

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

LYNETTE I. ILES, M.D., RESPONDENT

FILE Nos. 02-06-885, 02-06-886 & 02-06-887

TERMINATION ORDER

Date: February 12, 2014.

1. Respondent was issued Iowa medical license no. 30293 on November 9, 1994.
2. Respondent's Iowa medical license is active and will next expire on May 1, 2014.
3. The Board has jurisdiction pursuant to Iowa Code Chapters 147, 148 and 272C.
4. Respondent practices family medicine in Washington, Iowa.
5. **Combined Statement of Charges and Settlement Agreement:** On February 12,

2009, Respondent entered into a combined Statement of Charges and Settlement Agreement with the Board to resolve a pending disciplinary matter. The Board charged Respondent with failing to provide appropriate care and treatment to patients with chronic pain and failing to maintain appropriate professional boundaries with patients. Under the terms of the combined Statement of Charges and Settlement Agreement, the Board issued Respondent a Citation and Warning and ordered her to complete a Board-approved physician-patient professional boundaries program and counseling. The Board also placed Respondent on probation for a period of five (5) years subject to Board monitoring, a practice monitor and a worksite monitor.

6. **New Statement of Charges:** On January 24, 2014, the Board filed a new Statement of Charges against Respondent. The Board charged Respondent with professional incompetency and violation of a Confidential Evaluation Order. The charges are pending resolution.

7. **Period of Probation:** On February 12, 2014, Respondent completed the period of her probation.

THEREFORE IT IS HEREBY ORDERED: that the terms and conditions of Respondent's probation are terminated and Respondent's Iowa medical license is returned to its full privileges, free and clear of all restrictions.

This Order is issued by the Board on February 12, 2014.



Gregory B. Hoversten, D.O., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

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IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

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FILE Nos. 02-06-885, 02-06-886 & 02-06-887

**STATEMENT OF CHARGES AND SETTLEMENT AGREEMENT
(Combined)**

COMES NOW the Iowa Board of Medicine (the Board), and Lynette I. Iles, M.D., (Respondent), on February 12, 2009, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) (2007), file this combined Statement of Charges and Settlement Agreement to resolve this matter.

STATEMENT OF CHARGES

1. Respondent was issued Iowa medical license no. 30293 on November 9, 1994.
2. Respondent's Iowa medical license is active and will next expire on May 1, 2010.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

COUNT I

4. Respondent is charged pursuant to Iowa Code section 148.6(2)(g) and 653 IAC 23.1(2)(f) with failing to conform to the minimal standard of acceptable and prevailing practice of medicine in violation of the laws and rules governing the practice of medicine in Iowa.

STATEMENT OF MATTERS ASSERTED

5. Respondent practices family medicine in Washington, Iowa.

6. The Board alleges that Respondent failed to provide appropriate care and treatment to patients with chronic pain and failed to maintain appropriate professional boundaries with patients.

7. Recently, Respondent completed over thirty credit hours of continuing medical education for the appropriate treatment of patients with chronic pain and maintaining appropriate professional boundaries with patients.

8. Respondent shall be monitored by the Iowa Physician Health Program.

SETTLEMENT AGREEMENT

9. **CITATION AND WARNING:** Respondent is hereby **CITED** for failing to conform to the laws and rules governing the treatment of patients with chronic pain and failing to maintain appropriate professional boundaries with patients. Respondent is hereby **WARNED** that such conduct in the future may result in further disciplinary action, including suspension or revocation of her Iowa medical license.

