

MAINE STATE BOARD OF OSTEOPATHIC LICENSURE

IN RE: Lawrence Strohmeier, D.O.) DECISION AND
Disciplinary proceeding – INV#11-16) ORDER

I. PROCEDURAL HISTORY

Pursuant to the authority found in 32 M.R.S. §2591-A, *et seq.*, 5 M.R.S. §9051, *et seq.* and 10 M.R.S. §8001, *et seq.*, the Board of Osteopathic Licensure (Board) met in public session at the Board's offices located in Augusta, Maine at 9:30 a.m. on March 8, 2012 and October 11, 2012 . The purpose of the meeting was to conduct an adjudicatory hearing to determine whether Dr. Lawrence Strohmeier violated certain Board statutes and Rules as alleged in the Notice of Hearing (Complaint).

A quorum of the Board was in attendance during all stages of the proceedings. Participating Board members at both sessions were Chairman David Rydell, D.O., Joseph DeKay, D.O., Gary Palman, D.O., and public member Kathy W. Walker, L.C.S.W. John Gaddis, D.O., attended the first session. Lonnie Lauer, D.O., served as the Board's case officer and therefore did not participate as a Board member except to be counted for the purpose of establishing a quorum. Carrie Carney, Assistant Attorney General, presented the State's case. Dr. Strohmeier was present at both sessions and represented by Michael Duddy, Esquire. James E. Smith, Esquire served as Presiding Officer. There were no conflicts of interest found to disqualify any member of the Board from participating in this proceeding.

State's Exhibits A-M were admitted into the Record and the Board took administrative notice of its statutes and Rules. Subsequent to the parties' opening statements, the taking of testimony, submission of exhibits, and the closing arguments, the Board deliberated and made the following findings of fact by a preponderance of the credible evidence regarding the violations alleged in the Notice of Hearing.

II.

FINDINGS OF FACT

A. The Board's Findings in its Interlocutory Decision Issued April 12, 2012

1. Lawrence Strohmeier, D.O., 59 years of age, has been licensed as an osteopathic physician in the State of Maine since 1991. His medical specialty is psychiatry.

2. On March 7, 2007, Dr. Strohmeier entered into a Consent Agreement with the Board in which he admitted to a number of violations of the standard of practice of osteopathic medicine.

3. As part of the March 2007 Consent Agreement, Dr. Strohmeier agreed to completely abstain from the use of any and all mood or mind altering substances, including alcohol.

4. In that document, Dr. Strohmeier also agreed to receive, once a month, treatment and medication management regarding mental health and alcohol use issues from a psychiatrist. His treating psychiatrist is required to submit quarterly reports to the Board regarding treatment and any issues or concerns.

5. On or about August 29, 2011, Dr. Strohmeier was served with a criminal summons from the Maine State Police for the charge of Cruelty to Animals. This charge resulted in the following State Police observations (5a-h) which are derived from the police report and were not contested at this hearing.

a. On or about August 29, 2011, Troopers from the Maine State Police responded to a call about animals being in an abandoned house located near 590 Manchester Road in Belgrade, Maine.

b. The house to which the Troopers responded was Dr. Strohmeier's, but was being foreclosed upon by a bank.

c. Upon their arrival, the Troopers found two dogs in the house. One dog, a black and white border collie, appeared to be malnourished. Trooper Joseph Chretien described this dog's appearance as "a skeleton with fur." The other dog, a shepherd mix, could not use its rear legs and had to pull itself along by its front legs while the rear legs dragged behind.

d. There was no food or water in the house for the dogs.

e. The house appeared in a state of disarray. Trooper Joseph Chretien described the inside of the house as "[t]he entire area where the dogs could access was covered in

feces... I checked the upstairs bedroom that was also covered in feces and trash.” He further observed that the kitchen, living room area “was [mostly] covered under garbage, bottles and trash...empty beer bottles (900 by one estimate) occupied virtually every surface.” Trooper Sean Kinney added that “it was almost impossible to step anywhere without stepping on something...the entry hallway was completely covered in [multiple layers of] old dog feces.”

f. When Animal Control Officer Kathleen Ross arrived at the house to take care of the dogs, she determined that the dogs had been starved to near death.

g. Dr. Strohmeyer subsequently told Trooper Moody that he had been to the house ten days prior, and that the dogs had looked a little thin.

h. One of the troopers found an empty prescription bottle in the home with Dr. Arthur Dingley noted as the prescribing physician. Dr. Dingley is Dr. Strohmeyer’s treating psychiatrist. The trooper called Dr. Dingley and informed him of the deplorable condition of the home.

