

IN THE MATTER OF

*

BEFORE THE

PHILIP W. HALSTEAD, M.D.

*

MARYLAND STATE

Respondent

*

BOARD OF PHYSICIANS

License Number: D50803

*

Case Number: 7718-0049B

* * * * *

ORDER AFTER SHOW CAUSE HEARING

On October 30, 2017, Maryland State Board of Physicians (the “Board”) Disciplinary Panel B (“Panel B”) issued an Order After Show Cause Hearing concerning Philip W. Halstead, M.D., that, pertinent to this case, included a condition requiring him to have monthly face-to-face meetings with a supervising physician to discuss ten patient’s charts for a minimum of two years from the date of the first satisfactory peer report. Dr. Halstead was required to ensure that the supervising physician submitted quarterly reports that detailed any concerns with Dr. Halstead’s medical practice.

On January 28, 2019, after receiving three quarterly reports that noted practice deficiencies and his failure to meet face-to-face with his supervisor on seven instances, Panel B issued an Amended Violation of Consent Order and Notice to Show Cause,¹ which notified Dr. Halstead of the alleged violation of this condition of the October 2017 Order and gave him the opportunity to appear at another hearing before Panel B to show cause why additional sanctions should not be imposed against his license. On March 27, 2019, Dr. Halstead appeared before Panel B at a Show Cause hearing. The State argued that Dr. Halstead’s violation merited a comprehensive assessment and training. Dr. Halstead admitted that he did not meet face-to-face with his supervising physician as required by the October 2017 Order. He further admitted that

¹ A Violation of Order and Notice to Show Cause was issued on January 11, 2019, but was superseded by the Amended Violation of Consent Order and Notice to Show Cause.

there were deficiencies with his medical practice with respect to physical examinations and differential diagnoses. He argued that coursework and continued supervision would be an appropriate sanction.

FINDINGS OF FACT

PRIOR DISCIPLINARY HISTORY

Dr. Halstead was initially licensed by the Board in 1996. He was trained in internal medicine and is not board-certified in any specialty. On November 26, 2012, the Board charged Dr. Halstead with a failure to meet the appropriate delivery of quality medical care,² in violation of Health Occ. § 14-404(a)(22), and a failure to keep adequate medical records in violation of Health Occ. § 14-404(a)(40). On May 22, 2013, Dr. Halstead and the Board entered into a Consent Order reprimanding Dr. Halstead and placing him on probation with conditions. As a condition of the Consent Order, Dr. Halstead's practice was subject to a chart and/or peer review, where an unsatisfactory chart or peer review would be deemed a violation of probation. The Board sent six patient records for a chart review and peer review. The chart reviewer and the two peer reviewers found, based on the medical records of all six patients, that Dr. Halstead violated the standard of care and had failed to keep adequate medical records. Based on the negative peer reviews, Panel B charged Dr. Halstead with violating the standard of care and inadequate medical recordkeeping.

On March 24, 2016, Dr. Halstead entered into a second Consent Order with Panel B, wherein Panel B concluded that he violated the standard of care and failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(22) and (40). Pursuant to the 2016 Consent Order, Dr. Halstead was reprimanded and placed on probation for a minimum of two

² This ground, Health Occ. § 14-404(a)(22) is commonly referred to as a violation of the "standard of care" and is referred to in this manner in this Order.

years with terms and conditions.³ He agreed to permanently cease practicing pain management and treating patients for chronic pain. The Consent Order also required Dr. Halstead's practice to be supervised by a panel-approved peer supervisor, who is board-certified in internal medicine. Dr. Halstead was required to meet with the supervisor at least once each month and to ensure that the Board received quarterly reports from the supervisor addressing any concerns with Dr. Halstead's medical practice.

Dr. Halstead obtained a supervisor in July 2016, however, the supervisor's first quarterly report, due on October 27, 2016, was submitted by Dr. Halstead late and was insufficiently detailed. After being notified that the report was insufficient and inconsistent with the instruction in the Consent Order, on January 20, 2017, the supervisor informed the Board that he could no longer serve as Dr. Halstead's supervisor. The Panel gave Dr. Halstead until February 3, 2017, to submit the name and Curriculum Vitae of a new supervisor.

Over the course of the next two months, Dr. Halstead submitted several names of potential supervisors and individuals who were either ineligible or unwilling to serve as a supervisor. During this time, Dr. Halstead requested and received several extensions from Panel B.

