

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

MAR 09 2000

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Plaintiff,)

v.)

Case No. 98-12-2048

BRYAN A VAN DOREN, M.D.,)
LICENSE NO. 17313,)

Defendant.)

**ORDER ACCEPTING
VOLUNTARY SUBMITTAL TO JURISDICTION**

Plaintiff, the State of Oklahoma, ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General for the State of Oklahoma, and the staff of the Board, as represented by the Secretary of the Board, Gerald C. Zumwalt, M.D., and the Executive Director of the Board, Lyle Kelsey, and the Defendant, Bryan A. Van Doren, M.D., Oklahoma license no. 18087, who appears in person and by counsel, Lana Tyree, proffer this Agreement for acceptance by the Board *en banc* pursuant to Section 435:5-1-5.1 of the Oklahoma Administrative Code ("OAC").

AGREEMENT AND ACKNOWLEDGMENT BY DEFENDANT

By voluntarily submitting to jurisdiction and entering into this Order, Defendant pleads guilty to the allegations in the Complaint and Citation filed herein on September 27, 1999 and acknowledges that hearing before the Board would result in some sanction under the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act (the "Act").

Defendant, Bryan A. Van Doren, M.D., states that he is of sound mind and is not under the influence of, or impaired by, any medication or drug and that he fully recognizes his right to appear before the Board for evidentiary hearing on the allegations made against him. Defendant hereby voluntarily waives his right to a full hearing, submits to the jurisdiction of the Board and agrees to abide by the terms and conditions of this Order. Defendant acknowledges that he has

read and understands the terms and conditions stated herein, and that this Agreement has been reviewed and discussed with him and his legal counsel.

PARTIES' AGREEMENT AND STIPULATIONS

Plaintiff, Defendant and the Board staff stipulate and agree as follows:

Findings of Fact

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.* The Board has jurisdiction over this matter, and notice has been given in all respects in accordance with law and the rules of the Board.

2. Defendant, Bryan A. Van Doren, M.D., holds Oklahoma license no. 17313.

3. In 1988, Defendant was treated at Talbott Recovery Center in Atlanta, Georgia for alcohol dependence.

4. On May 9, 1990, Defendant entered into a Voluntary Submittal to Jurisdiction whereby he was granted a special license to practice in the state of Oklahoma and placed on probation for a period of five (5) years beginning July 3, 1989 due to prior substance abuse.

5. On May 24, 1990, Defendant was granted a full medical license under the five (5) year probation previously set forth in the May 9, 1990 Voluntary Submittal to Jurisdiction.

6. On July 3, 1994, Defendant's probation was terminated.

7. Defendant has admitted that on or around August 1998 through November 1998, Defendant periodically called in prescriptions for Hydrocodone using fictitious patient names and his medical partners' names and DEA numbers. Defendant additionally admits that he picked up or attempted to pick up these medications and that they were for his own personal use. At that time, he was taking up to thirty (30) tablets per day.

8. On November 23, 1998, Defendant was contacted by a representative of the Oklahoma Bureau of Narcotics regarding his illegal actions pursuant to 63 O.S. §2-407 (A-1), Attempting to Obtain a Controlled Dangerous Substance by Fraud. At that time, Defendant was admitted to Anchor Hospital for detoxification and was then readmitted to Talbott on November 30, 1998.

9. Defendant is guilty of unprofessional conduct in that he:

A. Habitually used habit-forming drugs in violation 59 O.S. 407 §509(5) and OAC 435:10-7-4(3).

B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(9) and OAC 435:10-7-4(11).

C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(14) and OAC 435:10-7-4(39),

D. Was unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physician condition in violation of 59 O.S. §509(16) and OAC 435:10-7-4(40).

E. Purchased or prescribed a regulated substance in Schedules I through V for the physician's personal use in violation of OAC 435:10-7-4(5).

F. Prescribed, sold, administered, distributed, ordered or gave a drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself in violation of OAC 435:10-7-4(26).

G. Wrote a false or fictitious prescription for any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs in violation of 59 O.S. §509(12).

H. Prescribed a drug without sufficient examination and establishment of a valid physician patient relationship in violation of 59 O.S. §509(13).

I. Confessed to a crime involving a violation of the anti-narcotic laws of the federal government or the laws of this state in violation of 59 O.S. §509(8) and 63 O.S. §2-407.

