

IN THE MATTER OF * BEFORE THE MARYLAND
HOPE A. MCINTYRE, M.D. * STATE BOARD OF
RESPONDENT * PHYSICIANS
License Number: D46096 * Case Number: 2012-0888

* * * * *

CONSENT ORDER

On February 27, 2012, the Maryland State Board of Physicians (the "Board") charged Hope A. McIntyre, M.D. (the "Respondent") (D.O.B. 12/01/1964), License Number D46096, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ.") § 14-404(a) (2009 Repl. Vol. and 2012 Supp.).

The pertinent provision of Section 14-404(a) under which the Board voted charges provides the following:

(a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- (3) Is guilty of:
 - (ii) Unprofessional conduct in the practice of medicine;

FINDINGS OF FACT

The Board makes the following findings of fact:

I. BACKGROUND

1. At all times relevant to the charges, Respondent was and is a physician licensed to practice medicine in the State of Maryland. Respondent

was initially licensed in Maryland on May 24, 1994. Respondent last renewed her license on or about July 24, 2011, which will expire on September 30, 2013.

2. On July 8, 1994, Respondent was initially granted board-certification by the American Board of Family Medicine, which expired on December 31, 2001. On July 14, 2000, Respondent was re-certified in Family Medicine; and again on August 2, 2007, Respondent was re-certified in Family Medicine, which will expire on December 31, 2014.

3. Since January 2012, Respondent has maintained an office in Baltimore County for the solo practice of medicine.

4. Respondent holds an inactive license to practice medicine in Virginia.

II. Complaint

5. On June 7, 2012, the Board received an anonymous, typed complaint, stating that Respondent "housed a patient," (Patient 1), in her home for several months and treated her with excessive amounts of opioids.¹

III. Investigation

6. Thereafter, on June 21, 2012, the Board opened an investigation based on the complaint and issued several subpoenas to five (5) national chain pharmacies in the vicinity of Respondent's practice, requesting a printout of all drugs prescribed by Respondent.

7. On September 17, 2012, Board staff hand-delivered correspondence to Respondent informing her that the Board had opened an

¹ The name of the patient is confidential. Respondent is aware of the identity of Patient 1.

investigation and personally served Respondent with a subpoena for the original medical record of Patient 1.

8. On September 19, 2012, the Board returned Respondent's original medical records to her.

9. On October 3, 2012, the Board received Respondent's written response to the complaint in which Respondent stated, in pertinent part, the following:

- a. In response to her "deep concern" about Patient 1's medical and social situation, Respondent did not maintain appropriate boundaries in the physician-patient relationship;
- b. Respondent had been treating Patient 1 for about 2 years when she permitted her to stay in the guest room in her home for several months;
- c. Due to her "complicated medical and social situation," Respondent continued to be Patient 1's treating physician and continued to prescribe narcotics;
- d. The relationship was more like a "mother-daughter" than a physician-patient relationship;
- e. Respondent started her own practice in January 2010, specializing in the treatment of Lyme disease. Respondent prescribes very short courses of narcotics for acute pain;
- f. Respondent provided a summary of her care of Patient 1;
- g. After Patient 1 was hospitalized in a psychiatric unit, she was discharged to the home of a couple with whom she had previously lived, instead of returning to Respondent's home;
- h. Patient 1's attending physician expressed concern to Respondent about her boundaries with Patient 1; and
- i. Respondent has sought assistance for the issues which predispose her to boundary problems.

10. On October 26, 2012, Board staff interviewed Respondent.

Respondent testified to the following:

