IN THE MATTER OF	*	**BEFORE THE**
LISE K. SATTERFIELD, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D43172		**Case Number: 2015-0747B**

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CONSENT ORDER

On March 16, 2017, Disciplinary Panel B of the Maryland State Board of Physicians (the "Panel") charged Lise K. Satterfield M.D., (the "Respondent"), license number D43172, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol.).

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:
>
> (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 August 23, 2017, a conference with regard to this matter was held before Panel B, sitting as a Disciplinary Committee for Case Resolution ("DCCR"). As a result of the DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on April 27, 1992. Her license is scheduled to expire on September 30, 2017. The Respondent holds an inactive license in Pennsylvania.

2. The Respondent is board-certified in family practice. The Respondent was granted a license to administer Suboxone (buprenorphine and naloxone) for the treatment of opioid addiction.

3. The Respondent is a member of a group practice in Towson, Maryland.

4. On or about April 22, 2015, the Board received a complaint from a physician (the "Complainant") who had consulted on one of the Respondent's patients (identified herein as "Patient 8") when the patient was admitted to the hospital after a drug overdose. The patient's urine toxicology screen was positive for codeine/morphine and benzodiazepines. The Complainant reviewed the patient's CRISP[1] records which revealed that the Respondent had prescribed oxycodone 15 mg four times daily (#120 tablets), Oxycontin 15 mg qhs[2] (#30 tablets) for neck and back pain and alprazolam 2 mg five times daily (#150 tablets) for anxiety. The Complainant contacted the Respondent and inquired whether the patient had displayed aberrant or concerning behaviors related to the opioids and benzodiazepines the Respondent had prescribed. The Respondent told the Complainant that in February 2015, the patient's toxicology

1 CRISP is the abbreviation for "Chesapeake Regional Information System for our Patients."

2 The abbreviation for every night at bedtime.

screen was positive for methadone and cocaine; however, the Respondent did not modify the patient's prescriptions or refer him to substance disorder treatment. The Complainant also spoke to the patient's father.

5. Panel B thereafter opened an investigation that included subpoenaing records of 12 patients to whom the Respondent prescribed Controlled Dangerous Substances ("CDS"), consideration of the Respondent's written summary of care of each of the 12 patients and her under-oath interview with Board staff. Panel B further sought review of the Respondent's care of the 12 patients by two peer reviewers. Because of the lack of concurrence in the opinions of the two peer review reports ("peer reviewer A" and "peer reviewer B"), Panel B obtained the opinion of a third peer reviewer ("peer reviewer C").[3] The results of Panel B's investigation are summarized below.

The Respondent's Statements

6. On January 19, 2016, the Respondent was interviewed under oath by Board staff. When asked about her training in pain management, the Respondent stated that she has taken three to five Continuing Medical Education ("CME") credits and subscribes to the Pain Management Journal. She further stated that she "frequently" talks with pain management doctors in the community.

7. The Respondent stated that she "does not profess to be a pain management doctor." The Respondent further stated that she provides pain management to her own patients and does not accept new pain management patients.

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3 Regarding cases in which a question of standards of quality care arises, Md. Code Regs. 10.32.02.03D(2) provides: "The Board shall obtain reports from at least two different peer reviewers in each case."

8. By letter to the Board dated May 13, 2016, the Respondent stated *inter alia* that "[she is] no longer treating any chronic pain patients with opiates.

Summary of Peer Reviewers B and C's Findings

9. The peer reviewers B and C concurred that the Respondent failed to meet the standard of quality care in 10 of the 11 cases[4] about which both expressed an opinion and that she failed to maintain adequate medical records in 9 of the 10 cases.

10. Specifically, the peer reviewers concurred that the Respondent failed to monitor adequately patients to whom she prescribed CDS for chronic pain. The Respondent consistently:

    a. failed to provide monthly follow-ups; and

    b. failed to obtain urine toxicology screens to monitor for abuse or drug diversion. The patients' records, as initially transmitted to the Board by the Respondent, did not contain toxicology screens. After being provided the reports of peer reviewers A and B, the Respondent transmitted toxicology screens for most but not all of the patients. The toxicology screens submitted by the Respondent demonstrate that she ordered screens sporadically and infrequently; many patient records contain only one screen despite being prescribed CDS by the Respondent for years.