J. Committed an act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine in violation of 59 O.S. §509(10).

K. Prescribed a controlled substance without medical need in accordance with published standards in violation of 59 O.S. §509(17) and OAC 435:10-7-4(2) and (6).

L. Violated a state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27), 63 O.S. §2-407, and OAC 475:20-1-2, OAC 475:20-1-6, OAC 475:25-1-3 and OAC 475:30-1-3.

Conclusions of Law

1. The Board has jurisdiction and authority over the Defendant and subject matter herein pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act (the "Act") and its applicable regulations. The Board is authorized to enforce the Act as necessary to protect the public health, safety and welfare.

2. Defendant, Bryan A. Van Doren, Oklahoma medical license 17313, is guilty of unprofessional conduct set forth below based on the foregoing facts:

A. Habitually used habit-forming drugs in violation 59 O.S. 407 §509(5) and OAC 435:10-7-4(3).

B. Engaged in dishonorable or immoral conduct which is likely to deceive, defraud or harm the public in violation of 59 O.S. §509(9) and OAC 435:10-7-4(11).

C. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(14) and OAC 435:10-7-4(39),

D. Was unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material or

as a result of any mental or physician condition in violation of 59 O.S. §509(16) and OAC 435:10-7-4(40).

E. Purchased or prescribed a regulated substance in Schedules I through V for the physician's personal use in violation of OAC 435:10-7-4(5).

F. Prescribed, sold, administered, distributed, ordered or gave a drug legally classified as a controlled substance or recognized as an addictive dangerous drug to a family member or to himself or herself in violation of OAC 435:10-7-4(26).

G. Wrote a false or fictitious prescription for any drugs or narcotics declared by the laws of this state to be controlled or narcotic drugs in violation of 59 O.S. §509(12).

H. Prescribed a drug without sufficient examination and establishment of a valid physician patient relationship in violation of 59 O.S. §509(13).

I. Confessed to a crime involving a violation of the anti-narcotic laws of the federal government or the laws of this state in violation of 59 O.S. §509(8) and 63 O.S. §2-407.

J. Committed an act which is a violation of the criminal laws of any state when such act is connected with the physician's practice of medicine in violation of 59 O.S. §509(10).

K. Prescribed a controlled substance without medical need in accordance with published standards in violation of 59 O.S. §509(17) and OAC 435:10-7-4(2) and (6).

L. Violated a state or federal law or regulation relating to controlled substances in violation of OAC 435:10-7-4(27), 63 O.S. §2-407, and OAC 475:20-1-2, OAC 475:20-1-6, OAC 475:25-1-3 and OAC 475:30-1-3.

Order

IT IS THEREFORE ORDERED by the Oklahoma State Board of Medical Licensure and Supervision as follows:

1. The Board *en banc* hereby adopts the agreement of the parties in this Voluntary Submittal to Jurisdiction.

2. The license of Defendant, Bryan A. Van Doren, M.D., Oklahoma license no. 18313, is hereby SUSPENDED beginning November 30, 1998 for a period of sixty (60) days.

3. Pursuant to the parties' voluntary agreement and submittal to jurisdiction, Defendant shall be placed on PROBATION for an indefinite period of time following his suspension under the following terms and conditions:

A. Defendant will conduct his practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act as interpreted by the Oklahoma State Board of Medical Licensure and Supervision. Any question of interpretation regarding said Act shall be submitted in writing to the Board and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Oklahoma State Board of Medical Licensure and Supervision.

B. Upon request of the Board Secretary, Defendant will request all hospitals in which he anticipates practicing to furnish to the Board Secretary of the Oklahoma State Board of Medical Licensure and Supervision a written statement regarding monitoring of his practice while performing services in or to that hospital.

C. Defendant will furnish to each and every state in which he holds licensure or applies for licensure and hospitals, clinics or other institutions in which he holds or anticipates holding any form of staff privilege or employment, a copy of the Board Order stipulating sanctions imposed by the Oklahoma State Board of Medical Licensure and Supervision.

D. Defendant will not supervise allied health professionals.

E. Defendant will not prescribe, administer, dispense or possess any drugs in Schedules I through V, with the exception that Defendant may write orders for Scheduled drugs for hospital

inpatients only.

