

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
RICHARD J. SCHAEFFER, M.D.
License No. 4736
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-07-0541A

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND AND
PROBATION**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Richard J. Schaeffer, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any

1 waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any
2 other pending or future investigation, action or proceeding. The acceptance of this
3 Consent Agreement does not preclude any other agency, subdivision or officer of this
4 State from instituting other civil or criminal proceedings with respect to the conduct that is
5 the subject of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof)
13 to the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that
21 will be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1401(27)(r) ("violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

12. ***Respondent has read and understands the condition(s) of probation.***

Richard J. Schaeffer MD
RICHARD J. SCHAEFFER, M.D.

DATED: 10/21/28

1
2 **FINDINGS OF FACT**

3 1. The Board is the duly constituted authority for the regulation and control of
4 the practice of allopathic medicine in the State of Arizona.

5 2. Respondent is the holder of license number 4736 for the practice of
6 allopathic medicine in the State of Arizona.

7 3. The Board initiated case number MD-07-05411A after receiving a complaint
8 regarding Respondent's care and treatment of a thirty-four year-old male patient ("BC").

9 4. From January 3, 2006 through June 17, 2007, BC saw Respondent for
10 psychiatric care and reported a history of depression, high energy episodes, alcohol,
11 cocaine and heroine abuse. BC also reported that he was being treated at a Methadone
12 clinic for substance abuse. Respondent did not document that he obtained an adequate
13 history of BC's substance abuse and mental status examination during several office visits.
14 Respondent diagnosed BC with bipolar and attention deficit hyperactivity disorder (ADHD).

15 5. During several visits, Respondent prescribed large amounts of medications,
16 including controlled substances such as Seroquel, Lorazepam, Adderall, Valium, and
17 Klonopin. There was inadequate documentation that Respondent monitored or followed up
18 with BC while he was taking the medications; that Respondent discussed the side effects,
19 risks, and benefits of the medications prior to prescribing them; and that Respondent
20 tracked the amount of refills he prescribed.

21 6. Additionally, on two occasions BC's wife contacted Respondent regarding
22 BC's potential domestic violence and ongoing substance abuse. Respondent did not
23 respond to BC's wife.

24 7. Following an investigational interview with Respondent, Board Staff randomly
25 selected three patient records from his office for review and found deviations in two of the
records, patients PM and TT. Board Staff noted that Respondent provided several

1 prescriptions for controlled substances to PM and TT without documenting an adequate
2 history of substance abuse and mental status examination. There also was inadequate
3 documentation that Respondent discussed side effects, risks, and benefits of the
4 medications with PM and TT.

5 8. On December 27, 2007, a twenty-seven year-old male patient ("PM")
6 presented to Respondent's office and was diagnosed with ADHD and consideration of
7 mood disorder. Respondent prescribed Dextrostat 5-10 mg twice a day for ADHD. In
8 March 2006, Respondent increased the dosage to 20mg twice a day without any
9 indication. Subsequently, Respondent prescribed brief trials of antipsychotic medications
10 that included Risperdal and Abilify with no noted change in his diagnosis or for why the
11 medications were added. The trials were for a short length of time and there was no
12 indication as to why Respondent discontinued the medications. In June and September of
13 2007, Respondent prescribed PM Dextrostat 20 mg, Ritalin 10 mg and Wellbutrin twice a
14 day without any documentation of indication.

15 9. On September 11, 2007, a thirty-one year-old male patient ("TT") presented
16 to Respondent with a primary diagnosis of bipolar disorder, not otherwise specified and a
17 secondary diagnosis of personality disorder. Respondent recommended Abilify and wrote
18 prescriptions for it. Respondent also prescribed Lithium; however, there was no mention of
19 this medication in Respondent's evaluation notes. Additionally, the Abilify prescription did
20 not have refills, but refills were allowed for the Lithium. Respondent did not initially order
21 laboratory tests, such as a complete blood count, complete metabolic panel, thyroid panel,
22 electrocardiogram; he did not coordinate care with TT's primary care physician and he did
23 not obtain follow up Lithium levels.

24 10. On February 22, 2008, Respondent was ordered to undergo an evaluation
25 that concluded Respondent demonstrated solid, but outdated fund of knowledge in

1 psychiatry and a lack of familiarity with DSM-IV criteria. It was recommended that
2 Respondent participate or attend a course to update his fund of knowledge in psychiatry
3 and a recordkeeping course to address the deficiencies in his documentation.

4 11. The standard of care requires a physician to conduct a complete history,
5 mental status examination, and substance abuse history.

6 12. Respondent deviated from the standard of care because he did not obtain an
7 adequate history of BC, PM, and TT.

8 13. The standard of care requires a physician to prescribe minimum amounts of
9 necessary controlled substances with adequate follow up and monitoring.

10 14. Respondent deviated from the standard of care because he prescribed large
11 amounts of controlled substances to BC without documentation regarding adequate follow
12 up and monitoring.

13 15. The standard of care requires a physician to discuss side effects, risks, and
14 benefits of medications prescribed to a patient.

