

IN THE MATTER OF

*

BEFORE THE

LISA R. HALPERN, M.D.

*

MARYLAND STATE

Respondent

*

BOARD OF PHYSICIANS

License Number: D45639

*

Case Number: 2217-0082A

CONSENT ORDER

On March 29, 2019, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **Lisa R. Halpern, M.D.** (the "Respondent"), **License Number D45639**, with violating the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 14-404(a) (2014 Repl. Vol. & 2018 Supp.). Panel A charged the Respondent with violating the following provisions of the Act:

- (a) *In general.* – Subject to the hearing provisions of §14-405 of this subtitle, a disciplinary pane, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

- (22) Fails to meet appropriate standards as determined by appropriate peer review 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 as determined by appropriate peer review[.]

On May 8, 2019, Panel A was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent has agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Panel A finds:

BACKGROUND

1. At all times relevant to these charges, the Respondent was licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in the State of Maryland on or about February 1, 1994. Her license is current through September 30, 2020.

2. The Respondent is board-certified in psychiatry and neurology and specializes in psychopharmacology. The Respondent is also actively licensed to practice medicine in Florida. In 2018, she allowed her medical license to lapse in California.

3. At all times relevant, the Respondent worked as a solo practitioner in Frederick, Maryland.

4. On January 24, 2017, the Board received a complaint from Person A¹ alleging that the Respondent was “cold, rude, and belittling.” The complaint further alleged that the Respondent only spends “two minutes” with patients prior to printing out the same prescription after each visit.

5. On or about January 30, 2017, the Board notified the Respondent that it had initiated a preliminary investigation of her practice based on the complaint received from Person A. A copy of the complaint was enclosed in the notification letter.

6. On or about February 21, 2017, the Respondent filed an initial written response with the Board.

¹ To maintain confidentiality, specific names of patients, the complainant, employees, and facilities will not be used in this document but are known to the Respondent.

7. On or about June 6, 2017, the Board notified the Respondent that based on its preliminary investigation, a full investigation was being opened into her medical practice.

8. The Board subsequently subpoenaed and received ten patient medical records from the Respondent, randomly selected by Board staff from a PDMP² report. The Respondent additionally provided care summaries for the ten patients.

9. The Board transmitted the patient records, care summaries and other relevant documents for a formal peer review which was conducted by two physicians board-certified in psychiatry and neurology (the “peer reviewers”).

10. On or about January 10, 2018, the peer reviewers submitted reports to the Board, the results of which are set forth in pertinent part below.

11. On January 25, 2018, the Respondent filed a Supplemental Response with the Board after receiving copies of peer review reports. The Respondent acknowledged deficiencies in her documentation.

PATIENT-RELATED FINDINGS

Standard of Quality Care violations

12. The peer reviewers concurred that the Respondent failed to meet the standard of quality care for four patients (Patients 5, 7, 8, and 10) for reasons including but not limited to the following:

- a. The Respondent prescribed medications without clear justification (Patient 5);
- b. The Respondent failed to adequately establish an adequate history or evaluation to establish a diagnosis of Attention Deficit Disorder

² PDMP - Prescription Drug Monitoring Program.

(“ADD”) or Attention Deficit Hyperactivity Disorder (“ADHD”) (Patients 7, 8, and 10);

- c. The Respondent failed to document the medical decision-making and risk/benefit process to prescribe medication (Patients 7 and 8);
- d. The Respondent failed to adequately determine a diagnosis during the initial evaluation or during other encounters (Patients 5, 7, 8, and 10);
- e. The Respondent failed to adequately assess the patient’s mental status (Patients 5, 7, 8, and 10); and
- f. The Respondent failed to conduct regular safety assessments (Patients 7, 8, and 10).

13. The Respondent’s care as outlined above in whole or in part is evidence of the Respondent’s failure to meet the standard of quality medical care in violation of Health Occ. § 14-404(a)(22).

