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

In the Matter of the Accusation Against: **ANAND PANKAJ LALAJI, M.D.** **3344 Peachtree Rd. NE, Suite 2080** **Atlanta, GA 30326-4801** **Physician's and Surgeon's Certificate No. C 53843,** Respondent.	Case No. 800-2023-103824 OAH No. **DEFAULT DECISION AND ORDER** [Gov. Code, §11520]

FINDINGS OF FACT

1. On or about June 24, 2025, Complainant Reji Varghese, in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board), filed Accusation No. 800-2023-103824 against ANAND PANKAJ LALAJI, M.D. (Respondent) before the Medical Board of California.

2. On or about October 7, 2009, the Board issued Physician's and Surgeon's Certificate No. C 53843 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and expired on September 30, 2025. (Exhibit Package, Exhibit 1[1]: Certificate of Licensure.)

[1] The evidence supporting this Default Decision and Order is submitted herewith as the "Exhibit Package."

3. On or about November 14, 2023, the Commonwealth of Kentucky Board of Medical Licensure (Kentucky Board) filed a Complaint against Respondent, a radiologist, after receiving a report from Mercy Health Lourdes Hospital (Hospital) that he had been placed on a precautionary suspension on or about August 10, 2022, due to concerns over incorrect or missed readings in eight radiology cases between June 13 and August 6, 2022. On or about November 19, 2022, the Hospital suspended Respondent from reading any imaging based on a recent case. A medical consultant for the Kentucky Board reviewed medical charts of patients for whom the Hospital had concerns and found that Respondent had exhibited a lack of knowledge and missed perception and concluded that all the cases reviewed represented a deviation from the standard of care. (Exhibit Package, Exhibit 2: Complaint.)

4. On or about November 14, 2023, the Kentucky Board filed an Emergency Order of Suspension (Emergency Order) against Respondent based on the allegations in the Complaint. (Exhibit Package, Exhibit 3: Emergency Order.)

5. At an administrative hearing held on or about February 22, 2024, a hearing officer found there was substantial evidence that Respondent had engaged in conduct violating Kentucky statutes and that such violations posed an immediate danger to the health, safety, or welfare of patients and the general public. A final order affirming the Emergency Order was filed on or about February 28, 2024. (Exhibit Package, Exhibit 4: Final Order.)

6. On or about May 20, 2024, a hearing officer conducted a hearing on the Complaint. However, Respondent failed to appear, despite the Kentucky Board notifying him beforehand that his non-appearance could result in a default ruling. The hearing officer found Respondent to be in default and recommended that the Kentucky Board issue a final order finding the factual allegations in the Complaint to be true. (Exhibit Package, Exhibit 5: Recommended Order of Default.)

7. On or about July 22, 2024, the Kentucky Board issued an Order of Revocation (Revocation Order), revoking Respondent's license based on the default. (Exhibit Package, Exhibit 6: Revocation Order.)

8. On or about June 24, 2025, Talia Silva, an employee of the Department of Consumer Affairs, served by Certified Mail a copy of the Accusation No. 800-2023-103824, Statement to Respondent; Notice of Defense; Request for Discovery; and Discovery Statutes to Respondent's address of record with the Board, which was and is 3344 Peachtree Rd. NE, Suite 2080, Atlanta, GA 30326-4801. A copy of the Accusation, the related documents, and Declaration of Service are attached as Exhibit 7, and are incorporated herein by reference. (Exhibit Package, Exhibit 7: Accusation, Related Documents, and Declaration of Service.)

9. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c).

10. On or about August 1, 2025, an employee of the Attorney General's Office sent a Courtesy Notice of Default (Courtesy Notice) to Respondent at Respondent's address of record by certified mail. The address of record was and is 3344 Peachtree Rd. NE, Suite 2080, Atlanta, GA 30326-4801. The Courtesy Notice advised Respondent of the service of the Accusation and provided Respondent with an opportunity to file a Notice of Defense and request relief from default. The Courtesy Notice included a copy of the Accusation, the Statement to Respondent, a Notice of Defense, Request for Discovery, and discovery statutes, and it advised Respondent that he was in default. (Exhibit Package, Exhibit 8: Courtesy Notice of Default and Declaration of Service.)

11. Respondent failed to file a Notice of Defense within 15 days after service upon him of the Accusation, and therefore, he waived his right to a hearing on the merits of Accusation No. 800-2023-103824.

12. On August 14, 2025, an employee of the Attorney General's Office received documents entitled, "Cost of Suit Summary" and "Default Costs," which indicated that the Department of Justice has billed the Board $5,917.50[2] for the time spent working in this matter through July 31, 2025. (Exhibit Package, Exhibit 9: Certification of Prosecution Costs, Declaration of C. Hay-Mie Cho.)

[2] This amount is subject to change due to the pending nature of this matter.

STATUTORY AUTHORITY

13. Government Code section 11506 states, in pertinent part:

(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

14. California Government Code section 11520 states, in pertinent part:

(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.

15. Business and Professions Code section 125.3 states, in pertinent part:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent ANAND PANKAJ LALAJI, M.D., has subjected his Physician's and Surgeon's Certificate No. C 53843 to discipline.

2. A copy of the Accusation and the related documents and Declaration of Service are attached here as Exhibit 7.

3. The Board has jurisdiction to adjudicate this case by default.

4. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and based on Respondent's express admissions by way of default and the evidence before it, contained in Exhibit Package, finds that the allegations in Accusation No. 800-2023-103824 are true:

a. On or about November 14, 2023, the Kentucky Board filed a Complaint and an Emergency Order against Respondent after receiving a report that Respondent had been suspended from the Hospital due to incorrect or missed readings in eight radiology cases over a three-month time period.

b. The Emergency Order suspended Respondent's Kentucky license based on the allegations contained in the Complaint.

c. A final order affirming the Emergency Order was filed on or about February 28, 2024.

d. On or about May 20, 2024, a recommended order of default was entered against Respondent after he failed to appear for a hearing on the Complaint.

e. On or about July 22, 2024, the Kentucky Board revoked Respondent's license in a Revocation Order.

5. Under Business and Professions Code section 125.3, the Board is authorized to order Respondent to pay the Board the reasonable costs of investigation and enforcement of the case prayed for in the Accusation total $5,917.50, based on the Certification of Costs attached as Exhibit 8 in the Exhibit Package.

ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. C 53843, heretofore issued to Respondent ANAND PANKAJ LALAJI, M.D., is revoked. Respondent is ordered to pay the Board the costs of the investigation and enforcement of this case in the amount of $5,917.50. The filing of bankruptcy by Respondent shall not relieve Respondent of his responsibility to reimburse the Board for its costs. Respondent's Physician's and Surgeon's Certificate may not be renewed or reinstated unless all costs ordered under Business and Professions Code section 125.3 have been paid.

If Respondent ever files an application for re-licensure or reinstatement in the State of California, the Board shall treat it as a petition for reinstatement of a revoked license. Respondent must comply with all the laws, regulations, and procedures for reinstatement of a revoked license in effect at the time the petition is filed.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The Board in its discretion

may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective at 5:00 p.m. on NOV 10 2025.

