

BEFORE THE
BOARD OF CHIROPRACTIC EXAMINERS
STATE OF OREGON

In the Matter of)
) **STIPULATED FINAL ORDER**
Christopher Beardall, DC)
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)
)
Licensee.) Case # 2010-2000, 2011-2001

The Board of Chiropractic Examiners (Board) is the state agency responsible for licensing, regulating and disciplining chiropractic physicians in the State of Oregon. Christopher Beardall DC (Licensee), is licensed by the Board to practice as a chiropractic physician in the State of Oregon.

Findings of Fact

Case 2010-2000:

1.

The Oregon Board of Chiropractic Examiners received a complaint in regards to excessive treatment received from Licensee for several patients. The complaints also indicated that the chart notes are relatively the same for all of the patients. The patients were receiving treatment under their Personal Injury Protection (PIP) with Licensee.

2.

The patient records were reviewed by the Peer Review Committee and Licensee was also interviewed by the committee in regards to the complaints.

3.

Of the seven patients that were reviewed, the committee found the following:

a. Initial treatment plans reviewed appeared identical for all the patients (three times a week for 6-8 weeks). Over the course of treatment, the plan changed for some, but not others. Licensee reports initial treatment plans for patients with similar acute injuries can be similar. Licensee understands he needs to reassess how many weeks are remaining of his initial plan.

b. Chart notes do not describe the patient encounter in enough detail. The subjective findings contain slight variations for each patient as to whether or not symptoms are better, worse or the same. The subjective findings occasionally describe symptoms as constant, frequent, intermittent, or use a VAS score. The objective findings occasionally contain variations as to mild, moderate or severe findings, but typically do not vary at all. If the objective findings do change, they change only once during the treatment period. Otherwise, the subjective and objective findings remain essentially the same throughout care for all patients.

c. Chart notes for exams billed as "detailed" need additional documentation. Licensee explained that he always performs a detailed exam but only recorded positive findings.

d. Therapeutic Activities were provided to patients but not adequately documented in the chart notes.

e. The objective and treatment plan portions of the chart notes change very little if at all. The subjective changes do not typically correspond to the objective findings or treatment plan. Additional narrative is required in the chart notes when the subjective, objective and examination findings do not correlate with each other.

f. Licensee did not properly document the results of Bakody's and Braggard's test.

Case 2001-2001:

4.

A complaint was filed regarding patient care provided to Patients 8, 9 and 10, all part of the same family. This family was involved in a motor vehicle collision. The patient records were reviewed by the Peer Review Committee and Licensee was also interviewed by the committee in regards to the complaints.

5.

The committee found the daily chart notes did not meet minimal standards in the following areas:

a. Daily chart notes were computer generated and do not provide a reliable record of patient encounters. Licensee has since learned to better utilize the software.

b. There is insufficient clinical rationale for treatment plans recommended as outlined in their charts. The treatment plans, as mentioned above, do not change during the course of care. Licensee has taken steps to remedy this issue.

c. As in the prior case, Therapeutic Activities were provided but not adequately documented in the files.

d. The detail of the examination reports for adult patients 9 and 10 do not meet the component levels to justify the use of code 99204. The initial reports should have been coded 99202. The re-exam reports should have been coded 99212.

e. Charting is not always representative of treatment provided and does not reflect that Licensee exercised his own judgment in evaluating patient's subjective complaints versus his objective findings.

Conclusions of Law

6.

Patient treatment parameters were not revisited frequently enough and computer generated chart notes did not provide sufficient detail for the treatment recommended in violation of ORS 684.100(1)(f)(A) and OAR 811-015-0005(1)(a).

7.

Initial treatment plans were not revised with the passage of time in violation of 684.100(1)(f)(A) and OAR 811-015-0010 (1) – (4).

8.

Documentation of therapeutic activities and examinations were not detailed enough to justify the billing codes used in violation of ORS 684.100(1)(f)(A) and OAR 811-015-0005(1).

Stipulations

9.

