

CENSURE: IC2190
DR. RANDY RAYMOND ALLAN

On April 25, 2014, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee censured Dr. Allan as a record of its disapproval of the deficiencies in his conduct. Censure creates a disciplinary record which may be considered in the future by the Investigation Committee or an Inquiry Panel when determining the action to be taken following an investigation or hearing.

I. PREAMBLE

Physicians are expected to be familiar with the terms and conditions which must be met in order to be entitled to payment for a patient house call visit and must not permit bills for patient visits to be submitted to Manitoba Health if all applicable terms and conditions are not met. Physicians who rely on clinic owners or staff to submit bills using the physician's billing number must exercise due diligence by taking all available reasonable steps to ensure that all applicable terms and conditions are met before submitting a bill for a service.

A physician who assumes responsibility for the care of a patient in an office or in a house call service is responsible for the record in relation to the care provided. When a nurse involved in patient care under the physician's supervision creates the record, the record must reflect the physician's involvement and the physician is responsible to sign off on the care provided.

II. THE RELEVANT FACTS ARE:

1. In or about October or November 2008 Dr. Allan entered into an arrangement with a nurse practitioner and with the clinic in which they both worked. The arrangement included the following:
 - a. Dr. Allan agreed to supervise the nurse practitioner's care of patients during office visits and house call visits.
 - b. Dr. Allan was not required to be present for the nurse practitioner/patient encounters which he was supervising.
 - c. Dr. Allan was required to be available when the nurse practitioner contacted him for assistance because the nurse practitioner had a question or a concern about patient care.
 - d. The nurse practitioner was responsible for making a record of the visit.
 - e. The patient visits were billed to Manitoba Health using Dr. Allan's billing number.
 - f. Fees for the nurse practitioner/patient visits which Dr. Allan was responsible to supervise were split amongst the nurse practitioner, the clinic and Dr. Allan.

2. Dr. Allan has advised that the clinic informed him that the billing arrangement was in compliance with Manitoba Health terms and conditions applicable for supervision of a nurse practitioner.
3. Dr. Allan did not place any restrictions on the type of patient or type of health concern which the nurse practitioner could deal with during the visits for which he assumed responsibility.
4. At the outset of the supervision arrangements, Dr. Allan attended the patient visit with the nurse practitioner. After a few weeks, when he became comfortable with the quality of service being provided by the nurse practitioner, Dr. Allan no longer attended the patient encounters.
5. Dr. Allan remained available to the nurse practitioner either through his presence in the office or via telephone contact, and Dr. Allan met with the nurse practitioner approximately every week to discuss any difficult cases or other issues which arose. However, the majority of the patient issues with which the nurse practitioner dealt were within the scope of the nurse practitioner's competence and did not require Dr. Allan's input.
6. The nurse practitioner did make records of the house call visits which Dr. Allan was responsible to supervise.
7. At the outset of the arrangement, Dr. Allan did view some of the records created by the nurse practitioner for the purpose of monitoring the quality of care provided by the nurse practitioner. Later, Dr. Allan may have seen the nurse practitioner's record of care provided under his supervision if Dr. Allan provided care to a patient previously seen by the nurse practitioner. At no time did Dr. Allan review all of the records of the nurse practitioner's patient care for which Dr. Allan had assumed responsibility.
8. In 2008 there were notes of Dr. Allan's involvement in the care provided by the nurse practitioner. However, records of the nurse practitioner patient encounters for which Dr. Allan was responsible for the period January 30, 2009 and later contain no indication of Dr. Allan's involvement in the care or any indication that he had reviewed the record and signed off on the care provided.
9. Dr. Allan continued with the arrangement described above until in or about June 2009, when he left the clinic.
10. During the period from approximately January 2009 to in or about September 2009 a total of approximately \$124,726 was billed to Manitoba Health using Dr. Allan's billing number for visits to patients by the nurse practitioner.
11. In or about September 2009, Dr. Allan became aware that the clinic had continued to use his billing number for visits made by the nurse practitioner even though Dr. Allan was no longer at

the clinic and no longer supervising the patient care provided by the nurse practitioner. Other than taking steps with Manitoba Health to prevent this from continuing, Dr. Allan took no action.

12. In an interview with the Investigation Chair, Dr. Allan stated that:

- a. He made no independent inquiry as to the propriety of using his number to bill for the nurse practitioner's work.
- b. In retrospect, Dr. Allan recognizes that the documents filed with Manitoba Health for billing purposes would lead Manitoba Health to believe that Dr. Allan saw the patients in that there was no indication to Manitoba Health that he did not see the patients.
- c. Dr. Allan was familiar with the nurse practitioner's quality of care from observation of the nurse practitioner in the clinic setting and Dr. Allan believed that the nurse practitioner was competent to provide the services in question.
- d. In retrospect, Dr. Allan recognizes that it was inappropriate for him not to have documented his role in the care of the patients seen by the nurse practitioner, at least by signing off on the records created by the nurse practitioner.
- e. Dr. Allan takes full responsibility for his actions.

13. Dr. Allan has made arrangements to repay Manitoba Health the sum of \$124,726.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. ALLAN'S CONDUCT IN:

1. failing to exercise due diligence to ensure that billings submitted for patient visits under Dr. Allan's billing number met all of Manitoba Health's terms and conditions applicable to billing for those patient visits.
2. permitting claims to be submitted to Manitoba Health for services as if Dr. Allan had provided the services, when in fact the services were provided by a nurse practitioner.
3. failing to maintain patient records with respect to Dr. Allan's supervision of a nurse practitioner.

Dr. Allan paid the costs of the investigation in the amount of \$5,589.95.