

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST


KHAJA N. CHISTY, M.D., RESPONDENT

FILE Nos. 02-2016-641

AMENDED ORDER

On May 9, 2019, Respondent requested that the Board amend that portion of the combined Statement of Charges and Settlement Agreement issued on April 12, 2019 prohibiting Respondent from prescribing, possessing, maintaining, administering, or dispensing any controlled substance under his Iowa medical license unless and until he receives prior written approval from the Board. On August 2, 2019, the Board, having reviewed Respondent's request, voted to issue this Amended Order.

THEREFORE IT IS HEREBY ORDERED that effective August 2, 2019, the terms and conditions established in paragraph 11 of the combined Statement of Charges and Settlement Agreement dated April 12, 2019 are terminated. However, the remainder of the Order is still in effect.



Kyle G. Ulveling, M.D., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

August 2, 2019
Date

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

KHAJA N. CHISTY, M.D., RESPONDENT

FILE NO. 02-2016-641

STATEMENT OF CHARGES and SETTLEMENT AGREEMENT

(Combined)

COMES NOW the Iowa Board of Medicine (Board) and Khaja N. Chisty, M.D., (Respondent), on April 12, 2019, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into this combined Statement of Charges and Settlement Agreement.

STATEMENT OF CHARGES

1. **Iowa Medical License:** Respondent was issued Iowa medical license MD-43862 on October 14, 2016. Respondent's Iowa medical license is active and will go inactive on June 1, 2019.

2. **Jurisdiction:** The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

COUNT I

3. **Discipline by Another Licensing Authority:** Respondent is charged pursuant to Iowa Code section 148.6(2)(d) and 653 IAC 23.1(1) with having a license to practice medicine and surgery disciplined by a licensing authority of another state. A certified copy of the order of disciplinary action is prima facie evidence.

STATEMENT OF THE MATTERS ASSERTED

4. **Practice Setting:** Respondent is an Iowa-licensed physician who formerly practiced psychiatry in Thornton, Colorado, and currently practices in Fort Lauderdale, Florida.

5. **Colorado Disciplinary Action:** On November 18, 2016, the Colorado Medical Board (Colorado Board) entered an Order of Suspension, suspending Respondent's Colorado medical license. The Colorado Board alleged Respondent was out of the country and physically absent from his office for extended periods of time during the period of October 2, 2015, and January 12, 2016. The Colorado Board alleged Respondent failed to adequately monitor patients who were prescribed certain controlled substances; failed to appropriately transfer or terminate certain patients who were otherwise unable to obtain care from Respondent's office while he was out of the country; inappropriately conducted appointments remotely through telehealth technologies; and prescribed inappropriate combinations of benzodiazepines, stimulants and Suboxone to certain patients. On April 26, 2018, the Colorado Board entered a Stipulation and Final Agency Order. The Colorado Board prohibited Respondent from engaging in the use of telehealth technologies to practice medicine and from prescribing, possessing, maintaining, administering or dispensing any controlled substance. The Colorado Board ordered Respondent to complete a competence assessment and a prescribing course. The Colorado Board placed Respondent on probation for a period of five years and ordered him to have a practice monitor and participate in monitoring through the Colorado Physician Health Program. See Attachments A and B.

6. **Comprehensive Clinical Competency Evaluation:** On July 11, 2018, Respondent completed a comprehensive clinical competency evaluation at the Center for Personalized Education for Physicians (CPEP). CPEP concluded that Respondent demonstrated deficiencies in medical knowledge; clinical judgment and reasoning; patient care documentation; practice-based learning and communication skills. CPEP recommended that Respondent participate in a structured, individualized education intervention, to address the identified areas of need, which includes an educational preceptor, intensive controlled substance prescribing chart review, intensive outpatient chart review, continuing medical education and self-study and a medical recordkeeping course and follow-up coaching from a preceptor.

SETTLEMENT AGREEMENT

7. **CITATION AND WARNING:** Respondent is hereby **CITED** for being disciplined by the Colorado Board for violating the laws and rules governing the practice of medicine in Colorado. Respondent is hereby **WARNED** that engaging in such conduct in the future may result in further disciplinary action against his Iowa medical license.

8. **CIVIL PENALTY:** Respondent shall pay a **\$2,500 civil penalty**. The civil penalty shall be paid by delivery of a check or money order, to the executive director of the Board, payable to the Treasurer of Iowa. The civil penalty shall be deposited into the State General Fund.

9. **COMPLIANCE – COLORADO ORDER:** Respondent shall fully comply with all of the terms and conditions established by the Colorado Medical Board and provide documentation demonstrating his compliance to this Board.

10. **PROHIBITION - TELEHEALTH:** Respondent shall not engage in the use of telehealth technologies to practice medicine under his Iowa medical license unless and until he receives prior written approval from the Board.

11. **PROHIBITION – CONTROLLED SUBSTANCES:** Respondent shall not prescribe, possess, maintain, administer or dispense any controlled substance under his Iowa medical license unless and until he receives prior written approval from the Board.

