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Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania,	:	
Bureau of Professional and	:	
Occupational Affairs	:	
	:	
	:	Docket No. 1801-49-09
vs.	:	File No. 09-49-01668
	:	
Randy A. Hutchins, PA-C,	:	
Respondent	:	

CONSENT AGREEMENT AND ORDER

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board of Medicine ("Board") pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended ("Act"), 63 P.S. §422.1 et seq.

2. At all relevant and material times, Randy A. Hutchins ("Respondent") held a license to practice as a physician assistant in the Commonwealth of Pennsylvania, license number MA-000246-L.

3. Respondent admits that the following facts are true:

a. Respondent's license is active through December 31, 2010, and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known address on file with the Board is 412 Hayes Street, Chester, PA 19013.

c. On or about September 25, 2007, Marisa A. Rogers, M.D. (“Dr. Rogers”) submitted a signed Application for Registration as a Supervising Physician to the Board.

d. A true and correct copy of the Application for Registration as a Supervising Physician referenced in paragraph 3c is attached and incorporated as **Exhibit A**.

e. As referenced in paragraph 3c, the Application for Registration as a Supervising Physician was submitted by Dr. Rogers for supervision of the Respondent.

f. As referenced in paragraph 3c, the Application for Registration as a Supervising Physician included a copy of a proposed Written Agreement between the Respondent and Dr. Rogers.

g. On or about October 18, 2007, the Board sent correspondence to Dr. Rogers.

h. A true and correct copy of the correspondence referenced in paragraph 3g is attached and incorporated as **Exhibit B**.

i. Annotated in the correspondence referenced in paragraph 3g is the following statement: “The Board is in receipt of your physician assistant supervisor application. The following is required so your application can be re-evaluated.”

j. On or about January 28, 2009, Dr. Rogers sent correspondence and an attachment to the Board.

k. A true and correct copy of the correspondence and attachment referenced in paragraph 3j is attached and incorporated as **Exhibit C**.

l. Annotated in the correspondence referenced in paragraph 3j is the following statement: "An application for registration as a supervising physician was submitted in September 2007. Documentation requesting additional information was subsequently sent to me."

m. On or about February 20, 2009, the Board approved the Application for Registration as a Supervising Physician and Written Agreement submitted by Dr. Rogers.

n. On or about August 6, 2009, Dr. Rogers sent correspondence to Investigator Robert M. Donovan of the Department of State, Bureau of Enforcement and Investigation (BEI).

o. A true and correct copy of the correspondence referenced in paragraph 3n is attached and incorporated as **Exhibit D**.

p. Annotated in the correspondence referenced in paragraph 3n is the following statement: "Despite this shortcoming, at no time was Randy Hutchins not clinically supervised in his role at Spectrum Health Services, Inc. I reviewed his charts and counter signed them. I routinely discussed clinical cases with him and saw patients that he cared for as required."

q. Prior to February 2009, the Respondent provided medical services as a physician assistant in the Commonwealth of Pennsylvania under the supervision of Dr. Rogers.

r. Board regulations at 49 Pa. Code §18.142(b) require that all written agreements between physicians and physician assistants shall be approved by the Board.

4. The actions of Respondent, described above, violated the Act at 63 P.S. §422.41(6) in that Respondent was in violation of Board regulations at 49 Pa. Code §18.152(a)(1) by providing medical services except as described in a written agreement approved by the Board.

5. Intending to be legally bound, the participants consent to issuance of the following Order in settlement of this matter:

a. Respondent violated the Act at 63 P.S. §422.41(6) in that Respondent was in violation of Board regulations at 49 Pa. Code §18.152(a)(1) by providing medical services except as described in a written agreement approved by the Board.

b. Respondent shall pay a **CIVIL PENALTY** of \$1000.00 by cashier's check, certified check, U.S. Postal money order or attorney's check, valid no less than 90 days from date of issuance and made payable to "Commonwealth of Pennsylvania." Respondent shall return the full Civil Penalty with the signed Consent Agreement. The imposition of said civil penalty shall be considered the sole action by the Department of State against Respondent in this matter.

6. Respondent acknowledges receipt of an Order to Show Cause in this matter.

Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by

the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

7. This Consent Agreement is between the Commonwealth and Respondent only.

Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board issues the stipulated Order.

8. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

10. This Agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever, concerning this Agreement.

11. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Keith E. Bashore

Keith E. Bashore, Esq.
Prosecuting Attorney
Department of State

DATED: 4/26/10

Randy A. Hutchins PA-C

Randy A. Hutchins, PA-C
Respondent

DATED: 4/22/10

Joan E. Clarke

Joan E. Clarke, Esq.
Attorney for Respondent

DATED: 4/22/10

49-106 (REV. 9/07)
Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
st-medicine@state.pa.us

EXHIBIT
A

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

INSTRUCTIONS - Print or type all information. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor. **NOTE:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania." The fee cannot be transferred to another application.

