

COPY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs

vs.

James Lysle Walker, M.D.
Respondent

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: Docket No. 2008-49-10
: File No. 08-49-03288
:
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PROHIBITORY
2010 OCT 28 AM 10: 21
Department of State

CONSENT AGREEMENT AND ORDER

The Commonwealth of Pennsylvania ("Commonwealth") and James Lysle Walker, M.D. ("Respondent") stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board of Medicine ("Board") pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended, (Act), 63 P.S. §§ 422.1-.51a

2. At all relevant and material times, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD045824L, which was originally issued on October 25, 1991.

3. The Respondent admits that the following facts are true:

a. Respondent's license is current through December 31, 2010 and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known address on file with the Board is 801 South Forge Road, Palmyra, PA 17078.

c. On or about August 31, 2005, a Psychological Evaluation for Child Custody in the matter of Philip P. Schaeffer v. Marie T. Schaeffer (Lebanon

County Court of Common Pleas, No. 2002-20439) was conducted by Peter H. Thomas, Ph.D.

d. An Addendum to the Psychological Evaluation for Child Custody prepared by Dr. Thomas stated that records regarding Respondent's treatment of Ms. Schaeffer had not been received at the time of the evaluation, but had since been received by Dr. Thomas.

e. The records provided to Dr. Thomas by Respondent consisted of brief progress notes covering 48 sessions conducted between Respondent and Ms. Schaeffer between April 28, 2000 and April 30, 2002, a period of 24 months.

f. A complaint was filed by Mr. Schaeffer in the Professional Compliance Office, Bureau of Professional and Occupational Affairs, stating that Respondent had 83 sessions with Ms. Schaeffer and not just 48 as the records would indicate.

g. Mr. Schaeffer submitted cancelled checks of payments to Respondent verifying payment for 83 sessions conducted between Respondent and Ms. Schaeffer between March 31, 2000 and April 30, 2004.

h. Respondent admits that he conducted 83 sessions with Ms. Schaeffer between March 31, 2000 and April 30, 2004.

i. By letter dated October 6, 2006 to Mr. Schaeffer's attorney, Respondent stated no other records exist beyond those already supplied.

j. Respondent admits that he has no records for sessions conducted between Respondent and Ms. Schaeffer between March 31, 2000 and April 28, 2000 and after April 30, 2002 through April 30, 2004.

4. The actions of Respondent, described above, violated Section 41(6) of the Act, 63 P.S. §422.41(6), by and through 49 Pa.Code §16.95, a lawful regulation promulgated by the Board, in that Respondent failed to maintain medical records for a patient which accurately, legibly and completely reflected the evaluation of the patient.

5. Intending to be legally bound, the participants consent to issuance of the following Order in settlement of this matter:

a. Respondent violated Section 41(6) of the Act, 63 P.S. §422.41(6), by and through 49 Pa.Code §16.95, a lawful regulation promulgated by the Board, in that Respondent failed to maintain medical records for a patient which accurately, legibly and completely reflected the evaluation of the patient.

b. A **PUBLIC REPRIMAND** is placed on Respondent's record with the Board.

c. Respondent shall pay a **CIVIL PENALTY** of Five Hundred dollars (\$500.00) by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.), and valid no less than 180 days. Payment shall be made payable to the 'Commonwealth of Pennsylvania.' Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or corporate check. Respondent shall return the full Civil Penalty with the signed Consent Agreement.

d. Respondent shall complete six (6) contact hours of **CONTINUING MEDICAL EDUCATION** relating to record keeping.

(1) Contact hours specified in this Order shall be in compliance with the continuing medical education regulations of the Board;

(2) Respondent shall forward acceptable proof of completion of the contact hours specified in this Order to the Board within six (6) months from the date of this Order;

(3) Acceptable proof shall consist of a certificate or letter of completion prepared by the sponsor of the continuing medical education course(s) or seminars. Proof shall contain the course or seminar title, the completion date and the number of continuing education credits awarded for physicians. Acceptable proof shall not consist of receipts, course or seminar outlines or agendas, canceled checks, payment acknowledgements, or other self-prepared records, among other documents; and

(4) The hours of continuing medical education shall consist of hours attended or completed. Contact hours required by this Order may not be used from any previous reporting period and may not be used in any subsequent biennial period for the renewal of Respondent's license.

(5) Contact hours specified in this Order will be accepted and deemed as satisfied for all purposes hereof by Respondent's attendance and satisfactory completion of six

(6) hours of the continuing education seminar in "Medical Record Keeping with Individual Preceptorships" offered by Case Western Reserve University School of Medicine, on November 4-5, 2010.

