

**FILED**

October 1, 2014

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

JOHN J. HOFFMAN  
ACTING ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street- 5th floor  
P.O.B. 45029  
Newark, New Jersey 07101  
By: Joan D. Gelber, Attorney No. 7981974  
Senior Deputy Attorney General  
Tel. 973-648-2972  
Joan.Gelber@dol.lps.state.nj.us

STATE OF NEW JERSEY  
DEPT' OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF AN INQUIRY :  
INTO THE PROFESSIONAL PRACTICE OF

ADMINISTRATIVE ACTION

YVETTE A. BRIDGES, M.D.  
LICENSE NO. 25 MA 04523600

ORDER OF REPRIMAND

PRACTICING MEDICINE AND SURGERY :  
IN THE STATE OF NEW JERSEY

This matter was presented to the State Board of Medical Examiners by Joan D. Gelber, Senior Deputy Attorney General, on inquiry into the professional practice of Yvette A. Bridges, M.D.

Respondent Dr. Bridges has been licensed to practice medicine during all times pertinent herein. She maintains a professional practice at 101 Old Short Hills Road, Suite 505, West Orange, NJ 07052.

Dr. Bridges was directed by the State Board of Medical Examiners to appear before a Committee of the Board on June 25, 2014, on inquiry into the consumer complaint of former patient Ms. S.B. and to address Dr. Bridges' failure to respond to two Board letters seeking her explanation for the matters and failure to produce patient records.

**CERTIFIED TRUE COPY**

Patient S.B. had complained to the Board that she had been treated for annual visits over many years by Dr. Bridges, a board-certified obstetrician-gynecologist. After a surgical procedure in 2011, Dr. Bridges' started Ms. S.B. on Lupron (an estradiol suppressant), to be injected every three months at Dr. Bridge's office. There, it was administered by a person S.B. believed to be a "nurse", without S.B. being seen by the doctor. The medication was provided for a year by a pharmaceutical company program without charge. Dr. Bridges' office did not charge for administering it. By November 2012, however, the patient was able to obtain insurance, and the pharmaceutical company program ceased. The patient was then responsible for purchasing the medication, which continued to be administered at Dr. Bridge's office.

At the time of the patient's November 12, 2012 injection, the "nurse" administered the usual injection, but this time the patient was charged \$75 for the office visit and an additional \$50 for the injection of the Lupron. The patient reports that she questioned the "billing rep" as to why she was charged for the office visit in addition to the charge for the injection, since she had not seen the doctor during the visit and she had purchased the medication herself. She recalls being told that \$75 is for "walking into the office" and \$50 is for administration of the injection.

Ms. S.B. came to the office again in March 2013 for the next quarterly Lupron injection. Again she saw only the "nurse," who administered the same type of injection, with the medication supplied by the patient. That time she was charged \$35. The patient then questioned why she had been charged \$125 for the same service in November 2012, and she requested that her November payment be reduced to the same \$35, but the office refused. The patient did not return to Dr. Bridges' office.

The Board first wrote to Dr. Bridges on May 21, 2013 seeking response, treatment and billing records within 21 days. When no response was received, a second letter was sent January 3, 2014 giving her 28 days for response. There was still no response. Dr. Bridges was therefore directed to produce the records and to appear before the Committee.

The Committee reviewed with Dr. Bridges her chart and billings for this patient. By way of example, the progress note for November 12, 2012, states only that the "Depo" injection was administered into the buttock. The entries are initialed "JC". There were no vital signs, or any evaluation and management comment from whoever administered it on that date or on any of the other injection dates. There was no interim history, and no comment by Dr. Bridges. But her Patient History Detail shows that the patient was billed CPT 99211 at \$75, and CPT 86372 at \$50. The same paucity of chart information was seen on the other quarterly injection dates. Dr. Bridges had not preserved the Board letters in her patient chart.

