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BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of  
CHAD SHARP, M.D.

License No. 04-24831

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)  
) KSBHA Docket No. 19-HA00017  
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**ORDER GRANTING APPLICATION FOR CHANGE OF DESIGNATION TYPE AND  
ORDERING LIMITATIONS AND CONDITIONS**

On April 12, 2019, the Kansas State Board of Healing Arts (Board) held a hearing on the Application for Change of Designation/Type (requesting to change his license designation from Inactive to Active) filed by Chad Sharp, M.D. ("Applicant"). Courtney Manley, Associate Litigation Counsel, appeared to present the neutral response on behalf of the disciplinary panel of the Board. Applicant appeared in person, *pro se*. After reviewing the agency record, the statements and arguments of the parties, hearing testimony at the hearing, and being otherwise fully advised in the premises, the Board makes the following findings, conclusions, and orders:

1. Applicant was originally issued License No. 04-24831 to practice medicine and surgery in Kansas on October 9, 1993. In February 2009, Applicant surrendered his license to practice medicine and surgery in Kansas.

2. On June 9, 2017, Applicant appeared before the Board, for a hearing on his Application for Reinstatement of his license to practice medicine and surgery in Kansas. Applicant's license was reinstated to Inactive, effective July 7, 2017.

3. Under the Final Order Granting Inactive Status ("2017 Final Order"), the Board ordered, in part:

The Board concludes that Dr. Sharp is not able to practice with reasonable skill and safety to protect the public without *detailed information and* evidence of a structured practice setting such as a residency program or practice group [REDACTED]

[REDACTED] or an equivalent structure, education, and monitoring practice setting.

...  
Further, the Board concludes that if Dr. Sharp were to find a practice group that would accept him in the manner [REDACTED], and includes *detailed information on the nature and extent of the monitoring, education, and documentation* [REDACTED], the Board would consider an application for status change. If the Board concludes such practice group appropriate, Dr. Sharp would be limited in his scope of practice and not able to practice outside the specific parameters of the practice group setting and monitoring which was approved by the Board.

4. Applicant's current license designation is Inactive, having last renewed such license on June 27, 2018.

5. Applicant submitted an Application for Change of Designation/Type requesting to change his license designation from Inactive to Active. Such application was deemed complete and filed with the Board on August 20, 2018.

6. A disciplinary panel of Board members reviewed Applicant's Application for Change of Designation/Type, including the 2017 Final Order and supporting materials. The materials submitted included [REDACTED]. The disciplinary panel, by litigation council, submitted a neutral response to Applicant's application to change his license status to active. The members of the disciplinary panel were recused at all times from the Board's discussions, deliberations, attorney client consultations, and voting in regard to the Board's consideration of Applicant's Application for Change of Designation/Type.

7. At the October 2018 Board meeting, the Board reviewed Applicant's Application for Change of Designation/Type, the 2017 Final Order, the supporting materials submitted by Applicant, the neutral response submitted on behalf of the disciplinary panel, and considered the



testimony provided at the hearing. The Board concluded that the materials and information thus far submitted by Applicant in support of his application for change of status did not meet the requirements described in the 2017 Final Order, described above, because Applicant did not submit a plan that is clearly consistent with all specific recommendations described in the [REDACTED]

8. The Board ordered the matter be continued to allow Applicant to submit additional information for the Board's consideration of his application including a detailed plan to comply with the specific substantive conditions, education, training, monitoring, and documentation recommendations [REDACTED]

9. In December 2018, Applicant submitted a plan for compliance with the [REDACTED] with supporting materials.

10. At the February 8, 2019 Board meeting, the Board reviewed Applicant's Application for Change of Designation/Type, the 2017 Final Order, the supporting materials submitted by Applicant, the neutral response submitted on behalf of the disciplinary panel, the testimony provided at the October hearing, the plan for compliance [REDACTED] with supporting materials submitted in December 2018, and the testimony provided at the hearing.

