

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
RIEMKE BRAKEMA, M.D.
 Holder of License No. **18508**
 For the Practice of Allopathic Medicine
 In the State of Arizona.

Case No. MD-14-0167A

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION AND CONSENT TO
THE SAME**

CONSENT AGREEMENT

Riemke Brakema, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this 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 No. 18508 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-13-0634A upon receiving notification that Respondent was involved in a traffic accident. She was administered a Breathalyzer at the scene and was subsequently charged with a DUI.

4. Based upon this incident, Respondent presented for a physician health assessment. During the assessment, Respondent indicated that she was currently not practicing medicine and that she was under the care of a psychiatrist and psychotherapist. As a result of the assessment, on August 16, 2013, Respondent entered into a Stipulated Rehabilitation Agreement ("SRA"). Pursuant to the SRA, Respondent was required to participate in the Board's Physician Health Program ("PHP")

1 for a period of two years and to continue to seek care from her psychiatrist and comply
2 with his recommendations regarding her practice of medicine.

3 5. The SRA expressly prohibited Respondent from consuming alcohol. On
4 January 13, 2014, Respondent's urine drug screen tested positive of EtG, a metabolite of
5 alcohol. When confronted with the results of her urine drug screen, Respondent
6 acknowledged that she consumed alcohol. As a result of Respondent's violation of the
7 SRA, the Board initiated case MD-14-0167A.

8 6. Respondent presented to a treatment center on March 23, 2014 and was
9 discharged with staff approval on June 2, 2014.

10 7. On June 9, 2014, the Board received a PHP report stating that Respondent
11 successfully completed treatment and recommended that Respondent enter into a five
12 year PHP monitoring agreement. PHP also advised that Respondent was deemed safe to
13 practice as long as she refrains from engaging in the practice of Emergency Medicine.
14 PHP added that Respondent remains on psychiatric disability, and that PHP will need
15 clarification from her psychiatrist as to whether he believes she needs to remain officially
16 on disability for psychiatric reasons or if her disability status is to be discontinued.

17 8. On June 24, 2014, Respondent entered into an Interim Consent Agreement
18 for a Practice Restriction, prohibiting her from practicing any form of medicine until
19 receiving permission from the Board to do so.

20 9. Board staff received correspondence from Respondent's psychiatrist
21 indicating that she was diagnosed with bipolar disorder and has had some anxiety in
22 addition to the alcohol struggles for which she received treatment. It was additionally
23 reported that Respondent is compliant with her psychiatric treatment. The psychiatrist
24 stated that it is his impression that Respondent is safe to practice clinical medicine in
25 settings other than Emergency Medicine.

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CONCLUSIONS OF LAW

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

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(f) (“[h]abitual intemperance in the use of alcohol or habitual substance abuse.”).

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to 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 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 **FIVE Years**. While on Probation, Respondent is prohibited from practicing Emergency Medicine and from working more than 40 hours per week. In addition, Respondent shall comply with all of the following terms and conditions:

3. **Participation.** Respondent shall enroll and participate in the Board’s Physician Health Program (“PHP”) monitoring service for a period of five years.

4. **No Alcohol or Poppy Seeds.** Respondent shall not consume alcohol or any food or other substance containing poppy seeds or alcohol. Respondent shall not take any illegal drugs or mood altering medications.

5. **Relapse Prevention Group.** Respondent shall attend the PHP’s relapse prevention group therapy sessions one time per week for the duration of this Interim Stipulated Agreement, unless excused by the relapse prevention group facilitator for good

1 cause. Individual relapse therapy may be substituted for one or more of the group therapy
2 sessions, if PHP pre-approves substitution. The relapse prevention group facilitators or
3 individual relapse prevention therapist shall submit monthly reports to the PHP regarding
4 attendance and progress.

5 6. If requested by the PHP, Respondent shall successfully complete a PHP
6 approved 72 hour alcohol/drug awareness education class.

7 7. 12 Step or Self-Help Group Meetings. If requested by the PHP,
8 Respondent shall attend ninety 12-step meetings or other self-help group meetings
9 appropriate for substance abuse and approved by the PHP, for a period of ninety days.
10 Upon completion of the ninety meetings in ninety days, Respondent shall participate in a
11 12-step recovery program or other self-help program appropriate for substance abuse as
12 recommended by the PHP. Respondent shall attend a minimum of three 12-step or other
13 self-help program meetings per week. Two meetings per month must be Caduceus
14 meetings. Respondent must maintain a log of all self-help meetings.