It is so ORDERED OCT 24 2025

for

REJI VARGHESE, EXECUTIVE DIRECTOR
THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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44737246

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **ANAND PANKAJ LALAJI, M.D.** **3344 Peachtree Rd. NE, Suite 2080** **Atlanta, GA 30326-4801** **Physician's and Surgeon's Certificate No. C 53843,** Respondent.	Case No. 800-2023-103824 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 7, 2009, the Medical Board issued Physician's and Surgeon's Certificate Number C 53843 to Anand Pankaj Lalaji, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2025, unless renewed. The Physician's and Surgeon's Certificate was suspended on April 3, 2025.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following

laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

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

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

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

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

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

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

(b) Any matter heard pursuant to subdivision (a), except for warning letters,

medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

6. Section 2234 of the Code states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

7. Section 2305 of the Code states:

The revocation, suspension, or other discipline, restriction or limitation

imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state.

8. Section 2310 of the Code states:

(a) If a physician and surgeon possesses a license or is otherwise authorized to practice medicine (1) in any state other than California or (2) by any agency of the federal government and that license or authority is suspended or revoked outright and is reported to the National Practitioners Data Bank, the physician and surgeon's certificate shall be suspended automatically for the duration of the suspension or revocation, unless terminated or rescinded as provided in subdivision (c). The division shall notify the physician and surgeon of the license suspension and of his or her right to have the issue of penalty heard as provided in this section.

(b) Upon its own motion or for good cause shown, the division may decline to impose or may set aside the suspension when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the medical profession.

(c) The issue of penalty shall be heard by an administrative law judge from the Medical Quality Panel sitting alone or with a panel of the division, in the discretion of the division. A physician and surgeon may request a hearing on the penalty and that hearing shall be held within 90 days from the date of the request. If the order suspending or revoking the physician and surgeon's license or authority to practice medicine is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease. Upon the showing to the administrative law judge or panel by the physician and surgeon that the out-of-state action is not a basis for discipline in California, the suspension shall be rescinded.

If an accusation for permanent discipline is not filed within 90 days of the suspension imposed pursuant to this section, the suspension shall automatically terminate.

(d) The record of the proceedings that resulted in the suspension or revocation of the physician and surgeon's license or authority to practice medicine, including a transcript of the testimony therein, may be received in evidence.

(e) This section shall not apply to a physician and surgeon who maintains his or her primary practice in California, as evidenced by having maintained a practice in this state for not less than one year immediately preceding the date of suspension or revocation. Nothing in this section shall preclude a physician's and surgeon's license from being suspended pursuant to any other provision of law.

(f) This section shall not apply to a physician and surgeon whose license has been surrendered whose only discipline is a medical staff disciplinary action at a federal hospital not for medical disciplinary cause or reason as that term is defined in Section 805, or whose revocation or suspension has been stayed, even if the physician and surgeon remains subject to terms of probation or other discipline.

(g) This section shall not apply to a suspension or revocation imposed by a state that is based solely on the prior discipline of the physician and surgeon by another state.

(h) The other provisions of this article setting forth a procedure for the suspension or revocation of a physician and surgeon's certificate shall not apply to summary suspensions issued pursuant to this section. If a summary suspension has been issued pursuant to this section, the physician or surgeon may request that the hearing on the penalty conducted pursuant to subdivision (c) be held at the same time as a hearing on the accusation.

9. Section 141 of the Code states:

(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country.

COST RECOVERY

10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FACTUAL ALLEGATIONS

The Complaint

11. At all relevant times, Respondent, a radiologist, was licensed to practice medicine by the Commonwealth of Kentucky Board of Medical Licensure (Kentucky Board).

12. On or about November 14, 2023, the Kentucky Board filed a Complaint against Respondent, a radiologist, after receiving a report from Mercy Health Lourdes Hospital (Hospital) that Respondent had been placed on a precautionary suspension on or about August 10, 2022, due to concerns over the quality of care he had provided in eight radiology cases between June 13 and August 6, 2022. These cases involved incorrect or missed readings that included a missed brain tumor and perirectal abscess (a pus-filled bump near the anus or rectum).

13. On or about November 19, 2022, the Hospital informed Respondent that he had been suspended from reading any imaging based on a recent case. On or about January 25, 2023, the Hospital's medical executive committee recommended terminating Respondent's medical staff appointment and clinical privileges.

14. A medical consultant for the Kentucky Board reviewed medical charts of 10 patients for which the Hospital had concerns. The consultant found that Respondent had exhibited a lack of knowledge and missed perception and concluded that all the cases reviewed represented a deviation from the standard of care. The consultant also expressed concern that there appeared to be a large number of erroneous interpretations in a short period of time, namely from June to November 2022.

15. Respondent was found to have violated Kentucky Revised Statutes 311.595(9) (unprofessional conduct).

The Emergency Order of Suspension

16. Also, on or about November 14, 2023, the Kentucky Board filed an Emergency Order of Suspension (Emergency Order) against Respondent based on the allegations in the Complaint. The Kentucky Board found that there was probable cause that he had violated Kentucky Revised Statutes 311.595(9) (unprofessional conduct) and that his practice constituted a danger to patient and public health, welfare, and safety.

17. At an administrative hearing on or about February 22, 2024, a hearing officer found there was substantial evidence that Respondent had engaged in conduct violating Kentucky statutes and that such violations posed an immediate danger to the health, safety, or welfare of patients and the general public. A final order affirming the Emergency Order was filed on or about February 28, 2024.

The Revocation of Respondent's Kentucky License

18. On or about May 20, 2024, a hearing officer conducted a hearing on the Complaint. However, Respondent failed to appear, despite the Kentucky Board notifying him beforehand that his non-appearance could result in a default ruling. The hearing officer found Respondent to be in default and recommended that the Kentucky Board issue a final order finding the factual

allegations in the Complaint to be true.

19. On or about July 22, 2024, the Kentucky Board issued an Order of Revocation (Revocation Order), revoking Respondent's license based on the default.

The Immediate Suspension in California

20. On April 3, 2025, the Medical Board of California immediately suspended Respondent's license pursuant to Business and Professions Code section 2310. A true and correct copy of said order is attached herein as Exhibit A.

CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

21. The allegations set forth in Paragraphs 11 through 20 are incorporated by reference as if fully set out herein.

22. By reason of the facts stated in Paragraphs 11 through 20, above, Respondent is subject to disciplinary action under Code sections 2305 and 141, in that on or about November 14, 2023, the Kentucky Board filed a Complaint and an Emergency Order against Respondent. The Complaint, attached as Exhibit B and incorporated herein, was filed after the Kentucky Board received a report that Respondent had been suspended from the Hospital due to incorrect or missed readings in eight radiology cases over a three-month time period. The Emergency Order, attached as Exhibit C and incorporated herein, suspended Respondent's Kentucky license based on the allegations contained in the Complaint. A final order affirming the Emergency Order, attached as Exhibit D and incorporated herein, was filed on or about February 28, 2024. On or about May 20, 2024, a recommended order of default, attached as Exhibit E and incorporated herein, was entered against Respondent after he failed to appear for a hearing on the Complaint. On or about July 22, 2024, the Kentucky Board revoked Respondent's license in a Revocation Order, attached as Exhibit F and incorporated herein.

DISCIPLINARY CONSIDERATIONS

23. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about April 3, 2025, Respondent's Physician's and Surgeon's Certificate Number C 53843 was immediately suspended pursuant to Business and Professions

Code section 2310 after receiving notice that Respondent's Kentucky license had been revoked on or about July 22, 2024. That order is now final and is incorporated by reference as if fully set forth herein. The suspension imposed constitutes discipline against Respondent's Physician's and Surgeon's Certificate. (*See* Exhibit A.)