11. On March 11, 2019, the Board entered an Order of Continuance with Further Directions, in which the Board concluded the materials and information submitted by Applicant in support of his application for change of status did not yet meet the requirements described in the 2017 Final Order and were not clearly consistent with the specific recommendations described [REDACTED] as required by the Order of Continuance. Therefore, the Board ordered the matter continued to allow Applicant to submit a revised detailed plan for

compliance clearly consistent with each specific recommendation/limitation [REDACTED]  
[REDACTED] as required by the Order of Continuance for the Board's further consideration. The Board also provided further and more specific directions to Applicant regarding the information needed to fully assess his application.

12. On March 18, 2019, Applicant submitted a revised return to practice plan in the form of an "addendum to practice plan".

13. At the April 12, 2019 hearing, the Board heard testimony from Applicant and Applicant's intended practice preceptor, Ronald Ferris, M.D.

14. Based on the record as described above and presented to the Board to date, and pursuant to the authority granted to the Board by the Healing Arts Act, including but not limited to K.S.A. 65-2801, K.S.A. 65-2836, K.S.A. 65-2837, K.S.A. 65-2844, and K.S.A. 65-2864, the Board grants the application subject to the following limitations and conditions:

- I. All requirements, limitations, and conditions contained in the "Addendum to practice plan" filed with the Board on March 18, 2019, which is attached as Exhibit 1 and incorporated here by reference. **However, to the extent this paragraph (paragraph #14 of this Order including all sub-paragraphs) contains additional provisions not described in Exhibit 1 or contains provisions that conflict with any provision described in Exhibit 1, the provisions of this paragraph shall take precedence.**
- II. Notwithstanding the provisions described in Exhibit 1, **Applicant shall not treat more than 10 patients per day** within the first four months after his return to practice under any circumstances. Thereafter, Applicant may increase the number of patients treated per day [REDACTED] [REDACTED] agree to such increase in writing prior to the date Applicant's patient load increases to more than 10 patients per day (such written record of agreement shall be maintained by Applicant and produced to the Board upon request).
- III. Within the first four months of his return to practice, Applicant shall ensure that Dr. Ferris sees each patient treated by Applicant after



Applicant sees the patient, on the same day, as described in Dr. Ferris' testimony at the April 12, 2019 hearing.

- IV. Applicant shall **submit the "Progress Reports" described in the second paragraph of Exhibit 1 to the Board at least every four months**, the first such report being due to the Board no later than September 20, 2019.
- V. Notwithstanding the statements in the final paragraph of Exhibit 1, Applicant shall not change his preceptor or practice location at any time without the prior approval of the Board.
- VI. **Any modification to the conditions and limitations described in this order shall require prior approval of the Board** notwithstanding any statements to the contrary in Exhibit 1.

15. The requirements, conditions, and limitations of this Order are not self-terminating.

THEREFORE, the Board **GRANTS** the application for change of Designation/Type subject to the **LIMITATIONS AND CONDITIONS** described herein.

**IT IS SO ORDERED.**

**KANSAS STATE BOARD OF HEALING ARTS**

/s/ Tucker Poling, #23266, for  
Robin Durrett, D.O.,  
President, Kansas State Board of Healing Arts

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that a true and correct copy of the above and foregoing was served on this 9th day of May, 2019, by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Chad Sharp, MD  
[REDACTED]  
[REDACTED]

And a copy was delivered to:

Courtney Manly, Associate Litigation Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Licensing Administrator  
Kansas Board of Healing Arts  
800 SW Jackson, Lower Level – Suite A  
Topeka, KS 66612

And the original was filed with the office of the Executive Director.

  
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19-HA00017  
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#### Addendum to practice plan

KS State Board of Healing Arts

For the first 3 to 4 days I will shadow other providers to learn the computer software and layout of the office. After 4 days I will begin to see patients in 40 minute intervals. I will not see more than 15 patients per day [REDACTED] and Dr Ferris agree that my patient load can be increased. I will not see patients in the urgent care clinic which is attached to the clinic until [REDACTED] and Dr Ferris agree that it is appropriate. I will not work more than 4 days per week until [REDACTED], and Dr Ferris agree that I may work more than 4 days per week.

