BEFORE THE MINNESOTA

BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Martin C. Hinz, M.D.
Date of Birth: 1/15/54
License Number: 31,670

SECOND AMENDED
STIPULATION
AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Martin C. Hinz, M.D. ("Respondent"), and the Complaint Review Committee ("Committee") of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

   a. On April 8, 1996, the Board issued a Stipulation and Order suspending Respondent’s license to practice medicine and surgery due to mental impairment. Pursuant to the Order, Respondent’s license was to remain in a suspended status until such time as he could provide satisfactory evidence that he was able to practice medicine with reasonable skill and safety to patients.

   b. During the period of suspension, the Board received information indicating that Respondent may have engaged in inappropriate prescribing practices. In response to these allegations, the Committee ordered an audit of Respondent’s practice. Based on a review of twenty-one patient charts, the Committee had concerns regarding Respondent’s clinical skills and competency.
c. In October 1996, Respondent petitioned the Committee for removal of the suspension on his medical license.

d. On December 12, 1996, Respondent appeared before the Committee to discuss competency issues raised by the above-referenced practice audit as well as Respondent's recent petition for removal of the suspension. Following the conference, the Committee requested that Respondent submit to a comprehensive evaluation through the Professional Assessment Program ("PAP") at Abbott Northwestern Hospital in Minneapolis, Minnesota, and complete a practice skills assessment through an evaluator recommended by the Committee.

e. Between February 3 and February 7, 1997, Respondent underwent a comprehensive mental health evaluation through PAP. Based on the results of the evaluation, the assessment team diagnosed Respondent as follows:

   Axis I: Bipolar I disorder, single manic episode, in full remission (DSM IV 296.06);
   Occupational Problem (V62.2).

f. Upon discharge, the PAP assessment team provided discharge recommendations. The team concluded that Respondent had stabilized well and had made excellent progress in terms of his mental impairment.

g. Between February 17 and March 7, 1997, Respondent underwent an evaluation and treatment at the Mayo Intensive Psychotherapy Clinic in Rochester, Minnesota. No depression or manic behavior that would preclude Respondent from safely resuming his professional duties was observed during treatment. It was noted that follow-up was important.

h. Between May 7 and May 9, 1997, Respondent underwent a skills assessment through the Colorado Personalized Education for Physicians ("CPEP") in Aurora, Colorado. The assessment results included:

   1) **Medical Knowledge.** Respondent was found to have a good overall medical database, and there were no concerns in medical knowledge that suggested Respondent should not return to the practice of medicine with support and continuing
education. However, it was noted that Respondent could improve his skills in the areas of new medications; follow-up of diabetic complications; medication side effects and interactions; and focused lab testing rather than complete, inclusive screening tests.

2) **Clinical Judgment.** In the fundamentals of clinical competencies, Respondent demonstrated acceptable abilities. However, Respondent’s performance on the computerized exam raised concern because Respondent believed he understood all of the cases when, in fact, he missed important issues. The assessor also felt Respondent’s differential diagnoses were not complete and, in some areas, he did not have a good plan for patient evaluation. It was noted that some of these problems could be attributed to Respondent’s absence from practice for over a year.

3) **Patient Care Documentation.** Respondent’s patient care documentation was very good. Respondent’s charts use an acceptable format for family practice which simply needs to be maintained during the pressures of daily practice.

4) **Communication.** Respondent’s communication was idiosyncratic and yet successful in accommodating doctor-patient interaction. It was suggested that Respondent change his style of physical exam to resemble his style of history-taking and that he be aware of the process of interacting with patients to improve his medical interviewing.

i. At the conclusion of the skills assessment, CPEP staff recommended that Respondent identify and work with a preceptor. The preceptor should be a well-respected family physician in his community who would function as a teacher and mentor for approximately six to twelve months. It was further recommended that Respondent and the preceptor meet on a weekly basis to review charts and discuss medications involved in patient care decisions; to expand on differential diagnoses and underlying pathophysiology; to critically examine Respondent’s clinical judgment; to focus on new areas of learning; and to connect cases to continuing education.
j. On September 13, 1997, the Board issued an Amended Stipulation and Order ("1997 Order") lifting Respondent’s suspension and limiting and conditioning Respondent’s license to practice medicine.

k. Respondent failed to fully comply with the 1997 Order as follows:

1) Respondent violated paragraph 4.a. of the 1997 Order, which requires Respondent to obtain a treating physician approved in advance by the Committee. The treating physician is required to submit quarterly reports to the Board. The Board did not receive a signed Treating Physician Agreement until January 8, 1999, and had only received one report from the treating physician by that date as well.

