

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1718

APR 06 2016

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY HELD BY WILLIAM W. WILLIS, D.O., LICENSE NO. 02719, 1803 MICHAEL AVENUE, PETERSBURG, WEST VIRGINIA 26847

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, and William W. Willis, D.O. ("the licensee"), and, based upon their mutual desire to fully and finally resolve the pending grievance without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, William W. Willis, D.O., was licensed by the Board to practice osteopathy within the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. In March 2011, the Board opened an investigation into the licensee's practices after it received information from Commonwealth Attorney Rick L. Bartley alleging that the licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle.
4. At the conclusion of the investigation, the licensee entered into an Agreed Order of Indefinite Restriction which stipulated the following:
 - a. On or about March 7, 2011, the Board received information from Commonwealth Attorney Rick L. Bartley which raised concerns that the

licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle;

- b. On or about January 27, 2012, UNITE Detective William Skeens informed Stephen C. Johnson, Pharmacist Consultant for the Office of Inspector General, Drug Enforcement and Professional Practices (“Drug Enforcement”), that he had received several complaints concerning the licensee’s practice at Pikeville Pain Management, LLC, in Pikeville, Kentucky. The Kentucky Secretary of State’s website revealed three (3) possible owners of Pikeville Pain Management, LLC, including the licensee and Richard Albert, M.D., a physician who had been charged with illegal distribution of controlled substances while employed at CareMore Pain Management in Paintsville, Kentucky;
- c. On or about January 30, 2012, Stephen C. Johnson, Pharmacist Consultant, Drug Enforcement, reviewed and analyzed the licensee’s KASPER records (for the period ranging from January 28, 2011 until January 28, 2012) and noted several concerns based upon the age of patients, the use of addictive drug combinations, and similar last names among patients. Mr. Johnson identified fifteen (15) of the licensee’s patients with prescribing patterns reflective of these concerns and recommended further investigation by the Board;
- d. A Board consultant reviewed eighteen (18) of the licensee’s patient charts and found that the licensee departed from or failed to conform to acceptable and prevailing medical practices in the areas of diagnosis, treatment, recording of patient care and overall patient care in at least nine (9) of the patient cases reviewed. Overall, the consultant noted that the licensee demonstrated
 - a pattern of repetitive failure to properly document, act upon or explain inconsistent drug screens;
 - a pattern of prescribing long term, daily dosed short-acting benzodiazepines, despite thin evidence that such drugs are a useful adjuvant in the treatment of chronic pain, and in a manner which suggests “over-prescribing” of benzodiazepines;
 - a pattern of poor record keeping, which rose to the level of gross negligence in some cases; and
 - a pattern of prescribing controlled substances to patients who had broken terms of a pain contract, exhibited fraudulent behavior or had been discharged from the licensee’s practice.

The Board consultant also noted that the licensee demonstrated gross negligence with regard to the prescription of a sudden escalating dose of

an opiate pain medication to an elderly patient with multiple medical problems and failing to document the medical necessity of the sudden dose increase. The consultant's report was attached and incorporated in its entirety;

- e. On July 13, 2012, the licensee's counsel submitted a letter to the Board in which he indicated that the licensee intended to no longer practice pain management and had become employed in hospital-based emergency room. It was also shown that the licensee had enrolled in the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Health Center and the Documentation Seminar offered through the Center for Personalized Education for Physicians; and
 - f. Based on these facts, the Hearing Panel could find that he engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4).
5. Before entering into the Agreed Order of Indefinite Restriction, the Panel considered information from its investigator that the licensee was unusually evasive during the course of the investigation, including that
- a. It was noted that the licensee was never in the clinic when the Board's investigator went there and the investigator was not able to attain a time when the licensee would be present. According to the clinic's staff, the licensee "kind of comes and goes."
 - b. The licensee did sometimes speak with the Board investigator on the phone – he called the investigator on occasion at unusual hours and while sounding impaired; in February, the licensee called the Board's investigator and told him that he was on an extended vacation in Indiana and would not be available for an interview until the middle of March. When the investigator tried to arrange an interview in March, the licensee's counsel refused to allow the licensee to be interviewed.
 - c. Prior to the Inquiry Panel reviewing the investigation at its July 2012 meeting, the licensee was given notice and informed that he could appear and be heard by the Panel before it voted. However, the licensee did not appear; instead his counsel appeared and informed the Panel that he advised the licensee against appearing before the Panel. Neither the Panel nor the investigator ever saw the licensee throughout the course of the action.

6. On August 14, 2012, the Inquiry Panel issued an Order to Submit to Neuropsychological, Physical and Impairment Evaluations, pursuant to KRS 311.599, after finding probable cause to believe that the licensee may be suffering from a physical or mental condition that might impede his ability to practice osteopathy competently. The licensee and his counsel received actual notice of the Order.
7. The licensee failed to appear for or submit to the ordered neuropsychological evaluation scheduled for August 22, 2012.
8. The licensee failed to appear for or submit to the ordered physical examination scheduled for August 28, 2012.
9. The licensee failed to show that the failure to comply with the terms of the Order to Submit to Neuropsychological, Physical and Impairment Evaluations was due to circumstances beyond his control. Instead, the licensee acknowledged that he failed to submit to the evaluations simply because he “read through [the Order] too quickly and did not realize that specific dates had been scheduled.”
10. On or about October 1, 2012, Inquiry Panel B issued an Order of Revocation against the licensee’s license to practice osteopathy in the Commonwealth of Kentucky following revocation of that license due to failure to submit to evaluations, pursuant to KRS 311.599.
11. On or about November 5, 2012, the licensee completed a neuropsychological evaluation with W. Kent Hicks, Ed.D., and Leslie Marks, M.Ed., who found “no mental or physical condition exists that would impede Dr. Willis’ practice of medicine.”

