

AGENDA
CONNECTICUT MEDICAL EXAMINING BOARD
Tuesday, October 19, 2021 at 1:30 PM

Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

I. APPROVAL OF MINUTES

August 17, 2021

II. OPEN FORUM

III. UPDATES

- A. Chair Updates
- B. DPH Updates

IV. NEW BUSINESS

- A. Review of License Reinstatement Application
Presented by Celeste Dowdell, License and Applications Analyst
 - *Ali Shakibai, MD*

V. OFFICE OF LEGAL COMPLIANCE

- A. Darja Djordjevic, M.D. - Petition No. 2021-46
Presentation of Consent Order - Presented by Joelle Newton, Staff Attorney, DPH
- B. Alexandar Jovanovich, M.D. Petition No. 2020-876
Presentation of Consent Order - Presented by Joelle Newton, Staff Attorney, DPH
- C. Sue McIntosh, M.D. - Petition No. 2021-674
Motion to Withdraw Statement of Charges - Presented by Joelle Newton, Staff Attorney, DPH

ADJOURN

This meeting will be held by video conference at the following link

Connecticut Medical Examining Board via Microsoft Teams

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 860-840-2075](#) - Phone Conference ID: 949 339 877#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**CONNECTICUT MEDICAL EXAMINING BOARD
MINUTES of August 17, 2021**

The Connecticut Medical Examining Board held a meeting on Tuesday, August 17, 2021 via Microsoft TEAMS

BOARD MEMBERS PRESENT: Kathryn Emmett, Esq., Chairperson
Brimal Patel, MD
Allyson Duffy, MD
Robert Green, MD
Joseph Kaliko, Esq
William C. Kohlhepp, DHSc, PA-C
Michele Jacklin
Edward McAnaney, Esq.
Daniel Rissi, MD
David Schwindt, MD
Harold Sauer, MD
C. Steven Wolf, MD
Andrew Yuan, DO
Peter Zeman, MD

BOARD MEMBERS ABSENT: Raymond Andrews, Jr., Esq.
Marie C. Eugene, DO
Marilyn Katz, MD
Shawn London, MD
Jean Rexford

Ms. Emmett called the meeting to order at 1:30 p.m.

I. MINUTES

The draft minutes of the June 15, 2021 meeting were reviewed. Dr. Green made a motion, seconded by Dr. Sauer to approve the minutes as edited. The motion passed with all in favor except Ms. Jacklin who abstained.

II. OPEN FORUM

None

III. UPDATES

A. Chair Updates
None

Department of Public Health

Chris Andresen, Section Chief, Department of Public Health discussed Public Act 21-152 regarding the licensure compact. A meeting to discuss this proposal, which will include the Board chairperson or designee, will be scheduled for a future date with the Commissioner of DPH.

IV. NEW BUSINESS

A. Ishani Ray-Datta, MD – Review of License Reinstatement Application

Celeste Dowdell, License and Applications Analyst, Department of Public Health presented a license reinstatement application for Ishani Ray-Datta, MD.

Dr. Wolf made a motion, seconded by Mr. McAnaney, to recommend license reinstatement. The motion passed unanimously.

V. OFFICE OF LEGAL COMPLIANCE

A. Michael Imevbore, M.D. - Petition No. 2020-526

Staff Attorney Linda Fazzina, Department of Public Health, presented a Consent Order in this matter. Attorney Aaron Hershman was present on behalf of respondent.

Dr. Patel made a motion, seconded by Dr. Rissi, to approve the Consent Order. which imposes a \$5000.00 civil penalty and a reprimand.

Dr. Wolf spoke in opposition to the motion indicating that course work in prescribing practices should be required. Ms. Jacklin and Dr. Zeman commented that there is insufficient information to make an informed decision. Mr. McAnaney and Dr. Green concurred with Dr. Wolf, Ms. Jacklin and Dr. Zeman.

