

FILED OF RECORD

JUN - 3 2022

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. IAO(T)-101

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY ROGER W. STRUNK, M.D., LICENSE NO. 23513, 593
EAST MAIN STREET, FRANKFORT, KENTUCKY 40601

INTERIM AGREED ORDER (TREATMENT)

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through the Chair of its Inquiry Panel A, and Roger W. Strunk, M.D. ("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 violate any provision of KRS 311.595 and/or 311.597;
3. If there is information satisfactory to the Panel or the Panel Chair that the licensee has failed to comply with any condition of this Interim Agreed Order, the Panel or the Panel Chair may immediately terminate this Interim Agreed Order and issue a Complaint and, if deemed appropriate, an Emergency Order;
4. 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;
and

5. 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 7 day of June, 2022.

FOR THE LICENSEE:




ROGER W. STRUNK, M.D.

COUNSEL FOR LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A



LEANNE K. DIAKOV
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Kentucky Board of Medical Licensure
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FILED OF RECORD

JUL 26 2021

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1606

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH
OF KENTUCKY HELD BY ROGER W. STRUNK, M.D., LICENSE NO.
23513, 1323 PEA RIDGE ROAD, FRANKFORT, KENTUCKY 40601

SECOND AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Roger W. Strunk, M.D. ("the licensee"), and, based upon their mutual desire to allow the licensee to resume the practice of medicine at an approved location, hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

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

1. At all relevant times, Roger W. Strunk, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. On or about November 8, 2013, the Board received a grievance which alleged that although the licensee had a legitimate medical condition requiring the use of controlled substances, he had become impaired due to his use of those controlled substances; that he had demonstrated slurred speech; that he had fallen asleep during a patient encounter; and that he was prescribing controlled substances to his girlfriend, possibly with an intent to divert.

4. The Board's medical investigator, Jon Marshall, interviewed several of the licensee's colleagues and staff persons, all of whom consistently reported that after recent surgeries, the licensee was increasingly irritable, demonstrated severe mood swings and a short temper, became verbally abusive toward nurses, nodded off during conversations, and was suspected of inappropriately seeking controlled substances.
5. On or about November 8, 2013, the Board's Executive Director, Michael Rodman, notified the licensee of the grievance and directed him to follow up with the Kentucky Physicians Health Foundation for an evaluation within thirty (30) days.
6. On or about November 26, 2013, the licensee was evaluated at the Kentucky Physicians Health Foundation ("KPHF") and was directed to submit to a 96-hour residential evaluation. However, because the licensee indicated that he would be undergoing surgery in January, it was agreed with the KPHF that he would not submit to a 96-hour evaluation until after the surgery. He was instructed not to practice medicine until after the 96-hour evaluation had been completed and to follow up with KPHF in January or February to coordinate said evaluation.
7. After the licensee failed to follow up with the KPHF in January or February 2014, the KPHF mailed a letter to his home and directed him to contact the KPHF no later than March 26, 2014.
8. On March 27, 2014, the licensee had not contacted the KPHF.
9. On or about April 8, 2014, the licensee informed the Board that he would not be able to submit to a 96-hour evaluation or to resume the practice of medicine until such time as he successfully undergoes a three level spinal fusion surgery and is able to taper his analgesic use.

10. During the investigation, the Board also requested that the Office of Inspector General ("OIG") analyze the licensee's prescribing patterns and identify any patients for whom inappropriate prescribing may have occurred.
11. On or about January 2, 2014, Jill E. Lee, Pharmacist Consultant, OIG, informed the Board that she had reviewed and analyzed the licensee's KASPER records (dated January 1, 2012 through November 16, 2013) and found that his prescribing habits appeared appropriate. She also recommended that twelve (12) patients be reviewed to ensure that appropriate care was provided by the licensee.
12. On or about April 30, 2014, a Board consultant completed a review of the licensee's patient charts and concluded, in part, that

... Although the number and frequency of prescriptions appears reasonable, there are examples of concomitant prescribing of two IR opioids and two benzodiazepines. Use of phentermine as an appetite suppressant was not on a regular schedule by his patients. High doses of opiates resulted in high doses of acetaminophen. There was frequent use of sedatives and these, along with chronic benzodiazepines, presumably for anxiety. ...

...
Consultations were frequently obtained, although with many of the patients having psychiatric diagnoses, input from psychiatry and counselors was limited. Addiction expertise was not sought in incidents of possible misuse of medication. Evaluation of possible misuse of controlled substances and addiction did not occur with no utilization of drug screens (random or planned), pill counts, nor more extensive drug use history. Typically, with controlled substance prescribing, patients are seen monthly for face-to-face renewal of prescriptions. This did not occur in Dr. Strunk's practice.

