

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No.2022-003

In the Matter of

PAUL STEPHEN BAECHER, M.D.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that PAUL STEPHEN BAECHER, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 18-137.

Biographical Information

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.

Factual Allegations

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.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

B. Pursuant to 243 CMR 1.03(5)(a)18, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed misconduct in the practice of medicine.

C. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has violated a rule or regulation of the Board. Specifically: 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.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public

service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

A handwritten signature in dark ink, appearing to read 'Julian', followed by a long horizontal stroke.

Julian N. Robinson, M.D.
Board Chair

Date: January 20, 2022