The motion to approve the Consent Order failed with all voting in opposition to approve except for Dr. Patel who was in favor and Dr. Sauer who abstained.

B. Joseph Schindler, M.D. - Petition No. 2019-1431

Staff Attorney Leslie Scoville, Department of Public Health, presented a motion to withdraw the Statement of Charges in this matter. Attorney Patrick Noonan was present on behalf of respondent.

Dr. Green made a motion, seconded by Dr. Wolf to grant the Department of Public Health's motion to withdraw the Statement of Charges in that respondent changed and improved his office practice systems and patient communications skills as relevant to the issues alleged in the charges.

The motion passed unanimously.

VI. ADJOURNMENT

As there was no further business, the meeting was adjourned at 1:55 p.m.

Respectfully submitted,
Kathryn Emmett, Esq., Chairperson

TO: Connecticut Medical Examining Board

FROM: Celeste Dowdell
Licensing Applications Analyst
Practitioner Licensing and Investigations Section

RE: ALI SHAKIBAI, MD

Dr. SHAKIBAI is an applicant for Connecticut physician licensure reinstatement. Dr. SHAKIBAI meets all requirements for reinstatement except he has been out of active clinical practice since 2014.

Applicants who have been out of active clinical practice longer than six (6) months are reviewed by the Connecticut Medical Examining Board. The CMEB could require applicants who have been out of active clinical practice for longer than two years to complete the Federation of State Medical Board's Special Purpose Examination (SPEX).

Please accept this as a summary of the documentation submitted in support of Dr. SHAKIBAI's application.

Medical Education: Tehran University - 1965

National Board of Medical Examiners Examination: Step 1-3 completed and passed

Post Graduate Training Completed:

7/1/1968-6/30/1969: Christ Hospital, OH- Internal Medicine Intern

7/1/1969-6/30/1972: Veterans Affairs Medical Center, OH- Internal Medicine Resident

7/1/1972-6/30/1973: University of Michigan Hospitals, MI – Cardiology Fellow

Dr. SHAKIBAI holds no other licenses.

Activities since License expired: Dr. SHAKIBAI retired in 2018 for family reason and has provided a brief statement enclosed in packet.

September 17, 2021

TO: State of CT DPH
Physician Licensure

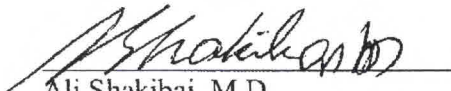
FROM: Ali Shakibai, MD
License No.: 16257

To Whom It May Concern:

This letter is in response to your request for more information regarding my activity since 2018. In 2018 I retired primarily for family reasons.

My family situation has improved and I am seeking the reinstatement of my license to practice medicine in the state of Connecticut.

Thank you.

A handwritten signature in black ink, appearing to read 'Ali Shakibai', is written over a horizontal line.

Ali Shakibai, M.D.
53 Diane Drive
Vernon, CT 06066



**Connecticut Cardiology Center, PC.
201 Main Street, Manchester, CT. 06042**

Fax: (860)643-5443

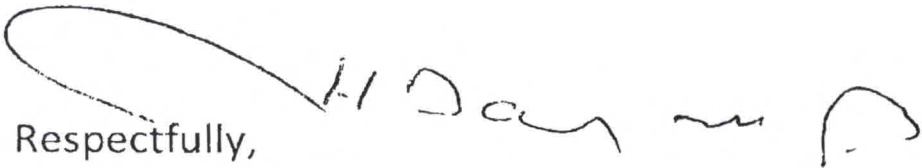
Fax: (860)643-9399

August 9, 2021

Re: Ali Shakibai
DOB: 05/02/1939

To whom it may concern,

I've known Dr. Shakibai since 1987 as a member of ECHN cardiology department, then as chief of cardiology. He is well loved by his patients and respected by his peers. Never has never been any issues with his excellent medical care. He is well read, informed and up to date. I recommend him for his Connecticut state license renewal application.

