COLINA MEDICAL PROPERTY OF A POPULATION 15, 1859

North Carolina Medical Board

John W. Rusher, MD, JD: President | Michaux R. Kilpatrick, MD, PhD: President-Elect | Christine M. Khandelwal, DO: Secretary/Treasurer

April 27, 2022

Celso Benedito Lobao, M.D. 3020 Falstaff Road, Suite B Raleigh, NC 27610

Dear Dr. Lobao:

The North Carolina Medical Board ("Board") has concluded its investigation related to Patient A. It is the Board's decision not to commence formal proceedings against your license at this time. However, the Board voted to issue you this public letter of concern. The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license.

In March 2019, you assumed psychiatric care of a forty-eight-year-old male ("Patient A") during his admission to a partial hospitalization program ("PHP"). Patient A had a history of chronic and severe mood disorder with a diagnosis of Bipolar Disorder II. Patient A had previously been treated with a variety of psychiatric medications, including lithium, and had received numerous electroconvulsive therapy ("ECT") treatments. Following, Patient A's discharge from the PHP, you continued outpatient psychiatric care for Patient A.

Over the course of the next 18 months, you saw Patient A approximately every two weeks and prescribed on average eight or more psychiatric medications at any one time. Patient A continued ECT treatments by other providers concurrent with your psychopharmacological management. You documented periods of partial mood stabilization and symptom reduction, but Patient A continued to manifest signs and symptoms of a chronic and severe mood disorder. You also noted concerns over the impact of the ECT treatments on Patient A's memory and made efforts to reduce the frequency of the ECT treatments.

In June 2020, Patient A was admitted to the hospital and diagnosed with lithium toxicity. Unbeknownst to you, a blood pressure medication (lisinopril) had been prescribed to Patient A by another provider approximately three months before his hospital admission, and it was determined to be a critical factor in the lithium toxicity. Patient A recovered, was discharged five days later, and resumed seeing you for outpatient psychiatric care.

The Board had your care of Patient A reviewed by an independent medical expert. The reviewing expert opined that your care of Patient A failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. The reviewing expert highlighted your failure to adequately monitor Patient A's lithium level, renal function, and thyroid function, potentially leading to Patient A's hospitalization for lithium toxicity. The expert reviewer criticized your failure to routinely reconcile Patient A's medications; specifically noting your failure to recognize the prescribing of lisinopril by another provider. Further, the expert reviewer opined that the psychiatric medications you prescribed represented "overlap and redundancy of medication types and certain of the medications used would be viewed as atypical even for a treatment resistant bipolar disorder. The potential for adverse drug events and drug-drug interactions was high..." Regarding the documentation of your care of Patient A, the reviewing expert noted that in several instances, your documentation "did not adequately describe the patient's condition, clinical course, and services rendered."

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The Board is concerned that your care of Patient A may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina.

In agreeing to issuance of this public letter of concern, you have agreed to complete six (6) hours of a Category I continuing medical education ("CME") concerning the subject of polypharmacy within six (6) months from the date of this letter. This CME must be approved in advance by the Board's Office of the Medical Director with your request for approval submitted to the Board's Compliance Coordinator at compliance@ncmedboard.org. Further, you must submit evidence of completion of the required CME to the Board's Compliance Coordinator. The Board will perform a follow-up chart review within six (6) months of your completion of the CME.

The Board urges you to take any additional steps necessary to ensure the conduct giving rise to the Board's concerns does not happen again. Otherwise, the Board may take additional action against your license to practice medicine. If that happens, this letter may be reviewed in determining the appropriate action.

This letter is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and is subject to public inspection and dissemination as required by that law. It will be reported to the Federation of State Medical Boards.

Sincerely,

John W. Rusher, M.D., J.D.

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President

JWR/DTB/jhg

Consent and Waiver

I, Celso Benedito Lobao, M.D., would like to resolve this matter without the need for more formal proceedings and consent to the Board's issuance of this Public Letter of Concern in resolution of this matter. I hereby waive any requirement under any law or rule that this Public Letter of Concern be served on me.

I agree that within the next six (6) months from the date of this letter, I shall complete at least six (6) hours of a Category I continuing medical education ("CME") concerning the subject of polypharmacy. I will ensure that this CME is approved in advance by the Board's Office of the Medical Director by contacting the Board's Compliance Coordinator at compliance@ncmedboard.org to facilitate course approval. I further agree to contact the Board's Compliance Coordinator once this CME is completed. I understand that the Board will perform a follow-up chart review within six (6) months of the completion of the CME.

If I fail to complete the above requirement, I understand that the Board may take disciplinary or other action against my North Carolina license.

North Carolina Medical Board

NOTARY PUBLIC Franklin County North Carolina My Commission Expires Nov. 14, 2024