12. On or about November 19, 2012, the licensee completed an impairment evaluation with Greg Jones, M.D., at the Kentucky Physicians Health Foundation. Dr. Jones “did not find sufficient evidence to warrant a diagnosis” and “no reason for Dr. Willis to have any ongoing relationship with the Kentucky Physicians Health Foundation.”
13. On or about December 3, 2012, Dr. Willis completed a physical examination with Mark Jorrisch, M.D., who found that “unless otherwise identified by screening laboratory, and assuming good control of all chronic medical conditions, there does not appear to be a medical reason to prevent Dr. Willis from acting in his usual capacity as a primary care physician.”
14. On or about November 14, 2012, the licensee paid a fine of \$1,000 and reimbursed the costs of the initial investigation, in the amount of \$3,262.50, as required by the Agreed Order of Indefinite Restriction of August 9, 2012.
15. Pursuant to the Agreed Order of Indefinite Restriction of August 9, 2012, the licensee completed the “Prescribing Controlled Drugs” course at Vanderbilt University Health Center on September 12-14, 2012.
16. Pursuant to the Agreed Order of Indefinite Restriction of August 9, 2012, the licensee completed the CPEP Documentation Seminar on September 29, 2012.
17. Upon the licensee’s request for reinstatement of his license to practice osteopathy in the Commonwealth of Kentucky, on January 17, 2013, Inquiry Panel B chose to reinstate his license pursuant to the terms and conditions of an Agreed Order of Indefinite Restriction, Case No. 1434.

18. Pursuant to the Agreed Order of Indefinite Restriction, Case No. 1434, the licensee was restricted from practicing within the Commonwealth of Kentucky without practice location approval; limited to prescribing or dispensing controlled substances to persons who are registered patients of a hospital-based Emergency Department, during the time that the patient is admitted to the Emergency Room and, when medically necessary, for up to a 72-hour period following their discharge; required to maintain a “controlled substances log” for all controlled substances prescribed, subject to Board review; to enroll in (within 30 days) and complete the CPEP Personalized Implementation Program; and not further violate KRS 311.595 and/or 311.597.
19. After entering into the Agreed Order of Indefinite Restriction, Case No. 1434, the licensee did not practice osteopathy in the Commonwealth of Kentucky but maintained a license to do so.
20. After entering into the Agreed Order of Indefinite Restriction, Case No. 1434, the licensee did not enroll in or complete the CPEP Personalized Implementation Program.
21. In or around December 2013, the State of Nevada issued a criminal complaint and an arrest warrant against the licensee for outstanding gambling debts in that state.
22. In or around February 2014, the licensee submitted an Application for Renewal of Kentucky Medical/Osteopathic License and failed to disclose that he had become the subject of a criminal investigation.

23. In or around May 2015, the licensee submitted a renewal application for his West Virginia osteopathic license and failed to disclose that he had become subject to criminal charges.
24. In or around June 2015, after the licensee applied for a gun permit and a background check revealed his outstanding arrest warrant in the State of Nevada, the licensee was arrested in the State of West Virginia.
25. Following the licensee's arrest, the VA medical center in Martinsburg, West Virginia (where the licensee practiced) began an investigation into the licensee's practice.
26. The licensee resigned his privileges at the VA medical center while under investigation or under threat of investigation.
27. On or about September 17, 2015, the West Virginia Board of Osteopathic Medicine filed charges and an Order for Summary Suspension of his osteopathic license in that state.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky osteopathic license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(1), (9), (12), (13), (17) and (21). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

3. 201 KAR 9:081, §9(4)(c), provides that if an licensee has had disciplinary action taken against or sanction imposed upon the licensee's license to practice in any other state, the Board shall, at a minimum, impose the same substantive sanctions upon the licensee's license to practice in the Commonwealth of Kentucky.
4. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending grievance without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending grievance without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice osteopathy in the Commonwealth of Kentucky held by William W. Willis, D.O., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Agreed Order;
2. During the effective period of this Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
 - a. The licensee SHALL NOT perform any act which would constitute the "practice of medicine or osteopathy," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until approved to do so by the Panel;

- b. Pursuant to KRS 311.565(1)(v), the licensee SHALL pay a FINE in the amount of five-thousand dollars (\$5,000), before the licensee may request approval to resume the active practice of osteopathy in the Commonwealth of Kentucky; and
 - c. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
- 3. The licensee understands and agrees that the Panel SHALL NOT consider a request by the licensee for approval to resume the active practice of osteopathy unless and until his license to practice osteopathy becomes reinstated in the State of West Virginia;
 - i. The licensee understands and agrees that the Panel may require the licensee to undergo evaluations and/or assessments, at the licensee's expense, to assist the Panel in considering any petition resume the active practice of osteopathy; and
 - ii. The licensee understands and agrees that if the licensee's West Virginia osteopathic license is not reinstated and the licensee has not practiced osteopathy in any state before July 1, 2017, the licensee SHALL successfully complete a board-approved clinical skills assessment, at his expense, before the Panel shall allow him to resume the active practice of osteopathy in the Commonwealth of Kentucky.
- 4. The licensee understands and agrees that if the Panel should allow the licensee to resume the active practice of osteopathy in the Commonwealth of Kentucky, it shall do so by an Amended Agreed Order, pursuant to which the licensee shall be restricted from practicing within the Commonwealth of Kentucky without practice location approval; limited to prescribing or dispensing controlled substances to persons who are registered patients of a hospital-based Emergency Department, during the time that the patient is admitted to the Emergency Room and, when medically necessary, for up to a 72-hour period following their discharge; required to maintain a "controlled substances log" for all controlled

substances prescribed, subject to Board review; to enroll in and complete the CPEP Documentation Seminar and Personalized Implementation Program; and any other terms and conditions deemed appropriate by the Panel at that time.

