STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

JOYCE MARIE GREGORY, M.D.
License No. 43-01-086608, File No. 43-20-001905

Respondent. CONSENT ORDER AND STIPULATION

## CONSENT ORDER

On August 4, 2021, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq*.

The parties have stipulated that the Disciplinary Subcommittee of the Michigan Board of Medicine may enter this Consent Order. The Disciplinary Subcommittee of the Michigan Board of Medicine has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violations of MCL 333.16221(a) and (b)(i).

Accordingly, IT IS ORDERED that for the cited violations of the Public Health Code:

Respondent is placed on PROBATION for a minimum period of one (1) year, not to exceed two (2) years, commencing on the effective date of this order. The probationary period is reduced only while Respondent is employed as a medical doctor. The terms of probation shall be as follows:

1. Meeting with Board-Approved Reviewer.

    a. Within 30 days of the effective date of this Order, Respondent shall submit to the Department written correspondence requesting approval of a proposed physician reviewer from a Board-accepted monitoring organization. Respondent shall provide a copy of this Order and the Administrative Complaint dated August 4, 2021, to the proposed physician reviewer before requesting approval of the proposed physician reviewer. Respondent shall not work in any capacity for which a physician license is required until Respondent receives written confirmation from the Department that a physician reviewer was approved.

        When requesting approval of a proposed physician reviewer from the Department, the request shall include, at a minimum, the reviewer's name, address, telephone number, curriculum vitae, and monitoring organization affiliation, if the reviewer is associated with a monitoring organization. **Respondent shall ensure that the correspondence is submitted to the Department as provided below.**

    b. The physician reviewer shall review Respondent's professional practice from the date on which the Board approves the physician reviewer forward and provide a total of four (4) reports to the Department focusing on Respondent's professional practice, records, and any deficiencies alleged in the Administrative Complaint.

        The reviewer must make a determination in his or her reports to the Department whether Respondent is complying with the minimal standards of acceptable and prevailing practice.

    c. Respondent shall ensure that the correspondence is submitted to the Department of Licensing and Regulatory Affairs at **BPL-Monitoring@michigan.gov**.

    d. Respondent shall be responsible for scheduling the time and place of the meetings with the identified and approved reviewer.

Respondent shall ensure that the reviewer has access to reports from the prescription drug monitoring program from the jurisdiction that she is practicing in (ex. MAPS or I-STOP) so that the reviewer may select the patients to review.

Respondent shall meet with the reviewer every three (3) months to review Respondent's professional practice from the date on which the Board approves the physician reviewer forward, as described in (b) and at each meeting, shall review with Respondent a minimum of ten (10) patient charts randomly selected by the reviewer, or all patient charts, should the number of patients total fewer than ten (10). The initial meeting shall occur prior to the end of the third month of probation.

The reviewer shall submit reports to the Department as set forth below. In the event that Respondent, at any time,

i. fails to comply with the minimal standards of acceptable and prevailing practice; or

ii. appears unable to practice with reasonable skill and safety;

then the reviewer shall notify the Department immediately.

2. AUTHORIZATION TO CONTACT. Respondent authorizes the Department or any authorized representative periodically to contact the physician reviewer or his or her authorized representative.

3. RESIDENCY AND PRACTICE CHANGE. Respondent shall report any change of residency or practice no more than 15 days after the change occurs. Compliance with this provision does not satisfy the requirements of MCL 333.16192(1) and 333.16221(g), regarding Respondent's duty to report name or mailing address changes to the Department.

4. REPORT OF NON-EMPLOYMENT. If at any time during the period of probation Respondent is not employed in the licensed profession, Respondent shall file a report of non-employment with the Department within 15 days after becoming unemployed. Respondent shall file a report of non-employment on a quarterly basis until Respondent returns to employment in the licensed profession.

5. TIMELY FILING OF REPORTS. It is Respondent's responsibility to ensure timely filing of all reports and other documents required by this Order. Failure to file a report or other document within the time limitations provided is a violation of this Order.

6. CONTINUING EDUCATION: Within 1 year of the effective date of this Order, Respondent shall successfully complete and submit satisfactory evidence of completing a minimum of 4 hours of continuing education (CE) acceptable to the Board in the area of medical record documentation.

   Respondent shall also complete the course entitled Prescribing Controlled Drugs: Critical Issues and Common Pitfalls, offered through the Center for Personalized Education for Professionals or a Board-approved equivalent.

   This CE **shall not** apply in computing Respondent's current continuing education requirements for license renewal.

   Respondent shall seek and obtain pre-approval of the CE from the Board Chairperson, or their designee.