- a. In June 2010, Respondent began treating Patient 1 for Lyme disease and other medical conditions;
- b. Patient 1 had no health insurance and limited financial resources;
- c. In June 2011, Respondent began making home visits since Patient 1 lived in Frederick County and did not have transportation to Respondent's office;
- d. Respondent prescribed oxycodone for Patient 1 for pain;
- e. Patient 1 had anxiety and a history of depression;
- f. In or around Fall 2011, Patient 1's housing situation was disrupted and Respondent allowed Patient 1 to stay with her for about 10 days;
- g. Patient 1 then moved to a rented room, during which time, on occasion, Patient 1 called Respondent stating that she had not eaten for three days, could not get out of bed, and was in severe pain;
- h. Respondent brought Patient 1 to her home on some weekends or took her grocery shopping;
- i. In or around January 2012, Patient 1 was admitted to the hospital with numbness from the neck downward;
- j. Patient 1 was unable to return to the rented room when she was ready to be discharged and had no place to go. Respondent arranged for Patient 1 to move into her home;
- k. In early May 2012, when Respondent was making plans for Patient 1 to move in with the couple with whom she had resided previously, Patient 1 became suicidal and was admitted to a psychiatric unit;
- l. Patient's treating psychiatrists alerted Respondent to concerns about her boundary crossings with Patient 1;
- m. In May 2012, Respondent "self-reported" to the Medical and Chirurgical Faculty of Maryland ("Med Chi"); and

n. In June 2012, Respondent entered into a five (5) year contract with Med Chi.

11. On October 18, 2012, Board staff conducted a telephone interview of Patient 1 who testified to the following:

a. Patient 1 explained her medical history and diagnoses and how she came to be Respondent's patient; and

b. Patient 1 denied any sexual boundary violations taking place by Respondent during her care and treatment.

V. FINDINGS OF UNPROFESSIONAL CONDUCT

12. The above facts constitute evidence that Respondent is guilty of unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii) for reasons including but not limited to the following that Respondent failed to maintain professional boundaries by inviting Patient 1 to reside, and permitting Patient 1 to reside, in Respondent's family home for several months duration.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that Respondent violated H.O. § 14-404(a)(3)(ii) (Unprofessional conduct in the practice of medicine.)

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by a majority of a quorum of the Board considering this case hereby:

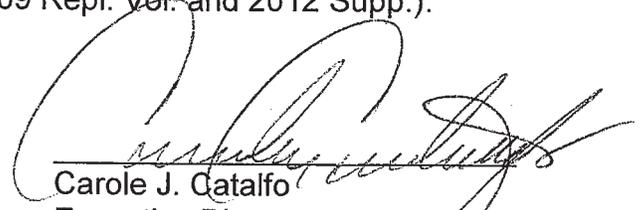
ORDERED, that Respondent is **REPRIMANDED**; and be it further

ORDERED that if Respondent violates any of the terms of this Consent Order, the Board, in its discretion, after notice and an opportunity for a show

cause hearing before the Board, or opportunity for an evidentiary hearing before an Administrative Law Judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, may impose any sanction which the Board may have imposed in this case under §§ 14-404(a) and 14-405.1 of the Medical Practice Act, including a probationary term and conditions of probation, reprimand, suspension, revocation and/or a monetary penalty; and it is further

ORDERED that this Consent Order is a public document pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.* (2009 Repl. Vol. and 2012 Supp.).

May 22, 2013
Date


Carole J. Catalfo
Executive Director
Maryland State Board of Physicians

CONSENT

I, Hope A. McIntyre, M.D., License No. D46096, by affixing my signature hereto, acknowledge that:

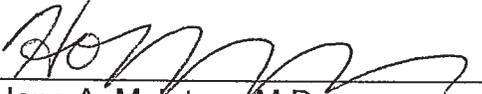
1. I have consulted with counsel, Carolyn Jacobs, Esquire, and knowingly and voluntarily elect to enter into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Health Occ. Code Ann. § 14-405 (2009 Repl. Vol. & 2011 Cum. Supp.) and Md. State Gov't Code Ann §§ 10-201 *et seq.* (2009 Repl. Vol. & 2012 Cum. Supp.).
3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have the right to counsel, to confront witnesses, to give

testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I am waiving those procedural and substantive protections.

4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order or any adverse ruling of the Board that might have followed any such hearing.

5. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

5/11/2013
Date


Hope A. McIntyre, M.D.
Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF

I HEREBY CERTIFY that on this 11th day of May, 2013
before me, a Notary Public of the State and County aforesaid, personally
appeared Hope A. McIntyre, M.D, License number D46096, and gave oath in due
form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.


Notary Public

My commission expires 12/26/2014