

**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. Mohammed Mehboob Elahi (CPSO# 72950)
Plastic Surgery, Otolaryngology-Head and Neck Surgery
(the Respondent)**

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario to express concerns about the Respondent's care related to breast augmentation surgery and conduct related to OHIP billing practices.

COMPLAINANT'S CONCERNS

The Complainant's concerns about the Respondent are as follows:

- failed to perform the breast augmentation procedure adequately, including using only 1080 cc instead of 1200 cc implants as planned, and resulting in breast asymmetry, excessive scarring, and the need for revision surgery
- failed to ensure adequate post-operative care, including pain management, the availability of urinary catheter equipment as previously discussed, and allowing her to be discharged before she had voided
- billed OHIP for procedures the Complainant paid for out of pocket and for procedures he did not do
- failed to provide receipts for the fees the Complainant paid
- misled the Complainant into purchasing bras from him that he advised were medical grade for compression, which the Complainant later found were ill-fitting, not medical grade, and could be purchased at a much-reduced cost online
- disclosed her personal health information to the Complainant's friend without the Complainant's consent
- attempted to manipulate the Complainant into not bringing her concerns to the College.

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of June 26, 2023. The Committee required the Respondent complete a specified continuing remediation and education program (SCERP) consisting of:

- Clinical supervision for a minimum period of 3 months (monthly meetings with the Clinical Supervisor, including a review of 15 charts per meeting; one report back to the College from the Clinical Supervisor)
- Self-study (review, reflection, and a written summary of)
 - Ethical Issues in Physician Billing Under Fee-for-Service Plans
 - Good Practices—Professionalism and Ethics, Canadian Medical Association (CMA)
 - Good Practices—Patient-centred Communication, CMA
 - The Practice Guide, Page 7—CPSO
 - Uninsured Services: Billing and Block Fees, CPSO
- Reassessment of practice to take place six (6) months following conclusion of the period of clinical supervision.

COMMITTEE'S ANALYSIS

Concern that the Respondent billed OHIP for procedures the Complainant paid for out of pocket and for procedures he did not do

- The Respondent maintained that his staff billed OHIP in error for aspects of the Complainant's surgery. The Complainant provided an audio recording of the last appointment she had with the Respondent in which she raised concerns about OHIP billing. In the recording, the Respondent justifies billing OHIP for certain aspects of the Complainant's care.
- The Committee determined that the Respondent pushed ethical limits by using OHIP billing codes for various aspects of care provided to the Complainant when such billing was not truly justified based on the nature of the care provided. Although the Respondent pointed to his staff as the source of the billing errors, the Committee noted that, as the physician, the Respondent was ultimately responsible for his staff's actions. The Committee noted, in addition, that the audio recording suggested awareness by the Respondent, when confronted by the Complainant, that he would not have billed OHIP had he known the Complainant's was an insurance case. This exchange further called into the Respondent's integrity with respect to billing practices. If not for the circumstances of the Complainant's lawyer accessing her OHIP file for purposes of a motor vehicle collision claim, the Committee would have had no awareness of the OHIP billing irregularities in this case.
- Given the Committee's concerns with respect to the Respondent's billing practices, it required the Respondent to complete a SCERP as noted above.

Concern that the Respondent misled the Complainant into purchasing bras from him that he advised were medical grade for compression, which she later found were ill-fitting, not medical grade, and could be purchased at a much-reduced cost online

- The Committee noted conflicting information from the Complainant and the Respondent on this aspect of the complaint, in that the Respondent stated that patients are given a choice. It was unclear to the Committee based on the information documented in the chart how informed patients' choices are in this regard. The Committee further noted a communications issue which the Respondent would do well to address. The Committee determined that this area of practice improvement was encompassed under the SCERP outlined above.

Concern that the Respondent attempted to manipulate the Complainant into not bringing her concerns to the College

- The Respondent denied this allegation.
- The Committee was faced with opposing perceptions of the exchange between the parties, and could not determine based on the audio recording that the Respondent was attempting to manipulate the Complainant. The Committee remained concerned, however, that the Respondent, who has a history of questionable OHIP billing practices, was discovered to have again submitted questionable OHIP billings in the Complainant's case.
- Given the Committee's significant concerns about the Respondent's OHIP billing practices in this case, as well as his integrity and ethics, it determined that the SCERP outlined above was appropriate to address this aspect of the complaint, given that the Respondent had indicated unwillingness to enter into a voluntary undertaking to address the Committee's concerns about his practice.

Other Areas of Concern

The Committee took no further action on the concerns respecting the concerns that the Respondent:

- failed to perform the breast augmentation procedure adequately, including using only 1080 cc instead of 1200 cc implants as planned, and resulting in breast asymmetry, excessive scarring, and requiring revision surgery

- failed to ensure adequate post-operative care, including pain management, the availability of urinary catheter equipment as previously discussed, and allowing the Complainant to be discharged before she had voided
- failed to provide receipts for the fees paid
- disclosed the Complainant's personal health information to her friend without her consent.