Respectfully, 

Hazar Dahhan, M.D., F.A.C.C
Senior Cardiologist at ECHN
Previous Chief of Cardiology



SHAFI MEDICAL CENTER

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August 19, 2021

RE: Shakibai MD, Ali (License No.: 16257)

To Whom It May Concern:

This letter confirms that I have known and treated patient referrals with Dr. Ali Shakibai professionally from 1985 until his retirement in 2018.

Dr. Shakibai practiced as a cardiology and internal medicine physician in Manchester, CT and he always provided excellent medical care to our referred patients. He is well learned and has an excellent grasp of medical knowledge and he has always maintained good character and standing amongst his colleagues. I recommend Dr. Shakibai without hesitation for his physician licensing for the continued practice of medicine.

Thank you.

Mahmood Yekta, M.D.

ALI SHAKIBAI, M.D.

(860) 977-1182

Email: ashakibai@gmail.com

EXPERIENCE

1973-2018

PHYSICIAN, INTERNAL MEDICINE AND CLINICAL CARDIOLOGY

Private Practice

Manchester, Connecticut

1972 – 1973

FELLOWSHIP, HYPERTENSION/HYPERLIPIDEMIA

University of Michigan, Ann Arbor, Michigan

1969 – 1972

RESIDENCY, INTERNAL MEDICINE

VA Hospital, Dayton, Ohio

1968 – 1969

INTERNSHIP

The Christ Hospital, Cincinnati, Ohio

EDUCATION

1968

M.D., TEHRAN UNIVERSITY

Tehran, Iran

ACTIVITIES

Served in different committees including Cardiology Service, Intensive Care Committee and member and chair of Ethics Committee during private practice tenure.

**CME Redeemed on Sep 21, 2021**

Activity: Sep 17, 2021 - Sep 21, 2021

Credit type: AMA PRA Category 1 Credit™

Ali Shakibai Usage Log for CME submission 1135788803

Credits	Search Term	Topic(s) Reviewed	Search goal	Application	Activity
0.5	food poisoning	<ul style="list-style-type: none">Clinical manifestations and evaluation of mushroom poisoning	Other	This modified my plan	Sep 21, 2021
0.5	aseptic meningitis in adults	<ul style="list-style-type: none">Aseptic meningitis in adults	Other	This modified my plan	Sep 17, 2021

Total credits: 1.0



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CME Redeemed on Sep 17, 2021

Activity: Sep 17, 2021 - Sep 17, 2021

Credit type: AMA PRA Category 1 Credit™

Ali Shakibai Usage Log for CME submission 1135129703

Credits	Search Term	Topic(s) Reviewed	Search goal	Application	Activity
0.5	meningitis	<ul style="list-style-type: none">Clinical features and diagnosis of acute bacterial meningitis in adults	Other	This modified my plan	Sep 17, 2021

Total credits: 0.5

**CME Redeemed on Sep 15, 2021**

Activity: Jul 26, 2021 - Sep 15, 2021

Credit type: AMA PRA Category 1 Credit™

Ali Shakibai Usage Log for CME submission 1134847603

Credits	Search Term	Topic(s) Reviewed	Search goal	Application	Activity
0.5	heart failure exacerbation	<ul style="list-style-type: none"> Approach to diagnosis and evaluation of acute decompensated heart failure in adults 	Clinical manifestations	This modified my plan	Sep 15, 2021
0.5	alcoholic cardiomyopathy	<ul style="list-style-type: none"> Delafloxacin: Drug information Clinical manifestations, diagnosis, and management of high-output heart failure 	Diagnosis	This modified my plan	Jul 26, 2021
0.5	Clinical manifestations and diagnosis of bronchiectasis in adults	<ul style="list-style-type: none"> Bronchiectasis in adults: Treatment of acute exacerbations and advanced disease 	Diagnosis	This modified my plan	Jul 26, 2021