15 8. Approved Psychiatrist. Respondent shall immediately obtain a treating
16 psychiatrist approved by the PHP and shall remain in treatment with the psychiatrist until
17 further order of the Board. Respondent shall instruct the psychiatrist to release to the PHP,
18 upon request, all records relating to Respondent's treatment, and to submit quarterly
19 written reports to the PHP regarding diagnosis, prognosis, medications, and
20 recommendations for continuing care and treatment of Respondent. The reports shall be
21 submitted on or before the 15th day of March, June, September and December of each
22 year, beginning on or before September 15, 2014. Respondent shall provide the
23 psychiatrist with a copy of this Order. Respondent shall pay the expenses of all the
24 psychiatric care and is responsible for the preparation of the quarterly reports.

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1 9. **Approved Primary Care Physician.** Respondent shall promptly obtain a
2 primary care physician ("PCP") and shall submit the name of the physician to the PHP in
3 writing for approval. The approved PCP shall be in charge of providing and coordinating
4 Respondent's medical care and treatment. Except in an *Emergency*, Respondent shall
5 obtain medical care and treatment only from the PCP and from health care providers to
6 whom the PCP refers Respondent. Respondent shall promptly provide a copy of this
7 Order to the PCP. Respondent shall also inform all other health care providers who
8 provide medical care or treatment that Respondent is participating in PHP. "*Emergency*"
9 means a serious accident or sudden illness that, if not treated immediately, may result in a
10 long-term medical problem or loss of life.

11 10. **Medication.** All prescriptions for controlled substances shall be
12 approved by the PHP prior to being filled except in an *Emergency*. Controlled
13 substances prescribed and filled in an emergency shall be reported to the PHP within 48
14 hours. Respondent shall take no Medication unless the PCP or other health care provider
15 to whom the PCP refers Respondent prescribes and the PHP approves the Medication.
16 Respondent shall not self-prescribe any Medication. "Medication" means a prescription-
17 only drug, controlled substance, and over-the counter preparation, other than plain aspirin,
18 plain ibuprofen, and plain acetaminophen. Respondent shall submit to random biological
19 fluid, hair and nail testing for five years from the date of this Consent Agreement (as
20 specifically directed below) to ensure compliance with PHP.

21 11. **Biological Fluid, Hair and Nail Collection.** Respondent shall provide the
22 PHP in writing with one telephone number that shall be used to contact Respondent on a
23 24 hour per day/seven day per week basis to submit to biological fluid, hair and nail testing
24 to ensure compliance with PHP. For the purposes of this section, telephonic notice shall
25 be deemed given at the time a message to appear is left at the contact telephone number

1 provided by Respondent. Respondent authorizes any person or organization conducting
2 tests on the collected samples to provide testing results to the PHP. Respondent shall
3 comply with all requirements for biological fluid, hair and nail collection. Respondent shall
4 pay for all costs for the testing.

5 12. **Out of State Travel and/or Unavailability at Home/Office Telephone**
6 **Number.** Respondent shall provide the PHP with written notice of any plans to travel out
7 of state.

8 13. **Address and Phone Changes, Notice.** Respondent shall immediately notify
9 the Board and the PHP in writing of any change in office or home addresses and
10 telephone numbers.

11 14. **Release of Information.** Respondent provides full consent for the PHP to
12 discuss the Respondent's case with the Respondent's PCP or any other health care
13 providers to ensure compliance with PHP.

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

17 16. **Payment for Services.** Respondent shall be responsible for all costs,
18 including PHP costs associated with participating in PHP at the time service is rendered,
19 or within 30 days of each invoice sent to the Respondent. An initial deposit of two months
20 PHP fees is due upon entering the program. Failure to pay either the initial PHP deposit
21 or monthly fees 60 days after invoicing will be reported to the Board by the PHP and may
22 result in disciplinary action up to and including revocation.

