

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

LYNETTE I. ILES, M.D., RESPONDENT

FILE Nos. 02-10-211, 02-10-293, 02-10-452 & 02-11-479

SETTLEMENT AGREEMENT

COMES NOW the Iowa Board of Medicine (Board) and Lynette I. Iles, M.D., (Respondent), and on August 8, 2014, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) enter into this Settlement Agreement to resolve the pending charges in 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 July 1, 2014.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

4. **Practice Setting:** Respondent is an Iowa-licensed physician who currently practices family medicine in Washington, Iowa.

5. **Previous Disciplinary Action:** On February 12, 2009, Respondent entered into a combined Statement of Charges and Settlement Agreement with the Board. The Board charged Respondent 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 when she failed to provide appropriate care and treatment to patients with chronic pain and failed to maintain appropriate professional boundaries with patients. 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. Respondent was also monitored by the Iowa Physician Health Program (IPHP). Under the terms of the Settlement Agreement, the Board issued Respondent a Citation and Warning and placed her on probation for a period of five years subject to Board monitoring. The Board ordered Respondent to complete a Board-approved professional boundaries program and professional boundaries counseling. Respondent was also required to fully comply with a Board-approved practice monitoring plan to ensure that her prescribing practices conform to the minimum standard of care. Respondent successfully completed her probationary period and her license was returned with its full privileges on February 12, 2014.

6. **Comprehensive Clinical Competency Evaluation:** On August 23, 2012, the Board ordered Respondent to undergo a comprehensive clinical competency evaluation at the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado. On December 21, 2012, Respondent completed a comprehensive clinical competency evaluation at CPEP. CPEP concluded that Respondent demonstrated knowledge acceptable in most areas of general family medicine with some minor gaps and areas of need in some areas of medical knowledge, and application of clinical judgment and reasoning to patient care, and most specifically documentation in patient charts. CPEP recommended that Respondent complete a structured, individualized educational intervention which includes an educational preceptor, continuing medical education, self-study and a documentation course and/or coaching, to address the areas of need.

7. **Statement of Charges:** On January 24, 2014, the Board filed a Statement of Charges against Respondent alleging that she engaged in professional incompetency in violation of the laws and rules governing the practice of medicine when she repeatedly violated the standard of care in her treatment of numerous obstetrical patients in Washington, Iowa, between 2005 and 2010.

SETTLEMENT AGREEMENT

8. **CITATION AND WARNING:** Respondent is hereby **CITED** for engaging in professional incompetency in violation of the laws and rules governing the practice of medicine when she repeatedly violated the standard of care in her treatment of numerous obstetrical patients in Washington, Iowa, between 2005 and 2010. Respondent is hereby **WARNED** that evidence professional incompetency in the future may result in further disciplinary action, including suspension or revocation of her Iowa medical license.

9. **CIVIL PENALTY:** Respondent shall pay a **\$5,000 civil penalty** within twenty (20) days of the date of this order. The civil penalty shall be paid by delivery of a check or money order to the Board, payable to the Treasurer of Iowa. The civil penalty shall be deposited in the State General Fund.

10. **PROHIBITION – OBSTETRICS:** Respondent is permanently prohibited from practicing obstetrics under her Iowa medical license. Respondent will refer all pregnant patients to an obstetrical physician and may continue to provide care for non-obstetrical issues and family medicine.

11. **FIVE YEARS PROBATION:** Respondent is placed on **probation for a period of five (5) years** subject to the following terms and conditions:

A. **Monitoring Program:** Respondent shall establish a monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with the monitoring program.

B. **CPEP Educational Intervention:** Respondent shall successfully complete a Board-approved structured, individualized educational intervention as recommended by CPEP, including the following:

(1) **Educational Preceptor:** Respondent shall submit the name and CV of an Iowa-licensed, board-certified, family physician to serve as her educational preceptor. Respondent shall meet regularly with the educational preceptor to review cases, discuss decisions, review specific areas of need and engage in a quality improvement processes.

