

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

May 17, 2012

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Vu Tran, M.D.
Tran Family Medicine
1770 Long Pond Road, Suite 201
Rochester, NY 14606

RE: License No. 222275

Dear Dr. Tran:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-100. This Order and any penalty provided therein goes into effect May 24, 2012.

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1717
Empire State Plaza
Albany, New York 12237

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

cc: Richard S. Tubiolo, Esq.
Hirsch & Tubiolo, P.C.
1000 Reynolds Arcade Building
16 East Main Street
Rochester, NY 14614

IN THE MATTER
OF
VU TRAN, M.D.

CONSENT
ORDER

Upon the application of (Respondent) VU TRAN, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 5/16/2012

REDACTED

KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
VU TRAN, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

VU TRAN, M.D., represents that all of the following statements are true:

That on or about July 31, 2001, I was licensed to practice as a physician in the State of New York, and issued License No. 222275 by the New York State Education Department.

My current address is 1770 Long Pond Road, Suite 201, Rochester, New York, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with Eleven Specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I admit the Fourth Specification (negligence on more than one occasion) insofar as I admit factual allegations A.1 through A.3, and B.1 through B.3, in full satisfaction of the charges against me, and agree to the following penalty:

1. Pursuant to Public Health Law § 230-a (3), my medical license shall be limited to prohibit the prescribing of Controlled Substances, as listed in current Section 3306 of the New York State Public Health Law, or in future

amendments of such law.

2. Pursuant to New York Pub. Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended for thirty six [36] months, with such suspension stayed pending my compliance with the terms of probation attached as Exhibit "B".

3. Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$15,000 [Fifteen Thousand Dollars], to be paid in full within 90 days of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1717
Albany, New York 12237

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of

fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed.

Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 4/6/12

REDACTED

VU TRAN, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: April 6, 2012

REDACTED

RICHARD S. TUBIOLLO, ESQ.
Attorney for Respondent

DATE: 4/23/12

REDACTED

MICHAEL A. HISER, ESQ.
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 5/16/12

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
VU TRAN, M.D.

STATEMENT
OF
CHARGES

VU TRAN, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 31, 2001, by the issuance of license number 222275 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided medical care to Patient A, a female 28 years old when treatment began, at various time between 2007 and 2010 at Respondent's office at 1770 Long Pond Road, Suite, 201, Rochester, New York ["Respondent's office"]. Respondent provided general medical care for Patient A, as well as more directed care for Patient A's complaints of low back pain, among others. Respondent's care of Patient A failed to meet minimum standards of care, in that:
1. Respondent, on or about 10/29/09, failed to obtain an adequate interval medical history of the patient, with attention to the patient's symptoms and conditions, and/or failed to document that he had obtained an adequate interval medical history of the patient's symptoms and conditions.
 2. Respondent, beginning in or about September 2007, prescribed narcotics to Patient A, including Percocet and Vicodin, that were without adequate medical indication, and/or without documenting such adequate medical indication.
 3. Respondent, beginning in September 2007, prescribed narcotics to Patient A, without a trial on non-narcotic medications or referral to a pain management specialist, and/or without documenting such trials or referrals.

B. Respondent provided medical care to Patient B, a male 34 years old when treatment began, at various time between 2007 and 2010 at Respondent's office. Respondent provided general medical care for Patient B. Respondent's care of Patient B failed to meet minimum standards of care, in that:

1. Respondent, beginning in or about September 2007, prescribed narcotics and/or benzodiazepines to Patient B on a chronic basis, including Klonopin, Oxycodone, Vicodin, Dilaudid, and Oxycontin, that were without adequate medical indication, and/or without documenting such adequate medical indication.
2. Respondent, in November 2007, prescribed Oxycontin for Patient B without adequately discussing the potential side effects of the medication, and/or without documenting such discussions.
3. Respondent, in November 2007, prescribed Oxycontin for Patient B without scheduling a return visit for the patient, and/or without scheduling the patient for a urine drug screen, or Respondent failed to document such actions.

C. Respondent provided medical care to Patient C, a male 37 years old when treatment began, at various time between 2008 and 2009 at Respondent's office. Respondent provided general medical care for Patient C, including treatment for abdominal pain, hypertension, anxiety, and depression. Respondent's care of Patient C failed to meet minimum standards of care, in that:

1. Respondent, at his first evaluation of Patient C on or about August 11, 2008, failed to obtain an adequate medical history of the patient including details of prior care, and/or document that he obtained such information or attempted to procure such records of prior care.
2. Respondent, on or about September 4, 2008, evaluated the patient, who had a recent history of gastric bypass surgery, as

having left upper quadrant pain. While Respondent ordered ultrasound studies and noted that the patient should “follow up” with a surgeon, there is no documented follow up to the abdominal symptoms and studies that were ordered.