6. On or about September 12, 2011, the Board received a report from Dr. Arthur Dingley, in which he expressed concerns about Dr. Strohmeyer’s ability to care for his patients. Dr. Dingley’s concerns arose from a treatment session on the above date with the licensee during which no mention was made of the law enforcement contact until Dr. Dingley raised the subject. At the same session, Dr. Strohmeyer informed Dr. Dingley that he was living at his office in Winslow, Maine and that the dogs had been ill. He added that his life was in shambles and that he had no residence, no friends, and could not pay his bills. He informed Dr. Dingley that there was no connection between the care of his dogs and taking care of people.

Dr. Dingley had no previous knowledge that Dr. Strohmeyer was not living in his house and felt that he could no longer trust the licensee. He told the Board’s investigator during a phone conversation on September 14, 2011 that he did not think Dr. Strohmeyer could safely practice his profession and that the situation was emergent.

7. Dr. Strohmeyer’s supervising psychiatrist is Paul F. Perkins, M.D. whose primary role is to review the licensee’s clinical work. Dr. Perkins was aware that Dr. Strohmeyer’s residence was in foreclosure proceedings but was unaware of the animal cruelty charges until September 19, 2011. Dr. Perkins thought that Dr. Strohmeyer’s patient charts appeared to be satisfactory as of September 26, 2011 and that he was a gifted but eccentric psychiatrist.

8. On October 13, 2011, the Board suspended Dr. Strohmeyer's license to practice pursuant to 5 M.R.S. § 10004(3).

9. On or about November 28, 2011, Dr. Strohmeyer was evaluated by psychiatrist W. Allen Schaffer, M.D., who wrote an evaluation/assessment on December 23, 2011. In that report, he opined that the licensee had a chronic psychiatric condition which impaired his ability to care for patients and to practice as a physician. In brief, Dr. Schaffer recorded that Dr. Strohmeyer felt he had taken great care of the dogs and his conscious strategy had been "to keep the dogs underfed because less weight would place less burden upon the [one dog's] spinal stenosis and upon the renal failure" of the other. Dr. Strohmeyer would visit the dogs several times each week and would "communicate with the dogs and ask how they were feeling" and "was pleased to find out they were not in pain."

10. Dr. Schaffer asked the licensee "about the disconnection that exists between his description of a caring household for the dogs, and the horrible situation reported by the police." Dr. Strohmeyer did not know how he disconnected from it. Shortly thereafter, Dr. Schaffer asked Dr. Strohmeyer several questions relating to his sensory perceptions on entering his house. Dr. Strohmeyer, after responding, then realized that he had not before experienced the environment in which the dogs were living. He stated that he never wanted a similar thing to happen again and needed to understand how it came about in the first place. Dr. Schaffer also noted that during the evaluation, the licensee remained proud of the fact that "both of my dogs were rescue dogs, I removed them from bad situations." Dr. Schaffer then wrote that "he seems startled by the observation that both had to be rescued from him."

11. Dr. Schaffer found alarming Dr. Strohmeyer's "pseudo-medical justification for starving the dogs because it reduced suffering from their chronic medical conditions." He wrote that "it demonstrates that he is capable of suspending professional medical judgment through dissociation and rationalizing cruelty."

12. Dr. Schaffer was also troubled that Dr. Strohmeyer perceived himself as a self-taught "sleep specialist" and considered himself "board eligible in sleep medicine" when he could not identify any training or expertise in that new area of his practice.

