

IN THE MATTER OF	*	BEFORE THE MARYLAND
GEORGE H. BONE, M.D.	*	STATE BOARD
Respondent	*	OF PHYSICIANS
License Number: D31069	*	Case Number: 2016-0120 A

* * * * *

CONSENT ORDER

On July 19, 2017, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged George H. Bone, M.D., (the “Respondent”), License Number D31069, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. II (“Health Occ.”) §§ 14-101 *et seq.* (2014 Repl. Vol. & 2016 Supp.).

The pertinent provisions of the Act under H.O. § 14-404(a) provide as follows:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

(a) *In general.* 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:

- ...
 - (3) Is guilty of:
 - ...
 - (ii) Unprofessional conduct in the practice of medicine;
 - ...
 - (19) Grossly overutilizes health care services;
 - ...
 - (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 October 11, 2017, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring because of the DCCR, Respondent agreed to enter this Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Panel A of the Board makes the following findings of fact:

1. At all times relevant hereto, the Respondent, who is board-certified in internal medicine was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed on July 11, 1984. His license is scheduled to expire on September 30, 2018.
2. The Respondent maintains an office for the practice of medicine in Largo, Maryland.
3. On or about August 20, 2015, the Board received a complaint from a former female patient of the Respondent (“Patient 1¹”) alleging that the Respondent had ordered an unnecessary arterial blood flow study on her first office visit, but had not provided her with a diagnosis or treatment based on the results of the test, other than telling her that her blood flow was “sluggish.” Patient 1 further alleged that the Respondent had overcharged her for her visits² and had spent over 45 minutes during her first visit giving her unsolicited and unwanted advice about her social life.³

¹ Patient names are confidential. The Respondent is aware of the identity of the patients.

² Patient A attached to her complaint a bill from the Respondent in the amount of \$800.45 for two office visits.

³ Specifically, Patient 1 stated that the Respondent asked her questions regarding her social situation and proceeded to give her specific instructions regarding on-line dating which Patient 1 had not requested.

4. Thereafter, the Board initiated an investigation of the complaint that included interviewing Patient 1 and the Respondent under oath and referring 10 patient records, including Patient 1's records, and the Respondent's written summaries of care for each patient, for review by a peer review entity.
5. On October 13, 2015, the Respondent transmitted to the Board a written response regarding Patient 1's complaint. His response stated in pertinent part: "The proscribed (*sic*) treatment regimen is designed to remedy any conditions that result from the query process. The process is designed to optimize the patients (*sic*) over all health and welfare, while reducing the risk of untoward health outcomes."

Patient 1

6. On January 27, 2015, Patient 1 initially presented to the Respondent because she was looking for a new physician.
7. On January 27, 2015, the Respondent ordered Patient 1 to undergo an arterial blood flow test.
8. The arterial blood flow test the Respondent ordered for Patient 1 is also known as an endothelial function test or vascular compliance test. The test was performed in the Respondent's office during Patient 1's visit on January 27, 2015. As described by Patient 1, the test consisted of a device similar to a blood pressure cuff being placed on her arm.
9. The results of the endothelial function test, contained in a "CVProfile Report," revealed that Patient A's "large artery elasticity index" was "borderline," as was her "small artery elasticity index."
10. On January 27, 2015, the Respondent documented that Patient 1 had "endothelia

dysfunction” and ordered an echocardiogram.

11. On February 3, 2015, Patient 1 underwent the echocardiogram in the Respondent’s office.
12. On February 16, 2015, Patient 1 returned to the Respondent because she was congested. When interviewed under oath, Patient 1 stated that a person other than the Respondent treated her on this date.
13. Patient 1 did not return to the Respondent after February 16, 2015.

Peer review findings

14. The peer reviewers agreed that the Respondent failed to meet the standard of quality care for eight of the ten patients, failed to maintain adequate medical records for all ten patients and grossly overutilized health services for nine of the ten patients, which conduct further constitutes unprofessional conduct in the practice of medicine
15. By example and not in limitation, the findings of the peer reviewers are summarized below.
16. The peer reviewers found that the Respondent:
 - a. Consistently performed repetitive, excessive and unnecessary testing that generally offered no meaningful information, had questionable diagnostic benefit and which the Respondent typically did not use in his clinical decision-making. The tests include endothelial function testing, echocardiograms; and laboratory studies;
 - b. Performed echocardiograms on nearly all the patents without medical justification documented in either the patient’s history or physical examination;
 - c. Documented justification for echocardiograms, such as a heart murmur, despite having previously documented that the patient does not have a heart murmur (Patient 5, Patient 7);

- d. Failed to address and/or monitor health conditions presented by patients including but not limited to: elevated hemoglobin A1C indicative of a pre-diabetic state (Patient 1); anemia (Patient 1); hypercholesterolemia (Patient 1); elevated blood pressure (Patient 7); severely elevated blood pressure and uncontrolled diabetes (Patient 3);
- e. Failed to refer patients with complex medical issues for appropriate specialty consultation (Patient 2, Patient 3);
- f. Diagnosed medical conditions such as aplastic anemia (Patient 3), B12 deficiency (Patient 5) and subclinical iodine-deficient hypothyroidism (Patient 6) despite normal laboratory findings;
- g. Used therapies such as CoQ10 in the absence of accepted benefits for the disease states for which they are prescribed. For example, the Respondent discontinued Patient 2's statin and prescribed Co10Q, attributing the elderly patient's memory loss to her use of statins. The Respondent also prescribed CoQ10 to Patient 10 as treatment for scleroderma;
- h. Failed to document initial visits sufficiently to justify billing at the highest level;
- i. Failed to document treatment rationale and treatment plans; and
- j. Failed to maintain organized medical records. In addition, the Respondent's handwritten records were at times not legible.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel A of the Board concludes as a matter of law that the Respondent violated Health Occ. II § 14-404(a)(3)(ii) (unprofessional conduct); (19) (grossly overutilizes health care services); (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); and (40) (fails to maintain adequate medical records).