There was one instance of incomplete and improper diagnosis (patient...) but in general, Dr. Strunk was diligent in pursuit of answers.

The biggest concern lay in treatment of these patients. Surely, over-diagnosis would and did lead to this in one obvious individual. As well, the amount of work including diagnosis, treatment and prescribing by telephone led to very possible misdiagnosis, over-treatment and danger to patients. Within this subset of treatment issues, Dr. Strunk's use of medications, particularly controlled substances, identifies a major problem. Per review of his KASPER reports are multiple instances of polypharmacy with combinations of

medication including opiates, benzodiazepines, other sedatives and stimulants. Particularly with stimulants, I would question the accuracy of diagnosis when treatment was for attention deficit disorder. And with stimulants used as appetite suppressants, it did not appear that patients were using them judiciously.

Opiate prescribing felt possible poor decision making when initiated for non-cancer pain. Choice of opiates was predominantly IR formulation and often in high doses leading to high acetaminophen, as well as higher addiction potential.

Benzodiazepine prescribing for anxiety was often combined with other sedatives, as well as opiates, potentially leading to dangerous situations including addiction and overdose. Overall, Dr. Strunk was not careful in screening for addiction or alert to warning signs and behaviors patient specific to misuse and addiction.

In summary, I do feel that Dr. Strunk's practice does represent negligence, ignorance, and incompetence especially related to prescribing and management of controlled substances and does not meet the standard practice in Kentucky. This is dangerous to his patients and to his community and needs attention.

...

13. On or about June 24, 2014, the licensee responded, through counsel, and in disagreement with the Board consultant's report, stated in part,

... Each patient treated by Dr. Strunk received thorough examinations to substantiate the prescribing regimen developed either by Dr. Strunk or in collaboration with referring physicians, such as neurologists or pain management specialists.

The consultant's report received by Dr. Strunk makes it evident that, more than likely due to the voluminous medical records, the consultant did not review the records in their entirety for these patients, nor did he or she even receive the entire record on many of them. As stated above, many of these patients have been seen by Dr. Strunk since 2002 and many of the records substantiating the diagnosis were not made available to the consultant. We request that the consultant take into consideration that these records exist and review the record in its entirety. It is also important to note that Dr. Strunk also requested a copy of the KASPER report and always had his patients enter into a controlled substance prescribing contract. ...

The licensee also provided additional information and explanation of his treatment of the patients for the consultant's consideration.

14. On or about July 27, 2014, the Board consultant completed a review of the licensee's additional information and explanation and stated

... Appreciating the arguments presented and the complexity of the individual cases I do not change my opinion on the deficiencies noted. In particular I am concerned about poly pharmacy, use of opioids without clear rationale and/or justification, use of benzodiazepines in place of safer alternatives, use of stimulants without clear psychological testing and evaluation, failure to identify and address appropriately signs of addiction, frequent prescribing and treatment of patients via telephone.

I continue to feel these behaviors represent poor judgment and practice and ultimately are danger to individual patients and the community.

15. The licensee has not engaged in the clinical practice of medicine since November 2013.
16. On August 21, 2014, the licensee and his counsel appeared before and were heard by the Panel when it reviewed the investigation of the above and before it deliberated. The Panel determined that there was probable cause to believe that the licensee suffers from a physical or mental condition which impedes his ability to competently practice medicine. The licensee chose to resolve the investigation by entering into an Agreed Order, in lieu of a Complaint and Emergency Order of Suspension, pursuant to which the license was restricted from the practice of medicine until such time as he completed residential treatment and entered into a contractual relationship with the KPHF, submitted to a Board-approved physical evaluation, completed a clinical skills assessment and was determined to be able to safely resume the active practice of medicine without undue risk or danger to patients or the public.
17. In or around November 2015, the licensee submitted to a 96-hour inpatient evaluation at Florida Recovery Center ("FRC") where he received Axis I diagnoses including (1) Alcohol Use Disorder moderate and (2) Opiate Use Disorder moderate. Although a

formal treatment program was recommended, the licensee did not enter into treatment at that time.

