IN THE MATTER OF	*	BEFORE THE MARYLAND
	*	
MEHRDAD AALAI, M.D.	*	BOARD OF PHYSICIAN
	*	
Respondent	*	QUALITY ASSURANCE
	*	
License No: D26712	*	Case No: 94-0357

* *

ORDER OF REINSTATEMENT

BACKGROUND

On December 6, 1994, the Board of Physician Quality Assurance (the "Board") executed a Final Order and Opinion, revoking the Maryland medical license of Mehrdad Aalai, M.D. based on his guilty plea to Medicaid Fraud.[1] The revocation was stayed for thirty (30) days, in order to minimize inconvenience to the Respondent's patients and to provide for an orderly transition of patients. During the thirty day period in which the revocation was stayed, the Respondent was ordered not to treat new patients.

On November 15, 1995, the Board received the Respondent's Petition for Reinstatement of his Respondent's medical license in the State of Maryland.

On December 13, 1995, the Respondent appeared before the Board's Case Resolution Conference (the "CRC") to address his Petition for Reinstatement. At that time, the CRC recommended that the Respondent successfully complete a Board approved ethics course simultaneous to the case being forwarded to the Attorney General's Office for review and written comment.[2]

On January 24, 1996, the Board ratified the recommendation of the CRC that Respondent

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[1]A copy of the Final Order and Opinion, dated December 6, 1994, is attached hereto and incorporated herein by reference.

[2]In accordance with Board policy and procedure, requests for reinstatement of licensure are forwarded to the Attorney General's Office for a written position statement regarding a Respondent's eligibility for reinstatement.

complete an approved ethics course prior to reinstatement.

On February 14, 1996, the Board received a written position statement, on the issue of the Respondent's reinstatement, from the Assistant Attorney General, Administrative Prosecutor, assigned to the case. On February 22, 1996, the Board received the Respondent's written response to the Administrative Prosector's position statement.

On March 25, 1996, the Board received a written report regarding the Respondent's completion of the medical ethics course, as recommended by the CBC Committee, December 13, 1995.

On April 3, 1996, the Respondent re-appeared before the Board's CRC for the purpose of addressing the written position statement of the Attorney General's Office, the report received following completion of the ethics course and his request for Reinstatement. On April 24, 1996, the Board convened for a final decision in this case.

FINDINGS OF FACT

1. On December 6, 1994, the Board executed a Final Order and Opinion revoking the Respondent's license to practice medicine in the State of Maryland. The revocation was stayed for thirty (30) days to allow the Respondent to close down his medical practice. During this thirty day period, the Respondent was prohibited from treating any new patients.

2. On November 15, 1995, the Board received a Petition for Reinstatement from the Respondent.

3. On December 13, 1995, the Respondent appeared before the Board's Case Resolution Conference, with a request for reinstatement of his Maryland medical license. The CRC Committee recommended the Respondent successfully complete a Board approved ethics course

simultaneous to the case being forwarded to the Attorney General's Office for review and written comment. Following the Board's receipt of the Respondent's completion of the required ethics course, and receipt of the written position statement from the Attorney General's Office, this matter was returned to the Board's CRC for review and consideration of Reinstatement.

4. On March 25, 1996, the Board was notified of Respondent's completion of an approved medical ethics course.

5. On April 3, 1996, the Respondent appeared before the Board's CRC for assessment of his eligibility for reinstatement. The CRC evaluated the Respondent's fitness for reinstatement using the following factors:

1. The nature and circumstances of the original misconduct;

2. The subsequent conduct and reformation;

3. Present character; and

4. Present qualifications and competence to practice (medicine).

See Matter of Kahn, 328 Md. 698, 699, 616 A.2d 882, 883 (1992) and Matter of Mark Davis, M.D., Case No: 89-0532 (1995).

6. The Respondent recognizes his culpability for the fraudulent billing which resulted in his criminal guilty plea and the revocation of his medical license. The Respondent accepts responsibility for his office billing practices and recognizes that completion of rehabilitative measures will improve the care he provides to his patients. The Respondent is in compliance with the conditions of his criminal probation.

7. On April 24, 1996, the Board reviewed the recommendation of the CRC Committee, and voted to ratify the recommendation.

CONCLUSION OF LAW

Based on the foregoing Findings of Fact, the Board of Physician Quality Assurance concludes as a matter of law that the Respondent meets the requirements for reinstatement of his Maryland medical license, subject to conditions.

ORDER

Based on the foregoing Findings of Fact and Conclusion of Law, it is this 31 day of May, 1996, by an affirmative vote of the majority of the full authorized membership of those members of the Board of Physician Quality Assurance of Maryland considering this case, hereby

ORDERED that the Maryland medical license of Mehrdad Aalai, M.D., is REINSTATED; and it is further

ORDERED that the Respondent shall be on PROBATION for a period of one (1) year; and it is further

ORDERED that the Respondent shall comply with the following terms and conditions of the Reinstatement within one (1) year from the effective date of this Order of Reinstatement:

1. The Respondent shall comply with the recommendations made by the Medical/Legal Center, as set forth in the 15 step Plan of Action attached to the Practice Profile Report, cover letter dated March 22, 1996.[3]

2. Within one (1) year from the effective date of this Order for Reinstatement, the assigned Compliance Analyst - Probation shall assess Respondent's compliance with the terms and conditions for Reinstatement, as set forth in the Practice Profile Report.

[3]Attached hereto and incorporated by reference is a copy of the Practice Profile Report, cover letter dated March 22, 1996.

3. The Respondent shall submit written documentation of compliance with the recommendations of the Legal/Medical Center, as endorsed by the Board, at the request of the Board.

4. The Respondent shall submit to an independent audit of his office practice at the discretion of the Board.

IT IS FURTHER ORDERED that one (1) year from the date of the Order, the Respondent may petition the Board for termination of the terms and conditions provided he has complied as set forth herein; and it is further

ORDERED that if the Respondent violates any of the foregoing conditions for Reinstatement, the Board, after notice and a hearing and a determination of a violation by a preponderance of the evidence, may impose any additional disciplinary sanctions or conditions it deems appropriate; and it is further

ORDERED that if the Respondent presents a danger to the public health, safety or welfare, the Board, WITHOUT PRIOR NOTICE OR AN OPPORTUNITY FOR A HEARING, MAY SUSPEND THE RESPONDENT'S LICENSE, provided the Respondent is given immediate notice of the Board's action and an opportunity for a hearing within thirty (30) days after the Respondent requests a hearing; and it is further

ORDERED that this Order of Reinstatement is a Final Order of the Board of Physician Quality Assurance and as such is a PUBLIC DOCUMENT pursuant to Md. Code Ann., State Gov't §§10-611 et seq.