F. Defendant will submit biological fluid specimens to include, but not limited to, blood and urine, for analysis, upon request of the Oklahoma State Board of Medical Licensure and Supervision or its designee, and Defendant will pay for the analysis thereof.

G. Defendant will not prescribe, administer or dispense any medications for personal use or for that of any family member.

H. Defendant will take no medication except that which is authorized by a physician treating him for a legitimate medical need. Defendant has the affirmative duty to inform any and every doctor treating him of the Board Order immediately upon initiation, or continuation of treatment.

I. Defendant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.

J. Defendant will authorize in writing the release of any and all information regarding his treatment at Talbott and any other records of his medical, emotional or psychiatric treatment to the Oklahoma State Board of Medical Licensure and Supervision. Defendant will additionally provide quarterly reports regarding his practice and recovery progress from his employer to the Board Secretary. The first quarterly report shall be due on or before June 30, 2000.

K. Defendant will abide by the terms and recommendations of his postcare contracts with Talbott and the Physicians' Recovery Program, copies of which are attached hereto, including psychiatric treatment or counseling with a doctor or therapist approved by the Oklahoma State Board of Medical Licensure and Supervision. Defendant will authorize in writing the release of any and all records of that treatment to the Oklahoma State Board of Medical Licensure and Supervision and will authorize the Compliance Consultant to the Board to discuss his case and treatment with the individuals providing Defendant's treatment.

L. Defendant will attend three (3) meetings per week of a local 12-step program.

M. Defendant shall promptly notify the Board of any relapse, including any entry, or re-entry, into a treatment program for

substance abuse.

N. Defendant shall promptly notify the Board of any citation or arrest for traffic or for criminal offenses involving substance abuse.

O. Defendant will keep the Oklahoma State Board of Medical Licensure and Supervision informed of his current address.

P. Defendant will keep current payment of all assessments by the Oklahoma State Board of Medical Licensure and Supervision for prosecution, investigation and monitoring of his case unless Defendant affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board Secretary.

Q. Until such time as all indebtedness to the Oklahoma State Board of Medical Licensure and Supervision has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.

R. Defendant shall make himself available for one or more personal appearances before the Board or its designee upon request.

S. Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or designee.

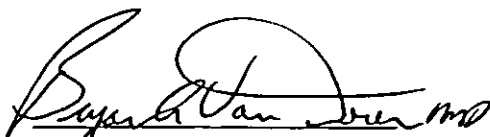
T. Failure to meet any of the terms of this Board Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify Defendant's license after due notice and hearing.

Dated this 9 day of March, 2000.

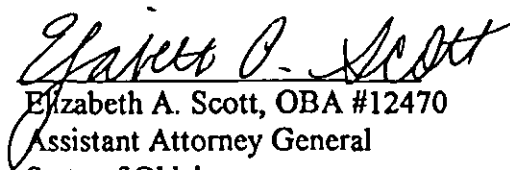


Billy Stout, M.D., President
Oklahoma State Board of
Medical Licensure and Supervision

AGREED AND APPROVED



Bryan A. Van Doren, M.D.
License No. 17313




Elizabeth A. Scott, OBA #12470
Assistant Attorney General
State of Oklahoma
5104 N. Francis, Suite C
Oklahoma City, OK 73118

Attorney for the Oklahoma State
Board of Medical Licensure and
Supervision

CERTIFICATE OF MAILING

I certify that on the 10 day of March, 2000, a mailed a true and correct copy of the Order Accepting Voluntary Submittal to Jurisdiction to Lana Tyree, Cartwright & Tyree, 2516 N.W. Expressway, Oklahoma City, OK 73112.


Janet Owens

CONTRACT BETWEEN THE OKLAHOMA STATE MEDICAL ASSOCIATION RECOVERY COMMITTEE AND Bryan A. Van Doren M.D.

00111-5-11-2-1

The purpose of this contract is for the Oklahoma State Medical Association Physician Recovery Program to provide advocacy for Dr. VAN DOREN and in order to assure that such advocacy is appropriate, the below provisions will serve to aid Dr. VAN DOREN in strengthening his personal recovery program and to assure the Program representatives that a strong recovery program is in place.

OK
MED
AS

Dr. VAN DOREN agrees to remain abstinent from all psychoactive substances, legal or illegal, including alcohol. To validate that abstinence random urine drug screens will be obtained, as arranged by Dr. YARBOROUGH, and results furnished to the Physician Recovery Program contingent upon the approval of the monitoring plan by the program representative.