18. In or around August 2019, the licensee entered into residential treatment at FRC and he was successfully discharged on November 19, 2019, with diagnoses including (1) Alcohol Use Disorder moderate in early remission and (2) Opiate Use Disorder severe in full sustained remission. It was recommended that he obtain a clinical skills competency assessment and prove an ability to remain sober outside of treatment for a period of time before seeking to resume the practice of medicine.
19. While in treatment at FRC, the licensee completed the "Prescribing Controlled Drugs" course at the University of Florida.
20. In or around November 2019, the licensee entered into a contractual relationship with the KPHF.
21. In or around August 2020, the licensee completed a clinical skills assessment at LifeGuard. Although LifeGuard found his knowledge and performance in most assessed areas to be average or above average, it recommended a remediation plan for his return to practice, to include a period of supervision and to specifically address topics related to documentation, opioids and controlled substances prescribing and care management. LifeGuard stated

Given the time that Dr. Strunk has been out of clinical practice, the remediation plan provides for a period of clinical practice supervision/preceptorship and on-going monitoring. ... intended to provide oversight to Dr. Strunk's clinical practice (i.e. how he develops clinical treatment plans and follows up on vital issues affecting the care of his patients), facilitate collegial mentoring, audit implementation of policies and procedures to ensure appropriateness of prescribing and documentation, and review the appropriateness of medical record documentation. A period of at least one year is recommended with supervision by a board-certified internal medicine physician Frequency of monitoring should be based

on Dr. Strunk's progress as he enters back into clinical practice. However, initially, monitoring should be conducted at least monthly for 3 consecutive months with an option to decrease frequency quarterly should the monitor and the organization overseeing the monitoring agree that progress warrants such a decrease.

22. In or around December 2020, the licensee submitted to a physical exam with a Board-approved physician, who concluded that he passed without restriction and is physically able to resume practice.
23. As of the date of entry of an Amended Agreed Order, March 10, 2021, the licensee had not engaged in the clinical practice of medicine since November 2013.
24. On or about February 18, 2021, the Panel approved the licensee's request to resume the practice of medicine, pursuant to terms and conditions set forth in an Amended Agreed Order.
25. In or around July 23, 2021, LifeGuard requested and the Panel Chair approved that the licensee be granted practice location approval under the preceptorship of Frank D. Farley, III, MD, at Cumberland Family Medical Center/Family Care of the Bluegrass in Frankfort, Kentucky, pursuant to this Second Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Second Amended 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(6), (8) and (9), as illustrated by KRS 311.597(3) and

- (4). Accordingly, there are legal grounds for the parties to enter into this Second Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this matter and allow the licensee to resume the practice of medicine by entering into an informal resolution such as this Second Amended Agreed Order.

SECOND AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to allow the licensee to resume the practice of medicine at an approved location, the parties hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Roger W. Strunk, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Second Amended Agreed Order;
2. During the effective period of this Second Amended Agreed 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 – unless and until the Panel or its Chair has approved, in writing, the practice location at which he will practice medicine and the licensee has entered in an agreement with a qualified supervising preceptor at the practice location;

- i. The licensee SHALL NOT request and shall not be approved to practice in any location in which he is not engaged with a qualified supervising preceptor who is board-certified in internal medicine, vetted and approved by LifeGuard, pursuant to the terms and conditions below;
 - ii. 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 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;
 - iii. Once approved, 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;
 - iv. Effective July 26, 2021, the licensee is hereby approved to practice under the supervision of preceptor Frank D. Farley, III, MD at **Cumberland Family Medical Center/Family Care of the Bluegrass, 593 East Main Street, Frankfort, Kentucky 40601;**
- b. The licensee SHALL immediately enter into a remediation plan and oversight monitoring agreement with LifeGuard to facilitate and oversee his return to practice and the licensee SHALL comply with and **SUCCESSFULLY** complete all requirements of the remediation plan and oversight monitoring agreement, at his expense and as directed by LifeGuard;
- i. The LifeGuard remediation plan and oversight monitoring agreement shall, at a minimum, require that the licensee participate in a structured preceptorship with a physician who can supervise, mentor and evaluate the licensee's practice;
 - ii. The licensee understands and agrees that, as part of the remediation plan and oversight monitoring agreement, Lifeguard shall vet, approve and oversee the licensee's relationship with a preceptor who qualifies under the terms/conditions set forth above;
 - iii. The licensee understands and agrees that any failure to comply with the directives and instructions of Lifeguard during the duration of the remediation plan and oversight monitoring agreement shall

constitute a violation of this Second Amended Agreed Order and shall be grounds for immediate and automatic revocation of his license to practice medicine in the Commonwealth of Kentucky, pursuant to KRS 311.607(3);

- c. The licensee SHALL maintain his contractual relationship with the Kentucky Physicians Health Foundation and shall fully comply with all requirements of that contractual relationship;
 - i. The licensee SHALL completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. The licensee SHALL ensure that any such medical treatment and prescribing is reported directly to the Board in writing by my treating physician within ten (10) days after the date of treatment. The licensee SHALL inform the treating physician of this responsibility and ensure timely compliance. The licensee's failure to inform the treating physician of this responsibility SHALL be considered a violation of this Second Amended Agreed Order;
 - ii. The licensee SHALL be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, and under the conditions specified by the Board's testing agent, the purpose being to ensure that the licensee remain drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports SHALL be paid by the licensee, and the licensee SHALL pay those costs under the terms fixed by the Board's agent for testing. The licensee's failure to fully reimburse the Board's agent within that time frame SHALL constitute a violation of this Second Amended Agreed Order; and
 - d. 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 Second Amended 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 Second Amended 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 Second Amended 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 Second Amended Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Second Amended 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.

