by the practice monitor and discussions of the findings of the chart review as described in paragraph 7 above that occurred during the time period that covers each monthly or quarterly review;
 - ii. Whether Dr. Dreslin's documentation of patient pre-operative histories and physical examinations occurred during an actual office visit, and was otherwise performed in accordance with the standard of care;
 - iii. Whether Dr. Dreslin's pre-operative informed consent documentation and related discussions with patients is consistent with the standard of care;

- iv. Whether Dr. Dreslin's medical record keeping is in accordance with the standard of care;
 - v. Whether Dr. Dreslin's medical recordkeeping and general patient care practices meet the applicable standard of care; and
 - vi. Recommended improvements to Dr. Dreslin's practice.
- b. Prior to the submission of each monitoring report to the Committee, the practice monitor shall meet with Dr. Dreslin to discuss the findings of his/her practice monitoring report. Dr. Dreslin shall be responsible for ensuring that the occurrence of such meetings, as well as what was discussed, is appropriately documented in writing and provided to the Committee upon request.
 - c. Each monitoring report shall include the dates and length of time that he/she met with Dr. Dreslin to review the findings of his/her monitoring report.
 - d. The practice monitor shall review any other documents, records, files, logs, etc. that will provide the requisite information needed to prepare written monitoring reports.
 - e. The practice monitor shall speak with Dr. Dreslin's co-workers to obtain the requisite information needed to prepare the written monitoring reports.
15. The Board will not bear any of the costs associated with the practice monitor.
16. Dr. Dreslin and the practice monitor agree that they have both read this Agreement in its entirety and agree to all of the terms and obligations set forth herein.

17. Dr. Dreslin and the practice monitor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Committee.

Signatures

DATED at _____, Vermont, this _____ day of _____, 2019.

John Andrew Dreslin, M.D.

DATED at _____, Vermont, this _____ day of _____, 2019.

Practice Monitor