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 53843, issued to Respondent Anand Pankaj Lalaji, M.D.;

2. Revoking, suspending or denying approval of Respondent Anand Pankaj Lalaji, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Anand Pankaj Lalaji, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: JUN 24 2025

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

MEDICAL BOARD
OF CALIFORNIA
Protecting consumers by advancing high quality, safe medical care.

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Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2944
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

April 3, 2025

Anand Pankaj Lalaji, M.D.
3344 Peachtree Rd. NE, Suite 2080
Atlanta, GA 30326-4801

RE: NOTICE OF OUT OF STATE SUSPENSION ORDER
California License: C 53843
Case Number: 800-2023-103824

Dear Dr. Lalaji:

California Business and Professions Code section 2310 authorizes the Medical Board of California to immediately suspend the California medical license of any physician and surgeon whose medical license has been suspended or revoked in any other state or by any agency of the federal government. A copy of Business and Professions Code section 2310 is enclosed for your review.

The Medical Board of California has determined, upon review of certified documents from the Kentucky Board of Medical Licensure, that your Kentucky license to practice medicine was revoked on July 22, 2024. Based on this revocation, your California medical license has been suspended effective immediately. This action will be reported to the National Practitioner Data Bank and the Federation of State Medical Boards.

You have a right to a hearing on the issue of penalty, as provided by Business and Professions Code section 2310(c). This hearing will be held within 90 days from the date of request. You may send this request to:

Greg W. Chambers
Machaela Mingardi
Supervising Deputy Attorneys General
Department of Justice
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102

Should the status of your medical license in Kentucky change, please notify us immediately. If you have any questions regarding this matter, please contact Regina Rodriguez at (916) 263-2370.

Sincerely,

Reji Varghese
Executive Director

Enclosure

EXHIBIT B

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2131

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY ANAND P. LALAJI, M.D., LICENSE NO. 41552, 3475 PIEDMONT ROAD, SUITE 1150, ATLANTA, GEORGIA 30305

COMPLAINT

Comes now the Complainant, Chair of the Kentucky Board of Medical Licensure's Inquiry Panel A, and on behalf of the Panel which met on October 19, 2023, states for its Complaint against the licensee, Anand P. Lalaji, M.D., as follows:

1. At all relevant times, Anand P. Lalaji, M.D. ("the licensee"), was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Diagnostic Radiology.
3. The Board received a report concerning actions taken by Mercy Health Lourdes Hospital ("the Hospital"). According to the report, the licensee was placed on precautionary suspension due to concerns about quality of care that arose from close monitoring of radiological reports interpreted by the licensee.
4. On or about August 10, 2022, the Hospital served the licensee with a notice of a precautionary suspension of his privileges at the Hospital, effective August 9, 2022. The notice included eight radiological cases read by the licensee between June 13, 2022 and August 6, 2022 that had incorrect or missed readings, including a recently missed brain tumor and perirectal abscess. The Hospital's Medical Executive Committee ("MEC") reviewed and discussed the quality of his radiology reads in those eight cases. The MEC determined to continue the precautionary suspension to give the licensee the opportunity to meet and discuss the eight cases of concern.

5. On or about August 22, 2022, the MEC met to discuss the eight cases again. The licensee was invited to attend the meeting but was unable to attend.
6. On or about September 1, 2022, the licensee met with Dr. Brett Bechter, the Hospital's CCO, to discuss the cases. The licensee indicated that he could amend his terminology in a few of the cases to be more precise; that some of his issues were due to technical problems due to having implemented radiology coverage at the Hospital so quickly; that the technical errors have been since resolved with additional safeguards put into place; that several of the latter case issues would not have occurred if not for original delays in communication, which were addressed; and that some of the errors were due to doing high volumes of reads in a short time frame to meet coverage needs and fill gaps. The licensee stated he felt confident the issues had been resolved.
7. On or about September 7, 2022, the MEC lifted the precautionary suspension but included a warning that should any future cases of concern be brought to the committee, it could result in the revocation of privileges in the future.
8. On or about November 29, 2022, the Hospital informed the licensee that he was suspended from reading any imaging based on a recent case. The MEC then met and expressed great concern for patient safety. The MEC addressed poor quality reading in August/September, and at that time, the licensee indicated the issues would be resolved moving forward. Yet, after continuous monitoring, the concerns for patient safety remained.

9. On or about January 25, 2023, the MEC recommended terminating the licensee's Medical Staff appointment and clinical privileges. It explained to the licensee, in part,

> As you are aware, Mercy Health-Lourdes Hospital ("Hospital") received multiple clinical quality of care concerns regarding the care you provided at the Hospital. Upon receiving those complaints, conducting a thorough evaluation, and engaging in significant deliberation concerning all relevant information the Hospital's Medical Executive Committee ("MEC") determined that it should issue a recommendation to the Hospital's Board of Directors that your Medical Staff appointment and clinical privileges be terminated.
>
> The basis of the MEC's recommendation is based upon the clinical quality of care concerns that were found to exist in your practice. More specifically, but without limitation, the MEC determined that you failed to meet appropriate clinical quality of care standards in that you have inaccurately, incompletely, and otherwise improperly read multiple diagnostic films, tests, and other procedures since you have exercised clinical privileges at the Hospital. Additionally, the MEC was also concerned by the fact that these issues had been brought to your attention previously and that you have been unable to appropriately address these matters. Accordingly, in the best interest of patient care, the MEC determined that issuing the recommendation to terminate your Medical Staff appointment and clinical privileges was appropriate.

10. A subpoena was sent to the Hospital for the medical charts of ten (10) patients for which the Hospital had concerns.

11. A Board consultant was provided with the report, the subpoenaed patient charts and a response from the licensee. After a detailed review of the documents, the Board consultant submitted a report in which he found, in substantial part,

> After reviewing the images of the 10 cases provided, then reviewing the interpretations provided by Dr. Lalaji, it appears that there are two types of issues which can be addressed.
>
> [...]
>
> The first type of issue regards the radiologist's interpretation of 5 MRI Brain studies as having "subacute lacunar infarcts". This indicates a lack of knowledge about the MRI appearance of a subacute infarct. There should

be associated restricted diffusion for a subacute infarct. He even mentions no restricted diffusion. What he describes as subacute infarct in most cases actually represents chronic small vessel ischemic change which is a common finding in older patients. The case of [A.B.] is completely normal. This appears to represent a lack of understanding or a gap in his education in terms of neurological MR imaging. While this does not cause an immediate danger to the patient, it likely does cause an expensive and time consuming workup for recent cerebral infarction. There is also some risk in the fact that the patients may have been treated with anticoagulants that they did not necessarily need. There are of course, well known potential complications of anticoagulant therapy.

[...]

The case of patient [B.B.] also raises a small question as to the radiologist's knowledge of neuroanatomy as he correctly calls the presence calcification, but mislabels the location as the internal capsule instead of the basal ganglia, which is a common location for physiologic calcification.

The second type of issue is missed perception. Missed perception can occur due to a host of reasons, including distraction, interruption, unfamiliarity with the PACS system being used, exhaustion, overload and attempting to interpret too quickly, as well as other personal issues that I can't know about in this case.

[...]

All of the cases reviewed represent a deviation from the standard of care. However, humans make errors, and always will. Findings are not perceived by radiologists regularly. However, it is concerning that there seem to be a large number of erroneous interpretations in such a short period of time. (June through November 2022) Additionally, particularly with the CT cervical spine case, it seems unlikely that the images were seen, even briefly. I don't know if this is a new issue for this radiologist or if this pattern is standard for him ongoing or in the past. As I mentioned earlier, there are many reasons why findings are not perceived, and I don't know anything about any complicating circumstances. As far as an apparent gap in this radiologists knowledge of MRI brain findings, if this were the only issue, some form of re training may suffice.