(2) **Continuing Medical Education and Self-Study:** Respondent shall successfully complete continuing medical education and self-study as recommended by CPEP.

(3) **Documentation Course:** Respondent shall successfully complete a documentation course and/or coaching as recommended by CPEP.

- C. **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.
- D. **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)(e)(3).
- E. **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.

12. Respondent shall submit a written statement to the Board which demonstrates that she has shared a copy of this order with all medical licensing boards where she holds a license, whether active or not, within thirty (30) days of the date of this order.

13. Respondent shall submit a written statement to the Board which demonstrates that she has shared a copy of this order with each hospital and clinic where she practices medicine within thirty (30) days of the date of this order.

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

15. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

16. By entering into this Order, Respondent understands that he has the right to legal counsel, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order. This Order constitutes the resolution of a contested case proceeding.

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

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

19. Periods in which Respondent does not practice medicine or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.

20. Respondent understands that the Board is required by Federal law to report this disciplinary action to the National Practitioner Data Bank.

21. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

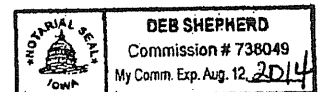
22. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

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

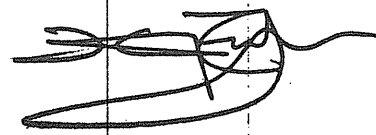

Lynette Iles, M.D., Respondent

Subscribed and sworn to before me on July 15, 2014.

Notary Public, State of Iowa Deb Shepherd



This Order is approved by the Board on August 8, 2014.


Hamed H. Tewfik, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

LYNETTE I. ILES, M.D., RESPONDENT

FILE Nos. 02-10-211, 02-10-293, 02-10-452 & 02-11-479

STATEMENT OF CHARGES

COMES NOW the Iowa Board of Medicine (Board) on January 24, 2014, and files this Statement of Charges pursuant to Iowa Code section 17A.12(2). Respondent was issued Iowa medical license number 30293 on November 9, 1994. Respondent's Iowa medical license is active and will next expire on May 1, 2014.

A. TIME, PLACE AND NATURE OF HEARING

1. Hearing. A disciplinary contested case hearing shall be held on April 3-4, 2014, before the Board. The hearing shall begin at 8:30 a.m. on each day and shall be located in the conference room at the Board office at 400 SW 8th Street, Suite C, Des Moines, Iowa.
2. Answer. Within twenty (20) days of the date you are served this Statement of Charges you are required by 653 IAC 24.2(5)(d) to file an Answer. In that Answer, you should state whether you will require a continuance of the date and time of the hearing.

3. Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge make initial rulings on pre-hearing matters, and be present to assist and advise the board at hearing.

4. Prehearing Conference. A prehearing conference will be held by telephone on February 12, 2014, at 9:30 a.m., before an Administrative Law Judge from the Iowa Department of Inspections and Appeals (ALJ). Please contact Kent M. Nebel, J.D., Legal Director, Iowa Board of Medicine, at 515-281-7088 with the telephone number at which you or your legal counsel can be reached. Board rules on prehearing conferences may be found at 653 Iowa Administrative Code 25.15.

5. Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 653 IAC 25. At hearing, you will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf, cross-examine witnesses, and examine any documents introduced at hearing. You may appear personally or be represented by counsel at your own expense. If you need to request an alternative time or date for hearing, you must review the requirements in 653 IAC 25.16. The hearing may be open to the public or closed to the public at the discretion of the Respondent.

6. Prosecution. The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address: Julie Bussanmas, Assistant Attorney General, Iowa Attorney General's Office, 2nd Floor, Hoover State Office Building, Des Moines, Iowa 50319.

7. Communications. You may not contact board members by phone, letter, facsimile, e-mail, or in person about this Notice of Hearing. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the case. You should direct any questions to Kent M. Nebel, J.D., the Board's Legal Director at 515-281-7088 or to Assistant Attorney General Julie Bussanmas 515-281-5637.