5. The licensee understands and agrees that if he should violate any term or condition of the Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.
6. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13) and may provide a legal basis for criminal prosecution for practicing medicine/osteopathy without a license.


SO AGREED on this 2nd day of April, 2016.

FOR THE LICENSEE:



WILLIAM W. WILLIS, D.O.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B



LEANNE K. DIAKOV
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1434

FEB 12 2013

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY HELD BY WILLIAM W. WILLIS, D.O., LICENSE NO. 02719, 3200 TODDS ROAD, # 803, LEXINGTON, KENTUCKY 40509

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, and William W. Willis, D.O. ("the licensee"), and, based upon their mutual desire to reinstate the licensee's license to practice osteopathy in the Commonwealth of Kentucky following revocation of that license due to failure to submit to evaluations, pursuant to KRS 311.599, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Indefinite Restriction:

1. At all relevant times, William W. Willis, D.O., ("the licensee") was licensed by the Board to practice osteopathy in the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. In March 2011, the Board opened an investigation into the licensee's practices after it received information from Commonwealth Attorney Rick L. Bartley alleging that the licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle.
4. At the conclusion of the investigation, the licensee entered into an Agreed Order of Indefinite Restriction which stipulated the following:

- a. On or about March 7, 2011, the Board received information from Commonwealth Attorney Rick L. Bartley which raised concerns that the licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle;
- b. On or about January 27, 2012, UNITE Detective William Skeens informed Stephen C. Johnson, Pharmacist Consultant for the Office of Inspector General, Drug Enforcement and Professional Practices (“Drug Enforcement”), that he had received several complaints concerning the licensee’s practice at Pikeville Pain Management, LLC, in Pikeville, Kentucky. The Kentucky Secretary of State’s website revealed three (3) possible owners of Pikeville Pain Management, LLC, including the licensee and Richard Albert, M.D., a physician who had been charged with illegal distribution of controlled substances while employed at CareMore Pain Management in Paintsville, Kentucky;
- c. On or about January 30, 2012, Stephen C. Johnson, Pharmacist Consultant, Drug Enforcement, reviewed and analyzed the licensee’s KASPER records (for the period ranging from January 28, 2011 until January 28, 2012) and noted several concerns based upon the age of patients, the use of addictive drug combinations, and similar last names among patients. Mr. Johnson identified fifteen (15) of the licensee’s patients with prescribing patterns reflective of these concerns and recommended further investigation by the Board;
- d. A Board consultant reviewed eighteen (18) of the licensee’s patient charts and found that the licensee departed from or failed to conform to acceptable and prevailing medical practices in the areas of diagnosis, treatment, recording of patient care and overall patient care in at least nine (9) of the patient cases reviewed. Overall, the consultant noted that the licensee demonstrated
 - a pattern of repetitive failure to properly document, act upon or explain inconsistent drug screens;
 - a pattern of prescribing long term, daily dosed short-acting benzodiazepines, despite thin evidence that such drugs are a useful adjuvant in the treatment of chronic pain, and in a manner which suggests “over-prescribing” of benzodiazepines;
 - a pattern of poor record keeping, which rose to the level of gross negligence in some cases; and
 - a pattern of prescribing controlled substances to patients who had broken terms of a pain contract, exhibited fraudulent behavior or had been discharged from the licensee’s practice.

The Board consultant also noted that the licensee demonstrated gross negligence with regard to the prescription of a sudden escalating dose of an opiate pain medication to an elderly patient with multiple medical problems and failing to document the medical necessity of the sudden dose increase. The consultant's report was attached and incorporated in its entirety;

- e. On July 13, 2012, the licensee's counsel submitted a letter to the Board in which he indicated that the licensee intended to no longer practice pain management and had become employed in hospital-based emergency room. It was also shown that the licensee had enrolled in the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Health Center and the Documentation Seminar offered through the Center for Personalized Education for Physicians; and
 - f. Based on these facts, the Hearing Panel could find that he engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4).
5. Before entering into the Agreed Order of Indefinite Restriction, the Panel considered information from its investigator that the licensee was unusually evasive during the course of the investigation, including that
- a. It was noted that the licensee was never in the clinic when the Board's investigator went there and the investigator was not able to attain a time when the licensee would be present. According to the clinic's staff, the licensee "kind of comes and goes."
 - b. The licensee did sometimes speak with the Board investigator on the phone - he called the investigator on occasion at unusual hours and while sounding impaired; in February, the licensee called the Board's investigator and told him that he was on an extended vacation in Indiana and would not be available for an interview until the middle of March. When the investigator tried to arrange an interview in March, the licensee's counsel refused to allow the licensee to be interviewed.
 - c. Prior to the Inquiry Panel reviewing the investigation at its July 2012 meeting, the licensee was given notice and informed that he could appear and be heard by the Panel before it voted. However, the licensee did not appear; instead his counsel appeared and informed the Panel that he advised the licensee against appearing before the Panel. Neither the Panel nor the investigator ever saw the licensee throughout the course of the action.