5/31/96
Date

Israel H. Weiner, M.D.
Chairman

CONSENT

By signing this Consent, I hereby accept and agree to be bound by the foregoing Order of Reinstatement and its conditions and restrictions as set forth in pages one (1) through five (5).

1. I acknowledge the validity of this Order as if made after a hearing in which I would have the right to Counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law.

2. I recognize that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing. By this Consent, I waive all such rights.

3. I understand that if I fail to comply with any of the conditions set forth above, I may be subject to disciplinary action against my license to practice medicine in the State of Maryland.

4. I, Mehrdad Aalai, M.D., have read this Order of Reinstatement fully and I have been given the opportunity to review each and every part of it, with the counsel of my choice. I understand this Order of Reinstatement and voluntarily agree to sign this Order with full understanding of its meaning and effect

5-29-96
Date

Mehrdad Aalai
Mehrdad Aalai, M.D.

STATE OF MARYLAND
COUNTY/CITY OF Montgomery

I HEREBY CERTIFY that on this 29 day of May, 1996, before me, a Notary Public for the State of Maryland and County/City aforesaid, personally appeared Mehrdad Aalai, M.D., and made oath in due form of law that the foregoing Consent was his voluntary act and deed.

AS WITNESS my hand and Notary Seal.

10-1-99
My Commission Expires:

Irene Papanicolas
Notary Public

IN THE MATTER OF	*	BEFORE THE BOARD
MEHRDAD AALAI, M.D.	*	OF PHYSICIAN QUALITY
Respondent	*	ASSURANCE
License No: D26712	*	Case No: 94-0357

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FINAL ORDER AND OPINION

PROCEDURAL BACKGROUND

When the Board of Physician Quality Assurance ("BPQA" or "Board") receives information that a physician licensed in Maryland has been involved in criminal activity, it initially determines whether the action may fall within the mandate of Maryland Health Occupations Code Ann. ("H.O.") § 14-404(b) which provides:

> (1) On the filing of certified docket entries with the Board by the Office of the Attorney General, the Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.
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> (2) After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, the Board shall order the revocation on the certification by the Office of the Attorney General.

If BPQA determines that the crime at issue may involve moral turpitude, it refers the matter to the Office of the Attorney General for institution of procedures under COMAR 10.32.02.04.

On October, 1993, Mehrdad Aalai, M.D. (the "Respondent") was charged by criminal information in the Circuit Court for Baltimore City with one count each of medicaid fraud, theft over $500.00, knowingly destroying, damaging, or altering medical records, and obstruction of justice. Subsequently, Respondent engaged in plea negotiations with the Medicaid Fraud Unit of the Office of the Attorney General which prosecuted the criminal case.

On May 31, 1994, Respondent pled guilty to one count of medicaid fraud

pursuant to a plea agreement with the Medicaid Fraud Unit of the Office of the Attorney General. Respondent was sentenced to three years incarceration, suspended, ordered to pay a fine of $10,000, restitution to the State of Maryland in the amount of $142,570, and court costs, and placed on unsupervised probation for three years.

On June 14, 1994, BPQA's Weekly Review Panel voted to refer the case to the Office of the Attorney General for charging under H.O. § 14-404(b). On July 20, 1994, the Office of the Attorney General filed with BPQA a Petition to Revoke Respondent's Medical License, the certified docket entries of the criminal proceedings, the criminal information, the Medicaid Fraud Unit's statement of facts supporting the plea agreement, and the plea agreement signed by Respondent on May 31, 1994, wherein he admitted to one count of medicaid fraud in violation of Md. Ann. Code art. 27, § 641. Based on the Petition and exhibits, BPQA made a prima facie determination that Respondent had violated H.O. § 14-404(b) and issued a Show Cause Order requiring Respondent to show cause on or before August 22, 1994 why his license should not be revoked. On July 29, 1994, Respondent filed his response to the Show Cause Order and a request for a hearing. Subsequently, Respondent sought and was granted a continuance and the hearing was scheduled for October 26, 1994.

On Wednesday, October 26, 1994, Respondent and the Administrative Prosecutor appeared before BPQA for an oral show cause hearing. After consideration of the arguments of both parties, BPQA convened for a final decision in this case.

OPINION

A. Respondent's Motion to Dismiss

In the show cause hearing, Respondent argued that BPQA prejudged the issues in this case, thus warranting dismissal of the charges. For both factual and legal reasons, BPQA denies Respondent's request for dismissal.

At the onset, Dr. Aalai argues that because the BPQA considered a precharging settlement proposal by him and rejected it prior to the initiation of charges, that it has prejudged the case and now may not hear it. In order to adjudicate this issue, some review of pre-charging settlement discussions is appropriate. In November, 1993, after he was charged in the criminal case, Respondent initiated formal communications with BPQA to discuss the impact of criminal sanctions upon his Maryland medical license. At that time, BPQA staff discussed with Respondent's counsel the mandatory nature of H.O. § 14-404(b) and the procedures used by BPQA to take action pursuant to the statute.

On December 6, 1993, Respondent initiated discussions with BPQA regarding a possible settlement of any potential charges. BPQA's counsel indicated that BPQA might consider a pre-charge settlement of the case, provided Respondent reached a settlement with the Medicaid Fraud Unit which would provide a factual basis for BPQA's disciplinary action. Subsequently, the Medicaid Fraud Unit refused to participate in preparing a joint statement of facts to settle the criminal case.

On March 9, 1994, Respondent submitted a settlement proposal for BPQA's consideration. The proposal contained a statement of facts prepared by Respondent containing admissions to overbilling and proposed that Respondent's medical license be suspended for one year and the suspension stayed after sixty

days or less. On March 23, 1994, BPQA voted to reject Respondent's settlement proposal. Instead, BPQA indicated to Respondent that would consider settling the case only if Respondent agreed to a surrender of his medical license for at least one year.

