BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

TYLER J. SUCHALA, M.D.

Case No. MD-16-0138A

For the Practice of Allopathic Medicine

ORDER FOR LETTER OF REPRIMAND

AND PROBATION; AND CONSENT TO

THE SAME

In the State of Arizona.

Tyler J. Suchala, M.D. ("Respondent") elects to permanently waive any right to a

hearing and appeal with respect to this Order for a Letter of Reprimand and Probation;

admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of

this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of

the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 49271 for the practice of

allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-16-0138A after receiving a complaint

alleging that Respondent, an anesthesiologist, may have a substance abuse problem as

his narcotics utilization pattern deviated substantially from that of his peers.

4. On or about February 24, 2016, the Board received a complaint from the

Hospital where the Respondent held privileges reporting suspicion that Respondent had

been possibly diverting narcotic medications for personal use.

5. Also on February 24, 2016, Respondent submitted a self-report stating that

he had been abusing narcotics for the last five (5) to six (6) months.

6. Respondent was ordered to undergo an assessment with the Board’s

Physician Health Program ("PHP") Contractor. Respondent elected to go straight to a
Board-approved inpatient facility for an evaluation, and was later admitted for long-term treatment.

7. Respondent was discharged from treatment with staff approval on May 3, 2016. On May 4, 2016, Respondent met with the PHP Contractor for a post-treatment assessment, who opined that Respondent was safe to practice medicine as long as he enrolled in the PHP for a period of five (5) years with the additional requirements that he establish a relationship with a board-certified addiction medicine specialist and that he be required to take Naltrexone (or Vivitrol).

8. On June 23, 2016, Respondent entered into an Interim Consent Agreement for participation in the PHP.

9. On August 22, 2016, the Board received a report of non-compliance from the PHP Contractor stating that Respondent had tested positive for meripidine in violation of his Interim Consent Agreement for PHP participation.

10. On August 24, 2016, Respondent entered into an Interim Consent Agreement for Practice Restriction.

11. Respondent entered into treatment for a second time on August 29, 2016 and was discharged with staff approval on October 14, 2016.

12. On December 8, 2016, the Board received a report from the PHP Contractor stating that Respondent is safe to return to the practice of medicine provided he re-enter into the PHP for a period of five (5) years with the additional requirements that he establish a relationship with a board-certified addiction medicine specialist and that he be required to take Naltrexone (or Vivitrol). On December 15, 2016, Respondent entered into an Interim Consent Agreement for PHP participation and the Interim Consent Agreement for Practice Restriction was subsequently vacated.
Patient ZD

13. Respondent acted as anesthesiologist for an open reduction and internal fixation of a right fibula due to an ankle fracture on Patient ZD, a 28 year-old male with prior surgical history of inguinal hernia repair and past medical history of renal stones and back pain.

14. Respondent pre-medicated ZD prior to surgery with 100mg meperidine, 2mg Midazolam, and Hydromorphone. During the surgery, Respondent documented administration of another 4mg Dilaudid, 100mg Demerol, and 450 mcg Fentanyl to ZD. ZD’s vital signs were stable throughout the surgery with average blood pressures of approximately 120/50 except during induction of anesthesia, when the blood pressure was approximately 140-150/60. The total narcotics that Respondent documented administering during the procedure were 6mg Dilaudid, 200mg Demerol, 450 mcg Fentanyl, and 2mg Versed. ZD’s postoperative course appeared to have been uneventful.

Patient MW

15. Respondent acted as anesthesiologist for a trochanteric femoral nail placement performed on Patient MW, an 89 year-old female with a left hip fracture. MW has a past medical history involving hypertension, hyperlipidemia, breast cancer, benign murmur, benign lung mass, and osteoarthritis. MW’s past surgical history includes hip replacement, mastectomy, and lung lobectomy. MW was taking aspirin and atorvastatin and was not on any narcotics at home.

16. Respondent pre-medicated MW prior to surgery with 2mg Dilaudid, and Demerol. During the surgery, Respondent documented administration of 4mg Dilaudid, 100mg Demerol, and 250 mcg of Fentanyl to MW. During induction of anesthesia, MW’s
blood pressure was approximately 160/80-90 decreasing to approximately 120/60, and then rising back up to approximately 160/70 after incision, before returning to approximately 120/60 for the remainder of the surgery. Respondent documented that he administered a total of 6mg Dilaudid, 100+mg Demerol, and 250 mcg of Fentanyl to MW during the procedure. MW’s postoperative course appeared to have been uneventful.

