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BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

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June 4, 2019

Gina Turcotte
4 Caswell Rd
Windsor, ME 04363-3129

Re: Complaint against Jose A. Ventura, M.D. - CR#2019-65

Dear Ms. Turcotte,

Dr. Ventura has responded to your complaint. A copy of the response is enclosed.

After reviewing Dr. Ventura's response, if you feel there is additional information you wish the Board to consider, please respond, in writing, within 10 days of the date of this letter. If we do not hear back from you within 10 days, we will assume you have no additional information to offer, and the complaint materials (e.g. complaint, response, rebuttal, records) will be reviewed at an upcoming Board meeting. The Board meets once a month. You may attend the Board's meeting and observe its review and discussion of the complaint. To find out whether your complaint will be reviewed at an up-coming meeting, you may check the Board's agenda for your complaint number. The Board's agenda and meeting dates are posted on its website: http://www.maine.gov/md/board-information/board-meetings.html.

If you have any questions, please feel free to contact me at (207) 287-3608 or 1-888-365-9964.

Sincerely,

Savannah Okoronkwo

Savannah Okoronkwo
Consumer Assistance Specialist

Enclosure

COPY

May 22, 2019

State of Maine
Board of Licensure in Medicine
Attn: Nikolette Alexander, Investigative Secretary
161 Capitol Street
137 State House Station
Augusta, Maine 04333-0137

Re: Complaint of Gina Turcotte against Jose Ventura, M.D.
CR 2019-65

Dear Board Members,

I am writing in response to a complaint that a former patient of mine, Gina Turcotte, has filed with respect to care that I provided to her in 2013. I must confess that I have very little recollection of my office visits with Ms. Turcotte almost six years ago, but I have reviewed my notes and will provide all the information that I can remember in an attempt to address her concerns. Thank you for the opportunity to do so.

By way of background, I currently practice as a hospitalist at MaineGeneral Medical Center, having transitioned full-time to in-patient practice in June 2015. Between June 2013 and June 2015, I was completing my fellowship in geriatric medicine, but was also seeing patients on a limited basis at the Family Medicine Institute, where I served as a faculty member for the residency program that is associated with that practice. That is how I came to see Ms. Turcotte.

I had seen Ms. Turcotte a few months prior to the August visit of concern. During her office visit on April 5, 2013, she was requesting to be evaluated for chronic pain and for a referral for medical marijuana pain management. She did not want to use any pain medication due to her beliefs regarding alternative medicine. She was also not on any medication for her diagnosed bipolar disorder, which she explained had been managed by "mind techniques." At that time, she denied any racing thoughts or manic/hypomanic episodes.

I ordered imaging to evaluate her spine and a referral for OMT. I also discussed traditional treatment options with Ms. Turcotte, which she refused. I further explained that she likely would not qualify for the medical marijuana program until the initial work-up was completed.

Ms. Turcotte came in again on April 29, 2013, and saw one of my colleagues for OMT. She explained that she had back pain from scoliosis and that the only thing that would help her was marijuana. She described OMT as a "hoop" that she needed to jump through in order to get marijuana.

Because Ms. Turcotte has bipolar disorder and refuses all pharmaceutical intervention, it is important to assess her mental state each time we interacted with her. Accordingly, my colleague specifically noted that during the April 29, 2013, visit that Ms. Turcotte's "thoughts are based in reality," and that she "does not feel like she is being persecuted." When I saw her next, on August

8, 2013, however, Ms. Turcotte exhibited behavior that was of some concern. Again, she started off the appointment with the stated objective of obtaining a referral for medical marijuana, which was not new. She was adamant that she did not want to try anything else, stating that she was "sick and tired of this healthcare system" because it did not value a natural approach. The OMT had not helped, and she had not followed through on the imaging that I had ordered.

Ms. Turcotte then moved onto new issues, prompting my concern about her mental status. For instance, she insisted on heavy metal testing, as she believed the rain and environment to be "poison" and wanted to ensure that she had no metal in her system. She also started to talk at length about various political issues and her efforts at obtaining justice, including starting a non-profit organization to "reap justice for Maine tenants." I just listened to her and did not disagree with her, as she asserts in her complaint. It is possible that Ms. Turcotte interpreted my silence as disagreement, but these are not topics in which I would have engaged Ms. Turcotte in a dialogue.

Nonetheless, Ms. Turcotte was very vocal and, as I documented in my note, quite argumentative in her presentation. Despite my staying quiet, she was forceful in her discussions regarding the wrongs that she was seeking to right.

As noted, Ms. Turcotte also had very fixed views about the direction that her medical care should take. I encouraged her to obtain the recommended x-ray to establish a baseline and to rule out any abnormality, but she was resistant. She was receptive to a referral for physical therapy, however, and I also referred her to Dr. Woytowicz, as she requested. My concern for her, however, was that her strong beliefs might impede consultant recommendations.

Given the change in Ms. Turcotte's presentation since I had seen her in April, I also considered a referral to psychiatry, although I do not believe that I made one at that time. I did note, however, under the symptoms that were assessed that day, "delusional disorder, somatic." To be clear, I was not diagnosing Ms. Turcotte with a delusional disorder, although doing so would not be outside my scope of practice. Instead, I was making note of a symptom that was assessed that day, using the drop down options available to us in the electronic health record to do so. My intention was to note Ms. Turcotte's delusional manner of thinking as a symptom diagnosis of her bipolar disorder.