12. On or about August 21, 2023, the licensee, by counsel, responded to the Board consultant's report, which disputed several points of contention in five (5) of the ten (10) cases reviewed by the consultant.

13. The Board consultant was provided with the licensee's response. The consultant opined, in part, "My opinion is unchanged. If anything, my opinions would be stated using stronger terminology." In conclusion, he stated, "The fact that Dr. Lalaji and his attorney have not even identified the subjects of investigation properly raises the question for me as to whether he is taking the issue seriously." And, "Frankly, I find the lack of a coherent or complete response disturbing."

14. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(21). Accordingly, legal grounds exist for disciplinary action against his license to practice medicine in the Commonwealth of Kentucky.

15. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:

    (a) His failure to respond may be taken as an admission of the charges; and

    (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.

16. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for **May 6, 7 & 8, 2024**, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine in the Commonwealth of Kentucky held by Anand P. Lalaji, M.D.

This 14th day of November, 2023.

W. Saleem

WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; a copy was mailed to Keith Hardison, Esq., Hearing Officer, 2616 Bardstown Road, Louisville, Kentucky 40205; and copies were mailed via certified mail return-receipt requested to the licensee, Anand P. Lalaji, M.D., License No. 41552, 3475 Piedmont Road, Suite 1150, Atlanta, Georgia 30305 and his counsel, Richard Walter, Esq., Boehl, Stopher & Graves, LLP, 410 Broadway, Paducah, Kentucky 42001 on this 14th day of November, 2023.

Nicole A. King

Nicole A. King
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

EXHIBIT C

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2131

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY ANAND P. LALAJI, M.D., LICENSE NO. 41552, 3475 PIEDMONT ROAD, SUITE 1150, ATLANTA, GEORGIA 30305

EMERGENCY ORDER OF SUSPENSION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel A, considered this matter at its October 19, 2023 meeting. At that meeting, Inquiry Panel A considered a Panel Memorandum from Stephen Manley, Medical Investigator, dated September 26, 2023; National Practitioner Data Bank Report, dated January 25, 2023; Letter with attachments from Christopher J. Hines, Manager of Medical Staff, Mercy Health Lourdes Hospital, dated February 3, 2023; Letter from the licensee with attachment, undate; Summary For Review of Cases from Board Consultant with Expert Review Worksheets, undated; Letter from Richard L. Walter, counsel for licensee, dated August 21, 2023; and Final Report of Board Consultant, dated September 14, 2023.

Having considered this information and being sufficiently advised, Inquiry Panel A enters the following EMERGENCY ORDER OF SUSPENSION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to him, Inquiry Panel A concludes there is probable cause to make the following Findings of Fact, which support this Emergency Order of SUSPENSION:

1. At all relevant times, Anand P. Lalaji, M.D. ("the licensee"), was licensed by the Board to practice medicine within the Commonwealth of Kentucky.

2. The licensee's medical specialty is Diagnostic Radiology.

3. The Board received a report concerning actions taken by Mercy Health Lourdes Hospital ("the Hospital"). According to the report, the licensee was placed on precautionary suspension due to concerns about quality of care that arose from close monitoring of radiological reports interpreted by the licensee.

4. On or about August 10, 2022, the Hospital served the licensee with a notice of a precautionary suspension of his privileges at the Hospital, effective August 9, 2022. The notice included eight radiological cases read by the licensee between June 13, 2022 and August 6, 2022 that had incorrect or missed readings, including a recently missed brain tumor and perirectal abscess. The Hospital's Medical Executive Committee ("MEC") reviewed and discussed the quality of his radiology reads in those eight cases. The MEC determined to continue the precautionary suspension to give the licensee the opportunity to meet and discuss the eight cases of concern.

5. On or about August 22, 2022, the MEC met to discuss the eight cases again. The licensee was invited to attend the meeting but was unable to attend.

6. On or about September 1, 2022, the licensee met with Dr. Brett Bechter, the Hospital's CCO, to discuss the cases. The licensee indicated that he could amend his terminology in a few of the cases to be more precise; that some of his issues were due to technical problems due to having implemented radiology coverage at the Hospital so quickly; that the technical errors have been since resolved with additional safeguards put into place; that several of the latter case issues would not have occurred if not for original delays in communication, which were addressed; and that some of the errors were due to doing high volumes of reads in a short time

frame to meet coverage needs and fill gaps. The licensee stated he felt confident the issues had been resolved.

7. On or about September 7, 2022, the MEC lifted the precautionary suspension but included a warning that should any future cases of concern be brought to the committee, it could result in the revocation of privileges in the future.

8. On or about November 29, 2022, the Hospital informed the licensee that he was suspended from reading any imaging based on a recent case. The MEC then met and expressed great concern for patient safety. The MEC addressed poor quality reading in August/September, and at that time, the licensee indicated the issues would be resolved moving forward. Yet, after continuous monitoring, the concerns for patient safety remained.

9. On or about January 25, 2023, the MEC recommended terminating the licensee's Medical Staff appointment and clinical privileges. It explained to the licensee, in part,

> As you are aware, Mercy Health-Lourdes Hospital ("Hospital") received multiple clinical quality of care concerns regarding the care you provided at the Hospital. Upon receiving those complaints, conducting a thorough evaluation, and engaging in significant deliberation concerning all relevant information the Hospital's Medical Executive Committee ("MEC") determined that it should issue a recommendation to the Hospital's Board of Directors that your Medical Staff appointment and clinical privileges be terminated.
>
> The basis of the MEC's recommendation is based upon the clinical quality of care concerns that were found to exist in your practice. More specifically, but without limitation, the MEC determined that you failed to meet appropriate clinical quality of care standards in that you have inaccurately, incompletely, and otherwise improperly read multiple diagnostic films, tests, and other procedures since you have exercised clinical privileges at the Hospital. Additionally, the MEC was also concerned by the fact that these issues had been brought to your attention previously and that you have been unable to appropriately address these matters. Accordingly, in the best interest of patient care, the MEC determined that issuing the

recommendation to terminate your Medical Staff appointment and clinical privileges was appropriate.

10. A subpoena was sent to the Hospital for the medical charts of ten (10) patients for which the Hospital had concerns.

11. A Board consultant was provided with the report, the subpoenaed patient charts and a response from the licensee. After a detailed review of the documents, the Board consultant submitted a report in which he found, in substantial part,

> After reviewing the images of the 10 cases provided, then reviewing the interpretations provided by Dr. Lalaji, it appears that there are two types of issues which can be addressed.
>
> [...]
>
> The first type of issue regards the radiologist's interpretation of 5 MRI Brain studies as having "subacute lacunar infarcts". This indicates a lack of knowledge about the MRI appearance of a subacute infarct. There should be associated restricted diffusion for a subacute infarct. He even mentions no restricted diffusion. What he describes as subacute infarct in most cases actually represents chronic small vessel ischemic change which is a common finding in older patients. The case of [A.B.] is completely normal. This appears to represent a lack of understanding or a gap in his education in terms of neurological MR imaging. While this does not cause an immediate danger to the patient, it likely does cause an expensive and time consuming workup for recent cerebral infarction. There is also some risk in the fact that the patients may have been treated with anticoagulants that they did not necessarily need. There are of course, well known potential complications of anticoagulant therapy.
>
> [...]
>
> The case of patient [B.B.] also raises a small question as to the radiologist's knowledge of neuroanatomy as he correctly calls the presence calcification, but mislabels the location as the internal capsule instead of the basal ganglia, which is a common location for physiologic calcification.
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> The second type of issue is missed perception. Missed perception can occur due to a host of reasons, including distraction, interruption, unfamiliarity with the PACS system being used, exhaustion, overload and attempting to interpret too quickly, as well as other personal issues that I can't know about in this case.

