



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

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NYS Department of Health

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Executive Deputy Commissioner
NYS Department of Health

Dennis J. Grazlano, Director
Office of Professional Medical Conduct

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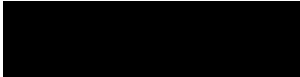
Ansel R. Marks, M.D., J.D.
Executive Secretary

Public

May 19, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Michael C. Abraham, M.D.



Re: License No. 154881

Dear Dr. Abraham:

Enclosed is a copy of Order #BPMC 05-102 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 26, 2005.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,



Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Peter J. Millock, Esq.
Nixon, Peabody, LLP
30 So. Pearl Street
Albany, NY 12207-3497

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
MICHAEL C. ABRAHAM, M.D.

CONSENT
ORDER

BPMC No. #05-102

Upon the application of (Respondent) Michael C. Abraham, 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 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.

DATED: 5-18-05


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

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
MICHAEL C. ABRAHAM, M.D.

CONSENT
AGREEMENT
AND
ORDER

Michael C. Abraham, M.D., representing that all of the following statements are true, deposes and says:

That on or about July 8, 1983, I was licensed to practice as a physician in the State of New York, and issued License No. 154881 by the New York State Education Department.

My current address is [REDACTED] 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 has charged me with twenty 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 agree to not contest the first specification, in full satisfaction of the charges against me, and agree to the following penalty:

My license shall be permanently restricted so that I may not practice emergency medicine. Also, I shall be subject to three

years probation in accordance with the terms attached in Exhibit B.

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

That Respondent shall maintain active registration of Respondent's license with the New York State Education, Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed 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 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 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 Order shall constitute misconduct as defined by New York State Education 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 the Public 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 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 Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct 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 ask that the Board adopt this Consent Agreement.

DATE: 4/15/2005



MICHAEL C. ABRAHAM, M.D.
RESPONDENT

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

DATE: May 4, 2005


PETER J. MILLOCK, ESQ.
Attorney for Respondent

DATE: May 5, 2005


ANTHONY M. BENIGNO
Associate Counsel
Bureau of Professional Medical Conduct

DATE: MAY 17, 2005


DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
MICHAEL C. ABRAHAM, M.D.

STATEMENT
OF
CHARGES

Michael C. Abraham, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 8, 1983, by the issuance of license number 154881 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent treated Patient A (patient names are listed in the Appendix), a 48 year old female, at Little Falls Hospital (LFH) in Little Falls, New York on or about October 29, 2003. Patient A presented in the Emergency Department complaining of chest pain radiating down her left arm since the prior evening and a two month history of shortness of breath. Respondent's medical care of Patient A failed to meet accepted standards of medical care in the following respects:
1. Respondent failed to obtain and/or record an adequate history for Patient A.
 2. Respondent failed to conduct provocative testing so that he could examine Patient A during exertion.
 3. Respondent failed to accurately interpret Patient A's EKG.
 4. Respondent failed to admit Patient A to the hospital for further evaluation and/or treatment.
 5. Respondent failed to adequately address Patient A's metabolic abnormalities.

EXHIBIT A

6. Respondent failed to call Patient A back to the hospital after the official reading of the EKG.

B. Respondent treated Patient B, an 83 year old female, at LFH on or about January 12, 2004. Patient B presented in the Emergency Department complaining of a three week history of dizziness, weakness and nausea. Respondent's medical care of Patient B failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to perform and/or record an adequate physical examination.
2. Respondent failed to accurately interpret Patient B's EKG.
3. Respondent failed to rule out other significant conditions as a cause of Patient B's symptoms.
4. Respondent failed to admit Patient B to the hospital for further evaluation and/or treatment.

C. Respondent treated Patient C, an 84 year old female, at LFH on or about May 18, 2002. Patient C presented in the Emergency Department with a swollen and ecchymotic right leg with a three week history of a deep vein thrombosis in the right lower leg. Respondent's medical care of Patient C failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to perform and/or document an adequate physical examination of Patient C.
2. Respondent failed to adequately address Patient C's coagulation state.
3. Respondent failed to obtain a vascular consultation.
4. Respondent failed to admit Patient C for further evaluation and/or treatment.