Total credits: 1.5



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Denise S. Basow, MD President & CEO, Clinical Effectiveness

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Certificate 1025488602 (Jul 09, 2021)



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Certificate 1124503403 (Jul 05, 2021)



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Certificate 1124551903 (Jul 06, 2021)



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Certificate 1125073903 (Jul 08, 2021)



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Certificate 1125098503 (Jul 09, 2021)



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Certificate 1125025803 (Jul 08, 2021)



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Certificate 1124436003 (Jul 05, 2021)



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Certificate 1025495302 (Jul 09, 2021)



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Certificate 1124009003 (Jul 01, 2021)



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Certificate 1124170603 (Jul 02, 2021)



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Jul 07, 2021 - Jul 07, 2021

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Certificate 1124836803 (Jul 07, 2021)



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Jul 02, 2021 - Jul 02, 2021

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Denise S. Basow, MD President & CEO, Clinical Effectiveness

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Certificate 1124226503 (Jul 02, 2021)



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Denise S. Basow, MD President & CEO, Clinical Effectiveness

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Certificate 1123549503 (Jun 29, 2021)

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Darja Djordjevic, M.D.

Petition No. 2021-46

BIOGRAPHICAL INFORMATION:

Medical School: Harvard Medical School
Year of Graduation: 2017

Respondent is a resident at the Yale School of Medicine, Department of Psychiatry. She began her residency in June 2018 and is scheduled to complete her residency in June 2022.

Licenses: resident license number 061098-RES issued June, 2018
physician and surgeon license number 066446 issued July, 2020

Malpractice History: None reported
History with DPH: None
Investigation Commenced: January 20, 2021

CONSENT ORDER DISCIPLINE:

Two years of probation with therapy and employer reports.

DEPARTMENT SUMMARY OF THE CASE:

This petition was referred to the Department from the Health Assistance Intervention Education Network. At various times from 2019 through the present, respondent has or had suffered from an emotional disorder and/or mental illness that does and/or may affect her ability to practice medicine.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?

- Yes

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Darja Djordjevic, M.D., Ph.D.

Petition No. 2021-46

CONSENT ORDER

WHEREAS, Darja Djordjevic of New Haven, Connecticut (hereinafter "respondent") has been issued resident license number 061098-RES and physician and surgeon license number 066446 by the Department of Public Health (hereinafter "the Department") pursuant to Connecticut General Statutes Chapter 370, as amended.

WHEREAS, respondent admits:

1. At various times from 2019 through the present, respondent has or had suffered from an emotional disorder and/or mental illness that does and/or may affect her ability to practice medicine.
2. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §§20-13c(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board ("the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-13c.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-13c, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.

2. Respondent's Connecticut resident license number 061098-RES and physician and surgeon license number 066446 are hereby placed on probation for two years, subject to the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at respondent's own expense with a licensed psychiatrist or psychologist pre-approved by the Department ("therapist").
 - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of the therapist's engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit quarterly reports for the duration of probation, which shall address, but not necessarily be limited to, respondent's ability to practice safely and competently. A report indicating that respondent is not able to practice safely and competently shall be deemed to be a violation of this Consent Order. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
 - (5) The therapist shall immediately notify the Department in writing if the

therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates the therapist's services.

- b. Respondent shall provide respondent's chief of service, employer, contractor, partner and/or associate at any hospital, clinic, partnership and/or association at which respondent is employed, contracted or with which respondent is affiliated or has privileges at each place where respondent practices medicine throughout the probationary period (hereinafter, collectively "employer") with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide quarterly reports from such employer stating whether respondent is practicing with reasonable skill and safety. A report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.
- c. During the period of probation, respondent shall not be self-employed as a physician and respondent shall only practice in an office and practice setting that physically includes other licensed physicians on-site while respondent is practicing at said office and practice setting.