(6) A true and correct copy of the course description for "Medical Record Keeping with Individual Preceptorships" as offered by Case Western Reserve University School of Medicine is attached and incorporated hereto as **Exhibit A**.

e. Respondent shall obtain the services of a Board Certified psychiatrist to supervise Respondent on a weekly basis for a period of three (3) years, to be retroactive to November 2, 2009, when supervision commenced, concerning Respondent's style of practice as well as the administrative aspects of his practice, including but not limited to, session notes and billing records.

f. Respondent shall as part of his practice employ a qualified office assistant to assist in organizing and managing administrative aspects of his practice including, but not limited to, maintaining accounting and billing records, scheduling, general recordkeeping and coordinating and assembling records needed for supervisory review.

g. This Order constitutes a public disciplinary action. This action may be reported to entities including but not limited to, relevant national data banks, if applicable, national licensure associations, the licensing authority of any state or jurisdiction, government entities, and any private or public health care facility

6. Respondent waives the filing of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; the right to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

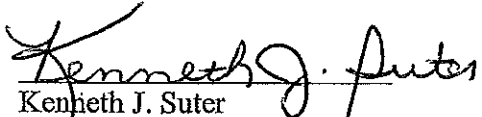
7. This Consent Agreement is between the Commonwealth and Respondent only. Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board issues the stipulated Order.

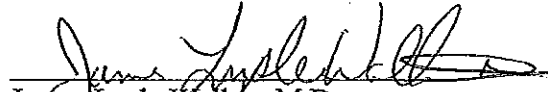
8. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

10. This Agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this Agreement.

11. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.


Kenneth J. Suter
Prosecuting Attorney
Department of State


James Lysle Walker, M.D.
Respondent

DATED: September 20, 2010

DATED: 08-31-10

EXHIBIT A



INTENSIVE
COURSE IN

Medical
Record Keeping
with Individual
Preceptorships



INTENSIVE COURSE IN Medical Record Keeping with Individual Preceptorships

Who Should Attend?

The Intensive Course in Medical Record Keeping is designed for physicians in all specialties who need or wish to increase their ability to effectively maintain medical records.

Medical Record Keeping Statement of Need

The need for maintaining complete and accurate patient records has never been more crucial than in today's fast-paced environment. Appropriate record keeping involves not just good medical practice, but also a keen awareness and appreciation of regulatory guidelines, billing issues and legal constraints.

The Intensive Course in Medical Record Keeping is designed for physicians in all specialties who want or need to keep abreast of current concepts and requirements for proper documentation of patient diagnosis, treatment, and follow-up activity. This course has been designed to assist the practitioner as he or she applies key record-keeping principles to enhance quality care and meet compliance standards.

Participant Learning Objectives

After attending this course, participants will be able to:

- State the essential items needed in every medical record
- Properly document medication prescribing and dispensing in an office setting
- Describe the necessity for accuracy and completeness in office records
- Describe different formats for office records
- Construct an office note after a patient visit, which could assist a colleague in caring for that patient
- Discuss the use of "E & M" code for office visits based on HCFA rules
- Identify several of the risks and benefits of electronic record keeping

Educational Design and Methodology

The on-site portion of the program will include presentations with ample opportunity for questions, skill practice and a precepted chart review session (looking at records/charts you will submit at the start of the program).

There will be two additional opportunities to receive feedback on charts/records you submit for review, one at three months and one at six months following the on-site portion of the course. Detailed instructions concerning chart/record submissions will be sent to you upon registration.

AGENDA

Thursday

- 8:00-8:30 am Registration
- 8:30-9:30 am Overview of Challenges & Imperatives of Good Record Keeping
Martin Macklin, MD, PhD
- 9:30-10:30 am Legal Requirements for Medical Record Keeping
Shannon Jerse, JD
- 10:30-10:40 am Break
- 10:40-11:50 am Physician Compliance Issues
Shannon Jerse, JD
- 11:50-12:30 pm Lunch
- 12:30-2:50 pm Clinical Decisions and Documentation When Prescribing Controlled Drugs
Theodore Parran, MD
- 2:50-3:00 pm Break
- 3:00-4:00 pm Evaluating Electronic Medical Records Computer Programs
Mary Partin, PhD
- 4:00-5:00 pm Speech Recognition
John Irwin, JD, MD
- 5:00 pm Adjourn

Friday

- 7:30-8:00 am Registration
- 8:00-9:30 am Compliance in the Reporting of Physician Services
Cathy Morgan, MA, RHIA
- 9:30-12:00 pm Videotape Clips of Doctor-Patient Interaction with an Exercise In Progress Note and Problem List Construction
Martin Macklin, MD, PhD
- 12:00-12:40 pm Lunch
- 12:40-1:25 pm CMS Guidelines
Martin Macklin, MD, PhD
- 1:25-2:40 pm Review and Discuss Submitted Records
- 2:40 pm Adjourn

Course Director

Martin Macklin, MD, PhD
 Assistant Clinical Professor of Psychiatry
 Case Western Reserve University
 School of Medicine