SO AGREED on this 26th day of July, 2021.

FOR THE LICENSEE:

Roger W. Strunk
ROGER W. STRUNK, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

W. Saleem
WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A



LEANNE K. DIAKOV

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MAR 10 2021

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1606

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH
OF KENTUCKY HELD BY ROGER W. STRUNK, M.D., LICENSE NO.
23513, 1323 PEA RIDGE ROAD, FRANKFORT, KENTUCKY 40601

AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Roger W. Strunk, M.D. ("the licensee"), and, based upon their mutual desire to allow the licensee to resume the practice of medicine, hereby ENTER INTO the following **AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

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

1. At all relevant times, Roger W. Strunk, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. On or about November 8, 2013, the Board received a grievance which alleged that although the licensee had a legitimate medical condition requiring the use of controlled substances, he had become impaired due to his use of those controlled substances; that he had demonstrated slurred speech; that he had fallen asleep during a patient encounter; and that he was prescribing controlled substances to his girlfriend, possibly with an intent to divert.
4. The Board's medical investigator, Jon Marshall, interviewed several of the licensee's colleagues and staff persons, all of whom consistently reported that after recent

- surgeries, the licensee was increasingly irritable, demonstrated severe mood swings and a short temper, became verbally abusive toward nurses, nodded off during conversations, and was suspected of inappropriately seeking controlled substances.
5. On or about November 8, 2013, the Board's Executive Director, Michael Rodman, notified the licensee of the grievance and directed him to follow up with the Kentucky Physicians Health Foundation for an evaluation within thirty (30) days.
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 7. After the licensee failed to follow up with the KPHF in January or February 2014, the KPHF mailed a letter to his home and directed him to contact the KPHF no later than March 26, 2014.
 8. On March 27, 2014, the licensee had not contacted the KPHF.
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10. During the investigation, the Board also requested that the Office of Inspector General ("OIG") analyze the licensee's prescribing patterns and identify any patients for whom inappropriate prescribing may have occurred.
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12. On or about April 30, 2014, a Board consultant completed a review of the licensee's patient charts and concluded, in part, that

... Although the number and frequency of prescriptions appears reasonable, there are examples of concomitant prescribing of two IR opioids and two benzodiazepines. Use of phentermine as an appetite suppressant was not on a regular schedule by his patients. High doses of opiates resulted in high doses of acetaminophen. There was frequent use of sedatives and these, along with chronic benzodiazepines, presumably for anxiety. ...

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Consultations were frequently obtained, although with many of the patients having psychiatric diagnoses, input from psychiatry and counselors was limited. Addiction expertise was not sought in incidents of possible misuse of medication. Evaluation of possible misuse of controlled substances and addiction did not occur with no utilization of drug screens (random or planned), pill counts, nor more extensive drug use history. Typically, with controlled substance prescribing, patients are seen monthly for face-to-face renewal of prescriptions. This did not occur in Dr. Strunk's practice.

There was one instance of incomplete and improper diagnosis (patient...) but in general, Dr. Strunk was diligent in pursuit of answers.

The biggest concern lay in treatment of these patients. Surely, over-diagnosis would and did lead to this in one obvious individual. As well, the amount of work including diagnosis, treatment and prescribing by telephone led to very possible misdiagnosis, over-treatment and danger to patients. Within this subset of treatment issues, Dr. Strunk's use of medications, particularly controlled substances, identifies a major problem. Per review of his KASPER reports are multiple instances of polypharmacy with combinations of

medication including opiates, benzodiazepines, other sedatives and stimulants. Particularly with stimulants, I would question the accuracy of diagnosis when treatment was for attention deficit disorder. And with stimulants used as appetite suppressants, it did not appear that patients were using them judiciously.

Opiate prescribing felt possible poor decision making when initiated for non-cancer pain. Choice of opiates was predominantly IR formulation and often in high doses leading to high acetaminophen, as well as higher addiction potential.

Benzodiazepine prescribing for anxiety was often combined with other sedatives, as well as opiates, potentially leading to dangerous situations including addiction and overdose. Overall, Dr. Strunk was not careful in screening for addiction or alert to warning signs and behaviors patient specific to misuse and addiction.

