

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: ROBERT E KETCHAM, M.D.
License Number: 0101-029308
Case Number: 205742

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine (“Board”) and Robert E Ketcham, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Ketcham’s license to practice medicine in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Robert E Ketcham, M.D., was issued License Number 0101-029308 to practice medicine on April 17, 1978, which is scheduled to expire on January 31, 2022.

2. Dr. Ketcham violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (18), and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic (“Regulations”) in his care and treatment of Patient A, a 20-year-old male, between February 6, 2017 and June 22, 2020, for diagnoses of Attention Deficit Disorder (“ADD”) and depression. Specifically:

a. Prior to prescribing Patient A a psychostimulant (Vyvanse, C-II), an addictive medication with significant abuse potential, at his initial office visit on February 6, 2017, Dr. Ketcham failed to properly assess/evaluate the patient. Specifically, at this visit:

i. Patient A reported taking Vyvanse and an antidepressant (Lexapro, C-VI) six to seven years prior (2011-2012). Patient A further reported a prior history of moderate vegetative symptoms, which he attributed to sexual identity conflicts, as well as previous treatment with psychotherapists. Patient A stated that he was requesting a medication consultation because he was

experiencing increased depression and thoughts of death due to the recent death of a good friend in Florida, from where he recently relocated.

ii. While Dr. Ketcham documented this as a “Psychiatric Evaluation” visit, he failed to confirm Patient A’s reported ADD diagnosis through an adequate and/or appropriate mental health history, collateral information from the patient’s family, contacting or consulting prior treatment providers or obtaining and reviewing prior treatment records, or conducting formal ADD testing.

iii. Without ordering or conducting a urine drug screen, or accessing the patient’s Virginia Prescription Monitoring Program (“PMP”) data, Dr. Ketcham prescribed Patient A Vyvanse 40mg/day (and Lexapro 10mg/day), based on the patient’s representations that he previously took these medications, at these dosages.

b. During the remainder of the treatment period, Dr. Ketcham failed to adequately and appropriately manage and monitor Patient A’s psychostimulant medication(s) and prescribed him Klonopin and Lunesta (both C-IV medications) absent adequate medical indication. Specifically:

i. Approximately three weeks after his initial visit (on February 28, 2017), Patient A reported that while he experienced improved focus and less distractibility on Vyvanse, morning dosing was only effective until afternoon. Based solely on this representation, that day Dr. Ketcham increased Patient A’s Vyvanse dosage from 40mg/day to 50mg/day and concomitantly prescribed Adderall (C-II) 15mg/day.

ii. At Patient A’s next office visit on April 24, 2017, he reported that taking Adderall in place of the morning Vyvanse provided him with a better response for most of the day and reported increased anxiety, inquiring about benzodiazepines. That day Dr. Ketcham discontinued Patient A’s Vyvanse and prescribed Adderall 15mg/day. Dr. Ketcham prescribed Buspar (C-VI) 15mg BID for

anxiety, instructing Patient A that he might increase the patient's Lexapro dosage depending on the patient's response to this medication.

iii. On July 30, 2018, after a 15-month absence from treatment, Patient A presented to Dr. Ketcham for his next office visit. At this visit, without obtaining an adequate interim medical or prescription history or requesting, obtaining or reviewing medical records from any other treatment provider(s), Dr. Ketcham resumed concomitantly prescribing the patient Vyvanse and Adderall, both in increased dosages. Specifically, Dr. Ketcham increased Patient A's Vyvanse dosage to 70mg/day from the 50mg/day he last prescribed in February 2017 and increased Patient A's Adderall dosage to 20mg/day from the 15mg/day he last prescribed in April 2017. At this visit, Dr. Ketcham also prescribed Patient A Lunesta (C-IV, a sedative-hypnotic) 3mg/day, based on the patient's report that his sleep was "off more," purportedly due to his employment-related travel schedule. Dr. Ketcham noted that Patient A "has some Lexapro from last Rx and can [resume taking] that as well."