B. LEGAL AUTHORITY AND JURISDICTION

8. Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 17A, 147, 148, and 272C.

9. Legal Authority. If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code chapters 17A, 147, 148, and 272C and 653 IAC 25.

10. Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code section 17A.12(3) and 653 IAC 25.20.

C. SECTIONS OF STATUTES AND RULES INVOLVED

COUNT I

11. **Professional Incompetency:** Respondent is charged with professional incompetency pursuant to Iowa Code sections 147.55(2), 148.6(2)(g) and (i), and 272C.10(2) and 653 IAC 23.1(2)(a),(b),(c), (d), (e), and (f), by demonstrating one or more of the following:

- A. Willful or repeated gross malpractice;
- B. Willful or gross negligence;
- C. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's or surgeon's practice;
- D. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physicians or surgeons in the state of Iowa acting in the same or similar circumstances;
- E. A failure by a physician or surgeon to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician or surgeon in the state of Iowa acting in the same or similar circumstances; or
- F. A willful or repeated departure from, or the failure to conform to, the minimal standard of acceptable and prevailing practice of medicine and surgery in Iowa.

COUNT II

12. **Violation of a Confidential Evaluation Order:** Respondent is charged pursuant to Iowa Code section 148.6(2)(h) and 653 IAC 24.4(7) for failing to submit to a Board-ordered a confidential comprehensive physical, neuropsychological, mental health and disruptive behavior evaluation in violation of the laws and rules governing the practice of medicine in Iowa.

STATEMENT OF MATTERS ASSERTED

13. Respondent is an Iowa-licensed physician who currently practices family medicine in Washington, Iowa.

14. **Prior Disciplinary Action:** On February 12, 2009, Respondent entered into a combined Statement of Charges and Settlement Agreement with the Board. The Board charged Respondent 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 when she failed to provide appropriate care and treatment to patients with chronic pain and failed to maintain appropriate professional boundaries with patients. 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. Respondent was also monitored by the Iowa Physician Health Program (IPHP). Under the terms of the Settlement Agreement, the Board issued Respondent a Citation and Warning and placed her on probation for a period of five years subject to Board monitoring. The Board ordered Respondent to complete a Board-approved professional boundaries program and professional boundaries counseling. Respondent was also required to fully comply with a Board-approved practice monitoring plan to ensure that her prescribing practices conform to the minimum standard of care.

15. **Comprehensive Clinical Competency Evaluation Order:** On August 23, 2012, the Board ordered Respondent to undergo a comprehensive clinical competency evaluation at the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado, based on the following information:

- A. **Continued Prescribing Concerns:** The Board received information which raises concerns that Respondent continued to prescribe controlled substances to patients in violation of the minimal standard of acceptable and prevailing practice of medicine in Iowa.
- B. **Obstetrical Privileges:** On August 24, 2010, following a hospital investigation of quality of care concerns related to her obstetrics practice, Respondent voluntarily surrendered her obstetrics privileges in Washington, Iowa.

On December 21, 2012, Respondent completed a comprehensive clinical competency evaluation at CPEP. CPEP concluded that Respondent demonstrated areas of need in the areas of medical knowledge, clinical judgment and reasoning, and documentation in patient charts. CPEP recommended that Respondent complete a structured, individualized educational intervention which includes an educational preceptor, continuing medical education, self-study and a documentation course and/or coaching, to address the areas of need.

16. **Confidential Physical, Neuropsychological, Mental Health and Disruptive Behavior Evaluation Order:** On August 23, 2012, the Board ordered Respondent to successfully complete a confidential comprehensive physical, neuropsychological, mental health and disruptive behavior evaluation at the Professionals Program, under the direction of Glenn Siegel, M.D., Elmhurst Memorial Healthcare, 360 W Butterfield Rd Suite 340, Elmhurst, IL 60126, at 630-758-5110 within **thirty (30) days** of the date of the order. Respondent has failed to complete the comprehensive physical, neuropsychological, mental health and disruptive behavior evaluation in violation of the August 23, 2012, Confidential Evaluation Order.