**Deviations from the Standard of Care for ZD and MW**

17. The standard of care required Respondent to avoid prescribing excessive narcotic pain medications for the patient. Respondent deviated from this standard of care by prescribing excessive amounts of pain medication, in combination with other narcotic agents, to patients ZD and MW.

18. There was the potential for patient harm in that ZD and MW were at risk for profound respiratory depression postoperatively leading to decreased oxygenation, and potential for postoperative intubation. In addition, large doses of narcotics intraoperatively can lead to profound hypotension increasing the risks of perioperative myocardial infarction, and stroke, especially in elderly patients. Also, Demerol doses at 200mg can increase a patient’s risk for seizure.

**CONCLUSIONS OF LAW**

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(f)("Habitual intemperance in the use of alcohol or habitual substance abuse.").

c. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(g)("Using controlled substances except if prescribed by another physician for use during a prescribed course of treatment.").
d. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q)("Any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

e. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under the provisions of this chapter.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent’s license is placed on Probation for a period of 5 years¹ and is subject to his continued participation in the Board’s PHP and compliance with the following terms and conditions:

3. Respondent shall not consume alcohol or any food or other substance containing poppy seeds or alcohol.

4. Respondent shall not take any illegal drugs or mood altering medications unless prescribed for a legitimate therapeutic purpose.

5. Respondent shall enter treatment with a board-certified addiction medicine specialist and shall comply with any and all treatment recommendations, including taking any and all prescribed medications. Respondent shall instruct the treating addiction medicine specialist to submit quarterly written reports to the PHP Contractor regarding diagnosis, prognosis, current medications, recommendation for continuing care and treatment, and ability to safely practice medicine. The reports shall be submitted quarterly

¹ Respondent’s probation shall be retroactive to December 15, 2016.
to the PHP Contractor, the commencement of which to be determined by the PHP Contractor. Respondent shall provide the addiction medicine specialist with a copy of this Order. Respondent shall pay the expenses treatment and be responsible for paying for the preparation of the quarterly reports.

6. Respondent shall take the medication Naltrexone (or Vivitrol) for the duration of this Order or until the PHP Contractor deems that the medication is no longer necessary.

7. Respondent shall attend the PHP’s Contractor’s relapse prevention group therapy sessions one time per week for the duration of this Order, unless excused by the relapse prevention group facilitator for good cause. Individual relapse therapy may be substituted for one or more of the group therapy sessions, if the PHP Contractor pre-approves substitution. The relapse prevention group facilitators or individual relapse prevention therapist shall submit monthly reports to the PHP Contractor regarding attendance and progress.

8. If requested by the PHP Contractor, Respondent shall attend ninety 12-step meetings or other self-help group meetings appropriate for substance abuse and approved by the PHP Contractor, for a period of ninety days. Upon completion of the ninety meetings in ninety days, Respondent shall participate in a 12-step recovery program or other self-help program appropriate for substance abuse as recommended by the PHP Contractor. Respondent shall attend a minimum of three 12-step or other self-help program meetings per week. Two meetings per month must be Caduceus meetings. Respondent must maintain a log of all self-help meetings.

9. Respondent shall promptly obtain a Primary Care Physician (“PCP”) and shall submit the name of the physician to the PHP Contractor in writing for approval. Except in an Emergency, Respondent shall obtain medical care and treatment only from
the PCP and from health care providers to whom the PCP refers Respondent. Respondent shall promptly provide a copy of this Order to the PCP. Respondent shall also inform all other health care providers who provide medical care or treatment that Respondent is participating in the PHP. “Emergency” means a serious accident or sudden illness that, if not treated immediately, may result in a long-term medical problem or loss of life.

10. All prescriptions for controlled substances shall be approved by the PHP Contractor prior to being filled except in an Emergency. Controlled substances prescribed and filled in an emergency shall be reported to the PHP within 48 hours. Respondent shall take no Medication unless the PCP or other health care provider to whom the PCP refersRespondent prescribes and the PHP Contractor approves the Medication. Respondent shall not self-prescribe any Medication. “Medication” means a prescription-only drug, controlled substance, and over-the-counter preparation, other than plain aspirin, plain ibuprofen, and plain acetaminophen.

11. Respondent shall submit to random biological fluid, hair and/or nail testing for the remainder of this Order (as specifically directed below) to ensure compliance with the PHP.