[...]

> All of the cases reviewed represent a deviation from the standard of care. However, humans make errors, and always will. Findings are not perceived by radiologists regularly. However, it is concerning that there seem to be a large number of erroneous interpretations in such a short period of time. (June through November 2022) Additionally, particularly with the CT cervical spine case, it seems unlikely that the images were seen, even briefly. I don't know if this is a new issue for this radiologist or if this pattern is standard for him ongoing or in the past. As I mentioned earlier, there are many reasons why findings are not perceived, and I don't know anything about any complicating circumstances. As far as an apparent gap in this radiologists knowledge of MRI brain findings, if this were the only issue, some form of re training may suffice.

12. On or about August 21, 2023, the licensee, by counsel, responded to the Board consultant's report, which disputed several points of contention in five (5) of the ten (10) cases reviewed by the consultant.

13. The Board consultant was provided with the licensee's response. The consultant opined, in part, "My opinion is unchanged. If anything, my opinions would be stated using stronger terminology." In conclusion, he stated, "The fact that Dr. Lalaji and his attorney have not even identified the subjects of investigation properly raises the question for me as to whether he is taking the issue seriously." And, "Frankly, I find the lack of a coherent or complete response disturbing."

CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available, Inquiry Panel A finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Suspension:

1. The licensee's Kentucky medical license is subject to regulation and discipline by this Board.

2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician's license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him on probation; or b) a physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.

3. There is probable cause to believe that the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(21).

4. The Inquiry Panel concludes there is probable cause to believe this physician's practice constitutes a danger to the health, welfare and safety of his patients or the general public.

5. The Board may draw logical and reasonable inferences about a physician's practice by considering certain facts about a physician's practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician's practice presents representative proof of the nature of that physician's practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician's medical practice.

6. The United States Supreme Court has ruled that it is not a violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable cause

finding that there is a present danger to the public safety; and 2) the statute provides for a prompt post-deprivation hearing. *Barry v. Barchi*, 443 U.S. 55, 61 L.Ed.2d 365, 99 S.Ct. 2642 (1979); *FDIC v. Mallen*, 486 U.S. 230, 100 L.Ed.2d 265, 108 S.Ct. 1780 (1988) and *Gilbert v. Homar*, 117 S.Ct. 1807 (1997). Cf. KRS 13B.125(1).

KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

EMERGENCY ORDER OF SUSPENSION

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel A, hereby ORDERS that the license to practice medicine in the Commonwealth of Kentucky held by Anand P. Lalaji, M.D., is SUSPENDED and Dr. Lalaji is prohibited from performing any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

Inquiry Panel A further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.

SO ORDERED this 14th day of November, 2023.

W. Saleem.

WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Suspension was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed via certified mail return-receipt requested to the licensee, Anand P. Lalaji, M.D., License No. 41552, 3475 Piedmont Road, Suite 1150, Atlanta, Georgia 30305 and his counsel, Richard Walter, Esq., Boehl, Stopher & Graves, LLP, 410 Broadway, Paducah, Kentucky 42001 on this 14th day of November, 2023.

Nicole A. King
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

EXHIBIT D

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2131-E

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY ANAND P. LALAJI, M.D., LICENSE NO. 41552, 3475 PIEDMONT ROAD, SUITE 1150, ATLANTA, GEORGIA 30305

FINAL ORDER AFFIRMING THE EMERGENCY ORDER OF SUSPENSION

This action was instituted as the administrative appeal of Anand P. Lalaji, M.D., from the *Emergency Order of Suspension* issued by the Kentucky Board of Medical Licensure [hereinafter "the Board"] against his license on November 14, 2023. Exhibit 1, Tab B. [Hereafter, that order will be referred to as the "*Emergency Order*," and citations to the order will be to the numbered paragraphs and pages of the order without reference to Exhibit 1, Tab B]. In the *Emergency Order* the Board charged there was probable cause to believe Dr. Lalaji violated three statutes governing the practice of medicine and that his medical "practice constitutes a danger to the health, welfare and safety of his patients or the general public." *Emergency Order*, Conclusions of Law, Paragraphs 3 and 4, page 6. Based upon those allegations, the Board issued the *Emergency Order* suspending Dr. Lalaji's medical license in Kentucky and prohibited him from "performing any act which constitutes the 'practice of medicine,' as that term is defined in KRS 311.550(10) . . . until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board." *Emergency Order*, page 7.

In the *Complaint* issued the same day as the *Emergency Order* the Board charged Dr. Lalaji with the same misconduct that served as the basis for issuance of the

Emergency Order and alleged he violated the same statutes governing the practice of medicine in Kentucky. Exhibit 1, Tab C.

Dr. Lalaji filed a request for an administrative hearing pursuant to KRS 13B.125 to challenge the sufficiency of the *Emergency Order*, and the case was later transferred to the undersigned hearing officer after the original hearing officer was unable to conduct the administrative hearing as a result of a medical emergency. *Respondent's Notice of Request for Emergency Hearing* and *Notice of Transfer of Case*. The hearing officer conducted the administrative hearing on February 22, 2024. Hon. Nicole A. King represented the Kentucky Board of Medical Licensure, and Hon. Richard L. Walter represented Dr. Lalaji who also appeared at the hearing. Dr. Lalaji was the only person to testify at the hearing, and three exhibits were admitted into evidence.

After considering the evidence admitted at the administrative hearing, the hearing officer finds there is substantial evidence in the record that Dr. Lalaji engaged in conduct in violation of the Board's statutes and that the violations constitute an immediate danger to the health, safety, or welfare of patients or the general public. KRS 13B.125(3) and KRS 311.592(1). Therefore, the hearing officer affirms the *Emergency Order of Suspension*. In support of his decision, the hearing officer states the following:

THE BOARD'S ALLEGATIONS AGAINST DR. LALAJI

During the time period at issue in this action, Dr. Lalaji had an active license to practice medicine in Kentucky and his medical specialty is Diagnostic Radiology. *Emergency Order*, Paragraphs 1 and 2, page 1; *Answer*, page 1. Dr. Lalaji is the Chief Executive Officer of The Radiology Group ("TRG"), which he described as a global

teleradiology practice based in Atlanta, Georgia, that provides interpretive radiological services to 142 hospitals and medical facilities in the United States and to 55 facilities internationally. DVD of Administrative Hearing (hereinafter "DVD"), 9:14-9:15 a.m.

During the time period at issue in this action Dr. Lalaji provided interpretive radiology services for Mercy Health Lourdes Hospital in Paducah, Kentucky. DVD, 9:16 a.m. On August 10, 2022, however, the hospital issued a precautionary suspension of his privileges due to concerns involving his interpretation of radiological studies for cases involving eight patients that "include recent missed brain tumor and perirectal abscess as well as prior missed pelvic fracture." Exhibit 1, marked page 1276. *Emergency Order*, Paragraph 4, page 2.

