

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Clement Ka-Chun Yeung (CPSO # 32020)
(the Respondent)**

INTRODUCTION

The Complainant saw the Respondent as a walk-in patient on one occasion in November 2014 with symptoms of an upper respiratory infection. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned with the Respondent's medical care and professionalism in 2014. For example, he:

- **inappropriately charged A003A code for a consultation that lasted five minutes;**
- **inappropriately flushed his one ear when he felt fatigued; and**
- **charged OHIP for a smoking cessation discussion that did not take place.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of May 8, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to his medical record-keeping and his OHIP billings. In addition, the Committee brought its concerns about the Respondent's OHIP billings to the attention of the General Manager of OHIP. The Committee took no action on the concern that the Respondent inappropriately flushed out the Complainant's ear.

COMMITTEE'S ANALYSIS

Medical record-keeping

- The Committee had concerns regarding the quality of the Respondent's records, as they consisted of templates with little in the way of detailed information which made it difficult to obtain a good understanding of the care provided. The Respondent acknowledged that there were issues with his charting, including his use of templates. He noted that in a recent assessment by a College assessor he received recommendations to improve his record-keeping, that he would be commencing

supervision to address the deficiencies in his records, and that he has taken a medical record-keeping course.

- The Committee recognized that the Complainant had engaged in remediation and was currently undergoing a reassessment of his record-keeping in another College proceeding, and indicated that it trusted the interventions would lead to improvement in that aspect of the Respondent's practice going forward. As such, they were satisfied that a caution was sufficient to address the concerns in this case regarding the Respondent's record-keeping, and that it was not necessary to impose further remediation at this time.

Inappropriate OHIP billing

- The Complainant and the Respondent disputed the length of the visit, and the Committee was not in a position to know with certainty how long the visit lasted. The Committee noted that the record included a template for a general assessment but was missing certain information would be expected in a general assessment. The Committee also noted that a change was made in the electronic medical record (EMR) three days after the visit that was not properly acknowledged in the record, which contributed to its concerns about the Respondent's records.
- In addressing the use of the OHIP billing code A003 (General Assessment), the Respondent stated that he "may have made some errors" in its use, and that he was working with OHIP to repay any amounts that he may have received as a result of incorrect billings and was working to educate himself to ensure he bills OHIP correctly in the future. However, the Committee is not privy to the details of the Respondent's interactions with OHIP in this regard.
- Although the Respondent billed OHIP for an initial discussion regarding smoking cessation, the Complainant denied any such discussion took place. The Respondent, noted that the record contains a flow sheet from Clinical Tobacco Intervention (CTI) for Smoking Progress Notes, which he maintained met the Ministry of Health and Long Term Care's medical record requirements for billing this service. However, the Committee noted that although the flow sheet indicates that the Complainant was "highly motivated" to stop smoking for health reasons, there was no further documentation about the discussion that occurred, and what, if anything the Respondent did in terms of providing appropriate counselling or discussing a plan of treatment. Once again, the poor quality of the Respondent's records impeded the Committee's ability to fully understand the care that was provided.

- The Committee felt a caution was appropriate in this case, in light of the issues raised regarding the Respondent's billings in this matter (as well as similar concerns that were raised in two concurrent matters before the Committee).

Other outcomes

- Given the concerns regarding the Complainant's billings, the Committee directed that the information be brought to the attention of the General Manager of OHIP.
- Regarding the Complainant's concern that the Respondent inappropriately syringed his right ear, the Committee was satisfied that there was some indication in the record to syringe the ear.