On April 29, 1994, Respondent submitted a second settlement proposal for BPQA's consideration wherein he agreed to perform uncompensated medical care for three months and extensive community service if permitted to retain his medical license. Alternatively, Respondent proposed that his license be suspended for three months then reinstated, provided he performed 100 hours of community service for nine months. On May 25, 1994, BPQA voted to reject the second proposal as it failed to provide for a one year surrender as outlined previously. During the consideration of Dr. Aalai's settlement proposals, the BPQA understood that these discussions were without prejudice to any party if the discussions failed; the correspondence between Dr. Aalai and the BPQA during those negotiations clearly reflects that situation. Subsequently negotiations failed to resolve the matter, Dr. Aalai was convicted, and he was charged by the BPQA.

Looking at the substance of Dr. Aalai's claim that the issues were prejudged, this position lacks merit. The issues considered previously by BPQA were different than those now before us. Preliminarily, BPQA's consideration involved determining the appropriate sanction for settlement of a precharged factual proffer brought to us by Dr. Aalai. At that stage, the discretion accorded the BPQA is broad. The BPQA may consider precharging settlement proposals using general criteria, which include assessment of the public interest and integrity of the medical profession; further, at that stage, the BPQA is not bound by the sanctions authorized under the Medical Practice Act, Health

Occupations Article §14-404, and may consider innovative proposals made by potential respondents to resolve matters which may formally come before the BPQA.

In contrast, H.O. § 14-404(b) mandates a specific sanction upon meeting the criterion of the statute, indicating that the legislature has already assessed dispositional factors. Thus, the sole issue for BPQA's determination at this juncture is whether the crime at issue involves moral turpitude, clearly a distinct inquiry, both legally and factually, from any prior determination in this case.

BPQA's preliminary exposure to this case arose entirely through Respondent's initiative. Presumably, he believed BPQA's consideration of settlement of the case would offer some benefit over proceeding through regular channels. Equitably and legally, he cannot now complain that such action rendered BPQA incompetent to make a fair and unbiased final decision.

Respondent's claims do not meet the legal standard for demonstrating constitutional bias requiring dismissal in this case. Administrative officials routinely perform both prosecutorial and quasi-adjudicative functions. The same individuals who review allegations of fact in deciding to bring charges also adjudicate facts to reach a final decision. Such exposure at distinct procedural stages of a case has long withstood constitutional scrutiny and does not, standing alone, disqualify an administrative official from participating in a final decision:

> [i]t is also very typical for the members of administrative agencies to receive the results of investigations, to approve the filing of charges or formal complaints instituting enforcement proceedings and then to participate in the ensuing hearings. This mode of procedure does not violate the Administrative Procedure Act and it does not violate due process of law.

Consumer Protection Div'n v. Consumer Publishing, 304 Md. 731, 762, 501 A.2d 48, 64 (1985) (citing Withrow v. Larkin, 421 U.S. 35, 52 (1975)).

Administrative officials are strongly presumed to carry out their statutory

duties honestly and with integrity. Id. Mere exposure to the facts of a case at various points of the administrative process does not, standing alone, overcome this presumption.

Turning to the area of settlement discussions, in Hortonville Joint School District No. 1 v. Hortonville Educ. Ass'n, 426 U.S. 482 (1976), the United States Supreme Court held that familiarity with facts of a case through participation in settlement negotiations does not disqualify an administrative decision maker from participating in a final decision. The Court recognized that

> [a] showing that the Board was 'involved' in the events preceding [its] decision, in light of the important interest in leaving the Board with the power given by the state legislature, is not enough to overcome the presumption of honesty and integrity in policymakers with decisionmaking power.

Id. at 496-97. As in Hortonville, BPQA's involvement in settlement discussions with Respondent does not disqualify it from rendering a final decision based on the evidence in the record and the argument presented in the show cause hearing, particularly because those negotiations were instigated through Respondent's petition and involved an issue not relevant to its final decision.

Similarly, in Morris v. City of Danville, 744 F.2d 1041 (4th Cir. 1984), the Fourth Circuit refused to find prejudgment bias where the city manager made a preliminary decision to fire the Danville police chief after reviewing extensive uncontested investigative materials. After a hearing, at which Morris was represented by counsel and permitted to introduce evidence, the city manager permanently discharged Morris as chief of police. The court recognized that the city manager's initial decision did not disqualify the city manager from properly reaching a final decision on the hearing record. Id. at 1045-46. As in Danville, BPQA's preliminary exposure to the facts of this case does not preclude it from reaching a final decision on an appropriate record.

Fundamentally, Respondent asserts that BPQA's bias in this case is embodied in its precharge decision on a settlement proposal that it would not accept a settlement at that stage if it did not provide for at least a one year surrender of his medical license. By indicating that it would accept a one year surrender of Respondent's license as a settlement, BPQA merely gave recognition to the general legislative intent expressed in H.O. § 14-404(b) to impose a strict sanction for certain types of criminal conduct, while at the same time allowing Respondent to avoid the more onerous sanction of revocation.

An analogy to criminal plea proceedings supports BPQA's offer in this case. A criminal defendant is typically charged with a specific offense and all lesser included offenses. In plea negotiations, if the defendant agrees to plead guilty to a lesser included offense, an appropriate sanction is determined based on the sanction for that particular offense. Similarly, when offering Respondent a settlement involving at least a one year surrender of his license, BPQA felt constrained to accept a sanction analogous to that mandated by the legislature in H.O. § 14-404(b). Any lesser sanction, without a compelling reason justified by the public interest, would clearly contravene the legislative intent.

BPQA is not disqualified from reaching a final decision in this case because it provided Respondent with a minimum condition for settlement, if, in fact, that can be deemed an opinion on an appropriate sanction. In Doering v. Fader, 316 Md. 351, 558 A.2d 733 (1989), Judge Fader presided over a capital murder trial and stated that he did not believe the death penalty was appropriate in that case. After review, the case was remanded for a new sentencing proceeding. Judge Fader recused himself from that proceeding because he had expressed an opinion on the sanction requested by the State. The defendant petitioned the Court of Appeals to direct Judge Fader to preside over the new sentencing proceeding.

The Court of Appeals held that Judge Fader's opinion regarding the inappropriateness of the death penalty did not require his recusal. The Court stated that

> [t]he appropriate question is whether the trial judge is confident that he could, if persuaded by additional evidence or argument, come to a conclusion different from that which he has reached upon consideration of the proceedings to date. If he can, and if there are not other disqualifying factors which do not appear in this record, he is competent to sit and should not recuse himself.

