COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2022-044

In the Matter of

Diana Deister, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Diana Deister, 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. 18-206.

Findings of Fact

Background

1. The Respondent graduated from the California Institute of Technology ("CalTech") with a Bachelor of Science degree in Chemistry in 1998, and a Master's degree in Biology from the University of Houston in 2003 with a specialization in neuroscience. The Respondent obtained her medical degree from the University of Texas Health Science Center at San Antonio in 2007, and completed her residency in Psychiatry at this institution in 2011. The Respondent subsequently completed a Fellowship in Child and

Adolescent Psychiatry at the Brown University Alpert Medical School affiliated with Rhode Island Hospital in 2013. In 2013, the Respondent accepted a position as an attending Psychiatrist at Boston Children's Hospital. During her treatment of Patient A, Dr. Deister was practicing within the Adolescent Substance Abuse Program ("ASAP").

2. The Respondent is Board Certified in both General Psychiatry and Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology, as well as in Addiction Medicine by the American Board of Preventative Medicine.
3. The Respondent is licensed by the Board of Registration in Medicine to practice within Commonwealth of Massachusetts under certificate number 256262.

Respondent's Practice

4. The Complaint filed by Patient A in April 2018 is the only Board Complaint the Respondent has received in her career, and involves a single patient who she treated as part of the multidisciplinary ASAP at Boston Children's Hospital between G.L. c. 4, § 7(26) 2015 and G.L. c. 4, § 7 2017.
5. On December 14, 2019, the Associate Psychiatrist-in-Chief, Vice Chairman of Psychiatry at Boston Children's Hospital, and Professor of Psychiatry at Harvard Medical School, as a colleague of the Respondent authored a letter of support of the Respondent, attesting that he "know(s) Dr. Deister to have superior clinical skills, to be an outstanding teacher, and to consistently display ethical and professional behavior."
6. On December 23, 2019, the Chief of the Division of Developmental Medicine at Boston Children's Hospital, authored a letter of support stating that the Respondent is "a dedicated, talented, conscientious clinician who provides excellent care to her patients."

7. On December 26, 2019, the Director of the ASAP at Boston Children's Hospital, and Assistant Professor of Pediatrics at the Harvard Medical School, authored a letter of support attesting to the Respondent as a "caring, smart, and hard-working clinician who is beloved by patients and colleagues alike" who is an "experienced and skilled clinician who is thoughtful, meticulous, and particularly known for 'going the extra mile' for her patients."
8. Between 2020 and 2022, the Respondent underwent several voluntary follow-up assessments with an independent auditing entity, LifeGuard, recommended by the Board.
    a. During the first LifeGuard assessment, the Respondent underwent an examination module testing her knowledge of utilizing federal guidelines and best practices related to addiction medicine, including questions on numerous different aspects of addiction medicine and prescriptive practice. The Respondent scored 100% on the testing module (with a threshold of 70% noted to be satisfactory). The January 2021 LifeGuard report raised concerns about the Respondent's decision-making regarding polypharmacy, dosing, and combinations of controlled substances. The report highlighted 12 of 25 randomly reviewed medical records, citing concerns for high-dose prescribing of stimulants, combination controlled substance prescribing, and limited documentation of informed consent and medical decision making. The evaluators also noted the Respondent "demonstrated her ability to identify [numerous hypothetical general] issues which demonstrated variations in compliance with guidelines and regulations/statutes" and noted in the Training portion of the assessment, that the

Respondent "performed well on the assessment components with no areas found to be deficient."

