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1	BEFORE THE
2	BOARD OF MEDICAL EXAMINERS COPY
3	STATE OF OREGON
4	In the Matter of
5 6	RICHARD JOSEPH MEAD, M.D.  LICENSE NO. MD11683.  ) ORDER ADOPTING HEARINGS  OFFICER'S PROPOSED FINDINGS  OFFACT, CONCLUSIONS OF LAW
7	The Board of Medical Examiners (Board) having reviewed the
8	attached hearings officer's "Order Adopting Hearings' Officer
9	Findings of Fact, Conclusions of Law, Order and Opinion" (sic)
10	(which order was actually a Proposed Order) (Exhibit A) and each
11	Board member, having fully considered said findings and order,
12	transcript of proceeding and exhibits of the September 6 and
13	September 14, 1994 contested case proceeding, and having fully
14	considered Licensee's attorney's letter of October 3, 1995, by
15	vote of 10 to 0 on October 19, 1995, adopted and incorporated
16	herein the said "Exhibit A" as the Findings of Fact and
17	Conclusions of Law of the Board.
18	IT IS THEREFORE ORDERED that the license to practice medicine
19	in the State of Oregon of Richard J. Mead, M.D., is suspended,
20	however, such suspension is stayed and Dr. Mead is placed on
21	probation for a period of three (3) years from the date of this
22	order so long as he complies with the payment of the \$1,000
23	penalty, the cost of the hearing, and successfully completes a

PAGE 1 - ORDER ADOPTING HEARINGS OFFICER'S PROPOSED FINDINGS OF FACT CONCLUSIONS OF LAW, ORDER AND OPINION, AS MODIFIED

Licensee to pay the penalty within ten days, to pay the costs

program of re-education and training to be approved by the Board.

Successful completion of IPRP is an approved program. Failure of

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1	within 30 days, begin participation in the program of re-education
2	and training within 90 days and successfully complete it within
3	the time parameters set by the program constitutes grounds for
4	lifting the stay of the suspension and imposing an immediate
5	suspension of license.
6	Failure of Licensee to abide by the terms of this order
7	constitutes a violation of ORS 677.190(18), and could result in
8	further disciplinary action by this Board.
9	IT IS SO ORDERED this 1965 day of October, 1995.
10	BOARD OF MEDICAL EXAMINERS
11	State of Oregon
12	EDWARD A. HEUSCH, D.O., CHAIRMAN
13	NOTICE: You are entitled to judicial review of this order
14	pursuant to the provisions of ORS 183.480. Judicial Review may be obtained by filing a petition in the Oregon Court of Appeals. The
15	petition must be filed within 60 days from the date of service of this order.
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PAGE 2 - ORDER ADOPTING HEARINGS OFFICER'S PROPOSED FINDINGS OF FACT CONCLUSIONS OF LAW, ORDER AND OPINION, AS MODIFIED

1 2 3 4 BEFORE THE BOARD OF MEDICAL EXAMINERS 5 OF THE STATE OF OREGON 6 In the Matter of: ORDER ADOPTING HEARING'S OFFICER 7 RICHARD J. MEAD, M.D. FINDINGS OF FACT, CONCLUSIONS Oregon License No. MD11683 OF LAW, ORDER AND OPINION 8 9 This matter was heard by Stephen F. Crew, Hearings Officer assigned by the Board of 10 Medical Examiners (Board) on September 6, 1995 and September 14, 1995. The Board was 11 represented by Paul Sundermier, Assistant Attorney General. Dr. Richard Mead, M.D. was 12 present and represented by attorney Jon S. Henricksen. The Hearings Officer makes the 13 following Findings of Fact and Conclusions of Law. 14 **FINDINGS OF FACT** 15 1. Richard J. Mead, M.D. is a psychiatrist in private practice in Salem, Oregon, and 16 was licensed by the Board in 1979. 17 2. Dr. Mead appeared before the Board's Investigative Committee on March 3, 1994 18 regarding his handling of Patient A's care in 1992. Dr. Mead appeared before the full Board 19 on January 19, 1995, and again appeared before the Investigative Committee on March 2, 1995. 20 3. On March 28, 1995 the Board filed a Complaint and Notice of Proposed 21 Disciplinary Action against Dr. Mead alleging unprofessional or dishonorable conduct with 22 regard to the care given Patient A. On May 17, 1995, Dr. Mead through his counsel requested 23 a hearing. 24 4. Patient A, a 72 year old female was admitted by Dr. Mead to the Salem Hospital 25 Psychiatric Medical Center on May 15, 1992, with an apparent history of bipolar disorder. 26 5. Dr. Mead became Patient A's treating physician by virtue of the fact that he was