Dr. Bridges, who elected to represent herself in this matter, did not deny having received the two Board letters. She testified that she is a solo practitioner and has been "overwhelmed" by her workload and insufficient staff. She said she considers the quarterly injections to be a "routine" procedure which she allows to be done by a medical assistant. Bridges identified the handwriting on the chart entries for these injections as made by the medical assistant. Dr. Bridges told the Committee that on such occasions, she does not usually see the patient, except possibly with a greeting while passing in the hall. In response to Committee questioning, Dr. Bridges asserted that the likelihood of an adverse reaction to Lupron was very low, but she acknowledged Committee

concern that the patient might develop an anaphylactic or vasovagal reaction. Dr. Bridges told the Committee that the patient is asked to remain in the office for a while afterward.

The chart shows that, by contrast, on the dates when Dr. Bridges actually met with the patient, vital signs were recorded, as well as Dr. Bridges' progress note comments.

Dr. Bridges said she was about to implement an electronic medical records system, but the Board notes that such a system would not correct the absolute absence of documentation for this patient, who had not been seen by Dr. Bridges.

Dr. Bridges stated that she was usually on the premises, even though not seeing the patient, but she conceded that since she has an active surgical practice, she could be called to the hospital unexpectedly when patients are coming in for "routine" injections. She employs no nurse, and if she is called away, there would be no licensed person in the office when the injections were given.

Subsequent to Dr. Bridges' appearance before the Committee, further inquiry was made about her two medical assistants. Dr. Bridges produced certificates for them. One individual, Ms. C.H., holds a certificate as a Certified Clinical Medical Assistant" issued by "Essex County College Training, Inc.", a program accredited by the National Healthcare Association (an accreditation approved by Medical Board rule N.J.A.C. 13:35-6.4). Ms. C.H. would therefore qualify as a certified medical assistant, to whom Dr. Bridges could lawfully have delegated the administration of an intramuscular injection, pursuant to Board rule N.J.A.C. 13:35-6.4, if the other requirements of that rule had been met.

The other medical assistant, Ms. J.C., is a graduate of the Drake College of Business, with a certificate in "Medical Office Technology", a program which does not produce a certified medical

assistant qualified to administer injections under any circumstances. The chart entries of injections of patient S.B. are initialed by J.C.

It appears that Dr. Bridges has employed a medical assistant in a manner not permitted by Board rule. N.J.A.C. 13:35-6.4 permits a physician to delegate certain duties to a certified medical assistant. Certification is defined by the rule as requiring graduation from one of the national accrediting organizations/agencies specified in the rule. Among the duties which may be delegated to a medical assistant is direction to administer an intramuscular or subcutaneous injection (in limited circumstances). Significantly,

(1) The doctor shall have documented the certified assistant's training and skill, and

(2) The doctor has examined the patient to assess the nature of the problem and appropriate treatment "including administration of an injection," risks for that patient, and the benefit/risk, and

(3) The doctor has determined the type of injection, dosage, method and other factors, assuring that this information is written on the record and provided to the medical assistant. The rule requires that the medical assistant "shall also be identified by name and credentials in the patient record on each occasion that an injection is administered," and

(4) The doctor is on the premises at all times that the injections are given by the assistant and the doctor is readily available to assess and take any necessary action regarding any emergency, and

(5) The certified medical assistant wears a clearly visible identification badge indicating his/her name and credentials.

Here, the Board finds that patient S.B. was being given Lupron injections quarterly, administered by an individual whom the patient believed was a nurse, who initialed those entries "J.C." In fact, however, Ms. J.C. was not a nurse. Dr. Bridges has acknowledged that her medical assistants did not wear identification badges. Furthermore, there was no documentation of medical assistant training in Dr. Bridges' records prior to Board inquiry, and that inquiry revealed that Ms. J.C. does not hold the credentials required of a certified medical assistant. Also, there was no progress note by Dr. Bridges on the injection dates. Moreover, while Dr. Bridges said she is usually on the premises, she acknowledged that she did not always see the patient even when she was in the office, and she has acknowledged that she permitted the assistant to administer such injections even if Dr. Bridges was needed at the hospital for a delivery or other event causing her to be away from the office and thus unavailable to supervise - a requirement for physician delegation even for a certified medical assistant.