15 16. Respondent deviated from the standard of care because he did not
16 adequately document his discussion regarding the side effects, risks, and benefits of the
17 medication prescribed with BC, PM, and TT.

18 17. The standard of care requires a physician to perform a standard workup for
19 Lithium and obtain a follow up Lithium level.

20 18. Respondent deviated from the standard of care because he did not initially
21 order laboratory tests and he did not obtain a follow up Lithium level for TT.

22 19. BC was hospitalized, arrested, and had ongoing incidents of domestic
23 violence that were related to his ongoing substance abuse that was not recognized by
24 Respondent. Additionally, BC potentially could have suffered an accident or overdose with
25 a possible occurrence of a psychotic episode. The amount of controlled substances

1 prescribed to PM without adequate documentation of substance abuse created a concern
2 of community safety. If TT had unknown reduced renal function or a pre-existing
3 arrhythmia, there was the potential for a serious adverse drug reaction..

4 20. A physician is required to maintain adequate legible medical records
5 containing, at a minimum, sufficient information to identify the patient, support the
6 diagnosis, justify the treatment, accurately document the results, indicate advice and
7 cautionary warnings provided to the patient and provide sufficient information for another
8 practitioner to assume continuity of the patient's care at any point in the course of
9 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because he did
10 not obtain an adequate history and mental status examination; he did not document the
11 side effects, risks, and benefits of medications prescribed; and he prescribed large
12 amounts of medications without documented indication.

13 21. In mitigation, Dr. Schaeffer has completed 70 category I credits in psychiatry
14 and the University of California San Diego Medical Recordkeeping course, for another
15 17.25 category I credits.

16 **CONCLUSIONS OF LAW**

17 1. The Board possesses jurisdiction over the subject matter hereof and over
18 Respondent

19 2. The conduct and circumstances described above constitute unprofessional
20 conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate
21 records on a patient.") and A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or
22 might be harmful or dangerous to the health of the patient or the public.").

23 **ORDER**

24 IT IS HEREBY ORDERED THAT:
25

1 1. Respondent is issued a Letter of Reprimand for prescribing large amounts of
2 controlled substances without performing an adequate history and mental status
3 examination and monitoring; for failure to document discussion of risks and benefits of
4 prescription medication; and for failure to maintain adequate records.

5 2. Respondent is placed on probation for **one year** with the following terms and
6 conditions:

7 a. Continuing Medical Education

8 Respondent shall within **six months** of the effective date of this Order obtain
9 **15 – 20 hours** of Board Staff pre-approved Category I Continuing Medical Education
10 (CME) in **psychiatry**. Respondent shall provide Board Staff with satisfactory proof of
11 attendance. The CME hours shall be in addition to the hours required for the biennial
12 renewal of medical license.

13 b. Chart Reviews

14 Board Staff or its agent shall conduct a chart review following Respondent's
15 completion of the prescribing and medical recordkeeping CME. Based upon the chart
16 review, the Board retains jurisdiction to take additional disciplinary or remedial action.

17 c. Obey All Laws

18 Respondent shall obey all state, federal and local laws, all rules governing
19 the practice of medicine in Arizona, and remain in full compliance with any court ordered
20 criminal probation, payments and other orders.

21 d. Tolling

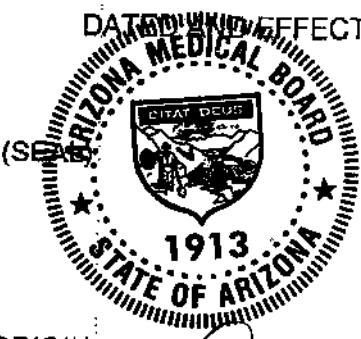
22 In the event Respondent should leave Arizona to reside or practice outside
23 the State or for any reason should Respondent stop practicing medicine in Arizona,
24 Respondent shall notify the Executive Director in writing within ten days of departure and
25 return or the dates of non-practice within Arizona. Non-practice is defined as any period of

1 time exceeding thirty days during which Respondent is not engaging in the practice of
2 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
3 non-practice within Arizona, will not apply to the reduction of the probationary period.

4 e. Respondent's probation shall terminate upon successful completion of
5 the CME courses and satisfactory chart reviews.

6 3. This Order is the final disposition of case number MD-07-0541A.

7 DATED AND EFFECTIVE this 4th day of December 2008.



ARIZONA MEDICAL BOARD

By [Signature]
Lisa S. Wynn
Executive Director

12 ORIGINAL of the foregoing filed
13 this 4th day of December 2008 with:

14 Arizona Medical Board
15 9545 E. Doubletree Ranch Road
16 Scottsdale, AZ 85258

17 EXECUTED COPY of the foregoing mailed
18 this 4th day of December 2008 to:

19 Paul Giancola
20 Snell & Wilmer
21 400 East Van Buren
22 Phoenix, Arizona 85004-2202

23 EXECUTED COPY of the foregoing mailed
24 this 4th day of December 2008 to:

25 Richard J. Schaeffer, M.D.
Address of Record

[Signature]
Investigational Review