Id. at 358, 558 A.2d at 737.

The Fader court based its holding on its interpretation of Canon 3C of the Maryland Code of Judicial Conduct, Maryland Rule 1231.[1] COMAR 10.32.02.07 mirrors that standard. As indicated above, after a review of the standard for recusal and an independent examination, the BPQA members concluded that they were competent to make an appropriate determination on the record before them. Nothing raised by Respondent persuades BPQA that this conclusion was inappropriate, particularly because BPQA's prior consideration of Respondent's settlement proposal was initiated by him and involved a distinct inquiry from the relevant issue at this juncture of the proceedings, namely, whether Respondent's crime involved moral turpitude.

To grant Respondent's requested relief would result in absence of a forum in which to adjudicate this matter. The Court of Appeals rejected a similar scenario in Board of Medical Examiners v. Steward, 203 Md. 574, 102 A.2d 248

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[1] Canon 3C provides in pertinent part:

> (1) A judge should not participate in a proceeding in which the judge's impartiality might be reasonably be questioned, including but not limited to instances where:
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> > (a) the judge has a personal bias or prejudice concerning a party, or personal knowledge of disputed evidentiary facts concerning the proceeding...

(1954). In that case, the Board of Medical Examiners determined that Dr. Steward had violated the Medical Practice Act. The reviewing court, after determining that the Board was improperly convened for the final decision, determined that the Board was disqualified from rehearing the case, as the Board members had participated in the improper prior decision. The Court of Appeals reversed, stating that judges frequently rehear cases after an appellate court has reversed and remanded for a new trial. The Court pronounced that "disqualification will not be permitted to destroy the only tribunal with power in the premises." Id. at 582, 102 A.2d at 252.

Similarly, in Board of Trustees v. Waldron, 285 Md. 175, 401 A.2d 172 (1979), a retired judge challenged the constitutionality of a statute which prohibited him from practicing law. The Court of Appeals recognized that every judge in the State had a personal interest in the outcome of the case. Nevertheless, the Court determined that recusal was inappropriate because

> the disqualification of all judges would destroy the only tribunal in which relief by appeal may be sought ... 'The settled rule of law is that, although a judge had better not, if it can be avoided, take part in the decision of a case in which he ha has had any personal interest, yet he not only may but must do so if the case cannot be heard otherwise.'

Id. at 179-180, 401 A.2d at 174-75 (citations omitted).

Respondent's contentions of bias do not even rise to the level of those raised in Steward and Waldron. In contrast to Steward, BPQA has not previously adjudicated the case to reach a final decision. Indeed, BPQA's only exposure to the case outside routine procedures for cases charged under H.O. § 14-404(b) arose through Respondent's petition to BPQA to review two settlement proposals. As indicated above, the issue examined by BPQA on those occasions was both factually and legally distinct from the moral turpitude issue before BPQA at this time. In contrast to Waldron, there is no factual basis to suggest that any of the

BPQA members has a personal interest in the outcome of this case.

H.O. § 14-404(b) evidences a legislative determination that the public interest and the integrity of the medical profession justifies a strict sanction for physicians who engage in certain types of criminal activity. To dismiss this case based on Respondent's unsupported complaints of bias, in the absence of any objective basis in the record, would clearly contravene the legislative mandate.[2]

In the course of the show cause hearing, Respondent argued that the circuit court was the appropriate forum to make the final decision in this case. However, jurisdiction of that court over physician disciplinary matters must arise by statute. Both the Medical Practice Act and the Maryland Administrative Procedure Act implicate that court's jurisdiction only by means of judicial review of a final agency decision. Md. State Gov't Code Ann. § 10-215; H.O. § 14-408. BPQA, an executive branch administrative agency, is the sole body authorized by the General Assembly to determine violations of the Medical Practice Act. Divestment of this authority by a court, absent any statutory authority, would be a clear violation of the separation of powers mandated by the Maryland Declaration of Rights.[3]

Finally, at the show cause hearing and prior to any discussion of the case,

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[2] On Tuesday, October 18, 1994, shortly before the Show Cause Hearing, Respondent filed a Complaint for Injunction to Stay Proceedings Before the Maryland Board of Physician Quality Assurance in the Circuit Court for Baltimore City . BPQA filed its opposition to the complaint on October 21, 1994. On October 25, 1994, the parties appeared before Judge Marvin Steinberg for oral argument. On that date, Judge Steinberg denied Respondent's request for injunctive relief. The pleadings and exhibits from that action are part of the BPQA record in this case.

[3] Article 8 of the Maryland Declaration of Rights provides:

> [t]hat the Legislative, Executive and Judicial powers of Government ought to be forever separate and distinct from each other; and no person exercising the functions of one of said Departments shall assume or discharge the duties of the other.

BPQA members were instructed on the law governing recusal. The appropriate standard requires that a fact-finder recuse himself from participating in a final decision where the individual has reached a firm decision which could not be set aside after hearing additional evidence or argument. See Doering v. Fader, 316 Md. 351, 360, 558 A.2d 733, 737 (1989). BPQA members performed an independent examination of themselves with regard to their past exposure to the facts of this case as presented by Respondent in his settlement proposals. In each case, the BPQA member determined that he or she had not prejudged the issues in this case and that recusal was not required. Because a majority of the full authorized membership of BPQA was competent to make a final decision, see H.O. § 14-406(a), dismissal of the case was not required.

B. BPQA's Action Under H.O. § 14-404(b)

In the course of the show cause hearing, Respondent argued that the Administrative Prosecutor failed to demonstrate that the crime to which he pled guilty involved moral turpitude. Furthermore, Respondent contended that even if BPQA does find that the crime involved moral turpitude, mitigating factors require the imposition of a sanction less than one year revocation as provided in H.O. § 14-404(b)(2) and COMAR 10.31.01.12.C.[4]

BPQA rejects the notion that the medicaid fraud committed by Respondent does not involve moral turpitude. The Court of Appeals in Att'y Grievance Comm'n v. Walman, 280 Md. 453, 374 A.2d 354 (1977), pronounced as well-settled law that a crime containing fraud as an essential element involves moral turpitude. Furthermore, the Court iterated that moral turpitude involves intentional dishonesty for purposes of personal gain. Id. at 459, 374 A.2d at 354.

[4] COMAR 10.31.01.12.C provides that when an order does not state a time period of revocation, a petition for reinstatement may not be considered by BPQA prior to one year following the date of the order.