b. A subsequent June 2021 report highlighted three of 15 randomly reviewed medical records selected from the Respondent's Prescription Monitoring Program (PMP) reports, citing concerns for high dose prescribing of stimulants, use of benzodiazepines in combination with stimulants, and use of benzodiazepines in a patient with a history of substance use disorder. During this follow-up assessment Report, the reviewer noted that "[the Respondent] is limiting the number of controlled substances dispensed at appointments" and "it was clear [the Respondent] made an effort to address quality-of-care concerns in her documentation. Current charts reflect treatment that is aligned with standard of care." In their final comments, the evaluators noted that "there is no evidence in the chart review that her prescribing practices in these three cases directly contributed to a negative outcome for a patient" and "the ongoing recommendations to not imply need for monitoring by a medical board but are for performance improvement…"

c. The Respondent underwent a supplemental LifeGuard review, and in February 2022 the report highlighted four of 15 medical records, randomly chosen from a reduced list of the targeted group of complex patients for whom the Respondent was co-prescribing medications, citing concerns for substance abuse or suboxone patients prescribed benzodiazepines in combination with gabapentin or stimulants. The report noted that these patients should have been referred to addiction medicine specialists due to the complexities of the patients' conditions.

Further, the report stated that the Respondents "prescribing practices haven't changed much despite the state medical board monitoring…[and the] changes in total daily doses throughout her participating in LifeGuard are minimal." On March 25, 2022, the Respondent provided a detailed submission to the Board addressing her treatment and reasoning for each of the four patients identified by LifeGuard in their February 2022 report.

9. From 2022 onward, the Respondent herself has voluntarily sought out additional coaching, mentorship, and guidance from several more seasoned clinicians in connection with her practice moving forward, including concerning her prescriptive practices. The Respondent continues to attempt to better herself as a medical practitioner, and still undergoes coaching and mentorship sessions of her own accord with a triple board-certified psychiatrist.
10. On July 1, 2023, the Respondent fundamentally and materially changed the scope of her practice, as she voluntarily made the decision to leave her position with the ASAP at Boston Children's Hospital.
11. The Respondent has opened her own solo psychiatric practice focusing on whole body and mind wellness by emphasizing non-medication approaches to healing. The Respondent no longer treats pain in any capacity and does not prescribe buprenorphine, methadone, or any other opioids. The Respondent also no longer treats opioid use disorder, benzodiazepine use disorder, stimulant use disorder or similar substance use disorders. The Respondent was a relatively junior clinician at the time of her care of Patient A, and has made meaningful and difficult changes to her practice since her experience with Patient A.

12. The Respondent is relocating from Massachusetts to be closer to her remaining family.

Respondent's Care of Patient A

13. On G.L. c. 4, § 7(26)(c) 2015, Patient A, a G.L. c. 4, § 7(26)(c)G.L. c. 4, § 7(26)(c) female, was admitted to Boston Children's Hospital for G.L. c. 4, § 7(26)(c) .

14. Thereafter, in G.L. c. 4, § 7(26) 2015, Patient A began treatment with the Boston Children's Hospital ASAP. The ASAP is a multidisciplinary practice in which internal medicine clinicians, psychiatrists, social workers, and therapists work collectively in the treatment of highly complex patients with addiction, who often have concomitant mental health and medical conditions.

15. At the time of Patient A's referral to the ASAP in G.L. c. 4, § 7(26 2015, Patient A was a G.L. c. 4, § 7(26)(c) patient with a prior history G.L. c. 4, § 7(26)(c) . Patient A had a significant history of G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) At the time of her presentation to the ASAP, Patient A had existing prescriptions for G.L. c. 4, § 7(26)(c) .

16. Between G.L. c. 4, § 7(26) 2015 and G.L. c. 4, § 7 2016, the Respondent managed Patient A's treatment for G.L. c. 4, § 7(26)(c) as part of the ASAP. During this time, Respondent also prescribed G.L. c. 4, § 7(26)(c) for Patient A, and after a short trial of G.L. c. 4, § 7(26)(c) , continued

prescribing her G.L. c. 4, § 7(26)(c) (including a prescription for G.L. c. 4, § 7(26)(c)) along with other various medications.