Page 1 -

- 1 the psychiatrist on call the day of her admission.
- 2 6. The admitting diagnosis by Dr. Mead was 1) bipolar disorder mania, 2) confusion,
- 3 and 3) chronic low back syndrome. On week prior to her admission, Patient A had taken an
- 4 overdose of Percodan.
- 5 7. Prior to her admission to Salem Hospital Psychiatric Medical Center, she was
- 6 taking Lithium 300 mg. four times a day; Mellaril 25 mg. three times per day; and Amitriptyline
- 7 150 mg.hs. Dr. Mead continued Patient A on these same medications upon admission to the
- 8 Hospital. Dr. Mead did not order a Lithium blood level upon admission.
- 9 8. Dr. Mead did not do a mental status examination upon admission. In the "chief
- 10 complaint" portion of the admissions report Dr. Mead did not report what the patient reported
- 11 as a "chief complaint". The patient history on the admissions report was not specific as to past
- 12 psychiatric history and/or hospitalizations. The report was not specific as to family history of
- 13 psychiatric disorders, nor the pertinent family relationships if any. The report was not specific
- 14 as to the source of the information that was reported. There was no information on the report
- as to whether the Percodan overdose was an accident or a suicide attempt. The report noted that
- the patient was 63 years old as opposed to 72 years old.
- 9. On May 17, 1992 and May 18, 1992, the patient's condition appeared to improve.
- 18 She began to participate to a limited extent in ward activities. Late in the day on May 18, 1992,
- 19 the patient began to complain of spasms.
- 20 10. On May 19, 1992, the patient became seriously ill. Dr. Mead reported she was
- 21 "starting to demonstrate the neuroleptic malignant syndrome with rigidity, elevated temperature,
- 22 confusion and choreiform movements". On May 19, 1992, Dr. Mead ordered that all
- 23 neuroleptic medication be discontinued. He did not discontinue Lithium at that time. He also
- 24 did not order a Lithium blood level at that time.

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- 25 11. On May 20, 1992 the patient's condition continued to deteriorate. Dr. Mead
- 26 noted that in addition to the possibility of neuroleptic malignant syndrome that Lithium toxicity

- 1 was possible. As a result her Lithium was discontinued the evening of May 20, 1992, and a
- 2 Lithium blood level was ordered for the following morning.
- 3 12. On May 21, 1992, the patient was transferred to the emergency room of the Salem
- 4 Hospital. Her Lithium level was 2.0 and she was diagnosed with Lithium toxicity. Her
- 5 condition improved as her Lithium level decreased and she was finally discharged from the
- 6 hospital on June 1, 1992.

## 7 <u>ULTIMATE FINDINGS OF FACT</u>

- 8 13. Dr. Mead failed to do an adequate mental status exam when he admitted the 9 patient to the hospital.
- 10 14. Dr. Mead failed to obtain an adequate history from the patient or from any other source and gave no reason in the report for failing to do so.
- 12 15. Dr. Mead failed to have appropriate laboratory tests done at appropriate times during the treatment of the patient.
- 16. Because of the findings in paragraphs 13, 14 and 15, Dr. Mead had inadequate data in which to base his decision to continue the patient on the same levels of medication. As a result Dr. Mead continued the patient on a inappropriate Lithium level given her age, size and symptoms.
- 18 17. Dr. Mead failed to obtain a timely medical consultation.
- 19 18. Dr. Mead initially misdiagnosed the patient's condition as neuroleptic malignant 20 syndrome, a relatively rare, but potentially fatal condition. A diagnosis of neuroleptic malignant 21 syndrome is a medical emergency and Dr. Mead's response was not appropriate to a medical
- 22 emergency.
- 23 19. Dr. Mead failed to make a timely diagnosis of Lithium toxicity.
- 24 20. As a result of Dr. Mead's failure to make an accurate and timely diagnosis, the appropriate treatment and ultimate recovery of the patient was delayed.