2) Respondent violated paragraph 4.h. of the 1997 Order, which requires Respondent to practice in a group practice setting approved in advance by the Committee. Respondent’s group practice setting was approved in October 1997, but since that time Respondent’s practice setting has changed. Respondent failed to inform the Board of the practice changes or update the Board on the status of his practice setting. Respondent has been the sole practitioner at his clinic since July 1998.

3) Respondent violated paragraph 4.j. of the 1997 Order, which requires that Respondent obtain a supervising physician who is a family practice physician approved in advance by the Committee. Respondent has failed to maintain a relationship with a supervising physician.

STATUTES

3. The Committee views Respondent’s practices as inappropriate in such a way as to require Board action under Minn. Stat. § 147.091, subd. 1(f), (g), (k), (l), (s) and (u) (1996), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action.
REMEDY

4. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board’s own motion, the Board may make and enter an order amending the Amended Stipulation and Order issued on September 13, 1997. The September 13, 1997, Amended Stipulation and Order and the April 8, 1996, Stipulation and Order are hereby rescinded and replaced and the following terms and conditions are imposed on Respondent’s license:

a. Respondent is REPRIMANDED for conduct cited in paragraphs j. and k. of the Facts section.

b. Respondent shall obtain a treating physician approved in advance by the Committee or its designee to monitor and/or manage all medical or other care provided to Respondent by all health care professionals. Respondent shall provide all necessary records releases to enable Respondent’s health care professionals to communicate with the treating physician pursuant to this paragraph. The treating physician shall provide quarterly reports to the Board summarizing medical or other care provided to Respondent and addressing Respondent’s progress under any terms of this Stipulation and Order relating to Respondent’s health status.

c. Respondent shall continue therapy, as recommended by a psychiatrist or therapist approved in advance by the Committee. Termination of therapy shall be at the recommendation of the preapproved psychiatrist or therapist, in consultation with the treating physician, and shall be approved by the Committee.

d. Medication management, including monitoring of lithium blood levels and any changes in medication, shall be conducted under the direction of a treating psychiatrist approved in advance by the Committee. The treating psychiatrist shall provide quarterly reports to the Board and to the treating physician regarding Respondent’s compliance with taking prescribed medication, as well as any changes in medications.
e. Respondent shall abstain completely from alcohol and all mood-altering chemicals unless they are prescribed by a physician or dentist who has been informed of Respondent’s drug or alcohol use history.

f. Respondent shall not prescribe or administer any prescription drug for Respondent’s own use or for Respondent’s family members’ use.

g. Respondent shall be subject without notice to unannounced blood and urine tests at the request of Board staff or other Board designee at least three (3) times per quarter. Blood and urine screens may be requested at any time. Respondent shall provide the requested sample within the time frame directed. The blood and urine screens shall be:

1) Collected and tested consistent with protocols established by a Board-designated laboratory;

2) Handled through legal chain of custody methods; and

3) Paid for by Respondent.