12. **NEUROPSYCHOLOGICAL TESTING:** Respondent shall complete neuropsychological testing under the direction of a Board-approved neuropsychologist as recommended by CPEP within **30 days** of this order. Respondent shall ensure that a report is forwarded to the Board directly from the neuropsychologist. Respondent is responsible for all costs associated with the neurological testing.

13. **FIVE YEARS PROBATION:** Respondent shall be placed on **probation for a period of five (5) years**. Should Respondent choose to practice medicine under his Iowa medical license, Respondent shall fully comply with the following conditions:

A. **Monitoring Program:** Respondent shall establish a monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program.

- B. **Prescribing Audits:** Respondent shall fully comply with Board-approved audits of his controlled substance prescribing during the period of this Order. Respondent shall submit the names of all patients he has prescribed controlled substances for each quarter. From that list, the Board shall select 10 patients quarterly. Respondent shall provide the Board copies of the medical records for each patient selected.
- C. **Board-Approved Practice Plan:** Respondent shall submit a written practice plan to the Board for approval. The written practice plan shall describe the nature of his proposed future medical practice in Iowa. Respondent shall not change practice settings unless he receives prior written approval from the Board.
- D. **CPEP Recommendations:** Respondent shall fully comply with the recommendations made by CPEP including, but not limited to, the following:
- 1) **Individualized Education Intervention:** Participate in a structured, individualized education intervention to address the identified areas of need.
 - 2) **Educational Preceptor:** Respondent shall establish a relationship with an experienced Educational Preceptor in psychiatry. This involves regularly scheduled meetings to review cases and documentation, discuss decisions related to those cases, review specific topics, and make plans for future learning. The Preceptor serves as an educator and is not intended to function as a practice monitor. This includes but is not limited to, the following:

- **Intensive Controlled Substance (Suboxone, Stimulants, and Benzodiazepines) Prescribing Chart Reviews:** Initially, Respondent should present all patients for whom he intends to prescribe controlled substances to a Preceptor to discuss confirmation of diagnosis, informed consent, and monitoring prior to the patient leaving the office. Subsequently, Dr. Chisty should review all patients for whom he plans to initiate controlled substances or increase the dosage of existing medications with the Preceptor on the same day as the patient visit.
 - **Intensive Outpatient Chart Review:** Initially, Dr. Chisty should review charts of all the patients he treats in the office to the Preceptor to discuss informed consent, treatment planning, and monitoring at the end of each day.
 - 3) **Continuing Medical Education (CME) and Self-Study:** Dr. Chisty should engage in CME courses and self-study that include, but are not limited to, the topics indicated in areas of demonstrated need.
 - 4) **Documentation:** Complete a medical recordkeeping course and follow-up coaching from a Preceptor.
- E. **Practice Monitoring Plan:** Respondent shall submit a written practice monitoring plan to the Board for approval. Respondent shall fully comply with the terms of the Board-approved practice monitoring plan including the following:
- 1) Respondent shall submit the name and CV of an Iowa-licensed, board-certified, psychiatrist to serve as his practice monitor.
 - 2) The Board shall provide the practice monitor a copy of this order, the written practice monitoring plan and all other relevant Board material in this matter.

- 3) The practice monitor shall provide a written statement indicating that the practice monitor has read and understands all Board material provided by the Board and agrees to serve as the practice monitor under the terms of the practice monitoring plan.
- 4) The practice monitor shall meet with Respondent regularly, review selected patients records, ensure that Respondent provides appropriate treatment to patients and engage in a quality improvement process that addresses any areas of need identified.
- 5) The practice monitor shall contact the Board immediately if there is evidence that Respondent has provided substandard medical care or engaged in unprofessional conduct.
- 6) The practice monitor shall submit written quarterly reports to the Board no later than 1/20, 4/20, 7/20 and 10/20 of each year of this order.
- 7) The practice monitor may be asked to appear before the Board in-person, or by telephone or video conferencing. The appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(e)(3).

F. **Quarterly Reports:** Respondent shall file sworn quarterly reports attesting to his compliance with all the terms of this Order no later than 1/10, 4/10, 7/10 and 10/10 of each year for the duration of the period of this Order.

- G. **Board Appearances:** Respondent shall appear before the Board annually or upon request of the Board during the period of this order. Respondent shall be given notice of the date, time and location of the appearances. The appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(e)(3).
- H. **Monitoring Fee:** Respondent shall make a payment of \$200 to the Board each quarter for the duration of his probation to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with all quarterly reports required during his probation. The monitoring fee shall be sent to: Compliance, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine.
14. Respondent voluntarily submits this Order to the Board for consideration.
15. Respondent agrees that the State's counsel may present this Order to the Board for consideration.
16. This Order constitutes the resolution of a contested case proceeding.
17. Respondent shall demonstrate to the Board that he has shared a copy of this order with all medical licensing boards where he holds a medical license, whether active or not, within thirty (30) days of the date of this order.
18. Respondent shall demonstrate to the Board that he has shared a copy of this order with all hospitals and clinics where he practices medicine within thirty (30) days of the date of this order.