17. **Obstetrical Care:** Recently, the Board reviewed Respondent's obstetrical care to twenty three (23) patients and the Board alleges that Respondent repeatedly violated the standard of care in her treatment of numerous obstetrical patients in Washington, Iowa, between 2005 and 2010, including the following:

- A. Respondent failed to appropriately evaluate multiple obstetrical patients when she failed to obtain and/or document patient weights during prenatal visits.
- B. Respondent failed to appropriately manage an obstetrical patient's delivery, including, but not limited to, the inappropriate use of a vacuum extractor.
- C. Respondent utilized improper medications during prenatal care and/or labor and delivery for multiple obstetrical patients.
- D. Respondent misinterpreted fetal heart rate strips for multiple obstetrical patients and failed to provide appropriate treatment, including further evaluation and/or obstetrical consultation when warranted.
- E. Respondent failed to monitor at least one obstetrical patient's elevated blood pressure following delivery.
- F. Respondent failed to perform appropriate ultrasounds when indicated to determine the estimated fetal weight prior to induction of labor in a post-date obstetrical patient with a history of macrosomia.
- G. Respondent failed to perform appropriate fetal monitoring/surveillance during prenatal treatment of several obstetrical patients and during labor for at least two post-date pregnancies.

- H. Respondent inappropriately performed a late pre-term induction of labor for a patient with carpal tunnel syndrome.
- I. Respondent performed an inappropriate amniotomy on an obstetrical patient.
- J. Respondent failed to appropriately date the gestational age of pregnancy for multiple obstetrical patients.
- K. Respondent applied excessive traction on the umbilical cord during at least one delivery, resulting in uterine aversion.
- L. Respondent failed to offer appropriate obstetrical consultation when warranted on multiple occasions.
- M. Respondent failed to obtain the attendance of a physician to provide pediatric care during delivery when appropriate for multiple obstetrical patients.
- N. Respondent failed to offer appropriate genetic testing when warranted on multiple occasions.
- O. Respondent utilized inappropriate antibiotic therapy for multiple obstetrical patients.
- P. Respondent failed to diagnose atypical preeclampsia in an obstetrical patient during prenatal visits and failed to provide appropriate intervention/treatment when an abnormal protein value was present.
- Q. Respondent inappropriately utilized methotrexate in the treatment of a patient with a nonviable pregnancy.

- R. Respondent failed to maintain adequate medical records for multiple patients.
- S. Respondent failed to provide appropriate testing/treatment to obstetrical patients with positive cultures for group B streptococcus or histories of infection.
- T. Respondent failed to provide appropriate testing and/or treatment for gestational onset diabetes mellitus for multiple obstetrical patients.
- U. Respondent failed to appropriately manage high-risk patients during pregnancy.
- V. Respondent failed to provide appropriate diagnosis/treatment for pregnancy induced hypertension and/or preeclampsia.
- W. Respondent failed to appropriately manage an opioid dependent patient.
- X. Respondent failed to appropriately manage patients with advanced maternal age.
- Y. Respondent failed to utilize a radiologist to interpret fetal ultrasounds when appropriate for multiple obstetrical patients.
- Z. Respondent failed to make appropriate coverage arrangements for patients when she was out of town.
- AA. Respondent failed to refer patients to an appropriate facility to perform vaginal birth after cesarean (VBAC) deliveries.
- BB. Respondent failed to appropriately monitor and maintain patient's blood pressure control following delivery.

E. SETTLEMENT

18. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 IAC 25. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088.

F. PROBABLE CAUSE FINDING

19. On January 24, 2014, the Iowa Board of Medicine found probable cause to file this Statement of Charges.



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