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1	CONCLUSIONS OF LAW
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3	1. Dr. Mead's treatment of Patient A did not meet the standard of care for a
4	psychiatrist in the State of Oregon
5	2. Dr. Mead's conduct as described above constitutes "unprofessional or dishonorable
6	conduct" pursuant to ORS 677.190(1) and ORS 677.188(4)(a)(b)(c), and justifies suspension of
7	his license to practice medicine in the State of Oregon.
8	<u>ORDER</u>
9	It is hereby Ordered, that the license of Dr. Mead to practice psychiatry in the State of
10	Oregon is hereby suspended, however, such suspension is to be stayed, and Dr. Mead placed
11	on probation for a period of three (3) years from the date of this Order subject to the following
12	provisions:
13	1. Dr. Mead shall pay a penalty of \$1,000.00.
14	2. Dr. Mead will pay for the costs of the hearing.
15	3. Dr. Mead will participate in a program of reeducation and training to be approved
16	by the Board.
17	IT IS SO ORDERED this day of October, 1995.
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19	Stephen F. Crew, Hearings Officer
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1	CERTIFICATE OF SERVICE
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3	I hereby certify that on October $\frac{5^{\nu}}{}$ , 1995, I caused to be served the foregoing
4	ORDER ADOPTING HEARINGS OFFICER'S FINDING OF FACT, CONCLUSIONS OF
5	LAW, ORDER AND OPINION by forwarding a true and correct copy of the same, via
6	facsimile, and by regular mail, to:
7	PAUL J SUNDERMIER ESQ OREGON DEPARTMENT OF JUSTICE
8	BUSINESS ACTIVITIES SECTION 100 JUSTICE BLDG.
9	SALEM, OREGON 97310
10	JON HENDRICKSON, ESQ. HIGH ROCKS TOWN CENTER
11	SUITE 47 45 82ND DRIVE
12	GLADSTONE, OREGON 97027
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14	Stephen F. Crew, Hearings Officer
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1	BEFORE THE
2	BOARD OF MEDICAL EXAMINERS
3	STATE OF OREGON
4 5 6 7 8	In the Matter of  ) FINAL ORDER (GRANTING Richard Joseph Mead, MD License No. MD11683  ) OF PROBATION  1.
9	On December 4, 1997, the Board of Medical Examiners (Board)
10	considered the request of Richard J. Mead, MD (Licensee) to terminate
11	Licensee's probation imposed pursuant to the Board Order dated October 3,
12	1995.
13	2.
14	After considering Licensee's compliance with probationary terms, the
15	Board concludes that Licensee's probation may, and is hereby terminated.
16	IT IS SO ORDERED this 13 day of December, 1997.
17	BOARD OF MEDICAL EXAMINERS
18	State of Oregon
19	By: fine
20	U. Bruce Williams, Jr., MD, Chairman
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22	becky/word/orders/mead
23	PAGE 1 - FINAL ORDER (GRANTING REQUEST FOR TERMINATION OF PROBATION (Richard Joseph Mead, MD)