23 17. **Notice Requirements.** Respondent shall immediately provide a copy of this
24 Order to all employers, hospitals and free standing surgery centers where Respondent
25 currently has or in the future gains employment or privileges. Within 30 days of the date of

1 this consent Agreement, Respondent shall provide the PHP with a signed statement of
2 compliance with this notification requirement. Respondent is further required to notify, in
3 writing, all employers, hospitals and free standing surgery centers where Respondent
4 currently has or in the future gains employment or privileges, of a chemical dependency
5 relapse.

6 18. **Out-of-State.** In the event Respondent resides or practices as a physician in
7 a state other than Arizona, Respondent shall participate in the rehabilitation program
8 sponsored by that state's medical licensing authority or medical society. Respondent shall
9 cause the monitoring state's program to provide written quarterly reports to the PHP
10 regarding Respondent's attendance, participation, and monitoring. The monitoring state's
11 program and Respondent shall immediately notify the PHP if Respondent: a) is non-
12 compliant with any aspect of the monitoring requirements; b) relapses; c) tests positive for
13 controlled substances; d) has low specific gravity urine drug test(s), missed and/or late
14 urine drug tests, or otherwise rejected urine drug tests; and e) is required to undergo any
15 additional treatment.

16 19. The PHP shall immediately notify the Board if Respondent: a) is non-
17 compliant with any aspect of this Order; b) relapses; c) tests positive for controlled
18 substances; d) has low specific gravity urine drug test(s), missed and/or late urine drug
19 tests, or otherwise rejected urine drug tests; and e) is required to undergo any additional
20 treatment.

21 20. **Relapse, Violation.** In the event of chemical dependency relapse by
22 Respondent or Respondent's use of drugs or alcohol in violation of this Order, Respondent
23 shall promptly enter into an Interim Order for Practice Restriction and Consent to the
24 Same that requires, among other things, that Respondent not practice medicine until such
25 time as Respondent successfully completes long-term inpatient treatment for chemical

1 dependency designated by the PHP and obtains affirmative approval from the Board or
2 the Executive Director to return to the practice of medicine. Prior to approving
3 Respondent's request to return to the practice of medicine, Respondent may be required
4 to submit to witnessed biological fluid collection, undergo any combination of physical
5 examination, psychiatric or psychological evaluation and/or successfully pass the special
6 purpose licensing examination or the Board may conduct interviews for the purpose of
7 assisting it in determining the ability of Respondent to safely return to the practice of
8 medicine. In no respect shall the terms of this paragraph restrict the Board's
9 authority to initiate and take disciplinary action against Respondent for violation of
10 this Order.

11 21. The Board retains jurisdiction and may initiate a new action based upon any
12 violation of this Order, including, but not limited to, those actions set forth in the preceding
13 paragraph.

14 22. Respondent shall obey all state, federal and local laws, all rules governing
15 the practice of allopathic medicine in Arizona, and remain in full compliance with any court
16 order criminal probation, payments and other orders.

17 23. Practice Restriction Termination; CPEP. Respondent shall not return to
18 the practice of Emergency Medicine or increase her work week hours beyond 40 hours per
19 week until receiving the Board's permission to do so. Prior to petitioning the Board to
20 terminate the Practice Restriction, Respondent shall undergo and complete an
21 assessment conducted by The Center for Personalized Education for Physicians
22 ("CPEP"). The CPEP assessment shall be completed at Respondent's own expense and
23 Respondent shall notify the Board immediately upon scheduling a date for the
24 assessment. Respondent shall sign a consent form to release all confidential assessment
25 and/or treatment records to the Board. Respondent shall abide by any recommendations

1 made by the CPEP evaluators. At the conclusion of the CPEP assessment, Respondent
 2 shall provide the Board with CPEP's final report for its consideration in determining
 3 whether to terminate the Practice Restriction related to the practice of Emergency
 4 Medicine.

5 **24. Probation Termination.** Prior to the termination of Probation, Respondent
 6 must submit a written request to the Board for release from the terms of this Order.
 7 Respondent's request must be in writing and submitted at least 30 days prior to the date
 8 she would like the matter to appear before the Board. In doing so, Respondent must
 9 provide the Board with evidence establishing that she has successfully satisfied all of the
 10 terms and conditions of this Order. Such evidence shall include a report from the PHP
 11 supporting the termination of Probation. The Board has the sole discretion to determine
 12 whether all of the terms and conditions of this Order have been met and whether
 13 Respondent has adequately demonstrated that she has addressed all of the issues
 14 identified in it. At that time, the Board shall determine whether it is appropriate to release
 15 Respondent from this Order or take any other action that is consistent with its statutory
 16 and regulatory authority.