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 be it further

ORDERED that the Respondent shall permanently cease performing endothelial function tests and echocardiograms; and it is further

ORDERED that the Respondent is placed on **PROBATION** for a minimum period of **ONE (1) YEAR**⁴: During the probationary period, the Respondent shall comply with all of the following probationary terms and conditions:

1. The Respondent shall continue to use an electronic medical record system, which he initiated after the period of peer review, to ensure that his medical record keeping is legible and organized;
2. The Respondent shall create, and submit for approval by the Board or Disciplinary Panel A, a "hand-out" to be given to all patients which describes the Respondent's philosophy of practice, such as following a holistic approach that focuses on optimizing the patients' overall health, including discussion of lifestyle choices;
3. The Respondent's medical practice shall be supervised by a panel-approved peer supervisor/collaborator who is board-certified in internal medicine (the "supervisor"). Within 45 days, the Respondent shall provide Panel A with the name and professional background information of the supervisor whom he is offering for approval. The Board will provide the panel-approved supervisor with the relevant Board and Panel orders and peer review reports concerning the Respondent. The Respondent consents to the release of these documents to the supervisor. Each month the supervisor shall review the patient records, chosen by the supervisor, of at least ten (10) of the Respondent's patients. The supervisor shall meet in-person with the Respondent at least once each month. Discussion at the in-person meetings shall include the care the Respondent has provided for specific patients and detailed feedback from the supervisor on the Respondent's practices. The supervisor shall be available to the Respondent for consultations on any patient and shall observe the

⁴ If the Respondent's license expires during this one-year period, the one-year period and any conditions will be tolled.

Respondent's practice and have access to the Respondent's patients' records and shall maintain the confidentiality of all medical records and patient information. The Respondent shall ensure that the supervisor provides the Board with quarterly reports. The quarterly reports shall detail the quality of the Respondent's practices; deficiencies, concerns and needed improvements; and measures to improve patient care. If there are indications that the Respondent poses a substantive risk to patients, the supervisor shall immediately report his or her concerns to the Board. If the panel-approved supervisor is unable to continue as the supervisor for the entire probationary position, the Respondent shall within 30 days of notification of the termination of the supervisor, provide Panel A with the name and professional background information of the supervisor whom he is offering for approval. An unsatisfactory supervisory report may constitute a violation of probation and of this Consent Order;

4. During probation, at the discretion of the Board or Panel A, the Respondent may be subject to a chart and/or peer review conducted by the Board or Board disciplinary panel or its agents. An unsatisfactory chart and/or peer review will constitute a violation of the terms and conditions of this Consent Order;
5. The Respondent shall not enter into a Delegation Agreement with a physician assistant; and
6. The Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§. 14-101 - 14-702, and all laws and regulations governing the practice of medicine in Maryland; and it is further

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

ORDERED that, after one (1) year, if the Respondent has fully and timely complied with the terms and conditions of this Consent Order, and there are no pending complaints related to the charges, the Board or Board Disciplinary Panel A will administratively terminate the probation. The administrative termination of probation will be issued through an order of the Board or Board panel; and it is further

ORDERED that if the Respondent allegedly fails to comply with any term or conditions of probation or this Consent Order, the Respondent shall be given notice and

an opportunity for a hearing. If there is a genuine dispel as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board or Panel A; and it is further

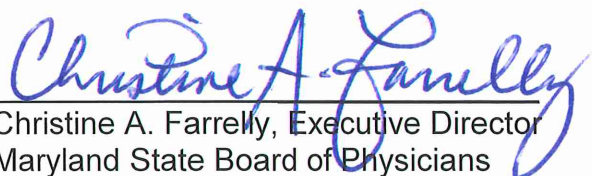
ORDERED that, after the appropriate hearing, if the Board or Disciplinary Panel determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board or Disciplinary Panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The Board or Disciplinary Panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; 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, unless stated otherwise in the order, any time prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of the Disciplinary Panel; and it is further

ORDERED that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*

12/06/2017
Date

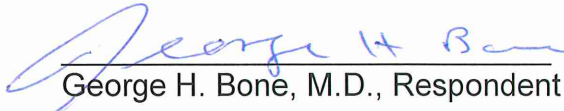

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, George H. Bone, M.D., License No. D31069, by affixing my signature hereto, acknowledge that:

1. I have consulted with counsel, H. Kenneth Armstrong, Esquire, prior to entering this Consent Order. By this Consent and to resolve the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. II § 14-405 (2014 Repl. Vol.) and Md. Code Ann., State Gov't II §§ 10-201 *et seq.* (2014 Repl. Vol.).
3. 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 the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I am waiving those procedural and substantive protections.
4. I voluntarily enter and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and my right to appeal any adverse ruling of a disciplinary panel of the Board that might have followed any such hearing, and any right to appeal this Consent Order.
5. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

12/1/17
Date

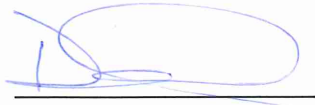

George H. Bone, M.D., Respondent

NOTARY

STATE OF Maryland
CITY/COUNTY OF Carroll

I HEREBY CERTIFY that on this 1 day of December, 2017 before me, a Notary Public of the State and County aforesaid, personally appeared George H. Bone, M.D., License number D31069, and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Notary Public

My commission expires 4/27/19

