

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-001

In the Matter of

Lissette M. Bouret-Echevarria, M.D.

**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Lissette M. Bouret-Echevarria, M.D. ("the Respondent") and the Board of Registration in Medicine (the "Board") (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned matter. 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. 16-283.

**FINDINGS OF FACT**

1. The Respondent was born on March 21, 1964. She graduated from the University of Puerto Rico School of Medicine in June 2000. The Respondent is board-certified in Family Medicine and has been licensed to practice medicine in Massachusetts since November 2015 under certificate number 265252. The Respondent is affiliated with AFC Urgent Care in Malden. The Respondent had previously been affiliated with Dimock Community Health Center (Dimock).

2. In August 2016, the Board received a complaint that the Respondent had inappropriately prescribed thyroid medication to patients for whom it was not indicated when she

was employed as a locum tenens at Dimock. While employed at Dimock, the Respondent provided substandard care to Patients A, B, and C by prescribing thyroid medication or increasing the dosage of thyroid medication to them when it was not warranted.

Patient A

3. Patient A was an 82 year old man when he sought treatment from the Respondent on May 5, 2016. Patient A had mild elevations of thyroid stimulating hormone (TSH) and a minor reduction of free thyroxine (FT4).

4. The Respondent prescribed 75 mcg of Levothyroxine to Patient A on May 5, 2016.

5. On May 27, 2016, the Respondent increased Patient A's Levothyroxine to 100 mcg.

6. The Respondent did not document her rationale for prescribing the Levothyroxine or for increasing the dosage.

7. Patient A missed the endocrinology consultation that had been arranged for him and the Respondent did not attempt to rebook the appointment.

8. Patient A had no physical symptoms of hypothyroidism.

9. Given Patient A's thyroid test results, his advanced age, lack of symptoms, and the fact that he did not have an endocrinology consultation, prescribing thyroid replacement therapy to Patient A and then increasing the dose was below the standard of care.

Patient B

10. The Respondent first saw Patient B, a 59 year old woman, on April 25, 2016 and ordered lab tests.

11. Patient B had no symptoms of hypothyroidism, no physical manifestations of hypothyroidism, and normal TSH levels.

12. On May 9, 2016, the Respondent prescribed 25 mcg of Levothyroxine to Patient B without documenting a rationale for doing so.

13. Respondent's prescribing of thyroid medication to Patient B was below the standard of care.

#### Patient C

14. Patient C was a 44 year old woman who first saw the Respondent on March 24, 2016 for follow-up on a complaint of fatigue.

15. Patient C suffered from anxiety and depression and was on a significant dose of a selective serotonin reuptake inhibitor (SSRI), which can alter thyroid hormone levels.

16. Patient C had minimal elevations of TSH and low normal levels of FT4.

17. On May 24, 2016, the Respondent prescribed 100 mcg of Synthroid to Patient C.

18. On May 5, 2016, when Patient C was feeling a little better but still fatigued, the Respondent increased Patient C's dose to 125 mcg of Synthroid.

19. The Respondent did not refer Patient C to an endocrinologist for consultation.

20. Given Patient C's SSRI medications, her borderline thyroid hormone results, it was below the standard of care to prescribe and increase thyroid replacement medication to Patient C without first sending her for an endocrinology consultation.

#### Conclusions 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 G.L. c. 112, § 5, eighth para. (h) and 243 CMR 1.03(5)(a)11 by violating a Board regulation – to wit:

1. 243 CMR 2.07(13)(a) maintain a medical record for each patient that is complete, timely, legible, and adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment.

#### Sanction and Order

The Respondent's license is hereby SUSPENDED indefinitely. This suspension will be stayed immediately upon the Respondent's entry into a standard five-year Probation Agreement that includes the following: (1) completion of a clinical skills assessment by a Board-approved entity within 90 days of approval of this Consent Order and compliance with any remediation recommended by the Board-approved entity; and (2) completion of 10 Board-approved continuing medical education (CME) credits in documentation within 90 days of the Board's approval of this Consent Order.

This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any of them.

#### Execution of this Consent Order

Complaint Counsel, the Respondent, and the Respondent's counsel 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 her behalf, has received any promises or representations regarding the same.

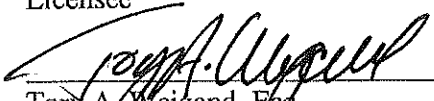
The Respondent waives any right of appeal that she may have resulting from the Board's acceptance of this Consent Order.

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; and the Drug Enforcement Administration. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this this stayed suspension and probation agreement. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

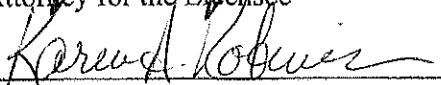
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

  
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Lissette M. Bouret-Echevarria, M.D.  
Licensee

8-14-2018  
Date

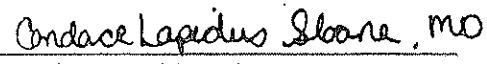
  
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Tory A. Weigand, Esq.  
Attorney for the Licensee

8-15-2018  
Date

  
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Karen A. Robinson, Esq.  
Complaint Counsel

8/28/18  
Date

So ORDERED by the Board of Registration in Medicine this 10 day of January, 2019.

  
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Candace Lapidus Sloane, M.D.  
Board Chair