In summary, I do feel that Dr. Strunk's practice does represent negligence, ignorance, and incompetence especially related to prescribing and management of controlled substances and does not meet the standard practice in Kentucky. This is dangerous to his patients and to his community and needs attention.

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... Each patient treated by Dr. Strunk received thorough examinations to substantiate the prescribing regimen developed either by Dr. Strunk or in collaboration with referring physicians, such as neurologists or pain management specialists.

The consultant's report received by Dr. Strunk makes it evident that, more than likely due to the voluminous medical records, the consultant did not review the records in their entirety for these patients, nor did he or she even receive the entire record on many of them. As stated above, many of these patients have been seen by Dr. Strunk since 2002 and many of the records substantiating the diagnosis were not made available to the consultant. We request that the consultant take into consideration that these records exist and review the record in its entirety. It is also important to note that Dr. Strunk also requested a copy of the KASPER report and always had his patients enter into a controlled substance prescribing contract. ...

The licensee also provided additional information and explanation of his treatment of the patients for the consultant's consideration.

14. On or about July 27, 2014, the Board consultant completed a review of the licensee's additional information and explanation and stated

... Appreciating the arguments presented and the complexity of the individual cases I do not change my opinion on the deficiencies noted. In particular I am concerned about poly pharmacy, use of opioids without clear rationale and/or justification, use of benzodiazepines in place of safer alternatives, use of stimulants without clear psychological testing and evaluation, failure to identify and address appropriately signs of addiction, frequent prescribing and treatment of patients via telephone.

I continue to feel these behaviors represent poor judgment and practice and ultimately are dangerous to individual patients and the community.

15. The licensee has not engaged in the clinical practice of medicine since November 2013.
16. On August 21, 2014, the licensee and his counsel appeared before and were heard by the Panel when it reviewed the investigation of the above and before it deliberated. The Panel determined that there was probable cause to believe that the licensee suffers from a physical or mental condition which impedes his ability to competently practice medicine. The licensee chose to resolve the investigation by entering into an Agreed Order, in lieu of a Complaint and Emergency Order of Suspension, pursuant to which the licensee was restricted from the practice of medicine until such time as he completed residential treatment and entered into a contractual relationship with the KPHF, submitted to a Board-approved physical evaluation, completed a clinical skills assessment and was determined to be able to safely resume the active practice of medicine without undue risk or danger to patients or the public.
17. In or around November 2015, the licensee submitted to a 96-hour inpatient evaluation at Florida Recovery Center ("FRC") where he received Axis I diagnoses including (1) Alcohol Use Disorder moderate and (2) Opiate Use Disorder moderate. Although a

formal treatment program was recommended, the licensee did not enter into treatment at that time.

18. In or around August 2019, the licensee entered into residential treatment at FRC and he was successfully discharged on November 19, 2019, with diagnoses including (1) Alcohol Use Disorder moderate in early remission and (2) Opiate Use Disorder severe in full sustained remission. It was recommended that he obtain a clinical skills competency assessment and prove an ability to remain sober outside of treatment for a period of time before seeking to resume the practice of medicine.
19. While in treatment at FRC, the licensee completed the "Prescribing Controlled Drugs" course at the University of Florida.
20. In or around November 2019, the licensee entered into a contractual relationship with the KPHF.
21. In or around August 2020, the licensee completed a clinical skills assessment at LifeGuard. Although LifeGuard found his knowledge and performance in most assessed areas to be average or above average, it recommended a remediation plan for his return to practice, to include a period of supervision and to specifically address topics related to documentation, opioids and controlled substances prescribing and care management. LifeGuard stated

Given the time that Dr. Strunk has been out of clinical practice, the remediation plan provides for a period of clinical practice supervision/preceptorship and on-going monitoring. ... intended to provide oversight to Dr. Strunk's clinical practice (i.e. how he develops clinical treatment plans and follows up on vital issues affecting the care of his patients), facilitate collegial mentoring, audit implementation of policies and procedures to ensure appropriateness of prescribing and documentation, and review the appropriateness of medical record documentation. A period of at least one year is recommended with supervision by a board-certified internal medicine physician Frequency of monitoring should be based

on Dr. Strunk's progress as he enters back into clinical practice. However, initially, monitoring should be conducted at least monthly for 3 consecutive months with an option to decrease frequency quarterly should the monitor and the organization overseeing the monitoring agree that progress warrants such a decrease.