13. Dr. Strohmeyer also told this psychiatrist that he hoarded and hadn't thrown out a bottle in 20 years. Dr. Schaffer diagnosed Dr. Strohmeyer as having a mixed personality disorder with two primary features: Narcissistic Personality Disorder and Obsessive Compulsive Personality

Disorder. This psychiatrist explained in his report that personality disorders of a lesser severity can cause distress in the patient experiencing them. He then gave his opinion that Dr. Strohmeyer had a severe personality disorder which causes others to suffer, “and this is the case.”

14. Dr. Schaffer rated Dr. Strohmeyer to be “a **high risk of harm to animals and to patients** because of his ability to dissociate actual circumstances from his perception.” (emphasis in original).

15. Dr. Schaffer recommended that a sustained and longitudinal observation followed by a prescribed treatment program is required before Dr. Strohmeyer could resume direct patient care activities. The evaluation/assessment was discussed with the licensee on December 22, 2011. Dr. Strohmeyer, who has difficulty being on time, was late and was one half hour late and at the wrong location for the prior appointment. Dr. Strohmeyer endorsed the diagnosis of a chronic dissociative state but disagreed that it extended into his medical practice.

16. Carlyle Voss, M.D. is a psychiatrist who was retained by the licensee to give his opinions addressing several areas of the Board’s concerns. He interviewed the licensee on January 23, 2012 and spoke with Dr. Dingley and Dr. Perkins. Dr. Voss diagnosed the licensee as having Schizotypal personality possibly with some features of Asperger’s. He recognized that Dr. Strohmeyer has had Obsessive Compulsive Disorder, hoarding type, but disagreed with Dr. Schaeffer’s diagnosis of Narcissistic Personality Disorder.

17. Dr. Voss found that Dr. Strohmeyer was “practicing responsibly and effectively.” There were no apparent lapses in patient care and no specific deficiencies in his care of his patients. Dr. Voss further noted that concerns for Dr. Strohmeyer’s future patient care are speculative, but found them to be stated for good reason. Dr. Voss recommended that the Board receive collateral information regarding Dr. Strohmeyer’s past practice from his office manager and patients to help determine if the licensee put patients at risk.

18. Accordingly, the Board heard testimony from Dr. Strohmeyer’s former office manager. She explained that he was a bit disorganized but that his patients were fond of him. She also stated that he began having financial problems beginning approximately five years ago once Medicare and various HMO’s reduced their payment for services by approximately one-third.

19. Dr. Strohmeyer was also recently requested by the Board to be screened for alcohol/drug abuse. Dr. Strohmeyer had revealed to Dr. Schaeffer that he had a glass of wine the week before, which is in violation of the Consent Agreement. The licensee testified that Dr.

Dingley had authorized him to drink. The licensee was referred by the Medical Professionals Health Program (MPHP) to Dr. Schaeffer who determined by December 27, 2011 that the licensee did not meet the criteria for alcohol or drug abuse and therefore was not required to participate in the MPHP.

20. Dr. Strohmeyer requested that he not be ordered to attend an out of state treatment program since he allegedly has no money. Moreover, he objected to any screening for substances and he claimed that the MMPC felt he wouldn't benefit from such screening."

21. In addition to the above facts, the Board "concluded by the following votes that Lawrence Strohmeyer, D.O. violated the following statutes cited in Counts I, II, and IV.

A. Violation of 32 M.R.S. § 2591-A (2)(F), unprofessional conduct by violating a standard of professional behavior that has been established in the practice for which the licensee is licensed;

Dr. Strohmeyer admitted this violation.

B. Violation of 32 M.R.S. § 2591-A(2)(E)(1), incompetence by engaging in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; (3-2)

C. Violation of 32 M.R.S. § 2591-A (2)(E)(2), incompetence by engaging in conduct that evidences a lack of knowledge, or inability to apply principles or skills to carry out the practice for which the licensee is licensed; (Dismiss 5-0)

D. Violation of 32 M.R.S. § 2591-A (2)(H), violation of a statute of the Board. (5-0)"

The Board further, by the vote of 5-0, ordered the following sanctions.

