

IN THE MATTER OF * **BEFORE THE MARYLAND**
VINSON DISANTO, DO * **STATE BOARD OF**
Respondent * **PHYSICIANS**
License Number: H72057 * **Case Number: 2220-0062**

* * * * *

CONSENT ORDER

PROCEDURAL BACKGROUND

The Maryland Board of Physicians (the “Maryland Board”) received information that Vinson DiSanto, DO, (the “Respondent”) License Number H72057, was disciplined by the Kentucky Board of Medical Licensure (the “Kentucky Board”). In an Order dated March 19, 2019, the Kentucky Board restricted the Respondent from prescribing, dispensing, or professionally utilizing controlled substances.

Based on the above referenced Kentucky Board sanction, the Maryland Board has grounds to charge the Respondent with violating the following provisions of the Maryland Medical Practice Act (the “Act”), under H. O. § 14-404(a):

- (a) Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, 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:
 - (21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veteran’s Administration for an act that would be grounds for disciplinary action under this section,

The Maryland Board has determined that the acts for which the Respondent was disciplined by the Kentucky Board would be grounds for disciplinary action under H.O. §

14-404(a). The underlying grounds for disciplinary action under H.O. § 14-404(a) are as follows:

- (4) Is professionally, physically, or mentally incompetent;
- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in any outpatient surgical facility, office, hospital, or any other location in this State.

Based on the action taken by the Kentucky Board, the Respondent agrees to enter into this Consent Order with the Maryland Board of Physicians, consisting of Procedural Background, Findings of Fact, Conclusions of Law, and disciplinary Order.

I. FINDINGS OF FACT

The Board finds the following:

1. At all times relevant hereto, the Respondent was a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about April 5, 2011.
2. In an Emergency Order of Restriction, dated March 19, 2019, the Kentucky Board found that the Respondent failed to conform to acceptable and prevailing medical practices, and in one instance, demonstrated gross negligence by prescribing controlled substances without medical necessity.
3. Under Agreement with the Kentucky Board, the Respondent submitted to a clinical skills assessment at the Center for Personalized Education for Professionals (“CPEP”).
4. CPEP found that the Respondent’s overall knowledge and judgment in the broad scope of general family medicine was outdated and that it would not be safe for the

Respondent to practice independently while attempting to remediate the noted deficiencies.

5. By Emergency Order of Restriction dated March 19, 2019, the Kentucky Board restricted the Respondent from prescribing, dispensing or professionally utilizing controlled substances.

A copy of the Kentucky Board Order is attached hereto.

6. Based on the Kentucky Board Order, the Rhode Island Board of Medical Licensure and Discipline summarily suspended the Respondent's license and controlled substance registration by Order dated April 25, 2019.

7. On June 26, 2019, the Alabama Board of Medical Examiners issued an Order Temporarily Suspending License and Setting Hearing.

8. By Consent Order dated July 8, 2019, with the Arkansas State Medical Board, the Respondent agreed to not practice medicine in the State of Arkansas until he appears before the Board and agrees to follow any and all orders and decisions of the Kentucky Board.

9. On August 21, 2019, the Virginia Department of Health Professions issued an Order of Mandatory Suspension.

10. The New York State Board for Professional Medical Conduct issued an Order of Summary Action on August 21, 2019.

II. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Maryland Board concludes as a matter of law that the disciplinary action taken by the Kentucky Board against the Respondent was for an act or acts that would be grounds for disciplinary action under

Health Occ. § 14-404(a)(4) and (22) had those offenses been committed in this state, and would thus subject him to discipline under Health Occ. § 14-404(a)(21).

III. ORDER

It is hereby:

ORDERED that the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUSPENDED** until such time as he possesses an active, unrestricted medical license in the Commonwealth of Kentucky; and be it further

ORDERED that this **CONSENT ORDER** is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§4-101 through 4-601 (2014).