17 **25.** Respondent's June 24, 2014 Interim Consent Agreement for Practice
 18 Restriction shall be vacated at the time that this Consent Agreement becomes effective.

19 DATED AND EFFECTIVE this 8th day of August, 2014.

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 21 ARIZONA MEDICAL BOARD

22
 23 By C. Lloyd Vest, II
 24 C. Lloyd Vest, II
 25 Executive Director

CONSENT TO ENTRY OF ORDER

1 Respondent understands and agrees that:

2 1. Any record prepared in this matter, all investigative materials prepared or
3 received by the Board concerning the allegations, and all related materials and exhibits
4 may be retained in the Board's file pertaining to this matter.
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6 2. Respondent has read and understands this Consent Agreement as set forth
7 herein, and has had the opportunity to discuss this Consent Agreement with an attorney
8 or has waived the opportunity to discuss this Consent Agreement with an attorney.
9 Respondent voluntarily enters into this Consent Agreement and by doing so agrees to
10 abide by all of its terms and conditions.

11 3. By entering into this Consent Agreement, Respondent freely and voluntarily
12 relinquishes all rights to an administrative hearing on the matters set forth herein, as well
13 as all rights of rehearing, review, reconsideration, appeal, judicial review or any other
14 administrative and/or judicial action, concerning the matters related to the Consent
15 Agreement.
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17 4. The findings contained in the Findings of Fact portion of the Consent
18 Agreement are conclusive evidence of the facts stated herein and may be used for
19 purposes of determining sanctions in any future disciplinary matter.

20 5. Respondent acknowledges and agrees that upon signing this Consent
21 Agreement and returning it to the Board's Executive Director, Respondent may not revoke
22 her acceptance of this Consent Agreement or make any modifications to it. Any
23 modification of this original document is ineffective and void unless mutually approved by
24 the parties in writing.
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1 6. Respondent understands that this Consent Agreement shall not become
2 effective unless and until it is approved by the Board and signed by the Board's Executive
3 Director.

4 7. Respondent understands and agrees that if the Board does not adopt this
5 Consent Agreement, she will not assert in any future proceedings that the Board's
6 consideration of this Consent Agreement constitutes bias, prejudice, prejudgetment, or
7 other similar defense.

8 8. Respondent understands that this Consent Agreement is a public record
9 that may be publicly disseminated as a formal action of the Board and will be reported to
10 the National Practitioner's Data Bank and placed on the Board's web site as a disciplinary
11 action.

12 9. Respondent understands that this Consent Agreement does not alleviate
13 her responsibility to comply with the applicable license-renewal statutes and rules. If this
14 Consent Agreement remains in effect at the time Respondent's medical license comes up
15 for renewal, she must renew her license if Respondent wishes to retain her license. If
16 Respondent elects not to renew her license as prescribed by statute and rule,
17 Respondent's license will not expire but rather, by operation of law (A.R.S. § 32-3202),
18 become suspended until the Board takes final action in this matter. Once the Board takes
19 final action, in order for Respondent to be licensed in the future, she must submit a new
20 application for licensure and meet all of the requirements set forth in the statutes and
21 rules at that time.

22 10. Respondent understands that any violation of this Consent Agreement
23 constitutes unprofessional conduct under A.R.S. § 32-1401(27)(r) ("[v]iolating a formal
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1 order, probation, consent agreement or stipulation issued or entered into by the board or
2 its executive director under this chapter.").

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6 Riemke Brakema, M.D.

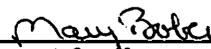
DATED: 8/1/14

7 EXECUTED COPY of the foregoing mailed
8 this 8th day of August, 2014 to:

9 Riemke Brakema, M.D.
10 Address of Record

11 ORIGINAL of the foregoing filed
12 this 8th day of August, 2014 with:

13 Arizona Medical Board
14 9545 E. Doubletree Ranch Road
15 Scottsdale, AZ 85258

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17 Board Staff