   Respondent shall send requests for pre-approval and proof of the successful completion of the CE to the Department as indicated below.

7. COMPLIANCE WITH THE PUBLIC HEALTH CODE. Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.

Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

Respondent shall be automatically discharged from probation upon receipt by the Department of satisfactory evidence of the successful completion of the probationary terms as set forth above, PROVIDED compliance occurs within two (2) years, Respondent has paid the fine as set forth below, has complied with the terms of this Order and has not violated the Public Health Code.

Respondent shall direct all communications, except fines, required by the terms of this Order to: **BPL-Monitoring@michigan.gov**.

If Respondent violates any provision of this Order or fails to complete the probationary period within two years, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

Respondent is FINED $3,000.00, to be paid to the State of Michigan within 6 months of the effective date of this Order. Respondent shall **direct payment** to **the Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 43-20-001905**.

This Order shall be effective 30 days from the date signed by the Board, as set forth below.

MICHIGAN BOARD OF MEDICINE

By: _____ for
Chairperson, Disciplinary Subcommittee

Dated: July 20, 2022

## STIPULATION

1. Respondent does not contest the allegations of fact and law in the Complaint. Respondent understands that, by pleading no contest, Respondent does not admit the truth of the allegations but agrees the Disciplinary Subcommittee of the Michigan Board of Medicine may treat the allegations as true for the resolution of the complaint and may enter an order treating the allegations as true. Therefore, the Disciplinary Subcommittee of the Michigan Board of Medicine finds that the facts alleged in the Complaint are true and constitute violations of MCL 333.16221(a) and (b)(i).

2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Respondent approves the form and substance of this Order. This Order may be entered as the final order of the Disciplinary Subcommittee in this matter.

5. Cara Poland, M.D., served as conferee and supports this resolution. After a compliance conference between the parties, Dr. Poland and the Department took the following factors into consideration in the formulation of this Order:

a. Respondent stated that she had a complex patient population and attempted to help her patients' quality of life. Respondent admitted that she has not kept herself as up to date as she should have in the area of controlled substance prescribing.

b. Respondent stated that she is now using an electronic medical records system, which has improved her documentation.

c. Respondent stated that she is now working as a psychiatrist in the State of New York but plans to keep her Michigan license.

d. Respondent submitted two letters of support from physicians that she has worked with in the past.

5. A Department representative or Dr. Poland may discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

6. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should the Order be rejected.

*** *Signatures on Next Page* ***

AGREED TO BY:

signing for

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 5/12/2022

AGREED TO BY:

Joyce M. Gregory, M.D.
Respondent

Dated: 05/09/2022

AGREED TO BY:

Vanessa F. McCamant (P68254),
Attorney for Respondent

Dated: 05/11/2022

Pc/jp

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ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent Joyce M. Gregory, M.D. as follows:

1. The Michigan Board of Medicine is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.16226, the Board's Disciplinary Subcommittee (DSC) is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent holds a Michigan license to practice medicine. Respondent also holds an active controlled substance license and a drug treatment program prescriber license.

3. At times relevant to this Complaint, Respondent practiced medicine in Holland, Michigan.

4. Alprazolam (e.g., Xanax), a schedule 4 controlled substance, is a benzodiazepine used to treat anxiety disorders and panic disorder. Alprazolam is a commonly abused and diverted drug, particularly in its 1 mg and 2 mg dosages.

5. Buprenorphine/naloxone (Suboxone) is an opioid schedule 3 controlled substance commonly used in opioid dependence treatment. It is commonly abused and diverted. Subutex is buprenorphine without naloxone.

6. Gabapentin (e.g., Neurontin) is a schedule 5 controlled substance used to treat, among other things, neuropathic pain and seizures. Gabapentin is known to be abused and diverted.

7. Lorazepam (e.g., Ativan) is a schedule 4 benzodiazepine controlled substance.

8. Meperidine (e.g., Demerol), a schedule 2 controlled substance, is an opioid used to treat pain, and is commonly abused and diverted.

9. Morphine is a frequently diverted and abused schedule 2 controlled substance.

10. Temazepam (e.g., Restoril) is a benzodiazepine schedule 4 controlled substance.

11. Zolpidem (e.g., Ambien), a schedule 4 controlled substance, is a non-benzodiazepine sedative used to treat sleep disorders and is commonly abused and diverted.

12. The federal Centers for Disease Control and Prevention (CDC) guidelines for opioid prescribing direct providers to avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

## MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS) DATA ANALYSIS

13. The Department reviewed data from MAPS, the State of Michigan's prescription monitoring program, which gathers data regarding controlled substances dispensed in Michigan.