17. In G.L. c. 4, § 7(26)(c) 2015, the Respondent noted that Patient A's G.L. c. 4, § 7(26)(c) By G.L. c. 4, § 7(26)(c), 2015, Patient A had G.L. c. 4, § 7(26)(c)

18. In G.L. c. 4, § 7(26)(c) 2015, Patient A was evaluated in an emergency department for complaints of G.L. c. 4, § 7(26)(c) pain in her G.L. c. 4, § 7(26)(c), and, after undergoing a G.L. c. 4, § 7(26)(c), received G.L. c. 4, § 7(26)(c), G.L. c. 4, § 7(26)(c) in the hospital. After Patient A underwent a G.L. c. 4, § 7(26)(c) evaluation for complaints of pain and to assess the G.L. c. 4, § 7(26)(c), and in consultation with Patient A's mother, the Respondent prescribed a G.L. c. 4, § 7(26)(c) pain medication (G.L. c. 4, § 7(26)(c)) to Patient A in G.L. c. 4, § 7(26)(c) 2016 to treat her pain until she could be seen in a pain clinic.

19. On G.L. c. 4, § 7(26)(c), 2016, the Respondent changed Patient A's pain medication from G.L. c. 4, § 7(26)(c) (G.L. c. 4, § 7(26)(c)).

20. In G.L. c. 4, § 7(26)(c) 2016, Respondent successfully discontinued Patient A's G.L. c. 4, § 7(26)(c) medication prescription and transitioned her to G.L. c. 4, § 7(26)(c) to manage her pain, on which she remained for several months.

21. On G.L. c. 4, § 7(26)(c), 2016, Patient A reported to the Respondent that she G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

22. In G.L. c. 4, § 7(26)(c) 2016, Patient A's mother reported to Respondent that Patient A had been G.L. c. 4, § 7(26)(c) .

Patient A underwent evaluations by the G.L. c. 4, § 7(26)(c) department at Boston Children's Hospital who recommended G.L. c. 4, § 7(26)(c) .

23. On G.L. c. 4, § 7(26)(c) 2016, the Respondent, in consultation with Patient A's mother, noted her intention to prescribe a G.L. c. 4, § 7(26)(c) to treat Patient A's pain, and recommended G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) .

24. Patient A underwent numerous diagnostic tests and visits with specialists to work up her severe pain, as well as G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(26)(c) complaints, in an effort to ascertain the source of the problem.

25. Between G.L. c. 4, § 7(26)(c) 2016 and G.L. c. 4, § 7(2017, in an effort to treat Patient A's complaints of G.L. c. 4, § 7(26)(c) pain, the Respondent issued refills and increased Patient A's prescription of G.L. c. 4, § 7(26)(c) numerous times in an effort to obtain good pain control in view of Patient A's quickly increasing tolerance to the medications.

26. On G.L. c. 4, § 7(26)(c)G.L. c. 4, , 2017, Patient A reported to the G.L. c. 4, § 7(26)(c) Hospital with a chief complaint of G.L. c. 4, § 7(26)(c)

27. On G.L. c. 4, § 7(26)(c), 2017, Patient A appeared to have an G.L. c. 4, § 7(26)(c) during an appointment with the Respondent. The Respondent planned to convert part of her dose to long-acting (extended release) G.L. c. 4, § 7(26)(c) to prevent G.L. c. 4, § 7(26)(c) prior to the next dose as "G.L. c. 4, § 7(26)(c) was not effective for pain, but short acting does not last long enough, so hopefully this compromise will help."

28. In G.L. c. 4, § 7(26)(c) 2017, the Respondent noted that the G.L. c. 4, § 7(26)(c) treatment for Patient A's pain was verging on failed/unhelpful. By G.L. c. 4, § 7(2 2017, the Respondent was prescribing approximately G.L. c. 4, § 7(26)(c) to Patient A.

29. For months, the Respondent made frequent efforts and had great difficulty in finding pain providers who would agree to accept Patient A as a patient due to the complexity of her G.L. c. 4, § 7(26)(c). Patient A also had a G.L. c. 4, § 7(26)(c) which made management of her care even more challenging.