On May 25, 2017, the Panel issued an advisory letter, giving Dr. Halstead a July 1, 2017, deadline to find a new supervisor. Dr. Halstead did not provide the names of additional supervisors by the July 1, 2017, deadline and, on August 28, 2017, Panel B issued a Violation of Consent Order and Notice to Show Cause. On October 25, 2017, Panel B held a Show Cause

³ Dr. Halstead complied with the March 2016 Consent Order conditions that required him to complete courses in primary care and record keeping and to obtain and begin utilizing electronic medical records with a dictation feature.

hearing at which Dr. Halstead stated that he had found a company that would find a supervisor for him.

CURRENT VIOLATION

On October 30, 2017, Panel B issued an Order After Show Cause Hearing. The Order gave Dr. Halstead until November 22, 2017, to submit a supervising physician for approval, extended Dr. Halstead's probation for an additional two years from the date of a satisfactory supervisor report, and required supervision of his medical practice for the entirety of the probationary period. The Order specified the details of the supervision, including in Condition 1 which provides:

the supervising physician shall have face-to-face meetings with Dr. Halstead at least **MONTHLY** and review a minimum of **TEN** patient records selected by the peer supervisor for discussion with Dr. Halstead. Additionally, Dr. Halstead is responsible for ensuring that the supervising physician provides the Board with quarterly reports addressing whether there are any concerns with Dr. Halstead's medical practice.

On November 29, 2017, Panel B approved Physician A, a physician board-certified in internal medicine, to supervise Dr. Halstead's practice. Physician A was contracted by a third-party service ("Company A") that specializes in locating peer monitors for professional practices.

Physician A met with Dr. Halstead face-to-face on January 8, 2018. Physician A had a phone conference with Dr. Halstead in February 2018. Physician A submitted the first quarterly report on March 1, 2018. The first report established a baseline of Dr. Halstead's medical practice. The report found practice deficiencies with failing to note a presenting complaint, insufficient medical histories, failing to examine the presenting complaint, and failing to follow up on significant diagnostic symptoms. The report noted that Dr. Halstead's examinations did not appear systematic or organized and that Dr. Halstead did not demonstrate an awareness of

established care guidelines for routinely encountered conditions. The report made 13 recommendations and suggested that Dr. Halstead focus on (1) organizing his approach to each patient visit to focus on the patient's condition and presenting complaint, (2) documenting a complete note at each visit, and (3) using on-line resources to access treatment guidelines.

During the second quarter, Physician A had three phone conferences with Dr. Halstead where they reviewed patient charts from February, March, and April 2018. Dr. Halstead did not meet face-to-face with the supervisor, as required by the Panel's Order, during this quarter. The second quarterly report was submitted on July 16, 2018. The supervisor's report found no improvement of organization and legibility of Dr. Halstead's charts, a continued failure to list the chief patient complaints, a failure to document treatment history, physical exams that were not appropriate to the presenting complaint, a failure to investigate the presenting complaint, a failure to order essential tests and diagnostic studies, and a failure to record complete treatment plans. Physician A added to the previous recommendations that Dr. Halstead take a course in internal medicine review to address knowledge gaps, instruction for evidence-based care, and optimizing his electronic medical records. He also included seven other specific clinical practice recommendations.

During the third quarter, Physician A had phone conferences with Dr. Halstead to review patient charts from May, June, and July 2018. Dr. Halstead, again, did not meet face-to-face with the supervisor, in violation of the Panel's Order. The third quarterly report was submitted on September 24, 2018. The report noted several areas of concern that were carry-over problems from his previous reports, including a failure to approach treatment planning systematically by setting goals and a failure to track and measure progress. Physician A was "most concerned about the lack of basic knowledge in terms of conducting and recording diagnostic investigation

and assessment.” Further, Dr. Halstead did not use standard terminology or methodology, did not systematically follow up on significant findings or use a methodological approach to ascertain a diagnostic conclusion. His approach to treatment planning was haphazard. The report found failures related to medical histories, physical examinations, differential diagnoses, medical testing, treatment or care plans, and progress notes. Physician A reiterated that Dr. Halstead should complete an internal medicine review course, an electronic medical records optimization course, a recordkeeping course, and he should obtain a subscription to an online decisional support system. The report also repeated the six clinical recommendations from previous reports that continued to be deficient.

Physician A and Dr. Halstead met face-to-face in October and November 2018. The Board did not receive any quarterly reports after the third report because Dr. Halstead failed to make his payments to Company A.

SHOW CAUSE HEARING

On January 28, 2019, Panel B issued an Amended Violation of Consent Order and Notice to Show Cause and, on March 27, 2019, held a Show Cause hearing at which Dr. Halstead appeared. At the hearing, the State argued that Dr. Halstead’s practice had significant patient care deficiencies and recommended enrollment in an extensive and thorough physician assessment and education program.