19. Respondent understands that by entering into this Order, he has a right to legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order.

20. Respondent understands that by entering into this Order, he cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

21. Periods in which Respondent does not practice medicine, practices medicine in another jurisdiction or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.

22. Respondent understands that the Board is required by Federal law to report this order to the National Practitioner Data Bank.

23. This order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

24. This order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

25. The Board's approval of this Order shall constitute a **Final Order** of the Board.

Khaja N. Chisty
Khaja N. Chisty, M.D., Respondent



Subscribed and sworn to before me on MARCH 30th, ~~2018~~ 2019

Notary Public, State of FLORIDA

Carmita Rosita Chavannes
CARMITA R. CHAVANNES

This Order is approved by the Board on April 12, 2019.

K. Ulveling
Kyle G. Ulveling, M.D., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE COLORADO MEDICAL BOARD

STATE OF COLORADO

CASE NOS. 2015-4537-B; 2015-4674-B; 2015-5000-B; 2016-165-B; 2016-4960-B
and 2016-5306-B

ORDER OF SUSPENSION PURSUANT TO SECTION 24-4-104(4), C.R.S.

IN THE MATTER OF THE LICENSE TO PRACTICE AS A PHYSICIAN IN THE
STATE OF COLORADO OF KHAJA N. CHISTY, M.D., LICENSE NO. DR-51265,

Respondent.

TO: KHAJA N. CHISTY, M.D.
1700 W. 100th Ave., Suite 101
Thornton, CO 80260

Inquiry Panel B ("Panel") of the Colorado Medical Board (the "Colorado Board"), having reviewed this matter during its meeting of the Panel on November 18, 2016, hereby finds as follows:

1. Respondent was licensed to practice medicine in the state of Colorado on May 16, 2012, and was issued license number DR-51265, which Respondent has held continuously since that date.

2. On October 20, 2016, the Panel reviewed materials from case numbers 2015-4537-B; 2015-4674-B; 2015-5000-B and 2016-165-B and found that based upon the information reviewed, the Panel had reasonable grounds to believe that Respondent deliberately and willfully violated the Medical Practice Act and/or that the public health, safety, or welfare imperatively requires emergency action. The Panel reviewed information that Respondent was out of the country and physically absent from his office for extended periods of time during the period of October 2, 2015 and January 12, 2016. The Panel reviewed additional information that Respondent left post-dated, pre-signed prescriptions for certain patients and that Respondent may have left pre-signed blank prescriptions with his office staff to provide to other patients during his absence from the office. The Panel reviewed information that hundreds of prescriptions for controlled substances were filled by Respondent's patients while Respondent was out of the country. The Panel reviewed information that patients with whom Respondent did meet with via telehealth technologies did not know in advance that they would be seen via telehealth technologies, and were not given the opportunity to consent to such treatment method. The Panel also reviewed information that certain patients attempted to contact Respondent's office for treatment without success while Respondent was out of the

office for an extended period of time. The Panel expressed concerns regarding Respondent's conduct identified above, as well as regarding Respondent's failure to ensure continuity of care for his psychiatric patients while he was away from his office for extended periods of time. The Panel was also concerned that Respondent's medical records for patient encounters either did not document certain patient encounters, or did not document that the encounter occurred via telehealth technologies.

3. On October 21, 2016, the Panel issued its Notice of Right to Request Pre-Suspension Hearing, authorizing Respondent to appear for a pre-suspension hearing on November 18, 2016. Respondent did not appear for a hearing.

4. On November 18, 2016, the Panel reviewed materials relating to case numbers 2015-4537-B; 2015-4674-B; 2015-5000-B; 2016-165-B; 2016-4960-B and 2016-5306-B, and found that based upon the information reviewed, the Panel had reasonable grounds to believe that the public health, safety, or welfare imperatively requires emergency action and/or that Respondent was guilty of a deliberate and willful violation of the Medical Practice Act. In addition to the concerns that the Panel had identified at its prior meeting, the Panel also found that:

a. During his lengthy absence from the office, Respondent failed to adequately monitor patients who were prescribed certain controlled substances;

b. Respondent failed to appropriately transfer or terminate certain patients who were otherwise unable to obtain care from Respondent's office while he was out of the country; and

c. Respondent prescribed inappropriate combinations of benzodiazepines, stimulants and Suboxone to certain patients.

5. Based upon paragraphs 1-4, the Panel has objective and reasonable grounds to believe and finds that Respondent deliberately and willfully violated the Medical Practice Act and/or that the public health, safety, or welfare imperatively requires emergency action,

6. The Panel incorporates paragraphs 1 through 5 in its findings for this Order of Suspension from the practice of medicine.

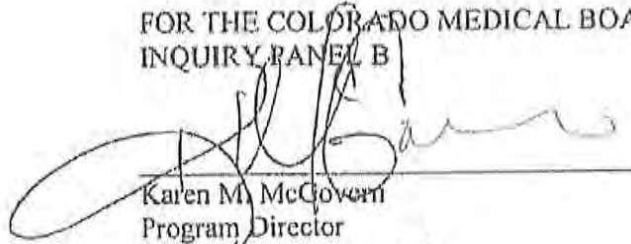
7. The Panel is therefore authorized by Section 24-4-104(4), C.R.S. to suspend Respondent's license to practice medicine in this state pending proceedings for suspension or revocation.