Inadequate documentation

14. The peer reviewers concurred that the Respondent’s recordkeeping was inadequate for all 10 patient records reviewed (Patients 1-10) for reasons including but not limited to the following:

- a. The Respondent failed to adequately document a diagnosis or an adequate history leading to a diagnosis at intake or during follow-up examinations (Patients 1, 2, 4, 5, 6, 7, 8, 9, and 10);
- b. The Respondent failed to adequately document a treatment plan (Patients 1, 2, 4, 8, and 10);
- c. The Respondent failed to adequately document her rationale for medication and/or other treatment decisions (Patients 1, 2, 5, 6, and 7);
- d. The Respondent failed to adequately document the relative risks/benefit of medications prescribed (Patients 1, 6, 7, 9, and 10);
- e. The Respondent failed to adequately document the objective examinations and assessments leading to diagnoses and/or changes of symptoms over time that formed the basis of her medical decision-making (Patients 2, 4, 5, 7, and 8);

- f. The Respondent's documentation was inadequate for another clinician to assume the care of the patient by reading the notes, emails and recorded telephone calls (Patients 6, 7, 8, and 9);
- g. The Respondent left pages of notes from Patient visits completely blank with no encounter information. (Patients 6 and 7); and
- h. The Respondent failed to adequately document mental status examinations during visits (Patients 1 – 10).

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A concludes that the Respondent failed to meet appropriate standards for the delivery of quality medical care in violation of Health Occ. § 14-404(a)(22), and that the Respondent failed to keep adequate medical records in violation of Health Occ. § 14-404(a)(40).

ORDER

It is, on the affirmative vote of a majority of the quorum of Disciplinary Panel A, hereby:

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

ORDERED that the Respondent is placed on **PROBATION** for a minimum period of **ONE YEAR**.³ During probation, the Respondent shall comply with the following terms and conditions:

- 1. The Respondent is required to take a comprehensive course in psychopharmacology, which shall include, but not necessarily be limited to the prescribing of stimulants. The following terms apply:
 - (a) it is the Respondent's responsibility to locate, enroll in, and obtain the disciplinary panel's approval of the course before the course is begun;
 - (b) the disciplinary panel will not accept a course taken over the internet;

³ If the Respondent's license expires while the Respondent is on probation, the probationary period and any probationary conditions will be tolled.

- (c) the Respondent shall enroll in and successfully complete a panel-approved course within six months;
 - (d) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
 - (e) the course may not be used to fulfill the continuing medical education credits required for license renewal;
 - (f) the Respondent is responsible for the cost of the course.
2. The Respondent is required to take a comprehensive course in documentation. The following terms apply:
- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
 - (b) the disciplinary panel will not accept a course taken over the internet;
 - (c) the Respondent shall enroll in and successfully complete a panel-approved course within six months;
 - (d) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
 - (e) the course may not be used to fulfill the continuing medical education credits required for license renewal;
 - (f) the Respondent is responsible for the cost of the course.
3. The Respondent is subject to a chart and/or peer review conducted by the disciplinary panel or its agents as follows:
- (a) the Respondent shall cooperate with the peer review process;
 - (b) the disciplinary panel in its discretion may change the focus of the peer review if the Respondent changes the nature of his or her practice;
 - (c) if the disciplinary panel, upon consideration of the peer review and the Respondent's response, if any, determines that the Respondent is meeting the standard of quality care in his or her practice, the disciplinary panel shall consider the peer review condition of the Consent Order met;
 - (d) a peer and/or chart review indicating that the Respondent has not met the standard of quality care and/or has failed to keep adequate medical records may be deemed, by a disciplinary panel, a violation of probation and/or a violation of Health Occ. § 14-404(a)(22) and/or (40); and it is further

ORDERED the Respondent shall not apply for early termination of probation; and it is further

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

ORDERED that the Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101 – 14-702, and all federal and state laws and regulations governing the practice of medicine in Maryland; and it is further

ORDERED that a violation of probation constitutes a violation of the 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 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 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 or revoke the Respondent's license to practice medicine in Maryland. 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 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 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 the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

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

06/24/2019
Date

Signature on File

Christine Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Lisa R. Halpern, M.D., acknowledge that I have had the opportunity to consult with 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. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive these rights 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.

6/18/19
Date

Signature on File

Lisa R. Halpern, M.D.
License Number: D45639

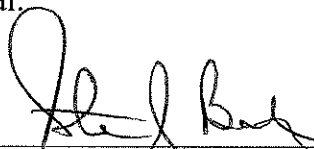
NOTARY

STATE OF Maryland

CITY / COUNTY OF Montgomery

I HEREBY CERTIFY that on this 18 day of June, 2019,
before me, a Notary Public of the foregoing State and City / County, personally appeared
Lisa R. Halpern, M.D., and made oath in due form of law that signing the foregoing
Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.



Notary Public

My Commission expires:

STEVEN ISAAC BENDER
Notary Public-Maryland
Montgomery County
My Commission Expires
April 07, 2023