Dr. Halstead agreed that he had some deficiencies in his practice at the time the reports were created, but argued that his practice had improved since the reports were issued and characterized some of the reports’ conclusions as extreme or overzealous. Dr. Halstead recommended that the Panel approve a new supervisor and suggested further coursework.

DISPOSITION

It is uncontroverted that Dr. Halstead did not meet face-to-face with his peer supervisor in seven of the ten monthly meetings he had with the peer supervisor. Dr. Halstead admitted this at the Show Cause Hearing. This is a straight-forward violation of condition 1 of the October 2017 Order After Show Cause Hearing.

The peer supervisor also noted significant practice deficiencies. Of particular concern to the Panel are those deficiencies pertaining to Dr. Halstead's physical examinations and differential diagnoses, two cornerstones of internal medical practice. Physician A's report stated "the PE [physical examination] was not always appropriate in scope given type of visit and nature of the presenting problem." The supervisor also noted significant concerns about Dr. Halstead's differential diagnostic assessments. The supervisor noted that, in many cases, "Dr. Halstead did not order tests and diagnostic studies when they were needed" and, when they were performed, the documented findings were "insufficient to support the diagnosis" and "did not consistently note a diagnosis for each acute problem or condition." The supervisor characterized Dr. Halstead's clinical reasoning as "haphazard and not always justifiable with other information on the notes."

At the show cause hearing, Dr. Halstead admitted that his current deficiencies include physical examinations and differential diagnoses. Dr. Halstead also admitted that at the time of the reports his practice "probably needed a lot of improvement" but argued that his current records are better than they were during the review periods. Dr. Halstead stated that he would be willing to take courses to remedy "those . . . deficiencies, eliminate those and bring [him]self up to speed."

The Panel is extremely concerned about Dr. Halstead's ability to competently practice medicine, and the Panel's sanction reflects Dr. Halstead's disciplinary history as well as the significant concerns identified by the supervising physician. Dr. Halstead has a long disciplinary history with the Board reflecting multiple successive standard of care violations. Since the date of the first Consent Order issued on May 2, 2013, the Board has expressed concerns about Dr. Halstead's core medical competencies, including his failure to order appropriate tests, document histories, and conduct physical examinations.

To remediate his deficiencies, the Board has required Dr. Halstead to take a course in primary care and two courses in medical recordkeeping. In his most recent October 2017 Order After Show Cause, Dr. Halstead was also required to have monthly face-to-face meetings with a supervising physician, a condition that he disregarded more often than not. Dr. Halstead admits that he did not have face-to-face meetings with his supervisor on a monthly basis. Dr. Halstead also admits that he still has deficiencies in his practice with physical examinations and differential diagnoses. While he believes that he can improve with coursework, he admits that he might need a "higher level, or maybe a more intense level" of training to improve.

Panel B agrees that Dr. Halstead needs a high level, more intense assessment and education than can be provided by a peer supervisor and Panel B believes that Dr. Halstead needs to undergo a comprehensive assessment and to enroll in an appropriate educational program. Accordingly, the Panel will suspend Dr. Halstead's medical license and order him to undergo and complete a comprehensive assessment by the Center for Personalized Education for Professionals ("CPEP") and an educational intervention, if recommended by CPEP.

CONCLUSIONS OF LAW

Disciplinary Panel B concludes that Dr. Halstead violated probationary Condition 1 of the October 30, 2017 Order After Show Cause Hearing.

ORDER

On an affirmative vote of a majority of a quorum of Disciplinary Panel B, it is hereby

ORDERED that the **REPRIMAND** and condition permanently prohibiting Dr. Halstead from practicing pain management and prohibiting him from treating any patients for chronic pain, imposed by the 2013 Consent Order remains in effect; and it is further

ORDERED that the Probation and probationary terms and conditions of the October 30, 2017 Order After Show Cause are **TERMINATED**; and it is further

ORDERED that Dr. Halstead's license to practice medicine in Maryland is **SUSPENDED**. The suspension goes into effect 30 days from the date of execution of this Order, to give Dr. Halstead time to transition his patients to other providers;⁴ and it is further

ORDERED that during the period of suspension, Dr. Halstead shall establish and implement a procedure by which Dr. Halstead's patients may obtain their medical records without undue burden and notify all patients of that procedure; and it is further

ORDERED that during the period of suspension, Dr. Halstead shall not:

⁴ If Dr. Halstead's license expires during the period of suspension, and Dr. Halstead fails to renew his license:

- (i) the failure to renew the license does not remove the suspension from the Dr. Halstead's disciplinary record during the period of non-renewal;
- (ii) the time of suspension will be tolled until Dr. Halstead's license to practice medicine in this state is reinstated or until Dr. Halstead again possesses a license;
- (iii) the condition precedent to terminating a suspension is tolled until Dr. Halstead's license to practice medicine in this State is reinstated or Dr. Halstead again possesses a license.

