

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-038

In the Matter of )  
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)

STEPHEN F. KULCSAR, D.O. )  
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**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 Stephen F. Kulcsar, D.O. (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.: 17-025.

**Biographical Information**

1. The Respondent was born in January 1975. He graduated from Nova Southeastern University College of Osteopathic Medicine in 2004 and is certified by the American Board of Family Medicine. The Respondent has been licensed to practice medicine in Massachusetts under certificate no.: 231442 since July 2007.

**Factual Allegations**

2. The Respondent was employed as a primary care provider at North Shore Community Health Center ("NSCHC") from June 2012 to January 2017.

3. The Respondent was responsible for a primary care patient panel of approximately 1200 individuals. About 100 of these patients participated in the NSCHC Suboxone Treatment Program. Since the start of the Suboxone program at NSCHC the Respondent had experienced an increase in the number of patients demanding prescriptions for opioids and benzodiazepines. The Respondent sought support from NSCHC's administration in managing the behaviors of these patients, but did not feel that adequate help was provided to him.

4. On Wednesday January 4, 2017, the Respondent sent NSCHC's Medical Director an email stating that he was being threatened by some of his patients, one of whom threw a cup of urine at him, and he could no longer tolerate it. The Respondent further stated that he intended on tendering his 60-day notice of resignation.

5. On Thursday January 5, 2017, the Respondent was scheduled to attend a providers' meeting at NSCHC's Salem office and then travel to the Gloucester office to see his patients.

6. At approximately 8:00 a.m. on January 5, 2017, the Respondent sent a text message to the Assistant Medical Director stating that he was ill and would not be coming into work that day.

7. The Assistant Medical Director told the Respondent that he could skip the providers' meeting but he needed to report to the Gloucester office by 11:30 a.m. to see his patients.

8. The Respondent attended a portion of the providers' meeting in Salem and then traveled to the Gloucester office.

9. Once at the Gloucester office the Respondent sent an email to the Medical Director expressing his displeasure with having to wait 60 days to resign.

10. The Respondent then sent a text message to the Gloucester Site Manager stating that he was leaving NSCHC effective immediately.

11. The Respondent did not see any of the patients who had appointments scheduled with him that day.

12. The Respondent did not inform any of his patients that he was leaving the practice.

13. The Respondent did not make arrangements for his patients to see other providers.

14. The Respondent did not complete any of his outstanding medical notes from that week before resigning. The Respondent intended to complete the prior week's medical chart notes over the weekend, as was his normal practice, but he was unable as his access to the electronic records was terminated by NSCHC.

15. On January 6, 2017, a day the Respondent was not scheduled to work, NSCHC leadership called and sent text messages to the Respondent in an effort to encourage him to return to the practice. The Respondent did not reply to any of these communications.

16. The Respondent contacted NSCHC leadership the following Monday, January 9, 2017, and offered to return to the practice. His offer was declined.

17. As a result of the Respondent's abrupt resignation, physicians from NSCHC's other offices had to travel to the Gloucester office to provide temporary coverage for his patients.

18. As a result of his abrupt resignation all of the Respondent's patients had to be rescheduled and eventually reassigned to new providers.

### Legal Basis for Proposed Relief

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 he has committed misconduct in the practice of medicine.

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,

*Candace Lapidus Sloane, MD*

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Candace Lapidus Sloane, M.D.  
Board Chair

Date: , 2018