22. In or around December 2020, the licensee submitted to a physical exam with a Board-approved physician, who concluded that he passed without restriction and is physically able to resume practice.
23. As of the date of entry of this Amended Agreed Order, the licensee has not engaged in the clinical practice of medicine since November 2013.
24. On or about February 18, 2021, the Panel approved the licensee's request to resume the practice of medicine, pursuant to terms and conditions set forth in this Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Amended 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(6), (8) and (9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this matter and allow the licensee to resume the practice of medicine by entering into an informal resolution such as this Amended Agreed Order.

AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to allow the licensee to resume the practice of medicine, the parties hereby ENTER INTO the following **AMENDED AGREED ORDER**:

1. The license to practice medicine in the Commonwealth of Kentucky held by Roger W. Strunk, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Amended Agreed Order;
2. During the effective period of this Amended Agreed 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 – unless and until the Panel or its Chair has approved, in writing, the practice location at which he will practice medicine and the licensee has entered in an agreement with a qualified supervising preceptor at the practice location;
 - i. The licensee SHALL NOT request and shall not be approved to practice in any location in which he is not engaged with a qualified supervising preceptor who is board-certified in internal medicine, vetted and approved by LifeGuard, pursuant to the terms and conditions below;
 - ii. 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 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;

- iii. Once approved, 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 immediately enter into a remediation plan and oversight monitoring agreement with LifeGuard to facilitate and oversee his return to practice and the licensee SHALL comply with and SUCCESSFULLY complete all requirements of the remediation plan and oversight monitoring agreement, at his expense and as directed by LifeGuard;
 - i. The LifeGuard remediation plan and oversight monitoring agreement shall, at a minimum, require that the licensee participate in a structured preceptorship with a physician who can supervise, mentor and evaluate the licensee's practice;
 - ii. The licensee understands and agrees that, as part of the remediation plan and oversight monitoring agreement, Lifeguard shall vet, approve and oversee the licensee's relationship with a preceptor who qualifies under the terms/conditions set forth above;
 - iii. The licensee understands and agrees that any failure to comply with the directives and instructions of Lifeguard during the duration of the remediation plan and oversight monitoring agreement shall constitute a violation of this Amended Agreed Order and shall be grounds for immediate and automatic revocation of his license to practice medicine in the Commonwealth of Kentucky, pursuant to KRS 311.607(3);
- c. The licensee SHALL maintain his contractual relationship with the Kentucky Physicians Health Foundation and shall fully comply with all requirements of that contractual relationship;
 - i. The licensee SHALL completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. The licensee SHALL ensure that any such medical treatment and prescribing is reported directly to the Board in writing by my treating physician within ten (10) days after the date of treatment. The licensee SHALL inform the treating physician of this responsibility and ensure timely compliance. The licensee's

failure to inform the treating physician of this responsibility SHALL be considered a violation of this Amended Agreed Order;

- ii. The licensee SHALL be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, and under the conditions specified by the Board's testing agent, the purpose being to ensure that the licensee remain drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports SHALL be paid by the licensee, and the licensee SHALL pay those costs under the terms fixed by the Board's agent for testing. The licensee's failure to fully reimburse the Board's agent within that time frame SHALL constitute a violation of this Amended Agreed Order; and

- d. 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 Amended 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 Amended 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 Amended 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 Amended Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Amended 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.

SO AGREED on this 10th day of March, 2021.

FOR THE LICENSEE:




ROGER W. STRUNK, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A



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. 1606

FILED OF RECORD

SEP 10 2014

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH
OF KENTUCKY HELD BY ROGER W. STRUNK, M.D., LICENSE NO.
23513, 1323 PEA RIDGE ROAD, FRANKFORT, KENTUCKY 40601

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, and Roger W. Strunk, M.D. ("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, Roger W. Strunk, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is internal medicine.
3. On or about November 8, 2013, the Board received a grievance which alleged that although the licensee had a legitimate medical condition requiring the use of controlled substances, he had become impaired due to his use of those controlled substances; that he had demonstrated slurred speech; that he had fallen asleep during a patient encounter; and that he was prescribing controlled substances to his girlfriend, possibly with an intent to divert.
4. The Board's medical investigator, Jon Marshall, interviewed several of the licensee's colleagues and staff persons, all of whom consistently reported that after recent

surgeries, the licensee was increasingly irritable, demonstrated severe mood swings and a short temper, became verbally abusive toward nurses, nodded off during conversations, and was suspected of inappropriately seeking controlled substances.

