

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)
Against:)
)
)
William Howard Buchner, Jr., M.D.)
)
Physician's and Surgeon's)
Certificate No. A 109750)
)
Respondent)
_____)

Case No. 800-2016-020267

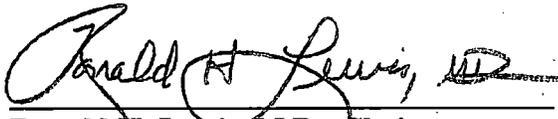
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 12, 2018.

IT IS SO ORDERED: September 13, 2018.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
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3 KAROLYN M. WESTFALL
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2016-020267

14 **WILLIAM HOWARD BUCHNER, JR., M.D.**
15 **3900 Fifth Avenue, Suite 110**
San Diego, CA 92103

OAH No. 2018040936

16 **Physician's and Surgeon's Certificate No. A**
17 **109750**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

18 Respondent.

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
23 of California (Board). She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Karolyn M.
25 Westfall, Deputy Attorney General.

26 2. Respondent William Howard Buchner, Jr., M.D. (Respondent) is represented in this
27 proceeding by attorney Nicole Irmer, Esq., whose address is: 2550 Fifth Avenue, Suite 1060
28 San Diego, CA 92103

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 109750
3 issued to Respondent William Howard Buchner, Jr., M.D. is revoked. However, the revocation is
4 stayed and Respondent is placed on probation for three (3) years on the following terms and
5 conditions, to run concurrent with the probationary term ordered in Medical Board of California
6 Case No. 800-2014-005041:

7 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
8 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
9 for its prior approval educational program(s) or course(s) which shall not be less than 20 hours
10 per year, for each year of probation. The educational program(s) or course(s) shall be in the area
11 of evidence-based methods and proven treatment techniques/protocols, and shall be Category I
12 certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be
13 in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.
14 Following the completion of each course, the Board or its designee may administer an
15 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
16 attendance for 45 hours of CME of which 20 hours were in satisfaction of this condition.

17 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
18 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
19 advance by the Board or its designee. Respondent shall provide the approved course provider
20 with any information and documents that the approved course provider may deem pertinent.
21 Respondent shall participate in and successfully complete the classroom component of the course
22 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
23 complete any other component of the course within one (1) year of enrollment. The medical
24 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
25 Medical Education (CME) requirements for renewal of licensure.

26 A medical record keeping course taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may be accepted towards the
28 fulfillment of this condition if the course would have been approved by the Board or its designee

1 had the course been taken after the effective date of this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than 15 calendar days after successfully completing the course, or not later than
4 15 calendar days after the effective date of the Decision, whichever is later.

5 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
6 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
7 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
8 Respondent shall participate in and successfully complete that program. Respondent shall
9 provide any information and documents that the program may deem pertinent. Respondent shall
10 successfully complete the classroom component of the program not later than six (6) months after
11 Respondent's initial enrollment, and the longitudinal component of the program not later than the
12 time specified by the program, but no later than one (1) year after attending the classroom
13 component. The professionalism program shall be at Respondent's expense and shall be in
14 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

15 A professionalism program taken after the acts that gave rise to the charges in the
16 Accusation, but prior to the effective date of the Decision may be accepted towards the
17 fulfillment of this condition if the program would have been approved by the Board or its
18 designee had the program been taken after the effective date of this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the program or not later
21 than 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
23 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
24 practice monitor, the name and qualifications of one or more licensed physicians and surgeons
25 whose licenses are valid and in good standing, and who are preferably American Board of
26 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
27 personal relationship with Respondent, or other relationship that could reasonably be expected to
28 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

3 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
4 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
5 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
6 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
7 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
8 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
9 signed statement for approval by the Board or its designee.

10 Within 60 calendar days of the effective date of this Decision, and continuing throughout
11 probation, Respondent's practice monitor shall be monitored by the approved monitor.
12 Respondent shall make all records available for immediate inspection and copying on the
13 premises by the monitor at all times during business hours and shall retain the records for the
14 entire term of probation.