The Board also notes that Dr. Bridges' office encounter form coded the injection visits as CPT 99211, which her form defines as "brief, nurse, 5 min."; that was the code shown for the November 12, 2012 visit discussed above, and other injection visits. The AMA's CPT Manual defines that code as an office visit of 5 minutes for evaluation and management of an established patient, which may not require the presence of a physician. The CPT Manual gives, by way of example, an allergy injection or a gold injection given by a nurse.

Here, the individual administering the injections was not a nurse. The chart on such dates is devoid of vital statistics or other minimal examination (in contrast to the appropriate progress

notes made by Dr. Bridges when she examined the patient). There was no examination by the doctor or by a nurse (there was no nurse), or any inquiry as to interim history since the last visit, contrary to the requirements of N.J.A.C. 13:35-6.5 for a proper record. The Board finds that this compromises patient care. Also, the coding and billing for those chart entries was - in these circumstances - inaccurate and misleading.

In addition, as of November 2012, the patient had been purchasing the expensive medication herself. The Board recognizes that running an office would justify a reasonable charge for overhead, and that it would be reasonable to charge a fee for administering an injection. However, the Board finds that to charge for an office visit (\$75) coded as 99211, defined in the CPT Manual as meaning Evaluation and Management, when there has been no evaluation and management, not even by an actual nurse, is inappropriate. To have charged an additional \$50 for injecting medication that the patient herself has purchased was excessive, and contrary to Board rule N.J.A.C. 13:35-6.11.

The Board has further concerns. N.J.A.C. 13:45C-1 et seq. requires a licensee to cooperate in a Board investigation by, in part, timely providing requested information and records. N.J.A.C. 13:35-6.5(b) requires a licensee to respond to a Board request for computerized records "as soon as practicable and no later than 10 days after notice." Here, the Board provided ample time for Dr. Bridges to respond, but she failed to provide the records until the Board's Notice Letter and provided no justification other than her busy schedule. Dr. Bridges has apologized.

The Board finds that the various infractions discussed above demonstrate failure to comply with Board rules; N.J.S.A. 45:1-21(h). However, the Board has taken all of the circumstances into

consideration and has determined that the within disposition is adequately protective of the public health, safety and welfare.

For sufficient cause shown,

IT IS, ON THIS 1<sup>st</sup> DAY OF October 2014

ORDERED that

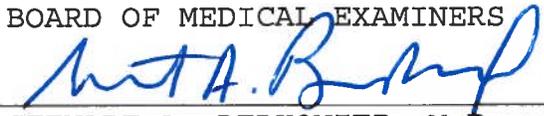
1. Respondent Dr. Bridges is hereby reprimanded for the misconduct summarized above, pursuant to N.J.S.A. 45:1-22;

2. Respondent shall cease and desist from further violation and shall implement measures to assure compliance with Board rules.

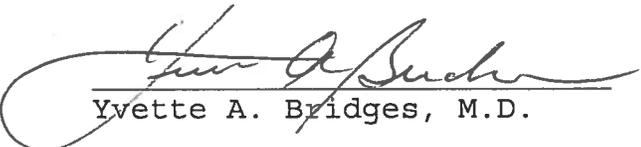
THIS ORDER IS EFFECTIVE UPON FILING.

STATE BOARD OF MEDICAL EXAMINERS

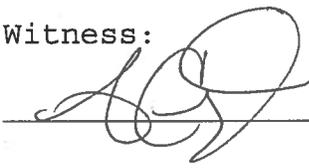
By:

  
STEWART A. BERKOWITZ, M.D.  
President

I have read and understood the within Order and I agree to comply with its terms.

  
Yvette A. Bridges, M.D.

Witness:

  
\_\_\_\_\_

ALEXANDRA CRUZ  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires May 29, 2018

**NOTICE OF REPORTING PRACTICES OF BOARD**  
**REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct: (1) Which revokes or suspends (or otherwise restricts a license; (2) Which censures, reprimands or places on probation; (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such federal or State agency that is publicly available information.

Pursuant to N.J.S.A.45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis. Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy. Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy. On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board. From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.