

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

In the matter of:

DINESHCHANDRA G. PATEL, M.D. CONSENT ORDER

This matter was opened before the New Jersey State Board of Medical Examiners (the "Board") upon the Board's receipt of a report from the Medical Practitioner Review Panel (the "Panel") setting forth findings and recommendations made at the conclusion of the Panel's investigation of respondent Dineshchandra G. Patel, M.D. The Panel commenced its investigation following receipt of a report from respondent's civil malpractice carrier, detailing that a payment of \$650,000 was made on respondent's behalf on September 23, 2014, to settle a civil malpractice action brought against him by patient J.S. In that lawsuit, J.S. alleged that respondent failed to monitor blood levels while J.S. was taking lithium prescribed by respondent, ultimately resulting in acute renal failure.

In the course of its investigation, the Panel considered available information regarding respondent's care of J.S., to include without limitation J.S.' medical records from respondent's place of employment, the Union County Psychiatric Clinic ("UCPC"),

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a mental health clinic located in Plainfield, New Jersey and certain expert reports prepared during the pendency of the malpractice action. The Panel additionally considered testimony offered by respondent when he appeared before the Panel, represented by Daniel Giaquinto, Esq. and Guillermo Beades, Esq. (Kern Augustine Conroy & Schoppmann, P.C.) on September 25, 2015.

Upon review of available information, the Panel found that respondent treated patient J.S. for a period of approximately eleven years, commencing in February 1999 and continuing through September 2010. J.S. was first diagnosed with bipolar disease in 1986, and had been taking lithium prescribed by his prior treating physician(s) since 1986.

J.S. received individual counseling at UCPC for multiple personal issues. Respondent saw J.S. regularly, primarily for medication management. When appearing before the Panel, respondent testified that he found J.S. to be a difficult and at times intimidating patient. Respondent further testified that he repeatedly referred J.S. for bloodwork and urinalysis testing, and/or referred him to other providers and specialists, but conceded that he often did not document either the referrals or J.S.' failure to comply with those referrals. Respondent also testified that lithium was the only psychotropic drug to which J.S. responded.

The Panel found that respondent continuously maintained J.S. on lithium for a period of approximately eleven years, occasionally increasing or decreasing prescribed doses. Respondent continued to prescribe lithium through on or about January 29, 2010, when J.S. was diagnosed with Stage IV kidney disease. Throughout the entire course of treatment, respondent obtained serum lithium levels infrequently and sporadically. A total of eleven serum lithium laboratory testing results were maintained in J.S.' patient record. In one instance, respondent failed to order or obtain any lithium levels for a period that spanned three years and eight months, and respondent repeatedly failed to obtain lithium levels even when he increased J.S.' prescribed dose of lithium.

Respondent additionally never ordered any renal function testing or thyroid function testing at any time, nor did he obtain results of any such testing that may have been ordered by any other treating physician(s). Respondent did, however, in or about January 2009, obtain and review hospital records from Trinitas Hospital after J.S. was emergently admitted to Trinitas in December 2008. Although those records included findings of elevated creatinine and BUN levels, respondent thereafter failed to order any follow-up renal testing, coordinate J.S.' care with other physicians and/or discontinue prescribing lithium through January 2010.

The Panel concluded that respondent engaged in gross negligence when treating J.S. for the following reasons:

(1) Respondent failed to appropriately monitor J.S.' lithium levels at a frequency consistent with recognized standards for patients being maintained on long term lithium treatment.

(2) Respondent failed to monitor J.S.' renal function testing or thyroid function testing at any time throughout the eleven year course of treatment, which practice is inconsistent with recognized standards of care for patients maintained on long term lithium treatment and exposed J.S. to substantial risks of lithium toxicity and/or of developing long term side effects of lithium, to include kidney disease.

3) Respondent failed to change his prescribing or monitoring practices, even after he knew or should have known in January 2009 that J.S. had been found to have elevated creatinine and BUN levels (suggestive of impaired kidney function or kidney disease).

4) Respondent consistently failed to coordinate J.S.' care with other treating physicians.

Additionally, the Panel found that respondent's overall record keeping was scanty, and found that he repeatedly failed to document recommendations for referrals which he testified he in fact made to J.S.

Based on the above findings and upon consideration of the entirety of respondent's testimony before the Panel, the Panel concluded that a need exists for respondent to submit to an assessment of skills focused upon his general competency to practice psychiatry and upon his specific competency to prescribe Controlled Dangerous Substances to psychiatric patients.