15 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
16 date of this Decision, Respondent shall receive a notification from the Board or its designee to
17 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
18 shall cease the practice of medicine until a monitor is approved to provide monitoring
19 responsibility.

20 The monitor(s) shall submit a quarterly written report to the Board or its designee which
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
22 are within the standards of practice of practice monitor and whether Respondent is practicing
23 medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to
24 ensure that the monitor submits the quarterly written reports to the Board or its designee within
25 10 calendar days after the end of the preceding quarter.

26 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
27 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
28 name and qualifications of a replacement monitor who will be assuming that responsibility within

1 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
2 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
3 notification from the Board or its designee to cease the practice of medicine within three (3)
4 calendar days after being so notified. Respondent shall cease the practice of medicine until a
5 replacement monitor is approved and assumes monitoring responsibility.

6 In lieu of a monitor, Respondent may participate in a professional enhancement program
7 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
8 review, semi-annual practice assessment, and semi-annual review of professional growth and
9 education. Respondent shall participate in the professional enhancement program at Respondent's
10 expense during the term of probation.

11 5. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
12 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
13 where: 1) Respondent merely shares office space with another physician but is not affiliated for
14 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
15 location.

16 If Respondent fails to establish a practice with another physician or secure employment in
17 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
18 Respondent shall receive a notification from the Board or its designee to cease the practice of
19 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
20 practice until an appropriate practice setting is established.

21 If, during the course of the probation, the Respondent's practice setting changes and the
22 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
23 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
24 If Respondent fails to establish a practice with another physician or secure employment in an
25 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
26 shall receive a notification from the Board or its designee to cease the practice of medicine within
27 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
28 appropriate practice setting is established.

1 6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
2 holding any type of ownership interest in any medical clinic.

3 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
4 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
5 Chief Executive Officer at every hospital where privileges or membership are extended to
6 Respondent, at any other facility where Respondent engages in the practice of medicine,
7 including all physician and locum tenens registries or other similar agencies, and to the Chief
8 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
9 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
10 calendar days.

11 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

12 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
13 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
14 advanced practice nurses.

15 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
16 governing the practice of medicine in California and remain in full compliance with any court
17 ordered criminal probation, payments, and other orders.

18 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
19 under penalty of perjury on forms provided by the Board, stating whether there has been
20 compliance with all the conditions of probation.

21 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
22 of the preceding quarter.

23 11. GENERAL PROBATION REQUIREMENTS.

24 Compliance with Probation Unit

25 Respondent shall comply with the Board's probation unit.

26 Address Changes

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

1 addresses shall be immediately communicated in writing to the Board or its designee. Under no
2 circumstances shall a post office box serve as an address of record, except as allowed by Business
3 and Professions Code section 2021(b).

4 Place of Practice

5 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
6 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
7 facility.

8 License Renewal

9 Respondent shall maintain a current and renewed California physician's and surgeon's
10 license.

11 Travel or Residence Outside California

12 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
13 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
14 (30) calendar days.

15 In the event Respondent should leave the State of California to reside or to practice,
16 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
17 departure and return.

18 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
19 available in person upon request for interviews either at Respondent's place of business or at the
20 probation unit office, with or without prior notice throughout the term of probation.

21 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
22 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
23 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
24 defined as any period of time Respondent is not practicing medicine as defined in Business and
25 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
26 patient care, clinical activity or teaching, or other activity as approved by the Board. If
27 Respondent resides in California and is considered to be in-non-practice, Respondent shall
28 comply with all terms and conditions of probation. All time spent in an intensive training

1 program which has been approved by the Board or its designee shall not be considered non-
2 practice and does not relieve Respondent from complying with all the terms and conditions of
3 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
4 on probation with the medical licensing authority of that state or jurisdiction shall not be
5 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
6 period of non-practice.

