STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

DAVID BRIAN VANHOLLA, M.D.,
License No. 43-01-074540,

File No. 43-20-001342

Respondent.

CONSENT ORDER

On March 23, 2021, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

The parties have stipulated that the Michigan Board of Medicine's Disciplinary Subcommittee (DSC) may enter this Consent Order and Stipulation. The DSC has reviewed this Consent Order and Stipulation and agrees that resolution of the Complaint best serves the public interest.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violations of MCL 333.16221(a), (w), and MCL 333.7303a(4). Counts II and III of the Complaint, alleging violations of MCL 333.16221(b)(i) and (b)(vi), are DISMISSED with prejudice.

Accordingly, IT IS ORDERED that for the cited violations of the Public Health Code:

Respondent is placed on PROBATION for a minimum period of one (1) day, not to exceed six (6) months, commencing on the effective date of this Order. The terms of probation shall be as follows:

1. CONTINUING EDUCATION: Respondent shall successfully complete and submit satisfactory evidence of completing at least ten (10) hours of continuing education in the area of documentation, pre-approved by the Board, and at least five (5) hours of continuing education in the area of controlled substance prescribing, pre-approved by the Board.

This CE **shall not** apply in computing Respondent's current continuing education requirements for license renewal.

Respondent shall send requests for pre-approval and proof of the successful completion of the CE to the Department as indicated below.

Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.

Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

Respondent shall be automatically discharged from probation upon receipt by the Department of satisfactory evidence of the successful completion of the probationary terms as set forth above, PROVIDED compliance occurs within six (6) months, Respondent has paid the fine as set forth below, has complied with the terms of this Order, and has not violated the Public Health Code.

Respondent shall direct all communications, except fines, required by the terms of this Order to: BPL-Monitoring@michigan.gov.

If Respondent violates any provision of this Order or fails to complete the probationary terms within six (6) months, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

Respondent is FINED $2,000.00, to be paid to the State of Michigan within 6 months of the effective date of this Order. Respondent shall **direct payment** to **the Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 43-20-001342.**

This Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF MEDICINE

By: _____ For
Chairperson, Disciplinary Subcommittee

Dated: March 16, 2022

STIPULATION

1. Respondent does not contest the allegations of fact and law in the Complaint. Respondent understands that, by pleading no contest, Respondent does not admit the truth of the allegations but agrees the DSC of the Michigan Board of Medicine may treat the allegations as true for the resolution of the complaint and may enter an order treating the allegations as true. Therefore, the DSC finds the facts alleged in the Complaint constitute violations of MCL 333.16221(a),(w), and MCL 333.7303a(4). Counts II and III of the Complaint, alleging violations of MCL 333.16221(b)(i) and (b)(vi), are DISMISSED with prejudice.

2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

5. Board member Cara Poland, M.D. supports this resolution. Dr. Poland or a Department representative may discuss this matter with the DSC in order to recommend acceptance of this resolution.

6. The parties considered the following factors in agreeing to the above terms:

a. In a compliance conference with Board conferee Dr. Poland Respondent discussed the custody issue contained in the Complaint and explained that many years had passed since he had treated "parent A" and did not feel that a conflict of interest would exist.

b. Respondent discussed his rationale for his controlled substance prescribing and admitted that his supporting documentation could have been more complete.

c. Respondent stated he was not familiar with the MAPS mandate as alleged in the Complaint and stated that he is now complying with it.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should the Order be rejected.

*** Signatures On Next Page ***

Agreed to by:

signing for

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 1/7/2022

Agreed to by:

David B. VanHolla, M.D.
Respondent

Dated: 1/7/2022

Approved by:

Gerald N. Pirkola (P46225)
Attorney for Respondent

Dated: 1.7.2022

PC/jp

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In the Matter of

DAVID BRIAN VANHOLLA, M.D.
License No. 43-01-074540, File No. 43-20-001342

Respondent.

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent David Brian VanHolla, M.D. as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for Code violations.

2. Respondent holds a Michigan license to practice medicine and has a current controlled substance license.

3. At all relevant times, Respondent was engaged in private practice in Iron Mountain, Michigan.

4. Alprazolam (e.g., Xanax), a schedule 4 controlled substance, is a benzodiazepine used to treat anxiety disorders and panic disorder. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

5. Amphetamine salts (e.g., Adderall) are schedule 2 stimulant controlled substances.

6. Hydrocodone is an opioid. Hydrocodone combination products (e.g., Norco), are schedule 2 controlled substances due to their high potential for abuse.

7. Lorazepam (e.g., Ativan) is a schedule 4 benzodiazepine controlled substance.

8. Methylphenidate (e.g., Ritalin) is central nervous system stimulant and a schedule 2 controlled substance. It is commonly abused and diverted.

9. Oxycodone and oxycodone combination products are opioid schedule 2 controlled substances. These medications are used to treat pain and are commonly abused and diverted.

10. The Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

11. MCL 333.7303a(4) states that "[b]eginning June 1, 2018, before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, a licensed prescriber shall obtain and review a report concerning that patient from the electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances established under section 7333a.

