

CENSURE: IC2185
DR. RICHARD LLOYD LETKEMAN

On January 30, 2014, in accordance with Section 47(1)(c) of *The Medical Act*, the Investigation Committee censured Dr. Letkeman as a record of its disapproval of the deficiencies in his conduct. Censure creates a disciplinary record which may be considered in the future by the Investigation Committee or an Inquiry Panel when determining the action to be taken following an investigation or hearing.

I. PREAMBLE

Physicians are expected to be familiar with the terms and conditions which must be met in order to be entitled to payment for a patient house call visit and must not permit bills for patient visits to be submitted to Manitoba Health if all applicable terms and conditions are not met. Physicians who rely on clinic owners or staff to submit bills using the physician's billing number must exercise due diligence by taking all available reasonable steps to ensure that all applicable terms and conditions are met before submitting a bill for a service.

A physician who assumes responsibility for the care of a patient in a house call service is responsible for the record in relation to the care provided. When a nurse involved in patient care under the physician's supervision creates the record, the record must reflect the physician's involvement and the physician is responsible to sign off on the care provided.

II. THE RELEVANT FACTS ARE:

The Committee assessed the facts as follows:

1. In or about November 2010, Dr. Letkeman entered into an arrangement with a nurse practitioner and with the clinic in which they both worked. The arrangement included the following:
 - a. Dr. Letkeman agreed to supervise the nurse practitioner's care of patients during house call visits.
 - b. For the purposes of the supervision, the nurse practitioner had the use of a mobile, hand-held camera intended for use at the patient's location, and Dr. Letkeman had access to a computer based application on a computer at the clinic. When activated, this camera system permitted Dr. Letkeman to see and hear what was occurring at the patient's location. Communication between Dr. Letkeman and the nurse practitioner while the nurse practitioner was at the patient's location would occur via cell phone.
 - c. Dr. Letkeman was not required to be present via the camera system for the nurse practitioner/patient encounters which Dr. Letkeman was supervising.
 - d. Dr. Letkeman was required to be available when the nurse practitioner contacted him for assistance because the nurse practitioner had a question or a concern about patient care.

- e. The nurse practitioner was responsible for making a record of the visit, using the electronic medical record used by the clinic for house calls.
 - f. The patient visits were billed to Manitoba Health using Dr. Letkeman's billing number.
 - g. Fees for the nurse practitioner/patient visits which Dr. Letkeman was responsible to supervise were split 70% to the nurse practitioner and 30% to Dr. Letkeman, and each of them were responsible to pay the clinic for overhead expenses.
2. Dr. Letkeman did not place any restrictions on the type of patient or type of health concern which the nurse practitioner could deal with during the visits for which Dr. Letkeman assumed responsibility, although Dr. Letkeman did instruct the nurse practitioner to immediately contact him if the nurse practitioner attended to any condition which the nurse practitioner believed was serious or required additional advice or assessment.
3. The camera system was used on the first day of Dr. Letkeman's arrangement with the nurse practitioner on about two occasions in the clinic setting as a test for the purpose of demonstrating to Dr. Letkeman that it would work. However, thereafter, it was never actually used in a patient house call during the entire period of time Dr. Letkeman supervised the nurse practitioner's work.
4. Dr. Letkeman did remain available to the nurse practitioner via telephone contact. However, the nurse practitioner did not request Dr. Letkeman's assistance at all during the period of time he was supervising the nurse practitioner.
5. The nurse practitioner did make records of the house call visits which Dr. Letkeman was responsible to supervise.
6. At the outset of the arrangement, Dr. Letkeman did view some of the records created by the nurse practitioner for the purpose of monitoring the quality of care provided by the nurse practitioner, but these were charts selected by the nurse practitioner for review. At no time did Dr. Letkeman review all of the records of the nurse practitioner's patient care for which Dr. Letkeman had assumed responsibility.
7. None of the records of the nurse practitioner/patient encounters for which Dr. Letkeman was responsible contain any indication of Dr. Letkeman's involvement in the care or any indication that Dr. Letkeman had reviewed the record and signed off on the care provided.
8. Dr. Letkeman continued with the arrangement described above until in or about April 2011, when he became aware that Manitoba Health was conducting an investigation into billings for the visits made by the nurse practitioner.
9. During the period from approximately November 2010 to April 2, 2011 a total of approximately \$39,055.54 was billed to Manitoba Health using Dr. Letkeman's billing number for visits to patients by the nurse practitioner.

10. In an interview with the Investigation Chair, Dr. Letkeman stated that:
 - a. At the material time, Dr. Letkeman was aware that one requirement for billing Manitoba Health was that the physician personally see the patient.
 - b. Dr. Letkeman relied upon assurances from the clinic owner that if the bills in question were challenged, the clinic owner would succeed in a dispute with Manitoba Health.
 - c. Dr. Letkeman's only independent inquiry as to the propriety of the billing system for the nurse practitioner's house call visits was one telephone call to someone at Manitoba Health to ask if Manitoba Health had policies governing billing for the work of a nurse practitioner. When told there were no such policies, Dr. Letkeman made no further inquiries of Manitoba Health or anyone else.
 - d. In retrospect, Dr. Letkeman recognizes that the documents filed with Manitoba Health for billing purposes would lead Manitoba Health to believe Dr. Letkeman saw the patients in that there was no indication to Manitoba Health that he did not see the patients.
 - e. Dr. Letkeman was familiar with the nurse practitioner's quality of care from past work with the nurse practitioner in the clinic setting and he believed that the nurse practitioner was competent to provide the house call services.
 - f. In retrospect, Dr. Letkeman recognizes that it was inappropriate for him not to have documented his role in the care of the patients seen by the nurse practitioner, at least by signing off on the records created by the nurse practitioner.
 - g. Dr. Letkeman takes full responsibility for his actions.

11. Dr. Letkeman has repaid Manitoba Health the sum of \$39,055.54.

III. ON THESE FACTS, THE INVESTIGATION COMMITTEE RECORDS ITS DISAPPROVAL OF DR. LETKEMAN'S CONDUCT IN:

1. failing to exercise due diligence to ensure that billings submitted for patient visits under Dr. Letkeman's billing number met all of Manitoba Health's terms and conditions applicable to billing for those patient visits.
2. permitting claims to be submitted to Manitoba Health for services as if Dr. Letkeman had provided the services, when in fact the services were provided by a nurse practitioner.
3. failing to maintain patient records with respect to Dr. Letkeman's supervision of a nurse practitioner.

Dr. Letkeman paid the costs of the investigation in the amount of \$6,974.60.