

IN THE MATTER OF	*	BEFORE THE
ROSEMARY INGADO, P.A.-C	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: C02727	*	Case Number: 2218-0261 B
* * * * *	*	* * * * *

CONSENT ORDER

On January 14, 2020, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged Rosemary Ingado, P.A.-C (“the Respondent”) under the Maryland Physician Assistants Act (the “Act”), Md. Code Ann., Health Occ. §§ 15-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.). The Respondent was charged under the following provisions of Health Occ. § 15-314:

- (a) *Grounds.* - Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:
 - ...
 - (22) Fails to meet appropriate standards for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State.
 - ...
 - (40) Fails to keep adequate medical records[.]

On April 22, 2020, Panel B and the Respondent participated in a settlement conference at the Board. Following the settlement conference, the Panel and the Respondent agreed to enter into this Consent Order to resolve the case described below.

FINDINGS OF FACT

Panel B finds the following facts:

I. Background

1. The Respondent was and is a physician assistant licensed in the State of Maryland. She was initially licensed in Maryland on April 18, 2003. Her Maryland license is current and is scheduled to expire on June 30, 2021.
2. At all relevant times, the Respondent partially owned and was employed as a physician assistant at a multi-location practice ("Practice A") in Maryland that provides primary and acute care services, including pain management.¹ The Respondent has two supervising physicians who are contractors at Practice A. One physician specializes in family medicine, the second in internal medicine.
3. The Respondent was previously employed at a pain management clinic (the "Clinic") that had been closed down by law enforcement officials. The Respondent had treated several of the patients, Patients 1, 4, 5, and 7, at the Clinic before it was closed.

II. Complaint

4. On or about April 19, 2018, the Board received a complaint from an anonymous source alleging that the Respondent overprescribes controlled dangerous substances ("CDS").
5. The Board initiated an investigation that included interviewing the Respondent under oath and subpoenaing from her nine patient records.² The Respondent provided only partial records for four of the nine patients.
6. During the Respondent's interview, Board staff inquired regarding her training in pain management. The Respondent stated that she had taken "some CMEs [Continuing Medical Education credits]" and a weekend seminar in intervention with pain medication pumps.

¹ In order to maintain confidentiality, names will not be used in this Consent Order.

² The Board's subpoena was issued for records of ten patients; however, one of the patients had been seen by practitioners at another practice.

7. The Respondent did not respond to the Board's request that she provide written summaries of her care of the patients whose records were subpoenaed nor did she provide a response to the complaint.

8. The Board's subpoenas directed the Respondent to produce a "complete copy of any and all medical records" for the identified patients. The Respondent, however, transmitted to the Board incomplete patient records for Patients 1, 4, 5, and 7. In these cases, queries to the Prescription Drug Monitoring Program ("PDMP") revealed that the Respondent continued to prescribe opioids to the patients for several months beyond the last dates of the records she had transmitted to the Board.

9. In furtherance of its investigation, the Board transmitted the nine patient records (and other relevant documents) received from the Respondent for peer review by a physician assistant reviewer ("the Reviewer") who specializes in pain management.

10. The results of the peer review are summarized below.

III. Patient-Specific Allegations

11. The Reviewer opined that the Respondent failed to meet the standard of quality medical care in seven of nine patient records reviewed (identified in the peer review reports as Patients 1, 2, 3, 4, 6, 7, and 8), and failed to keep adequate medical records in four of the nine records reviewed (Patients 1, 4, 5, and 7).

12. Specifically, the Reviewer found that the Respondent failed to meet the standard of quality care for reasons including but not limited to the following. The Respondent:

- a) Prescribed high dosages of opioids that exceeded the 90 morphine milligram equivalent (“MME”)³ recommendation for chronic pain, especially in a primary care setting (Patient 6);
- b) Prescribed high dosages of methadone and oxycodone that exceeded the 90 MME recommendation for chronic pain, especially in the primary care setting (Patients 1, 2, 3, 4, and 5) As an example and not in limitation, the Respondent prescribed to Patient 1 a regimen that included methadone and oxycodone in dosages that equaled approximately 590 MME/day. The Respondent noted that she was planning to taper Patient 1’s dosage; but did not do so in a significant way and did not document why.
- c) Prescribed benzodiazepines in addition to high dosages of methadone and oxycodone (Patients 1 and 7);
- d) Failed to implement a uniform and rigorous method for monitoring drug compliance such as more frequent toxicology screens and pill counts (Patients 1, 2, 3, 4, 6, 7, and 8);
- e) Failed to check patients’ past and ongoing medication history with the Maryland Prescription Drug Monitoring Program (“PDMP”) even after July 2018 when PDMP review was mandated (Patients 1, 2, 4, 6, 7, and 8);
- f) Continued to prescribe high dosages of opioids even when patients demonstrated aberrant behavior including inconsistent drug tests. Inconsistent results include

³ MME is a value assigned to each opioid to represent its relative potency by using morphine as the standard comparison. The Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain uses MME to establish recommended opioid dosing and currently recommends using caution when prescribing opioid doses greater than 50 MME per day and avoiding or carefully justifying a decision to increase opioid doses to greater than or equal 90 MME per day.

positive results for drugs not prescribed, or illicit drugs or negative tests for drugs that were prescribed, which would raise concern for diversion (Patients 2, 3, 4, 6, 7, and 8);

g) Consistently failed to maximize the use of non-opioid therapies including referring the patient to medical specialists or alternate forms of treatment (Patients 1, 2, 3, and 6); and

h) Failed to order current diagnostic tests specific to a patient's complaints of pain (Patient 6).