The statement of facts supporting Respondent's plea agreement demonstrates a continuing course of conduct whereby Respondent altered medical records and was reimbursed for medical procedures not performed.

Respondent cannot contend that he did not financially benefit. Furthermore, Respondent pled guilty to count one of the criminal information which provides that the conduct occurred knowingly and wilfully. Finally, medicaid fraud is defined as receiving payments from the medicaid system by false or fraudulent means. Clearly, fraud is an essential element of this crime. Md. Ann. Code art. 27, § 230C.[5]

Respondent's attempts to challenge the underlying criminal guilty plea must fail for several reasons. First, the mandatory nature of the statute allows BPQA no discretion to consider the mitigating factors raised by Respondent. Such issues are properly considered by BPQA upon a petition for reinstatement of his license. While BPQA recognizes that the judge presiding over the criminal proceedings recommended that Respondent be permitted to retain his medical license for certain purposes, BPQA has been mandated by the legislature to revoke the medical license of a physician who has committed a crime involving moral turpitude. Thus, the judge's recommendation would be more appropriately raised in a petition for reinstatement.

In addition, because discipline under H.O. § 14-404(b) is a derivative action based on underlying criminal proceedings, Respondent may not re-litigate the integrity of the criminal plea in this forum. The plain language of the medicaid fraud statute implicates intentional conduct. Furthermore, the statement of facts supporting the guilty plea mandates BPQA to infer the

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[5] Md. Ann. Code art. 27, § 230C defines medicaid fraud in seven alternative ways. However, each alternative definition involves an element of fraud or false statement or representation.

requisite intent. Because Respondent voluntarily pled guilty to this charge, his contention that the fraudulent billing occurred unintentionally is without merit.

Respondent argued that the Administrative Prosecutor failed to meet the burden of demonstrating moral turpitude because her case was based on the statement of facts in the criminal proceeding, which were "the state's best shot," and not an agreed statement of facts. By this, Respondent seems to argue that the statement of facts signed by Respondent does not constitute an admission of conduct and may not be relied upon by BPQA in determining whether the underlying conduct supports a finding of moral turpitude. This contention must fail for several reasons.

First, the plain language of the statute evidences the intent of the General Assembly to avoid a contested case hearing wherein Respondent could challenge the integrity of his criminal plea. This conclusion has been upheld by the Maryland Court of Appeals in disciplinary cases under former Maryland Rule BV16,[6] which is virtually identical to H.O. § 14-404(b). In Bar Ass'n of Baltimore City v. Siegel, 275 Md. 521, 340 A.2d 710 (1975), the Court denied the

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[6] Former Maryland rule BV16 provides in pertinent part:

> a. If an attorney is convicted in any judicial tribunal of a crime involving moral turpitude, whether the conviction results from a plea of guilty or nolo contendere or from a verdict after a trial, and regardless of the pendency of an appeal or any other post-conviction proceeding, the Bar Counsel shall file charges with the Court of Appeals alleging the fact of conviction and requesting that the attorney be suspended from the practice of law. A certified copy of the judgment of conviction shall be attached to the charges and shall be prima facie evidence of the fact that the attorney was convicted of the crime charged.
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> b. - The Court of Appeals shall issue an order to show cause why the attorney should not be suspended from the practice of law until further order of the Court of Appeals. Upon consideration of the charges and the answer to the order to show cause the Court of appeals may enter an order, effective immediately, suspending the attorney from the practice of law until its further order.

Respondent an opportunity to present mitigating evidence in an attempt to challenge his conviction in the disciplinary forum:

> [w]e cannot accept as 'compelling extenuating circumstances' those proffers by the respondent which in essence call upon us to assess the integrity of the criminal conviction itself--that prior adjudication is conclusive and thus cannot be attacked in a disciplinary proceeding by invoking this Court to reweigh or to re-evaluate the respondent's guilty or innocence... .

Id. at 527, 340 A.2d at 713. Similarly, the Court of Appeals rejected former Governor Mandel's attempt to challenge his conviction for mail fraud in his disbarment proceedings. Attorney Grievance Comm'n v. Mandel, 294 Md. 560, 451 A.2d 910 (1982). The Court stated that:

> [o]ther states provide, as we do, by rule, statute, or case law, that a conviction of an attorney is conclusive proof of guilty (citations omitted). The constitutionality of these procedures has not been seriously questioned. the requirements of due process having been satisfied at the criminal trial, and the attorney's guilt having been established beyond a reasonable doubt at that proceeding, a new or other inquiry into the guilty of the attorney for disciplinary purposes is not mandated by either the State or federal constitutions.

Id. at 571, 451 A.2d at 915.

Respondent's argument that the overbilling resulted from error, rather than an intent to defraud the insurer, is nothing less than an attempt to challenge the propriety of his guilty plea, in contravention of Siegel and Mandel. Respondent was afforded greater constitutional protection in the underlying criminal proceeding than those required in an administrative disciplinary forum. That guilty plea was constitutionally required to be knowing and voluntary. McCall v. State, 9 Md. App. 191, 198, 263 A.2d 19, 23 (1970). Respondent had ample opportunity to present these mitigating arguments in the criminal proceeding. He made an informed decision to plead guilty to medicaid fraud. He may not now argue that the elements of the crime were not supported by the statement of facts.

By pleading guilty, Respondent admitted to conduct which met the elements for medicaid fraud. The Court of Appeals, in Sutton v. State, 289 Md. 359, 424 A.2d 755 (1981), held that "an acceptable guilty plea is an admission of conduct that constitutes all the elements of a formal criminal charge," such that "a plea of guilty, once accepted, is the equivalent of a conviction." Id. at 364, 424 A.2d at 758. Furthermore, before accepting a guilty plea, the presiding judge is required to determine whether the conduct admitted by the defendant constitute the elements of the crime charged. Id. at 364-65, 424 A.2d at 758. The Court of Appeals, in McCall v. State, 9 Md. App. 191, 263 A.2d 19 (1970), stated that

> the determination of the factual basis for the plea is predicated upon conduct of the defendant which he admits. therefore, insofar as the acceptance of the guilty plea is concerned, it is not a question of the credibility of the defendant or the weight to be given to facts and circumstances with regard to that conduct nor is it a matter of what the State may be able to prove on a trial of the merits, but is confined to what the defendant admits he did.

Id. at 200, 263 A.2d at 24.