3. All correspondence and reports are to be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.

5. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.
7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. If, during the period of probation, respondent practices medicine outside Connecticut, respondent shall provide written notice to the Department concerning such practice.

During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of medicine in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.

9. In the event respondent does not practice medicine for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of medicine, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of medicine without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice.
10. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.

11. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
12. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
13. Respondent understands and agrees that this Consent Order shall be deemed a public document and the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-13c, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
14. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing medicine, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate

danger as required pursuant to Connecticut General Statutes §§ 4-182(c) and 19a-17(c).

The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
16. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
17. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed

Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.

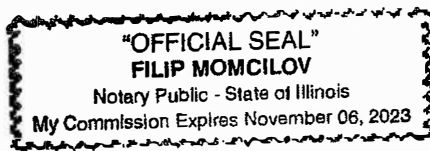
18. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
19. Respondent consulted with her attorney prior to signing this Consent Order.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
21. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.


I, Darja Djordjevic, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Darja Djordjevic M.D., Ph.D.

Subscribed and sworn to before me this 16th day of June 2021.





Notary Public/Commissioner Superior Court

The above Consent Order having been presented to the duly appointed agent of the

Commissioner of the Department of Public Health on the 14th day of

June 2021, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut

Medical Examining Board on the _____ day of 2021, it is hereby ordered and accepted.

Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

In re: Alexandar Jovanovich, M.D.

Petition No. 2020-876

BIOGRAPHICAL INFORMATION:

Medical School: Rosalind Franklin University Chicago Medical School
Year of Graduation: 2010

07/01/2012-06/30/2014 Family Medicine Resident University of Chicago/NUHS
07/01/2011- 06/30/2012 Family Medicine Resident St. Joseph Mercy Livingston Hospital

Current employment: Respondent was practicing family medicine in private practice during which time he was practicing telemedicine. He never practiced medicine or telemedicine in Connecticut.

He ceased practicing telemedicine in March 2020.

He is currently self-employed, performing healthcare consultancy work, and not practicing medicine.

Connecticut Medical License Number 057189 issued on November 20, 2017.

Board Certification: American Board of Family Medicine, 2014

Malpractice History: None

Past History with DPH: None

Licenses in other states: Respondent holds active medical licenses in 16 states. He has allowed his medical license in 32 licenses to lapse. He has elected to maintain his Illinois, Iowa, and New York medical licenses as a condition of his settlement agreements with those states. Each of these states has a unique board/licensing structure such that it was not feasible, at this time, to allow those licenses to lapse as it would in other states. He has elected to maintain his Florida license because he is a Florida resident and may, at a future date, choose to practice medicine in his home state.

He will not be renewing his Connecticut medical license.

Investigation Commenced: September 15, 2020

CONSENT ORDER DISCIPLINE:

Reprimand

DEPARTMENT SUMMARY:

This case was opened based on a report of discipline imposed by the State of Iowa. On August 28, 2020, the Iowa Board of Medicine entered into a combined Statement of Charges and Settlement Agreement (“Order”) concerning respondent's practice of telemedicine. The Order alleged that respondent failed to establish a valid physician-patient relationship; failed to perform sufficient interviews; and prescribed medications based solely on internet questionnaires. The Order imposed, in part, a citation, a five-thousand-dollar civil penalty, and a submission of a corrective action plan.

Most of the other states where respondent has or had a medical license have issued some form of reciprocal discipline against his medical license.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?

- Yes

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Alexandar Jovanovich, MD

Petition No, 2020-876

CONSENT ORDER

WHEREAS, Alexandar Jovanovich of Florida ("respondent") has been issued Connecticut physician and surgeon license number 057189 by the Department of Public Health ("the Department") pursuant to Connecticut General Statutes Chapter 370, as amended.

WHEREAS, respondent has been issued Iowa medical license number MD-44840.