WHEREFORE, it is ordered that:

1. Respondent's license to practice medicine in this state is hereby suspended, effective at 5:00 p.m., Friday, November 18, 2016.
2. The suspension shall remain in effect until resolution of this matter.

ENTERED this 18th day of November, 2016.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Karen M. McGovern
Program Director
Colorado Medical Board
1560 Broadway, Suite 1300
Denver, Colorado 80202

Delegated by Panel B to sign on its behalf

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NOS. 2015-4537-B; 2015-4674-B; 2015-5000-B; 2016-165-B; 2016-4960-B;
2016-5225-B; 2016-5306-B; 2017-737-B

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF KHAJA
N. CHISTY, M.D., LICENSE NUMBER DR-51265,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel B
("Panel") of the Colorado Medical Board ("Board") and Khaja N. Chisty, M.D.
("Respondent") (collectively, the "Parties") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on May 16, 2012 and was issued license number DR- 51265, which Respondent has held continuously since that date.
2. Respondent's license expired on April 30, 2017; Respondent's renewal application is currently the subject of case number 2018-176-Licensing. This stipulation is not intended to resolve that case number.
3. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.
4. On or about November 18, 2016, the Panel summarily suspended Respondent's license.
5. On or about December 15, 2016, the Parties entered into an Interim Cessation of Practice Agreement ("Interim Agreement") in lieu of summary suspension pursuant to Section 24-4-104(4), C.R.S. This Interim Agreement remains in effect until such time as a Final Board Order becomes effective in this case.
6. On November 18, 2016, the Panel reviewed case numbers 2015-4537-B; 2015-4674-B; 2015-5000-B; 2016-165-B; 2016-4960-B; 2016-5225-B; and 2016-5306-

B and determined that further proceedings by formal complaint were warranted pursuant to Section 12-36-118(4)(c)(IV), C.R.S. The Panel thereupon referred the matters to the Attorney General pursuant to Section 12-36-118(4)(c)(IV), C.R.S.

7. On February 17, 2018, the Panel reviewed case number 2017-737-B and determined that further proceedings by formal complaint were warranted pursuant to Section 12-36-118(4)(c)(IV), C.R.S. The Panel thereupon referred the matter to the Attorney General pursuant to Section 12-36-118(4)(c)(IV), C.R.S.

8. It is the intent of the parties and the purpose of this Stipulation and Final Agency Order ("Order") to provide for a settlement of all matters set forth in case number 2015-4537-B; 2015-4674-B; 2015-5000-B; 2016-165-B; 2016-4960-B; 2016-5225-B; 2016-5306-B; and 2017-737-B, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

9. Respondent understands that:

a. Respondent has the right to be represented by an attorney of the Respondent's choice and Respondent is represented by counsel;

b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to Sections 12-36-118(4)(c)(IV) and 12-36-118(5), C.R.S.;

c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a formal complaint and disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and

e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

10. Respondent specifically admits and the Panel finds that:

a. Respondent is a psychiatrist.

b. Respondent was out of the country and physically absent from his office for two extended periods during the period of October 2, 2015 and January 12, 2016.

c. For the time Respondent was out of the country, Respondent failed to notify his patients that he would conduct the appointments remotely through telehealth technologies. Patients learned their appointments would not occur in person at the time they checked in with the office staff for their appointments. Patients with whom Respondent did meet with via telehealth technologies did not know in advance that they would be seen via telehealth technologies, and were not given the opportunity to consent to treatment by telehealth until they presented to the office for their appointments, which often involved chronic medication management.

d. Respondent did not document in the patient's medical record when he treated a patient via telehealth technology.

e. Respondent has multiple patients for whom he prescribes schedule II or III medications that require assessment and adjustment or refill at each appointment. Respondent failed to perform full physical examination or face to face evaluation of the patients while they were on chronic opioid therapy.

f. While Respondent was out of the country, certain patients attempted to contact Respondent's office for treatment without success. Other patients were provided with prescriptions for controlled substances after minimal consultation with Respondent, and without face to face evaluation or physical examination.

g. Following evaluation, Respondent was found from a medical/psychiatric perspective to be safe to practice with reasonable skill and safety to patients in the context of treatment monitoring.

11. Respondent admits and the Panel finds that the conduct set forth above constitutes unprofessional conduct as defined in Section 12-36-117, C.R.S., which states:

"Unprofessional conduct" as used in this article means:

§ 12-36-117. Unprofessional conduct

(1) "Unprofessional conduct" as used in this article means:

- (p) Any act or omission which fails to meet generally accepted standards of medical practice;
- (cc) Falsifying or repeatedly making incorrect essential entries or repeatedly failing to make essential entries on patient records.

12. Based upon the above, the parties stipulate that the terms of this Order are authorized by Section 12-36-118(5)(g)(III), C.R.S.