In this case, the Office of the Attorney General submitted a statement of facts in support of the guilty plea. Thus, by signing the guilty plea, Respondent admitted, if not to the statement of facts, then to conduct which would support the elements of medicaid fraud. Clearly, BPQA may rely on those facts in examining the underlying conduct in this case.

Contrary to Respondent's argument, BPQA's disposition in other cases is irrelevant to the resolution of this case. While BPQA recognizes that cases cited by Respondent may have been resolved differently, those cases are either legally or factually distinct from this case. BPQA examines each case on its own merits and makes an appropriate determination based on the record in each case. Clearly, in this case, the record adequately supports BPQA's determination that the crime to which Respondent pled guilty involves moral turpitude.

C. Respondent's Request for a Two Month Stay

In the event that the BPQA determined that Dr. Aalai's licensed must be revoked, he sought a two month delay in the effective date of the order so that he, as a sole practitioner, could wind down his practice. While HO § 14-404(b) does not expressly provide for a delayed period for the enforcement of such an order, we are cognizant of the concern that for certain types of medical care situations, the immediate cessation of medical services could pose substantial inconvenience to the patient population and to other medical personnel required to fill a service void on an emergency basis. On the other hand, however, Dr. Aalai must certainly have been on notice that his medical license was in jeopardy and could have prepared his patient base during the pendency of these proceedings for the possible loss of his license. In balancing these factors, the BPQA determines that a one month period of continued care for current patients of Dr. Aalai's practice will provide for better continuity of care for his patients, and believes that this short term partial stay for the specific purpose of continuity of care is in the public interest and not in contention of the statutory intent.

FINDINGS OF FACT

By clear and convincing evidence, BPQA finds that:

1. Respondent was licensed to practice medicine in the State of Maryland on July 29, 1981. At all times relevant to this action, Respondent possessed a Maryland medical license.

2. On October 13, 1994, Respondent was charged by criminal information in the Circuit Court for Baltimore City with the following: one count of medicaid fraud by knowingly and willfully submitting applications requesting payment for services which were not performed and which involved money, goods, and

services valued at $500.00 or more in the aggregate, in violation of Md. Ann. Code art. 27, § 230C; one count of theft of $300.00 or greater, in violation of Md. Ann. Code art. 27, § 342; one count concealment of medical records, in violation of Md. Health General Code Ann. § 4-303; and one count of obstructing justice, in violation of Md. Ann. Code art. 27, § 27.

3. On May 31, 1994, Respondent pled guilty to one count of medicaid fraud, in violation of Md. Ann. Code art. 27, § 230C, pursuant to a plea agreement with the Medicaid Fraud Unit of the Office of the Attorney General. Respondent was sentenced to three years incarceration, suspended, three years unsupervised probation, and ordered to pay a fine of $10,000.00, restitution to the State of Maryland in the amount of $142,570.00, and court costs.

4. Respondent did not enter an appeal of the criminal proceedings.

5. On July 20, 1994, the Office of the Attorney General filed with BPQA the certified docket entries of the criminal proceedings in State of Maryland v. Mehrdad Aalai, M.D., case number 293302008.

6. The Court of Appeals of Maryland, in Att'y Grievance Comm'n v. Walman, 280 Md. 453, 459-60 (1977), determined that a crime in which fraud is an essential element is a crime involving moral turpitude.

7. Medicaid fraud, to which Respondent pled guilty, as defined in Md. Ann. Code art. 27, § 230C, contains fraud as an essential element of the crime.

8. Based on the totality of the circumstances surrounding Respondent's guilty plea, BPQA has determined as a matter of law that the crime to which Respondent pled guilty, namely one count of medicaid fraud, is a crime involving moral turpitude.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, there is clear and convincing evidence for BPQA to determine as a matter of law by clear and convincing evidence that Respondent falls within the mandate of H.O. § 14-404 (b)(2) (1991 Repl. Vol.), which provides:

> (1) On the filing of certified docket entries with the Board by the Office of the Attorney General, the Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.
>
> (2) After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, the Board shall order the revocation on the certification by the Office of the Attorney General.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, and for the reasons set out in this Opinion, it is this 6 day of ~~November~~ DECEMBER, 1994, by a majority of the full authorized membership of the Board of Physician Quality Assurance considering this case

ORDERED, that the license of Respondent, MEHRDAD AALAI, M.D., IS hereby REVOKED; and it is further

ORDERED, that the REVOCATION IS STAYED FOR THIRTY DAYS, in order for Respondent to minimize inconvenience to his current patients and to provide for an orderly transition of patients with current medical needs to new providers; and it is further

ORDERED, that, within this thirty day period in which the revocation is stayed, Respondent shall not be permitted to treat any new patients; and it is further

ORDERED, that this is a Final Order of the Board of Physician Quality Assurance and as such is a PUBLIC DOCUMENT pursuant to Maryland State Gov't Code Ann. §§ 10-611 et seq.

NOTICE OF RIGHT TO APPEAL

Pursuant to the Maryland Health Occupations Code Ann. § 14-408, you have a right to take a direct judicial appeal. A petition for appeal shall be filed within thirty days from your receipt of this Final Order and shall be made as provided for judicial review of a final decision in the Maryland Administrative Procedure Act, Maryland State Gov't Code Ann. §§ 10-201 et seq., and Title 7, Chapter 200 of the Maryland Rules of Procedure.

12/6/94
Date

Israel H. Weiner, M.D.
Chair

THE
LEGAL
MEDICINE
CENTER

Administrative Office
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(301) 530-6577 FAX (301) 493-8750

22 March 1996

Darlene A. Fleischmann, Esq.
Compliance Analyst
Maryland State Board of Physician Quality Assurance
4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215

Dear Ms. Fleischmann:

Enclosed is the Practice Profile Report for the Dr. Mehrdad Aalai's Practice Assessment and Review Courses: Medical Records and Ethics Practice, held 19 and 20 March 1996. As the Report indicates, his completion of the two courses was successful, and his practice assessment was found to be correctable (see the report for details). The Report includes Plans for Action drafted by him and medical counsel to change medical records documentation and billing management.

The faculty members were impressed with Dr. Aalai's frank introspection and motivation in the courses. Please contact me if you have any questions or comments about the course or the report.

Very truly yours,

Janet B. Seifert, J.D.
Director

PRACTICE PROFILE REPORT: M. Aalai, M.D.