I will not see patients unless Dr Ferris is in the building.

I will prepare for my daily practice life by checking my schedule the night before and checking what conditions my patients have for the next day. I will then research each condition for complication, treatment options and coexisting conditions. I will meditate each morning before going to work. When I arrive at work I will check my patient list for their medications. I will then look up each medication for side effects, drug interactions, and similar treatment options. In case they need medication changes. When I am seeing my patients I will focus on the patient and not the computer. I will take a thorough history including history of current illness, past medical history, family history, history of alcohol, drug and tobacco use, social history, allergies, current medication including over the counter medication and herbal supplements, I will do a thorough review of systems, I will do a thorough physical examination, differential diagnosis, and treatment plan. If I make any changes to their current treatment plan I will check with Dr Ferris to make sure that it is appropriate before they are dismissed from the clinic. I will then document the visit before I move on to the next patient. At the end of the day I will choose the appropriate charts (chronic care) [REDACTED] I will then check my patient list for the next day. I will upon my initial return to practice present all patients seen who have a diagnosis of, initiation of therapy for, and/or medication adjustments for chronic diseases to Dr Ferris by the end of each work day to discuss differential diagnoses, treatment planning, and treatment goals. I will attend meetings while on my lunch break and in the evening after work.

I will meet with Dr Sweet frequently (weekly) to review cases and corresponding documentation, discuss decisions related to clinical care, review specific questions, and ensure that I am involved in ongoing learning.

I will:

1. Maintain Educational
2. and PoC Case Logs
  - a. Education Logs will document all educational activities including Preceptor Meetings and the content of the Meetings, and those activities that are outside of the scope of the Plan but relevant to my practice;
  - b. PoC Case Logs will document PoC activities;
2. Submit materials:
  - a. By the fifth of every month, I will submit:
    - 1) Education Logs;
    - 2) Preceptor Report forms completed by my Preceptor;
    - 3) I will not prescribe controlled substances or apply for a DEA license nor will I see patients with chronic pain complaints.
    - 4) Other materials relevant to the Plan or as requested by the CPEP Associate Medical Director;





b. By the fifth of every month and until the following has been completed, submit:

- 1) Case Logs for the PoC activities;
- 2) Topic/subtopic summaries;
- 3) CME certificates and/or other documentation of completed activities specified in the Plan.

3. Submit Charts:

- a. Either monthly or every other month, [REDACTED], submit charts. Charts will be complete and if possible, include one year of patient care and include the Preceptor's written comments either on or with the copies of the charts. More information will be provided when the Plan is initiated;
- b. At the request of the Associate Medical Director, I will submit randomly selected charts for review from my appointment schedule;

4. Communication:

- a. I will participate in calls [REDACTED] as requested;
- b. I will respond to emails or letters [REDACTED] in a timely fashion;
5. I will be responsible for my and my Preceptor's participation in the Plan activities and my educational progress;
6. I will demonstrate improvements for all Learning Goals prior to conclusion of the Patient Care Enhancement activities.

Approximately every four months, Progress Reports will be generated and provided to me and to other entities for which I have provided authorization [REDACTED]. The Progress Reports will capture my progress as demonstrated during Formative Evaluations conducted during that reporting period.

I will not prescribe controlled substances or apply for a DEA license nor will I see patients with chronic pain complaints.

[REDACTED]  
[REDACTED]  
I will participate in a [REDACTED] approved interactive communication course that provides me with direct and immediate feedback about my communication skills within 3 months of starting back in practice.

I will complete a comprehensive family medicine review course within 3 months of returning to practice.

I will complete a ECG interpretation course at [www.ecgcourse.com](http://www.ecgcourse.com) prior to starting back to practice.

The duration of my Educational Plan will be approximately 12-18 months. I will not change my practice location or my preceptor until I have completed the educational plan without permission from the Board of Healing Arts.

Chad Sharp MD