

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2022-003

In the Matter of

PAUL STEPHEN BAECHER, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Paul Stephen Baecher, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 18-137.

Findings of Fact

1. The Respondent graduated from Cornell University Medical College in 1980. He is certified by the American Board of Medical Specialties in Family Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 80699 since 1995. He formerly had privileges at The Cooley Dickinson Hospital and stopped practicing in July 2020.
2. Patient A was a 91-year old woman who had recently been released from the hospital and a rehabilitation facility due to her osteoarthritic knee.

3. Patient A saw the Respondent, her new primary care physician, on two occasions, August 3, 2017 and September 19, 2017.

4. Patient A met with the Respondent on August 3, 2017 to establish care, assess the adequacy of the control of her knee pain, and monitor her high blood pressure.

5. At the August 3, 2017 visit, Patient A asked the Respondent to refill her prescription for lisinopril 10 mg per day and hydralazine 10 mg twice per day, to treat her high blood pressure. The Respondent failed to do so.

6. Patient A's blood pressure at the August 3, 2017 visit was 160/70.

7. On September 7, 2017, Patient A called the Respondent's office requesting that he refill her high blood pressure medication. The Respondent failed to do so.

8. Patient A's blood pressure at her September 19, 2017 visit was 150/88.

9. Patient A requested that the Respondent obtain her medical records from the rehabilitation center and review them with her. While the Respondent obtained the rehabilitation medical records, he did not review them or discuss them with Patient A.

10. The Respondent's medical records for Patient A state that lisinopril causes her hives. Yet, there is no discussion in the medical records about whether Patient A should be changed to another medication.

11. The Respondent's notes for Patient A's September 19, 2017 office visit state incorrectly the following:

- a. Patient A is compliant with Norvasc (amlodipine),
- b. Patient A is stable on Norvasc (amlodipine), and
- c. Patient A is taking 10mg a day of Norvasc (amlodipine).

12. Patient A was not taking Norvasc (amlodipine), she was taking lisinopril and hydralazine. The Respondent did not list lisinopril or hydralazine on Patient A's current medication list in the notes for her August 3, 2017 or September 19, 2017 office visit.

13. The Respondent failed to verify with Patient A the high blood pressure medication she was taking at both her August 3, 2017 and September 19, 2017 visit, despite the fact that the Respondent's notes from both visits state "Medication List reviewed and reconciled with the patient."

14. On September 27, 2017, Patient A called the Respondent's office complaining that she was trying to get her blood pressure medication refilled and was getting no response from the Respondent's office. The following day, the Respondent's office records note that it called in Patient A's blood pressure medication to the pharmacy. However, the notes show it called in the improper dosage of Patient A's hydralazine: prescribing 10 mg once a day rather than twice a day.

15. The Respondent provided substandard care to Patient A by failing to
- a. accurately record Patient A's medications,
 - b. refill her high blood pressure medications upon her request,
 - c. address her apparent contraindication for one of her high blood pressure medications.

16. The Respondent provided substandard care to Patient A by recording falsely that he had reviewed and reconciled her medications with her.

17. The Respondent provided substandard care to Patient A by failing to review her prior medical records.

Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, eighth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine, including practicing medicine with negligence on repeated occasions.

B. The Respondent has violated 243 CMR 1.03(5)(a)18 by committing misconduct in the practice of medicine.

C. The Respondent has violated G.L. c. 112, § 5, eighth par. (h) and 243 CMR 1.03(5)(a)11 by violating a regulation of the Board—to wit,

243 CMR 2.07(13)(a), which requires a physician to maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment.

Sanction and Order

The Respondent's license is hereby reprimanded. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order


Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated in the year following the date of imposition of this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

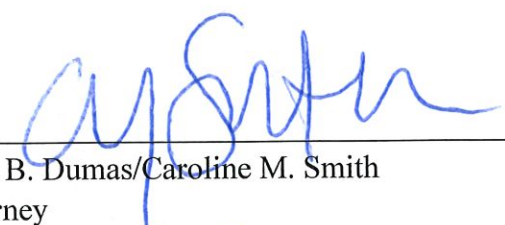
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Paul Stephen Baecher, M.D.
Licensee

10/25/2021

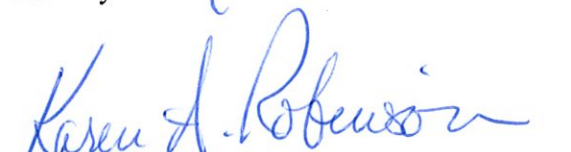
Date



Noel B. Dumas/Caroline M. Smith
Attorney

11/10/21

Date




Karen A. Robinson, Esq.
Complaint Counsel

11/17/21

Date

So ORDERED by the Board of Registration in Medicine this 20th day of January,
2022.



Julian N. Robinson, M.D.
Board Chair