#### COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. えのよろ 〇勺

In the Matter of

JOSEPH J. DOERR, 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 Joseph J. Doerr, M.D., (Respondent) 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. 20-947.

### **Biographical Information**

1. The Respondent is a 1984 graduate of Chicago Medical School, University of Health Sciences. He is board certified in pain medicine and physical rehabilitation and has a private practice in Somerset. He has been licensed to practice medicine in Massachusetts since 1992 under certificate number 76775. He is affiliated with Vibra Hospital and St. Anne's Hospital.

### Factual Allegations

2. Patient A, a female born in 1992, suffers from chronic shoulder pain stemming from a car accident.

- 3. On July 22, 2020, Patient A had her initial appointment with the Respondent at which time he prescribed the following: tizanidine hydrochloride, a muscle relaxer and hydrocodone/acetaminophen, an opioid.
- 4. Patient A had another appointment with the Respondent on August 6, 2020.

  During that appointment, the Respondent told Patient A about the attractiveness of a server at a restaurant he had visited.
- 5. During a visit, the Respondent questioned Patient A regarding a past prescription for Percocet. Patient A explained it had been prescribed to her after one of her C-sections. The Respondent made an inappropriate remark regarding Patient A's genital area.
- 6. The Respondent created a medical record documenting a visit with Patient A occurring on September 3, 2020.
- 7. The Respondent billed Patient A's insurance for a 45-minute telehealth visit occurring on September 3, 2020.
- 8. On September 3, 2020, the Respondent did not meet with Patient A in-person nor did the Respondent meet with Patient A via telehealth.
- 9. Board Policy Number 01-01, Disruptive Physician Behavior (Adopted June 13, 2001) states "Disruptive behavior by a physician has a deleterious effect on the health care system and increases the risk of patient harm." Disruptive behavior is defined as style of interaction with physicians, hospital personnel, patients, family members or others that interferes with patient care and it includes foul language, rude or offensive comments and intimidation of staff, patients, and family members.

- 10. Physicians are required to maintain a medical record for each patient that is complete, timely, legible, and adequate to enable the physician or any other healthcare provider to provide proper diagnosis and treatment. 243 CMR 2.07 (13) (a).
- 11. The Massachusetts Prescription Awareness Tool (MassPat) is an online database that lists all Schedule II to V prescriptions filled by patients at pharmacies.
- 12. On or about December 5, 2014, physicians were required to check MassPat prior to prescribing opioids listed in Schedules II and III.
- 13. On July 22, 2020, in the erroneous belief that Respondent's EMR system automatically checked MassPat, Respondent failed to check MassPat prior to issuing an opioid prescription to Patient A.
- 14. In July 2020, despite the Respondent's belief that his EMR system automatically checked MassPat, the Respondent directly accessed MassPat via its website to check prescribing for patients other than Patient A.

### Legal Basis for Proposed Relief

- A. Pursuant to <u>Raymond v. Board of Registration in Medicine</u>, 387 Mass. 708 (1982) and <u>Levy v. Board of Registration in Medicine</u>, 378 Mass. 519 (1979) the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician engaged in conduct that undermines the public confidence in the integrity of the medical profession.
- B. 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 violated a rule or regulation of the Board. Specifically, the Respondent:
- (i) engaged in disruptive behavior contrary to Board Policy 01- 01 Disruptive Physician Behavior (Adopted June 13, 2001); and

- (ii) failed to maintain complete medical records in violation of 243 CMR 2.07(13) (a).
- C. Pursuant to G.L. c. 112, §5, eighth par. (b), and 243 C.M.R.1.03(5)(a) 2 the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician committed an offense against any provisions of the laws of the Commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder, to wit:
- (i) 105 CMR 700.00 as it pertains to mandatory review of the MassPat system for the issuance of certain prescriptions.

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

By the Board of Registration in Medicine,

Julian N. Robinson, M.D.

Board Chair, Physician Member

Date: 5/25/2023