- D. Respondent treated Patient D, a 48 year old female, at LFH on or about April 7, 2002. Patient D presented in the Emergency Department with a history of severe abdominal pain for three days and fever. Respondent's medical care of Patient D failed to meet accepted standards of medical care in the following respects:
1. Respondent failed to perform and/or document an adequate physical examination for Patient D.
 2. Respondent failed to adequately assess the clinical findings and laboratory data.
 3. Respondent failed to rule out other significant conditions for Patient D's symptoms.
 4. Respondent failed to obtain a surgical consultation.
 5. Respondent failed to admit Patient D for further evaluation and/or treatment.

SPECIFICATION OF CHARGES

FIRST 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 two or more of the following:

1. Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C3, C and C4, D and D.1, D and D.2, D and D.3, D and D.4, and/or D and D5.

SECOND 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 two or more of the following:

2. Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C3, C and C4, D and D.1, D and D.2, D and D.3, D and D.4, and/or D and D5.

THIRD THROUGH ELEVENTH SPECIFICATIONS

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:

3. Paragraphs A and A3.
4. Paragraphs A and A4.
5. Paragraphs A and A6.
6. Paragraphs B and B2.
7. Paragraphs B and B4.
8. Paragraphs C and C2.
9. Paragraphs C and C4.
10. Paragraphs D and D3.
11. Paragraphs D and D5.

TWELFTH THROUGH TWENTIETH SPECIFICATIONS

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:

12. Paragraphs A and A3.
13. Paragraphs A and A4.
14. Paragraphs A and A6.
15. Paragraphs B and B2.
16. Paragraphs B and B4.
17. Paragraphs C and C2.
18. Paragraphs C and C4.
19. Paragraphs D and D3.
20. Paragraphs D and D5.

DATED:

May
~~April~~ 5, 2005
Albany, New York


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 New York State Education Law §6530 or §6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to New York State Public 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 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such 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, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
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 section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (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 thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period will 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 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 and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC

offices.

8. 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.
9. Respondent shall enroll in and complete the American Academy of Family Physicians Family Medicine Board Review Course. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the first year of the probation period.

PRACTICE MONITOR

10. Within thirty days of the effective date of the order, Respondent shall practice medicine only when monitored by a licensed physician, hereinafter referred to as "practice monitor", board certified in an appropriate specialty, proposed by Respondent and subject to the written approval of the Director of OPMC. Additionally, the Director shall determine such other terms and/or conditions of practice, if any, as may be consistent with the recommendation(s) in the clinical competency assessment report, including personalized continuing medical education, if appropriate, as set forth in paragraph "12".
 - a. Respondent shall make available to the practice monitor any and all records or access to the practice requested by said 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 practice 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.

CLINICAL COMPETENCY ASSESSMENT

11. Respondent shall obtain a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. Respondent shall cause a written report of such assessment to be provided

to the Director of OPMC within sixty (60) days of the effective date of this Order.

- a. Respondent shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of probation shall not be satisfied in the absence of actual receipt, by the Director, of such documentation, and any failure to satisfy shall provide a basis for a Violation of Probation proceeding.

PERSONALIZED CONTINUING MEDICAL EDUCATION

12. At the sole discretion of the Director and within 60 days following the completion of the clinical competency assessment (CCA) the Respondent may be required to identify a Preceptor, preferably a physician who is board certified in the same specialty, to be approved in writing, by the Director of OPMC.

The Respondent shall cause the Preceptor to:

- a. Develop and submit to the Director of OPMC for written approval a remediation plan, which addresses the deficiencies /retraining recommendations identified in the CCA. Additionally, this proposal shall establish a time frame for completion of the remediation program of not less than three months and no longer than twelve months.
 - b. Submit progress reports at periods identified by OPMC certifying whether the Respondent is fully participating in the personalized continuing medical education program and is making satisfactory progress towards the completion of the approved remediation plan.
 - c. Report immediately to the Director of OPMC if the Respondent withdraws from the program and report promptly to OPMC any significant pattern of non-compliance by the Respondent.
 - d. At the conclusion of the program, submit to the Director of OPMC a detailed assessment of the progress made by the Respondent toward remediation of all identified deficiencies.
13. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or 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.