1. Dr. Strohmeyer's license to practice osteopathy is hereby suspended for a period of 180 days, or less if reduced by the Board. In the event that Dr. Strohmeyer violates this or the remaining sanctions and conditions, a further suspension and/or other sanctions may be ordered.

2. Dr. Strohmeyer shall initiate and enroll in an intensive individual outpatient program subject to the prior approval of the Board's case reporter. He shall deliver the Consent Agreement and the exhibits in evidence in this matter to the program's director who shall acknowledge receipt thereof to the Board's Executive Secretary. The program shall recommend a treatment plan for Dr. Strohmeyer which he shall initiate, if reasonable possible, by May 1, 2012.

3. The Board will consider the assessment/evaluation that arises from the outpatient program and reserves the right to order additional conditions on Dr. Strohmeyer's medical license, which may include, but not be limited to:

- a. Screening for alcohol or other substances.
- b. Resumption of therapy w Dr. Dingley, or another psychiatrist.
- c. Resumption of monitoring with Dr. Perkins, or another psychiatrist.

4. The Board also reserves the right not to address some or all of its concerns until Dr. Strohmeyer completes the outpatient program.”

B. The Board's Additional Findings After its Interlocutory Decision Issued April 12, 2012

Dr. Strohmeyer introduced evidence at the Board's October 11, 2012 session that he has substantially complied with the Board's recommendations by attending the outpatient program at St. Mary's Regional Medical Center where he was discharged on July 5, 2012. He has a scheduled appointment on November 16, 2012 with Dr. Kevin Kavookjian of St. Mary's out-patient psychiatric department. This psychiatrist will be the referring physician for Dr. Strohmeyer's recommended neuropsychiatric testing. Dr. Strohmeyer lacks funding except for his basic needs and relies on FQHC for psychiatric care. Dr. Scott Treworgy, respondent's attending physician at St. Mary's, will arrange for Dr. Strohmeyer's counseling and drug samples and prescriptions. Respondent Strohmeyer stated that when he re-enters the practice of psychiatry, he will integrate with the rest of the mental health provider network by engaging in lectures, conferences, introductions and contacts suggested by his supervising psychiatrist, Dr. Perkins.

In addition, Dr. Strohmeyer has apparently increased his family contacts, quit smoking, ramped up his office to reopen but is limited by the lack of financial resources. His concentration has improved and he is better able to perceive social cues accurately. He further offered that "...the treatment approach initiated by the Board of Osteopathic Examiners has been very useful at getting to my affective condition which seemed to escape detection previously." Dr. Strohmeyer added that he had not realized how depressed he had been and looked forward to neuropsych testing and reviewing the interpretive process with his psychiatrist.

The Board subsequently deliberated and by a vote of 4-0 granted Dr. Strohmeyer a conditional license as follows. First, Dr. Strohmeyer shall work in a Board preapproved group practice for a period of a minimum one year. Second, he is required to comply with the conditions

listed in the 2007 Consent Agreement to the extent that each condition remains applicable and until such time as a new Consent Agreement is executed by the parties addressing, among other issues, Dr. Strohmeyer's new practice setting.

WHEREFORE, a conditional license is hereby granted to Lawrence Strohmeyer, D.O. effective October 12, 2012. Dr. Strohmeyer shall not practice medicine until such time as he is authorized by the Board.

Dated: November 8, 2012



David Rydell, D.O., Chairman
Maine Board of Osteopathic Licensure

III. APPEAL RIGHTS

Pursuant to the provisions of 5 M.R.S. §10051.3 and 10 M.R.S. §8003, any party that appeals this decision and order must file a petition for review in the Superior Court within 30 days of receipt of this order. The petition shall specify the person seeking review, the manner in which they are aggrieved and the final agency action which they wish reviewed. It shall also contain a concise statement as to the nature of the action or inaction to be reviewed, the grounds upon which relief is sought and a demand for relief. Copies of the petition for review shall be served by certified mail, return receipt requested upon the Maine State Board of Osteopathic Licensure, all parties to the agency proceedings and the Attorney General.