5. On or about November 8, 2013, the Board's Executive Director, Michael Rodman, notified the licensee of the grievance and directed him to follow up with the Kentucky Physicians Health Foundation for an evaluation within thirty (30) days.
6. On or about November 26, 2013, the licensee was evaluated at the Kentucky Physicians Health Foundation ("Foundation") and was directed to submit to a 96-hour residential evaluation. However, because the licensee indicated that he would be undergoing surgery in January, it was agreed with the Foundation that he would not submit to a 96-hour evaluation until after the surgery. He was instructed not to practice medicine until after the 96-hour evaluation had been completed and to follow up with the Foundation in January or February to coordinate said evaluation.
7. After the licensee failed to follow up with the Foundation in January or February 2014, the Foundation mailed a letter to his home and directed him to contact the Foundation no later than March 26, 2014.
8. On March 27, 2014, the licensee had not contacted the Foundation.
9. On or about April 8, 2014, the licensee informed the Board that he would not be able to submit to a 96-hour evaluation or to resume the practice of medicine until such time as he successfully undergoes a three level spinal fusion surgery and is able to taper his analgesic use.

10. During the investigation, the Board also requested that the Office of Inspector General ("OIG") analyze the licensee's prescribing patterns and identify any patients for whom inappropriate prescribing may have occurred.
11. On or about January 2, 2014, Jill E. Lee, Pharmacist Consultant, OIG, informed the Board that she had reviewed and analyzed the licensee's KASPER records (dated January 1, 2012 through November 16, 2013) and found that his prescribing habits appeared appropriate. She also recommended that twelve (12) patients be reviewed to ensure that appropriate care was provided by the licensee.
12. On or about April 30, 2014, a Board consultant completed a review of the licensee's patient charts and concluded, in part, that

... Although the number and frequency of prescriptions appears reasonable, there are examples of concomitant prescribing of two IR opioids and two benzodiazepines. Use of phentermine as an appetite suppressant was not on a regular schedule by his patients. High doses of opiates resulted in high doses of acetaminophen. There was frequent use of sedatives and these, along with chronic benzodiazepines, presumably for anxiety. ...

...
Consultations were frequently obtained, although with many of the patients having psychiatric diagnoses, input from psychiatry and counselors was limited. Addiction expertise was not sought in incidents of possible misuse of medication. Evaluation of possible misuse of controlled substances and addiction did not occur with no utilization of drug screens (random or planned), pill counts, nor more extensive drug use history. Typically, with controlled substance prescribing, patients are seen monthly for face-to-face renewal of prescriptions. This did not occur in Dr. Strunk's practice.

There was one instance of incomplete and improper diagnosis (patient...) but in general, Dr. Strunk was diligent in pursuit of answers.

The biggest concern lay in treatment of these patients. Surely, over-diagnosis would and did lead to this in one obvious individual. As well, the amount of work including diagnosis, treatment and prescribing by telephone led to very possible misdiagnosis, over-treatment and danger to patients. Within this subset of treatment issues, Dr. Strunk's use of medications, particularly controlled substances, identifies a major problem. Per review of his KASPER reports are multiple instances of polypharmacy with combinations of

medication including opiates, benzodiazepines, other sedatives and stimulants. Particularly with stimulants, I would question the accuracy of diagnosis when treatment was for attention deficit disorder. And with stimulants used as appetite suppressants, it did not appear that patients were using them judiciously.

Opiate prescribing felt possible poor decision making when initiated for non-cancer pain. Choice of opiates was predominantly IR formulation and often in high doses leading to high acetaminophen, as well as higher addiction potential.

Benzodiazepine prescribing for anxiety was often combined with other sedatives, as well as opiates, potentially leading to dangerous situations including addiction and overdose. Overall, Dr. Strunk was not careful in screening for addiction or alert to warning signs and behaviors patient specific to misuse and addiction.

In summary, I do feel that Dr. Strunk's practice does represent negligence, ignorance, and incompetence especially related to prescribing and management of controlled substances and does not meet the standard practice in Kentucky. This is dangerous to his patients and to his community and needs attention.

...

13. On or about June 24, 2014, the licensee responded, through counsel, and in disagreement with the Board consultant's report, stated in part,

... Each patient treated by Dr. Strunk received thorough examinations to substantiate the prescribing regimen developed either by Dr. Strunk or in collaboration with referring physicians, such as neurologists or pain management specialists.

The consultant's report received by Dr. Strunk makes it evident that, more than likely due to the voluminous medical records, the consultant did not review the records in their entirety for these patients, nor did he or she even receive the entire record on many of them. As stated above, many of these patients have been seen by Dr. Strunk since 2002 and many of the records substantiating the diagnosis were not made available to the consultant. We request that the consultant take into consideration that these records exist and review the record in its entirety. It is also important to note that Dr. Strunk also requested a copy of the KASPER report and always had his patients enter into a controlled substance prescribing contract. ...