Theodore V. Parran, Jr., MD
 Associate Clinical Professor of Medicine
 and Family Medicine
 Medical Director, CME
 Case Western Reserve University
 School of Medicine

John R. Irwin, JD, MD
 Attorney at Law

Mary Partin, PhD

Director, Information Technology
 Cleveland Clinic

Shannon Jerse, JD

General Counsel
 St. Vincent Charity Hospital
 Deputy General Counsel
 Sisters of Charity Health System

Cathy Morgan, MA, RHIA

Business Consultant
 Health Information Management

A team of medical records experts

The policy of the Case Western Reserve University School of Medicine CME Program requires that the Activity Director, planning committee members and all activity faculty (that is, anyone in a position to control the content of the education activity) disclose to the activity participants all relevant financial relationships with commercial interests. Disclosure will be made to activity participants prior to the commencement of the activity. The Case Western Reserve University School of Medicine also requires that faculty make clinical recommendations based on the best available scientific evidence and that faculty identify any discussion of "off-label" or investigational use of pharmaceutical products or medical devices.

Accreditation

The Case Western Reserve University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Case Western Reserve University School of Medicine designates this educational activity for a maximum of **17.5* AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**(13.5 for attending the 2 day course and 2.0 for each 3 and 6 month post review)*

Location and Hotel Accommodations

The course will be held at the George S. Dively Building, 11240 Bellflower Rd., Case Western Reserve University, phone (216) 368-0020. Please call the CME Registrar at (216) 983-1239 or (800) 274-8263 for detailed information on location and hotel accommodations or visit us at <http://casemed.case.edu/cme/>.

For More Information

Call Case Western Reserve University, Continuing Medical Education Program, phone (216) 983-1239 or (800) 274-8263 or visit <http://casemed.case.edu/cme/>.

Disclaimer: The information and material provided in this course is intended solely for educational purposes. When actual medical records are reviewed, reviewers provide suggestions and guidelines only. Since rules vary from state to state, it is impossible to address specific issues. Therefore, feedback should not be relied upon for licensure or professional liability purposes. Practitioners should rely on their own professional judgment. Any specific questions should be referred to your own state and legal authorities.

REGISTRATION

Registration Information

The registration fee for this course is \$950. Fees include tuition, educational materials, breakfast, lunch and breaks. An administrative fee of \$125 will be deducted from fees for cancellations made after May 20 (for June course) or October 21 (for November course). All requests for refunds must be made in writing.

Four Ways to Register

1. Register online at <http://casemed.case.edu/cme/>.
2. Mail this completed form with a check payable to Case Western Reserve University for \$950 or complete the credit card information and send to:
Continuing Medical Education Program
10524 Euclid Avenue
Cleveland, Ohio 44106-6026
3. Fax this form with your credit card number to (216) 844-8133
4. Phone (216) 983-1239 or (800) 274-8263 with the information requested below and your credit card number.

Registration Form

Intensive Course in Medical Record
Keeping with Individual Preceptorships

June 3-4, 2010 CID #2328

November 4-5, 2010 CID #2331

Name _____

Degree _____ Specialty _____

Address _____

City _____ State _____ Zip _____

SSN (last 4 digits) _____ E-Mail _____

Phone _____ Fax _____

Make checks payable for \$950 to: Case Western Reserve University
or complete credit card information.

MasterCard Visa Discover

Credit card # _____ Card expiration date _____

Signature _____ Date _____

Dietary restrictions? _____ I will need parking

Stay for the Weekend

The Cleveland Orchestra
Ticket information (216) 231-1111

The Cleveland Museum of Art
Information (216) 421-7340

Playhouse Square Center
Ticket information (216) 771-8403

The Cleveland Play House
Ticket information (216) 795-7000

The Rock and Roll Hall of Fame
and Museum
Information (888) 764-7625

The Great Lakes Science Center
and OMNIMAX Theater
Information (216) 694-2000

Or for more Cleveland activities
visit Positively Cleveland at
<http://www.positivelycleveland.com>

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Commonwealth of Pennsylvania
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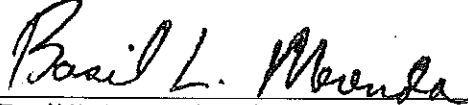
Docket No. -49-10
File No. 08-49-03288

ORDER

AND NOW, this 26th day of October 2010, the State Board of Medicine ("Board")
adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph
5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS



Basil L. Merenda
Commissioner

For the Commonwealth:

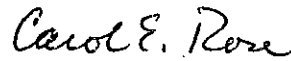
Respondent:

Date of mailing: October 28, 2010

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BY ORDER:
STATE BOARD OF MEDICINE



Carol E. Rose, M.D.
Chair

Kenneth J. Suter, Esquire
2601 North Third Street
P. O. Box 2649
Harrisburg, PA 17105-2649

James Lysle Walker, M.D.
801 South Forge Road
Palmyra, PA 17078