10/29/2019
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland Board of Physicians

CONSENT

I, Vinson DiSanto, DO assert that I am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from the charges currently pending. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

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 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

10/25/19

Date

Vinson DiSanto, DO
Respondent

NOTARY

STATE OF Arkansas

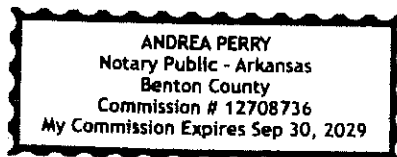
CITY/COUNTY OF Benton

I HEREBY CERTIFY that on this 25th day of October, 2019, before me, a Notary Public of the State and City/County aforesaid, personally appeared Vinson DiSanto, DO and made oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

Andrea Perry
Notary Public

My Commission expires: 9/30/2029



COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1900

MAR 19 2019

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY HELD BY VINSON M. DiSANTO, D.O., LICENSE NO. 03250, 4428 LAKE BREEZE DRIVE, MCKINNEY, TEXAS 75071

COMPLAINT

Comes now the Complainant Dale E. Toney, M.D., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel A, and on behalf of the Panel which met on February 21, 2019, states for its Complaint against the licensee, VINSON M. DiSANTO, M.D, as follows:

1. At all relevant times, Vinson M. DiSanto, D.O., was licensed by the Board to practice osteopathy within the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. In or around 2010, the licensee was issued a license to practice osteopathy in the Commonwealth of Kentucky contingent upon him entering into an Agreed Order of Fine based upon his non-disclosure of his dismissal from osteopathic school for academic reasons.
4. On or about June 2, 2017, the licensee entered into a Stipulation and Order with the Idaho State Board of Medicine, pursuant to which he was reprimanded and fined, based upon his prescribing of testosterone, a controlled substance, to Idaho patients via email and telephone, without having obtained required registrations through the Idaho Board of Pharmacy and the Drug Enforcement Administration (DEA) to issue prescriptions to patients located in Idaho.

5. An investigation into the licensee's practices in the Commonwealth of Kentucky via telemedicine and a KASPER review disclosed four (4) patients having received controlled substance prescriptions from the licensee in Kentucky.
6. The licensee produced three (3) patient charts in response to a Board subpoena for the four (4) patient charts. The licensee denied that he treated the fourth patient ("Patient BA") or had a chart on Patient BA.
7. A copy of the prescription to Patient BA was obtained and showed that it was written under the licensee's name, with a New Jersey address. Patient BA's address was listed as being in Utah, but the prescription was delivered to a UPS store in Murray, Kentucky.
8. A Board consultant reviewed the three (3) patient charts produced by the licensee and opined that the licensee failed to conform to acceptable and prevailing medical practices in the Commonwealth of Kentucky and, in one instance, demonstrated gross negligence by prescribing controlled substances without medical necessity.
9. On or about February 11 2018, the licensee responded that he had made a number of changes in his practice, including that he decreased overprescribed medications to one patient and made personnel changes. The licensee stated, in part, that "when compliance issues became apparent to me, I discontinued care to the patients and have since made personnel changes which has repaired this flaw. Kentucky was never planned as an area of focus for Anti-Aging Medicine, and this activity has been discontinued since 2016."
10. Upon this information, the Board consultant opined that until his current practices can be evaluated, his prescribing be monitored if he maintains an active Kentucky medical license.

11. In or around November 2018, under agreement with the Board, the licensee submitted to a clinical skills assessment at Center for Personalized Education for Professionals (“CPEP”) in the specialty of family medicine, with a focus on adult hormone deficiency.
12. CPEP found that the licensee’s overall knowledge and judgment in the broad scope of general family medicine was outdated and in need of updating and review and opined that these needs would best be addressed through remediation in a formal educational setting such as residency, fellowship or residency-like setting. According to CPEP, this level of recommendation indicates that it would not be safe for this physician to practice independently while attempting to remediate the noted deficiencies.
13. In addition, CPEP found the licensee’s knowledge and judgment in his focus area of male hypogonadism (adult hormone deficiency) to be inadequate; that the level of educational needs in this area would require oversight and supervision; and recommended that remediation in his focus area of adult hormone deficiency be addressed after remediation of foundational knowledge in his primary specialty, family medicine.
14. In regard to the licensee’s medical knowledge, CPEP found that the licensee demonstrated “significant educational needs,” stating in part

... although he was able to describe the common symptoms of asthma and appropriate treatment for a mild case, he was not able to correctly describe the recommended management of increasingly severe asthma. He was unaware of the current recommendations for administration of Prevnar and Pneumovax in adults. In discussing various urology topics, he described screening for prostate cancer with a digital rectal exam and prostate-specific antigen (PSA) test, both of which are no longer recommended. He recalled only one of the medications used for management of prostatic hypertrophy symptoms. When presented with a young male with flank pain and meaturia, he correctly identified the possibility of a ureteral stone, but was unable to describe the various crystalline forms of stones or their specific treatment. In discussing care of the elderly, he indicated that he would use a tricyclic antidepressant (amitriptyline) or trazadone for insomnia, both of which are relatively contraindicated in this age group. Similarly, he recommended use

of anticholinergic medications to manage urinary incontinence in the elderly, but was unaware of the significant risk of side effects. He described few measures used to decrease the risk of falls in the elderly.

