



From the Desk ofEric E. Frische,
MD

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Re: Anagnost/Hearing

I think it is fair to say that all of us were surprised that our "expert's" testimony didn't hold up once Dr. Anagnost presented his defense. The flaw with our experts was that they didn't appear to have expertise with the minimally invasive spine surgery. That fact doesn't prove that the doctor is doing things properly, it only demonstrates that we should have prepared differently and had we done so, I doubt that we would have pushed for an emergency suspension hearing. There are specific things we could have and should have done.

First of all, we should have interviewed the doctor. I think we felt that we wanted to catch him off guard but clearly he wasn't. I also realize that he would have been a tough person for any one investigator to interview. In future cases like this one, we might consider an interview with multiple interviewers and do so on the record and probably in our Board office where we can record the interview. That should be adequate to catch doctors off guard.

Secondly, using experts who are already participants in the care of the patients under question should only be done after we have consulted with independent sources to corroborate our expert's opinions. This doesn't have to result in the formal usage of an outside expert but maybe only an informal consultation with them. I know we asked Drs. Tomacek and Fell if there was any way they were uncertain about what they saw at surgery and I in fact asked whether the argument that the surgery was minimally invasive would or could be used to brush aside their opinions and they were 100% sure of their observations. I didn't ask if they did this type of surgery on a regular basis. I guess I assumed that they would be familiar with the various techniques used today in spine surgery.

I realize that our doctor experts continue to tell of more cases and we have asked them to bring us the material. I would imagine that they are surprised and worried about the outcome of the hearing. If we want to pursue the case it will probably require some effort to keep them involved. We should at least continue enough to close up the loose ends.

Those loose ends with Dr. Anagnost are significant and I do not feel that we can just drop the case at this point. We do not know the truth about the alleged fraudulent billing for the evoked potential readings he was able to charge for in surgery and we may not ever be able to find out without cooperation from the hospital. There is the matter of his billing for his PA when there was a resident scrubbed in on the case. There is the matter of the twenty or so lawsuits, which to me indicates the doctor is doing something wrong, maybe only in terms of poor communication with his patients. There is the matter of his alleged poor coverage of his patients after hours. Finally, we do not know that the videos he showed us at the hearing were his cases. Some of the issues are matters that should have been handled by the various hospitals by the credentialing committees and to my knowledge this has not happened. So that is my two cents worth. I would like to hear what everyone else thinks.

Nobody has said that quality of care cases are easy!

EF