1	BEFORE THE
2	BOARD OF MEDICAL EXAMINERS
3	STATE OF OREGON
4	In the Matter of )
5	RICHARD JOSEPH MEAD, MD ) STIPULATED ORDER LICENSE NO. MD 11683 )
6	LICENSE NO. MD 11683
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8	1.
9	The Board of Medical Examiners (Board) is the state agency responsible for licensing,
10	regulating and disciplining certain health care providers, including physicians, in the State of
11	Oregon. Richard Joseph Mead, MD (Licensee) is a licensed physician in the State of Oregon.
12	2.
13	The Board proposed to take disciplinary action pursuant to ORS 677.205 against
14	Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or
15	dishonorable conduct, as defined in ORS 677.188(4)(a); ORS 677.190(14) gross or repeated acts
16	of negligence; and ORS 677.190(25) prescribing controlled substances without a legitimate
17	medical purpose, without following accepted procedures for examination of patients, without
18	following accepted procedures for record keeping or giving notice required under ORS 677.485.
19	In 1995, Licensee was disciplined by this Board for unprofessional and dishonorable conduct,
20	ORS 677.190(1) as defined in ORS 677.188(4)(a), (b), and (c), for conduct that included failing
21	to conduct an adequate mental status examination, failing to obtain an adequate health history
22	and failing to make an accurate and timely diagnosis.
23	3.
24	The acts and conduct alleged to violate the Medical Practice Act are:
25	3.1 Patient A sought treatment in 2000 from Licensee for complaints related to
26	depression. Review of the patient chart reveals that Licensee treated Patient A with various
27	medications without the benefit of an adequate mental status examination, diagnosis, treatment

plan, medication list, or follow-up to determine the efficacy of the various treatments. Licensee's chart notes and his failure to record critical information in the patient chart reflects confused and substandard clinical thinking and poor medical judgment that resulted in the delivery of substandard medical care to Patient A. In addition, Patient A's records reveal that Licensee prescribed various medications in differing amounts and combinations without the benefit of an articulated treatment plan, adequate medical justification or apparent appreciation for medication interactions. These medications included: sertraline (Zoloft), bupropion (Wellbutrin), valproic acid (Depakote), amitripyline (Elavil), lamotrigine (Lamictal), clonazepam (Klonopin (Schedule IV), venlafaxine (Effexor), lithium, nefazodone (Serzone), and alprazolam (Xanax, Schedule IV).

3.2 Review of Licensee's management of Patients B - F reveals the following pattern: inadequate mental status examinations, incoherent health histories, lack of a differential diagnosis, inadequate treatment planning and poor documentation. Licensee prescribed various medications for Patients B - F, to include antidepressants and controlled substances, over substantial periods of time without adequate medical justification. In addition, Licensee's charts for Patients B - F do not reflect that he conducted or recorded periodic evaluations to assess the therapeutic effect of his course of treatment for these patients. In addition to these failures, which are common to Patient's B - F, the Board has the following specific concerns for the patients listed below:

- a. Licensee recorded on a progress note related to a patient visit on April 12, 2000 that Patient D expressed suicidal ideations. There is no indication in the chart that Licensee either investigated this suicidal ideation or that he assessed if Patient D posed a risk of harm to himself or others. There is no indication that Licensee formulated any treatment plan, considered any form of medical intervention, or if he pro-actively followed Patient D to assure the patient's safety.
- b. Patient E wrote on a patient intake form that he had "feelings of suicide." Licensee's evaluation in the patient chart makes no mention of Patient E's suicidal

ideation or any reference to it in the patient assessment or treatment plan.

- c. Licensee assessed Patient F to have an adjustment disorder with anxiety.

  Licensee treated Patient F with chronic benzodiazepine therapy without discussing with this patient any material risks associated with this treatment.
- 3.3 During the course of the Board's investigation, Licensee agreed to voluntarily undergo an assessment at the Center for Personalized Education for Physicians (CPEP), located in Aurora, Colorado. This assessment noted specific shortcomings in Licensee's patient charting and knowledge of psychiatric pharmacology, clinical reasoning and judgment. CPEP recommended that Licensee participate in a structured, individualized education program to address the identified areas of need.

4.

Licensee and the Board desire to settle this matter by entry of this Stipulated Order.