... In treating a hypothetical male patient with hypogonadism (symptoms of fatigue, decreased libido and erectile dysfunction), but a normal testosterone level, Dr. DiSanto recommended treatment with testosterone with added HCG and occasionally Oxandrolone, which is not the current standard of care in allopathic or functional medicine. ... Additionally, when asked about hormonal replacement in women, he was not able to clearly describe the diagnostic criteria for female menopause, and incorrectly stated that the USPSTF guidelines currently recommend estrogen supplementation in the post-menopausal period for osteoporosis, vaginal dryness, and climacteric issues. He was not aware of the risk of endometrial/uterine cancer with unopposed estrogen therapy, and would not use progesterone supplementation because of its androgenic side effects, which is contrary to current recommendations.

...

15. CPEP found that the licensee demonstrated “inadequate” clinical judgment and reasoning, stating in part

...he did not demonstrate the ability to gather information in a logical, organized, and complete fashion; his overall approach to many of the hypothetical clinical cases appeared to be somewhat superficial and focused only on the most commonly known symptoms and findings. For example, when presented with a hypothetical case of a 45-year old female with increasing fatigue and a history of apparent viral pharyngitis one year prior, he inquired about the metabolic profile and thyroid level (which were normal) and immediately diagnosed the problem as chronic fatigue syndrome. He did not investigate other causes such as occult infection, lifestyle issues, chronic anxiety, depression, drug or alcohol abuse or possible toxins. All consultants that reviewed his charts noted a lack of adequate information in the history, physical examination and laboratory investigation of many patients.

Dr. DiSanto demonstrated some difficulty recognizing acuity of illness, and suggested less-than-appropriate plans, often ignoring known clinical evidence of best practices. For example, in the hypothetical case of a 60-year old male with polydipsia, polyuria, weight loss, and a blood glucose of 300, he initially recommended lifestyle changes and a diet, without investigating other possible comorbidities. When pressed, he suggested that he might add Lisinopril and metformin, without recognizing that most probably a more aggressive anti-glycemic regimen would be necessary. He rarely proposed a differential diagnosis for a patient’s complex symptoms, such as in a hypothetical young male starting a job in a new building and complaining of

intermittent headache and nausea, which he diagnosed as either stress or environmental toxins, without considering other possible gastrointestinal, neurologic or functional possibilities.

In the review of charts submitted, Dr. DiSanto was noted to show several judgment errors in his management of men with presumed hormonal issues, most commonly diagnosed as hypogonadism. For example, although he was able to describe a relatively complete history, examination, and laboratory investigation, the consultants noted that his actual patient charts often demonstrated lapses in this protocol, such as failure to consistently check a DHEA, estradiol, or FSH/LH level. He did not check for secondary hypogonadism when both testosterone and LH were noted to be low. He did not alter the dose of testosterone when polycythemia was noted in one chart. In another chart where the testosterone was abnormally high, he added HCG instead of decreasing the dose of testosterone. With another patient complaining of weakness and lethargy who was on alprazolam, bupropion, and fluoxetine, he did not investigate the role of the underlying illness or medications in these symptoms or the possibility of suicidal or homicidal ideation, but started him on testosterone, HCG, and Oxandrolone despite normal testosterone level five months prior (while off all hormones).

...

16. CPEP reviewed patient charts from Dr. DiSanto's actual practice, as well as notes written by him at CPEP during simulated patient encounters, and found that his actual patient care documentation was poor and his simulated patient encounter documentation to be inadequate, stating in part,

... Dr. DiSanto's patient care documentation was poor. His documentation contained the basic elements of a medical record, but the notes were incomplete, lacked sufficient detail in the Subjective and Objective components, and failed to provide any justification for the subsequent assessment and plan. There was little internal consistency between the various components such as lab results and the objective or assessment notes. One consultant specifically stated that he could not assume effective care of any of the patients based on these medical records.

...

Overall, Dr. DiSanto's SP [simulated patient] documentation was inadequate. He demonstrated that he understood some of the components of acceptable single-encounter patient documentation, but did not provide adequate information about the overall medical context in which the SP presented. In addition, he did not provide sufficient information in the HPI and review of systems to effectively support a diagnosis or narrow a differential diagnosis. His assessments were generally appropriate for the information obtained, but

his plans were non-specific in the use of medications or any counseling regarding such medications.

17. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(3) and (4). Accordingly, legal grounds exist for disciplinary action against his Kentucky osteopathic license.

18. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:

- (a) His failure to respond may be taken as an admission of the charges;
- (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.

19. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for September September 24, 25 & 26, 2019, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice osteopathy held by VINSON M. DiSANTO, D.O.

This 19th day of March, 2019.



DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Daphne Criscillis, Docket Clerk, Administrative Hearings Branch, Office of the Attorney General, 1024 Capital Center Drive, Frankfort, Kentucky 40601; and copies were mailed via certified mail return-receipt requested to the licensee, Vinson M. DiSanto, D.O., License No. 03250, 4428 Lake Breeze Drive, McKinney, Texas 75071, and to his counsel, J. Fox DeMoisey, Esq., 4360 Brownsboro Road, Suite 315, Louisville, Kentucky 40207 on this 19th day of March, 2019.



Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

MAR 19 2019

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1900

K.B.M.L.

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EMERGENCY ORDER OF RESTRICTION

The Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel A, considered this matter at its February 21, 2019, meeting. At that meeting the Panel considered memoranda by Jon Marshall, Medical Investigator, dated February 20, 2018 and February 7, 2019; a memorandum by Michael S. Rodman, Executive Director, dated August 4, 2017; Idaho State Board of Medicine Stipulation and Order, dated June 2, 2017; the licensee's explanation of the Idaho Order, received June 9, 2017; a compliance letter from Darlene Parrott, CMBI, Compliance Monitor, State of Idaho Board of Medicine, dated July 11, 2017; correspondence from the licensee, dated July 16, 2017; a copy of the prescription to "Patient B.A." from the licensee, dated July 26, 2016; a Board consultant report, along with Expert Review Worksheets, dated January 2018; the licensee's response to the Board consultant's report, dated February 11, 2018; the Board consultant's final response, dated February 14, 2018; the Interim Agreed Order (Diversion), filed of record May 3, 2018; Center for Personalized Education for Professionals (CPEP) Assessment Report, dated February 6, 2019; and a Neuropsychological Evaluation prepared by W. Kent Hicks, Ed.D., Raskin & Associates, dated January 14, 2019.

Having considered all of this information and being sufficiently advised, Inquiry Panel A ENTERS the following EMERGENCY ORDER OF RESTRICTION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support its Emergency Order of Restriction:

1. At all relevant times, Vinson M. DiSanto, D.O., was licensed by the Board to practice osteopathy within the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. In or around 2010, the licensee was issued a license to practice osteopathy in the Commonwealth of Kentucky contingent upon him entering into an Agreed Order of Fine based upon his non-disclosure of his dismissal from osteopathic school for academic reasons.
4. On or about June 2, 2017, the licensee entered into a Stipulation and Order with the Idaho State Board of Medicine, pursuant to which he was reprimanded and fined, based upon his prescribing of testosterone, a controlled substance, to Idaho patients via email and telephone, without having obtained required registrations through the Idaho Board of Pharmacy and the Drug Enforcement Administration (DEA) to issue prescriptions to patients located in Idaho.
5. An investigation into the licensee's practices in the Commonwealth of Kentucky via telemedicine and a KASPER review disclosed four (4) patients having received controlled substance prescriptions from the licensee in Kentucky.
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8. A Board consultant reviewed the three (3) patient charts produced by the licensee and opined that the licensee failed to conform to acceptable and prevailing medical practices in the Commonwealth of Kentucky and, in one instance, demonstrated gross negligence by prescribing controlled substances without medical necessity.
9. On or about February 11 2018, the licensee responded that he had made a number of changes in his practice, including that he decreased overprescribed medications to one patient and made personnel changes. The licensee stated, in part, that "when compliance issues became apparent to me, I discontinued care to the patients and have since made personnel changes which has repaired this flaw. Kentucky was never planned as an area of focus for Anti-Aging Medicine, and this activity has been discontinued since 2016."
10. Upon this information, the Board consultant opined that until his current practices can be evaluated, his prescribing be monitored if he maintains an active Kentucky medical license.
11. In or around November 2018, under agreement with the Board, the licensee submitted to a clinical skills assessment at Center for Personalized Education for Professionals ("CPEP") in the specialty of family medicine, with a focus on adult hormone deficiency.
12. CPEP found that the licensee's overall knowledge and judgment in the broad scope of general family medicine was outdated and in need of updating and review and opined that these needs would best be addressed through remediation in a formal educational setting such as residency, fellowship or residency-like setting. According to CPEP, this level of

recommendation indicates that it would not be safe for this physician to practice independently while attempting to remediate the noted deficiencies.