Courses		Completion*	Assessment*
Practice Assessment and Review:	Medical Records	Successful	Correctable
Practice Assessment and Review:	Practice Ethics	Successful	Correctable

*Completion ratings: (Successful) (Conditional) (Deficient)
*Assessment ratings: (Acceptable) (Correctable) (Substandard)

Of 58 possible answers on the Medical Records Post Test, Dr. Aalai answered 57 correctly, a score of 98%.

PRACTICE PROFILE REPORT: Medical Records and Practice Ethics

Introduction

In consultations with Center faculty, Dr. Aalai frankly reported the egregious billing practices which prompted criminal prosecution and license revocation actions. He related his problems to carelessness, complete lack of oversight of administrative staff, their ignorant and misguided zeal, and his own complete ignorance of this aspect of medical practice. However, he consistently maintained that his highly negligent and clearly reprehensible conduct was not prompted by avarice, or any intention to defraud reimbursement programs. After many hours of analysis and discussion, the faculty were in agreement that near-incredible naivete, and not greed, was the source of his problems. To acknowledge Dr. Aalai's persistent ignorance is not to excuse it, however, and he recognizes that the remedy will take time and a great deal of effort.

Problems Identified:

Without any knowledge of contemporary billing, when the first questions about coded services arose, Dr. Aalai and his staff chose remedies which made the problem worse. As an example, when an assistant with no training or experience was instructed to bill for the highest category possible for a service, certainly an allowable goal, "highest" was used at the expense of "possible." Thus, all blood draws were billed as arterial punctures because the reimbursement was more. When questioned about the bills, Dr. Aalai stated honestly that he never did arterial punctures. When this billing pattern was revealed, he ordered the staff to stop all billing for any blood drawing, a correction as much in error as the initial billing.

In addition to making poor correction decisions, he did not recognize that these problems called for personal attention about how services were being billed. Dr. Aalai regarded administrative tasks as wholly the duty of staff. With services being provided without billing for them, when a resubmitted claim resulted in double payment, it seemed

simplistically all right to keep it "on account" since more was owed than paid. Without anyone in the office knowing the rules for reimbursement claims, claims errors predictably proliferated, and when criminal process intervened, the guilty plea was seen as admission of errors but not confession of intent to take what was not due him. Dr. Aalai blames his staff for billing errors, and himself for staffing supervision errors. He acknowledges the need to correct both.

Focus on Correctable Factors:

MEDICAL RECORDS

Dr. Aalai's records, although brief, are generally legible and sufficient. Therefore, the medical records features of the coursework were focused on records' role in the billing problems. Consistency of the record with both patient interaction and charges for services was a constistently emphasized theme.

The Obstetrics and Gynecology billing specialist who worked with Dr. Aalai concluded that the specific records which were examined, and his explanatory statements about them, were appropriate. She also agreed with other faculty that his knowledge of billing and coding for billing was abysmal. This ignorance seemed not to be feigned, but was profound and real. Dr. Aalai engaged vigorously in the coursework and interactive parts of the program, displaying in every way a recognition of personal responsibility for this part of medical practice.

Faculty presented the proper uses of standard billing reference works, including the CPT manual and the ICD code book. Dr. Aalai did not know, reflected in pre-testing and specific coding exercises, how to correctly code or even find codes to coordinate with generally accepted diagnoses. He did not appear to have any prior acquaintance with modifiers or the concept of bundling. All these failings and others were corrected. Faculty accomplished some testing of Dr. Aalai's ability to bill and code appropriately, but because his level of knowledge started so low, this course provided insufficient time to satisfactorily achieve mastery or to test for it. The faculty are confident that Dr. Aalai was started on the right road; the Practice Plan addresses a number of measures to continue the growth and to direct self-auditing of practice records and billing.

Dr. Aalai now understands the critical importance of coordinating documentation of records and services with billing, and the accurate coding of billed services. Recordation of clinical tasks and who performed them, as well as rationale and indications for procedure or service will be improved. When questioned about the medical necessity of certain repeatedly billed procedures, such as colposcopy, he had ready and medically valid

explanations, but these did not appear in the records. Faculty discussed the need to avoid overreaction to questioned indications; patients would be ill-served if Dr. Aalai were encouraged to refrain from indicated services in an effort to avoid criticism.

Continuing with this example, Dr. Aalai outlined a rational and appropriate change from previous practice. He will, if allowed to return to practice, perform colposcopy on patients "at risk" with multiple sexual partners and repeated episodes of cervicitis, only after documented attempts to diagnose the cause of cervicitis by smear and culture and monitoring for effectiveness of treatment.

In the discussion of another instance, he hopes to continue initial ultrasonography for pregnant patients and believes he would be supported by specialty standards and collegial opinion in making this part of his routine. However, if any subsequent sonogram is required, he will clearly note the reasons for this non-routine procedure. Even though the ultrasound examinations are done in another office by another physician, and not billed for by Dr. Aalai, he appreciates the necessity of documenting indications. These examples, if extended to other procedures, indicate an approach to documenting medical necessity for care that will profoundly improve Dr. Aalai's billing practices.

MEDICAL ETHICS

Center faculty reviewed and distinguished various approaches to medical decision making and the elements of professional integrity. Dr. Aalai's clearest failing appears to have been a failure to at first recognize and subsequently to accept personal responsibility for aspects of the practice which he regarded as nonmedical. That he also failed to appreciate the importance of this area of responsibility was demonstrable and realized as being an explanation but not an excuse.

To address a sensitive aspect of the ethical issue, what may have appeared to authorities to be an apparent lack of remorse should not be overstated to deny reinstatement of his license to practice. The faculty agreed that Dr. Aalai's regretful but not "guilty" position is based on his own moral judgment that he had no intention to take illegal profit, and that future behavior will be informed by knowledge of his responsibilities in this regard. Dr. Aalai accepts responsibility for his billing misdeeds, but not in the moral sense of admitting thievery. He acknowledges that he was reprehensibly ignorant and careless. He cannot confess that he was stealing, for he believes that he truly was not. Dr. Aalai is deeply regretful, however, that the claims and documentation errors were allowed to happen.

Setting aside for the moment the issue of sanctions to discourage others and to express community outrage, Center faculty agreed that if he is permitted to practice again, that the

combination of Dr. Aalai's attitude towards his past errors, his acknowledgement of clear personal responsibility for billing done by him, or in his name, and the plan of practice changes outlined below predict success in meeting acceptable standards of ethics in this area of his practice.