The biological fluid collection and testing shall take place at a Board-designated laboratory as directed by the Board or its designee. Testing shall screen for opiates, cocaine, barbiturates, amphetamines, benzodiazepines, marijuana, and other drugs of abuse, including alcohol. The laboratory will provide test results directly to the Board and Respondent’s treating physician. Ingestion of poppy seeds will not be accepted as a reason for a positive drug screen.

h. Upon request by the Board, Respondent shall sign releases authorizing the Board to obtain Respondent’s medical, mental health or chemical abuse/dependency records from any treating professional or facility.

i. Respondent shall practice in a group setting approved in advance by the Committee. The group practice shall include a physician who is seeing patients no less than fifty percent (50%) of hours Respondent is seeing patients in the clinic. Respondent shall inform the Board of any changes in the group practice setting.

j. Respondent shall not work more than twenty-five (25) hours per week for a minimum of six months from the date of this Amended Order. After six months from the
date of this Amended Order, Respondent may petition the Committee to consider an increase in his work hours. The Committee, at its discretion and by its own Order, may increase the maximum number of work hours allowed per week.

k. Respondent shall establish a relationship with a supervising physician who is a family practice physician approved in advance by the Committee. Respondent shall meet with the preapproved supervising physician on a monthly basis. The supervising physician shall conduct a random review of no less than ten percent of Respondent’s patient charts each month and discuss Respondent’s patient care decisions, including any prescribed medications, differential diagnoses and pathophysiology, and clinical judgment. Respondent shall maintain a daily log of all scheduled substance prescriptions for monthly review by the supervising physician. The supervising physician shall provide quarterly reports to the Board and to the treating physician regarding Respondent’s overall work performance and recommendations for continuing medical education.

l. With respect to continuing medical education, Respondent shall:

1) Consult with the Colorado Personalized Education for Physicians ("CPEP") program staff to develop a formal education plan to be approved in advance by the Committee.

2) Complete other continuing medical education recommended by the preapproved supervising physician.

m. Respondent and a designated Board member or designee shall meet on a quarterly basis. It shall be Respondent’s obligation to contact the designated Board member to arrange each of the meetings. The purpose of such meetings shall be to review Respondent’s progress under the terms of this Stipulation and Order.

n. Respondent shall pay a civil penalty in the amount of $3000.00.

o. This Stipulation and Order will remain in effect for a minimum of four (4) years from the date of this Amended Order. At the end of this period, Respondent may petition for reinstatement of an unrestricted license. Upon hearing the petition, the Board may
continue, modify or remove the conditions set out herein, or may request that Respondent undergo reevaluation.

5. Within ten days of the date of this order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges and a list of all states in which Respondent is licensed or has applied for licensure. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

6. If Respondent shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Respondent a notice of the violation alleged by the Committee and of the time and place of the hearing. Respondent shall submit a response to the allegations at least three days prior to the hearing. If Respondent does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Respondent may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Respondent waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Respondent’s practice, or suspension or revocation of Respondent’s license.

7. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will
assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto.

8. In the event Respondent should leave Minnesota to reside or practice outside the state, Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Respondent’s suspended, limited, or conditioned license in Minnesota unless Respondent demonstrates that practice in another state conforms completely with Respondent’s Minnesota license to practice medicine.

9. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Although aware of his right to representation by counsel, Respondent has knowingly waived that right.

10. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

11. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: 2-2, 1999 Dated: 3/13, 1999

MARTIN C. HINZ, M.D. FOR THE COMMITTEE

* * *
ORDER

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the terms of this amended stipulation are adopted and implemented by the Board this 13th day of March, 1999.

MINNESOTA BOARD OF MEDICAL PRACTICE

By: ____________________________

January 27, 1999
AFFIDAVIT OF SERVICE BY U.S. MAIL

Re: In the Matter of the Medical License of Martin C. Hinz, M.D.
License No. 31,670

STATE OF MINNESOTA )
COUNTY OF RAMSEY ) ss.

JEFFREY S. NELSON, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 17, 1999, he caused to be served the Second Amended Stipulation and Order, by depositing the same in the United States mail at said city and state, true and correct copy(ies) thereof, properly enveloped with prepaid first class postage, and addressed to:

PERSONAL AND CONFIDENTIAL

Martin C. Hinz, M.D.
1150 - 88th Avenue West
Duluth, MN 55808-1505

Subscribed and sworn to before me on March 18, 1999

JEFFREY S. NELSON

NOTARY PUBLIC
AG:62627

SANDRA R. THIELING
NOTARY PUBLIC - MINNESOTA