On September 1, 2022, Dr. Lalaji met with Dr. Brett F. Bechtel, the Chief Clinical Officer of Mercy Lourdes, to discuss the precautionary suspension. Dr. Lalaji asserted that some of the hospital's concerns were due to technical problems in implementing radiology coverage at the hospital so quickly and the "high volume of reads in a short time frame." Exhibit 1, marked page 1292. Dr. Bechtel indicated Dr. Lalaji reported "these technical errors have been since resolved and additional safeguards have been put into place," and that Dr. Lalaji felt confident any issues have been resolved [as set forth in the summary report of the doctors' discussion], and he can safely read for Lourdes." Id.; *Emergency Order*, Paragraph 6, page 2.

Shortly thereafter, the Medical Executive Committee ("MEC") lifted Dr. Lalaji's precautionary suspension but warned him "that should any future cases of concern be brought to the committee, it could result in revocation of privileges in the future."

Exhibit 1, pages 1293-1294; *Emergency Order*, Paragraph 7, page 3. On November 29, 2022, the hospital issued Dr. Lalaji another precautionary suspension based on a recent case, and the MEC met on December 12, 2022, and "expressed great concerns for patient safety" as a result of "poor quality reading" that included the original cases from the original suspension plus one more. Exhibit 1, pages 1276 and 1295-1297; *Emergency Order*, Paragraph 8, page 3. Thus, the hospital implicitly rejected Dr. Lalaji's assertion that he should not be held responsible for missed brain tumor, perirectal abscess, and pelvic fractures that resulted in the earlier suspension.

On January 9, 2023, the MEC voted unanimously to revoke his privileges, and on January 25, 2023, Mercy Lourdes notified Dr. Lalaji of the recommendation that his medical staff appointment and clinical privileges be revoked based upon his interpretation of radiological studies for nine patients. Exhibit 1, marked pages 1303 1306; *Emergency Order*, Paragraph 9, page 3-4. Dr. Lalaji requested a hearing from Mercy Lourdes in November 2022 to challenge that recommendation, but for reasons which were unclear, it never occurred but has now been scheduled for the spring of 2024. Exhibit 1, marked pages 1307; DVD, 9:48 and 10:37 a.m.

In response to those actions by Mercy Lourdes the Board subpoenaed medical records from the hospital and provided them to Dr. Kevin L. Burner, a Board consultant, for review. Exhibit 1, marked page 1. In his report Dr. Burner found that in five MRI brain studies, Dr. Lalaji displayed "a lack of knowledge about the MRI appearance of a subacute infarct." Exhibit 1, marked page 1311. Dr. Burner also found Dr. Lalaji had "missed perception" in his radiological interpretation for five cases that he classified

variously as "a much more serious missed perception," "another very serious case," "another extremely serious missed perception." Exhibit 1, marked page 1312. Dr. Burner stated further that "it is concerning that there seem to be a large number of erroneous interpretations in such a short period of time." Id. Dr. Burner also noted that "missed perception can occur due to a host of reasons, including distraction, interruption, unfamiliarity with the PACS system being used, exhaustion, overload, and attempting to interpret too quickly, as well as other personal issues that I can't know about in this case." Exhibit 1, marked page 1311; *Emergency Order*, Paragraph 11, pages 4-5. Dr. Burner found that "all of the cases reviewed represent a deviation from the standard of care." Exhibit 1, marked page 1312. In addition, for almost all of the ten patient records reviewed, Dr. Burner found that Dr. Lalaji's conduct fell below minimum standards for diagnosis and the "overall opinion" for the care and treatment provided by Dr. Lalaji was "clearly below minimum standards." Exhibit 1, marked pages 1313-1350. In addition, Dr. Burner's classification of several imaging studies as representing a "serious missed perception" shows the immediacy of the danger presented by Dr. Lalaji's radiology practice. Exhibit 1, marked page 1312. Thus, the hearing officer finds there is substantial evidence in the record in support of the allegations in the *Emergency Order*.

DR. LALAJI'S RESPONSE TO THE ALLEGATIONS IN THE EMERGENCY ORDER

In his testimony at the emergency hearing Dr. Lalaji did not deny that he reviewed a large number of radiological studies for Mercy Lourdes, estimating he reviewed 2,600 cases and hundreds of MRIs. He noted that at one point "the same MEC/hospital asked me to work two weeks straight including overnights because they

had no coverage for their hospital from a teleradiology perspective." Exhibit 1, marked page 1309. In addition, he testified that he had performed a large number of radiological interpretations for Mercy Lourdes in a short period of time. DVD, 9:50-9:51 a.m. Thus, he implicitly confirmed some of the possible grounds cited by Dr. Burner for why he had erroneously interpreted the radiological studies.

Furthermore, in his response to Dr. Burner's report, Dr. Lalaji addressed only five of the ten cases reviewed by Dr. Burner, but Dr. Burner largely dismissed that response, finding "the lack of a coherent or complete response disturbing." Exhibit 1, pages 1351-1353. For one imaging study Dr. Lalaji classified Dr. Burner's disagreement with his interpretation of the imaging study as a "terminology item," but Dr. Burner was much more direct and caustic in his response to that characterization, asserting "there is no explanation [in Dr. Lalaji's response] as to why he was so misinformed as to the MRI appearance of subacute infarcts and in what fashion he intends to repair his substandard knowledge." Exhibit 1, marked pages 1351 and 1353. At the administrative hearing, Dr. Lalaji continued to downplay Dr. Burner's findings by asserting there was simply a "terminology issue" associated with his interpretation of patient MRIs. DVD, 9:46 and 9:49 a.m.; Exhibit 1, page 1290.

Dr. Lalaji was the only witness at the administrative hearing, and in spite of Dr. Burner's comments challenging his professional competency, Dr. Lalaji testified that he agreed with Dr. Burner's factual statements regarding what happened in the cases, except to the extent Dr. Burner asserted that Dr. Lalaji failed to view certain imaging studies. DVD, 10:11 a.m. Dr. Lalaji's testimony was not focused on any alleged errors or

shortcomings in Dr. Burner's report, but instead, he testified extensively about the problems associated with TRG's rushed takeover of the teleradiology services for Mercy Lourdes.

According to Dr. Lalaji it would normally take TRG ninety days to fully implement and integrate the company's teleradiology services with a new hospital, but for Mercy Lourdes, TRG had two weeks to begin providing services because the hospital would not otherwise have coverage for radiology services. DVD, 9:56-9:57 and 10:19-10:22 a.m. Apparently, Mercy Lourdes's radiologists had abruptly left for a competing healthcare provider which left the hospital without coverage. DVD, 9:57 a.m. As a result, there was rushed effort to integrate the technology between TRG and the hospital in order to provide radiology interpretative services. Id.

Dr. Lalaji asserted there were numerous technological glitches in the system, such as software that is voice activated marking an image study as final and electronically signing his name to the report without his being aware that had happened or without him even viewing the study. DVD, 9:57-9:59 and 10:25-10:29 a.m. In addition, he asserted that as a result of the incomplete integration of the systems, he could interpret an old imaging study without realizing there was a newer study to interpret. DVD, 9:53, 10:02, and 10:24-10:25 a.m. Dr. Lalaji asserted that he had interpreted only five of the studies at issue in this action and had not even seen the others, in spite of his electronic signature being on all of them. DVD, 10:29-10:33 a.m. Thus, in spite of the fact Dr. Burner's report questioned Dr. Lalaji's professional competency in interpreting radiological studies, Dr. Lalaji asserts that any errors found

in his interpretations of the radiological studies were the result of software integration issues and not due to the lack of competence, skill, or knowledge in his speciality of radiology. In addition, Dr. Lalaji denied that any errors in his reports resulted from a rushed review or interpretation of an radiological image from Mercy Lourdes. DVD, 10:21 a.m.