PROBATIONARY TERMS

13. Respondent's license to practice medicine is hereby placed on probation for five (5) years commencing on the effective date of this Order or the resolution of board case number 2018-175-Licensing through the grant of a license, whichever date occurs later. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Order.

14. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

TELEHEALTH RESTRICTION

15. Commencing on the effective date of this Order and for the duration of the probationary period set forth in paragraph 13 of this Order, Respondent shall not engage in the use of telehealth technologies to practice medicine.

INDEFINITE PRESCRIBING RESTRICTION

16. Commencing on the effective date of this Order, Respondent shall not prescribe, possess, maintain a supply of, administer or dispense any controlled substance.

17. On or after the date on which Respondent has successfully completed the Vanderbilt prescribing course set forth in paragraph 44 of this Order, together with all prescribing education that may be required pursuant to the CPEP Education Program set forth in paragraph 27 of this Order, Respondent may petition the Panel for modification or termination of the prescribing restrictions and conditions set forth in paragraph 16 above. Such written request must be accompanied by written documentation confirming successful

completion of the Vanderbilt prescribing course. Such written request also must contain confirmation from the Center for Personalized Education for Physicians that Respondent has successfully completed all education related to prescribing controlled substances required by any education program. If Respondent is assessed and does not require an education program through the Center for Personalized Education for Physicians, Respondent may submit the report reflecting no education program is necessary. In addition, Respondent shall submit a written report from CPHP confirming, from a medical and psychiatric perspective, that Respondent is safe to practice medicine with reasonable skill and safety without a prescribing restriction. Respondent agrees that if he petitions to modify or terminate the prescribing restrictions and conditions set forth in paragraph 16 above, the Panel may require Respondent to fulfill additional requirements that the Panel deems necessary, at that time, to protect the public health, safety, and welfare. These requirements may include, but are not limited to, other prescribing conditions and/or restrictions, submitting to a mental and/or physical examination and/or evaluation by physicians designated by the Board, a probationary period, treatment monitoring, an educational assessment, and practice monitoring. The parties agree that the Panel's decision regarding such modification or termination of the prescribing restrictions and conditions and additional requirements shall be made at the sole discretion of the Panel. Respondent waives the right to appeal the Panel decision on these issues.

TREATMENT MONITORING

18. During the probationary period, Respondent shall receive such treatment as is determined to be appropriate by the Colorado Physician Health Program ("CPHP"). All instructions and recommendations to Respondent by CPHP shall constitute terms of this Order, and Respondent must comply with any such instructions and recommendations. Failure to comply with such instructions and recommendations shall constitute a violation of this Order. CPHP shall also function as the "treatment monitor" as that term is used in this Order.

19. Within 30 days of the effective date of this Order, Respondent shall sign any and all releases necessary to allow CPHP to communicate with the Panel. Within 60 days of the effective date of this Order, Respondent shall provide the Panel with a copy of such releases. This information may include alcohol and drug abuse treatment program records that may be confidential under federal or state law. Respondent shall update any and all releases as often as may reasonably be required to allow the Panel access to Respondent's privileged or confidential information. Respondent shall not revoke such releases prior to successful completion of the probationary period as set forth in this Order. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order. In the event Respondent revokes such release, CPHP may, because of confidentiality concerns, refuse to acknowledge Respondent's participation in CPHP. CPHP's refusal to

acknowledge Respondent's participation with that organization shall constitute a violation of this Order.

20. Respondent shall also complete any and all unrestricted releases as are necessary to permit CPHP to disclose to the Panel information generated by other sources. Respondent authorizes the Panel to re-disclose and make public, consistent with Board Policy 10-18, information obtained from CPHP necessary for the limited purposes of enforcing this Order, seeking sanctions for noncompliance with this Order, or other purposes authorized in the Medical Practice Act. Medical records shall not become public records by virtue of such use. Any failure to execute such a release, failure to provide copies to the Panel, or any premature revocation of such a release shall constitute a violation of this Order.

21. CPHP's treatment monitoring activities shall constitute ongoing examinations of Respondent for the purpose of Section 12-36-118(9)(a), C.R.S. Respondent's failure to comply with CPHP's instructions and recommendations shall have the full force and effect of a violation of an order pursuant to Section 12-36-118(9)(a), C.R.S. and subject Respondent to action pursuant to Sections 12-36-118(5)(g)(IV) and 12-36-118(9)(a), C.R.S.

22. Respondent shall ensure that CPHP submits quarterly written reports to the Panel. The reports shall briefly describe CPHP's ongoing examinations and treatment monitoring of Respondent. The reports shall also state whether Respondent is in compliance with this Order. If at any time CPHP has reasonable cause to believe that Respondent has violated the terms of this Order, is unable to practice with reasonable skill and with safety to patients or has committed unprofessional conduct as defined in Section 12-36-117(1), C.R.S., CPHP shall immediately inform the Panel.