iv. At his next office visit on September 24, 2018, Patient A reported taking two doses of Adderall from waking to afternoon, instead of taking Adderall in the morning and Vyvanse in the afternoon as prescribed, adding that he was taking a third dose of Adderall "if needed." At this visit, Dr. Ketcham prescribed Patient A Adderall 20mg BID/TID, Lexapro 10mg/day and added Seroquel (C-V) 50mg/day for sleep, instead of Lunesta.

v. At his next office visit on November 15, 2018, Patient A informed Dr. Ketcham that he stopped taking Lexapro and requested Klonopin or Ativan (C-IV) for increased anxiety. Dr. Ketcham prescribed Patient A #60 Ativan 0.5mg BID and #90 Adderall 20mg BID/TID.

vi. Patient A failed to show for his next-scheduled office visit on January 22, 2019.

vii. On June 22, 2020, after a 19-month absence from treatment, Patient A had a virtual office visit with Dr. Ketcham, reporting that he had been in California for the previous 18 months, but was now residing in Washington, D.C. Patient A reported taking Ativan and Klonopin during this period, adding that Klonopin BID worked better. Without obtaining or reviewing the patient's purported California treatment records and/or documentation of his interim prescription history, Dr. Ketcham resumed prescribing Patient A #90 Adderall 20mg BID/TID and prescribed him #60 Klonopin 0.5mg.

c. At no time during the treatment period did Dr. Ketcham order or perform urine drug screening on Patient A, or access the patient's PMP data.

d. Two days after his last appointment with Dr. Ketcham (June 24, 2020), Patient A presented to a northern Virginia hospital emergency department ("ED"), requesting inpatient detoxification for IV methamphetamine and other substance use/abuse. His rapid UDS was positive for amphetamines, benzodiazepines and cannabinoid and he was diagnosed with severe sedative use disorder, severe amphetamine use disorder, cannabis use disorder and cocaine use disorder.

e. During his October 1, 2020 interview with the Department of Health Professions' investigator, while undergoing inpatient substance abuse treatment at a residential facility in Havre de Grace, Maryland, Patient A stated that he lied to Dr. Ketcham about living in Florida and California during his absences from treatment, to hide the fact that he had undergone inpatient substance abuse treatment, adding that he believed if Dr. Ketcham knew about his substance abuse history and treatment, he would not have prescribed medications to the patient. Patient A stated that he requested prescriptions from Dr. Ketcham "...knowing I was going to abuse the medication."

3. Dr. Ketcham violated Virginia Code §§ 54.1-2915(A)(18) and 54.1-2525(C) and 18 VAC 85-20-27(B) Regulations in that, on July 6, 2020, two weeks after Patient A's last visit with Dr. Ketcham, he accessed the patient's prescription data from the Virginia Department of Health Professions' PMP. Dr.

Ketcham did not access Patient A's PMP data to assist in establishing a treatment history, and he did not use said PMP data in accordance with the law, as he did not use said information for the care and treatment of Patient A.

CONSENT

Robert E Ketcham, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. I waive my right to an informal conference;
5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. I consent to the entry of the following Order affecting my license to practice medicine in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS that Robert E. Ketcham, M.D., is REPRIMANDED.

It is further ORDERED that Dr. Ketcham's license be subject to the following TERMS AND CONDITIONS:

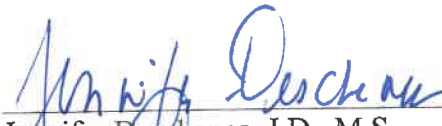
1. Within six months from entry of this Order, Dr. Ketcham shall submit evidence satisfactory to the Board that he has completed 15 hours of Board-approved continuing medical education ("CME")

in the subject of diagnosis and treatment of Attention Deficit Disorder ("ADD"). The course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours/courses shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

2. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD


Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

ENTERED: 5/6/2021


SEEN AND AGREED TO:



Robert E Ketcham, M.D.

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF Fairfax, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large, on
this 23rd day of April, 2021.


Notary Public

My commission expires:

04/30/2023

Registration No.:

7848530