30. Patient A underwent G.L. c. 4, § 7(26)(c). G.L. c. 4, § 7(26)(c). The Respondent's notes suggest that Patient A was G.L. c. 4, § 7(26)(c) The Respondent still continued treating her pain with G.L. c. 4, § 7(26)(c) medication, and did not discharge Patient A based upon these G.L. c. 4, § 7(26)(c)

31. During her treatment, on several different occasions Patient A reported to Respondent that she had G.L. c. 4, § 7(26)(c). On several different occasions, Patient A and her mother reported that Patient A had G.L. c. 4, § 7(26)(c) The

Respondent reminded Patient A on numerous occasions about the dangers of G.L. c. 4, § 7(26)(c) In G.L. c. 4, § 7(26)(c) 2017, Patient A admitted to attempting to G.L. c. 4, § 7(26)(c) The Respondent continued to prescribe G.L. c. 4, § 7(26)(c) medication for Patient A, as well as G.L. c. 4, § 7(26)(c) pain medication to treat Patient A's pain during this time.

32. Ultimately, the Respondent was able to arrange for Patient A's care and treatment to be transferred to a provider who would take over prescribing for her pain with a plan to transition her to G.L. c. 4, § 7(26)(c).

33. Before this transition was completed, in the G.L. c. 4, § 7(26)(c) of 2017 the Respondent informed Patient A and her mother that she would no longer prescribe G.L. c. 4, § 7(26)(c) pain medication to Patient A, and recommended that she G.L. c. 4, § 7(26)(c) . The Respondent did not see Patient A for any further treatment thereafter.

34. The Respondent transferred Patient A's care to her primary care provider in G.L. c. 4, § 7(26) 2017. Shortly thereafter, Patient A was subsequently discharged from this practice group on G.L. c. 4, § 7(26)(c), 2017, for G.L. c. 4, § 7(26)(c)

35. On G.L. c. 4, § 7(26)(c), 2017, at the request of Patient A's mother, the Respondent authored a letter in support of Patient A's G.L. c. 4, § 7(26)(c)

36. G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c) .

37. The Respondent's treatment of Patient A fell below the standard of care by failing to adequately document the basis for prescribing her G.L. c. 4, § 7(26)(c) pain medications to Patient A or the justification for her dosing decisions, failing to effectively treat Patient A's G.L. c. 4, § 7(26)(c) , and failing to adequately consider the contraindications to further prescribing pain medication to Patient A, including requests for G.L. c. 4, § 7(26)(c) , as well as the risks of prolonged G.L. c. 4, § 7(26)(c) .

Conclusions of Law

A. The Respondent has violated 243 CMR 1.03(5)(a)3 in that she has engaged in conduct which places into question her competence to practice medicine, including practicing medicine with negligence on repeated occasions.

B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

Sanction and Order

The Respondent's license is hereby INDEFINITELY SUSPENDED, immediately stayed upon Respondent's entry into a five-year Probation Agreement that includes a requirement that the Respondent submit to quarterly audits of 20 patient charts for individuals with co-occurring disorders, to be performed by an independent Board-Approved entity, which will assess the adequacy of her documentation, prescribing practices, and will meet with her to discuss the

results. The Respondent will propose an audit entity within ninety (90) days of the Board's joint acceptance of the Consent Order and Probation Agreement.

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 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 and Probation Agreement 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 during the pendency of the suspension and the subsequent Probation Agreement. The Respondent is further directed to certify to the Board within ten (10) days that she 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.

MD — 9-30-2024

Diana Deister, M.D.
Licensee — Date

11/5/24

Curtis Diedrich, Esq.
Attorney for the Licensee — Date

11/6/2024

Rachel N. Shute, Esq.
Complaint Counsel — Date

So ORDERED by the Board of Registration in Medicine this 7TH day of November 2024.

Booker T. Bush, M.D.
Board Chair