23. CPHP's treatment monitoring instructions and recommendations shall constitute terms of this Order for so long as this Order remains in effect. Nothing in this agreement shall limit the ability of CPHP to impose any other instruction or recommendation as part of its treatment monitoring of Respondent.

24. If at any time, CPHP believes that any of the above terms are no longer necessary, CPHP may relax the terms as it deems appropriate and, at CPHP's direction, the Respondent may comply with this Order as determined by CPHP. CPHP shall inform the Panel of any such action relaxing the above terms in its quarterly report. All such reports shall be reviewed by the Board's staff and,

at the staff's discretion, may be reviewed by the Panel. Following receipt and review of such a quarterly report, the Panel reserves the right to reject and nullify CPHP's decision regarding the relaxing of such terms. If the Panel nullifies CPHP's decision regarding the relaxing of any of the above terms, the Respondent specifically agrees to comply with the Order as set forth above in accordance with the Panel's directions.

25. It is the responsibility of the Respondent to provide information to CPHP in a timely and complete manner and to assure that all CPHP written reports are timely transmitted to the Panel.

TERMINATION OF TREATMENT MONITORING

26. After successful completion of five (5) years of monitoring by CPHP, including any time CPHP has monitored Respondent prior to the effective date of this Order, Respondent may petition the panel to terminate the Treatment Monitoring terms set forth in this Order. With any request, Respondent must provide the Panel with a report from CPHP finding Respondent safe to practice with skill and safety to patients. The parties agree that the Panel's decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent hereby waives any right to appeal the Panel's decision on this issue. The parties agree that any decision the Panel may make to terminate treatment monitoring will not also terminate the probationary period.

CPEP EDUCATION PROGRAM

27. Within 30 days of the effective date of this Order, Respondent shall contact the Center for Personalized Education for Physicians ("CPEP") to schedule a competence assessment ("CPEP Assessment"). Respondent shall complete and review the CPEP Assessment within 120 days of the effective date of this Order.

28. The CPEP Assessment will determine whether CPEP recommends that Respondent undergo any education intervention plan or other remedial education or training program. Hereinafter, the term "Education Program" shall refer to any education intervention plan or other remedial education or training program recommended by CPEP, including the "Post-Education Evaluation" component.

29. If the CPEP Assessment indicates Respondent should undergo an Education Program, Respondent shall enroll in the recommended Education Program within 180 days of the effective date of this Order. If the CPEP Assessment indicates that Respondent need not undergo any Education Program, Respondent shall be

deemed to have satisfied fully the CPEP Education Program requirement of this Order.

30. Respondent shall timely commence and successfully complete any CPEP recommended Education Program including the Post-Education Evaluation component, within the time required by CPEP. However, the Respondent shall have no more than two years from the effective date of this Order to complete the entire CPEP Education Program unless the Panel determines, in its discretion, that more time is necessary. Any delay in Respondent's completion of the recommended Education Program, including the post-education evaluation, will delay the Respondent's successful completion of the probationary period.

31. Respondent understands and acknowledges that in order to complete the Education Program successfully, the Respondent must demonstrate to CPEP and the Panel's satisfaction that the Respondent has satisfactorily accomplished all CPEP Education Program objectives and has integrated this learning into Respondent's medical practice.

32. Within 30 days of the effective date of this Order, Respondent shall sign any and all releases necessary to allow CPEP to communicate with the Panel. Within 60 days of the effective date of this Order, Respondent shall provide the Panel with a copy of such releases. Respondent shall not revoke such releases prior to successful completion of the probationary period as set forth in this Order. Any failure to execute such a release, failure to provide copies to the Panel, or any revocation of such a release shall constitute a violation of this Order.

33. Respondent shall provide or cause CPEP to provide a copy of the Assessment Report, Education Plan and any other reports regarding the Respondent's participation in the Education Program to the Panel within 30 days of the report's completion.

34. Respondent shall ensure that all reports from CPEP are complete and timely submitted to the Board. Respondent understands that the Board may accept a report, reject a report, refer the matter for additional disciplinary proceedings or take any further action authorized by law.

35. Respondent shall provide the Panel with written proof from CPEP upon successful completion of the recommended Education Program, including successful completion of the Post-Education Evaluation as defined above.

36. The Parties acknowledge that most CPEP Assessments include a computer-based cognitive function screening test. If CPEP determines that

Respondent's results on the cognitive function screen suggest the need for further neuropsychological testing, the Respondent shall directly notify or ensure that CPEP notifies, the Panel of such a determination. The Panel may, in its discretion, order Respondent to undergo a comprehensive neuropsychological examination with its peer assistance, or other delegated provider, pursuant to an Order or other written instruction of the Panel. The Respondent understands and agrees to undergo neuropsychological examination as directed by the Panel.

37. All CPEP recommendations and instructions shall constitute terms of this Order. Respondent shall comply with all CPEP recommendations and instructions within the time periods set out by CPEP and the Panel. Respondent's failure to comply with CPEP recommendations and instructions shall constitute a violation of this Order.