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

****NOTE: PENNSYLVANIA LAW REQUIRES THAT YOU MAINTAIN A COPY OF THIS APPLICATION AND ALL ATTACHMENTS.**

REGARDLESS OF THE FILING DATE, A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD'S APPROVAL OF THIS APPLICATION.

PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

LAST Rogers FIRST MARISA MIDDLE Ani LIC NO. MD-421609

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

LAST Hutchins FIRST Robby MIDDLE AARON LIC NO. MA-0002466

PRACTICE ADDRESS 3619 VINE ST
STREET

PHILA CITY PA STATE 19143 ZIP CODE

PRACTICE TELEPHONE (215) 471-2750

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties Internal Medicine

Do you hold a membership in any American Boards of Medical Specialties? YES _____ NO X

If yes, list Board(s) _____

Do you hold hospital staff privileges? YES X NO _____

If you have hospital staff privileges, indicate the hospital name(s).
Penn Presbyterian Medical Center

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

The physician assistant identified in this application will only work with the primary supervising physician and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Marissa Rogers
Signature of Primary Supervising Physician

9/25/07
Date

Ruby A. Hutton PA-C
Signature of Physician Assistant

9/17/07
Date

Name of Substitute Physician Assistant Supervisor *CARLOTTA M. LINDSAY, MS*

License # *MD068327C*

Signature *Carlotta M. Lindsay MS* Date *9/25/07*

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____

(Attach 8 1/2 x 11 sheets with additional names if needed.)

WRITTEN AGREEMENT

Marisa Rogers

NAME OF PRIMARY SUPERVISING PHYSICIAN

Randy A. Hutchins PA-C

NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant:

2. Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.

3. List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

4. Will the physician assistant prescribe and dispense drugs/therapeutic devices?
 YES NO

If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.

<u>Chemotherapy agents</u>		
<u>injectational drugs</u>		
<u>Narcotics</u>		

If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?

YES NO

NOTE: The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.

Rodney A. Hester PA-C
Physician Assistant

MANAGEMENT PROTOCOL
FOR
SPECTRUM HEALTH SERVICES
PHYSICIAN ASSISTANT

PRIMARY FUNCTION

To assist with and provide care for Family Planning, Gynecologic, and selected Obstetrical patients under the care of Spectrum Health Services. The Physician assistant will also provide care to those patients as directed by, and under the responsibility and supervision of the Physician.

Duties and Responsibilities

1. To assist the Physician in the evaluation, care and management of Spectrum Health Services(SHS) patients which will include:
 - a. Perform and record history and physical examinations.
 - b. Write routine order and patient medications, and arrange for appropriate laboratory, radiological studies, and consults.
 - c. Prescribe patient medication as indicated, including all formulary or formulary equivalent medication.
 - d. Evaluate laboratory, and radiological studies, taking appropriate action as indicated.
 - e. Inform the physician of all changes in the patient's condition; write pertinent progress notes,
 - f. Perform such office procedures :
 - i. Pelvic examinations to determine estimated length of pregnancy
 - ii. Pap smear,
 - iii. Endometrial biopsy
 - iv. Insertion of intra-uterine contraception
 - v. Labial and cervical biopsies
 - vi. Colposcopy
 - vii. Incision and drainage of simple abscesses with or without packing
 - viii. Suture skin incisions, and minor lacerations
 - ix. Start intravenous lines
 - x. Insert Foley catheters
 - xi. Cardiopulmonary resuscitation
 - xii. perform any other procedures as ordered by the physician that he/she feels is within the scope of the PA's ability
2. Should the need arise participate in the medical /surgical care of SHS patient's that are admitted for hospitalization, and the Physician Assistant is credentialed
3. Report directly to the Physician for all patient care related functions



EXHIBIT
B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105

Telephone: (717) 787-2381
(717) 783-1400

Fax: (717) 787-7769
www.dos.state.pa.us

October 18, 2007

MARISA ROGERS
5619 VINE STREET
PHILADELPHIA PA 19143

RE: RANDY AARON HUTCHINS, PA-C

Dear Doctor:

The Board is in receipt of your physician assistant supervisor application. The following is required so your application can be re-evaluated.

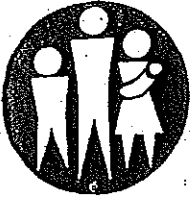
Item 1.f.xii of the answer to question one states the physician assistant will 'perform any other procedures' This indicates that the physician assistant will perform procedures not listed in the written agreement. A physician assistant is only permitted to perform those duties, treatments and procedures specifically listed in the written agreement. Please replace this statement with specific tasks the physician assistant will perform.