14. From January 1, 2018, through March 30, 2020, MAPS data showed that nearly 85% of Respondent's controlled substance prescribing consisted of stimulants or sedatives. The remaining 15% were mostly for gabapentin or buprenorphine-containing compounds.

15. MAPS data showed that Respondent prescribed patient AG[1] alprazolam and temazepam concurrently. At the same time, another physician prescribed morphine, meperidine, and zolpidem concurrently.

## INTERVIEW WITH EMERGENCY ROOM PHYSICIAN

16. Respondent was the psychiatrist for patient AG, who had a history of substance abuse.

17. On or about February 14, 2020, AG was admitted to Spectrum Health-Butterworth Hospital in Grand Rapids, Michigan for aspiration,[2] pneumonia, and sepsis.

18. The hospital contacted a hospital staff psychiatrist to consult on patient AG. The hospital staff psychiatrist found the following:

a. Patient AG was so sedated by her prescribed medications that she aspirated.

[1] Patient initials used to protect patient confidentiality.
[2] Aspirate means to draw liquid (or a foreign object) into the respiratory tract.

b. Respondent prescribed Xanax 2mg one time per day and Temazepam 15mg two times per day. Another physician had prescribed patient AG IM[3] Demerol 100 mg/ml vial, Ambien 10mg one tablet per day, and morphine 60mg four times per day. Respondent prescribed these highly addictive drugs in a potentially dangerous combination to AG despite AG having a history of substance abuse.

c. The hospital staff psychiatrist addressed patient AG's prescriptions with AG and how they created an immediate risk to AG's safety.

**INVESTIGATIVE INTERVIEW – RESPONDENT**

19. As part of the investigation into Respondent's medical and prescribing practices, the Department obtained Respondent's records for patients AG and SY, and a Department investigator interviewed Respondent.

20. Respondent met with a Department investigator and provided the following general practice and patient-specific information:

a. Respondent completed a residency and fellowship program in addiction psychiatry.

b. Respondent had inherited patient SY and merely continued him on the regimen that was established prior.

c. Patient AG was referred from AG's primary care physician (PCP).

[3] Intramuscular injection of a medication.

## EXPERT'S OBSERVATIONS

21. The Department retained an expert who reviewed the evidence collected during the Department's investigation and made the following general observations and patient-specific observations from reviewing patients AG and SY's medical records:

a. Respondent failed to document her rationale for long-term prescribing of benzodiazepines.

b. Respondent failed to obtain urine drug screens.

c. Respondent failed to document an explanation of how the prescribed controlled substance medications would benefit the patients' psychiatric or medical treatment. Without appropriate documentation, it appears Respondent provided controlled substance prescriptions on request and without legitimate medical care.

Patient AG:

d. Respondent failed to document her rationale for prescribing two benzodiazepines on a long-term basis while patient AG was also being prescribed highly dangerous and addictive opioids and other medications by another physician. The expert found this to be especially problematic in light of patient AG having a substance abuse history.

e. Respondent failed to refer patient AG for detoxification/addiction treatment.

f. Respondent failed to document her rationale for prescribing alprazolam to patient AG, who was diagnosed with psychiatric issues.

Patient SY:

g. Respondent failed to document her rationale for prescribing two benzodiazepines, alprazolam and lorazepam, on a long-term basis. The expert opined that these medications are chemically very similar and

there is no known benefit to prescribing two short-acting benzodiazepines concurrently.

h. Respondent failed to document assessing the risks and benefits of such high-risk prescribing.

COUNT I

Respondent's conduct, as set forth above, evidences a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, in violation of MCL 333.16221(a).

COUNT II

Respondent's conduct, as set forth above, demonstrates Respondent's "departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs," and accordingly "incompetence," in violation of MCL 333.16221(b)(i).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained in it. Pursuant to section 16192(2) of the Code, Respondent is deemed to be in receipt of the complaint three (3) days after the date of mailing listed in the attached proof of service. The written response shall be submitted by email to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing to BPL-DMS@michigan.gov. If unable to submit a response by email,

Respondent may submit by regular mail to the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of all Complaint allegations. If Respondent fails to answer, the Department shall transmit this complaint directly to the Board's Disciplinary Subcommittee to impose a sanction pursuant to MCL 333.16231(9).

MICHIGAN DEPARTMENT OF
LICENSING AND REGULATORY AFFAIRS

Andrew Hudson signing for

Dated: 8/4/2021

By: Forrest Pasanski
Enforcement Division Director
Bureau of Professional Licensing

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