13. In addition, CPEP found the licensee's knowledge and judgment in his focus area of male hypogonadism (adult hormone deficiency) to be inadequate; that the level of educational needs in this area would require oversight and supervision; and recommended that remediation in his focus area of adult hormone deficiency be addressed after remediation of foundational knowledge in his primary specialty, family medicine.

14. In regard to the licensee's medical knowledge, CPEP found that the licensee demonstrated "significant educational needs," stating in part

... although he was able to describe the common symptoms of asthma and appropriate treatment for a mild case, he was not able to correctly describe the recommended management of increasingly severe asthma. He was unaware of the current recommendations for administration of Plevnar and Pneumovax in adults. In discussing various urology topics, he described screening for prostate cancer with a digital rectal exam and prostate-specific antigen (PSA) test, both of which are no longer recommended. He recalled only one of the medications used for management of prostatic hypertrophy symptoms. When presented with a young male with flank pain and meaturia, he correctly identified the possibility of a ureteral stone, but was unable to describe the various crystalline forms of stones or their specific treatment. In discussing care of the elderly, he indicated that he would use a tricyclic antidepressant (amitriptyline) or trazadone for insomnia, both of which are relatively contraindicated in this age group. Similarly, he recommended use of anticholinergic medications to manage urinary incontinence in the elderly, but was unaware of the significant risk of side effects. He described few measures used to decrease the risk of falls in the elderly.

... In treating a hypothetical male patient with hypogonadism (symptoms of fatigue, decreased libido and erectile dysfunction), but a normal testosterone level, Dr. DiSanto recommended treatment with testosterone with added HCG and occasionally Oxandrolone, which is not the current standard of care in allopathic or functional medicine. ... Additionally, when asked about hormonal replacement in women, he was not able to clearly describe the diagnostic criteria for female menopause, and incorrectly stated that the USPSTF guidelines currently recommend estrogen supplementation in the post-menopausal period for osteoporosis, vaginal dryness, and climacteric issues. He was not aware of the risk of endometrial/uterine cancer with

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instead of decreasing the dose of testosterone. With another patient complaining of weakness and lethargy who was on alprazolam, bupropion, and fluoxetine, he did not investigate the role of the underlying illness or medications in these symptoms or the possibility of suicidal or homicidal ideation, but started him on testosterone, HCG, and Oxandrolone despite normal testosterone level five months prior (while off all hormones).

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... Dr. DiSanto's patient care documentation was poor. His documentation contained the basic elements of a medical record, but the notes were incomplete, lacked sufficient detail in the Subjective and Objective components, and failed to provide any justification for the subsequent assessment and plan. There was little internal consistency between the various components such as lab results and the objective or assessment notes. One consultant specifically stated that he could not assume effective care of any of the patients abased on these medical records.

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CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Restriction:

1. The licensee's Kentucky osteopathic license is subject to regulation and discipline by this Board.

2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
3. There is probable cause to believe that the licensee has violated the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4).
4. The Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.
5. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.
6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause finding that there is a present danger to the public safety; and, 2) the statute provides for a

prompt post-deprivation hearing. Barry v. Barchi, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); FDIC v. Mallen, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and Gilbert v. Homar, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF RESTRICTION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel A hereby ORDERS that the license to practice osteopathy in the Commonwealth of Kentucky held by VINSON M. DiSANTO, D.O., is RESTRICTED and Dr. DiSanto is prohibited from prescribing, dispensing or professionally utilizing controlled substances until the Board's Hearing Panel has finally resolved the Complaint or until such further Order of the Board. Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

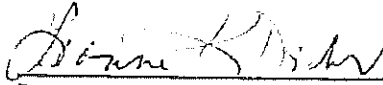
SO ORDERED this 19th day of March, 2019.



DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Restriction was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed via certified mail return-receipt requested to the licensee, Vinson M. DiSanto, D.O., License No. 03250, 4428 Lake Breeze Drive, McKinney, Texas 75071, and to his counsel, J. Fox DeMoisey, Esq., 4360 Brownsboro Road, Suite 315, Louisville, Kentucky 40207 on this 19th day of March, 2019.



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