Please answer question two regarding the time, place and manner of supervision and direction you will provide the physician assistant.

Please answer question three by providing the facility names, addresses and practice settings where the physician assistant will be utilized.

EVALUATOR: TERRY

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE PHYSICIAN ASSISTANT MAY NOT BEGIN WORKING UNDER YOUR EMPLOY UNTIL YOUR SUPERVISOR APPLICATION HAS BEEN APPROVED.



Spectrum Health Services, Inc.
Progress Haddington Plaza
5619-25 Vine Street
Philadelphia, Pennsylvania 19139
215-471-2750 - 215-471-1079 Fax - www.Spechealth.org



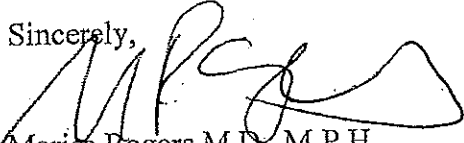
January 28, 2009

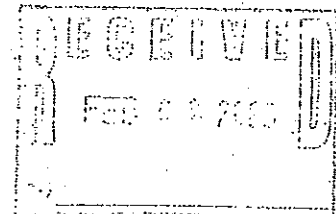
Attention: Terry

To Whom It May Concern:

I am writing regarding the physician assistant application of Randy Hutchins. An application for registration as a supervising physician was submitted in September 2007. Documentation requesting additional information was subsequently sent to me. I did not receive this documentation and did not know that this information was requested until Randy Hutchins brought it to my attention. I apologize for the delay in submitting the information.

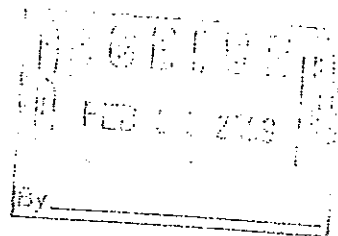
Sincerely,


Marisa Rogers M.D., M.P.H.
Medical Director



Additional information for Application for Registration as a Supervising Physician for
Randy Hutchins

1. The statement "perform any other procedures as ordered by the physician" has been deleted as all the office procedures are listed.
2. Mr. Hutchins will have physician supervision while practicing at both clinical sites. A physician will be on site during his hours of clinical practice. His hours of practice are Mondays and Thursdays from 4-8pm and some Saturdays from 9am-1pm. The supervising physician will routinely review the charts of patients seen by Mr. Hutchins for quality assurance. Written feedback will be provided to him regarding the results of these reviews.
3. Spectrum Health Services, Inc. – Federally qualified community health center with 2 sites
Haddington Health Center
5619 Vine Street
Philadelphia, PA 19139
Broad Street Health Center
1415 N. Broad Street, Suite 224
Philadelphia, PA 19122





Spectrum Health Services, Inc.

Progress Haddington Plaza
5619-25 Vine Street
Philadelphia, Pennsylvania 19139
215-471-2750 - 215-471-1079 Fax - www.Spechealth.org

EXHIBIT
D


August 6, 2009

Dear Mr. Donovan,

I am writing to address the complaint of failure to supervise an employee from the Pennsylvania State Board of Medicine. An application for Physician Assistant supervision for Randy Hutchins, PA-C, was submitted in October 2007, but a response was not submitted until February 2009. This was an administrative error that will never happen again. I became Medical Director of Spectrum Health Services, in August 2007 and subsequently assumed supervisory responsibilities for Mr. Hutchins. The initial application was submitted. The response was received and subsequently lost. Not being familiar with the process, I did not recognize that a response had not submitted, until it was brought to my attention at a significantly later date. Since this incident, we have put in place protocols to ensure that a lapse of this kind never happens again.

Despite this shortcoming, at no time was Randy Hutchins not clinical supervised in his role at Spectrum Health Services, Inc. I reviewed his charts and counter signed them. I routinely discussed clinical cases with him and saw patients that he cared for as required. I audited his charts and provided written feedback about clinical and documentation concerns. I want to assure the Board that despite the administrative lapse in protocol, there was not lapse in clinical oversight or patient care.

Sincerely,


Marisa Rogers M.D., M.P.H.
Medical Director

ORDER

AND NOW, this 25th day of May, 2010, the State Board of Medicine adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BY ORDER:

**BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**

STATE BOARD OF MEDICINE

Basil L. Merenda

Basil L. Merenda
Commissioner

Carol E. Rose

Carol E. Rose, M.D.
Chairperson

File No. 09-49-01668

Date of mailing:

5-27-10

For the Commonwealth:

Keith E. Bashore, Prosecuting Attorney
P. O. Box 2649
Harrisburg, PA 17105-2649

For Respondent:

Joan E. Clarke, Esquire
Tucker Law Group. LLC
One Penn Center at Suburban Station
1617 JFK Blvd., Suite 1700
Philadelphia, PA 19103