7 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
8 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
9 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
10 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
11 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

12 Respondent's period of non-practice while on probation shall not exceed two (2) years.

13 Periods of non-practice will not apply to the reduction of the probationary term.

14 Periods of non-practice for a Respondent residing outside of California will relieve
15 Respondent of the responsibility to comply with the probationary terms and conditions with the
16 exception of this condition and the following terms and conditions of probation: Obey All Laws;
17 General Probation Requirements; Quarterly Declarations.

18 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
19 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
20 completion of probation. Upon successful completion of probation, Respondent's certificate shall
21 be fully restored.

22 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
23 of probation is a violation of probation. If Respondent violates probation in any respect, the
24 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
25 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
26 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
27 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
28 the matter is final.

1 I have read and fully discussed with Respondent William Howard Buchner, Jr., M.D. the
2 terms and conditions and other matters contained in the above Stipulated Settlement and
3 Disciplinary Order. I approve its form and content.

4 DATED: 8/15/18


5 NICOLE IRMER, ESQ.
6 *Attorney for Respondent*

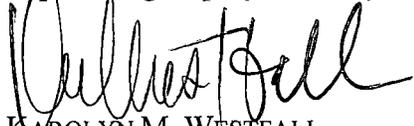
7 ENDORSEMENT

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
9 submitted for consideration by the Medical Board of California.

10 Dated: 8/21/18

11 Respectfully submitted,

12 XAVIER BECERRA
13 Attorney General of California
14 ALEXANDRA M. ALVAREZ
15 Supervising Deputy Attorney General


16 KAROLYN M. WESTFALL
17 Deputy Attorney General
18 *Attorneys for Complainant*

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Exhibit A

Accusation No. 800-2016-020267

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Mar 6 2018
BY D. Richards ANALYST

1 XAVIER BECERRA
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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:
14 **WILLIAM HOWARD BUCHNER, JR., M.D.**
3900 Fifth Avenue, Suite 110
15 San Diego, CA 92103
16 **Physician's and Surgeon's Certificate**
No. A109750,

17 Respondent.

Case No. 800-2016-020267

A C C U S A T I O N

19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about October 21, 2009, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A109750 to William Howard Buchner, Jr., M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on April 30, 2019, unless renewed.

28 ///

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 “(a) A licensee whose matter has been heard by an administrative law judge of the
7 Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or
8 whose default has been entered, and who is found guilty, or who has entered into a
9 stipulation for disciplinary action with the board, may, in accordance with the provisions of
10 this chapter:

11 “(1) Have his or her license revoked upon order of the board.

12 “(2) Have his or her right to practice suspended for a period not to exceed one year
13 upon order of the board.

14 “(3) Be placed on probation and be required to pay the costs of probation monitoring
15 upon order of the board.

16 “(4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the board.

18 “(5) Have any other action taken in relation to discipline as part of an order of
19 probation, as the board or an administrative law judge may deem proper.

20 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
21 review or advisory conferences, professional competency examinations, continuing
22 education activities, and cost reimbursement associated therewith that are agreed to with the
23 board and successfully completed by the licensee, or other matters made confidential or
24 privileged by existing law, is deemed public, and shall be made available to the public by
25 the board pursuant to Section 803.1.”

26 5. Section 2234 of the Code, states, in pertinent part:

27 “The board shall take action against any licensee who is charged with unprofessional
28 conduct. In addition to other provisions of this article, unprofessional conduct includes, but

1 is not limited to, the following:

2 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting
3 the violation of, or conspiring to violate any provision of this chapter.

4 “(b) Gross negligence.

5 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts
6 or omissions. An initial negligent act or omission followed by a separate and distinct
7 departure from the applicable standard of care shall constitute repeated negligent acts.

8 “(1) An initial negligent diagnosis followed by an act or omission medically
9 appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

10 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
11 constitutes the negligent act described in paragraph (1), including, but not limited to, a
12 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs
13 from the applicable standard of care, each departure constitutes a separate and distinct
14 breach of the standard of care.