6. On August 14, 2012, the Inquiry Panel issued an Order to Submit to Neuropsychological, Physical and Impairment Evaluations, pursuant to KRS 311.599, after finding probable cause to believe that the licensee may be suffering from a physical or mental condition that might impede his ability to practice osteopathy competently. The licensee and his counsel received actual notice of the Order.
7. The licensee failed to appear for or submit to the ordered neuropsychological evaluation scheduled for August 22, 2012.
8. The licensee failed to appear for or submit to the ordered physical examination scheduled for August 28, 2012.
9. The licensee failed to show that the failure to comply with the terms of the Order to Submit to Neuropsychological, Physical and Impairment Evaluations was due to circumstances beyond his control. Instead, the licensee acknowledged that he failed to submit to the evaluations simply because he “read through [the Order] too quickly and did not realize that specific dates had been scheduled.”
10. On or about October 1, 2012, Inquiry Panel B issued an Order of Revocation against the licensee’s license to practice osteopathy in the Commonwealth of Kentucky following revocation of that license due to failure to submit to evaluations, pursuant to KRS 311.599.
11. On or about November 5, 2012, the licensee completed a neuropsychological evaluation with W. Kent Hicks, Ed.D., and Leslie Marks, M.Ed., who found “no mental or physical condition exists that would impede Dr. Willis’ practice of medicine.”
12. On or about November 19, 2012, the licensee completed an impairment evaluation with Greg Jones, M.D., at the Kentucky Physicians Health Foundation. Dr. Jones

“did not find sufficient evidence to warrant a diagnosis” and “no reason for Dr. Willis to have any ongoing relationship with the Kentucky Physicians Health Foundation.”

13. On or about December 3, 2012, Dr. Willis completed a physical examination with Mark Jorrisch, M.D., who found that “unless otherwise identified by screening laboratory, and assuming good control of all chronic medical conditions, there does not appear to be a medical reason to prevent Dr. Willis from acting in his usual capacity as a primary care physician.”
14. On or about November 14, 2012, the licensee paid a fine of \$1,000 and reimbursed the costs of the initial investigation, in the amount of \$3,262.50, as required by the Agreed Order of Indefinite Restriction of August 9, 2012.
15. Pursuant to the Agreed Order of Indefinite Restriction of August 9, 2012, the licensee completed the “Prescribing Controlled Drugs” course at Vanderbilt University Health Center on September 12-14, 2012.
16. Pursuant to the Agreed Order of Indefinite Restriction of August 9, 2012, the licensee completed the CPEP Documentation Seminar on September 29, 2012.
17. Upon the licensee’s request for reinstatement of his license to practice osteopathy in the Commonwealth of Kentucky, on January 17, 2013, Inquiry Panel B chose to reinstate his license pursuant to the terms and conditions of the following Agreed Order of Indefinite Restriction.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Indefinite Restriction:

1. The licensee’s osteopathic license is subject to regulation and discipline by the Board.

2. The licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4), and KRS 311.595(13). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Indefinite Restriction.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending grievance without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Indefinite Restriction.

AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire reinstate the licensee's license to practice osteopathy in the Commonwealth of Kentucky following revocation of that license due to failure to submit to evaluations, pursuant to KRS 311.599, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION:**

1. The license to practice osteopathy in the Commonwealth of Kentucky held by William W. Willis, D.O., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;
2. During the effective period of this Order, the licensee's Kentucky osteopathic license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
 - a. The licensee SHALL NOT perform any act which would constitute the "practice of osteopathy," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – unless and until the Panel or its Chair has approved, *in writing*, the practice location at which he will practice osteopathy. The decision whether to approve a particular practice location

lies in the sole discretion of the Panel or its Chair. In determining whether to approve a particular practice location, the Panel or its Chair will particularly consider whether there will be appropriate supervision of the licensee, and may also consider the nature of the practice, including the licensee's proposed duties and hours to be worked. In approving such practice location, the Panel or its Chair may include specific conditions/restrictions to ensure patient safety. The licensee shall not change practice locations without first obtaining written approval by the Panel or its Chair for such change. The parties agree that the Panel or its Chair may require additional conditions and/or restrictions as a condition of it granting approval for a new practice location;

- b. The licensee SHALL ONLY prescribe, dispense, or otherwise professionally utilize controlled substances to persons who are registered patients of a hospital-based Emergency Department, during the time that the patient is admitted to the Emergency Room and, when medically necessary, for up to a 72-hour period following their discharge. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances in any other context and/or for any other person(s);
- c. The licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed. The controlled substances log must include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets will be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions should be maintained in the following manner: 1) patient; 2) chart; and 3) log;
- d. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants;
- e. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Order;
- f. The licensee understands and agrees that at least two favorable consultant reviews must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to modify or terminate this Order;

- g. If he has not done so already, the licensee SHALL take all necessary steps to enroll in the CPEP Personalized Implementation Program no later than thirty (30) days upon entry of this Agreed Order of Indefinite Restriction;
 - h. The licensee shall complete the CPEP Personalized Implementation Program, at his expense, as directed by CPEP's staff;
 - i. The licensee SHALL provide the Board's staff with written verification that he has successfully completed the CPEP Personalized Implementation Program, promptly after completing that program;
 - j. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Seminar and Personalized Implementation Program to the Board's Legal Department promptly after their completion; and
 - k. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of this Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing

conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Order.