WHEREAS, the Department alleges:

1. On August 28, 2020, the Iowa Board of Medicine entered into a combined Statement of Charges and Settlement Agreement in File No. 02-2019-03 ("Iowa Order") based on respondent's alleged violation of Iowa's standard of practice of telemedicine (Attachment A). The Iowa Order alleges that respondent failed to establish a valid physician-patient relationship; failed to perform sufficient interviews; and prescribed medications based solely on internet questionnaires.
2. The Iowa Order described above constitutes grounds for disciplinary action pursuant to Connecticut General Statutes §§19a-17(f) and/or 20-13c, including, but not limited to §20-13c(4).

WHEREAS, respondent did not provide telemedicine services in Connecticut.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board

("the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-13c.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-13c, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent's Connecticut physician and surgeon license number 057189 is reprimanded.
3. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
4. This Consent Order is effective on the date this Consent Order is accepted and ordered by the Board.
5. Respondent understands and agrees that this Consent Order is a public document and the allegations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-13c, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
6. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms contained may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General

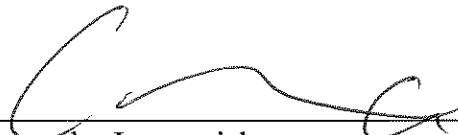
Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to executing this Consent Order. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

7. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
8. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent understands that the Board has complete and final discretion whether this executed Consent Order is approved or ordered. Respondent hereby waives any claim of error that could be raised that is related to or arises during the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
9. Respondent consulted with his attorney prior to signing this Consent Order.
10. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the

pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.

11. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Alexandar Jovanovich, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

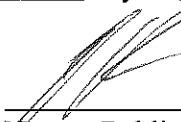


Alexandar Jovanovich

Subscribed and sworn to before me this 17 day of September 2021.



OSCAR ROCA
Commission # HH 159090
Expires August 9, 2025
Bonded Thru Budget Notary Services



Oscar Roca
Notary Public/Commissioner Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 29th day of September 2021, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the _____ day of _____ 2021, it is hereby ordered and accepted.

Connecticut Medical Examining Board

A

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

ALEXANDAR JOVANOVIĆ, M.D., RESPONDENT

FILE No. 02-2019-193

STATEMENT OF CHARGES and SETTLEMENT AGREEMENT (Combined)

COMES NOW the Iowa Board of Medicine (Board), and Alexandar Jovanovich, M.D., (Respondent), on August 28, 2020, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into this combined Statement of Charges and Settlement Agreement.

STATEMENT OF CHARGES

1. **Iowa Medical License:** Respondent was issued Iowa medical license MD-44840 on December 20, 2017. Respondent's Iowa medical license is active and will next expire on May 1, 2022.
2. **Jurisdiction:** The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148, and 272C.

SECTIONS OF STATUTES AND RULES INVOLVED

COUNT I

3. **Violation of the Standards of Practice for Telemedicine:**

Respondent is charged pursuant to Iowa Code sections 148.6(2)(c), and Iowa Administrative Code rules 653—13.11(7) and (8), and 23.1(1) with violating the standards of practice for telemedicine in Iowa.

STATEMENT OF THE MATTERS ASSERTED

4. **Practice Setting:** Respondent is an Iowa-licensed physician who

practices family medicine in Chicago, Illinois.

5. **Violation of the Standards of Practice for Telemedicine:** The

Board alleges that Respondent violated the standards of practice for telemedicine in Iowa when Respondent failed to establish a valid physician-patient relationship with patients receiving telemedicine services in Iowa; failed to perform interviews of his patients sufficient for the diagnosis and treatment of patients in Iowa prior to providing medical treatment, including issuing prescriptions; and prescribed medications to patients in Iowa based solely on an internet questionnaire.

6. **Compromise of Disputed Claims:** Respondent denies the Board's

allegations of wrongdoing and denies any breach of the Iowa Code or the Board's administrative rules. The Board and the Respondent expressly state that this Settlement Agreement is in compromise of disputed claims and that the allegations have been and are expressly denied by the Respondent.

