

State of Rhode Island
Department of Health
Board of Medical Licensure & Discipline



IN THE MATTER OF:
Monissa Solberg M.D.
License number MD 14574
Complaint numbers C18-0082 and C18-0362

Voluntary Surrender

The Rhode Island Board of Medical Licensure and Discipline (hereinafter “Board”) has reviewed and investigated the above referenced complaints pertaining to Dr. Monissa Solberg (hereinafter “Respondent”) through its Investigative Committee.

FINDINGS OF FACT

1. Respondent has been a licensed physician in the State of Rhode Island since April 24th, 2014. Respondent’s office is located at 334 Broadway, Providence, Rhode Island. Respondent’s specialty is Psychiatry.
2. The Board received a complaint from an individual who had knowledge of Respondent having an intimate relationship with Patient A (alias), a former patient.
3. Respondent was the attending physician for Patient A. Respondent is a Psychiatrist.
4. Patient A was being treated by Respondent after being discharged from Butler’s ITP program for depression.
5. Respondent maintains that she did not have an inappropriate relationship with Patient A while he was a patient and that he ceased receiving treatment from her on May 16th, 2016. A discharge letter was written on May 2016 and faxed to his primary care physician for follow up.
6. Respondent initially evaluated Patient A in January 2016 and saw Patient A in follow up three times. Respondent prescribed multiple medications including sertraline, mirtazapine

and clonazepam (a controlled substance) to Patient A.

7. Respondent appeared before the Investigative committee April 5th, 2018 and explained that she went on vacation with Patient A to Iceland in November of 2016. Patient A had sprained his ankle in Iceland and received health care from a physician in Iceland, including a prescription for an opioid medication. Respondent avers Patient A ran out of the this medication while back in Rhode Island, so she examined Patient A and prescribed a “bridging” prescription for the opioid, specifically a 10-day supply of this medication. Respondent avers she did conduct a physical exam on Patient A before writing this prescription, yet did not examine Patient A in her office, nor enter this visit in Patient A’s medical record. The written prescription has a notation on it from the pharmacist, “spoke & verified RX w/MD.)
8. The Investigative committee notes that the practice of medicine is defined in Rhode Island General Law § 5-37-1 (15) *"Practice of medicine" includes the practice of allopathic and osteopathic medicine. Any person is regarded as practicing medicine within the meaning of this chapter who holds himself or herself out as being able to diagnose, treat, operate, or prescribe for any person ill or alleged to be ill with disease, pain, injury, deformity or abnormal physical or mental condition, or who either professes to heal, offer or undertake, by any means or method to diagnose, treat, operate, or prescribe for any person for disease, pain, injury, deformity or physical or mental condition. In addition, one who attaches the title, M.D., physician, surgeon, D.O., osteopathic physician and surgeon, or any other similar word or words or abbreviation to his or her name indicating that he or she is engaged in the treatment or diagnosis of the diseases, injuries or conditions of persons shall be held to be engaged in the practice of medicine."*
9. The Investigative committee concluded that Respondent had an intimate relationship with an existing patient.
10. Respondent did not document in the medical record, the severity of the sprain of the ankle, any weight bearing restrictions, any restrictions of activity or any anti-inflammatory treatment. Respondent did not document if rest, elevation, physical therapy or ice was ordered as well.

11. Respondent did not enter a progress in the medical record documenting the care given preceding the November 11th, 2016 prescription for the opioid prescription.
12. Respondent prescribed an opioid on 11/11/2016. This was the first time Respondent had prescribed an opioid for Patient A.
13. The investigative committee reviewed the medical records of Patient A provided by Respondent. The investigative committee concluded the medical records did not contain adequate documentation of educating the patient about the adverse risk of taking alcohol, or other psychoactive medications, specifically benzodiazepines, or tolerance, addiction, overdose or death. There was not also documentation that it was the patient's responsibility to safeguard the medication and keep in a secure location. There was also no documentation of educating the patient about safe disposal options.
14. Respondent admits that she did not check the PMP for Patient A.
15. The Board finds violations of Rhode Island General Law § 5-37-5.1 (30) and (19).
16. Respondent has also violated Rules and Regulations for Physicians R-5-37-MD/DO section 11.4 *"Medical Records shall be legible and contain the identity of the physician or physician extender and supervising physician by name and professional title who is responsible for rendering, ordering, supervising or billing each diagnostic or treatment procedure. The records must contain sufficient information to justify the course of treatment, including, but not limited to: active problem and medication lists; patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and report of consultations and hospitalizations."* The Board also alleges Respondent violated Rules and Regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island R21-28-CSD sections 3.4 Patient Education/Consent. *Inadequate education regarding risks of opioids such as dependence, addiction, risk of taking other psychoactive substances, as well as no documentation about safe storage or proper disposal of opioids.* 3.5 *The prescription monitoring program (PMP) shall be reviewed prior to starting any opioid.*

Based on the foregoing, the parties agree as follows:

1. Respondent admits to the jurisdiction of the Board.
2. Respondent hereby voluntarily surrenders her license to practice medicine. This Voluntary Surrender Agreement is not binding on Respondent until final ratification by the Director.
3. If ratified by the Board, Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before the Board;
 - b. The right to produce witnesses and evidence on her behalf at a hearing;
 - c. The right to cross examine witnesses;
 - d. The right to have subpoenas issued by the Board;
 - e. The right to further procedural steps except for those specifically contained herein;
 - f. Any and all rights of appeal of this Voluntary Surrender Agreement; and
 - g. Any objection to the fact that this Voluntary Surrender Agreement will be presented to the Director for consideration and review.
 - h. Any objection that this Voluntary Surrender Agreement will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. Respondent agrees to pay upon ratification of this Consent Order an administrative fee to the Board with a check for \$1050.00 dollars made payable to the Rhode Island General Treasurer for costs associated with investigating the above-referenced complaint.
5. Respondent hereby agrees to this Voluntary Surrender which becomes effective 90 days after ratification and no later than 11:59 PM on November 6th, 2018.
6. Respondent may not apply for reinstatement of her physician license without first having an evaluation at Acumen Assessments or Sante Center and agreeing to follow their recommendations.
7. Reinstatement upon application by the Respondent shall be in the sole discretion of the Board in accordance with law and regulation.

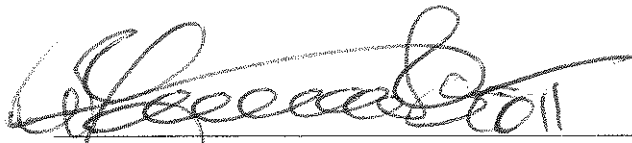
8. Respondent is confirmed to complete an evaluation at Acumen Assessments in Lawrence, Kansas from August 20-23, 2018.
9. Respondent shall send documentation of compliance with this order to DOH.PRCCompliance@health.ri.gov .
10. Respondent agrees to establish continuity of care for her patients and provide medical records in a timely manner in accordance with Rules and Regulations for physicians.
11. In the event that any term of this Consent Order is violated, after it is signed and accepted, the Director of the Department of Health shall have the discretion to impose further disciplinary action. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within twenty (20) days of the suspension and/or further discipline. The Director of the Department of Health shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Administrative Hearing Officer may suspend Respondent's license, or impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence.

Signed this 3 day of August, 2018.

 M.D.

Monissa Solberg M.D.

Ratified by the Board of Medical Licensure and Discipline on the 27th day of August, 2018.



Nicole Alexander-Scott, M.D., M.P.H.

Director

Rhode Island Department of Health
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