4. The licensee understands and agrees that any violation of the terms of this Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

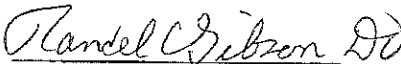
SO AGREED on this 31 day of January, 2013.


FOR THE LICENSEE:


WILLIAM W. WILLIS, D.O.


BRIAN R. GOOD
COUNSEL FOR THE LICENSEE

FOR THE BOARD:


RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B


LEANNE K. DIAKOV
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

OCT 01 2012

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1434

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY HELD BY WILLIAM W. WILLIS, D.O., LICENSE NO. 02719, 3200 TODDS ROAD, # 803, LEXINGTON, KENTUCKY 40509

ORDER OF REVOCATION

At its September 20, 2012, meeting, the Board's Inquiry Panel B took up this case to consider the licensee's failure to submit to neuropsychological and physical evaluations ordered pursuant to KRS 311.599(1). The Panel reviewed an August 30, 2012, memorandum by the Board's Assistant General Counsel; an August 9, 2012, Agreed Order of Indefinite Restriction; an August 14, 2012 Order to Submit to Neuropsychological, Physical and Impairment Evaluations; proof of services, dated August 15 and August 20, 2012; correspondence from W. Kent Hicks, Ed.D., dated August 29, 2012; correspondence from Lisa Stutesman, dated August 28, 2012; and correspondence from the licensee's counsel, Brian R. Good, dated August 29, 2012.

Having considered all of the relevant information available to it and being sufficiently advised, the Panel makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. At all relevant times, William W. Willis, D.O., ("the licensee") was licensed by the Board to practice osteopathy in the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. In March 2011, the Board opened an investigation into the licensee's practices after it received information from Commonwealth Attorney Rick L. Bartley alleging that the

licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle.

4. At the conclusion of the investigation, the licensee entered into an Agreed Order of Indefinite Restriction which stipulated the following:

- a. On or about March 7, 2011, the Board received information from Commonwealth Attorney Rick L. Bartley which raised concerns that the licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle;
- b. On or about January 27, 2012, UNITE Detective William Skeens informed Stephen C. Johnson, Pharmacist Consultant for the Office of Inspector General, Drug Enforcement and Professional Practices (“Drug Enforcement”), that he had received several complaints concerning the licensee’s practice at Pikeville Pain Management, LLC, in Pikeville, Kentucky. The Kentucky Secretary of State’s website revealed three (3) possible owners of Pikeville Pain Management, LLC, including the licensee and Richard Albert, M.D., a physician who had been charged with illegal distribution of controlled substances while employed at CareMore Pain Management in Paintsville, Kentucky;
- c. On or about January 30, 2012, Stephen C. Johnson, Pharmacist Consultant, Drug Enforcement, reviewed and analyzed the licensee’s KASPER records (for the period ranging from January 28, 2011 until January 28, 2012) and noted several concerns based upon the age of patients, the use of addictive drug combinations, and similar last names among patients. Mr. Johnson identified fifteen (15) of the licensee’s patients with prescribing patterns reflective of these concerns and recommended further investigation by the Board;
- d. A Board consultant reviewed eighteen (18) of the licensee’s patient charts and found that the licensee departed from or failed to conform to acceptable and prevailing medical practices in the areas of diagnosis, treatment, recording of patient care and overall patient care in at least nine (9) of the patient cases reviewed. Overall, the consultant noted that the licensee demonstrated
 - a pattern of repetitive failure to properly document, act upon or explain inconsistent drug screens;

- a pattern of prescribing long term, daily dosed short-acting benzodiazepines, despite thin evidence that such drugs are a useful adjuvant in the treatment of chronic pain, and in a manner which suggests “over-prescribing” of benzodiazepines;
- a pattern of poor record keeping, which rose to the level of gross negligence in some cases; and
- a pattern of prescribing controlled substances to patients who had broken terms of a pain contract, exhibited fraudulent behavior or had been discharged from the licensee’s practice.

The Board consultant also noted that the licensee demonstrated gross negligence with regard to the prescription of a sudden escalating dose of an opiate pain medication to an elderly patient with multiple medical problems and failing to document the medical necessity of the sudden dose increase. The consultant’s report was attached and incorporated in its entirety;

- e. On July 13, 2012, the licensee’s counsel submitted a letter to the Board in which he indicated that the licensee intended to no longer practice pain management and had become employed in hospital-based emergency room. It was also shown that the licensee had enrolled in the “Prescribing Controlled Drugs” course at The Center for Professional Health at Vanderbilt University Health Center and the Documentation Seminar offered through the Center for Personalized Education for Physicians; and
 - f. Based on these facts, the Hearing Panel could find that he engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4).
5. Before entering into the Agreed Order of Indefinite Restriction, the Panel considered information from its investigator that the licensee was unusually evasive during the course of the investigation, including that
- a. It was noted that the licensee was never in the clinic when the Board’s investigator went there and the investigator was not able to attain a time when the licensee would be present. According to the clinic’s staff, the licensee “kind of comes and goes.”
 - b. The licensee did sometimes speak with the Board investigator on the phone - he called the investigator on occasion at unusual hours and while sounding impaired; in February, the licensee called the Board’s investigator and told him that he was on an extended vacation in Indiana and would not be available for an interview until the middle of March.