SETTLEMENT AGREEMENT

7. **CITATION AND WARNING:** Respondent is hereby **CITED** for violating the standards of practice for telemedicine in Iowa. Respondent is hereby **WARNED** that engaging in such conduct in the future may result in further disciplinary action against his Iowa medical license.

8. **CIVIL PENALTY:** Respondent shall pay a **\$5,000 civil penalty** within **twenty (20) days** of the date of this order. The civil penalty shall be made payable to the Treasurer of Iowa and mailed to the executive director of the Board. The civil penalty shall be deposited into the State General Fund.

9. **CORRECTIVE ACTION:** Respondent shall take corrective action to address the deficiencies in Respondent's telemedicine practice identified by the Board and come into compliance with Iowa Administrative Code rule 653—13.11 to the satisfaction of the Board within the timeframe described in subparagraph 9(A) below, including establishing an adaptive, interactive, and responsive online interview for diagnosis and treatment. A questionnaire that is later reviewed by Respondent is insufficient. At a minimum, the interview must also provide for a live interaction between the prescribing licensee and patient, which may take place via videoconferencing, such that the requirements of subrule 653—13.11(8) are met and the patient has the opportunity to ask questions of the licensee in real-time.

A. Governor Kim Reynolds suspended Iowa Administrative Code rule 653—13.11 on March 17, 2020 and the suspension has been reauthorized on several occasions. (State Public Health Emergency Declaration, Kim

Reynolds, Governor of the State of Iowa, 6/25/2020). That suspension is currently in place and may be reauthorized for some time pending the outcome of the COVID-19 Pandemic. Within **thirty (30) days** of reinstatement of Iowa Administrative Code rule 653—13.11 by Governor Reynolds, Respondent shall file a report with the Board describing what corrective action Respondent has taken pursuant to this paragraph 9. Respondent shall file the report with Joseph Fraioli, J.D., Legal Director by email at [REDACTED] or by mail to Iowa Board of Medicine, 400 S.W. Eighth Street, Ste. C, Des Moines, Iowa 50309. The Board will review the report and determine whether corrective action has met the expectations of paragraph 9 above and then provide a confirmation to Respondent whether the actions are acceptable to the Board.

B. If Respondent fails to timely file this report, Respondent will be notified by the Board and be given fifteen (15) days to cure the failure to file the report. Should Respondent not cure within the allotted time, Respondent shall be immediately prohibited from the practice of telemedicine in Iowa until otherwise determined by the Board.

10. Respondent voluntarily submits this Order to the Board for consideration.

11. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

12. This Order constitutes the final resolution of a contested case proceeding and is the binding disposition of any and all currently pending claims asserted by the Board against the Respondent.

13. Respondent shall submit a written statement to the Board, which demonstrates that he has shared a copy of this order with all medical licensing boards where Respondent holds a license, whether active or not, within **thirty (30) days** of the date of Board approval of this order.

14. Respondent shall submit a written statement to the Board, which demonstrates that he has shared a copy of this order with all hospitals, clinics and/or agencies where Respondent is employed as a physician, within **thirty (30) days** of the date of Board approval of this order.

15. Respondent understands that by entering into this Order he has a right to legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges and waives any objections to the terms of this Order.


16. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, he cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

17. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank.

18. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22, and 272C.

19. This Order is subject to approval of the Board. If the Board fails to approve this Order, it shall be of no force or effect to either party.

20. The Board's approval of this Order shall constitute a **Final Order** of the Board.


Alexandar Jovanovich, M.D., Respondent

Subscribed and sworn to before me on July 8, 2020.


Notarized online using audio-video communication

This Order is approved by the Board on August 28, 2020.