10. **FIVE YEARS PROBATION:** Respondent shall be placed on **probation for a period of five years** subject to the following terms and conditions:

- A. **Monitoring Program:** Respondent shall contact Shantel Billington, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-3654 to establish a Board monitoring program. Respondent shall fully comply with all requirements of the monitoring program.
- B. **Practice Monitoring Plan:** Respondent shall submit a practice monitoring plan for Board approval with an Iowa-licensed, board-certified, physician who will serve as practice monitor. The practice monitor shall agree to serve under the terms of this Order. The practice monitor shall review medical records for selected chronic pain patients and meet regularly with Respondent to review cases, discuss decisions related to those cases, review specific topics and engage in a quality improvement processes. Respondent shall fully comply with all recommendations of the practice monitor. The practice monitor shall submit written quarterly reports to the Board no later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order. Should Respondent fail to successfully complete the practice monitoring plan, she agrees to successfully complete a comprehensive competency evaluation at the Center for Personalized Educational for Physicians (CPEP) in Denver, Colorado. Respondent is responsible for all costs associated with the practice monitoring.

- C. **Worksite Monitor:** Respondent shall submit for Board approval the name of a physician or other Board-approved healthcare professional who regularly observes and/or supervises Respondent in a practice setting to serve as worksite monitor. The Board shall provide the worksite monitor a copy of all Board orders relating to this matter. The worksite monitor shall provide a written statement indicating that the monitor has read and understands the Board orders relating to this disciplinary action and agrees to act as the worksite monitor under the terms of this agreement. The worksite monitor shall agree to inform the Board immediately if there is evidence of professional incompetency or a violation of the terms of this Order. The monitor shall agree to submit written quarterly reports to the Board concerning Respondent's progress not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.
- D. **Professional Boundaries Program:** Respondent shall successfully complete the physician-patient professional boundaries program offered by John Hung, Ph.D., at Health Psychology Consultants, 7300 France Avenue, Suite 201 Edina, Minnesota, Ph.#952-470-4177, no later than March 31, 2009, and have Dr. Hung send a report directly to the Board. Respondent shall fully comply with all recommendations made by the program following completion of the physician-patient professional boundaries program.

- E. **Professional Boundaries Counseling:** Respondent shall successfully complete Board-approved professional boundaries counseling.
- (1) The counselor shall submit written quarterly reports to the Board concerning Respondent's progress not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.
 - (2) Respondent shall meet with his Board-approved counselor as frequently as recommended by the counselor and approved by the Board. Respondent is responsible for all costs associated with counseling.
 - (3) Respondent shall continue counseling until discharge is recommended by the counselor and approved by the Board.
- F. **Quarterly Reports:** Respondent shall file sworn quarterly reports attesting to her compliance with all the terms of her probation not later than 1/10, 4/10, 7/10 and 10/10 of each year for the duration of the this Order.
- G. **Board Appearances:** Respondent shall appear before the Board annually or upon request of the Board during the period her probation. Respondent shall be given notice of the date, time and location of the appearances. The appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(2).
- H. **Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with all quarterly reports required during her probation. The monitoring fee shall be

sent to: Shantel Billington, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine. The monitoring fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

11. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

12. This Order constitutes the resolution of a contested case proceeding.

13. In the event Respondent violates or fails to comply with any of the terms of this Order, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code chapters 148 and 272C and 653 IAC 25.

14. Periods of residence or practice outside the state of Iowa shall not apply to the duration of this Order unless Respondent receives prior written approval from the Board.

15. Respondent voluntarily submits this Order to the Board for consideration.

16. By entering into this Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges, and waives any objections to the terms of this Settlement Agreement.

17. This Order is subject to approval of the Board. If the Board fails to approve this Order, it shall be of no force or effect to either party.

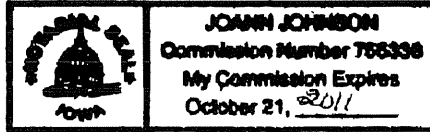
18. The Board's approval of this Order shall constitute a **Final Order** of the Board.

Lynette I. Iles

Lynette I. Iles, M.D., Respondent

Subscribed and sworn to before me on December 31st, 2008.

Notary Public, State of



Joann Johnson

This Order is approved by the Board on ~~2009~~, February 12, 2009.

Yasyn Lee
 Yasyn Lee, M.D., Chairperson
 Iowa Board of Medicine
 400 SW 8th Street, Suite C

Des Moines, Iowa 50309-4686