Objectives for Correction of Records and Billing Practice:

1. Quality care will be documented clearly.

2. Only indicated care will be delivered and documentation of indications will be plain.

3. Billing protocols and rules will be learned and adhered to strictly.

4. Care records will be coordinated and consistent with billing.

Actions to be Taken:

Staffing and Billing Management

1. Dr. Aalai and at least one staff will attend an ACOG or ACOG-sponsored billing and coding course or seminar as soon as possible.

2. Dr. Aalai will acquire a new CPT book initially and then annually, and review the OB-Gyn section on receipt for new and altered items. He will initially obtain a new ICD manual and replace it not less than every three years.

3. For the first three months after returning to practice, Dr. Aalai will not take any ER call, to assure time to adequately supervise staff and monitor practice.

4. Dr. Aalai will be aware of all office routines and how each bill is handled. He will code all bills personally or use an automatic coding system, such as stickers or a "superbill." He will assume and maintain personal responsibility for the accuracy and adequacy of billing, including application of code numbers and modifiers, and recognition of included, or bundled, services in any code used.

5. There will be written job descriptions for all employees, with indicated qualifications for performance of assigned tasks. Handling of tasks related to billing will be specified wherever necessary.

6. Mrs. Aalai, who has formal medical administrative training, will work in the office and supervise all billing and payment recordation.

7. For all payments, including bulk payment breakout statements from DHMH, the amounts paid will be cross referenced with the ledger cards for the patients named. If there is any overpayment by patients or third party payors, the overpaid amount will be refunded within one week of receipt, and never held against other obligations.

8. No procedure for which a bill is rendered will be considered routine. Every such procedure will have charted in the medical record an indication or reason, explicitly.

9. Office meeting with the entire staff and Dr. Aalai himself will be held in a formal fashion at least once weekly for the first three months after returning to practice and at least once every two weeks thereafter.

Records Management

10. All significant phone calls will be documented appropriately in the medical record.

11. A log of all biopsy specimens will be maintained, noting when the report is returned or otherwise communicated. Dr. Aalai will check this log himself not less than one time per week when any biopsy specimen is outstanding. In addition to utilizing instructed patient inquiries and laboratory notification of abnormals, a tickler system will be created for pap smears, involving a log or other means of picking up reports not returned and for which patients do not inquire.

12. Standardized forms for OB patients will continue to be used, and their function as a checklist maintained.

13. A review of systems will be noted for not less than 80% of general History and Physical Examinations and initial prenatal visits for first time patients.

Plan for Records and Billing Review and Monitoring:

14. Within the next month, Dr. Aalai will have reviewed the cases at the end of the coding book supplied in coursework. For each case, he will write down the

appropriate code to the highest level of specificity possible, and note the diagnosis important to each code. Then, he will refer to codes in the coding and diagnosis manuals to identify the correct code and will review the "excludes and includes" notes provided.

15. Dr. Aalai will periodically audit his own charts and records, verifying the billing at the same time, to assure quality and accuracy. This will be a retrospective review, in addition to self-monitoring done during the initial recordation and billing process.

Dr. Aalai will pull at random, or ask a staffer to pull at random, charts for his review. Initially, he will retrospectively review 10% of all charts in the office. After three months, he will review one chart per week. These reviews will be documented and will be available to licensing authority inspectors.

PRACTICE PROFILE REPORT: Summary of Coursework in Medical Records and Practice Ethics

Session 1: Practice Review and Individual Analysis

Materials:
- o Practice Assessment Outline
- o Copies of office and hospital records and file documents

Coursework: Review and discuss details of documentation problems and medical records subject to question. Analyze quality of records practice with Medical Counsel.

Session 2: Case Studies of Medical Records and Claims/Billing Problems

Materials:
- o Case Histories in Claims for Medical Services as Ground for Disciplinary Action
- o Offenses not directly Related to Medical Practice as Ground for Discipline Action
- o Civil Penalties for Medical Fraud
- o Fraud and Abuse in Billing

Coursework: Problem case studies introduced by Legal Counsel. Physician analyzes patterns of questionable records and documentation in practice and in professional spectrum of questioned conduct.

Session 3: Coding and Records Exercises

Materials:
- o Operative Report Drafting
- o Case studies illustrating patient records completion and maintenance
- o Case studies illustrating documentation in support of medical services billing
- o Coding exercises from CPT and ICD booklets

Coursework: Physician prepares case hypothical records for Coding and Documentation conference.

Session 4: Conference Analysis of Coding and Records Exercises

Materials:
- o Cases and records from Session 3
- o Documentation from records produced in practice

Coursework: Practice records and exercises analyzed with Coding and Documentation Specialist.

PRACTICE PROFILE REPORT: Summary of Coursework, continued.

Session 5: Analytical Studies of Practice Problems Related to Medical Ethics

Materials:
- Check-up Outline of Practice Risks and Preventive Management Action
- Medical Ethics References

Coursework: Problem questions introduced by Legal Counsel. Physician analyzes ethical conflicts in practice and in context of questioned conduct.

Session 6: Practice Ethics Analysis and Preparation for Practice Standards Conference

Materials:
- Check-up Outline of Practice Risks and Preventive Management Action

Coursework: Physician reviews practice ethics problems with Legal Counsel and prepares analysis and questions for practice standards conference with Medical Specialist.

Session 7: Practice Standards and Ethics Counselling Conference

Materials:
- Practice Records subject to question
- Coding and billing references

Coursework: Physician and Medical Specialist discuss practice ethical standards and personal practice changes.

Session 8: Discussion and Adoption of Plan of Action

Materials:
- Notes, exercises and records from all sessions

Coursework: Physician and Medical Counsel discuss coursework and conclusions regarding adoption of practice changes and practice review plans.

Materials for Post-Course Review:
- American College of Physicians Ethics Manual
- Caveats Regarding Slippery Slopes and Physicians' Moral Conscience
- The Physician as Professional and The Physician as Honest Businessman
- Definitions of unprofessional conduct from CA, DC, FL, MD, MA, VA, WV law
- Divided Physician Loyalties and Obligations in a Changing Health System
- Are Dermatologists Greedy?
- Physicians' Attitudes Toward Using Deception to Resolve Ethical Problems
- Gaming the System, Dodging the Rules, Ruling the Dodgers