15 “...”

16 6. Section 2266 of the Code states:

17 “The failure of a physician and surgeon to maintain adequate and accurate
18 records relating to the provision of services to their patients constitutes unprofessional
19 conduct.”

20 **FIRST CAUSE FOR DISCIPLINE**

21 **(Gross Negligence)**

22 7. Respondent has subjected his Physician's and Surgeon's Certificate No.
23 A109750 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
24 subdivision (b), of the Code, in that Respondent committed gross negligence in his care and
25 treatment of patient A¹, as more particularly alleged hereinafter:

26 ///

27 ¹ To protect the privacy of all patients involved, patient names have not been included in this
28 pleading. Respondent is aware of the identity of the patients referred to herein.

1 **PATIENT A**

2 8. Between in or around August 2011, through in or around June 2015, Respondent
3 worked as a family medicine physician in a large medical group practice in La Mesa, California.

4 9. In or around June 2015, Respondent left the group practice to pursue solo private
5 practice.

6 10. Between in or around June 2015, through in or around September 2015, Respondent
7 hired a credentialing team to assist Respondent in getting onto various insurance panels as an in-
8 network provider.

9 11. Between in or around September 2015, through in or around September 2016,
10 Respondent ran his solo private practice clinic in La Mesa. Throughout that time period,
11 Respondent never became an in-network provider for any insurance company, other than
12 Medicare.

13 12. On or about November 21, 2015, Patient A presented to Respondent at his solo
14 private practice clinic for an initial evaluation and treatment regarding "hormone issues," she
15 believed were causing her to be sick for a long period of time. Patient A had a complicated
16 medical insurance plan, and prior to receiving treatment, she requested to be a cash-pay patient.
17 Patient A's medical record for this visit includes a list of medications, does not include any vital
18 signs, and indicates a regular musculoskeletal and ENT exam. After completing a physical
19 examination and discussing the patient's symptoms, Respondent diagnosed Patient A with, among
20 other things, fatigue, pain in unspecified joint, hypothyroidism, and allergic rhinitis. Respondent
21 recommended the patient "continue with current supplements, and undergo hormone testing
22 utilizing a DUTCH hormone lab kit.² Respondent's reasoning for the hormone testing was not
23 documented. Patient A paid Respondent \$592.92 by credit card on that day for both the initial
24 visit and the DUTCH lab kit, based upon a cash-pay patient fee schedule.

25 13. On or about January 4, 2016, Patient A presented to Respondent for a follow-up and
26 to discuss her lab results. At this visit, Respondent discussed the patient's lab results, her

27 _____
28 ² DUTCH testing utilizes a dried urine collection process to track and evaluate hormone levels.

1 elevated morning cortisol levels, and adrenal hyperfunction/stress reaction. Patient A's medical
2 record for this visit does not include a medication list or any reference to medication list from the
3 prior visit, and does not include any vital signs. After completing a physical examination,
4 Respondent's diagnoses at the conclusion of this visit remained unchanged from the prior
5 encounter, and recommended the patient continue nature thyroid for subclinical hypothyroidism,
6 and to discontinue "current herbal supplements." At some point during this visit, Patient A asked
7 Respondent to submit claims to her insurance company for both clinical encounters. Patient A
8 paid Respondent a \$75.00 deposit on that day, pending Respondent's payment from the insurance
9 company for both clinical encounters.

10 14. On or about January 4, 2016, Respondent submitted claims to Patient A's insurance
11 company for both visits. Respondent utilized a 99204 billing code for the November 21, 2015,
12 encounter, and a 99214 billing code for the January 4, 2016, encounter.

13 15. On or about January 16, 2016, Respondent received approximately \$943.62 from
14 Patient A's insurance company for payment for both clinical encounters.

