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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	INTERIM ORDER FOR
	:	COMPREHENSIVE
MICHAEL A. DEHNER, M.D.,	:	CLINICAL PERFORMANCE
	:	ASSESSMENT
RESPONDENT.	:	<u>ORDER 0000213</u>
	:	

[Division of Enforcement Case No. 09 MED 028]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Michael A. Dehner, M.D.
Boscobel Clinic
208 Parker Street
Boscobel, WI 53805

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

On February 4, 2009, the Department received an informal complaint. An investigation was opened after screening on March 17, 2009, and is continuing.

The parties agree to the terms and conditions of the attached Stipulation as an interim measure for investigative purposes, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Michael A. Dehner, M.D., Respondent, date of birth April 3, 1952, is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 20-40989, which was first granted April 26, 1999, and which was immediately limited for a period of five years. The Board granted full licensure on April 26, 2004.

2. Respondent's address of record with the Wisconsin Medical Examining Board is 208 Parker Street, Boscobel, WI 53805. Throughout the period of Wisconsin licensure, Respondent has worked as a physician at Boscobel Clinic, Boscobel, Wisconsin.

3. The basis for the first limitation of Respondent's license was an order of the Iowa Board of Medical Examiners. On April 15, 1999, in Case No. 02-98-043, the Iowa Board found that Respondent had violated rules of professional conduct in that state by: a) having disciplinary action taken by the United States Attorney on behalf of the Drug Enforcement Administration; and b) practicing below minimal standards. The Iowa Board issued a final order in which it placed Respondent's license to practice on probation for five years, limited his ability to prescribe controlled substances, required monitoring of prescriptive activities, and ordered a comprehensive prescribing course. According to the order, Respondent over-prescribed controlled substances to several patients for an extended period of time without providing appropriate evaluations and/or referrals, and without maintaining appropriate medical records.

4. The Wisconsin MEB granted Respondent full licensure on April 26, 2004.

5. On July 19, 2006, in 05MED146, the Board concluded that Respondent violated Wis. Admin. Code § MED 10.02(2)(h), when, with radiographic evidence of an incomplete mechanical small bowel obstruction, Respondent ordered Dulcolax, which created the unacceptable risk of bowel perforation. The Board also determined that Respondent's care of the patient fell below the level of minimal competence when he failed to consider placing a nasogastric tube to decompress the patient's stomach. The patient died. The Board reprimanded Respondent and limited his license, requiring successful completion of an extensive gastroenterology review course. The Board granted full licensure on October 25, 2006.

6. On August 20, 2008, in 07MED300, the Board again concluded that Respondent violated Wis. Admin. Code § MED 10.02(2)(h), when, in the course of delivering a baby, he:

- a. failed to recognize the probability of placental abruption;
- b. failed to immediately request a surgeon;
- c. initiated Pitocin too close in time to Cytotec;
- d. administered Pitocin and Cytotec in the presence of a nonreassuring fetal monitor pattern with abruption placenta as the probable cause, and without a surgeon immediately available;
- e. ordered Fentanyl by IV while fetal heart monitoring indicated distress.

7. The Board limited Respondent's license to practice and required Respondent, inter alia, to: undergo 30 hours of continuing education pertaining to recognition of obstetrical emergencies, work with an extensive mentoring program, and refrain from delivering babies unless another physician with obstetrical privileges is present for and available to assist with the labors and deliveries. As of the date of signing of this order, the limitations remain in place, and Respondent is in full compliance with monitoring requirements.

8. On February 4, 2009, the Department received a complaint alleging that between July 20, 2008, and August 19, 2008, Respondent misdiagnosed gallstones as chronic constipation. The patient reported that Respondent was disrespectful in his dealings with her. The complaint resulted in the instant investigation. The Division's preliminary investigation indicates that Respondent's care of the patient may have fallen below minimal standards on three occasions during that period of time. On February 20, 2009, in response to a Department inquiry, Respondent stated he believed the care he provided was appropriate.

9. The conduct underlying the instant matter concerns gastroenterology and occurred after Respondent had already completed an extensive educational course in gastroenterology. It may be the third time within a five-year period in which Respondent provided patient care that fell below minimal standards, with serious consequences for the patients. A comprehensive assessment of Respondent's clinical performance (medical knowledge, clinical judgment, patient management skills, professionalism and cognitive and executive functioning) is likely to provide insight into the cause of this third incident and Respondent's rehabilitative needs. A comprehensive assessment would therefore be helpful to the Board's investigation.

10. The University of Wisconsin School of Medicine and Public Health offers comprehensive clinical performance assessment of physicians. The assessment addresses medical knowledge, clinical judgment, patient management skills, professionalism, and cognitive and executive functioning. The assessment typically consists of a two-day series of clinically-oriented tests based on the profile of the physician's practice. The profile of practice is determined by a log of office encounters and a log of hospitalized patient data. The assessment results in a report containing findings and recommended education activities (if appropriate) with a cost estimate.

11. Respondent's agreement to undergo this comprehensive assessment at his own cost is an indication of his willingness to cooperate fully with the Board's investigation.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3)(a).

2. A comprehensive assessment of Respondent's clinical performance skills will be useful to the Board in its investigation of the allegations and identification of possible rehabilitative needs. The requirements of Wis. Stat. § 448.02(3)(a) have therefore been met, and the Board is authorized to order the assessment.

INTERIM ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that Respondent, Michael A. Dehner, M.D., shall undergo a comprehensive clinical performance assessment as follows:

1. Within fourteen days of the date of this Order, Respondent shall contact Physician Assessment Services at the Office of Continuing Professional Development in Medicine and Public Health, University of Wisconsin School of Medicine and Public Health, 750 Highland Ave., Room 3359, Madison, Wisconsin, 53705 (telephone 608-263-6637), and begin the assessment process as soon as possible thereafter.

2. Respondent shall comply with any and all requests by the Physician Assessment Services (the assessors) for purposes of scheduling and completing the comprehensive assessment. Any lack of full, complete and timely cooperation, as determined by the assessors, may constitute a violation of an order of the Medical Examining Board.

3. Unless otherwise requested by staff at the Physician Assessment Services, Respondent shall undergo the assessment within ninety days of the date of this Interim Order.

4. Unless otherwise agreed by the assigned prosecutor, the Senior Outreach Specialist of Physician Assessment Services shall, within 90 days of the assessment, provide to the Division of Enforcement, a written report of the assessment, including conclusions and recommendations, as well as copies of all supporting data.

5. Respondent shall be responsible for timely payment of the costs of the assessment. Payment shall be made directly to the assessors.

6. Violation of any of the terms of this Interim Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may, in the alternative, impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order.

7. Respondent shall execute all releases necessary to permit full disclosure of the assessment application, process, results and recommendations to the Board or its designee. Certified copies of all assessment reports, examination results and written opinions of the assessors shall be admissible in any future proceeding before the Medical Examining Board, without testimony from the assessors.

8. In the event Respondent fails to timely submit payment of the costs as ordered or fails to comply with the comprehensive assessment as set forth above, the Respondent's license may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs and completion of the assessment.

This Order is effective upon the date of its signing.

Wisconsin Medical Examining Board

By: Skarles MD
A Member of the Board

5/19/2010
Date