THE LEGAL STANDARDS GOVERNING THE REVIEW OF THE EMERGENCY ORDER

The administrative hearing was conducted pursuant to the provisions of KRS Chapter 13B, KRS 311.592, and 201 KAR 9:240. Under KRS 13B.090(7), the burden of proof was on the Kentucky Board of Medical Licensure. Pursuant to KRS 13B.125(3), "the emergency order shall be affirmed if there is substantial evidence of a violation of law which constitutes an immediate danger to the public health, safety, or welfare."

In the hearing officer's review of the Board's *Emergency Order*, "the findings of fact in the emergency order shall constitute a rebuttable presumption of substantial evidence of a violation of law that constitutes immediate danger to the health, welfare, or safety of patients or the general public." KRS 311.592(2). "Substantial evidence" is defined as "evidence of substance and relevant consequence, having the fitness to induce conviction in the minds of reasonable men." *Kentucky State Racing Commission v. Fuller*, 481 S.W.2d 298, 308 (Ky. 1972), *quoting O'Nan v. Ecklar Moore Express, Inc.*, 339 S.W.2d 466 (Ky. 1960). Furthermore, "[t]he test of substantiality of evidence is whether when taken alone or in the light of all the evidence it has sufficient probative value to induce conviction in the minds of reasonable men." *Fuller*, 481 S.W.2d at 308. Stated another way, substantial evidence is "evidence that a reasonable

mind would accept as adequate to support a conclusion." *Black's Law Dictionary*, 7th ed., p. 580. In addition, "if there is substantial evidence in the record to support an agency's findings, the findings will be upheld, even though there may be conflicting evidence in the record." *Kentucky Commission on Human Rights v. Fraser*, 625 S.W.2d 852, 856 (Ky. 1981).

THERE IS SUBSTANTIAL EVIDENCE IN THE RECORD IN SUPPORT OF THE EMERGENCY ORDER

In spite of Dr. Lalaji's assertions to the contrary, there is substantial evidence in the record in support of the findings and opinions contained in Dr. Burner's report and in support the Findings of Fact and Conclusions of Law contained in the *Emergency Order*. Pursuant to KRS 311.592(2), there is a "rebuttable presumption" that the Board's emergency order constitutes substantial evidence that Dr. Lalaji violated the Board's statutes and that his practice of medicine constitutes an immediate danger to the health, welfare, or safety of patients or the general public.

Dr. Lalaji provided little evidence other than his own testimony to support the assertion that the lack of integration between TRG's and Mercy Lourdes's software was the cause for some of the errors noted by Dr. Burner in his report. In addition, Dr. Lalaji offered little evidence to challenge Dr. Burner's assessment of Dr. Lalaji's competence in interpreting radiological studies, and Dr. Lalaji largely dismissed as a "terminology item" Dr. Burner's finding that Dr. Lalaji was "misinformed" and displayed "substandard knowledge" regarding the interpretation of MRIs. Exhibit 1, marked pages 1311-1312, 1351 and 1353. Thus, even though Dr. Lalaji asserts a rushed implementation and technological issues account for some of the errors and deficiencies found by Dr.

Burner, Dr. Lalaji's testimony did not address all the errors found by Dr. Burner and did not overcome the substantial nature of the findings and conclusions in Dr. Burner's report that support the *Emergency Order*.

In addition, as noted previously, Dr. Lalaji did not even address some of the patient cases cited by Dr. Burner in support of the findings and conclusions. Thus, Dr. Lalaji's testimony did not rebut the presumption of substantial evidence in support of the *Emergency Order*, and there is substantial evidence in the record to support Dr. Burner's report and the Board's findings and conclusions.

Pursuant to KRS 311.595(9), as illustrated by KRS 311.597(4), a physician is subject to discipline if he has "engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof" by "any departure from, or failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky . . . ." Based upon Dr. Burner's report, there is substantial evidence in the record to support a finding a violation of KRS 311.595(9), as illustrated by KRS 311.597(4).

Pursuant to KRS 311.595(21), a physician is subject to discipline if he has "been disciplined by a licensed hospital or medical staff of the hospital," but "this subsection shall not require relitigation of the disciplinary action." There is substantial evidence in the record that Dr. Lalaji is in violation of that statute as a result of the suspension of his privileges at Mercy Lourdes. To the extent he wants to challenge that action, he must do so before an administrative body of the hospital itself and not in this action. Thus, for

purposes of a review of the *Emergency Order* in this action, there is substantial evidence in the record to support Dr. Lalaji's violation of KRS 311.595(21).

Under KRS 13B.125(3), "the emergency order shall be affirmed if there is substantial evidence of a violation of law which constitutes an immediate danger to the public health, safety, or welfare." There is substantial evidence of violations of KRS 311.595(9), as illustrated by KRS 311.597(4), and of KRS 311.595(21). In addition, there is substantial evidence in the record that those violations constitute an immediate danger to the public health, safety, or welfare as noted by Dr. Burner's report and his characterization of Dr. Lalaji's lack of knowledge as placing the patient at risk of sepsis and of his various missed perceptions as "much more serious," as "very serious," and as "extremely serious." Exhibit 1, marked pages 1312.

FINAL ORDER

Based upon the foregoing, the hearing officer affirms the Board's *Emergency Order of Suspension* filed against the license of Anand P. Lalaji, M.D., on November 14, 2023. There is substantial evidence in the record to support the Board's determination that Dr. Lalaji engaged in conduct in violation of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(21), which constitutes an immediate danger to the public health, safety, or welfare.

NOTICE OF APPEAL RIGHTS

Pursuant to KRS 13B.125(4), this Final Order may be appealed pursuant to KRS 13B.140(1). That subsection of the statute states:

> All final orders of an agency shall be subject to judicial review in accordance with the provisions of this chapter. A party shall

> institute an appeal by filing a petition in the Circuit Court of venue, as provided in the agency's enabling statutes, within 30 days after the final order of the agency is mailed or delivered by personal service. If venue for appeal is not stated in the enabling statutes, a party may appeal to Franklin Circuit Court or the Circuit Court of the county in which the appealing party resides or operates a place of business. Copies of the petition shall be served by the petitioner upon the agency and all parties of record. The petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested. The petition shall be accompanied by a copy of the final order.

Pursuant to KRS 23A.010(4), "such review [by the Circuit Court] shall not constitute an appeal but an original action." Some courts have interpreted this language to mean that a summons also be served upon filing an appeal in circuit court.

SO ORDERED this 11 day of February, 2024.

THOMAS J. HELLMANN
HEARING OFFICER
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EXHIBIT E

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2131

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY ANAND P. LALAJI, M.D., LICENSE NO. 41552, 3475 PIEDMONT ROAD, SUITE 1150, ATLANTA, GEORGIA 30305

RECOMMENDED ORDER FINDING ANAND P. LALAJI, M.D., IN DEFAULT

On May 17, 2024, the hearing officer conducted a telephonic prehearing conference that had been scheduled at the request of the parties. Hon. Nicole A. King represented the Kentucky Board of Medical Licensure, and Hon. Richard L. Walter represented Dr. Anand P. Lalaji. The parties requested the conference to notify the hearing officer that Dr. Lalaji has recently informed Mr. Walter that he has decided not to attend the administrative hearing scheduled to begin on May 20, 2024.