Dr. VAN DOREN agrees to attend the Codorus Medical Professional Support Group as well as other community twelve step (A.A. or N.A.) meetings weekly. Upon request by the Physician Recovery Program the validation of that meeting attendance will be made available. In addition Dr. VAN DOREN, agrees to obtain a sponsor with at least two years abstinent recovery, with whom he/she will maintain at least weekly contact.

Should the urine drug screen tests be positive or questionable or should there be a significant lapse of any of the other aspects of the personal recovery program as outlined herein, the appropriate Board, licensing agency or insurance carrier may be notified immediately; and Dr. VAN DOREN agrees to undergo appropriate evaluation and/or treatment at a treatment facility chosen by the Committee or Program representative.

Dr. VAN DOREN agrees to advise any physician treating him/her of his alcoholism or chemical dependency history; and Dr. Thiessen or other Program representative agrees to provide consultation as to chemical dependency issues specifically as to use of certain medications to Dr. H.K. Speed or the treating physician.

Dr. VAN DOREN hereby authorizes release of information from the Physician Recovery Program to the appropriate Board, licensing agency or insurance carrier as outlined above and as requested for advocacy purposes.

This contract will be for 5 years.

Bryan A. Van Doren, MD 4/22/99
Participating Physician. Date

NO Merlia MD
for Physician Recovery Program Date 4/15/99

TALBOTT RECOVERY CAMPUS
CONTINUING CARE CONTRACT

DISCHARGE DATE: 4-10-99

NAME: BRYAN A. VAN DOREN

HOME ADDRESS: 11207 S. CANTON AVE
TULSA, OK 74137

TELEPHONE H: 918-298-8291 W: 918-744-3180

1. I agree to participate in continuing care under the auspices of the Talbott Recovery Campus for five years from the date of my discharge.
2. I agree to abstain completely from any mood changing chemicals except as prescribed by my primary care physician and, when appropriate, after consultation with an Addictionologist.
3. I agree to follow the terms of my Relapse Contract (see page six).
4. If I change my address, I agree to notify the Continuing Care Associate within two weeks ~~of~~ such a move.
5. I agree to complete, submit for review to the monitoring professional, and mail to Talbott Recovery Campus the Continuing Care Quarterly Monitoring Report.
6. The following are specific problems regarding my hospital, licensing board, DEA, etc. (include prevailing restriction):

None

REDISCULOSURE OF THIS INFORMATION TO ANY OTHER PARTY IS PROHIBITED.

7. I will practice my work profession in the following location:

Address: OKLAHOMA ONCOLOGY INC.
1705 E. 19th Street
Tulsa, OK 74104

Phone: 918-744-3180

8. I agree to the following recommendations regarding my return to work:

40 hours week and as directed by
monitor

9. Recommendation to limit satellite work initially
Until I return to work, I agree to follow a schedule approved by my monitor. The schedule will include:

As directed by monitor

10. I plan to return to work by: 4/15/99

11. I plan to work the following hours per week: 20 hours first week then 40 hours/week

12. I will use as my primary physician:

(any changes to be approved by monitor)

Name: H.K. Speed, M.D.

Address: P.O. Box 669

Sapulpa, OK 74067

Phone: 918-224-9630

13. I will use as my monitoring professional:

Name: Bill Omelia, MD / Harold Thiessen

Address: 2750 E. 44th / OK Physician Reciprocity Prog

Tulsa, OK 71405 / 1100 N. Mustang Rd.

Phone: 918-747-4310 / Mustang, OK 7306

405-376-9728

14. I agree to the following specifics for contacting my monitor:

Will see monitor Thurs 2:00pm weekly
and as directed

15. I agree to random urine/blood monitoring drug screens to be set up by AS
directed by monitor and agree to pay for these urine/blood drug screens.

16. I have asked the following person to be my sponsor and to actively work with me on 8th and 9th Step issues:

Name: Steve Nickles

Address: 1118 E. 53rd Place
Tulsa, OK 74105

Phone: 918-749-0180

17. I agree to the following living recommendations:

Return home living with wife

18. I will initially attend 90 Twelve Step Support Group meetings in 90 days followed by attending at a frequency of four to seven times per week.