- a) The parties have agreed to enter this stipulated final order. Licensee agrees to the entering of this final order. Licensee agrees that he is aware of his right to a hearing with his attorney present to contest the charges and hereby waives that right and agrees to entry of this order. The signature of this order also waives any right to appeal. The parties wish to settle and resolve the above matter without further proceedings.
- b) Licensee is issued a letter of reprimand.
- c) Licensee will pay a \$2,000 civil penalty to the OBCE payable in two installments every 90 days from the time this order becomes final.
- d) Licensee is placed on probation for two years, during which he will be required to make one Board appearance annually.

- e) Licensee agrees to provide the Board with verification of completion of 12 hours of continuing education in recordkeeping and clinical justification. This is in addition to the required CE for licensure. Licensee will receive credit for applicable continuing education obtained since notice of the complaint.
- f) Licensee will be mentored by a Board approved mentor for two years and successfully complete the mentoring plan. Licensee will meet with his mentor personally at least 8 times the first year. The mentor will determine the number of meetings required. At any time that Licensee ceases active practice, his license lapses or he changes to inactive status, this will not count towards completion of the mentoring plan period. The mentor will be a licensed Oregon Chiropractic physician chosen by the OBCE who will sign a personal services contract with the Licensee for this service. The OBCE will endeavor to choose a mentor within a reasonable distance from Licensee's clinic. If the Licensee has any issues with the mentor regarding business conflict, personal conflict, location of the mentor causing enhanced expense to the Licensee, he may contact the Board executive director regarding the assignment. The calculation of time for the plan will begin on the date of the initial visit with the mentor. The mentoring plan will have a focus on improved record keeping procedures, examination procedures, and appropriate clinical justification for treatments rendered and will ensure compliance with statutes and rules and address all issues identified in the amended notice of discipline.

With Board approval, the Mentor can recommend completion or reduction of the mentoring plan after the first year. Otherwise, the Mentor will continue the mentoring plan as stated above for a second year.

The Mentor will be responsible to review charts and report any findings to the Board that are appropriate. The Mentor will perform file reviews of records and billings of Licensee's case work and report to the board on his progress at meeting minimum standards of chiropractic health care. Licensee agrees to cooperate with the Mentoring agreement and must allow the Mentoring Doctor to enter Licensee's business premises to examine and review Licensee's patient or other records to determine compliance with the terms of this order, for the duration of this Mentoring plan. If the Mentor requests, and with the patient's agreement, Licensee will allow the Mentor to observe a patient encounter. The Mentor will make periodic reports to the OBCE regarding Licensee's progress in meeting minimum standards of chiropractic health care. As part of this report, the Mentor may pull patient files for the Board's review. In addition, Licensee agrees that the Board, or their representative may pull the files to comply with the mentoring requirements. This includes review and photocopy of licensee's patient records to ensure licensee complies with the requirements of ORS 684 and OAR 811.

The financial compensation for the mentoring doctor will be at Licensee's expense which will be due and payable to the Mentor directly within 30 days. It will be Licensee's responsibility to stay current with his mentor fees. The hourly rate will be determined by the Mentoring Doctor in agreement with the Licensee plus mileage at the state rate. The

hourly rate will not exceed \$200/hour. Successful completion of the mentoring plan also requires that this financial obligation be met. Failure of Licensee to fully cooperate with the Mentor and the mentoring plan will be grounds for future disciplinary action.

- g) If Licensee has an issue with the standard of care or number of meetings that the Mentor is expecting of him in review of the cases, Licensee can address those issues directly to the Board for review. The Mentor and Board will focus their review and determination of Licensee's compliance on treatment by Licensee concomitant with his mentorship.
- h) Failure to complete this stipulated final order with the terms so stated, may result in further discipline, up to and including, revocation.
- i) The Board agrees to waive any costs on this matter.

IT IS SO STIPULATED AND AGREED TO:

DATED this 30 day of August, 2012.

Original signatures are available in OBCE office.

By: Christopher Beardall, DC

DATED this 5th day of ~~August~~ September, 2012.

BOARD OF CHIROPRACTIC EXAMINERS
State of Oregon

Original signatures are available in
OBCE office.

By: Dave McTeague, Executive Director

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