12. Respondent shall provide the PHP Contractor in writing with one telephone number that shall be used to contact Respondent on a 24 hour per day/seven day per week basis to submit to biological fluid, hair, and/or nail testing to ensure compliance with the PHP. For the purpose of this section, telephonic notice shall be deemed given at the time a message to appear is left at the contact telephone number provided by Respondent. Respondent authorizes any person or organization conducting tests on the collected samples to provide testing results to the PHP Contractor. Respondent shall comply with all requirements for biological fluid, hair, and/or nail collection. Respondent shall pay for all costs for the testing.
13. Respondent shall provide the PHP Contractor with written notice of any plans to travel out of state.

14. Respondent shall immediately notify the Board and the PHP Contractor in writing of any change in office or home addresses and telephone numbers.

15. Respondent provides full consent for the PHP Contractor to discuss the Respondent's case with the Respondent's PCP or any other health care providers to ensure compliance with the PHP.

16. The relationship between the Respondent and the PHP Contractor is a direct relationship. Respondent shall not use an attorney or other intermediary to communicate with the PHP Contractor on participation and compliance issues.

17. Respondent shall be responsible for all costs, including costs associated with participating in the PHP, at the time service is rendered or within 30 days of each invoice sent to the Respondent. An initial deposit of two (2) months PHP fees is due upon entering the program. Failure to pay either the initial PHP deposit or monthly fees 60 days after invoicing will be reported to the Board by the PHP Contractor and may result in disciplinary action.

18. Respondent shall appear in person before with the PHP Contractor for interviews upon request, upon reasonable notice.

19. Respondent shall immediately provide a copy of this Order to all employers, hospitals and free standing surgery centers where Respondent currently has or in the future gains or applies for employment or privileges. Within 30 days of the date of this Order, Respondent shall provide the PHP with a signed statement of compliance with this notification requirement. Respondent is further required to notify, in writing, all employers, hospitals and free standing surgery centers where Respondent currently has or in the future gains or applies for employment or privileges of a violation of this Order.
20. In the event Respondent resides or practices as a physician in a state other than Arizona, Respondent shall participate in the rehabilitation program sponsored by that state's medical licensing authority or medical society. Respondent shall cause the monitoring state's program to provide written quarterly reports to the PHP Contractor regarding Respondent's attendance, participation, and monitoring. The monitoring state's program and Respondent shall immediately notify the PHP Contractor if Respondent is non-compliant with any aspect of the monitoring requirements or is required to undergo any additional treatment.

21. The PHP Contractor shall immediately notify the Board if Respondent is non-compliant with any aspect of this Order or is required to undergo any additional treatment.

22. In the event of a chemical dependency relapse by Respondent or Respondent's use of controlled substances or alcohol in violation of this Order, Respondent shall promptly enter into an Interim Consent Agreement for Practice Restriction that requires, among other things, that Respondent not practice medicine until such time as Respondent successfully completes long-term inpatient treatment designated by the PHP Contractor and obtains affirmative approval from the Executive Director, in consultation with the Lead Board Member and Chief Medical Consultant, to return to the practice of medicine. Prior to approving Respondent's request to return to the practice of medicine, Respondent may be required to undergo any combination of physical examinations, psychiatric or psychological evaluations. In no respect shall the terms of this paragraph restrict the Board's authority to initiate and taken disciplinary action for any violation of this Order.

23. Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.
24. In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

25. Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent’s request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 14 days prior to the Board meeting. Respondent’s request for release must provide the Board with evidence establishing that she has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

26. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(r).

DATED AND EFFECTIVE this 3rd day of August, 2017.

ARIZONA MEDICAL BOARD

By [Signature]
Patricia E. McSorley
Executive Director
CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquoted any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
7. This Order is a public record that will be publicly disseminated as a formal
disciplinary action of the Board and will be reported to the National Practitioner’s Data
Bank and on the Board’s web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the
remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a
defense that the Board’s consideration of the Order constitutes bias, prejudice,
prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result
in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
consent agreement or stipulation issued or entered into by the board or its executive
director under this chapter.") and 32-1451.

11. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), he
cannot act as a supervising physician for a physician assistant while his license is on
probation.

12. Respondent has read and understands the conditions of probation.

[Signature]

DATE: 5/31/17

TYLER J. SUCHALA, M.D.

EXECUTED COPY of the foregoing mailed
this 3rd day of August, 2017 to:

Tyler J. Suchala, M.D.
Address of Record

ORIGINAl of the foregoing filed
this 3rd day of August, 2017 with:
Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Mary Edger
Board staff