

SUMMARY

DR. GREGORY JOHN JUN TUNG LOWE (CPSO #81657)

1. Disposition

On December 14, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required internist Dr. Lowe to appear before a panel of the Committee to be cautioned with respect to appropriate ordering of investigations, imaging, and blood tests; and with regard to appropriate record keeping and OHIP billing.

In addition, the Committee ordered Dr. Lowe to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Lowe to:

- Review the College’s *Medical Records* policy and the Clinical Practice Guidelines, complete other self study related to internal medicine, and provide a written summary of his review of these documents
- Practice under the guidance of a clinical supervisor acceptable to the College for six months
- Undergo a reassessment of his practice by an assessor selected by the College approximately six months after completion of the education program.

Thirdly, the Committee instructed that information regarding Dr. Lowe’s OHIP billing be directed to the attention of the General Manager of OHIP.

2. Introduction

The College received information raising concerns about Dr. Lowe’s internal medicine practice, specifically that Dr. Lowe was ordering excessive, unnecessary and expensive laboratory investigations. Subsequently, the Committee approved the Registrar’s appointment of investigators to conduct a broad review of Dr. Lowe’s practice.

3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector (“MI”) to review a number of Dr. Lowe’s patient charts, interview Dr. Lowe, and submit a written report to the Committee.

An Internal Medicine Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College’s professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College’s website at www.cpso.on.ca, under the heading “Policies & Publications.”

4. Committee’s Analysis

The MI’s review revealed concerning deficiencies in Dr. Lowe’s practice, which the MI summarized in his report as follows:

- Indiscriminate ordering of investigations
- Incomplete documentation
- Not meeting the requirements of service for submitting OHIP billing.

The MI opined that the care Dr. Lowe provided did not meet the standard of practice of the profession in 4 of the 25 charts reviewed. In addition, the MI was of the view that Dr. Lowe demonstrated a lack of judgement and/or skill as it pertains to the ordering of tests in 18 of the 25 charts reviewed.

The MI concluded that Dr. Lowe’s practice exposed patients to risk of harm in only one of the charts reviewed. The Committee considered this to be an inadequate assessment of the risk of harm that unnecessary tests pose to patients. In the Committee’s view, by their sheer numbers, excessive unwarranted tests will result in some positive results that may lead to patients undergoing invasive procedures. This puts patients at unnecessary risk of harm.

The Committee was concerned by the indication that Dr. Lowe may be billing OHIP inappropriately, claiming extra hours to assess patients with straightforward clinical problems.

The Committee noted the MI's observation that Dr. Lowe "often documents lengthy assessment (A130 Comprehensive Internal Medicine consultation) for patients with no co-morbidities and relatively uncomplicated presentations."

Furthermore, the MI noted that Dr. Lowe billed follow-up clinical visits as either Medical Specific Assessments (A133) or Complex Medical Specific Re-Assessments (A131). The MI noted that Dr. Lowe's follow-up notes did not contain and/or document the components of these assessments.

In his response to the MI report, Dr. Lowe indicated that he had taken the time to review the MI's report and that of another internal medicine specialist whose opinion he sought. Dr. Lowe expressed his intention to significantly reduce ordering a number of medical imaging and laboratory tests.

Notwithstanding Dr. Lowe's response, the Committee decided that the three-fold disposition set out above was warranted in this matter.