

JAN 19 2023

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. **2083**

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY DENNIS R. NORTHRIP, M.D., LICENSE NO. 23287, 280 PASADENA DRIVE, LEXINGTON, KENTUCKY 40503

AGREED ORDER

Comes now the Kentucky Board of Medical Licensure, acting by and through its Inquiry Panel B, and Dennis R. Northrip, M.D., and, based upon the parties' mutual desire to resolve the pending investigation 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, Dennis R. Northrip, M.D., (hereafter "the licensee"), was licensed by the Kentucky Board of Medical Licensure (hereafter "the Board") to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is pain management.
3. In 1990, the licensee entered into a contractual relationship with the Kentucky Physicians Health Foundation ("KPHF"), to obtain treatment. He was abusing ketamine at that time, while practicing anesthesia. He had also abused illegal drugs on occasion. He remained in his contractual relationship with the KPHF from 1990 through 1995. However, in the summer of 2004, he relapsed to alcohol, drinking alcohol while on vacation in Mexico. Upon his return from Mexico, he began drinking mouthwash for its high alcohol content. He attempted to substitute non-

controlled medications for the alcohol, but that was unsuccessful. He continued using alcohol through April 2006. When his wife discovered that he was using alcohol, he began diverting Sufentanyl around March 2006, while he was practicing anesthesiology. When his co-workers noticed unusual behavior, he was required to submit to a drug test. At that time, he admitted his drug use to the hospital and contacted the KPHF.

4. In accordance with the recommendation of Dr. Burns Brady, Medical Director, the KPHF, the licensee entered residential treatment at Metro Atlanta Recovery Residence ("MARR") on May 15, 2006. The licensee successfully completed treatment with MARR and was discharged on October 27, 2006. The MARR discharge assessment diagnosed the licensee as follows:

Axis I: Opioid Dependence
 Alcohol Dependence

MARR made the following recommendations for the purpose of sustaining the licensee's achieved abstinence and enhancing his recovery:

1. To initiate and continue involvement in 12-Step Fellowship, by attending not less than three AA meetings per week, and to continue to work the 12-Steps of AA with a sponsor and within a home group Fellowship process.
2. To return to Kentucky and enter into the Kentucky Physician's Health Foundation Program under the guidance and supervision of Burns Brady, M.D.. This referral and recommendation for contractual involvement with the Kentucky Physician's Health Foundation Program may include, but not necessarily be limited to, regularly scheduled caduceus groups, individual and/or family counseling.
3. To enter into and abide by the terms and conditions of a contractual monitoring agreement which will include, but not (sic) necessarily be limited to, regular random urine drug screens. Additional recommendations include consideration be given to episodic look back testing in the form of Ethylgluconuride (ETG) as well as hair and fingernail sample testing.

4. Issues of Advocacy, Medical Licensure, and practice within the specialty of Anesthesia are herewith deferred and referred to Burns Brady M.D. and the Kentucky Physician's Health Foundation.
5. The licensee, the KPHF and the hospital each failed to report these events to the Board until the initial report was filed by the KPHF's Medical Director, on December 15, 2006.
6. In his December 15 letter, Dr. Burns Brady detailed the licensee's participation with the KPHF. Dr. Brady conveyed that the licensee had been a participant with the KPHF from 1990 to 1995. The licensee successfully completed his contract and left in good standing with the KPHF's advocacy. In April 2006, the licensee contacted the KPHF to report that he had relapsed to the use of controlled substances and sought to reenter a relationship with the KPHF. Dr. Brady reports that the licensee entered residential treatment at MARR based upon their recommendation. Upon his discharge, the licensee entered into a five-year after-care contract with the KPHF on October 25, 2006.
7. Dr. Brady reported that the licensee had been fully compliant with all requirements of the KPHF contract since October 2006, including: (1) participating in Alcoholics Anonymous, (2) submitting to random drug & alcohol screens (with negative results), (3) attending psychiatric supervision sessions with Dr. Robert Elliot and (4) attending group therapy at the Morton Center in Lexington.
8. On October 13, 2006, the licensee was discharged from his employment with the VA Hospital in Lexington, Kentucky due to relapse to the use of controlled substances that he obtained during the course of his employment.

9. In 2010, Opinion 8.19 of the American Medical Association's (AMA) Code of Ethics provided, in part,

Physicians generally should not treat themselves or members of their immediate families....

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems.

Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

10. Until August 2014, under various agreed orders in KBML Case No. 1089, the Panel allowed the licensee to practice at pain management with Dr. Mazloomdoost.
11. On or about August 14, 2014, the Panel terminated the licensee's agreed orders, Case No. 1089, contingent upon the licensee entering into a letter of agreement to maintain and comply with a KPHF contract and the licensee submitting a letter of intent to not resume the practice of anesthesiology.
12. On or about September 18, 2017, the licensee's KPHF contract and letter of agreement expired.
13. In or around March 2022, the Board referred the licensee to the KPHF for evaluation after receiving information that the licensee had fallen asleep during a patient encounter.
14. On or about June 13-16, 2022, upon the KPHF's recommendation, the licensee submitted to a 96-hour inpatient evaluation at Florida Recovery Center ("FRC") and was diagnosed with the following:

- Unspecified Stimulant Related Use Disorder
- Other (Ketamine) Use Disorder, Severe, in full sustained remission by report
- Opioid Use Disorder, Severe, in full sustained remission by report
- Alcohol Use Disorder, Moderate to Severe, in full sustained remission by report
- Cannabis Use Disorder, Mild to Moderate, in sustained remission by report
- Bipolar Type 1 versus Bipolar Disorder, Unspecified, in need of further evaluation for diagnostic clarification
- Cluster B Personality Features (primarily narcissistic personality features with histrionic and borderline traits)

15. FRC opined that the licensee “cannot currently practice with reasonable skill and safety” and stating

... [the licensee’s] evaluation raises significant concerns about his current ability to practice as a physician with reasonable skill and safety. First and foremost, he is unstable from a psychiatric perspective, as he was overtly hypomanic during the course of this evaluation and we came close to aborting the evaluation because of this. ... [I]t was the opinion of our evaluation team and also considered by others close to [the licensee] that his use of armodafinil exacerbated his bipolar illness. ... I have concerns about the influence of other sedating drugs contributing to these episodes, including his use of gabapentin. [The licensee] had limited insight into the relationship between his mental health conditions, substance use disorder (and inadequate recovery), and his personality styling and how it has landed him in a comprehensive evaluation. ... [The licensee] may require psychiatric hospitalization if he is unable to maintain affective control, which was difficult for him to do, both with the KPHF as well as during the course of this evaluation. ...

16. FRC recommended that the licensee enter into treatment at a residential or physicians’ health program (“PHP”) level of care with a housing component at an institution with expertise in treating healthcare professionals and that his return to the practice of medicine in the future should be contingent upon his successful completion of such treatment and monitoring by the KPHF.

17. On or about July 21, 2022, the licensee appeared before and was heard by the Board’s Inquiry Panel B.

18. On or about August 5, 2022, the licensee entered into an Interim Agreed Order (Treatment) which provided, in part, that he became restricted from practice until he either:

- Completes a 96-hour inpatient “re-evaluation” at FRC;
- Completes a 96-hour inpatient “2nd opinion” evaluation at Professional Renewal Center (Lawrence, Kansas) or Bradford Health Services (Warrior, Alabama); or
- Completes inpatient treatment at a Board-approved residential treatment facility with expertise in treating healthcare professionals (as recommended by FRC) and enters into a monitoring contract with the KPHF.

19. On or about September 17-20, 2022, the licensee submitted to a 96-hour inpatient “2nd opinion” evaluation at Professional Renewal Center (“PRC”), which confirmed the FRC diagnoses and recommendations:

The PRC clinical team is in agreement with FRC’s finding that [the licensee] is not currently able to practice with reasonable skill and safety. The PRC clinical team also agrees with FRC’s recommendation that [the licensee] needs to complete treatment at the residential/partial hospitalization level of care with supportive housing prior to his return to clinical practice.

20. The licensee does not desire to enter into the recommended treatment at this time and therefore chooses to resolve the Board investigation by entering into this Agreed Order.

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 medical 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(8). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending investigation through 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 the parties' mutual desire to resolve the pending investigation without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER**:

1. The licensee, Dennis R. Northrip, M.D., HEREBY SURRENDERS, in lieu of revocation, his license to practice medicine/osteopathy within the Commonwealth of Kentucky for an indefinite period of time, with that surrender to become effective immediately upon the date of filing of this Agreed Order;
2. Following the effective date of surrender of his license, the licensee SHALL NOT engage in any act which would constitute the "practice of medicine or osteopathy" as that term is defined by 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 Board;
3. The licensee SHALL NOT petition the Board for a license to again practice medicine/osteopathy in the Commonwealth unless and until:
 - a. At least two (2) years have passed from the date of entry of this Agreed Order;
 - b. The licensee has successfully completed inpatient treatment at a KPHF-approved residential treatment facility with expertise in treating healthcare professionals (and as recommended by FRC);
 - c. The licensee has entered into and maintained compliance with a KPHF monitoring contract for a period of at least twelve (12) consecutive months; and

d. The licensee has completed a re-entry clinical skills assessment (and obtained a remedial education plan, if recommended) from *either*:

i. Center for Personalized Education for Professionals (“CPEP”), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241 *or*

ii. LifeGuard, 400 Winding Creek Boulevard, Mechanicsburg, Pennsylvania, 17050, Tel. (717) 909-2590