11. The Respondent failed to consistently require that patients enter into a Controlled Substance Agreement when initially prescribing CDS to a patient and despite having prescribed CDS for years prior to the date the patient entered into the

4 Identified in the peer review reports as Patients 2, 3, 5, 6, 7, 8, 9, 10, 11 and 12.

Agreement.[5] All of the Controlled Substance Agreements in the Respondent's records were entered into by the patients no earlier than 2015.

12. In some instances, the Respondent failed to refer patients for consultations with specialists as clinically indicated.

13. The Respondent frequently wrote post-dated prescriptions for Schedule II CDS.

14. The Respondent permitted patients to pick up prescriptions for CDS without being seen at an office visit for months at a time.

15. The Respondent often documented only "meds refilled" without identifying the medication or quantity she prescribed.[6]

16. In one instance, the Respondent initiated opioids and prescribed increasingly high levels of OxyContin and oxycodone based on minimal diagnostic testing findings.

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel B concludes as a matter of law that the Respondent failed to meet standards of quality care, in violation of Health Occ. II § 14-404(a)(22), and failed to maintain adequate medical records, in violation of Health Occ. II § 14-404(a)(40).

ORDER

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

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

5 The Respondent obtained Controlled Substance Agreements from Patients 3, 4, 5, 6 and 11.

6 The Respondent did not include copies of prescriptions in the patients' charts.

ORDERED that the Respondent is placed on **PROBATION**[7] for a minimum period of **SIX (6) MONTHS,** to begin upon the effective date of this Consent Order, subject to the following terms and conditions:

1. The Respondent shall not treat patients for chronic pain. In emergency cases of acute pain, the Respondent may prescribe Schedule II and Schedule III opioids, but the prescription may not exceed the lowest effective dose and quantity needed for a duration of **FIVE DAYS.** The prescription may not include refills, nor may it be renewed. The Respondent may continue to prescribe Suboxone for the treatment of opioid addiction;

2. Within **SIX (6) months**, the Respondent shall successfully complete a Board disciplinary panel-approved course in prescribing opioids. The Panel will not accept a course taken over the Internet. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the panel that the Respondent has successfully completed the course;

3. Within **SIX (6) months,** the Respondent shall successfully complete a Board disciplinary panel-approved course in medical documentation. The Panel will not accept a course taken over the Internet. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the panel that the Respondent has successfully completed the course;

4. The Panel will issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent's CDS prescriptions. The administrative subpoenas will request a review of the Respondent's CDS prescriptions from the beginning of each quarter; and it is further

ORDERED that if the Respondent allegedly fails to comply with any term or condition of probation or 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. 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 B; and it is further

ORDERED that, after the appropriate hearing, if the Board or Panel B determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board or Panel B may reprimand the Respondent, place the Respondent on probation with appropriate terms and

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

conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The Board or Panel B 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 there is no early termination of probation; 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, after **six months**, the Respondent may submit a written petition to the Board or Panel B requesting termination of probation. After consideration of the petition, the probation may be terminated through an order of the Board or Panel B. The Board or Panel B will grant the petition to terminate the probation if the Respondent has complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and it is further

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

ORDERED that, unless stated otherwise in the order, any time period 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 Panel B; and it is further.

ORDERED that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4–101 *et seq.* (2014).

10/02/2017
Date

Christine A. Farrelly

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Lise K. Satterfield, M.D., acknowledge that I had the opportunity to be represented by counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into 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 own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

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

9/21/17
Date

Lise K. Satterfield, M.D.
Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 21st day of September 2017, before me, a Notary Public of the foregoing State and City/County, personally appeared Lise K. Satterfield, M.D. 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.

Patricia A Levin
Notary Public

My commission expires: 11/20/2017