At issue in the case is the *Complaint* issued by the Board on November 14, 2023, alleging Dr. Lalaji violated the Board's statutes governing the practice of medicine. The Board alleges that Dr. Lalaji's medical specialty is Diagnostic Radiology and that Mercy Health Lourdes Hospital suspended his hospital privileges and that the hospital's Medical Executive Committee recommended that his hospital staff and clinical privileges be terminated due to concerns for patient safety due to poor quality readings of imaging studies. *Complaint*, pages 1-3. In addition, the Board asserts that based upon a review of his patients' charts by a Board consultant, there were deficiencies in Dr. Lalaji's interpretation of brain studies and additional deficiencies due to Dr. Lalaji's "missed perception" on several imaging studies. *Id.* The Board asserts that those two

types of deficiencies "represent a deviation from the standard of care." *Complaint*, pages 3-5.

Based upon those factual allegations, the Board asserts that Dr. Lalaji has violated KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(21), and as a result, Dr Lalaji is subject to discipline by the Board. *Complaint*, page 5.

At the conference Mr. Walter stated Dr. Lalaji received the Board's subpoena compelling him to attend the administrative hearing. In addition, Mr. Walter stated, however, that in spite of Dr. Lalaji's receipt of the subpoena, he has informed Mr. Walter that he will not attend the administrative hearing. Mr. Walter informed Dr. Lalaji that by not attending the administrative hearing, he is subject to a default ruling, but Dr. Lalaji continued to maintain that he will not attend the hearing.

The hearing officer notes that previously, the Board notified Dr. Lalaji that "if the licensee fails to attend the hearing or fails to participate as required at any stage of this administrative hearing, the licensee may suffer a default ruling by the Hearing Officer." *Notice of Administrative Hearing*, page 2. Dr. Lalaji was notified that "under such circumstances, the Hearing Officer may rule that the Board has established sufficient proof to warrant disciplinary action against the licensee, based solely upon the licensee's failure to attend or participate." *Id.* See also KRS 13B.080(6).

In response to Dr. Lalaji's statements to Mr. Walter, the Board moved for a recommended default order pursuant to KRS 13B.080(6). Finding substantial merit to the Board's motion, the hearing officer grants the motion for a default ruling. In spite of being notified both by the Board and Mr. Walter of the possible consequences of his decision, Dr. Lalaji has maintained that he will not attend the administrative hearing. It

will not promote the orderly and prompt conduct of the hearing as required by KRS 13B.080(1) for the hearing officer to convene the administrative hearing to confirm that Dr. Lalaji will indeed follow through and will be in default by failing to attend the administrative hearing.

Therefore, the hearing officer finds Dr. Lalaji in default, and the administrative hearing scheduled for May 20-23, 2024 is cancelled.

RECOMMENDED ORDER

As a result of Dr. Anand P. Lalaji being in default, the hearing officer recommends the Board issue a Final Order finding the facial allegations set forth in the *Complaint* to be true, find the allegations constitute violations of KRS 311.595(9), as illustrated by KRS 311.597(4), and KRS 311.595(21), and take any appropriate action against Dr. Lalaji's license for violating the Board's statutes governing the practice of medicine.

NOTICE OF EXCEPTION AND APPEAL RIGHTS

Pursuant to KRS 13B.110(4) a party has the right to file exceptions to this recommended decision:

> A copy of the hearing officer's recommended order shall also be sent to each party in the hearing and each party shall have fifteen (15) days from the date the recommended order is mailed within which to file exceptions to the recommendations with the agency head.

A party also has a right to appeal the Final Order of the agency pursuant to KRS 13B.140(1) which states,

> All final orders of an agency shall be subject to judicial review in accordance with the provisions of this chapter. A party shall institute an appeal by filing a petition in the Circuit Court of venue, as provided in the agency's enabling

> statutes, within thirty (30) days after the final order of the agency is mailed or delivered by personal service. If venue for appeal is not stated in the enabling statutes, a party may appeal to Franklin Circuit Court or the Circuit Court of the county in which the appealing party resides or operates a place of business. Copies of the petition shall be served by the petitioner upon the agency and all parties of record. The petition shall include the names and addresses of all parties to the proceeding and the agency involved, and a statement of the grounds on which the review is requested. The petition shall be accompanied by a copy of the final order.

Pursuant to KRS 13A.010(4), "Such review [by the circuit court] shall not constitute an appeal but an original action." Some courts have interpreted this language to mean that summons must be served upon filing an appeal in circuit court.

SO RECOMMENDED this 24th day of May, 2024.

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EXHIBIT F

FILED OF RECORD

JUL 22 2024

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 2131

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY ANAND P. LALAJI, M.D., LICENSE NO. 41552, 3475 PIEDMONT ROAD, SUITE 1150, ATLANTA, GEORGIA 30305

ORDER OF REVOCATION

On July 18, 2024, the Kentucky Board of Medical Licensure (hereinafter "the Board"), acting by and through its Hearing Panel B, took up this case for final action. The members of Panel B reviewed the Complaint, filed November 14, 2023; the Emergency Order of Suspension, filed November 14, 2023, the Hearing Officer's Recommended Order Finding Anand P. Lalaji, M.D. in Default, filed May 20, 2024; and a June 25, 2024 memorandum from the Board's counsel. The licensee, Anand P. Lalaji, M.D., did not file exceptions to the hearing officer's recommended order and did not appear before the Panel.

Having considered all the information available and being sufficiently advised, Hearing Panel B ACCEPTS the hearing officer's findings of fact and conclusions of law, including the incorporation of the Complaint as referenced by the Recommended Order, and ADOPTS those findings of fact and conclusions of law, and INCORPORATES them BY REFERENCE into this Order. (Attachment)

Having considered all of the sanctions available under KRS 311.595 and the nature of the violations in this case, Hearing Panel B has determined that revocation is the appropriate sanction for these violations. Accordingly, Hearing Panel B **ORDERS**:

1. The license to practice medicine held by Anand P. Lalaji, M.D., is hereby REVOKED and he may not perform any act which constitutes the "practice of medicine," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human

conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – in the Commonwealth of Kentucky;

2. The Panel shall not consider any petition for reinstatement of the licensee's license to practice medicine in the Commonwealth of Kentucky unless and until:
   a. At least two (2) years have passed from the date of entry of this Order; and
   b. Pursuant to KRS 311.565(1)(v), the licensee has reimbursed the costs of these proceedings in the amount of $7,056.25;
3. The provisions of KRS 311.607 SHALL apply to any petition for reinstatement filed by the licensee; and
4. The licensee shall not violate any provision of KRS 311.595 and/or 311.597.

SO ORDERED on this 22nd day of July, 2024.

DALE E. TONEY, M.D.
CHAIR, HEARING PANEL B

CERTIFICATE OF SERVICE

I certify that the original of this Order of Revocation was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and copies were mailed to Thomas J. Hellmann, Esq., Hearing Officer, 810 Hickman Hill Road, Frankfort, Kentucky 40601 and via certified-mail return receipt requested and via email to the licensee's counsel, Richard Walter, Esq., Boehl, Stopher & Graves, LLP, 410 Broadway, Paducah, Kentucky 42001 rwalter@bsgpad.com and the licensee, Anand P. Lalaji, M.D., License No. 41552, 3344 Peachtree Road NE, Suite 2080, Atlanta, Georgia 30326 credentialing@theradiologygroup.org on this 22nd day of July, 2024.

Nicole A. King
Assistant General Counsel
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