Warren E. Gall, M.D., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

04/18/2024

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Sue McIntosh, MD

Petition No. 2021-674

October 1, 2021

MOTION TO WITHDRAW STATEMENT OF CHARGES

The Department of Public Health moves the Connecticut Medical Examining Board to withdraw the Statement of Charges.

Respondent has voluntarily surrendered her Connecticut medical license with the Department's approval. For this reason, the continued prosecution of this case is unnecessary, and it is in the interests of administrative economy to terminate these proceedings.

Respectfully submitted,

THE DEPARTMENT OF PUBLIC HEALTH

Joelle C. Newton

Joelle C. Newton, Staff Attorney
Office of Legal Compliance

ORDER

The foregoing motion having been duly considered by the Connecticut Medical Examining Board is hereby GRANTED/DENIED.

Dated at Stamford, Connecticut this _____ day of October, 2021.

Connecticut Medical Examining Board

CERTIFICATION

This certifies that on October 1, 2021, this motion and the Voluntary Surrender Affidavit were emailed to the Department of Public Health, Public Health Hearing Office, phho.DPH@ct.gov, and to respondent, mcintosh.sue@comcast.net.

Joelle C. Newton

Joelle C. Newton, Staff Attorney
Office of Legal Compliance

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Sue McIntosh, MD

Petition No. 2021-674

STATEMENT OF CHARGES

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health ("the Department") brings the following charges against Sue McIntosh:

1. Sue McIntosh of Durham, Connecticut ("respondent") is at all times referenced in this Statement of Charges, the holder of Connecticut physician and surgeon license number 014864.
2. On or about September 16, 2021, respondent provided signed, blank COVID-19 mask, COVID-19 vaccine, general vaccine, and COVID testing exemption forms without examining, identifying, or evaluating the patient.
3. Respondent deviated from the standard of care in one or more of the following ways, in that she:
 - a. failed to properly diagnose, examine and/or evaluate the patient;
 - b. failed to obtain a medical history for the patient;
 - c. failed to establish a patient/health care provider relationship;
 - d. failed to comply with the Centers for Disease Control and Prevention guidelines;
 - e. provided medical advice and/or direction that was potentially harmful; and/or
 - f. failed to maintain appropriate medical records.
4. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-13c, including but not limited to §20-13c(4).

THEREFORE, the Department prays: _____

The Connecticut Medical Examining Board, as authorized by Connecticut General Statutes §§20-13c and 19a-17, revoke or order other disciplinary action against respondent's physician and surgeon license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut on September 17, 2021.



Barbara Cass, RN, Branch Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

Re: Sue Mcintosh, MD

Petition No. 2021-674

License No.: 014864

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Sue Mcintosh, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health ("the Department") to practice as a physician and surgeon. I presently hold license number 014864.
4. I hereby voluntarily surrender my license to practice as a physician and surgeon in the State of Connecticut pursuant to Connecticut General Statutes §19a-17(d).
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2021-674 shall be deemed true. I further understand that any such application must be made to the Department which shall have discretion, after seeking the advice of the Connecticut Medical Examining Board ("the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions as provided pursuant to Connecticut General Statutes § 19a-14(a)(6). No reinstatement shall become effective until the Department seeks the advice of the Board.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I agree and acknowledge that this affidavit and the case file in Petition Number 2021-674 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I agree and acknowledge that this surrender of my license is an event that is reportable to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services. It will appear on my physician profile pursuant to Connecticut General Statutes 20-13j and is public information.

9. My state and federal Controlled Substance Registrations are expired.
10. I agree and acknowledge that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 2021-674. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.
11. I agree and acknowledge that I have the right to consult with an attorney prior to signing this affidavit.
12. I agree and acknowledge that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
13. I agree and acknowledge that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.
14. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

Sue Mcintosh
Sue McIntosh

Subscribed and sworn to before me this 1st day of October 2021.

Lavern Allyn
Notary Public
Commissioner of Superior Court

Accepted: Christian D. Andresen
Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

October 1, 2021
Date