15 16. Between on or about February 4, 2016, and on or about February 24, 2016 Patient A
16 contacted Respondent's office multiple times by phone and through the on-line patient portal to
17 inquire of a refund due as a result of the insurance payment Respondent received for both clinical
18 encounters.

19 17. On or about February 20, 2016, Respondent contacted Patient A through the on-line
20 patient portal and confirmed receipt of the insurance payment and a credit due to the patient.

21 18. On or about February 24, 2016, Patient A came to Respondent's office to inquire of
22 the status of her refund, and was informed by Respondent's office manager that a check would be
23 available for her to pick up in the office on March 2, 2016.

24 19. On or about March 2, 2016, Patient A returned to Respondent's office to collect her
25 refund check. Upon arrival, Patient A discovered Respondent's office to be empty and closed.³

26 _____
27 ³ Sometime between on or about February 24, 2016, and on or about March 2, 2016, Respondent
28 temporarily moved his solo private practice clinic to another office space within the same building for a pre-
scheduled move.

1 The office did not have a posted notice directing patients to another location, and Patient A had
2 not otherwise been informed by Respondent of a planned office move.

3 20. On or about March 9, 2016, Respondent refunded Patient A \$75.00, and informed her
4 that he would refund the balance as soon as possible.

5 21. Sometime after March 9, 2016, Patient A initiated a charge-back on her credit card for
6 the \$592.92 she paid Respondent on or about November 21, 2015. On or about March 15, 2016,
7 \$592.92 was credited back to Patient A's credit card.

8 22. In or around September 2016, Respondent closed his solo private practice clinic.

9 23. Respondent committed gross negligence in his care and treatment of Patient A, which
10 included, but was not limited to, failing to evaluate Patient A based upon evidence-based methods
11 and with proven treatment techniques/protocols.

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Repeated Negligent Acts)**

14 24. Respondent has subjected his Physician's and Surgeon's Certificate No. A109750 to
15 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
16 the Code, in that Respondent committed repeated negligent acts in his care and treatment of
17 Patients A and B, which included, but was not limited to the following:

18 25. Paragraphs 7 through 23, above, are hereby incorporated by reference and realleged as
19 if fully set forth herein.

20 **PATIENT B**

21 26. Sometime after June 2015, Patient B learned that Respondent left the group practice
22 where she had previously received treatment from him, to pursue a solo private practice clinic.

23 27. On or about August 30, 2015, Patient B signed up online to be a new patient of
24 Respondent at his private practice clinic.

25 28. On or about September 1, 2015, Respondent's office manager contacted Patient B and
26 asked her to submit her insurance information. After doing so, Respondent's office manager
27 informed Patient B that Respondent was an in-network provider with her insurance company, and
28 that her co-pay would be \$20.00 for an office visit.

1 29. On or about September 3, 2015, Patient B presented to Respondent at his solo private
2 practice clinic for an initial evaluation, and treatment for anxiety and depression. After
3 completing a physical examination and discussing the patient's symptoms, Respondent diagnosed
4 Patient B with, among other things, acute insomnia, anxiety, and acute malaise and fatigue.
5 Respondent recommended the patient obtain lab work, and to schedule a follow-up visit in one
6 month to discuss the results. Patient B paid Respondent a \$20.00 co-pay that day for the visit.

7 30. On or about September 29, 2015, Patient B presented to Respondent with complaints
8 of a cough lasting less than two weeks. After completing a physical examination and discussing
9 the patient's symptoms, Respondent diagnosed Patient B with acute bronchitis. Respondent
10 recommended treatment that included a "physiologic" dose of hydrocortisone 10 mg to help with
11 wheezing or achiness, DHEA⁴ to boost her immune system, cough medicine for daytime cough,
12 and cough syrup with codeine for bedtime. Patient B paid Respondent a \$20.00 co-pay that day
13 for the visit.

14 31. On or about October 1, 2015, Patient B contacted Respondent through the on-line
15 patient portal and reported that she started to cough up green phlegm.