13. The Respondent failed to maintain adequate medical records for reasons including but not limited to the following:

a) review of patients' PMPD data revealed that the Respondent failed to document several visits at which she had prescribed opioids (Patients 1, 4, 5, and 7).

CONCLUSIONS OF LAW

Based on the Findings of Fact, Panel B concludes as a matter of law that the Respondent failed to meet the appropriate standards for the delivery of quality medical and surgical care performed in this State, in violation of Health Occ. § 15-314(a)(22); and that the Respondent failed to keep adequate medical records, in violation of Health Occ. § 15-314(a)(40).

ORDER

It is, thus, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel B, hereby

ORDERED that the Respondent is **REPRIMANDED**, and it is further

ORDERED that the Respondent is placed on **PROBATION** for a minimum period of **18 MONTHS**.⁴ During probation, the Respondent shall comply with the following terms and conditions of probation:

1. For a minimum period of **six months**, beginning from the date of the execution of this Consent Order, except as provided below in paragraph 1(a), the Respondent shall not prescribe or dispense any Controlled Dangerous Substances ("CDS"). The following terms apply:

(a) In emergency cases, the Respondent may issue no more than one prescription for a CDS for each patient during the CDS prohibition period, but the prescription may not exceed the lowest effective dose and quantity needed for a duration of five days. The prescription may not be refilled, nor may it be renewed. The Respondent shall notify the Board within 24 hours of any prescription written as authorized by this paragraph.

(b) The disciplinary panel may issue administrative subpoenas to the **Maryland Prescription Drug Monitoring Program** on a quarterly basis for the Respondent's Controlled Dangerous Substances ("CDS") prescriptions. The administrative subpoenas will request the Respondent's CDS prescriptions from the beginning of each quarter;

(c) After six months, if the Respondent has fulfilled the requirements of the Consent Order and the supervision required under condition 3 of probation is in effect, the prohibition on the Respondent prescribing and dispensing CDS will be terminated.

2. Within **SIX MONTHS**, the Respondent is required to take and successfully complete courses in: (i) opioid prescribing, and (ii) medical record-keeping. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses begin;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;

(c) the courses may not be used to fulfill the continuing medical education credits required for license renewal;

(d) the Respondent is responsible for the cost of the courses;

⁴ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

3. After **six months** from the execution of the Consent Order and after the panel has received documentation showing that the Respondent has completed the required courses, the Respondent shall have the following additional requirements of **supervision** by the Respondent's **supervising physician**, who has been approved as the Respondent's supervising physician through the Board's delegation agreement approval process:

- (a) the disciplinary panel will provide the supervising physician with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
- (b) if the Respondent's supervising physician for any reason does not provide the supervision required under this Consent Order, the Respondent shall immediately notify the Board and the Respondent shall not prescribe or dispense CDS until a replacement supervising physician, with a Board-approved delegation agreement, has agreed to provide the additional supervision required under this Consent Order and the replacement supervising physician has received the Consent Order and any other documents deemed relevant by the disciplinary panel; and

(c) it is the Respondent's responsibility to ensure that the supervising physician:

- (i) reviews the records of **10 patients** of the Respondent each month, such patient records shall be chosen by the supervisor and not the Respondent;
- (ii) meets in-person (or in real-time, if in-person is not feasible) with the Respondent at least once each month and discusses with the Respondent the care the Respondent has provided for these specific patients;
- (iii) be available to the Respondent for consultations on any patient;
- (iv) maintains the confidentiality of all medical records and patient information;
- (v) provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and
- (vi) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients.

(d) After a minimum period of **ONE YEAR** of supervision required under this Consent Order, and after the Board's receipt of four satisfactory reports, the Respondent may submit a written petition to the Panel for the termination of the Consent Order supervisory requirements.

(e) If the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, determines that the Respondent is not meeting the standard of quality care or is failing to keep adequate medical records, the disciplinary panel may find a violation of probation after the appropriate hearing; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive

Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that a violation of probation constitutes a violation of this Consent Order; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit a written petition for termination of probation. The Respondent may be required to appear before the disciplinary panel to discuss the petition for termination of probation. After consideration of the petition, the Respondent's probation may be administratively terminated through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions and there are no pending complaints related to the charges; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with

appropriate terms and conditions, or suspend Respondent's license with appropriate terms and conditions, or revoke the Respondent's license. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature on File

05/15/2020
Date

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Rosemary Ingado, P.A.-C., acknowledge that I have consulted with legal counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 15-315 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature on File

5/8/2020
Date

Rosemary Ingado, P.A.-C
Respondent

NOTARY

STATE OF Maryland

CITY/COUNTY OF Baltimore City

I HEREBY CERTIFY that on this 8 day of May 2020, before me, a Notary Public of the foregoing State and City/County, appeared Rosemary Ingado, P.A.-C, and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Heather Parsons
Notary Public

My Commission expires: January 14, 2022



