

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: ANNE NIEMIRO ROBINSON, M.D.
License No.: 0101-245103

ORDER

In accordance with Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code"), an informal conference was held with Anne Niemiro Robinson, M.D., on April 16, 2015, in Henrico, Virginia. Members of the Virginia Board of Medicine ("Board") serving on the Special Conference Committee ("Committee") were: Kenneth Walker, M.D., Chair; Maxine Lee, M.D.; and Lori Conklin, M.D. Dr. Robinson appeared personally and was represented by legal counsel, Michael L. Goodman, Esquire. Dale Lutke, Adjudication Specialist, was present as a representative for the Administrative Proceedings Division of the Department of Health Professions. The purpose of the informal conference was to inquire into allegations that Dr. Robinson may have violated certain laws governing the practice of medicine in the Commonwealth of Virginia, as set forth in a Notice of Informal Conference dated February 3, 2015.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Now, having properly considered the evidence and statements presented, the Special Conference Committee makes the following Findings of Fact and Conclusions of Law in this matter:

1. Anne Niemiro Robinson, M.D. was issued license number 0101-245103 by the Board to practice medicine and surgery in the Commonwealth of Virginia on February 23, 2009. Said license is currently active and will expire on September 30, 2016, unless renewed or otherwise restricted.
2. Dr. Robinson violated Section 54.1-2915.A(14) of the Code, in that:
 - a. At approximately noon on June 19, 2013, while seeing patients on an in-patient

psychiatric unit of a Virginia Hospital, a physician co-worker smelled alcohol on Dr. Robinson's breath and reported to the hospital's Vice Chair of Psychiatry. That day at 3:56 p.m., a hand-held breathalyzer was administered with a result of .037; a second test was administered at 4:13 p.m. with a result of .038. Dr. Robinson admitted that she was up until 2:00 a.m. on the morning of June 19, 2013 and that she drank "at least 12 beers" on the evening of June 18, 2013 into the early morning hours of June 19, 2013.

b. On July 26, 2013, at the request of a Department of Health Professions' investigator, Dr. Robinson submitted a urine drug screen at an independent laboratory, which result was positive for alcohol (.148), but negative for all other substances.

c. When she was interviewed by the investigator on July 26, 2013, she stated that she took 2 mg Ativan prior to the interview to calm her nerves, but she had not been lawfully prescribed Ativan through a bona-fide patient practitioner relationship (see paragraph 2.d. below), and earlier in the interview, she had told the investigator that she ran out of Ativan in April. At the informal conference, Dr. Robinson denied ever telling the investigator that she had taken Ativan prior to the interview and stated that she has never taken 2 mg of Ativan.

d. Between November 2012 and January 2013, Dr. Robinson received prescriptions for lorazepam (with 5 refills), propranol, and Advair from a practitioner with whom she had no bona-fide practitioner patient relationship. When asked about these prescriptions on July 26, 2013, initially, Dr. Robinson stated to the investigator that the prescribing physician was her psychiatrist. Later, Dr. Robinson admitted: "Dr. X is my colleague. I asked her to write the prescription. I thought I could take one in the morning and not be nervous at work." On July 31, 2013, Dr. Robinson sent a text message to Dr. X asking her to "renew [the] script for Ativan 1 mg bid with 5

refills” stating that it would be legitimate for Dr. X to prescribe for Dr. Robinson because Dr. Robinson planned to begin seeing Dr. X for psychiatric care (Dr. X declined Dr. Robinson’s request). At the informal conference, Dr. Robinson denied telling the investigator that she took Ativan prior to work. She stated she took benzodiazepines only on the weekend to help with anxiety.

e. On or about August 2, 2013, Dr. Robinson entered into the Virginia Health Practitioner’s Monitoring Program (“HPMP”). In an in-patient assessment (conducted September 9-12, 2013), she was diagnosed with alcohol dependence and generalized anxiety disorder, then hospitalized for residential treatment from September 26, 2013 until December 18, 2013.

f. On July 30, 2014, a urine drug screen conducted per Dr. Robinson’s HPMP contract was positive for alcohol. Dr. Robinson admitted that she drank a six pack of beer on the evening prior to the test. As a result of this relapse, Dr. Robinson was instructed to refrain from practicing, to attend 30 Twelve Step meetings in 30 days, and to begin attending a weekly relapse prevention group and weekly individual therapy.