When the investigator tried to arrange an interview in March, the licensee's counsel refused to allow the licensee to be interviewed.

- c. Prior to the Inquiry Panel reviewing the investigation at its July 2012 meeting, the licensee was given notice and informed that he could appear and be heard by the Panel before it voted. However, the licensee did not appear; instead his counsel appeared and informed the Panel that he advised the licensee against appearing before the Panel. Neither the Panel nor the investigator ever saw the licensee throughout the course of the action.
6. On August 14, 2012, the Inquiry Panel issued an Order to Submit to Neuropsychological, Physical and Impairment Evaluations, pursuant to KRS 311.599, after finding probable cause to believe that the licensee may be suffering from a physical or mental condition that might impede his ability to practice osteopathy competently. The licensee and his counsel received actual notice of the Order.
7. The licensee failed to appear for or submit to the ordered neuropsychological evaluation scheduled for August 22, 2012.
8. The licensee failed to appear for or submit to the ordered physical examination scheduled for August 28, 2012.
9. The licensee has failed to show that the failure to comply with the terms of the Order to Submit to Neuropsychological, Physical and Impairment Evaluations was due to circumstances beyond his control. Instead, the licensee acknowledged that he failed to submit to the evaluations simply because he "read through [the Order] too quickly and did not realize that specific dates had been scheduled."

CONCLUSIONS OF LAW

1. KRS 311.599 provides,
 - (1) When a hearing or inquiry panel has probable cause to believe a physician is suffering from a physical or mental condition that might impede his ability to practice medicine competently, the panel may

order the physician to undergo a physical or mental examination by persons designated by the panel.

(2) Failure of a physician to submit to such an examination when directed, unless the failure was due to circumstances beyond his control, shall constitute an admission that the concerned physician has developed such a physical or mental disability, or other conditions, that continued practice is dangerous to patients or to the public; said failure shall constitute a default and a final order may be entered without the taking of testimony or presentation of evidence.

(3) A physician whose license has been suspended, limited, restricted or revoked under this section and KRS 311.595(8), shall at reasonable intervals be afforded an opportunity to demonstrate that he can resume the competent practice of medicine with reasonable skill and safety to patients.

2. When the Panel issued the Order to Submit to Neuropsychological, Physical and Impairment Evaluations on August 14, 2012, it made the requisite findings under KRS 311.599(1) that there was probable cause to believe that the licensee was suffering from a mental or physical condition that might impede his ability to practice osteopathy competently.
3. The licensee received actual notice of the Order to Submit to Neuropsychological, Physical and Impairment Evaluations and was fully aware of the dates and times scheduled for each evaluation ordered.
4. The licensee's failure to submit to the evaluations scheduled pursuant to the Order to Submit to Neuropsychological, Physical and Impairment Evaluations, was not due to circumstances beyond his control.
5. By failing to comply with the Order to Submit to Neuropsychological, Physical and Impairment Evaluations, the licensee has admitted that he has developed a physical or mental disability, or other condition, that continued practice is dangerous to patients or to the public, and, so, is unable to practice osteopathy according to acceptable and

prevailing standards of care by reason of mental or physical illness or other condition, in violation of KRS 311.595(8).

6. Pursuant to KRS 311.599, the Panel may issue an Order revoking, suspending, restricting or limiting the licensee without the taking of testimony or presentation of evidence.


ORDER OF REVOCATION

Having considered all of the information available to it and being sufficiently advised, Inquiry Panel B hereby ORDERS that the license to practice osteopathy in the Commonwealth of Kentucky held by WILLIAM W. WILLIS, D.O., is hereby REVOKED.

While the provisions of KRS 311.599(3) are applicable, Inquiry Panel B FURTHER ORDERS that it will not consider a petition for reinstatement of license filed by the licensee, unless and until

1. The licensee has successfully completed current neuropsychological, physical and impairment evaluations by the evaluators identified in the Order to Submit to Neuropsychological, Physical and Impairment Evaluations (filed of record August 14, 2012), or otherwise approved in advance by the Board's staff, and the Panel has received all of the evaluation reports for review; and
2. The licensee has submitted payment of a FINE in the amount of one-thousand dollars (\$1,000.00) to the Board.


SO ORDERED this 1st day of October, 2012.



RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

CERTIFICATE OF SERVICE

I certify that the original of this Order of Revocation was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed via certified mail return receipt requested to William W. Willis, D.O., 3200 Todds Road, #803, Lexington, Kentucky 40509; and to his counsel, Brian R. Good, 159 St. Matthews Avenue, Suite 1, Louisville, Kentucky 40207, on this 1st day of October, 2012.



Leanne K. Diakov
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150

EFFECTIVE DATE AND APPEAL RIGHTS

Pursuant to KRS 311.593(1) and 13B.120, the effective date of this Order will be thirty (30) days after this Order of Revocation is received by the licensee or the licensee's attorney, whichever shall occur first.

The licensee may appeal from this Order, pursuant to KRS 311.593 and 13B.140-.150, by filing a Petition for Judicial Review in Jefferson Circuit Court within thirty (30) days after this Order is mailed or delivered by personal service. Copies of the petition shall be served by the licensee upon the Board and its General Counsel. The Petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested, along with a copy of this Order.