*The licensee understands and agrees that the clinical assessment report (and education plan, if recommended) must be dated no more than 6 months prior to the Panel’s consideration of his request to resume practice;

4. If the licensee should in the future petition for a license to again practice medicine/osteopathy in the Commonwealth, he understands and agrees that the provisions of KRS 311.607 SHALL apply to said petition;

a. The licensee understands and agrees that the burden SHALL be upon him to satisfy the Board that he is presently of good moral character and is qualified both physically and mentally to resume the practice of medicine/osteopathy, without undue risk or danger to his patients or the public;

b. The licensee understands and agrees that the decision whether to permit him to resume the active practice of medicine/osteopathy lies within the sole discretion of the Board and that the Board shall not be required to allow him to resume the practice of medicine/osteopathy in the Commonwealth of Kentucky; and

c. In the event that the Board should allow the licensee to resume the active practice of medicine/osteopathy at any time in the future, the licensee understands and agrees that it SHALL do so conditioned upon him entering into an agreed order pursuant to which it shall require him to maintain and comply with a KPHF monitoring contract indefinitely and any other terms/conditions deemed appropriate by the Board at that time;

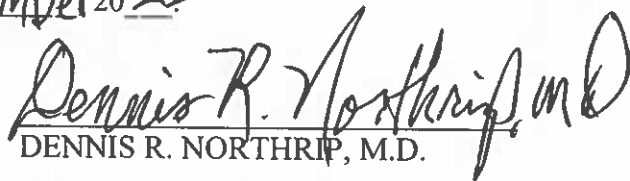
5. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee’s practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive 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; and

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 without a license.


SO AGREED on this 13 day of December 2022

FOR THE LICENSEE:



DENNIS R. NORTHRIP, M.D.

COUNSEL FOR LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL B



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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. IAO(T)-104

AUG - 5 2022

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INTERIM AGREED ORDER (TREATMENT)

Come now the Kentucky Board of Medical Licensure (hereafter “the Board”), acting by and through its Inquiry Panel B and Dennis R. Northrip, M.D. (hereafter “the licensee”), and, based upon their mutual desire to ensure that the public is fully protected while the Board is completing its investigation, hereby ENTER INTO the following INTERIM AGREED ORDER:

1. The licensee SHALL NOT engage in any act which would constitute the “practice of medicine,” 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” – from the date of filing of this Interim Agreed Order until approved to do so by the Inquiry Panel;
2. The licensee SHALL NOT request and the Panel SHALL NOT consider a request to resume the practice of medicine until the licensee either:
 - a. Completes a 96-hour inpatient “re-evaluation” at Florida Recovery Center, 4001 SW 13th Street, Gainesville, Florida 32608, Tel. (352) 454-2158;
 - b. Completes a 96-hour inpatient “2nd opinion” evaluation at one of the following Board-approved facilities: Professional Renewal Center, 1421 Research Park Drive, Lawrence, Kansas 66049, Tel. (785) 842—9772 or Bradford Health Services, 1189 Allbritton Road, Warrior, Alabama 35180 Tel. (205) 807-3527 – Shay Allen; OR
 - c. Completes inpatient treatment at a Board-approved residential treatment facility with expertise in treating healthcare professionals (as recommended by Florida Recovery Center following his initial June 2022 evaluation) and

enters into a monitoring contract with the Kentucky Physicians Health Foundation ("KPHF");

3. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
4. The licensee understands and agrees that if he has not practiced medicine for more two (2) years or more before he requests to resume the practice of medicine, the Panel shall require that he successfully complete a Board-approved clinical skills assessment, at his expense, prior to consideration of his request to resume the practice of medicine.
5. If there is information satisfactory to the Panel or its Chair that the licensee has failed to comply with any condition of this Interim Agreed Order, the Panel or its Chair may immediately terminate this Interim Agreed Order and issue a Complaint and if appropriate, an Emergency Order.
6. While this Interim Agreed Order does not constitute final action on this matter, federal regulations require that it be reported to the National Practitioner's Data Bank. Furthermore, it is subject to release upon request pursuant to the Open Records Act.
7. The licensee understands and agrees that any violation of the terms and conditions of this Interim Agreed Order shall constitute a separate violation and may result in disciplinary action against his Kentucky medical license, including revocation, pursuant to KRS 311.595(13).

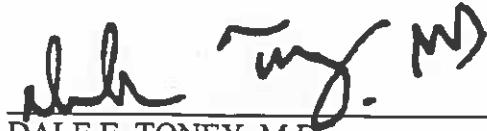
SO AGREED on this 2nd day of August 2022.

FOR THE LICENSEE:

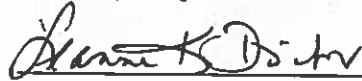

DENNIS R. NORTHRIP, M.D.

COUNSEL FOR LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL B



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