19. The following are the Support Group meetings available in my area:

Day	Type of Meeting	Location	Time
Monday	ODAT CD OBBS/SS	Unanimity 8749 S. Lewis	5:30 pm 9:30 AM/11 AM
Tuesday	ODAT CD	" "	5:30 pm
Wednesday	ODAT CD Catholic PFP	" " 6333 E Kelly	5:30 pm 8:00 pm
Thursday	ODAT CD	" "	5:30 pm
Friday	ODAT CD	" "	5:30 pm
Saturday	Sunrise Group CD	8749 S. Lewis	7:00 AM
Sunday	Unanimity OBBS/SS	" "	9:30 AM/12 AM

REDISCLOSURE OF THIS INFORMATION TO ANY OTHER PARTY IS PROHIBITED.

Additional Comments: _____

20. I agree to attend the following Health Professionals group, i.e., Caduceus, if applicable:

Name: DRP Caduceus

Location: 6333 E Skelly
Tulsa, OK

Contact Person: Dr Bill Omelka

Phone: 918-747-4310

Thurs 8:00 PM

21. I agree to attend the following continuing care group, if applicable:

Name of Group: As directed By monitor

Time: _____

Location: _____

22. I agree to participate in individual, marriage, or family therapy, if applicable:

Therapist: Sherry Bray

Time: _____

Location: 6333 E. Skelly → Tulsa, OK 74111

Phone: 918-481-8484

First appt.
Mon
4/12/99
11:15 AM

REDISCLASURE OF THIS INFORMATION TO ANY OTHER PARTY IS PROHIBITED.

23. I plan to return for the following continuing care visits (to include Return Visits and/or Alumni Retreat):

1. June 10-13-1999
2. ^{October} or December 6-7, 1999
3. Annually x 5 years

If unable to attend the scheduled Return Visit(s), I agree to communicate the reason for my absence in writing to the Continuing Care Associate.

24. I agree to the following additional recommendations regarding my continuing care:

As directed by monitor

25. I will continue to develop my spiritual program of action (pages 85-88 Big Book) by participation in the following:

Daily prayer and meditation

26. I will continue to invest in my family life by the following:

Evening walk through neighborhood
Learn to Ballroom dance with wife
Travel with wife in future to specified locations.

27. I will continue to develop my leisure time by participation in:

Activities with peers in Recovery
Golf, Bowling, Windsurfing, Hiking, Mt Biking

REDISCULOSURE OF THIS
INFORMATION TO ANY OTHER
PARTY IS PROHIBITED.

28. I will continue to maintain my physical health by:

Aerobic & Anaerobic (Weightlifting)
Cardiovascular fitness 4x per week

29. I will assume responsibility for all expenses connected with my treatment, and all previous debts, if applicable, by:

W/D

30. I will comply with the Talbott Recovery Campus Business Office agreement.

[Signature]
Patient Signature

4/6/99
Date

[Signature]
Continuing Care Associate

4/6/99
Date

REDISCLOSURE OF THIS
INFORMATION TO ANY OTHER
PARTY IS PROHIBITED.

RELAPSE CONTRACT

- I. I, Bryan A. Van Doren, should I use any alcohol or other mood alternating drugs, agree to perform the following within 24 hours:
- A. Contact my AA/NA Sponsor
 - B. Attend an AA/NA meeting and pick up a white chip when applicable.
 - C. Contact my monitoring professional in my area to inform him/her of my relapse.
 - D. Contact the Continuing Care Associate at the Talbott Recovery Campus to inform him of my relapse.

II. I, ANN J. EISENBRUN, as a member of the family or significant other, agree to encourage the patient to contact the monitoring professional to inform him/her of the relapse. I agree to contact my sponsor and home Al-Anon group for additional suggestions. I agree to contact the monitoring professional and the Continuing Care Associate at TRC as outlined above if the patient is unwilling to do so.

III. I, Bryan A. Van Doren, will complete and return this contract to TRC within 30 days of my discharge.

Bryan A. Van Doren MD
Patient Signature

4/6/99
Date

Ⓟ _____
Family Member/Significant Other
Signature

Date

Ⓟ _____
Monitoring Professional Signature

Shelly Nell MAC
Continuing Care Associate
Talbott Recovery Campus

Date

4/6/99
Date

REDISCLOSURE OF THIS
INFORMATION TO ANY OTHER
PARTY IS PROHIBITED.