As noted above, Ms. Turcotte had already been diagnosed with bipolar disorder, and delusional thought patterns can be symptom of that disorder. During the office visit on August 8, 2013, Ms. Turcotte's speech and thoughts were scattered and pressured. There was very little connection between her thoughts, which were not very concrete. Her statements were vague, but extremely assertive. As an example, as mentioned above, she was convinced that she was being poisoned by the rain, but her rationale for that belief was disconnected and vague. She was also very animated about her "justice league" work, but her expressions on that topic were disorganized in a concerning way.

In short, Ms. Turcotte expressed fixed ideas that she had the power to act in a certain way. Her statements, in that respect, were consistent with someone who might be experiencing delusions

as a symptom of her bipolar disorder. Delusions can be associated with more severe episodes of mania or depression and so if suspected, should be mentioned in the patient's medical record. This is especially true in a practice such as the FMI, where a patient often sees multiple providers at the practice. At that time, I was not so concerned about Ms. Turcotte's mental health that I felt that we needed to do anything else other than monitor her, but I took care to note my concerns, so that if another provider saw her next, he or she would know to evaluate how she was doing.

This is how the documentation of "delusional disorder, somatic," came to be in Ms. Turcotte's medical record. Unfortunately, the way that these electronic medical records work is that after a symptom is noted as having been "assessed," it gets carried forward into the "active problem" list unless manually reviewed and "resolved." This serves as a reminder to subsequent treating physicians to review those issues to see if they are still problems for the patient (for instance, during her OMT appointment, Ms. Turcotte's provider was concerned about her nutrition, as she was very thin and was following a limited diet – her provider noted "insufficient nutrition" as an "assessment," which then carried over into her "active problem" list – she did not actually diagnose Ms. Turcotte as having "insufficient nutrition").

The next time I saw Ms. Turcotte was on November 21, 2013. She was requesting that I complete some disability paperwork for her, as well as a letter in support of her mental/emotional support cat that she could provide to her landlord. She had seen Dr. Woytowicz in the interval period of time and had obtained her medical marijuana certification, and so she was all set in that regard. Of note, her behavior and responses were much more appropriate during this visit, and I documented as such. I did not feel that it was necessary to follow through with the psychiatry referral that I had considered in August, given her improvement. I attended to Ms. Turcotte's requests for paperwork and we continued our discussions regarding smoking cessation, which was an issue for her.

Ms. Turcotte continued as a patient of FMI for several years. My understanding is that her medical records were somewhat recently requested and produced in conjunction with litigation that she has commenced, and that the reference to a "delusional disorder" may have been used against her. When this happened, she sent several emails to MaineGeneral Medical Center (attached) to raise her concerns about my documentation, as well as the documentation in the notes authored by my colleague, Dr. McDonald, who subsequently saw her at FMI.

John Barnes, M.D., the medical director at FMI, looked into the matter and responded to Ms. Turcotte's concerns. He noted that the "delusional disorder" reference had been carried forward in Ms. Turcotte's chart since I entered it on August 8, 2013, and that Dr. McDonald had accepted it until Ms. Turcotte made it clear during subsequent visits that she disagreed. After discussing the issue with Ms. Turcotte, Dr. McDonald removed the "delusional disorder" reference from the "problem list" with the explanation: "Given my incomplete and inconclusive mental health assessment of this patient, I have removed delusional disorder from her problem list due to patient request."

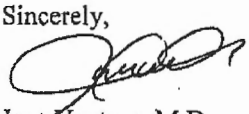
As Dr. Barnes explained, however, the electronic medical record only gives providers two options – change the problem to "resolved," or note that it was "entered in error." The problem, however, remains in the chart, as it was a problem that was assessed at some point in the patient's history. In the absence of evidence that I entered "delusional disorder" in "error," Dr. McDonald selected that the problem was "resolved." Dr. McDonald also chose to "suppress" the problem, so that it would no longer appear on Ms. Turcotte's "past" medical problems list.

Dr. Barnes called and spoke with Ms. Turcotte, explaining all of this to her. He also advised her to work with the medical records department if there were additional references (such as the references in my notes) that she wanted removed. I understand from reading Ms. Turcotte's complaint that she would like all references to "delusional disorder" removed from her chart.

I am not sure how, if at all, I could remove "delusional disorder" from the assessment list in the August 8, 2013, note. The fact remains that I did question whether Ms. Turcotte was experiencing delusions in August 2013, as noted in the "Neuro/Psych" portion of the "Physical Exam" section of my note. Accordingly, I do not feel that her medical records would be accurate if there was no reference to my assessment of that symptom/problem during that visit – an assessment that was indicated by her prior diagnosis of bipolar disorder and her presentation during the visit. I am apologetic, however, if the inclusion of "delusional disorder" in Ms. Turcotte's "assessment" list, which then carried forward into her "active problem" list until it was noted as "resolved," has caused her any trouble. In the future, I will be mindful to see if there are other drop-down options that accurately describe the problem/symptom that was assessed in a way that does not carry the connotation of a diagnosis of a disorder, as this description did. I honestly do not recall what the options were in 2013. As of the date of this letter, I am working with medical records to see if I can change that assessment description. If I cannot, I can add an addendum to the August 8, 2013, record, noting that I was assessing the symptom of delusions on that date, as opposed to diagnosing Ms. Turcotte with a delusional disorder.

Thank you again for the opportunity to respond to Ms. Turcotte's concerns. If I can provide any additional information, I would be happy to do so.

Sincerely,



Jose Ventura, M.D.