3. Respondent, on or about March 30, 2009, prescribed medications for Patient C including Zyprexa, and Xanax, without adequate medical indication and/or without documenting such adequate medical indication.
4. Respondent, between approximately August 2008 and May 2009, prescribed numerous medications for the patient’s mental health conditions, including Zyprexa, Xanax, and Ativan, without specialty consultation to clarify diagnosis and optimize therapy, and/or without documenting such consultation.

D. Respondent provided medical care to Patient D, a female 39 years old when treatment began, at various time between January and April, 2009, at Respondent’s office. Respondent provided medical care for Patient D related to Patient D’s worker’s compensation related complaints of back pain. Respondent also employed Patient D, a New York State licensed practical nurse, to work part time in his office between at least January and May 2009.

1. Respondent, on January 23, 2009, evaluated Patient D for back injury. Respondent’s progress note for that date, as submitted with the patient’s Workers Compensation Form C-4 [“Doctor’s Report), dated 2/20/09, inaccurately indicated that the patient was “total disable [sic] from work” for the period of time 1/23/09 – 1/27/09. In fact, the patient was not totally disabled from work, as Respondent was then currently employing her to work in his medical office.
2. Respondent, on January 27, 2009, evaluated Patient D for back injury. Respondent’s progress note for that date, as submitted with the patient’s Workers Compensation Form C-4 Doctor’s Report, dated 3 /04/09, inaccurately indicated that the patient was “total disable [sic] from work” for the period of time 1/23/09 – 2/05/09. In fact, the patient was not totally disabled from work, as Respondent was then currently employing her to work in his medical office.

3. Respondent, on February 9, 2009, evaluated Patient D for back injury. Respondent's progress note for that date, as submitted with the patient's Workers Compensation Form C-4 Doctor's Report, dated 3/04/09, inaccurately indicated that the patient was "total disable [sic] from work" for the period of time 1/23/09 – 3/31/09. In fact, the patient was not totally disabled from work, as Respondent was then currently employing her to work in his medical office.
4. Respondent, on 3/09/2009, evaluated Patient D for back injury. Respondent's progress note for that date, as submitted with the patient's Workers Compensation Form C-4 Doctor's Report, dated 3/22/09, inaccurately indicated that the patient was "temporary total disable [sic] from work" for the period of time 1/23/09 – 3/31/09. In fact, the patient was not totally disabled from work, as Respondent was then currently employing her to work in his medical office.

SPECIFICATION OF CHARGES

FIRST THROUGH THIRD SPECIFICATION

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. A and A.1 and/or A and A.2.
2. B and B.1, B and B.2, and/or B and B.3.
3. C and C.2, C and C.3, and/or C and C.4.

FOURTH SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

4. A and A.1, A and A.2, A and A.3, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, C and C.4, D and D.1, D and D.2, D and D.3, and/or D and D.4.

FIFTH THROUGH SEVENTH SPECIFICATION

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

5. A and A.1 and/or A and A.2.
6. B and B.1, B and B.2, and/or B and B.3.
7. C and C.2, C and C.3, and/or C and C.4.

EIGHTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

8. A and A.1, A and A.2, A and A.3, B and B.1, B and B.2, B and

B.3, C and C.1, C and C.2, C and C.3, C and C.4, D and D.1, D and D.2, D and D.3, and/or D and D.4.

NINTH SPECIFICATION

UNWARRANTED TESTS/TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(35) by ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient, as alleged in the facts of:

9. A and A.2, B and B.2, and/or C and C.3.

TENTH SPECIFICATIONS

FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

10. D and D.1, D and D.2, D and D.3, and/or D and D.4.

ELEVENTH SPECIFICATION

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which

accurately reflects the care and treatment of the patient, as alleged in the facts of:

11. A and A.1, A and A.2, a and A.3, B and B.1, B and B.2, B and B.3, C and C.1, C and C.2, C and C.3, C and C.4, D and D.1, D and D.2, D and D.3, and/or D and D.4.

DATE: May / , 2012
Albany, New York

REDACTED

Peter D. Van Buren
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 1000, Troy, New York 12180-2299 with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
9. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.

PRACTICE MONITOR

10. Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
11. Respondent shall enroll in and successfully complete a continuing medical education course in the areas of pain management, medical ethics, and appropriate record keeping. This continuing education program is subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days of the probation period.
12. Respondent shall comply with this Consent Order and all its terms, and shall

bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.