16 32. On or about October 2, 2015, Respondent responded to Patient B through the on-line
17 patient portal and informed her that he submitted a prescription for an antibiotic.

18 33. On or about October 2, 2015, Patient B completed the lab work as recommended by
19 Respondent.

20 34. On or about October 6, 2015, Patient B contacted Respondent through the on-line
21 patient portal to inquire of her lab results, and reported that she was continuing to cough up green
22 phlegm.

23 35. On or about October 6, 2015, Patient B's lab results were reported to Respondent.

24 36. On or about October 8, 2015, Respondent responded to Patient B through the on-line
25 patient portal and informed her that he should be getting her lab results soon, and that he would
26 submit a prescription for an inhaler.

27 ⁴ DHEA (dehydroepiandrosterone) is a hormone produced by the body's adrenal glands. Synthetic
28 DHEA is used as an over-the-counter supplement.

1 37. On or about November 1, 2015, Patient B's lab results were uploaded to the patient's
2 medical record.

3 38. On or about November 10, 2015, Respondent contacted Patient B through the on-line
4 patient portal and informed her to review her posted lab results.

5 39. On or about November 18, 2015, Patient B received a bill from Respondent for both
6 of her clinical visits. Patient B then contacted her insurance company and was informed that
7 Respondent was not an in-network provider.

8 40. Respondent committed repeated negligent acts in his care and treatment of Patient A,
9 which included but was not limited to, the following:

10 A. Failing to evaluate Patient A based upon evidence-based methods and with proven
11 treatment techniques/protocols.

12 B. Failing to notify Patient A of a planned change of practice location;

13 C. Failing to adequately document evaluation and treatment of Patient A, including
14 medical reasoning for ordering tests;

15 D. Failing to adequately document clinical encounters with Patient A consistent with
16 billing codes utilized; and

17 E. Failing to process a timely refund to Patient A for overpayment received.

18 41. Respondent committed repeated negligent acts in his care and treatment of Patient B,
19 which included but was not limited to, the following:

20 A. Misrepresenting his in-network insurance status to Patient B;

21 B. Failing to communicate lab results to Patient B in a timely fashion; and

22 C. Failing to appropriately treat Patient B's bronchitis.

23 **THIRD CAUSE FOR DISCIPLINE**

24 **(Failure to Maintain Adequate and Accurate Records)**

25 42. Respondent has further subjected his Physician's and Surgeon's Certificate No.
26 A109750 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
27 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and

28 ///

1 treatment of Patient A, as more particularly alleged in paragraphs 7 through 23, above, which are
2 hereby incorporated by reference and realleged as if fully set forth herein.

3 **DISCIPLINARY CONSIDERATIONS**

4 43. To determine the degree of discipline, if any, to be imposed on Respondent William
5 Howard Buchner, Jr., M.D., Complainant alleges that on or about July 6, 2016, the Board issued a
6 Decision and Order that became effective on or about August 5, 2016, in an action entitled, *In the*
7 *Matter of the Accusation Against William Howard Buchner, Jr., M.D.*, Medical Board of
8 California Case No. 800-2014-005041. In that matter, and as a result of Respondent's
9 unprofessional conduct in 2010 and 2014, Respondent's Physician's and Surgeon's Certificate
10 No. A109750 was revoked, stayed, and placed on probation for five (5) years, subject to various
11 terms and conditions.

12 **PRAYER**

13 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
14 and that following the hearing, the Medical Board of California issue a decision:

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate No. A109750; issued
16 to Respondent, William Howard Buchner, Jr., M.D.;
- 17 2. Revoking, suspending or denying approval of Respondent, William Howard Buchner,
18 Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 19 3. Ordering Respondent, William Howard Buchner, Jr., M.D., if placed on probation, to
20 pay the Board the costs of probation monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22
23 DATED: March 6, 2018


24 KIMBERLY KIRCHMEYER
25 Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant

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