PRACTICE MONITORING

38. During the probationary period, a "practice monitor" shall monitor Respondent's practice. Within 30 days of the effective date of this Order, Respondent shall nominate, in writing, a proposed practice monitor for the Panel's approval. The nominee shall be a physician licensed by the Board and currently practicing in Colorado. The nominee shall have no financial interest in Respondent's practice. The nominee must be knowledgeable in Respondent's area of practice. If Respondent is board certified in an area of practice, it is preferred, but not required, that the nominee be board certified by that same board. If the Respondent has privileges at hospitals, it is preferred, but not required, that the nominee have privileges at as many of those same hospitals as possible. The Board shall not have disciplined the nominee.

39. Respondent's nomination for practice monitor shall set forth how the nominee meets the above criteria. With the written nomination, Respondent shall submit a letter signed by the nominee, as well as a current curriculum vitae of the nominee. The letter from the nominee shall contain a statement from the nominee indicating that the nominee has read this Order and understands and agrees to perform the obligations set forth herein. The nominee must also state that the nominee can be fair and impartial in the review of the Respondent's practice.

40. Upon approval by the Panel, the practice monitor shall perform the following:

a. Each month, the practice monitor shall visit all of the offices at which Respondent practices medicine and shall review a minimum of five patient charts maintained by Respondent. The practice monitor shall make

reasonable efforts to insure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other medical records maintained by Respondent as the practice monitor deems appropriate.

b. Each month, the practice monitor shall review a minimum of five hospital charts of patients whom Respondent has admitted to, evaluated at, or treated at hospitals. If Respondent has admitted, evaluated, or treated fewer than five patients, the practice monitor shall review all the patients so admitted, evaluated, or treated, if any. The practice monitor shall make reasonable efforts to insure that Respondent has no notice of which charts will be selected for review. The practice monitor is authorized to review such other hospital charts as the practice monitor deems appropriate.

c. The practice monitor shall submit quarterly written reports to the Panel.

d. The practice monitor's reports shall include the following:

i. a description of each of the cases reviewed; and

ii. as to each case reviewed, the practice monitor's opinion whether Respondent is practicing medicine in accordance with generally accepted standards of medical practice.

41. Respondent shall ensure that all reports by the practice monitor are complete and timely submitted to the Board. In the event that a practice monitor finds Respondent's care falls below generally accepted standards of medical practice, the Panel shall review the report and determine whether Respondent's action constitutes a violation of this Order and Section 12-36-117(1), C.R.S. If the Panel determines that such a violation occurred, it shall take any additional disciplinary action against Respondent it deems necessary and appropriate. Respondent understands that the Board may accept or reject a report, as well as refer the matter for additional disciplinary proceedings or take any further action authorized by law.

42. If at any time the practice monitor believes Respondent is not in compliance with this Order, is unable to practice with skill and safety to patients, or has otherwise committed unprofessional conduct as defined in Section 12-36-117(1), C.R.S., the practice monitor shall immediately inform the Panel. Respondent understands that the Board may take any appropriate disciplinary action, including but not limited to, suspension or other emergency action, if the practice monitor's report establishes an appropriate basis.

43. It is the responsibility of Respondent to fully cooperate with the practice monitor and to assure that the practice monitor's reports are timely and complete. Failure of the practice monitor to perform the duties set forth above may result in a notice from Board staff requiring the nomination of a new practice monitor. Upon such notification, Respondent shall nominate a new practice monitor according to the procedure set forth above. Respondent shall nominate the new monitor within 30 days of such notice. Failure to nominate a new monitor within 30 days of such notification shall constitute a violation of this Order.

VANDERBILT PRESCRIBING COURSE

44. Respondent shall enroll in and successfully complete the continuing medical education course titled *Prescribing Controlled Drugs* at Vanderbilt University School of Medicine ("Prescribing Course"). Respondent shall be solely responsible to enroll and pay for the Prescribing Course.

45. Respondent shall sign any and all releases necessary to allow the course instructors to communicate with the Panel directly. Respondent shall not revoke such releases. Any failure to execute such a release or any revocation of such a release shall constitute a violation of this Order.

46. In order to successfully complete the Prescribing Course, Respondent's participation in the course must be rated as successful, without condition or qualification. The Board in its discretion may impose further remedial coursework if the Respondent receives a conditional pass or negative assessment.

47. Within one year of the effective date of this Order, Respondent shall provide the Panel with written proof of Respondent's successful completion of the pre-approved Prescribing Course.

TOLLING OF THE PROBATIONARY PERIOD

48. If a practice monitor nominated by Respondent and approved by the Panel does not commence practice monitoring within three months of the effective date of the Order, the period of probation shall be tolled for the time the Order is in effect and Respondent's practice is not being monitored by the practice monitor. Additionally, if the Respondent is required to nominate a new practice monitor, the period of probation shall be tolled for any period of time during which a practice monitor is not monitoring Respondent's practice.

49. If at any time, Respondent ceases the active clinical practice of medicine defined for the purposes of this Order as evaluating or treating a minimum of five patients per month, the probationary period shall be tolled for the time the Order is in effect and Respondent is not engaged in the active clinical practice of of medicine.