The licensee also provided additional information and explanation of his treatment of the patients for the consultant's consideration.

14. On or about July 27, 2014, the Board consultant completed a review of the licensee's additional information and explanation and stated

... Appreciating the arguments presented and the complexity of the individual cases I do not change my opinion on the deficiencies noted. In particular I am concerned about poly pharmacy, use of opioids without clear rationale and/or justification, use of benzodiazepines in place of safer alternatives, use of stimulants without clear psychological testing and evaluation, failure to identify and address appropriately signs of addiction, frequent prescribing and treatment of patients via telephone.

I continue to feel these behaviors represent poor judgment and practice and ultimately are dangerous to individual patients and the community.

15. The licensee has not engaged in the clinical practice of medicine since November 2013.

16. On August 21, 2014, the licensee and his counsel appeared before and were heard by the Panel when it reviewed the investigation of the above and before it deliberated. The Panel determined that there was probable cause to believe that the licensee suffers from a physical or mental condition which impedes his ability to competently practice medicine and offered the licensee an opportunity to resolve the investigation by entering into this Agreed Order in lieu of a Complaint and Emergency Order of Suspension.

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) and (9), as illustrated by KRS 311.597(3) and (4). 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 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 the pending grievance without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Roger W. Strunk, M.D., 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 Agreed 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," 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 approved to do so by the Panel;

- b. The Panel SHALL NOT consider a petition to resume the active practice of medicine from the licensee, unless such petition is accompanied by a favorable recommendation by the Medical Director of the Kentucky Physicians Health Foundation ("the Foundation"), which shall include:
1. A copy of an evaluation report from a 96-hour residential evaluation facility;
 2. A copy of his contract with the Foundation, if applicable;
 3. A copy of a discharge summary from a 90-day residential treatment facility, if so recommended by the Foundation or the 96-hour evaluation facilitators, and any reports of other evaluations performed after the date of entry of this Agreed Order, and if not included in that discharge summary, a statement of all aftercare requirements for the licensee;
 4. An assessment that the licensee may safely resume the active practice of medicine without undue risk or danger to patients or the public; and
 5. A statement of the licensee's specific plans for his return to medical practice, including prospective employer and practice descriptions;
- c. Within thirty (30) days prior to submitting any petition to resume the active practice of medicine, the licensee SHALL submit to and complete a physical examination with a physician approved by the Board to conduct said examinations on behalf of the Board;
- i. The licensee SHALL submit to and complete the physical examination at the time and date(s) scheduled, at his expense, and as directed by the examiner;
 - ii. Within ten (10) days of scheduling the physical examination, the licensee SHALL contact Jill Lun, Legal Secretary, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky, Tel. (502) 429-7150, ext. 233, and inform her of the scheduled date and time of the physical examination;
 - iii. The licensee SHALL take all steps necessary, including executing any waiver and/or consent forms required, to ensure that the physical examiner, will provide a copy of the physical examination results promptly upon the completion of said examination to the Board's Legal Department;
- d. Within thirty (30) days prior to submitting any petition to resume the active practice of medicine, the licensee SHALL REIMBURSE the Board

the costs of the proceedings in the amount of \$1,212.50, pursuant to KRS 311.565(1)(v); and

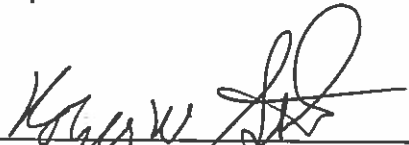
- e. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees and understands that if the Panel should permit the licensee to resume the active practice of medicine at any time in the future, it may do so by an Amended Agreed Order, which shall include all terms and conditions deemed appropriate by the Panel following their review of the information available;
- a. If the licensee does not petition to resume the active practice of medicine before November 2015, the provisions of KRS 311.607 shall apply to any request by the licensee and the burden shall be upon the licensee to satisfy to the Panel that he is presently of good moral character and is qualified both physically and mentally to resume the practice of medicine, without undue risk or danger to his patients or the public.
4. 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.


5. 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.

SO AGREED on this 2 day of September, 2014.

FOR THE LICENSEE:

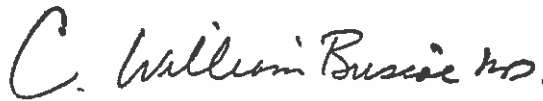


ROGER W. STRUNK, M.D.

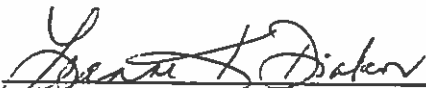


CHRISTOPHER J. SHAUGHNESSY
COUNSEL FOR THE LICENSEE

FOR THE BOARD:



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A



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