AUG 09 2012

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1416

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY WILLIAM W. WILLIS, D.O., LICENSE NO. 02719, 3200 TODDS ROAD, # 803, LEXINGTON, KENTUCKY 40509

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, and William W. Willis, D.O. ("the licensee"), and, based upon their mutual desire to fully and finally resolve this pending matter without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Indefinite Restriction:

1. At all relevant times, William W. Willis, D.O., was licensed by the Board to practice osteopathy in the Commonwealth of Kentucky.
2. The licensee's osteopathic specialty is family medicine.
3. On or about March 7, 2011, the Board received information from Commonwealth Attorney Rick L. Bartley which raised concerns that the licensee was inappropriately prescribing controlled substances to a patient who had been charged with a third offense of being under the influence of substances that impaired her ability to operate a motor vehicle.
4. On or about January 27, 2012, UNITE Detective William Skeens informed Stephen C. Johnson, Pharmacist Consultant for the Office of Inspector General, Drug Enforcement and Professional Practices ("Drug Enforcement"), that he had received several complaints concerning the licensee's practice at Pikeville Pain Management, LLC, in Pikeville,

Kentucky. The Kentucky Secretary of State's website revealed three (3) possible owners of Pikeville Pain Management, LLC, including the licensee and Richard Albert, M.D., a physician who had been charged with illegal distribution of controlled substances while employed at CareMore Pain Management in Paintsville, Kentucky.

5. On or about January 30, 2012, Stephen C. Johnson, Pharmacist Consultant, Drug Enforcement, reviewed and analyzed the licensee's KASPER records (for the period ranging from January 28, 2011 until January 28, 2012) and noted several concerns based upon the age of patients, the use of addictive drug combinations, and similar last names among patients. Mr. Johnson identified fifteen (15) of the licensee's patients with prescribing patterns reflective of these concerns and recommended further investigation by the Board.
6. A Board consultant reviewed eighteen (18) of the licensee's patient charts and found that the licensee departed from or failed to conform to acceptable and prevailing medical practices in the areas of diagnosis, treatment, recording of patient care and overall patient care in at least nine (9) of the patient cases reviewed. Overall, the consultant noted that the licensee demonstrated

- a pattern of repetitive failure to properly document, act upon or explain inconsistent drug screens;
- a pattern of prescribing long term, daily dosed short-acting benzodiazepines, despite thin evidence that such drugs are a useful adjuvant in the treatment of chronic pain, and in a manner which suggests "over-prescribing" of benzodiazepines;
- a pattern of poor record keeping, which rose to the level of gross negligence in some cases; and
- a pattern of prescribing controlled substances to patients who had broken terms of a pain contract, exhibited fraudulent behavior or had been discharged from the licensee's practice.

The Board consultant also noted that the licensee demonstrated gross negligence with regard to the prescription of a sudden escalating dose of an opiate pain medication to an elderly

patient with multiple medical problems and failing to document the medical necessity of the sudden dose increase. The consultant's report is attached and incorporated herewith in its entirety.

7. On July 13, 2012, the licensee's counsel submitted a letter to the Board in which he indicated that the licensee intended to no longer practice pain management and had become employed in hospital-based emergency room. It was also shown that the licensee had enrolled in the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Health Center and the Documentation Seminar offered through the Center for Personalized Education for Physicians.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Indefinite Restriction:

1. The licensee's osteopathic license is subject to regulation and discipline by the Board.
2. While the licensee denies any wrongdoing or violation, he acknowledges and agrees that, based upon the Stipulations of Fact, the Hearing Panel could find that he engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Indefinite Restriction.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending grievance without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Indefinite Restriction.

AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending grievance without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

1. The license to practice osteopathy in the Commonwealth of Kentucky held by William W. Willis, D.O., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;
2. During the effective period of this Order, the licensee's Kentucky osteopathic license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
 - a. The licensee SHALL ONLY prescribe, dispense, or otherwise professionally utilize controlled substances to persons who are registered patients of a hospital-based Emergency Department, during the time that the patient is admitted to the Emergency Room and, when medically necessary, for up to a 72-hour period following their discharge. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances in any other context and/or for any other person(s);
 - b. The licensee SHALL maintain a "controlled substances log" for all controlled substances prescribed. The controlled substances log must include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets will be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information.

Prescriptions should be maintained in the following manner: 1) patient; 2) chart; and 3) log;

- c. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants;
- d. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Order;
- e. The licensee understands and agrees that at least one consultant review must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to modify or terminate this Order;
- f. The licensee SHALL attend and successfully complete the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Health Center, at his expense, on September 12-14, 2012;
- g. The licensee SHALL attend and successfully complete the Documentation Seminar offered through the Center for Personalized Education for Physicians (CPEP), at his expense, on September 29, 2012;
- h. The licensee SHALL take all necessary steps to enroll in the CPEP Personalized Implementation Program no later than thirty (30) days upon completion of the

CPEP Documentation Seminar. The licensee shall complete the CPEP Personalized Implementation Program, at his expense, as directed by CPEP's staff;

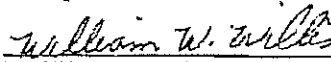
- i. The licensee SHALL provide the Board's staff with written verification that he has successfully completed the "Prescribing Controlled Drugs" course, the CPEP Documentation Seminar, and the CPEP Personalized Implementation Program, promptly after completing those programs;
 - j. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Seminar and Personalized Implementation Program to the Board's Legal Department promptly after their completion;
 - k. The licensee SHALL REIMBURSE the costs of the investigation in the amount of \$3,262.50 within six (6) months from the date of entry of this Order; and
 - l. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of this Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition


of this Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Order.