- (1) practice medicine;
- (2) take any actions after the effective date of this Order to hold himself or herself out to the public as a current provider of medical services;
- (3) authorize, allow or condone the use of Dr. Halstead's name or provider number by any health care practice or any other licensee or health care provider;
- (4) function as a peer reviewer for the Board or for any hospital or other medical care facility in the state;
- (5) dispense medications; or
- (6) perform any other act that requires an active medical license; and it is further

ORDERED that during the period of suspension Dr. Halstead shall enroll in and undergo and complete a comprehensive evaluation by the Clinical Competence Assessment Program administered by the Center for Personalized Education for Professionals ("CPEP"); and it is further

ORDERED that Dr. Halstead shall fully and timely cooperate and comply with the assessment process established by CPEP, and shall fully participate and comply with all evaluations and screenings as directed by CPEP; and it is further

ORDERED that Dr. Halstead shall enroll in, and fully and timely cooperate and comply with any educational intervention recommended by CPEP; and it is further

ORDERED that Dr. Halstead's failure to comply with any the assessment process established by CPEP or any educational intervention recommended by CPEP, constitutes a violation of this Order After Show Cause Hearing; and it is further

ORDERED that following the CPEP evaluation, CPEP shall produce written reports to Panel B and Dr. Halstead detailing the results of the evaluations and its recommendation about whether Dr. Halstead's performance was satisfactory or unsatisfactory, and whether he is clinically competent and safe to return to practice of medicine; and it is further

ORDERED that after Panel B's receipt of the written reports, Dr. Halstead may petition Panel B to terminate his suspension. Disciplinary Panel B shall consider Dr. Halstead's

disciplinary history and the CPEP report and determine whether Dr. Halstead is clinically competent and safe to return to the practice of medicine. If the Panel determines that Dr. Halstead is safe to practice, the Panel may terminate his suspension and may impose any terms and conditions it deems appropriate on Dr. Halstead's return to practice, including any educational intervention recommended by CPEP, probation, a requirement to work in a structured environment that includes supervision, a peer supervisor, chart review, peer review, and any other appropriate terms and conditions; and it is further

ORDERED that if Disciplinary Panel B determines that Dr. Halstead is not safe to return to the practice of medicine based on the CPEP report, Disciplinary Panel B may decline to terminate the suspension and may further require completion of any educational intervention recommended by CPEP. Upon completion of the educational intervention, Dr. Halstead may again apply for termination of his suspension under the same conditions described above; and it is further

ORDERED that if the CPEP evaluation, at any point, indicates that Dr. Halstead is incapable of practicing medicine safely and unlikely to improve, Disciplinary Panel B may revoke Dr. Halstead's license in accordance with the procedures required by the Administrative Procedures Act; and it is further

ORDERED that, if Dr. Halstead allegedly fails to undergo and complete a comprehensive evaluation by the Clinical Competence Assessment program administered by CPEP or fails to complete any educational intervention recommended by CPEP, Dr. Halstead shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of

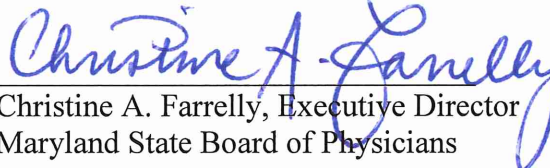
Administrative Hearings. If there is no genuine dispute as to a material fact, Dr. Halstead shall be given a show cause hearing before the Board disciplinary panel; and it is further

ORDERED that, after the appropriate hearing, if the Board disciplinary panel determines that Dr. Halstead has failed to comply with these requirements of this Order, the Board disciplinary panel may reprimand Dr. Halstead, place Dr. Halstead on probation with appropriate terms and conditions, or suspend or revoke Dr. Halstead's license to practice medicine in Maryland. The Board disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon Dr. Halstead; and it is further

ORDERED that Dr. Halstead is responsible for all costs incurred in fulfilling the terms and conditions of this Order After Show Cause Hearing; and it is further

ORDERED that this Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. §§ 4-333(b)(6) (2014 & Supp. 2018).

05/24/2019
Date


Christine A. Farrelly, Executive Director
Maryland State Board of Physicians