The Board has reviewed the report of the Panel and adopted all findings made by the Panel. The Board thus finds that bases for disciplinary action against respondent exist pursuant to N.J.S.A. 45:1-21(c) (based on the findings of gross negligence in the care of patient J.S.) and N.J.S.A. 45:1-21(h) (based on respondent's failure to maintain medical records in a manner consistent with the requirements of N.J.A.C. 13:35-6.5). The parties desiring to resolve this matter without need for further administrative proceedings, and the Board finding that good cause exists for the entry of the within Order,

IT IS on this 9th day of March, 2016,

ORDERED and AGREED: -

1. The license of respondent Dineshchandra Patel, M.D., to practice medicine and surgery in the State of New Jersey is hereby suspended for a period of one year. The suspension shall be stayed in its entirety, and shall instead be served as a period of "probation," provided that respondent fully complies with all terms and conditions of this Order.

2. Respondent is assessed a civil penalty in the amount of \$10,000, \$5,000 of which shall be due and payable, by certified check or money order (or any alternative method deemed acceptable by the Board) at the time of entry of this Order. Provided that respondent timely complies with all terms and provision of this Order, the Board will forgive the remaining \$5,000 in penalties at the conclusion of the one year period of probation. In the event, however, that respondent fails to timely comply with all terms and conditions of this Order, the remaining \$5,000 in penalties will be deemed immediately owing, in full, to the Board.

3. Respondent shall submit to an assessment of his medical knowledge and practice skills, to be conducted by an assessment program acceptable to the Board. Respondent may elect to have the assessment conducted by any assessment program that is currently approved by the Board, or, in the alternative, seek to secure specific approval to be evaluated by any other physician assessment program by providing available information regarding the proposed assessment program to the Medical Director of the Board for review, and thereafter securing written approval from the Medical Director for the proposed program. The assessment required herein shall evaluate respondent's general foundation of knowledge and his ability to competently engage in a general psychiatric practice, with specific focus to be placed upon the adequacy of respondent's knowledge of pharmacology and upon his ability to

safely and competently monitor and manage the prescription of psychiatric medicines to patients. Respondent shall authorize the Board to provide all available information developed during the Panel's investigation (to include a transcript of J.S.' testimony before the Panel on September 25, 2015) to the assessment program for review, and shall execute any and all consent(s) necessary to authorize the assessment program to prepare a report detailing all findings and recommendations made at the conclusion of the assessment and to release that report directly to the Board for review. The assessment required herein must commence not later than June 9, 2016, and must be completed in sufficient time to allow the assessment program to thereafter complete and deliver a written report of the assessment to the Board not later than September 9, 2016.

4. Respondent herein agrees that he shall comply with any and all recommendations that may be made by the assessment program at the conclusion of the required assessment. Respondent additionally expressly acknowledges and agrees that the Board may hereafter introduce the assessment report in any further Board proceedings in the event the Board determines that any finding(s) or recommendation(s) therein would support the initiation of action to impose any restraint(s) or condition(s) upon respondent's license, to include without limitation restrictions upon

respondent's general practice of medicine or psychiatry and/or upon his authorization to prescribe Controlled Dangerous Substances.

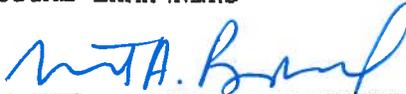
5. Respondent shall, not later than September 9, 2016, successfully complete a course acceptable to the Board in medical record keeping. Respondent may attend any medical record keeping course that is presently approved by the Board, or, in lieu thereof, attend a course that is specifically approved by the Board for purposes of satisfying the requirements of this Order. In the event respondent elects to attend a course not presently approved by the Board, he shall be required to secure written pre-approval from the Medical Director of the Board for such course, which he may seek by providing all available information concerning the proposed course to the Medical Director for review. Respondent shall be responsible to ensure that documentation of successful completion of the medical record keeping course required herein is forwarded by the course provider to the Board.

6. In the event respondent violates any terms of this Order, to include without limitation failure to complete the required assessment and/or education consistent with the deadlines established herein, the parties expressly agree that the Board may unilaterally enter an Order of immediate suspension of respondent's license. In such event, the Order of immediate suspension shall remain in full force and effect until such time as the Board determines that respondent is in full compliance with all terms and

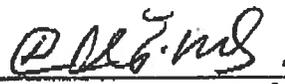
conditions of this Order, and thereafter enters an Order reinstating respondent's authorization to practice medicine in New Jersey.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By:


Stewart A. Birkowitz, M.D.
Board President

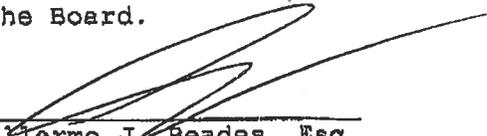
I represent that I have carefully read and considered this Order, understand its terms, agree to comply with said terms and consent to the entry of the Order by the Board.


Dineshchandra G. Patel, M.D.

Dated:

3/7/2016

Consent to form of Order and to the entry of this Order by the Board.


Guillermo J. Beades, Esq.
Counsel for Dr. Patel

Dated:

3/8/2016

**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.