3. Dr. Robinson explained to the Committee that she began undergoing divorce proceedings in June 2014. She experienced a relapse on or about July 28, 2014, after she had a particularly stressful interaction related to the divorce proceedings.

4. The Committee reviewed a letter dated March 12, 2015 from Lewis L. Taylor, Ph.D., Director, Hampton Roads Behavioral Health, P.C., stating that he has known Dr. Robinson since 2009 when she began working for HRBH as an independent contractor. He stated that she returned to the practice as a full-time salaried employee in February 2014. She assesses and treats patients in an outpatient setting, and also treats inpatients at the Virginia Beach Psychiatric Center.

Dr. Taylor reported that Dr. Robinson is "knowledgeable, caring and observant of high standards of care."

5. The Committee reviewed a letter dated March 23, 2015 from Robert T. Light, M.D., Medical Director/Chief Medical Officer of Virginia Beach Psychiatric Center. Dr. Light reported that Dr. Robinson has worked at the facility for approximately one year as an inpatient psychiatrist taking care of voluntarily admitted patients, as well as patients admitted involuntarily on temporary detention orders. He stated that Dr. Robinson has "provided excellent care, has good physician feedback surveys, as well as excellent peer review assessments done on her medical records by her colleagues." Dr. Light stated that he has never had any complaints from "staff, patients, or families about the quality of [Dr. Robinson's] work," and that "it is in the best interest of her patients in the hospital that she remain available to them" and "[s]he has done an excellent job."

6. The Committee reviewed a letter dated March 19, 2015 from Dr. Robinson's current treatment providers, Sherry Sigafos, L.P.C. and James F. Allen, M.D., who reported she is stable in sobriety and has "not only met all critical clinical objectives at this current stage of recovery, but has surpassed them... [that she] is in full compliance with all conditions of her HPMP Participant Agreement and is in full compliance with all conditions of her Lake View Psychotherapy Treatment Agreement. It has been our intention to advocate for Dr. Robinson with this letter because she has worked hard to prevail over difficult obstacles in order to build a sound sober life. Dr. Robinson has earned our professional admiration for her efforts and heartfelt dedication to sobriety."

7. Amy Stewart, Dr. Robinson's HPMP Case Manager, reported to the Committee that Dr. Robinson successfully completed all phases of inpatient treatment in 2013. Presently, Dr. Robinson has a work site monitor, participates in group and individual therapy, and submits to random urine drug/alcohol screening. Ms. Stewart stated that Dr. Robinson is in full compliance with her HPMP contract and is expected to complete her HPMP contract in 2018.

8. Dr. Robinson stated she is committed to her sobriety and understands the consequences of another relapse. She noted that the personal stressors that surrounded the time of her relapse are in the process of resolving.

ORDER

WHEREFORE, based on the above Findings of Fact and Conclusions of Law, it is hereby ORDERED that Dr. Robinson shall remain in HPMP and continue to comply fully with the terms of her contract, and any addenda thereto, until she successfully completes the program. In accordance with Dr. Robinson's contract, the Board shall be notified of any noncompliance with, dismissal or resignation from HPMP.

Dr. Robinson shall maintain a course of conduct in her practice of medicine commensurate with the requirements of Title 54.1, Chapter 29 of the Code and all laws of the Commonwealth.

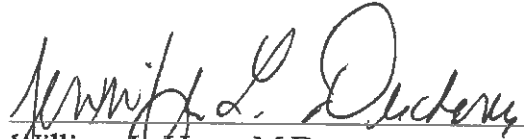
Violation of this Order may constitute grounds for suspension or revocation of Dr. Robinson's license. In the event that Dr. Robinson violates this Order, an administrative proceeding may be convened to determine whether such action is warranted.

Pursuant to Sections 2.2-4023 and 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

Pursuant to Section 54.1-2400(10) of the Code, Dr. Robinson may, not later than 5:00 p.m., on June 1, 2015, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that she desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated.

Therefore, this Order shall become final on June 1, 2015, unless a request for a formal administrative hearing is received as described above.

FOR THE BOARD

For 
William L. Harp, M.D.
Executive Director
Virginia Board of Medicine
Entered: 4/27/2015