Licensee understands that he has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal there from by the signing of and entry of this Order in the Board's records. Licensee does not admit, but the Board finds that Licensee violated the Medical Practice Act as alleged in paragraph 3 above and that his conduct violated ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS 677.188(4)(a); ORS 677.190(14) gross or repeated acts of negligence; and ORS 677.190(25) prescribing controlled substances without a legitimate medical purpose, without following accepted procedures for examination of patients, without following accepted procedures for record keeping or giving notice required under ORS 677.485. And Licensee acknowledges that in 1995, Licensee was disciplined by this Board for unprofessional and dishonorable conduct, ORS 677.190(1) as defined in ORS 677.188(4)(a), (b), and (c), for conduct that included failing to conduct an adequate mental status examination, failing to obtain an adequate health history and failing to make an accurate and timely diagnosis.

5.

Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order.
 Licensee is placed on probation for 10 years subject to the following conditions and terms:

- 5.1 Licensee is reprimanded.
- 5.2 Licensee shall comply with the educational recommendations recommended by the Center for Personalized Education for Physicians (CPEP), to include:
  - a. Licensee shall enroll in and successfully complete a CPEP approved educational intervention plan. As part of this plan, Licensee shall establish a relationship with an experienced educational preceptor who is a board certified psychiatrist that is acceptable to both the CPEP Associate Medical Director for Education and the Board's Medical Director. Licensee shall meet with this preceptor for regularly scheduled meetings to review cases and documentation, discuss decisions in those cases, review of specific topics and to make plans for future learning. The preceptor shall monitor Licensee's practice and shall analyze Licensee's clinical reasoning and decision-making.
  - b. Licensee shall sign all necessary releases to ensure that the Board is able to communicate directly with the Preceptor and to ensure that the Board receives all CPEP assessments and reports pertaining to Licensee, to include the final evaluation.
  - c. Licensee shall engage in continuing medical education (CME) courses and self-study which include, but are not limited to: psychopharmacology, patient documentation, appropriate prescribing, diagnosis and work-up for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), mental status examinations, management of bipolar patients, the diagnosis and treatment of depression, and the development and use of treatment plans and problem lists. These courses shall be subject to the approval of the CPEP Associate Medical Director for Education and the Board's Medical Director.
  - d. It is understood by all parties that the CPEP Associate Medical Director for Education will actively monitor Licensee's progress and compliance with the CPEP

1	educational intervention plan, and will notify Licensee and the Board of his progress on
2	an ongoing basis.
3	5.3 Licensee shall report in person to the Board at each of its quarterly meetings at the
4	scheduled times for a probationer interview, unless otherwise directed by the Board or its
5	Investigative Committee.
6	5.4 Licensee shall obey all federal and Oregon State laws and regulations pertaining
7	to the practice of medicine.
8	5.5 Licensee stipulates and agrees that any violation of the terms of this Order shall
9	be grounds for further disciplinary action under ORS 677.190(18).
10 11	IT IS SO STIPULATED this 23rd day of December, 2003.
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13	Richard J. Mod no
4	RICHARD J. MEAD, MD
15 16	IT IS SO ORDERED this 15th day of January, 200 4.
17	BOARD OF MEDICAL EXAMINERS State of Oregon
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9	JUDITH L. RICE
20	Board Chair
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1	BEFORE THE
2	OREGON MEDICAL BOARD
3	STATE OF OREGON
4	In the Matter of
5	RICHARD JOSEPH MEAD, MD ) ORDER TERMINATING LICENSE NO. MD 11683 ) STIPULATED ORDER
6	LICENSE NO. MD 11683 ) STIPULATED ORDER )
7	
8	1.
9	On January 15, 2004 Richard Joseph Mead, MD (Licensee) entered into a Stipulated
10	Order with the Oregon Medical Board (Board). This Order placed conditions on Licensee's
11	Oregon medical license. On May 27, 2008, Licensee submitted a written request to terminate
12	this Order.
13	2.
14	Having fully considered Licensee's request and his successful compliance with the terms
15	of this Order, the Board does hereby order that the January 15, 2004 Stipulated Order be
16	terminated effective the date this Order is signed by the Board Chair.
17	11 the Oak 121
18	IT IS SO ORDERED this day of John, 2008.
19	OREGON MEDICAL BOARD
20	State of Oregon
21	SIGNATURE WITHHELD
22	PATRICIA L. SMITH Board Chair
23	Board Chair
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