12. The Department received information that Respondent inappropriately prescribed controlled substance medication to patients and, among other things, failed to disclose that he had treated an involved party when serving as an evaluator in a child custody case.

Interview with Respondent on Respondent's Practice of Medicine

13. On October 1, 2020 and October 29, 2020, a Department investigator interviewed Respondent, who provided the following information:

a. Respondent's private practice focuses on general psychiatry. Respondent opened the practice around 2006 and currently treats anywhere for 500 to 800 patients.

b. Respondent is board-certified in psychiatry and neurology.

c. Respondent also works one day a week at the Oscar G. Johnson VA Medical Center located in Iron Mountain, Michigan.

d. Respondent stated he requires patients to have a primary care physician prior to treating them at his private practice and only treats patients who have been referred to his practice.

e. Respondent indicated that at patients' initial examinations, Respondent will obtain the chief complaint, history, and physical through a verbal interview. Respondent stated he observes patients' mental statuses, psycho-social aspects, inquires into patients' potential for substance use, and asks about legal and environmental factors that could impact treatment. Respondent also indicated he develops a treatment plan and will attempt to establish a diagnosis, although it may take time to settle on a correct diagnosis.

f. Respondent stated that at follow-up visits, he continues to assess patients and provide education.

g. Respondent stated that before prescribing stimulants to patients, he requires patients to visit their primary care physician. Respondent stated he documents conversations with primary care physicians in patients' medical records.

h. Respondent stated that during his patient visits he does not touch patients but will obtain vitals as needed.

i. Respondent indicated he is aware of the CDC guidelines on prescribing opioids and benzodiazepines, and the FDA black box warning on prescribing opioids and benzodiazepines.

j. Respondent admitted that in his private practice, he did not request a MAPS[1] report every time he prescribed a controlled substance but

[1] Michigan Automated Prescription System, the State of Michigan's prescription monitoring program, which tracks controlled substances dispensed in Michigan.

would request a MAPS report if he had a suspicion about a patient. Respondent admitted he was not aware he was required to request and review a MAPS report before prescribing controlled substances.

k. Respondent indicated he does not do urine drug screens on every patient visit but will do one if he has a suspicion about a patient.

l. Respondent indicated he may not have specific documentation in patient medical records about controlled substances prescribed to his patients by other prescribers.

MAPS Non-Compliance

14. The Department reviewed Respondent's MAPS data prior to the effective date of MCL 333.7303a(4) and found that between January 1, 2015 and May 31, 2018, Respondent made fewer than 20 MAPS requests. The Department found that after the effective date of MCL 333.7303a(4), Respondent failed to obtain and review MAPS reports before prescribing controlled substances on many occasions.

Expert Review of Respondent's Medical Care

15. Pursuant to the Department's investigation into Respondent's prescribing practices, the Department received and analyzed medical records for six of Respondent's patients: I.S., A.P., D.C., N.B., patient X, and patient Y.[2]

16. The expert found deficiencies in patient care within some of the individual patient files. Examples include, but are not limited to:

Patient I.S.

a. Respondent prescribed patient I.S. methylphenidate and benzodiazepine medication, primarily alprazolam, on a long-term basis. Other providers consistently prescribed hydrocodone-acetaminophen during the period.

b. Respondent failed to adequately document patient I.S.'s response to the above medications or assess patient I.S.'s possible tolerance, dependence, or addiction to the medications.

[2] Patients are identified by initials or completely de-identified to protect confidentiality.

c. Respondent failed to document a justification for prescribing controlled substance medication to patient I.S., including justifications for co-prescribing a stimulant with a benzodiazepine or prescribing a benzodiazepine when other providers were prescribing hydrocodone-acetaminophen.

d. Respondent failed to adequately document the risks and benefits of patient I.S.'s controlled substance medication regimen.

e. Respondent failed to adequately document ongoing responses to treatment.

f. Patient I.S.'s controlled substance regimen put her at a high risk for adverse events.

g. Respondent prescribing patient I.S. methylphenidate was contraindicated given patient I.S.'s history and comorbidities, including a history of myocardial infarction, hypertension, and diabetes mellitus.

h. Respondent failed to document the source of patient I.S.'s concentration and attention problems for which he prescribed methylphenidate.

i. Respondent failed to document toxicology tests, such as urine drug screens, to assess for medication compliance or illicit use of other substances.

j. Respondent failed to consistently obtain and review MAPS reports.

k. Respondent failed to document assessing patient I.S.'s blood pressure and pulse to evaluate the effects of methylphenidate on blood pressure and heart rate.

l. Respondent failed to document assessing patient I.S. for substance-induced effects and disorders despite evidence these disorders were present.

m. The prolonged use and high doses of methylphenidate were not safe and effective to treat patient I.S.'s condition and were not supported by the FDA or published scientific literature.

n. In light of patient I.S.'s medical history, Respondent's prescribing of methylphenidate and benzodiazepines fell below the minimal standard of care and was a violation of general duty.