4. The licensee understands and agrees that any violation of the terms of this Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.


SO AGREED on this 9th day of August, 2012.

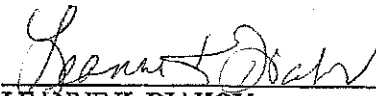
FOR THE LICENSEE:


WILLIAM W. WILLIS, D.O.


BRIAN R. GOOD
COUNSEL FOR THE LICENSEE

FOR THE BOARD:


RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B


LEANNE K. DIAKOV
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

Summary of chart reviews with regards to the prescription of controlled substances by William Willis, D.O.

Reviewer: Russell J Bird, M.D.

A. General Impressions:

1. Pattern of repetitive failure to properly document, act upon or explain inconsistent drug screens. Controlled substances typically prescribed despite contrary drug screens. Also, a pattern of poor documentation with regards to drug screens, consistent or otherwise. In general, with regards to the management of the drug screens of chronic pain patients, strong evidence of deviation from standard of care and best practices.
2. Pattern of prescribing long term, daily dosed short-acting benzodiazepines despite thin evidence that such drugs are a useful adjuvant in the treatment of chronic pain. Repetitive failure to document indication for prescribing benzodiazepines over more favored drugs such as SSRI antidepressants. Failure to wean patients from benzodiazepines despite physician-partner's advice. Standard of care in the general medical community (and even as demonstrated by the partners of Dr Willis) is to wean the chronic pain patient off benzodiazepines as soon as possible. On aggregate, documentation suggests "over prescribing" of benzodiazepines.
3. Pattern of poor record keeping with regards to the prescription of controlled substances; especially noted on records from the Pikeville Pain Management clinic where quality of record keeping ranged from that of sub-par to grossly negligent.
4. Pattern of prescribing controlled substances to patients being discharged from the doctor's practice; even when the patient broke the terms of a pain contract or demonstrated fraudulent behavior.

B. Specific Findings:

1. Negligent, likely grossly negligent, record keeping with regards to the prescription of a controlled substance. Also, an alarming failure to document patient encounters that resulted in the prescription of a controlled substance. For further narrative summary and in-depth discussion see the expert review worksheet and chart of [REDACTED] (3 episodes).

EXHIBIT #

3

2. Possible gross negligence with regards to the prescription of a sudden escalating dose of an opiate pain medication to an elderly patient with multiple medical problems. Failure to document need for such a sudden dose increase. For further narrative summary and in-depth discussion see the expert review worksheet and chart of [REDACTED]
3. Inappropriate prescription of long term benzodiazepines. Failure to document standard of care indications for prescription of long term benzodiazepines. For further narrative summary and in-depth discussion see the expert review worksheet and chart of:
 - a. [REDACTED]
 - b. [REDACTED]
 - c. [REDACTED]
4. Failure to wean benzodiazepines despite physician partner's recommendations to do so. Failure to document need for continuing same. For further narrative summary and in-depth discussion see the expert review worksheet and chart of [REDACTED]
5. Failure to document or act upon inconsistent drug screens. Failure to document need for prescribing a controlled substance after a contrary drug screen. For further narrative summary and in-depth discussion see the expert review worksheet and chart of:
 - a. [REDACTED]
 - b. [REDACTED]
 - c. [REDACTED]
 - d. [REDACTED]
 - e. [REDACTED]
 - f. [REDACTED]
6. Documentation suggestive of a loss of professional judgment; possible professional impairment. Dr Willis documented the death of his son in a patient's chart. This patient had suffered the death of a child also. While some may say Dr Willis employed a therapeutic technique involving empathy, others would say this was evidence of a possible abnormal emotional entanglement with a patient. Whatever the reason, a peer group of physicians would likely state this was an odd thing to document. For further narrative summary and in depth discussion see the expert review worksheet and chart of [REDACTED]
7. Failure to discharge a patient for behavior consistent with that of probable drug seeking. Failure to discharge a patient for noncompliance with regards to not following through with repetitive orders to obtain an MRI. For further narrative summary and in-depth discussion see the expert review worksheet and chart of [REDACTED]

8. Questionable management of the terms of a patient's pain contract. For further narrative summary and in-depth discussion see the expert review worksheet and chart of:
 - a. [REDACTED]
 - b. [REDACTED]

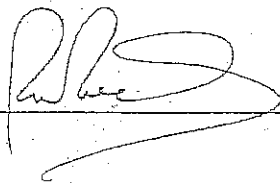
9. Questionable prescription of a controlled substance in direct conflict with the terms of a patient's pain management contract. For further narrative summary and in-depth discussion see the expert review worksheet and chart of:
 - a. [REDACTED]
 - b. [REDACTED]

10. Inappropriate prescription of a controlled substance to a patient who displayed likely fraudulent behavior with regards to a urine drug screen. For further narrative summary and in-depth discussion see the expert review worksheet and chart of [REDACTED]

11. Failure to perform a pill count of a controlled substance despite possible violation of pain contract. For further narrative summary and in-depth discussion see the expert review worksheet and chart of [REDACTED]

12. Failure to order timely follow up drug screens after an inconsistent finding, or possible patient noncompliance. For further narrative summary and in-depth discussion see the expert review worksheet and chart of:
 - a. [REDACTED]
 - b. [REDACTED]

Signed: _____



Date: _____

6/11/12