50. Respondent must comply with all other terms of the Order and all other terms of probation. Unless otherwise specified, all terms of the Order and all terms of probation shall remain in effect, regardless of whether the probationary period has been tolled, from the effective date of this Order until probation is terminated. The probationary period shall be tolled for any time that Respondent is not in compliance with any term of this Order.

OUT OF STATE PRACTICE

51. Respondent may wish to leave Colorado and practice in another state. At any time other than during a period of suspension imposed by this Order, and whether to practice out of state or for any other reason, Respondent may request, in writing, that the Board place Respondent's license on inactive status as set forth in Section 12-36-137, C.R.S. Respondent's request to place his license on inactive status must include written evidence that Respondent has reported this Order to all other jurisdictions in which Respondent is licensed, as required by the "Other Terms" Section of this Order. Upon the approval of such request, Respondent may cease to comply with the terms of this Order. Failure to comply with the terms of this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice of medicine, nor shall Respondent perform any act in any other jurisdiction pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's license is inactive, Respondent must comply with all terms of this Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's license is inactive.

52. Respondent may resume the active practice of medicine at any time pursuant to written request and as set forth in Section 12-36-137(5), C.R.S. With such written request, Respondent shall demonstrate engagement in CPEP activities as required by CPEP and shall nominate any necessary monitor required by CPEP as provided above. Respondent shall cause CPHP to perform an updated evaluation of Respondent. Respondent shall be permitted to resume the active practice of medicine only after approval of the required monitor(s) and only after submission of and approval of an updated evaluation from CPHP.

EARLY TERMINATION FROM PROBATION

53. After successful completion of five years of treatment monitoring, the Vanderbilt prescribing course, the CPEP education plan or other remedial training or educational program, including any final evaluations, a minimum of three years of successful practice monitoring, and after a minimum of three years of probation, Respondent may petition the Panel, in writing, for early termination of probation. The parties agree that the Panel's

decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent is waiving the right to appeal the Panel decision on this issue.

TERMINATION OF PROBATION

54. Upon the expiration of the probationary period, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. If Respondent has complied with the terms of probation, and if Respondent's probationary period has not been tolled, such release shall be granted by the Panel in the form of written notice.

OTHER TERMS

55. The terms of this Order were mutually negotiated and determined.

56. Both parties acknowledge that they understand the legal consequences of this Order; both parties enter into this Order voluntarily; and both parties agree that no term or condition of this Order is unconscionable.

57. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

58. If Respondent is licensed by any other jurisdiction, Respondent shall report this Order to all other jurisdictions in which Respondent is licensed.

59. Respondent shall submit an update to his profile with the Healthcare Professions Profiling Program regarding this Order within thirty (30) days of the effective date of this Order.

60. During the probationary period or any period in which a physician is subject to prescribing restrictions, no physician shall perform an assessment of a patient's medical history and current medical condition, including a personal physical examination, for the purpose of concluding that a patient may benefit from the use of medical marijuana, recommending the use of medical marijuana or certifying a debilitating medical condition for an applicant to the Colorado Medical Marijuana Program. Respondent hereby understands and agrees that shall not certify to the state health agency that a patient has a debilitating medical condition or that the patient may benefit from the use of medical marijuana.

61. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

62. So that the Board may notify hospitals of this agreement pursuant to Section 12-36-118(13), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

63. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to Section 12-36-118(5)(g)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in Section 12-36-118(5)(g)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of Section 12-36-117(1)(u), C.R.S.

64. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

65. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

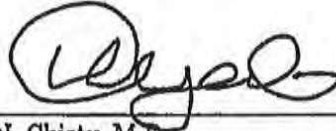
66. During the pendency of any action arising out of this Order, the terms of this Order shall be deemed to be in full force and effect and shall not be tolled.

67. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

68. This Order shall be effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b) service by electronic means on Respondent at Respondent's electronic address of record with the Board and upon the Board's approval of Respondent's application to reinstate his license. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

69. Upon full execution by both parties, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order constitutes discipline against Respondent's license. Additionally, this Order shall be reported to the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.

Dated this 23 day of April, 2018.

A handwritten signature in black ink, appearing to read 'Khaja N. Chisty', written over a horizontal line.

Khaja N. Chisty, M.D.

THE FOREGOING Stipulation and Final Agency Order is approved this 19 day of April, 2018.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B

Paula E. Martinez

Paula E. Martinez
Program Director
Delegated authority to sign by Inquiry Panel B

THE FOREGOING Stipulation and Final Agency Order is fully executed upon service to Respondent, on April 24, 2018.

Juzhang

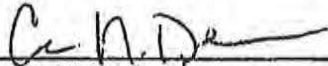
APPROVED AS TO FORM:

FOR THE RESPONDENT
KHAJA N. CHISTY, M.D.

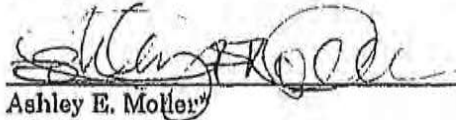
FOR THE COLORADO MEDICAL
BOARD

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