Patient A.P.

o. Respondent prescribed patient A.P. methylphenidate or dextroamphetamine-amphetamine and diazepam on a long-term basis. For a portion of the period, another provider prescribed either hydrocodone-acetaminophen or oxycodone-acetaminophen to patient A.P.

p. Respondent failed to adequately document patient A.P.'s response to her medication regimen or document an assessment of potential tolerance, dependence, or addiction.

q. Respondent failed to adequately document risks and benefits of the medications.

r. Respondent failed to adequately document assessing patient A.P.'s ongoing response to treatment or the need for her controlled substance medications.

s. Patient A.P.'s controlled substance regimen put her at an increased risk for adverse events.

t. Respondent failed to document a justification for prescribing stimulants and diazepam and failed to document why co-prescribing these medications was necessary.

u. Respondent failed to document toxicology tests, such as urine drug screens, to assess medication compliance or the use of illicit substances.

v. Respondent failed to consistently obtain and review MAPS reports.

w. Respondent failed to document monitoring patient A.P.'s blood pressure and pulse to address the effects of patient A.P.'s stimulant prescriptions on patient A.P.'s blood pressure and heart stress.

x. Respondent failed to assess patient A.P. for substance-induced effects and disorders despite evidence these disorders were present.

y. Respondent continued to prescribe patient A.P. high-dose dextroamphetamine-amphetamine despite numerous warnings and denials of Medicare prescription drug coverage. The higher doses were not safe and effective to treat patient A.P.'s condition and were not supported by the FDA or published scientific literature.

z. Respondent's methylphenidate and benzodiazepine prescribing fell below the minimal standards of care and was a violation of general duty, given patient A.P.'s medical history.

Patient D.C.

aa. Respondent prescribed patient D.C. methylphenidate consistently over an extended period of time and prescribed lorazepam on less frequent intervals.

bb. Respondent failed to adequately document patient D.C.'s response to the above medications or document assessments of potential tolerance, dependence, or addiction.

cc. Respondent failed to adequately address the risks and benefits of patient D.C.'s medication regimen.

dd. Respondent failed to adequately assess patient D.C.'s ongoing response to treatment or the need for her controlled substance medications.

ee. Respondent prescribed patient D.C. a controlled substance combination that put her at a high risk of adverse events.

ff. Respondent failed to document justification for co-prescribing lorazepam and methylphenidate.

gg. Respondent prescribed patient D.C. methylphenidate despite patient D.C.'s history of migraine headaches.

hh. Respondent failed to document toxicology tests, including urine drug screens, to assess for medication compliance or illicit drug use.

ii. Respondent failed to consistently obtain and review MAPS reports.

jj. Respondent failed to document monitoring patient D.C.'s blood pressure and pulse to assess the effects of her medications on her blood pressure and heart rate.

kk. Respondent failed to assess patient D.C. for substance-induced effects and disorders, despite evidence these disorders were present.

ll. Respondent prescribed patient D.C. high doses of methylphenidate and lorazepam that were not safe and effective to treat patient D.C.'s medical conditions and were not supported by the FDA or published scientific literature.

mm. Respondent's prescribing of methylphenidate and lorazepam fell below the minimal standard of care and was a violation of general duty.

Respondent's Failure to Disclose Prior Treatment as Evaluator

17. Respondent served as an evaluator in a custody proceeding between parent A and parent B, the parents of patient X and patient Y. Respondent completed mental health evaluations on patient X and patient Y and provided testimony on the two patients after the evaluations.

18. In Respondent's interviews with the Department investigator, Respondent stated that he had treated parent A several years prior to the evaluation and did not believe conducting the evaluations of patient X and patient Y would be a conflict of interest. Respondent did not disclose his prior treatment of parent A to the court.

19. The expert indicated that Respondent had an ethical duty to disclose his prior treatment of parent A as part of the factual basis of his opinion in the matter.

COUNT I

Respondent's conduct constitutes a violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct, as set forth above, demonstrates Respondent's "departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs," and accordingly "incompetence," in violation of MCL 333.16221(b)(i).

COUNT III

Respondent's conduct demonstrates Respondent's lack of a "propensity . . . to serve the public in the licensed area in a fair, honest, and open manner," MCL 338.41(1), and accordingly a lack of "good moral character," in violation of MCL 333.16221(b)(vi).

COUNT IV

Respondent's conduct, as set forth above, evidences a failure to obtain and review patients' MAPS reports before issuing controlled substance prescriptions in a quantity exceeding a three-day supply after June 1, 2018, contrary to MCL 333.7303a(4), in violation of MCL 333.16221(w).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained in it. Pursuant to section 16192(2) of the Code, Respondent is deemed to be in receipt of the complaint three (3) days after the date of mailing listed in the attached proof of service. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing to BPL-DMS@michigan.gov. If unable to submit a response by email, Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this complaint. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Dated: 3/23/2021

Andrew Hudson signing for

By: Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

JP/ses